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**COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL WORK CONDITION ACKNOWLEDGMENT
AND DISCLOSURE**

EMPLOYEE VERSION:

Please read and initial each statement below.

1. _____ I understand that to enter upon the facility premises I must be free from **COVID-19** symptoms. If, during the course of the day, any of the following symptoms appear I must immediately notify a member of the **Ms. Shanette Burton or Ms. Janet Jackson.**

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. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

2. _____ I understand that my temperature may be taken every 2 hours throughout the day while on facility premises.
3. _____ I understand that I must wear a mask at all times while in the facility and on facility premises.
4. _____ I understand that the facility has adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks as assigned each day.
5. _____ I will wash my hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

6. _____ I understand that I must bring 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 the shoes I wear coming to work at the entrance of the facility, change into my work only shoes (in a freezer bag), place my outside shoes in my designated locker area and wash my hands immediately. I will also spray my work shoes prior to leaving the facility each day with fabric sanitizer and leave them to dry overnight. This may not be done near children and the sanitizer must be returned to a locked cabinet.

7. _____ I understand that outside of work, in order to control my exposure in the community, I will comply with any and all state, county or local stay-at-home orders, will limit contact outside of work to persons living in my household and will only go out to stores to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits my risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.

8. _____ I WILL NOT gather with anyone that does not live in my household. **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 **COVID-19 Public Health Emergency is OVER or we are in the necessary phase for such determinations.**

9. _____ I will immediately notify [**CREATIVE LEARNING CHILDRENS COLLEGE**] management if I become aware of any person with whom 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.

10. _____ I understand that while working in the facility each day I 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. I acknowledge that my employment 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**.

Employee Signature: _____ Date: _____

Shanette Burton or Janet Jackson Signature: _____ Date: _____