

Cornerstone UMC Preschool

18081 West Rd. Houston, Tx 77095

281-859-1612

Donna Heath, Executive Director Jenny Hill, Assistant Director

Revised for the 2021/2022 school year

COVID-19 PUBLIC HEALTH EMERGENCY SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE for the 2021/2022 School Year

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

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency entrance into classrooms is limited to emergency situations only. 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 will use hand sanitizer upon entry 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 children in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms can include but are not limited to,

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Nasal Congestion
- Runny Nose
- 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 may be taken throughout the day while on facility premises.

5. _____ 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.

6. _____ I will immediately notify a Cornerstone UMC Preschool Director if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

7. _____ 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.

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 Cornerstone UMC 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

Director or Assistant Director Signature

Date and Initials