KID'S WORLD CHILDCARE AND LEARNING ACADEMY COVID-19 PUBLIC HEALTH EMERGENCY

SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE

FAMILY/CHILD VERSION: This should be initialed and signed by ALL custodial parents/guardians. 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.

1. I understand that IF there is an emergency or special circumstance 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.

1. \_ \_ \_ 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 picked 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
	+ vomiting/diarrhea

•headaches

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 KWC & LA is taking every precaution to keep my child healthy,

utilizing the Office of Public Health guidelines. These include:

* + Requiring staff to take everyday precautions to prevent the spread of respiratory illness such as COVID-19 such as washing hands often, cleaning and disinfecting frequently touched surfaces, avoiding close contact, covering coughs and sneezes and covering mouth and nose with face masks.
	+ Requiring sick children and staff to stay home.
	+ Isolating children who become sick (before they are picked up) followed by cleaning and disinfecting processes.
	+ Implementing social distancing strategies.
	+ Changing parent drop-off and pick-up processes.
	+ Screening children and staff upon arrival.
	+ Intensifying cleaning and disinfecting efforts.
	+ Ensuring proper diapering techniques are followed.
	+ Ensuring proper washing, feeding, and holding of children.
	+ Ensuring healthy hand hygiene of children and staff including using CDC-recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
	+ Ensuring healthy food preparation and meal service.
	+ Addressing vulnerable/high risk groups.
1. \_ \_ \_ I understand that outside of care, to control my child's exposure in the community, I will comply with all state, county or local stay-at-home orders, and CDC recommendations.
2. \_ \_ \_ I will immediately notify KWC & LA 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 KWC & LA if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
3. 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.

1. I understand that persons with COVID-19 symptomswho were directed to care for themselves at home may return when

At least 3 days (72 hours) have passed since recoverymeaning:

* + fever free without the use of fever-reducing medications and
	+ improvement in respiratory symptoms (e.g., cough, shortness of breath) and
	+ at least 10 days have passed since symptoms first appeared

# I, \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, certify that I have read, understand, and agree to

#  (Parent/Guardian Name)

# comply with the provisions listed herein.

During this COVID-19 Pandemic, I understand that I or my child(ren) may contract the virus. I hereby agree to not sue and waive all liabilities toward Kid's World Childcare and Learning Academy.

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent/Guardian Signature Date

Director Date