

UA CHILDREN’S PROGRAM & RISE CENTER
FAMILY COVID-19 DISCLOSURE AND ACKNOWLEDGMENT

FAMILY/CHILD FORM: This should be initialed and signed by BOTH parents.

Please read and initial each statement below.

1. _____ **Restricted Access to Facility.** I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the Children’s Program or RISE Center or their premises (hereinafter referred to as “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.

2. _____ **Adult Handwashing, Face Mask, Social Distancing.** 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 or use hand sanitizer and wear a mask that completely covers my nostrils and my mouth. While in the Facility I must practice social distancing and remain 6 feet from all other people, except for my own child.

3. _____ **Temperature.** I understand that my child’s temperature will be taken upon arrival to the Facility. If my child begins to experience symptoms, I agree to my child’s temperature being taken, if required by the Facility.

4. _____ **Symptom Free.** I understand that to enter upon the Facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the symptoms on the CDC [website](#) appear in my child, then 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.
Symptoms on the CDC [website](#) may change and are not all inclusive, but include the following:

Fever of 100.4 degrees Fahrenheit or higher	Chills
Dry cough	Shortness of breath or difficulty breathing
Fatigue	New loss of taste or smell
Sore throat	Muscle or body aches
Headache	Congestion or runny nose

Nausea or vomiting	Diarrhea
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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. Typically, a person develops symptoms 5 days after being infected, but symptoms can appear as early as 2 days after infection or as late as 14 days after infection, and the time range can vary. Please take these symptoms seriously. Please review our updated Illness and Return to School policy for guidance. Your child will need to be symptom free, without any fever-reducing medications, for 72 hours before returning to the Facility.

5. _____ **Child Face Mask.** I understand that my child (over the age of 2 years) may be given a mask to wear should they display symptoms listed in paragraph 3, while waiting to be picked up by their parent or Emergency Contact.

6. _____ **Child Handwashing.** 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.

7. _____ **Encouragement to Socially Distance.** In the event an infected person has been on Facility premises, I understand that the Facility, following [CDC Guidance for Child Care Programs](#), is advised to discourage employees, children and their families from gathering or socializing anywhere with individuals outside their household, particularly if not wearing a mask and not maintaining 6 feet distance from another.

8. _____ **Mandatory Notification to Facility Director (or designee).** In the event I or my child (a) test positive for COVID-19; (b) show any of the CDC recognized symptoms of COVID-19, including those mentioned in paragraph three above; (c) are advised to self-quarantine or self-isolate by a public health official or our medical provider, including any medical professional employed by or acting on behalf of UA; or (d) become aware that I or my child has been in close contact to a person that exhibits any of the symptoms identified by the CDC, including those listed in paragraph three above, is advised to self-isolate or quarantine, has tested positive, or is presumed positive for COVID-19, I will immediately notify the Facility Director (or designee).

9. _____ **Closing for Disinfecting Period.** I understand that if a case of COVID-19 should be diagnosed among any child, staff member, or family member who has entered our building, the program may, following CDC guidelines, need to close for a disinfecting period of time, which depending on the circumstances, may be two or more 2 days. I should be prepared to find alternative child care.

10. _____ **Acknowledgement.** I understand that there is an inherent risk of exposure to COVID-19 in any place where people are present, including this Facility. I understand that my child, while present in the Facility each day, will be in contact with children, families and other employees who are also at risk of community exposure. I understand that COVID-19 is an extremely contagious disease that can lead to severe illness or even death. 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 further understand that despite the efforts being made by the University and this Facility to limit such exposure or infection, my child’s presence in this Facility may nonetheless expose my child and/or me (and ultimately other members of our household) to a risk of contracting COVID-19. I acknowledge that even if my child and I, and UA and this Facility, all use reasonable care in our actions, there is still a risk that my child or I may become exposed to or infected with COVID-19 while we are in or on this Facility’s premises. I also understand that I play a crucial role in keeping everyone in the Facility safe and reducing the risk of exposure by following the practices referenced herein. I understand that any failure to follow the practices referenced herein may result in my child’s removal from the program.

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 the Facility will result in my child’s possible dismissal from the program.

Child’s Name: _____

DOB: _____

Parent’s Name: _____

Parent Signature

Date

Parent’s Name: _____

Parent Signature

Date

Administrator Signature

Date