

**COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE FOR FAMILY/CHILD**

Please read and initial each statement below. This must be initialed and signed by BOTH parents when applicable.

1. _____ I/We 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/We understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST sanitize my hands, apply shoes covers 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/We 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 or Difficulty Breathing
- Fatigue
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle or Body Aches
- Headache
- Congestion or Runny Nose
- Nausea or Vomiting
- Diarrhea

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/We understand that my child's temperature will be taken several times throughout the day while on facility premises.

5. _____ I/We understand that if my child is older than 2 years of age, he/she must wear a mask while in the facility and on facility premises. (Children 2 years of age and under, children playing outside, children eating and napping of any age will not wear a mask.)

6. _____ I/We understand that my child will be required to wash their hands using Center for Disease Control (CDC) recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

7. _____ I/We understand that I must bring my child a pair of Velcro or slip on shoes (must have backs – no flip flops) to the facility that will ONLY be worn inside this facility and will be left here each evening. Children’s home shoes will be removed at the entrance of the facility. Staff will have the child put on their “center only shoes” once the child washes their hands and goes into the classroom. At pick up, staff will remove the child’s “center only shoes” and the child will be brought to the entrance where I will put on my child’s outside shoes prior to leaving the facility. The children’s “center only shoes” will be disinfected by staff each night.

8. _____ I/We understand that outside of care, in order to control my child’s exposure in the community, I will comply with any and all CDC recommendations, state and local restrictions, and recommendations regarding limiting/reducing my risk and my child’s risk for exposure including wearing a mask in all public areas and remaining 6 feet from all other people.

9. _____ When gathering socially with anyone that does not live in my household my child and I/we WILL maintain social distance of at least 6 ft and wear a face mask until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over. I will not gather socially with anyone not complying with social distancing and face mask recommendations or who have any of the symptoms listed in number 1 above. I will not gather socially with anyone presumed positive or who has tested positive even with a face mask and/or social distancing. Regarding outdoor recreation activities, I will maintain appropriate social distancing protocols including not gathering in groups of more than 25 people, wearing a face mask and maintaining 6 feet distancing if/when I participate in activities in outdoor places such as the park, beach, pool or other outdoor community location until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over.

10. _____ I/We understand that to limit the exposure risk for everyone in the center my child will be excluded from the program for 14 days upon return if my child or anyone from our household travels to any country, state, county or city that is considered to be a “hot spot” for COVID-19 infections. Further, if travelers from locations considered “hot spots” visit/stay in our home, my child will be excluded from the program for 14 days from the last day of their visit/stay.

11. _____ I/We will immediately notify Kid Time Cares 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 Kid Time Cares 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. This is not a HIPPA/Privacy violation as we are not requiring you to disclose the identity of the person.

12. _____ I/We 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 understand that these guidelines can and will be updated and changed related to developments and updates to the Public Health Emergency on the national, state, and local level and based on best practices, CDC guidance and child care licensing recommendations and/or requirements. Further, I acknowledge that the center administrators have the right and responsibility to enact and enforce policies and procedures to keep all employees, children and their families as safe as possible.

I/We, _____
certify that I/we have read, understand, and agree to comply with the provisions listed herein. I/We acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Kid Time LLC, will result in termination of services. I/We acknowledge that care for my/our 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: _____

Date of Birth: _____

Parent #1 Name : _____

Parent #1 Signature

Date

Parent #2 Name: _____

Parent #2 Signature

Date

Management Team Witness

Date