

COVID-19 Acknowledgement Disclosure for Families

May 15th, 2020

Please read and initial each statement below. This should be initialled and signed by BOTH parents/guardians. Please note that many of these statements differ from what is in the current Parent Handbook that you signed upon your initial start with Kids' Clubhouse. In the case of repetitive topics, this form temporarily supersedes the prior signed Parent Handbook policies and procedures until an official updated version of the Handbook is created. This is for the health and safety of your family, the children at our center, and our employees.

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 epossible everyone's risk of exposure. I understand that it is my responsibility to inform an Emergency Contact persons of the information contained herein.		
	Initial:	Initial:
 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 before entering, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain from all other people, except for my own child. 		
	Initial:	Initial:
3.	. I understand and agree that prior to leaving my house each day my child attends Kids'	

1. Lunderstand that during this COVID-19 Public Health Emergency Livill NOT be permitted to

- Clubhouse that I will ask myself the following questions:
 - A. Is your family practicing current social distancing regulations?
 - B. Does your child have a fever of 100.4 F, or higher now or in the preceding 72 hours?
 - C. Is your child displaying any signs of respiratory illness, runny nose, cough, sore throat, watery eyes, flushed cheeks, rapid breathing/ difficulty breathing, fatigue, or extreme fussiness?
 - D. Does anyone in your household have symptoms of respiratory illness? (fever, cough, or shortness of breath)

If the answer to the first question is anything other than "yes" and the answer to the last three questions is anything other than "no", I will keep my child home from Kids' Clubhouse and contact the Director or Assistant Director or Health Manager of Kids' Clubhouse immediately to discuss the situation.

	Initial:	Initial:		
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 sepa from the rest of the people in the center. I will be contacted, and my child MUST be picke from the center within 30 minutes of being notified.				
	Symptoms include,			
	 fever of 100. dry cough Shortness of Chills Loss of taste Sore Throat Muscle ache 	or smell		
While we understand that many of these symptoms can also be related to non-CO related issues we must proceed with an abundance of caution during this Public Hemorgency. These symptoms typically appear 2-7 days after being infected so plethem seriously. Your child will need to be symptom free without any medications for the facility.				
	Initial:	Initial:		
 I understand that my child's temperature will be taken and recorded every 2 hours through the day while on facility premises. 		·		
	Initial:	Initial:		
 I will supply my child with a clean, fabric face mask and understand that my child will encouraged to wear a mask at all times (except during meals and nap time) while in the and on facility premises. 		·		
	Initial:	Initial:		
•	 I understand that my child will be required to wash their hands using CDC recommended han washing procedures throughout the day using warm running water and rubbing with soap for least 20 seconds. If my child is too young to perform this procedure by themselves or otherwise will not, a staff member will help them do so by using the hand-over-hand method. 			
	Initial:	Initial:		
•	I understand that outside of	f 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, will limit my child's contact outside of care to persons living in my household. 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. I 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.		
	Initial:	Initial:	
•	have contact with persons recommended social distarmy employer. My child and beach, or other community toiletries or other life sustain	gather with anyone that does not live at my place of employment, and the noting, exposure limiting practices red I WILL NOT go to any gym, moview location that is not for the purpose ining necessities. These procedures determined by state and local hears over.	ere I will practice all ecommended by the CDC and by theater, nail or hair salon, park, of getting food, medicines, as will be carried out by my family
	Initial:	Initial:	
•	I will immediately notify the Kids' Clubhouse management team or Health Manager if I becom 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 the Kids' Clubhouse of the Main Line management team or Health Manager 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.		
	Initial:	Initial:	
•	families and other employed no list of restrictions, guide COVID-19 as the virus can people show signs of infection	sent in the facility each day my child ses who are also at risk of communi- lines or practices will remove 100% to be transmitted by persons who are tion. I understand that I play a crucing the risk of exposure by following	ty exposure. I understand that of the risk of exposure to asymptomatic and before some ial role in keeping everyone in
	Initial:	Initial:	



COVID-19 Acknowledgement Disclosure for Families Signature Page

We,	certify that we have
"COVID-19 Acknowledgement Disclosure for F and procedures listed in the document entitled of COVID-19" dated May 15th, 2020. We acknowledgement bisclosure for F provisions listed herein, or with any other polic Line will result in termination of services. I ack	e provisions listed within this document entitled families" dated May 15th, 2020 and with the policies "New Policies and Procedures for Parents as a result nowledge that failure to act in accordance with the y or procedure outlined by Kids' Clubhouse of the Mair knowledge that care for my child will be terminated if it unnecessarily exposes another employee, child, or
Child's Name:	DOB:
Parent's Name #1:	
Parent #1 Signature:	Date:
Parent's Name #2:	
Parent #2 Signature:	Date [.]