



FAMILY ACKNOWLEDGMENT AND DISCLOSURE

Updated 9/21/2020

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that I must wear a mask at drop off and pick up. 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 of the information contained herein.
2. _____ 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 and wear a mask. While in the facility, I must practice social distancing and remain 6ft from all other people, except for my own child.
3. _____ I understand that to enter the 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 60 minutes of being notified.

For MA schools:

Symptoms include,

- Fever of 100 degrees Fahrenheit or higher
- Dry cough
- Sore Throat
- Shortness of Breath or difficulty breathing
- Gastrointestinal distress (Nausea, vomiting, or diarrhea)
- New loss of taste or smell
- New muscle aches

One of the following IF in conjunction with another symptom:

- Fatigue
- Headache
- Runny nose or congestion
- Any other signs of illness

For NH schools:

Symptoms include,

- Fever of 100.4 degrees Fahrenheit or higher

New or unexplained symptoms such as:

- Feeling feverish
- Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath
- General body symptoms such as muscle aches, chills, and severe fatigue
- Gastrointestinal symptoms such as nausea, vomiting, or diarrhea,
- Changes in a person's sense of taste or smell.

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 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 72 hours (for MA schools) or 48 hours (for NH schools) before returning to the facility.

4. _____ I understand that my child's temperature must be taken at home and reported to the school prior to drop-off.
 - For MA schools: I must bring in a signed screening form daily, per MA regulations.
 - For NH schools: Teachers will ask me questions about my child's recent health, including their temperature.
5. _____ 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. If handwashing is not available, I understand my child will be using hand sanitizer.
6. _____ I understand that if my child is age 7 or older they must wear a face mask at all times indoors and when outdoors when socially distancing cannot be maintained.
7. _____ I understand that outside of 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.
8. _____ I will immediately notify Little Sprouts management if I become aware of any person with whom my child or I have had contact with or 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 Little Sprouts 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.
9. _____ 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 Little Sprouts 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's/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

Executive Director/Education Coach Signature: _____ Date: _____