COVID-19 PUBLIC HEALTH EMERGENCY

SPECIAL PROGRAM ATTENDANCE

 ACKNOWLEDGMENT AND DISCLOSURE

FAMILY/CHILD VERSION: This should be initialed and signed by BOTH parents.

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, remove my shoes 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 (but not limited to):

* + - fever of 100.4 degrees Fahrenheit or higher
		- dry cough
		- Shortness of Breath
		- Chills
		- Loss of taste or smell
		- Sore Throat
		- Muscle aches

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.

1. I understand that my child’s temperature will be taken upon entry & throughout the day while on facility premises.
2. I understand that my child will not wear a mask while in the facility and on facility premises. (OPTIONAL, may be required by some states in order to operate.)
3. I understand that my child will be required to wash their hands using CDC recommended handwashing procedures upon entry & throughout the day using warm running water and rubbing with soap for at least 20 seconds.
4. 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 stay-at-home orders & guidelines, and will limit my child’s contact outside of care. I will follow any recommendations from the CDC that limits my child’s risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over.
5. I will immediately notify Beginnings and Beyond 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 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
6. 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 Beginnings and Beyond 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 employees, children, or their family members to COVID-19.

Child’s Name: DOB:

Child’s Name: DOB:

Parent’s Name:

Parent Signature Date

Parent’s Name:

Parent Signature Date

Management Team Witness Date