



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