

COVID-19 PUBLIC HEALTH EMERGENCY  
SPECIAL PROGRAM ATTENDANCE  
ACKNOWLEDGMENT AND DISCLOSURE



Child's Name: \_\_\_\_\_ Center/Site: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Please read and initial each statement below.

1. \_\_\_ I understand that during this COVID-19 Public Health Emergency, I am being requested to not enter the SUMMIT 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 extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons who may drop off or pick up my child of this request.
  
2. \_\_\_ I understand that IF there is an emergency requiring me to enter the SUMMIT facility beyond the designated drop-off and pick-up area, I MUST wash my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6 feet from all other people, except for my own child.
  
3. \_\_\_ I understand that to enter SUMMIT premises, my child must be free from COVID-19 symptoms. 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:

- Fever of 100°F degrees or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Diarrhea
- Sore throat
- Muscle aches
- Headache
- Congestion or runny nose
- Nausea/vomiting
- Fatigue

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 will be required to wash his/her hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
  
5. \_\_\_ I understand my child must be provided with a mask by myself or the classroom. SUMMIT will encourage children to wear masks, however, no child will be forced to wear a mask. Masks are not worn during lunch, rigorous activity, or nap time.
  
6. \_\_\_ I understand that outside of care, I will comply with all state, county, or local stay-at-home orders, and will practice social distancing. I will follow recommendations from the CDC and the Pennsylvania Governor, including those related to travel to/from high risk areas.
  
7. \_\_\_ I will immediately notify the Center Director or another member of management if I become aware that I or my child has had contact with a person who: a) exhibits any of the symptoms listed in Number 3 above, (b) is advised to self-isolate or quarantine, or (c) has tested positive or is presumed positive for COVID-19. Further, I will immediately notify management if anyone from my place of employment is presumed positive or tests positive for COVID-19 if I have had direct contact with that person.
  
8. \_\_\_ If my child or anyone who lives in my home is tested for COVID-19, I will notify the nurse or center director and keep my child home until written test results have been received.
  
9. \_\_\_ I understand that while present in the facility, 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, since 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 above statements. I acknowledge that failure to act in accordance with the statements listed or with any other policy or procedure outlined by SUMMIT Early Learning will result in termination of services. I acknowledge that care for my child may 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date