



COVID-19 Health Policies and Response Plan Family Acknowledgement

As a condition of your child's enrollment at New Day Preschool (NDP), both parents/guardians are to read and initial each statement below and submit completed form to the NDP office, before a child(ren) may begin attending NDP.

1. ____ I/we understand that during this COVID-19 Public Health Emergency I/we will NOT be permitted to enter New Day Preschool (NDP), beyond the designated drop-off and pick-up area. I/we understand that this procedure change is for the safety of all persons present in the school and to limit to the extent possible everyone's risk of exposure.

2. ____ I/we understand that I/we will be required to wear a cloth face covering/mask at all times when we are on the NDP campus, indoors, and in all outdoor spaces including playgrounds, and parking lots.

3. ____ I/we understand that IF there is an emergency requiring one of us to enter NDP beyond the designated drop-off and pick-up area I/we MUST sanitize our hands before entering and wear a mask. While in NDP, I/we must practice social distancing and remain 6ft. from all other people, except for my/our own child(ren.)

4. ____ I/we, understand that to enter the NDP premises my/our child(ren) must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my/our child(ren) will be separated from the rest of the staff and children at NDP. I/we will be contacted, and my/our child(ren) MUST be picked up from NDP within 60 minutes of being notified.

Symptoms include,

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| - Fever or Chills (100.4 F and above) | - New loss of taste or smell |
| - Cough | - Sore throat |
| - Shortness of breath/difficulty breathing | - Congestion or runny nose |
| - Fatigue | - Nausea or vomiting |
| - Muscle or body aches | - Diarrhea |
| - Headache | |

5. ____ While I/we understand that many of these symptoms can also be related to non-COVID-19 related issues NDP must proceed with an abundance of caution during this Public Health Emergency. Child(ren) will need to be symptom free without any medications for 48 hours and cleared by a Health Care Provider before returning to NDP.

6. ____ I/we understand that my/our child(ren)'s temperature is to be taken by a parent or designated care-giver, in front of a NDP staff member, each day upon arrival at NDP. My/our child(ren)'s temperature may be taken throughout the day while at NDP.

7. ____ I/we understand that my/our child(ren) will be required to pass a daily health screening administered upon arrival at NDP each day. If my/our child(ren) fails the health screening,

my/our child(ren) will be denied entry to NDP until such time the child(ren) passes the health screening.

8. ____ I/we understand that my/our child will be required to wash their hands using CDC recommended handwashing procedures upon arrival each day and throughout the day using warm running water and rubbing with soap for at least 20 seconds.

9. ____ I/we understand that my/our child will be required to wear a cloth face covering/mask while participating in, both indoor, and outdoor NDP programming (except during mealtimes, high intensity activities and when distancing can be maintained outdoors).

10. ____ I/we, understand that inside and outside of school my/our family will comply with any and all federal, state, and local guidelines in order to control my/our exposure to COVID-19 in the community.

11. ____ I/we, will immediately notify NDP administration if I/we become aware of any person with whom my/our child(ren) or I/we have had contact with exhibits any of the symptoms listed in Number 4 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

12. ____ I/we understand that while present in the facility each day my/our child(ren) will be in contact with other children, families, and other employees who are also at risk of community exposure. I/we 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/we understand that I/we play a crucial role in keeping everyone at NDP safe and reducing the risk of exposure by following the practices outlined herein.

13. ____ I/we understand that it is my/our responsibility to inform any other persons we authorize as a caregiver or Emergency Contacts of the information contained herein.

I/we/ certify that I/we have received a copy of the New Day Preschool COVID-19 Health Policies and Response Plan and have read, understand, and agree to comply with the provisions listed herein. I also understand that these policies may be updated by NDP as deemed necessary and that NDP will notify me of any such changes.

Child's Name: _____ **DOB:** _____

Child's Name: _____ **DOB:** _____

Parent/ Guardian Name(Printed) **Signature** **Date**

Parent/ Guardian Name(Printed) **Signature** **Date**