

COVID-19 Parental Acknowledgement and Disclosure

1. While present at school each day, I understand that my child will be in contact with children and staff who are also at risk of community exposure. No list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19.
2. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlines in this acknowledgement.
3. I understand that during this COVID-19 public health emergency I will not be permitted to enter the facility and that Watch Me Grow staff will conduct parking lot pick up and drop off each day.
4. I understand that upon arrival each day my child's temperature will be checked and could be checked throughout the day. Children's hands will be washed prior to entering the classroom. The soles of their shoes will be sanitized as they enter the building. Handwashing will happen throughout the day per CDC recommendations.
5. I understand that if there is an emergency requiring me to enter the facility, I must wash my hands and wear a mask before entering. While in the building I will practice social distancing and remain 6 feet from all other people, except for my children or immediate family members.
6. All staff members will wear face coverings at all times. As the child's parent it is my decision whether or not my child wears a mask. Watch Me Grow Child Care will not put masks on children under age 2.
7. In order for my child to attend Watch Me Grow, I understand that my child *and all other family members in my household* must be free from COVID-19 symptoms. If any of the following symptoms appear while at Watch Me Grow my child will be separated from the rest of the class and moved to a supervised, secure area until I am able to pick up. My child must be picked up within a reasonable amount of time (30-60 minutes).
 - a. Symptoms include:
 - i. Fever of 100.4 or higher
 - ii. Cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue

- v. Muscle or body aches
- vi. Headache
- vii. New loss of taste or smell
- viii. Sore throat
- ix. Congestion or runny nose
- x. Vomiting or diarrhea

8. While Watch Me Grow understands that many of these symptoms can also be due to non-COVID-19 related issues, we must proceed with an abundance of caution during this public health emergency. Symptoms typically appear two to seven days after being infected. If my child has had any symptoms consistent with COVID-19, I understand he/she should not return until:

- a. Child is fever free for at least 24 hours *without medication*.
- b. Other symptoms have completely resolved.

9. I understand that if any other members of my family present with COVID-19 symptoms my child(ren) will need to remain at home until everyone is symptom free. *If a sibling or parent has symptoms all children in the household need to remain at home.*

10. I agree to notify Watch Me Grow management if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines “close contact” as being within 6 feet of an infected person for at least 15 minutes or more starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection until the time the patient is isolated.

In the event of a Positive COVID-19 test

- 11. All families will be notified immediately of any positive test results.
- 12. Based on each individual case, Watch Me Grow will follow the recommendations of the CDC and local Health Departments and communicate with parents throughout every step.
- 13. Positive staff and children will be excluded from care for a minimum of 10 days and will not be allowed to return until the 10 day period has passed and they are symptom free for at least 72 hours without medication.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name(s): _____ DOB: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____