

**COVID-19 Public Health Emergency
Special Program Attendance
Acknowledgement and Disclosure**

Please read and **initial** each statement below. This signed agreement is required for admission to the Center.

1. ____ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter Over the Rainbow 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 Emergency Contact persons of the information contained herein.
2. ____ I understand that if there is an emergency requiring me to enter Over the Rainbow beyond the designated drop-off and pick-up area, I **MUST** wear a mask and wash my hands before proceeding. 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. My child will not be allowed to enter if any of these symptoms are present.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- any **two** of the following: chills, shivers, muscle aches, headache, sore throat, nausea/ vomiting, diarrhea, fatigue, congestion/runny nose
- any **one** of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell?

If during the course of the day, any of these 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 30 minutes of being notified.

While we understand 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. 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 24 hours before returning to the facility.

4. ____ I understand that my child's temperature will be taken on arrival and randomly throughout the day while on the facility premises.
5. ____ I understand that my child will be encouraged to wear a mask upon entering and exiting the building, at various times while in the facility and on facility premises (not for children under two).
6. ____ 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.
7. ____ I understand that outside of care, to control my child's exposure in the community, I will comply with all state, county or local stay-at-home orders or guidelines. I will practice all social distancing and exposure limiting practices recommended by the CDC.

8. ____While on school premises, I will follow all arrival and departure procedures and I will not congregate in the OTR parking lot or on the lawn or near the building.

9. ____I will immediately notify Over the Rainbow Early Learning Center administration if I become aware of any person, with whom my child or I have had contact, exhibits any of the symptoms listed in Number 3 above, is advised to self- isolate, quarantine, or has tested positive or is presumed positive for COVID-19.

10. ____I understand that while present in the facility each day my child will be in contact with children, families and 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, parent (s) of _____ (child's name), 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 Over the Rainbow Early Learning Center will be cause for termination of enrollment if it is determined that my actions, or lack of action, unnecessarily expose an employee, child or their family member to COVID-19.

Child's Name: _____

DOB _____

1.Parent's Name: _____

Parent's Signature

Date

2.Parent's Name: _____

Parent's Signature

Date

Management Team Witness

Date