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**COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL WORK CONDITION 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 my child's temperature will be taken prior to entering the facility and I will be asked to complete a risk assessment regarding exposure before my child can be signed in for the day.
3. _____ 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 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.**
4. _____ 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 pick-ed up from the facility within 30 minutes of being notified.**

Symptoms include,

- fever of 100. 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.** 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 with a **PHYSICIAN RETURN TO SCHOOL NOTE**.

5. _____ I understand that my child's temperature will be taken every 2 hours throughout the day while on facility premises.
6. _____ I understand that my child must wear a mask at all times while in the facility and on facility premises if above the age of 24 months.
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 **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. I MUST remove my child's shoes at the entrance of the facility. Staff will have the child put on their "center only shoes" once the child washes their hands and goes into the classroom. At pick up, Staff 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 staff each night.**
9. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders, and will limit my child's contact outside of care to persons living in my household. If the State of Michigan is moved into a decreased part of the governors phases, I will not take my child out to stores unless it is absolutely necessary and then only to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.
10. _____ My child and I **WILL NOT** gather with anyone that does not live in our household if ordered by the State of Michigan. I will only have contact with persons at my place of employment, and there I will practice all recommended social distancing, exposure limiting practices recommended by the CDC and governor of the State of Michigan. My child and **I WILL NOT** go to any gym, movie theater, nail or hair salon, park, beach, or other community location that is not for the purpose of getting food, medicines, toiletries or other life sustaining necessities until such time as it is determined by state and local health officials that the **Public Health Emergency is over or we have been permitted by the State of Michigan.**
11. _____ I will immediately notify [Shanette Burton or Janet Jackson] 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 [Shanette Burton or Janet Jackson] 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.

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 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 [**CREATIVE LEARNING CHILDRENS COLLEGE**] will result in disciplinary action up to and including termination of child care services being provided to my child by Creative Learning Childrens College. I acknowledge that my child care services for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposed another child, staff member, or their family member to **COVID-19**.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date

Shanette Burton or Janet Jackson (Witness)

Date