

UC Irvine Child Care Services



COVID-19

Special Program Attendance Acknowledgement & Disclosure for:

Child's name _____ DOB: _____

Please read and initial each statement below.

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

1. I understand that the management of COVID-19 infection is continually evolving and that guidance on managing infections constantly changes. I agree to follow all guidelines set forth by UCI Child Care Services in managing Covid-19 infections and understand practices may change over time while my child is enrolled in care.

Initial _____ Initial _____

2. I understand that wearing a face covering while indoors is highly recommended for children 2 years and older. I understand, however, that at any time due to the constant changes in COVID-19 management, face coverings may be mandated as ordered by the CDC, California Public Health Department, Community Care Licensing, Orange County Health Department and/or the University of California, Irvine.

Initial _____ Initial _____

3. 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 _____ Initial _____

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

4. I agree to follow UCI Child Care Services COVID-19 Illness and Exclusion Policy.
Initial _____ Initial _____
5. I understand that I will immediately notify UCI Child Care Services if my child tests positive for Covid-19 and is advised to isolate. Initial _____ Initial _____
6. 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 _____ Initial _____
7. 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 _____ Initial _____
8. I understand that in compliance with the UC COVID-19 vaccine mandate (<https://uci.edu/coronavirus/testing-response/covid-19-vaccine.php>), when my child becomes age eligible to receive the COVID-19 vaccine, my child will need to present proof of vaccination or file a medical or religious exemption prior to enrollment. If my child becomes age eligible while enrolled, my child will have 60 days (from the date eligible) to comply with the mandate by providing proof of vaccination or filing a medical or religious exemption. Failure to comply with the UC COVID-19 vaccine mandate will result in termination of child care services. Initial _____ Initial _____

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 _____