

Fall 2020 Return to Campus

**COMMUNITY COMPACT** 



# **Community Compact Fall 2020**

Lesley University will operate remotely in the fall 2020 semester with limited access to certain physical campus resources for students in specific programs. Participation in on-campus programming is each student's individual choice.

The health and safety of the Lesley community and the viability of the on-campus programming depends on each member of the community accepting responsibility for their individual roles. It is critical that students follow the health and safety guidelines to promote the well-being of the community and continued, limited in-person programming.

Lesley's planning and operations related to COVID-19 during the fall semester will be guided by the information that we receive from the CDC, Massachusetts Department of Public Health, the Massachusetts Governor's Office, and the City of Cambridge.

All students accessing campus resources must accept their responsibility to follow the recommended safety and health practices and behaviors. Examples at universities around the country demonstrate that a single incident of prohibited activities can shut down an entire on-campus program.

Lesley students utilizing in-person campus resources are expected to sign the Lesley Compact before arriving on campus. Any student under the age of 18, must have the Compact signed by a parent or guardian. A signed agreement to the Compact is required before a student will be granted access to campus resources.



### **As a Lesley University Student**

I UNDERSTAND that Lesley University has made an exception for me to have access to specific campus resources and has created this Community Compact to promote safety for all members of the campus community.

**I UNDERSTAND** that my ability to participate in oncampus programs is dependent upon my acceptance of this Community Compact.

**I PLEDGE** to adhere to this Community Compact in order to protect my health, as well as the health of other members of the Lesley community.

I UNDERSTAND that the arrangements that the university has made for me to utilize approved campus resources is conditional and subject to change depending on my adherence to the Community Compact or changes in public health conditions that could result in these privileges being revoked or terminated before the end of my anticipate use of campus facilities.

I UNDERSTAND that I am responsible for all expenses related to my residence, meals, and transportation related to my arrival to and departure from campus, regardless of reason for my departure.

I UNDERSTAND that I am responsible for conducting myself in a way that reduces the risk of COVID-19 transmission, and I also accept that risk—even with individual, university, and community action—cannot be eliminated.



#### **Public Health Concerns**

I UNDERSTAND and agree to participate in the universitysponsored COVID-19 testing program and utilize the Co-Verified self-screening app as instructed.

**I AGREE** to be honest in my self-screening and my contact with others for purposes of contact tracing.

**I AGREE** to cooperate fully with the University, the Cambridge Public Health Department, and the Community Tracing Collaborative in the contact tracing efforts.

**I AGREE** to complete the university COVID-19 educational module prior to arriving on campus.

**I AGREE** to providing my completed immunization records prior to arrival on campus.

**I AGREE** to obtain the flu shot this fall.



### **Quarantining and Self-Isolation**

Prior to accessing any campus resources or facilities, **I AGREE** to participating in the university COVID-19 test and immediately quarantining in my hotel room, apartment or home until I return a negative test result.

I WILL promptly report any <u>symptom of COVID-19</u> or any contact or exposure that I may have had with anyone with symptoms or diagnosis of COVID-19 to the Director of the Student Health Service (Kerry Folkman) at kfolkman@lesley.edu and immediately enter quarantine until it is determined that isolation or quarantine is no longer necessary.

I UNDERSTAND that I should have a contingency plan in place prior to arriving for the fall semester that includes arrangements for me to leave the hotel within 48 hours if I have a positive test result for COVID-19.



### >Physical Distancing, Face Masks, and Safety Check-ins

I AGREE to wear a cloth face mask at all times when on university property, in university buildings, while in public spaces, and in the hotel. I understand that cloth face masks must have at least 2 layers of fabric, and that bandanas, neck gaiters, buffs, and face masks with valves are not acceptable.

**I AGREE** to and accept my responsibility to follow Lesley University's Compact for <u>physical distancing</u>, and to practice the same when moving about in public spaces.

**I AGREE** to follow all safety protocols of Lesley University and the City of Cambridge at all times.

I UNDERSTAND, and agree, that I might be asked to present myself to the Director of Student Health Service for a visual safety check, to which I will make myself available.

**I AGREE** to follow any updated changes to university and local policies and protocols and to cooperate with university staff in the implementation of the changes.

I UNDERSTAND that the use of a face mask and the practice physical distancing is intended to protect the health and safety of all member of the Lesley community, and that my active participation in both practices is expected and not based on my personal preference.



### **Practicing Good Hygiene**

**I UNDERSTAND** that the practice of good hygiene is important in our ability to prevent the spread of COVID-19.

**I AGREE** to do my part in practicing good hygiene by following all recommended protocols, including thorough handwashing, using sanitizing stations, and using appropriate sanitizing materials to clean after myself in university spaces.



### Campus, Hotel, and Apartment Gatherings and Guests

**I UNDERSTAND** that I have been allowed to participate in specific campus educational activities.

**I UNDERSTAND** that my time on campus is not intended to replicate normal campus housing or campus facility privileges.

I UNDERSTAND that I am not to have guests visit me in the hotel/apartment and that I am not to participate in or sponsor any gatherings or parties in my hotel room or apartment or to attend any gatherings or parties that may be hosted by someone else in their hotel room, apartment, or other facility.

**I WILL NOT** be present at any gatherings on university property, including all outdoor spaces on campus (quads, steps, walkways, etc.).



### Traveling While Using Campus Resources

**I AGREE** to remaining in the immediate area of the university and will avoid all unnecessary, non-emergency travel while I am partaking in the on-campus opportunities.

I UNDERSTAND that if I travel outside of Massachusetts, that I will be subject to all mandated practices of quarantining upon reentry into Massachusetts which could impact my access to the campus.



### **Contingency Planning**

**I UNDERSTAND** that I should have a Contingency Plan for leaving campus in place prior to arriving for the fall semester.

I UNDERSTAND that my Contingency Plan should include arrangements for transportation home or to the safe place that my family and I have arranged, in the event that I test positive for COVID-19.

I UNDERSTAND that public health guidance might require the university to cancel all on-campus activities during the fall and that I am responsible for all financial arrangements related my Contingency Plan.

I UNDERSTAND that I might be required to activate my Contingency Plan due to misconduct, not following university protocols or not complying with the Community Compact.



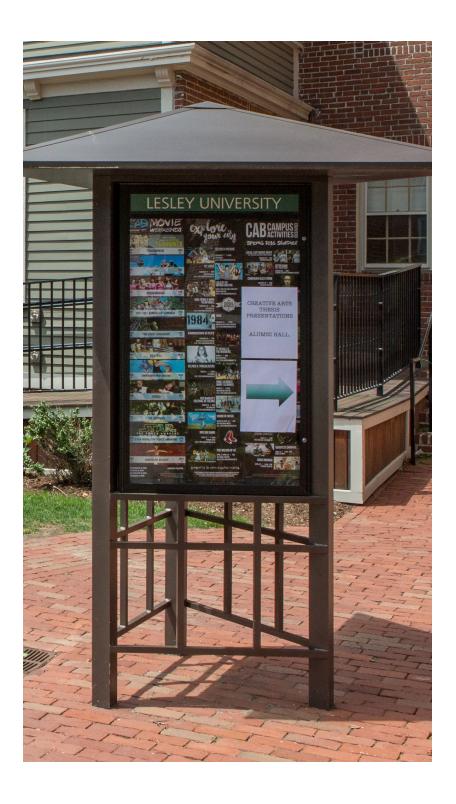
## Fulfilling the Lesley University Compact

I UNDERSTAND that it is my responsibility to fulfill my promises in this Compact and that if, at any point, I believe that I am unable to live up to my responsibility I will actively remove myself from participation in the campus resources and/or hotel housing.

**I UNDERSTAND** that any behaviors on my part that are in violation of this Compact or other university policies is reason for me to be removed from participation in this opportunity, regardless as to whether my work has been accomplished, and at my expense.

### **Helpful Information and Contacts**

- Lesley University has entered into an agreement with the Broad Institute to provide our COVID-19 testing.
- Lesley University will provide access to the Co-Verified app for students to do self-screening.
- The COVID-19 Testing Program will be overseen by the Director of Student Health Service, Kerry Folkman. Any questions about the testing program or health-related concerns of students participating in on-campus activities in the fall semester can be directed to Kerry at kfolkman@lesley.edu.
- Please contact Dean Nathaniel Mays (nmays@lesley.edu)
  if you have any questions about any aspect of your
  experience, or concern about the behaviors of others
  participating in on campus programs.



### **Personal and Community Responsibility**

It is the responsibility of all students to do their part to live up to the expectations of this Compact. The potential harm to the student and others that results from irresponsible behaviors that disregard any aspect of this Compact will be reason for the student to be removed from participation in the on-campus program and hotel. Decisions about revocation of privileges to continue in the on-campus and hotel experience will not follow normal protocols of campus investigations. Each student should understand the seriousness of what is being asked of them before agreeing to this Compact and should be prepared for any consequences as a result of any action on their part (including unexpected financial expenditures) that violates this compact.

I have read the Lesley University Community Compact and agree to abide by the Community Compact. I understand that my failure to abide by the Community Compact (even one time) is reason for me to have my oncampus and/or hotel privileges taken away and that I am responsible to enact my Contingency Plan with my family at my own expense.

| STUDENT SIGNATURE:   |                             |           |
|--|-----------------------------|-----------|
| First Name   | Last Name                   |           |
| Signature  |                             |           |
| Email  | Date                        | Telephone |
| PARENT/GUARDIAN SIGNATURE (IF STUDENT IS UNDER THE AGE OF 18): |                             |           |
| Parent/Guardian's First Name                                   | Parent/Guardian's Last Name |           |
| Signature of parent/guardian                                   |                             |           |
| Email  | Date                        | Telephone |
|  |                             |           |

PLEASE EMAIL SIGNED FORM TO DEAN NATHANIEL MAYS AT nmays@lesley.edu