

COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE

FAMILY/CHILD VERSION: This should be initialed and signed by parent or legal guardian.

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 entering 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 to enter upon the facility premises my child 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 degrees Fahrenheit or higher
- dry/wet cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches
- Diarrhea
- Headaches
- Congestion or drainage

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 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. _____ 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.
5. _____ 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 guidelines and will practice healthy habits such as washing hands frequently while not at the center
6. _____ I will immediately notify the child care program 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 and is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
7. _____ If my child comes in close contact with someone who has lab-confirmed COVID 19, they will not be allowed to attend and we will self-quarantine for 14 days from the last date of exposure.
8. _____ 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.
9. _____ I understand that if there is a significant increase of cases in our County or if a child or staff member of our child care program tests positive for COVID 19, we will determine if it is in the best interest of the school to remain open.

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 Country Acres CDC 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