

UBC WEE SCHOOL FAMILY COVID-19 PUBLIC HEALTH EMERGENCY ACKNOWLEDGEMENT AND DISCLOSURE STATEMENT

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 during drop-off and pick-up I MUST wear a mask at all times. 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 sanitize my hands before entering, remove shoes or place protective shoe covering on 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 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 60 minutes of being notified. If my child or a member of our household is experiencing any of the following symptoms, my child will be excluded from the program.

SYMPTOMS INCLUDE: *fever of 100.0 degrees Fahrenheit or higher *dry cough

*Shortness of Breath *Chills *Loss of taste or smell *Loss of Appetite *Sore Throat

*Muscle aches *diarrhea *nausea *vomiting *headache

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 72 hours before returning to the facility.

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

5. ____/____ Children enrolled in the facility will not be required to wear a mask. Children 2 years of age and under should not wear a mask. If my child who is 10 years and older and visiting UBC WEE School, they will be required to wear a mask at all times while in the facility and on facility premises. Children eating and sleeping will not be wearing a mask.

6. ____/____ 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.

7. _____ / _____ I understand that I must bring my child a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. Staff will remove my child's shoes at the entrance of their assigned classroom. Staff will assist the child putting on their "center only shoes". My child and the teacher will immediately wash their hands once in the classroom. At pick up, staff will remove the child's "center only shoes" and assist in putting on my child's outside shoes. My child and staff member will sanitize their hands before my child is released. The children's "center only shoes" will be sanitized by staff each night.
8. _____ / _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all CDC recommendations, state and local restrictions and recommendations regarding limiting/reducing my risk and my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.
9. _____ / _____ When gathering socially with anyone that does not live in our household we will maintain social distance of at least 6 ft and wear a face mask until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over. We will not gather socially with anyone not complying with social distancing and face mask recommendations or who have any of the symptoms listed in No.3 above. We will not gather socially with anyone presumed positive or who has tested positive even with a face mask and/or social distancing.
10. _____ / _____ I understand that to limit the exposure risk for everyone in the center my child will be excluded from the program for 14 days, upon return, if my child or anyone from our household travels to any country, state, county or city that is considered to be a "hot spot" for COVID-19 infections. Further, if travelers from locations considered "hot spots" visit/stay in our home, my child will be excluded from the program for 14 days from the last day of their visit/stay. I further acknowledge that tuition will be due in full during any 14 day period the child is not permitted to attend the program as the child is still enrolled in the program.
11. _____ / _____ I will immediately notify the WEE School Director if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in No.3 above, is advised to self-isolate, quarantine, has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify WEE School 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. **This is not a HIPPA/Privacy violation as we are not requiring you to disclose the identity of the person.*
12. _____ / _____ 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 my family and 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 understand that these guidelines can and will be updated and changed related to developments and updates to the Public Health Emergency on the national, state, and local level and based on best practices, CDC guidance and licensing recommendations and/or requirements. Further, I acknowledge that the center administrators

have the right and responsibility to enact and enforce policies and procedures to keep all employees, children and their families as safe as possible.

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 University Baptist Church WEE School will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another child, employee or their family member to COVID-19.

Child's Name: _____

DOB: _____

Child's Name: _____

DOB: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature

Date

Parent/Guardian's Name: _____

Parent/Guardian Signature

Date

WEE School Director

Date