

Christ Church Children's Center

COVID-19 Public Health Emergency

Program Attendance Acknowledgment and Disclosure

This form MUST be initialed and signed by all parents or guardians of a child.

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 upon entering and wear a mask. While in the facility I must practice social distancing and remain at least 6 feet 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 picked-up from the facility within 30 minutes of being notified. These symptoms include:
 - a. Fever of 100.4 degrees Fahrenheit or higher
 - b. Dry Cough
 - c. Shortness of Breath
 - d. Chills
 - e. Loss of Taste or Smell
 - f. Sore Throat
 - g. 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 to 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's temperature will be taken upon drop off, during the day if my child exhibits any symptoms listed above, and at the end of the day while on facility premises.
5. I understand that my child must wear a mask at all times while in the facility and on facility premises. Exceptions to this include:
 - a. Children that are under the age of 3.
 - b. Masks can be taken off for eating, napping, and during outdoor play.
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.
7. I will immediately notify Christ Church Children's 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 #3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Christ Church Children's Center management 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.

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.

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 Christ Church Children's Center 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.

Printed Child's Name _____ Date of Birth _____

Printed Parent's Name _____

Parent Signature _____ Date _____

Printed Parent's Name _____

Parent Signature _____ Date _____

CCCC Management Signature of Receipt _____

Date _____