

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,

- 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.

4. \_\_\_\_\_ I understand that my child's temperature will be taken every 2 hours throughout the day while on facility premises.
5. \_\_\_\_\_ 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.

6. \_\_\_\_\_ I understand that I must bring my child a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. I MUST remove my child's shoes 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 sanitized by staff each night.
  
7. \_\_\_\_\_ I 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 6ft from all other people.
  
8. \_\_\_\_\_ I will immediately notify GISD 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 GISD 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.
  
9. \_\_\_\_\_ 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 GISD 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: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_  
Management Team Witness:

Date:

\_\_\_\_\_