

University of Rhode Island 4-H Fall 2020 Requirements

We are working in an ever-changing environment where physical and mental health risks need to be carefully mitigated and constantly assessed. 4-H Activities will always comply with all state and local directives. If you need help developing a plan for your club to meet the requirements, please contact the 4-H staff.

AT ANY TIME URI may modify this document for the safety of our participants!

Requirements for in-person Club Meetings

August 30-December 2020

	In person 4-H meetings must be conducted completely outdoors. Club meetings can occur up to once a month for the fall. All other 4-H events will be virtual.
	Meetings may not exceed 12 people: 2 Volunteers, 10 members or others. These should be the same 12 people each month and a log in will be required at meetings.
	All participants must wear appropriate face coverings during the 4-H activity as recommended by the CDC.
	All youth and adults must complete a health pledge certifying they are well enough to participate.
	Participants must stay at least 6 feet apart throughout the meeting.
	No Food will be served during meetings.
	Must have access to hand sanitizer or sink with soap and water. If equipment must be shared it must be sanitized between each user.

UNIVERSITY OF RHODE ISLAND 4-H HEALTH PLEDGE

Daily monitoring of one's health and well-being prior to participating in an in-person Rhode Island 4-H Activity can aid in early detection of infectious disease and is an effective measure to prevent community spread of COVID-19. In our ongoing effort to protect participants we have established a new practice; all participants should complete the daily self-assessment before attending an in-person program. If you answer YES to any of the symptom questions, you MUST STAY HOME. All community members who are feeling ill, whether it is related to coronavirus or not, should stay home for their well-being and the well-being of the URI community.

Please answer the questions below and sign the form at the bottom of the page. Health Pledges should be completed the day of the 4-H Activity you plan to attend. You should take your temperature at home when completing this form, to verify you do not have a fever over 100.4°F.

Participants Name: _____ Date _____		YES	NO
1	Have you experienced any of the following symptoms in the past 3 days? • Fever • Chills • Cough • Shortness of Breath • Fatigue • Muscle or body aches • Headache • Headache • New loss of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea		
2	Have you had any of the above symptoms in the past three days that are NOT explained by allergies or a non-infectious cause (such as a chronic condition)?		
3	Have you been directed to quarantine or isolate by the Rhode Island Department of Health (RIDOH) or a healthcare provider (URI Health Services, primary care provider, etc.)?		
4	Have you been in close contact (less than 6 feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?		
5	Have you traveled anywhere outside the 50 United States in the past 14 days?		

If you answered “Yes” to one of the questions above, you should not attend the 4-H Activity. Contact your health care provider if you are experiencing the symptoms described above.

ACKNOWLEDGEMENT AND AGREEMENT, I understand that when participating in this 4-H activity I will be required to follow rules and protocols designed to help keep everyone safe and well. These rules include wearing a mask or face covering, practicing physical distancing, washing or sanitizing my hands, and cleaning and disinfecting surfaces, equipment, and materials. I agree to follow all rules, procedures, and protocols as directed by the adult leader(s) of the 4-H activity and understand that failure to do so may result in my/my child’s dismissal from the activity and barmen from future participation.

I acknowledge and understand that my participation in this in-person 4-H activity is voluntary and I am/my child is not required to participate. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I voluntarily assume all risk of illness, injury, loss, and/or damage to person or property in any way associated with my participation in this 4-H activity, except those resulting from the negligence or wrongful conduct of the organizers or others.

If I am/my child is diagnosed with COVID-19, I will notify URI, so they are prepared to assist with state contact tracing efforts as requested. I understand the 4-H program may alert others who attended this 4-H Activity that COVID-19 exposure has occurred, and that such notification will not identify me/my child as the source.

Printed Name: _____

Signature: _____ Date: _____

Health Pledges for minors (under age 18) must be completed and signed by a parent or guardian.