Stay and Play

Reformation Schools, Inc.

102 W Rose Tree Road, Media PA 19063

610-891-0600 Ext. 101 or 102

Diane Bullen, Director

**COVID-19 PUBLIC HEALTH EMERGENCY**

**SPECIAL PROGRAM ATTENDANCE**

 **ACKNOWLEDGMENT AND DISCLOSURE**

**Please read and initial each statement below. This *Acknowledgment and Disclosure* will be sent home by email for review. It may be printed, signed, and returned or signed electronically and returned.**

**FAMILY/CHILD VERSION: This should be initialed and signed by All parents or guardians. As circumstances evolve in our region, this form and applied criteria will be updated to reflect any changes and a new disclosure will be sent out for review and signing.**

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 and will wear a mask at all times. 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 6 ft 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 if feasible. Symptoms include,
	* + Fever of 100.04 Degrees Fahrenheit or Higher
		+ Dry Cough
		+ Shortness of Breath
		+ Chills
		+ Loss of Taste or Smell
		+ Sore Throat
		+ Muscle Aches
		+ Unexplained Rashes

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.

1. I understand that it is required that my child wear a mask while at the facility and on facility premises. I will provide 2 masks for my child daily. Masks are recommended by the CDC for all children two years of age and older, during waking hours and while indoors. Stay and Play will educate and encourage children to wear masks to try to enforce the guidelines but will not force a child to keep a mask on if the child struggles with this or has a health issue. If wearing a mask creates a situation that does not promote best hygiene, the mask will be removed. If you have a concern or strong preference regarding masks, please speak to the administration.
2. 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. If handwashing is not available, hand sanitizer will be used.
3. \_\_\_\_\_\_I understand that outside of Stay and Play, in order to control my child’s exposure in the community, my child and I will comply with any and all current state, county or local orders. It is highly recommended to continue to maintain a circle of exposure as small as possible and to follow all CDC safety measures within the state, county, and local orders when out in public.
4. \_\_\_\_\_\_ I will immediately notify Stay and Play administration if I become aware of any person with whom my child or I live with or have had close personal contact is suspected to be Covid-19 positive, has been mandated to quarantine or tested positive for Covid-19. If my family must self-isolate due to contact tracing, I will notify Stay and Play administration. All identities will remain confidential along with any information shared, unless I choose to share this information.
5. \_\_\_\_\_\_\_I understand in the event that Covid-19 cases in Delaware County spike over a period of time and do not deescalate and a government order is issued to close schools, Stay and Play, will close for the period of time mandated.
6. 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 Stay and Play 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

Stay and Play Team Management Date