

Kinder Works
www.Kinderworks.net

COVID-19 PUBLIC HEALTH EMERGENCY
 ACKNOWLEDGMENT AND DISCLOSURE

Dear Parents:

These changes in procedures are for the safety of all persons present at Kinder Works. As with everything surrounding this virus, these forms will need to be updated as new information is learned, new guidance is given by the CDC, DOH, AAP, & OCDEL, and new protocols are put in place. Hopefully...the restrictions will be eased as we see this through, together.

This document, and the *Corvid-19 Public Health Emergency Policies & Procedures for Parents*, is referenced on the ***Covid-19 Signature Page, which must be read & signed (digitally on the Registration page of our website), and anyone else designated to pick up/drop off during this pandemic must review both of these documents with you.*** (These are also available as pdfs on our website on the Registration pages).

Please read each statement below. Thank you.

1. I understand that I will only be permitted to enter the facility to the designated drop-off and pick-up area for my infant or toddler, and not beyond. My toddler and I must wash our hands or use 60%-70% alcohol hand sanitizer before entering. (Sanitizer stations will be outside the designated drop off and pick-up area or by the keypad to use in case you don't have your own). I must wear a mask. I must remain 6ft from all other people, except for my own child and the Kinder Works staff person greeting us to take care of my child.
2. I understand that to enter upon the facility premises my child and I must be free from COVID-19 symptoms. During the day, if 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 from the facility ***within 30 minutes*** of being notified. If I cannot pick up in time, I will designate someone who can and communicate this to you immediately.

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. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

3. I understand that, if my child is over 2 years old, pursuant DOH, AAP OCDEL and CDC recommendations (which have varied in emphasis), my child will be encouraged to wear a mask

whenever possible and practical, and especially when distancing is difficult to maintain. [We will not encourage a child to wear a mask if the child has difficulty wearing it, or if it is determined that the mask is detrimental to the health and safety of the child and the group (for example, if the mask causes an increase in cross contamination through excessive handling, as is often the case with younger children, or during physical activity, or when distancing is easy). We will teach children to keep their hands away from their faces, and the faces of others.]

4. I understand that throughout the day, at least every 30 minutes, and more often as needed, my child will be required to (with our help) wash his/her hands using CDC recommended handwashing procedures and to use approved hand sanitizer with 60-70% alcohol when handwashing is unavailable. I understand that my child will be coached to keep his/her hands away from his/her face, and the faces of others.
5. I understand that in order to control my child's exposure in the community, I will be aware of, and follow to the best of my ability, state, county and local safety orders, recommendations and precautions.
6. I will immediately notify the Kinder Works Director if I become aware of any person with whom my child or I have had contact, or family members with which we live have had contact, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
7. 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.

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COVID-19 PUBLIC HEALTH EMERGENCY SIGNATURE PAGE
For Parents & Guardians & Designated Others

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein, *Covid-19 Health Emergency Acknowledgement and Disclosure*, and in the *Covid-19 Policies and Procedures* document. I also certify that I have reviewed these documents with my spouse, and/or with anyone else who picks up or drops off my child/children, and that I am responsible for their compliance.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent Signature

Date