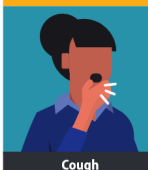




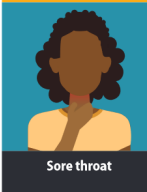
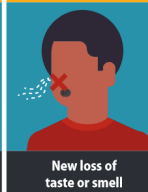


ACKNOWLEDGMENT AND DISCLOSURE

COVID-19 PUBLIC HEALTH EMERGENCY

Designated pick up and drop off Parent/Guardian, please read and initial each statement below and sign.

Child's Name	DOB:
	<p>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 everyone in the facility and to limit possible risk exposure. I understand that it is my responsibility to inform any Emergency Contact person of the information contained herein.</p>
	<p>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 the classroom and wear a mask. While in the facility I must practice social distancing and remain 6ft from other people, except my own child.</p>
	<p>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 children in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.</p> <p style="text-align: center;">Know the symptoms of COVID-19, which can include the following:</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <p>Cough</p> </div> <div style="text-align: center;">  <p>Fever</p> </div> <div style="text-align: center;">  <p>Chills</p> </div> <div style="text-align: center;">  <p>Muscle pain</p> </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;">  <p>Shortness of breath or difficulty breathing*</p> </div> <div style="text-align: center;">  <p>Sore throat</p> </div> <div style="text-align: center;">  <p>New loss of taste or smell</p> </div> </div> <p style="text-align: center;">Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.</p> <p>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 48 hours before returning to the facility.</p>

	I understand that my child's temperature will be taken before entering the building and a Health check will be completed.
	I understand that my temperature will be taken before my child is admitted to the building.
	I understand that is optional for children to wear masks during the day. It is not a requirement.
	I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
	I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local recommendations. I will follow any recommendations from the CDC that limits my child's risk for exposure.
	I will immediately notify Administration of Hamilton-Madison House Early Childhood Services if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms above (picture), is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
	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.
<p>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 Hamilton-Madison House Early Childhood Services could result in your child's removal from the program.</p>	
Relationship to Child	Relationship to Child
Parent/Guardian Signature	Parent/Guardian Signature
Date	Date