



## 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 practice social distancing and remain 6ft from all other people, except for my own child. I Must follow any current guidelines set by Grace Children's Center.</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 24-hours symptom free.</p>													
<p>If, during the day, any of the following symptoms appear my child will be separated from their peers in the Center. I will be contacted, and my child MUST be picked up from the facility within one (1) hour of being notified. Symptoms Include:</p> <table border="0" data-bbox="154 808 1412 987"> <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. 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 24 hours before returning to the facility. Communication and updates need to be done between the parent/guardian and the Co-Directors, in order to determine proper procedures. 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 family's risk for exposure.</p>													
<p>I will immediately notify Grace Children's Center Co-Directors if my child or someone in our household has come into contact with a positive individual or is considered a close contact.</p>													
<p>I understand that the current 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 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>													
<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 Jackie and Leticia to discuss.</p>													



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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.	
We only allow one family at a time into the lobby area for picking up and dropping off. Please always practice social distancing at all times.	
I will follow any and all masks guidelines set forth by Grace Children's Center. Masks are provided for \$3.00 each and will be added to your monthly statement.	
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 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: