

**RESPIRATORY VIRUS PANDEMIC PUBLIC HEALTH EMERGENCY SPECIAL
PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE for
AMES CHILD CARE CENTER (ACCC) PARENTS and CHILDREN
(Updated 01/21/2022)**

PARENT / GUARDIAN VERSION: *This should be initialed and signed by all guardians.*

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Please read and initial each statement below.

1. _____ I understand that in order to be present on facility premises, my child(ren) and I must both be free from any respiratory virus symptoms related to this pandemic. During the day, if any of the following symptoms appear, my child will be separated from the rest of the people in the center, in the care of a designated staff member. I will be contacted, and my child **MUST** be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

Note: we understand that many of these may be symptomatic of non-pandemic related issues, however, we must proceed with an abundance of caution during this public health emergency. The symptoms representative of the respiratory virus associated with the pandemic typically appears 2-7 days after being infected so please take them seriously.

2. _____ I understand that during this respiratory virus pandemic public health emergency I will **NOT** be permitted to 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 of the information contained herein.
3. _____ 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 at all times. While in the facility I must practice social distancing and remain 6 feet from all other people, except for my own child(ren).
4. _____ I understand that my child(ren)'s temperature will be taken upon entering the facility and after lunch/nap(s).
5. _____ I understand that I must wear a mask at all times while dropping off and picking up my child(ren).
6. _____ I understand that my child(ren) will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
7. _____ I understand that outside of care, in order to control my child(ren)'s exposure in the community, I will comply with any and all state, county or local orders and/or guidelines.
8. _____ I will immediately notify ACCC management if I become aware that someone my child(ren) or any member of my household has had contact with exhibits any of the symptoms listed above, is advised to self-isolate or quarantine, has tested positive for, or is presumed positive for the respiratory virus associated with the pandemic.
9. _____ I understand that while present in the facility each day my child(ren) will be in contact with children, families, other employees, and those who have access to ACCC 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 the pandemic 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.

10. _____ I voluntarily agree to assume all of the aforementioned risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at ACCC ("Claims") arising out of any respiratory virus or related illness.
11. _____ On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless ACCC, its employees, agents, and representatives, of and from any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of any respiratory virus or related illness.
12. _____ I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ACCC, its employees, agents, and representatives, whether a respiratory virus infection occurs before, during, or after attendance at ACCC.
13. _____ I understand and agree that my household will comply with the ACCC COVID Policy (including travel policy). I understand that this policy can change based on the current state of the pandemic and will refer to the latest per the ACCC website (<https://www.ameschildcare.org/>)

I certify below that I have read, understand, and agree to comply with the provisions listed herein.

Parent / Guardian Name

Parent / Guardian Signature

Date

Parent / Guardian Name

Parent / Guardian Signature

Date