



COVID-19 Response Plan

Standard Operating Procedures*

****These SOPs are a living document and subject to change based on evolving local, state, federal guidelines.***

1. All individuals in one-n-ten programming space (Youth Center or satellite) are required to wear a mask covering mouth and nose at all times, unless drinking or eating in the designated area (YC) or solely with staff who are vaccinated (masks optional at this time in work spaces when 100% of staff are vaccinated. All one-n-ten staff who are working on-site in July and August are vaccinated).
2. No pre-sign ups at any site at this time.
3. All individuals who enter the one-n-ten programming space (Youth Center or satellite) are to have their temperature taken via contactless thermometer upon entering and complete the sign in log (print copy daily and keep daily sign in logs in a binder/folder) <https://docs.google.com/document/d/1tmsKz0pXEXkd6E30qHuB78ep0WRxl2zKEyjK444AvhE/edit> *The "why": an elevated temperature can be a symptom of Covid-19 and the screening questionnaire has additional questions that can identify a possible Covid infection or risk of infection. We have everyone complete the sign-in log in case we need to do contact tracing*
 - a. Positive temperature: if an individual has a temperature of 100.4 F or higher, the individual must leave the site and follow CDC guidelines. Print copies of "Home Isolation Guidance" to have on hand to provide to individuals. <https://www.maricopa.gov/DocumentCenter/View/58863/Home-Isolation-Guidance?bidId=>
 - i. Determine youth's form of transportation to/from home
 1. If a youth is dropped off, parent/guardian should wait outside for youth to pass screening before they leave. *The "why": just in case the youth doesn't pass the screening.*
 2. Parent/guardian picking up youth is optimum if youth uses public transportation. Provide bus pass or Lyft credits if parent/guardian unable to pick up youth (not optimum due to congregate environment).
 - a. Have youth wait in an area away from other individuals (if in the Valley due to excess heat; if in Prescott or Flagstaff, youth can wait outside (within sight of staff while waiting outside for transportation)).
 - ii. Ask youth to contact site Program Manager with COVID test result. Site Program Manager to follow up with youth the next day if needed.



1. Inform individuals identified as a “close contact” as soon as possible. Close contact is defined as within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period or had physical contact. *The "why": we are following CDC guidelines based on unvaccinated folks.*
4. Each individual is to complete a Covid-19 screening questionnaire. If youth answer “yes” to any question, they are to inform a staff member immediately and are unable to participate in programming and transportation home to be arranged.
 - a. Positive screening: see 2a.
5. If a youth has traveled in the past 10 days (*travel is defined as any trip that is overnight AND on public transportation (plane, train, bus, Uber, Lyft, cab, etc.) OR any trip that is overnight AND with people who are not in your household.*) **AND** youth is not fully vaccinated, they will not be able to attend programming.
6. If the youth has a negative temperature check and negative screen, they may enter and utilize the space according to protocols.
7. Apply hand sanitizer to hands upon entry.
8. Physical distancing of at least 6 feet from other people in the space is required.
9. Wash your hands frequently: after eating, using the bathroom, coughing, sneezing, blowing nose or any other activity that compromises cleanliness. Hand sanitizer is available for additional sanitization.
10. Eating is not allowed at all Satellites (site rule). It is OK to send youth home with an individually packaged snack. Eating is allowed at the designated seating area of the YC kitchen.
11. Staff will wipe down all functional surfaces (countertops, tables, chairs, door handles, light switches, remote controls, keyboard, mouse, toilet handles, faucets etc.) including their individual work station with disinfecting spray/wipes at the end of each day.



COVID Screening Questionnaire

Name: _____ DOB: _____ Phone Number: _____

PLEASE READ EACH QUESTION CAREFULLY

1. Have you experienced any of the following symptoms in the past 48 hours:

- fever (100.4 F or higher) 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
- diarrhea

_____ Yes _____ No

2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19? _____ Yes _____ No

3. Have you been in close physical contact in the last 14 days with:

- Anyone who is known to have laboratory-confirmed COVID-19?



OR

- Anyone who has any symptoms consistent with COVID-19?

Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period

_____ Yes _____ No

4. Are you currently waiting on the results of a COVID-19 test?

IMPORTANT: ANSWER "NO" IF YOU ARE WAITING ON THE RESULTS OF A PRE-TRAVEL OR POST-TRAVEL COVID-19 TEST

_____ Yes _____ No

5. Have you traveled in the past 10 days?

Travel is defined as any trip that is overnight AND on public transportation (plane, train, bus, Uber, Lyft, cab, etc.) OR any trip that is overnight AND with people who are not in your household.

_____ Yes _____ No

If you answered "Yes" to any of the above questions, please inform a staff member

6. I am fully vaccinated for Covid. _____ Yes _____ No

Fully vaccinated = both doses of Pfizer or Moderna vaccine OR single dose of Johnson & Johnson AND it has been at least 2 weeks since your last dose.



one-n-ten
General Liability and COVID-19 Liability Release
Waiver, Assumption of Risk, and Indemnity Agreement ("Agreement")

I agree to read this document in its entirety and abide by the expectations laid out.

Name:

Signature:

Date:

In consideration of my in-person attendance and participation at 1N10 Inc. dba one-n-ten operated programs/events, the undersigned acknowledges and agrees to the following with respect to COVID-19 specifically:

I am fully aware of the existence and voluntarily assume the inherent risks that I am incurring by appearing in person and that my participation may cause sickness, injury, or illness to myself or others such as, but not limited to, transmission or infection with COVID-19, complications of COVID-19, or that may otherwise lead to sickness, quarantine, hospitalization, injury, or death.

I have not, within the last 14 days, experienced symptoms of any communicable disease or COVID-19, including 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 (these, along with symptoms outlined in the following link and guidance from the Centers for Disease Control shall be collectively referred to as the "COVID-19 Symptoms").

I did not, nor did any member of my household, visit any area within the United States or elsewhere in the world that was reported to have a high rate of COVID-19 transmission in the last 14 days.

I have not, nor any member(s) of my household, been diagnosed to be infected with COVID-19 virus within the last 14 days.

No member(s) of my household have experienced COVID-19 symptoms or symptoms of any other communicable disease within the last 14 days.

To my knowledge, I have not been in close contact with any person(s) who have been diagnosed to be infected with COVID-19 or who I know has experienced COVID-19 symptoms or symptoms of any other communicable disease within the last 14 days.

Name:

Signature:

Date:



If I develop COVID-19 symptoms during my time at a one·n·ten operated program/event, as well as after I sign this Agreement but before attending a one·n·ten operated program/event, I agree to immediately notify one·n·ten and to leave the program/event/space and follow protocols outlined by the Centers for Disease Control. I agree to be fully honest with one·n·ten in regard to any COVID-19 symptoms I may develop and agree to comply with any request by one·n·ten to leave as determined by one·n·ten in their sole discretion.

I agree to, at all times during or in connection with the one·n·ten operated program/event, comply with all applicable laws and regulations concerning protections against COVID-19 of the city, state, and county where the program/event is occurring.

I agree to follow all rules, procedures, practices, and requirements established by the Venue (defined as location of one·n·ten program/event, including, but not limited to the Parsons Center for Health and Wellness, one·n·ten . satellite locations, etc.) and/or one·n·ten and their related requests. This includes but is not limited to adhering to all of one·n·ten 's and the Venue's COVID-19 related policies, which may be published during the program/event. These policies include, without limitation, physically distancing, and wearing masks throughout the program/event except when seated at your table, eating or drinking. I also agree to follow any reasonable requests by other Attendees to respect their social distancing and other protective measures ("Participant Requests").

I am fully and personally responsible for my own safety and actions while and during my participation in the program/event and I recognize that I may be at risk of contracting COVID-19 by attending the program/event, which may cause me or others around me sickness, injury, hospitalization, need to quarantine, or death. I specifically understand that any rules, procedures, practices, and requirements established by the Venue and/or one·n·ten are not a guarantee that I will not be exposed to COVID-19 and I understand and agree that I am solely responsible for taking any precautions I deem necessary and supplying my own personal protective equipment (including face masks) during the program/event. With full knowledge of the risks involved, I voluntarily assume the risk of contracting COVID-19 by attending or participating in the program/event and any activities connected with the program/event.

With full knowledge of the risks involved, I voluntarily assume all risks and liability and release, waive and discharge the RELEASED PARTIES (one·n·ten . and Venue) from any and all liabilities, losses, claims, demands, actions, expenses (including attorney's fees) and cause of action whatsoever, directly or indirectly arising out of or related to any loss, damage, sickness, injury, hospitalization, medical or other expenses, need to quarantine, job loss, death, that may be sustained by me related to or arising, out of the transmission or infection of COVID-19 while participating in the program/event or any other activity while in, on, or around the Venue or while using the facilities at the Venue in connection with the program/event that may lead to unintentional exposure or harm due to COVID-19. This assumption of risk, waiver, and release



applies to all COVID-19 related claims or losses (i) alleged to be caused by any of the RELEASED PARTIES, attendee, or other persons or entities, (ii) alleged to be caused by negligence, misconduct, or other acts or omissions of any of the RELEASED PARTIES, attendee, or other persons or entities (iii) brought by attendee or other persons or entities, and (iv) brought against any of the RELEASED PARTIES, or other persons or entities.

I agree to indemnify, defend, and hold harmless the RELEASED PARTIES from and against any and all costs, expenses (including attorneys' fees), losses, damages, lawsuits, and/or liabilities or claims whether arising directly or indirectly from or related to any and all claims made by or against any of the RELEASED PARTIES arising out of or related to injury, loss, illness or death from or in any other way related to COVID-19, including any losses or claims alleged to be caused by the negligence, misconduct, or any other acts or omissions of any of the RELEASED PARTIES, Attendee, or other persons or entities.

To the maximum extent allowed by applicable law, I (a) covenant and agree not to elect a trial by jury with respect to any issue arising out of this Agreement or the Services that is triable of right by a jury, and (b) waive any right to trial by jury with respect to such issue to the extent that any such right exists now or in the future. This waiver of right to trial by jury is given knowingly and voluntarily.

Name:

Signature:

Date: