

# UC Irvine Child Care Services



## COVID-19

### Special Program Attendance Acknowledgement & Disclosure for

Child's name \_\_\_\_\_ DOB: \_\_\_\_\_

**FAMILY/CHILD VERSION:** *This should be initialed and signed by BOTH parent(s)/guardian(s).*

#### 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 outside drop-off and pick-up area. Teachers and staff will be responsible for taking my child into the building and the classroom. I understand that I must wear a cloth face covering while dropping off my child. I understand that this University procedure 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.

Initial here \_\_\_\_\_

2. I understand that children over 2 years of age will be **required** to wear a cloth face covering provided by parents/guardians while in the facility, except during meal and rest times. Parents should bring 3 clean cloth face coverings each day to allow for changes as needed. In order for our staff to easily identify your child's cloth face covering, please label each one with their name and place spare ones in a clear Ziploc bag with the child's name. Initial here \_\_\_\_\_

3. I understand that hours of operation will be from 8:15 AM to 4:45 PM. These shortened hours are necessary to ensure a thorough disinfecting regime each evening as well as the accommodation of lunches, breaks and prep time for staff with who will have fewer teachers in each classroom. We will need families to strictly comply with these hours. Initial here \_\_\_\_\_

4. I understand that IF there is a true emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I MUST wash my hands (preferred) or use hand sanitizer prior to entering and must wear a cloth face covering while in the center. While in the facility I must practice physical distancing and remain 6 feet from all other people except for my own child. Initial here \_\_\_\_\_

5. I understand that at pick up and drop off, if I am traveling to the center, I will be expected to wait in the designated area, 6 feet apart, wearing a cloth face covering. I understand that I should refrain from gathering with parents in or around the designated pick-up and drop-off area. I understand that due to these protocols and extra precautions drop-offs and pick-ups may take longer than anticipated.

Initial here \_\_\_\_\_

6. I understand that my child's ability to attend the center each day is contingent upon completion of the daily COVID-19 Screening Questionnaire and truthful responses to each symptom/contact query, as well as a visual symptom check performed by a Child Care Services staff to include a temperature reading below 100.4 degrees Fahrenheit prior to entry for the day. I understand that I should not give my child fever-reducing medications prior to coming to the center. UCI Child Care Services reserves the right to exclude children from care based on Screening Questionnaire responses that may indicate COVID-19 exposure or symptoms. No refunds or tuition adjustments will be made for exclusion from UCI Child Care Services based on the Screening Questionnaire. Note that exclusion from UCI Child Care Services may last for multiple days.

Initial here \_\_\_\_\_

7. I understand that in order to enter 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 isolated, I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified. Initial here \_\_\_\_\_

Symptoms include, but are not limited to:

- ❖ fever of 100.4 degrees Fahrenheit or higher
- ❖ dry cough (new)
- ❖ shortness of breath
- ❖ chills
- ❖ loss of taste, smell or appetite
- ❖ sore throat
- ❖ muscle aches
- ❖ diarrhea
- ❖ nasal congestion, or other cold symptoms
- ❖ swollen hands
- ❖ rash
- ❖ nausea
- ❖ unexpected fatigue
- ❖ headache

In addition, because of the risk of Multisystem Inflammatory Syndrome (MIS-C) in children who have COVID-19, children who present with the following additional symptoms will not be admitted (and must be isolated and sent home if symptoms develop while at the center):

- ❖ Neck pain
- ❖ Abdominal pain
- ❖ Bloodshot eyes

While we understand that many of these symptoms can also be related to non-COVID-19 related illness, I understand that UCI Child Care Services must proceed with an abundance of caution during this public health emergency. These symptoms typically appear 2-7 days after being infected. If sent home for these symptoms, your child will need a doctor's note prior to return stating symptoms are non-COVID-19 related, may need to be tested for COVID-19 and must be fever free without any medications for 3 days OR 3 days fever free and 10 days have passed since the first symptom before returning to the facility. In addition, other non-COVID stay-home/go-home policies listed in the illness policy section of the parent handbook remain the same. If your child has allergies that cause symptoms similar to a common cold or have a recurring rash such as eczema, we encourage you to have a doctor's note stating so for your child's file. If

a child or staff member from your child's class or center contracts COVID-19 or is exposed to COVID-19, we will immediately contact the OC Health Care Agency for guidance. It is possible that the classroom or center may be closed for a quarantine period. Initial here \_\_\_\_\_

- 8. I understand that if age appropriate, my child will be required to wash their hands using CDC recommended handwashing procedures upon arrival, after meals, restroom use, touching mouth or nose, on entry to the classroom and at other regularly scheduled times throughout the day using warm running water and rubbing with soap for at least 20 seconds. Infants and toddlers will be assisted by teachers to follow CDC guidelines modified for age and development. Initial here \_\_\_\_\_
  
- 9. I understand that children will not be allowed to bring personal toys to the facility. Lovies or personal comfort items will need to remain in the child's cubby until rest time. Initial here \_\_\_\_\_
  
- 10. I understand that I will immediately notify UCI Child Care Services management if I become aware of any person with whom my child or I have had contact with who exhibits any of the symptoms listed above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. I will follow all Child Care Services guidance related to this exposure. Initial here \_\_\_\_\_
  
- 11. I understand that while UCI Child Care Services has implemented plans to reduce the risk of transmission of COVID-19, parents should be aware that it not possible to totally eliminate the risk of transmission. Parents should recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while children are in the care of UCI Child Care Services. Initial here \_\_\_\_\_
  
- 12. I understand that there will not be a discount of fees if my child needs to stay home or if my child's classroom or the center needs to close temporarily due to COVID-19 for less than one month.  
Initial here \_\_\_\_\_

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 UCI Child Care Services may result in termination of services. I acknowledge that care for my child will be terminated immediately if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family members to COVID-19.

Parent's/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Management Team Witness \_\_\_\_\_ Date \_\_\_\_\_