

**COVID-19 PANDEMIC  
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 Pandemic, I am being requested to not 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 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 or sanitize 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 my child exhibits symptoms per the chart below, 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.**

*Please keep your child home and/or you will be asked to pick up your child based on the symptoms in the chart below:*

GROUP A 1 OR MORE SYMPTOMS	GROUP B 2 OR MORE SYMPTOMS
Fever of 100 degrees or more	Sore throat
New uncontrolled cough that causes difficulty breathing	Muscle aches
Children with chronic allergic/asthmatic cough, a change in their baseline cough	Headache
Shortness of breath	Congestion or runny nose
	Nausea/vomiting
	Extreme fatigue
	Lack of smell or taste
	Frequent diarrhea
	Chills

\*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 Pandemic. These symptoms typically appear 2-14 days after being infected, so please take them seriously.

**When a child is sent home based on the above chart, you will need a physician's note of return OR negative COVID 19 test OR quarantine for 10 days from the onset of symptoms.**

4. \_\_\_ If my child or anyone who lives in my home is tested for COVID-19 I will notify staff and keep my child home until written test results have been received by SUMMIT and/or has been quarantined for 10 days if no test of child occurred.
5. \_\_\_ I will immediately notify the staff if I become aware that I or my child has had direct contact with a person for more than 15 minutes who: has tested positive or is presumed positive for COVID-19.
6. \_\_\_ 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.
7. \_\_\_ I understand my child must be provided with a mask by myself or the classroom. SUMMIT will encourage children age 2 to 6 to wear masks, however, no child will be forced to wear a mask. Masks are not worn during lunch, rigorous activity or nap time.
8. \_\_\_ I understand that SUMMIT's school-based sites will follow the local school district's requirements.
9. \_\_\_ 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 Department of Health, including travel to high risk areas.
10. \_\_\_ 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 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