



QUALITY CHILDCARE & LEARNING CENTER CHILD CARE 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 or sanitize 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 provided a comfortable place away from others, but under adult supervision. 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, dry cough, and shortness of breath, extreme fatigue, chills, and diarrhea, loss of smell or taste, and skin rash.** If my child shows emergency warning signs (trouble breathing, chest pain, blue lips, confusion, or inability to stay awake, we will seek medical care immediately.

4. ____ 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. Make An appointment for your child to see a medical professional. Your child will need to stay home until:

- He/she has been free of fever for at least 72 hours without the use of fever reducing medications. AND other symptoms have improved AND at least 10 days have passed since their symptoms first appeared.

5. ____ I understand that my child's temperature will be taken every throughout the day while on facility premises.

6. ____ I understand that children under the age of 2, or children who have difficulty breathing will not be required to wear a face covering. All other children may be required to wear face coverings based on the number of children in care, the level of community spread, or orders put in place by our local health department. I understand there might be times my child will be supported in wearing a face covering for the health and safety of all.

7. _____ 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.

8. _____ I understand that my child may be asked to change shoes at the point of entering the Childcare site. A pair of shoes will need to be at the childcare site for the children to change into. The shoes 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. I will have the child put on their "center only shoes" once the child washes their hands and goes into the classroom. At pick up, I 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 me each night. (add who will provide shoes, family or childcare)

9. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with all state, county or local stay-at-home orders, I will follow any Center for Disease Control (CDC) recommendations that limits my family's and my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.

10. _____ I will immediately notify the Child Care 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 The Childcare if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether I have had direct contact with that person.

11. _____ I understand that **QUALITY** must report Covid-19 exposure or illness to the State of Michigan Childcare Licensing Division as well as the local health department who in turn will advise on necessary next steps to ensure optimum health and safety of our children, families and staff.

12. _____ I understand that while present in the facility each day my child will be in contact with children and staff 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 ALSO HOLD HARMLESS QUALITY CHILDCARE AND LEARNING CENTER AND ITS SUBSIDIARIES AND/OR STAFF OF ANY AND ALL LIABILITY AS IT RELATES TO COVID-19 OR ANY OTHER DISEASE AND/OR ACCIDENT

13. _____ I understand that current and future staff OF QUALITY have/will receive all mandatory Covid-19 trainings required by the State of Michigan Childcare Licensing Division. I further understand that staff will follow all CDC guidelines in: use of personal protection safety equipment, monitoring for symptoms of Covid-19, social distancing, and ensuring guidelines in cleaning, disinfecting and sanitizing.

14. _____ I understand that QUALITY values the overall health and wellbeing of my child and my family, including our mental health, and that community partnerships have been established to monitor and support the mental health needs of my child and my family.

15. _____ I understand that QUALITY will actively communicate new policies and expectations, confidentially discuss concerns or questions I may have and will provide community resources to support the needs of my family.

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 QUALITY CHILDCARE AND LEARNING CENTER may result in removal from our program.

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent Signature _____ Date _____

Parent's Name: _____

Parent Signature _____ Date _____

ProviderSignature _____ Date _____