

**COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE-2021**

FAMILY/CHILD VERSION: This should be initialed and signed by ALL parents and/or guardians.
Please read and initial each statement below.

_____ 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.

_____ I understand that IF there is a reason requiring me to enter the facility beyond the designated drop-off and pick-up area I MUST follow screening and sanitizing procedures to include; screening of symptoms, temperature check, hand washing, shoe removal, and a face mask/shield. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.

_____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, my child experiences any of the following symptoms, he or she will be separated from the rest of the people in the facility. 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 or higher
- Dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19

- Abdominal pain
- Vomiting
- Diarrhea
- Neck Pain
- Rash
- Bloodshot eyes
- Feeling extra tired
- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Severe abdominal pain

While I understand that many of these symptoms can also be related to non-COVID-19 related issues I must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-14 days after being infected and I will take them seriously. I will follow TCCC guidelines presented on the Decision Tree (see attached) as adapted from the Virginia Department of Health and the CDC.

_____ I understand that my child's temperature will be taken every 3 hours throughout the day while on facility premises.

_____ 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 I must bring my child a pair of shoes to the facility that will ONLY be worn inside the facility and will be left at the facility each evening.

TABERNACLE
CHILD CARE CENTER
1925 Grove Avenue Richmond, VA 23220 (804) 353-2433
Kristen 804.432.9712 Courtney 804.380.8225

_____ I understand that in order to control my child's exposure in the community, I will comply with any and all state, county or local orders, requirements, and guidelines and will follow any recommendations from relevant federal, state, and local authorities (including, but not limited to, the CDC, the Virginia Department of Health, and the City of Richmond) that limit the risk of exposure, including but not limited to wearing a mask and physical distancing in all public areas, as appropriate.

_____ I will notify Tabernacle Child Care Center management **within 24 hours** of any of the following: (i) I become aware of a person with whom my child or I have had contact exhibiting any of the symptoms listed in Number 1 above, (ii) someone in my household has been advised to self-isolate or quarantine; and (iii) someone in my household 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.

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 Tabernacle Child Care Center will result in disciplinary action up to and including expulsion from the center. I acknowledge that my child's enrollment will be terminated 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:

Child's Name:

DOB:

Child's Name:

DOB:

Guardian's Name:

Date

Guardian Signature