

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

Updated 9/24/20

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency, unless I am co-opting, I will limit my entry into and time spent at CPNS to necessary activities. 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 reason to enter the facility beyond the designated drop-off and pick-up area I MUST sanitize or wash my hands before entering and wear a mask. While in the facility I must practice physical distancing and remain 6 ft. from all people, except for my own child.

3. _____ I understand that to enter the facility 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 school. 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**
- Headache**
- Congestion**
- Runny nose**

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If my child or the participating parent exhibit any COVID-19 symptoms referenced above, I understand we may not return to CPNS:

- until symptoms are **evaluated by a medical professional** who provides written clearance that the child and/or participating parent may return to school,
- OR until the symptomatic family member(s) shows **negative COVID-19 test results** to the CPNS Director and symptoms have resolved,
- OR **10 days** from onset of symptoms as long as symptoms are resolving AND it has been at least 24 hours since any fever without medication.

If any other members of my household exhibit any COVID-19 symptoms referenced above, I understand we may not return to CPNS:

- until symptoms are **evaluated by a medical professional** who provides evidence that the symptoms are not related to COVID-19 or another transmissible illness,
- OR until the symptomatic family member(s) shows **negative COVID-19 test results** to the CPNS Director,
- OR **10 days** from onset of symptoms as long as symptoms are resolving AND it has been at least 24 hours since any fever without medication.

This guidance is based on available information about COVID-19 and is subject to change as additional information becomes available.

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 before returning to the facility.

4._____ I understand that my child's temperature will be taken upon entry to the school each day. I further understand that the participating parent for that day will also have his or her temperature taken.

5._____ I understand that my child may wear a mask while in the facility but it is not mandatory. If I choose to have my child wear a mask, I will provide it for him or her. I agree to coach my child to wear a mask properly because teachers and other parents will not be expected to assist.

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6._____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using running water and rubbing with soap for at least 20 seconds.

7._____ I understand that outside of school, 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.

8._____ I will immediately notify Carlmont Parents Nursery School if I become aware of any person with whom I or my child had close contact for more than 15 minutes, exhibits any of the symptoms listed above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

9._____ I understand that if anyone in my household tests positive or if I or my child have had close contact for more than 15 minutes with anyone who has tested positive for COVID-19, I agree to follow the quarantine procedures outlined by your Primary Care Professional PCP or the health department and also notify the CPNS Director and the Health & Safety Coordinator as soon as possible.

Health & Safety Coordinator: Jennifer Deem, jrdeem@hotmail.com, 310-280-8879

Director: Jill Watkins, director@carlmontparents.org, 650-245-2178

10._____ I understand that IF a community member tests positive for COVID-19, the name of the ill person will not be disclosed. However, all families will be informed of any confirmed illness and CPNS will follow all County Health Department/CDC advice.

11._____ I understand IF a community member tests positive for COVID-19, the school will close for a minimum of 2 days during which time the premises will be deep cleaned. The health department will be informed and CPNS will follow their guidance on procedures.

12._____ If my family exhibits any COVID-19 symptoms referenced above, I understand my family may return to school once symptoms are evaluated by a medical professional and cleared of COVID-19 OR 10 days from onset of symptoms as long as symptoms are resolving AND it has been at least 3 days since any fever without medication.

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13._____ I understand that while present in the facility each day my child will be in contact with children, families and teachers 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, the participating parent, _____ certify that I have read, understand, and agree to comply with the provisions listed herein to remain in good standing with CPNS.

Child's Name _____

DOB _____

Parent 1 Name

Parent 1 Signature _____

Parent 2 Name

Parent 2 Signature _____

Date _____

**The information in this document may change as the pandemic goes on and we learn more about COVID-19 based on guidance from district, county, state and CDC officials.