



# St. Paul's Preschool Center

2131 Palomino Drive ♥ Warrington, PA 18976

Phone (215) 343- 1563 ♥ Fax (215) 343-8602

[www.stpaulspreschool.net](http://www.stpaulspreschool.net)

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

Both parents/guardians, 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 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 upon 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 center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.  
Symptoms include,
  - fever of 100.0 degrees Fahrenheit or higher
  - dry cough
  - Shortness of Breath
  - Chills
  - Loss of taste or smell
  - Sore Throat
  - Muscle aches

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 at drop off and throughout the day while on facility premises.
5. \_\_\_\_\_ I understand that my child must have a current health assessment on file and that I must communicate any risk factors to the administration.
6. \_\_\_\_\_ I understand that my child, if 24 months old or older, will be required to wear a mask as indicated by PA state mandates provided by the Department of Human Services, Pennsylvania Department of Education, and the State of Pennsylvania. I will be required to provide a minimum of 2 face masks each day which must be taken home and laundered daily.

7. \_\_\_\_\_ I understand that my child 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.
8. \_\_\_\_\_ I understand that belongings from home will be limited to those necessary for my child's day at school. When necessary, bedding for naps will be limited to a sheet and a small blanket. Toys from home will not be permitted with the exception of a small, washable comfort item.
9. \_\_\_\_\_ 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 currently in place. That if required, by the state, county or local stay-at-home orders I will limit my child's contact outside of care to persons living in my household, and 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 until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over.
10. \_\_\_\_\_ I understand that I must notify St. Paul's Preschool of any travel plans and that, should those plans include a location on the Pennsylvania Department of Health COVID-19 Information for Travelers list, my child cannot return to the facility until a 14 day quarantine period has been observed following travel.
11. \_\_\_\_\_ I will immediately notify St. Paul's Preschool management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify St. Paul's Preschool management 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.
12. \_\_\_\_\_ I understand that should my child participate in certain activities at St. Paul's Preschool, they will be in contact with children and staff from other groups. These activities include preschool enrichment activities, preschool lunch plus, and extended hours early drop off and late pick up.
13. \_\_\_\_\_ I understand that should a confirmed outbreak (defined as a single case) of COVID-19 be reported within St. Paul's Preschool, St. Paul's Preschool will be completely closed for 48 hours to allow the facility to be thoroughly cleaned and disinfected, and families and staff will be informed. All individuals in the class in which the confirmed outbreak occurred will be asked to self-quarantine for 14 days during which the class will be suspended.
14. \_\_\_\_\_ I understand that any child or staff with symptoms of COVID-19 will be excluded until fever free and symptom free without medication for 72 hours. Anyone who has had exposure with an individual who has tested positive or has been presumed positive for COVID-19 will be expected to self-quarantine for a period of 14 days based on the CDC guidance.
15. \_\_\_\_\_ 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.



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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 St. Paul's Preschool 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 Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_