



Parent/Guardian Risk Mitigation Consent/Questionnaire

Consistent with the most current CDC recommendations and HIPAA regulations, we require that staff, patients, and any person(s) who reside with the staff and patient, abide by the safety protocols outlined below.

Yes	No	Risk Mitigation Steps
		If receiving home-based services, I agree to take the temperature of all household members daily and/or prior to each session. If receiving clinic/center-based services, I agree to take my child's temperature daily.
		If receiving home-based services, I agree to restrict session location to spaces that have been sanitized prior to my provider's arrival.
		I have read, reviewed, understand, and agree to follow the supplemental Cleaning and Sanitization Guidelines document, consistent with current CDC cleaning recommendations.
		I agree to wipe down all frequently touched surfaces in the treatment space prior to my provider's arrival. Includes: door handles, hard surfaces, light switches, faucets, etc.
		I agree to provide cleaning supplies to my provider for use before, during, and after the session including: antibacterial soap, surface solution containing 70% alcohol to wipe hard surfaces, antibacterial wipes and or spray.
		I understand that in addition to my cleaning of the treatment area, the provider will <b>also</b> clean and sanitize the treatment area prior to beginning each session and upon session completion, utilizing cleaning supplies provided by myself.
		I agree to provide a touch-free trashcan and napkins/paper towels in or immediately outside the treatment area for staff, including restroom.
		I agree to follow current CDC guidelines for handwashing. Includes: washing hands for at least 20 seconds, washing hands and my child's hands at least every hour, and as soon as possible following any touching of mouth, nose, eyes, or sneezing into hand, etc.
		I agree to limit one caregiver to the designated treatment area E.g. only 1 caregiver in close proximity.
		I agree that (I, the caregiver) and service providers will wear a cloth face covering, consistent with current CDC recommendations, throughout the session while in close proximity (within 6 feet) of my provider. I will attempt to remain 6 feet away throughout the session.
		I agree that I will abide by social distancing recommendations consistent with current CDC recommendations, including staying away from group gatherings, limiting household visitors to only essential people, and only leaving home for essential activities *Includes trips to grocery store, doctor, and for essential work*
		I understand that treatment targets for my child will be modified by my supervising BCBA to mitigate risk of exposure. Examples: targets requiring prolonged close proximity or direct physical contact with others, targets requiring touching of the face: eyes/nose/mouth, utilization of physical prompting, receptive language targets such as "high 5s", and parallel play, etc.
		I understand that my supervising BCBA will be working with me to identify alternate reinforcers and activities for my child that may further limit the risk of exposure.
		I understand that my service provider reserves the right to terminate a session immediately if my child or anyone else in the household (including themselves) is sick, begins displaying symptoms of illness, or risk mitigation strategies are not being adhered to before, during, or after a session.

Parent/Guardian Signature and Date: \_\_\_\_\_