

**COVID-19 PANDEMIC
ACKNOWLEDGMENT AND DISCLOSURE**



Child's Name: _____ Home Visitor: _____ Classroom: _____

Child's DOB: _____ Parent's Name: _____

Please read and initial each statement below.

1. ___ I understand that to participate in SUMMIT activities my child and myself must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child and I will be separated from other people and will go home.

Symptoms include:

GROUP A 1 OR MORE SYMPTOMS	GROUP B 2 OR MORE SYMPTOMS
Fever of 100 degrees or more New uncontrolled cough that causes difficulty breathing Children with chronic allergic/asthmatic cough, a change in their baseline cough Shortness of breath	Sore throat Muscle aches Headache Congestion or runny nose Nausea/vomiting Extreme fatigue Lack of smell or taste Frequent diarrhea Chills
<i>*Parents must call/ text their home visitor prior to a home visit if the child or any family members are exhibiting symptoms or illness.</i>	

***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 a SUMMIT facility or participating in program activities in-person.**

2. ___ I will notify my Home Visitor prior to a home visit if my child or any family members are exhibiting symptoms of illness.
3. ___ Parents and children over the age of 2 are to wear a mask. Masks are not worn during eating, rigorous activity or naptime.
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 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.

6. ___ I will immediately notify the Home Visitor 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, whether or not I have had direct contact with that person.

7. ___ 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

SUMMIT Witness

Date