COVID-19

FAMILY ACKNOWLEDGMENT AND DISCLOSURE

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 building beyond the designated drop-off and pick-up area. I understand that this change is for the safety of all persons present 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 building beyond the designated drop-off and pick-up area, I MUST sanitize my hands before entering and wear a mask. While in the building, I must practice social distancing and remain 6 feet from all other people except for my own child.

3. ______ I understand that to enter the Center 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 within 45 minutes of being notified.

   Symptoms include:
   • Fever of 100 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 including fever lowering medication such as acetaminophen (ex. Tylenol) or ibuprofen (ex. Advil), for 72 hours before returning to the facility.
4. I understand that my child’s temperature will be taken throughout the day while at the Center.

5. I will immediately notify the Center’s administration 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, and is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify the Center Director 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.

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.

7. I understand that should I travel out of state, to any state or country, that I will adhere to and follow the current state guidelines, up to and including self/family quarantine for a minimum of a two week period, before returning my child to the center.

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 Beth El ECC will result in termination of services. I acknowledge that care for my child will end 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/Guardian Printed Name: ____________________________

__________________________ ____________________________
Parent/Guardian Signature Date

Parent/Guardian Printed Name: ____________________________

__________________________ ____________________________
Parent/Guardian Signature Date