

COVID-19 FAMILY / CHILD
ACKNOWLEDGMENT AND DISCLOSURE

This should be initialed and signed by BOTH parents if applicable.

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.

2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands before and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.

3. _____ I understand that for my child to enter upon the facility premises, my child and I must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be pick-ed up from the facility within 30 minutes of being notified.

Symptoms include:

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches
- Headache
- Earaches
- Diarrhea
- Vomiting
- Abdominal pain
- Other symptoms in children: Rash, Neck pain, Extreme Fatigue, Bloodshot Eyes

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear **2-14 days** after being infected so please take them seriously.

4. _____ I understand that my child's temperature will be taken upon arrival to the center and potentially throughout the day
_____ I understand that I or other persons dropping off my child will be temped upon arrival and that I must wear a mask at drop off and pick up
5. _____ I understand my child (age 3-5 year old) will be required to wear a mask to the best of their ability at all times while in the facility and on facility premises. I understand staff will do their best to assist with masks remaining on except at naptime and meals. Masks will need to be provided by family and remain at the center to be laundered daily.
6. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds. When handwashing is unavailable, hand sanitizer will be used with teacher supervision only.
7. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local Safer At Home orders.
8. _____ **I will immediately notify center management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify center management if anyone from my place of employment is presumed positive or tests positive for COVID-19 and whether or not I have had direct contact with that person. I understand school will close upon a positive or presumptive positive case in an employee, child or household member for 72 hours. I may be required to quarantine or isolate my child for 10-14 days. I understand tuition will not be refunded for any closures due to COVID**

Children, Staff or household member who are exhibiting any of the symptoms listed in #3

May return to the Child Care Center after isolating and once the following requirements have been met:

- Symptom free for 72 hours
- Significant improvement in respiratory symptoms (e.g., cough, shortness of breath)
- May be asked to stay out for: at least 10 days since symptoms first appeared **or** have had a negative COVID test **and** symptom free for 72 hours depending on symptoms

Children, Staff, Person in household who have been confirmed with COVID or presumed to be positive

***School closure for a minimum of 72 hours necessary and must notify Summit County Health and Human Services**

Everyone in the home should quarantine for 14 days. The child or staff member may return at the end of the quarantine period as long as they did not become ill during that time.

If they became ill, they will need to stay home until ALL of the following requirements have been met:

- Resolution of fever without the use of fever-reducing medications for 72 hours
- Significant improvement in respiratory symptoms (e.g., cough, shortness of breath)
- At least 10 days have passed since symptoms first appeared **or** 72 hours symptom free whichever is longer

9. _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Little Red Schoolhouse will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date

Director Signature

Date