



COVID-19 Parent Acknowledgements

Please carefully read each statement below. Initial your understanding and acceptance of the statement.

<p>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 wash my hands immediately, 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</p>													
<p>I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. That I am to complete the Daily Health Check Form, allowing a Grace Children's Center Staff member to check my child's temperature. If the temperature is 100 or above, I will take my child home and not return until my child is 72-hours symptom free.</p>													
<p>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 30 minutes of being notified. Symptoms Include:</p> <table border="0" data-bbox="154 804 1412 982"> <tr> <td>1. fever of 100.4 degrees Fahrenheit or higher</td> <td>5. Sore Throat</td> <td>9. Loss of taste or smell</td> </tr> <tr> <td>2. dry cough</td> <td>6. Muscle aches</td> <td>10. Congestion or runny nose</td> </tr> <tr> <td>3. Shortness of Breath</td> <td>7. Fatigue</td> <td>11. Nausea or vomiting</td> </tr> <tr> <td>4. Chills</td> <td>8. Headaches</td> <td>Diarrhea</td> </tr> </table> <p>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 6-8 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.</p> <p>If any of these symptoms are associated with a pre-existing condition like allergies or asthma a doctor's note and allergy/asthma plan must be on file in the center.</p>	1. fever of 100.4 degrees Fahrenheit or higher	5. Sore Throat	9. Loss of taste or smell	2. dry cough	6. Muscle aches	10. Congestion or runny nose	3. Shortness of Breath	7. Fatigue	11. Nausea or vomiting	4. Chills	8. Headaches	Diarrhea	
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<p>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.</p>													
<p>I understand that outside of care, I will follow any recommendations from the CDC, State, County and local officials that limit my child and my families risk for exposure including wearing a mask in all public areas and remaining 6 feet from all other people</p>													
<p>I will immediately notify Grace Children's Center management 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. Further, I will immediately notify Grace Children's Center management 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.</p>													
<p>I understand that the Keep Me Home Rules apply for all symptoms of illness and will notify the center when I keep my child home for unrelated symptoms or to spend the day with me.</p>													
<p>Please do not allow your child to bring a back pack or toys from home. Do not let them take these items out of the car and then ask the teacher checking your child in to tell the child they can't bring the item into the center</p>													



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<p>Please do not send breakfast or snacks from home into the center. GCC provides breakfast, lunch, and afternoon snacks every day. If your child requires substitutes due to allergies or other, please contact Royale to discuss.</p>	
<p>To eliminate the number of people we all come in contact with, we ask that each family have no more than two (2) people allowed to pick-up and drop-off your child each day.</p>	
<p>We only allow one parent/guardian at a time into the lobby area for picking up and dropping off. Please watch for the red/green light outside the buildings, near the parking lot. Red light means that another parent/guardian is in the building and you need to wait. When the light turns green you can proceed to the door. In G1 - ring the door bell and a staff member will let you in. In G2 only enter if the light is green. A staff member will greet you, monitor your child's temperature check, while you complete the daily health check and signing your child in and out of care.</p>	
<p>Vaccinated or not, parents/guardians and children over the age of two must wear a mask inside and outside of our childcare center. Masks are provided for \$3.00 each and will be added to your monthly statement.</p>	
<p>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.</p>	

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 Grace Children's Center 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 employee, child, or their family member to COVID-19.

Child's Name:

DOB:

Parent/Guardian Name:

Date:

Signature: