



COVID-19 Parental Acknowledge and Disclosure

1. While present at the center each day, I understand that my child will be in contact with children and staff who are also at risk of community exposure. No list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19.
2. I understand that the members of my family play a crucial role in keeping everyone at the center safe and reducing the risk of exposure by following the practices outlined in this acknowledgement.
3. I understand that during this COVID-19 public health emergency, I will not be permitted to enter the center and that Lollipop Daycare staff will conduct pick up and drop off outside the main door each day.
4. I understand that upon arrival each day my child's temperature will be checked and could be checked throughout the day. Children's hands will be wash throughout the day per CDC recommendations.
5. I understand that if there is an emergency requiring me to enter the center, I must sanitize my hands and wear a mask before entering. While in the building I will practice social distancing and remain 6 feet from all other people, except for my children or immediate family members.
6. For my child to attend Lollipop Daycare, I understand that my child and all other family members in my household must be free from COVID-19 symptoms. If any of the following symptoms appear while at Lollipop Daycare, my child will be separated from the rest of the class and moved to a supervised, secure area until I am able to pick up. My child must be picked up within a reasonable amount of time (30-60 minutes).
 - a. Symptoms include.
 - i. Fever of 100.4 or higher
 - ii. Cough
 - iii. Shortness of breath
 - iv. Fatigue
 - v. Muscle or body aches
 - vi. Headache
 - vii. New loss of taste or smell
 - viii. Sore throat
 - ix. Congestion or runny nose
 - x. Vomiting or diarrhea
7. While Lollipop Daycare understands 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. Symptoms typically appear 2-7 days after being infected. If my child has had any symptom consistent with COVID-19, I understand he/she should not return until:
 - a. Child is fever free for at least 24 hours without medication.
 - b. Other symptoms have completely resolved.





8. I understand that if any other members of my family present with COVID-19 symptoms my child(ren) will need to remain at home until everyone is symptom free. If a sibling or parent has symptoms all children in the household need to remain at home.
9. I agree to notify Lollipop Daycare management if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines “close contact” as being within 6 feet of any infected person for at least 15 minutes or more starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection until the time the patient is isolated.
10. Upon the exposure or close contact, my child(ren) and all family will have to quarantine for a minimum of 14 days and a negative test or doctors note must be obtained to return to Lollipop Daycare. If a negative test or doctors note is not obtained my child(ren) will have to remain quarantined for a total of 24 days before returning to the center. This is the recommendation provided to us by the local Health Department.

In the event of a Positive COVID-19 test

11. All families will be notified immediately of any positive test result.
12. Based on each individual case, Lollipop Daycare will follow the recommendations of the CDC and the local Health Department and communicate with parents throughout every step.
13. Positive staff and children will be excluded from care for a minimum of 14 days and will not be allowed to return until the 14 days has passed, and a negative COVID-19 test or doctors note has been obtained. If no test or doctors note is obtained staff or children will not be permitted to return until 24 days after exposure.

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

Child’s Name(s): _____ DOB: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

