

**COVID-19 PROTOCOLS**  
**FOR PARTICIPATION IN BEFORE AND AFTER-SCHOOL CARE AND COMMUNITY**  
**LEARNING CENTERS AT LINCOLN PUBLIC SCHOOLS**  
**(Effective August 1, 2020)**

In order to participate in Before and After-School Care and Community Learning Centers at Lincoln Public School facilities, including clubs that are a component of the Before and After School Care or Community Learning Centers, parents/guardians should be aware that the following health and safety protocols will be in place and agree that their students will follow them.

**Prior to participation:**

1. Parents/guardians must complete the waiver prior to their child participating in any Before and After-School Care and Community Learning Centers sessions.
2. Parents/guardians of every participant shall be provided a copy of these Protocols.
3. Before and After-School Care and Community Learning Centers sponsors/leaders are responsible for ensuring that all participants who are involved with such Before and After-School Care and Community Learning Centers activities understand and comply with these Protocols and have a signed waiver form on file for each participant.

**Guidelines and Face Coverings:**

4. All individuals, adults and children, involved in Before and After-School Care and Community Learning Centers are required to wear a face covering.
5. All individuals, adults and children, are required to bring either the face covering provided by LPS for use during the school-day, or comparable face covering that they provide themselves.
6. All individuals, adults and children, are responsible to following the guidelines approved by LPS in consultation with Lincoln Lancaster County Health Department for conducting their program.
7. Sponsors/leaders shall go over these Protocols with participants at their first session to ensure the participants understand the Protocols and will abide by the Protocols. Daily review and reminder will continue to occur throughout the activity sessions.

**Prior to the activity session:**

8. Sponsors/leaders shall take a daily attendance record.

9. Sponsors/leaders shall review the COVID-19 symptoms list with participants.
  - a. Sponsors shall advise participants that if any participants are experiencing COVID-19 symptoms the participants may not participate in Before and After-School Care or Community Learning Centers.
  - b. Any participant with COVID-19 symptoms shall be excluded from participation in Before and After-School Care or Community Learning Centers, which is consistent with LPS school day policies.
9. Sponsors/leaders shall make participants aware of the location of hand washing/hand sanitizer stations.
10. Participants and sponsors/leaders with COVID-19 symptoms shall not participate in Before and After-School Care or Community Learning Centers.
11. Participants and sponsors/leaders under quarantine or self-quarantine for COVID-19 shall not participate in Before and After-School Care or Community Learning Centers.

**Disinfecting:**

12. Before and After-School Care or Community Learning Centers will disinfect any shared equipment per LLCHD guidelines.
13. Before and After-School Care or Community Learning Centers will be responsible for disinfecting those portions of the LPS facilities authorized for use under reservation by the Before and After-School Care or Community Learning Center, including but not limited to high-touch surfaces, furnishings, equipment, etc. within the areas used.

**Communication Strategies:**

14. Sponsors/leaders will include messages about behaviors that help reduce the spread of COVID-19 when communicating with participants and parents/guardians.

**Other:**

15. Parents/guardians/visitors (unless the parent/guardian is the coach/sponsor/leader in charge of an activity) may not participate in Before and After-School Care or Community Learning Center activity sessions or remain in the area where activities are facilitated.

**LLCHD Screening Symptoms List:**

1. Do you have a fever higher than 100.4 F or, have you had to use fever-reducing medications (i.e. Tylenol®, Acetaminophen, Advil®, Ibuprofen) in the last 24 hours to control a fever higher than 100.4 F?
2. Do you have unresolved or new onset shortness of breath or difficulty breathing?
3. Do you have new onset of sustained persistent nonproductive cough (a dry cough lasting longer than 24 hours)?
4. Do you have new onset of loss of taste or smell?
5. Do you have **two or more** of the following prolonged (symptom(s) lasting for longer than 24 hours) and unexplained (no other reasonable cause) symptoms?
  - a) Sore throat
  - b) Sustained (longer than 2 hours) chills or repeated shaking with chills
  - c) Headache
  - d) Muscle pain
  - e) Congestion and/or runny nose
  - f) Nausea, vomiting, or diarrhea
6. Have you had close contact with someone positive for COVID-19? (Contact longer than 15 minutes within 6 feet without a face covering or residing with someone who is positive).
7. Have you been directed to self-isolate due to a positive COVID-19 result or for having contact with someone with COVID19?

**LINCOLN PUBLIC SCHOOLS**  
**WAIVER, RELEASE AND ASSUMPTION OF RISK (Parent)**  
**BEFORE AND AFTER-SCHOOL STUDENT CLUBS AND COMMUNITY**  
**LEARNING CENTERS**

I am over the age of 18 and I am a parent and/or legal guardian for the children listed below. I am signing this document below on behalf of myself and my children who are named below.

I understand that the Lincoln Public Schools is willing and prepared to make available for use by participants in Before and After-School Care and Community Learning Centers certain LPS facilities, including but not limited to classrooms, hallways, restrooms, outside spaces and associated facility areas (the "LPS facilities"). I am fully aware of the specific risks and dangers associated with using all LPS facilities. I also understand and am aware that due to the size and spacing of internal classrooms, hallways, restrooms and other areas of LPS facilities, the possibility of closer contact between participants, sponsors, leaders, supervisors, or staff, and other factors involved with using LPS facilities, that there is a significant risk that my children could be exposed to and could contract the virus which causes COVID-19 or incur other injuries or communicable health conditions.

I understand that using the LPS facilities is completely voluntary, at my and my child or children's own risk. I and my child or children are assuming the risk that by using the LPS facilities, I or my child or children could be exposed to and could contract the virus which causes COVID-19 or incur other injuries or communicable health conditions, and I accept this risk and nonetheless voluntarily choose to allow my child or children to use the LPS facilities. I agree that Lincoln Public Schools is not responsible in any manner for (1) my or my child or children's usage of an LPS facilities, (2) any personal injury to me or my child or children occurring as a result of using an LPS facilities hereunder, including but not limited to physical injury or exposure to or contraction of the virus which causes COVID-19, or (3) property damage to me or my child or children occurring as a result of using an LPS facilities. I further understand that I am solely responsible for any personal injury or property damage caused by me or my child or children as a result of the usage of any LPS facilities.

In consideration of my children being allowed to use the LPS facilities during the COVID-19 pandemic and for other good and valuable consideration, receipt of which is hereby acknowledged, I, on behalf of myself and my undersigned child or children and all others who may claim by, under, or through myself, do hereby release, covenant not to sue and waive any and all claims, causes of action, and lawsuits that I, my child or children, or any other guardian(s) may have or may accrue against the Lincoln Public Schools, its board of education, officers, administrators, teachers, coaches, agents, representatives, and insurers, whether for personal injury, including exposure to or contraction of the virus which causes COVID-19, or property damage, whether known or unknown, in any way arising out of or resulting from my and/or my child or children's use of any LPS property or facilities during the COVID-19 pandemic.

I understand and agree that my signature below represents a signature on behalf of myself and each of my children.

Signature of each parent or guardian:

Date of Signature

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Name of each child:

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