



# ARCO IRIS

## BILINGUAL CHILDREN'S CENTER

### COVID-19 PUBLIC HEALTH EMERGENCY ACKNOWLEDGMENT AND DISCLOSURE FOR ARCO IRIS BILINGUAL CHILDREN'S CENTER

This form should be reviewed and signed by all parents/guardians and emergency contacts.

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 Arco Iris Bilingual Children's Center facility beyond the designated drop-off and pick-up area (**located outside the main doors of 14502 Greenview Drive, Suite 102, Laurel, MD 20708**). 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 and that they cannot pick up my child unless they also have signed this form.
2. \_\_\_ I understand that if there is an emergency requiring me to enter the Arco Iris Bilingual Children's Center facility beyond the designated drop-off and pick-up area, I **MUST** wear a mask and wash/sanitize my hands immediately upon entering the lobby in the designated sink. While in the facility, I must practice social distancing and remain at least six (6) ft away from all other people, except for my own child.
3. \_\_\_ I understand that in order to enter the facility premises, my child must be free from COVID-19 symptoms. If any of the following symptoms appear during the day, my child will be separated away from the rest of the children and others located in the facility. I will be immediately contacted by Arco Iris Bilingual Children's Center staff, and my child **MUST** be picked up from the facility within 60 minutes of being notified.

**Symptoms include any one of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell; OR at least two of the following: fever of 100.4 degrees Fahrenheit or higher, chills (or shaking chills), muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose.**

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we 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.

4. \_\_\_ I understand that children, parents, and emergency contacts, who have been diagnosed with COVID-19, had symptoms of COVID-19, or otherwise have reason to believe they contracted COVID-19, and who want to return to Arco Iris Bilingual Children's Center before completing a 14-day self-isolation period, must present the Director with a medical professional's certification of good health that clears the individual for return. The medical certificate will be forwarded to Carolina Reyes, who will consult with Arco Iris Bilingual Children's Center Management regarding whether the individual is able to return to the facility prior to completion of the 14-day period.
5. \_\_\_ I agree to wear a mask at all times while dropping off and picking up my child(ren) until notified otherwise by Arco Iris Bilingual Children's Center
6. \_\_\_ I understand that my child's temperature must be taken prior to their entering the facility, and after lunch/nap. I agree that on the mornings that I bring my child to Arco Iris Bilingual Children's Center, I will take my child's temperature with a personally-owned temporal thermometer in the presence of an Arco Iris Bilingual Children's Center staff member and I will show the results to the Arco Iris Bilingual Children's Center staff member. I agree that my child will have their temperature taken by a staff member following lunch/nap and the results will be shared with me via phone, email or Class Dojo message.
7. \_\_\_ 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.
8. \_\_\_ I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my child's exposure in the local community.
9. \_\_\_ I will immediately notify Arco Iris Bilingual Children's Center Management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Arco

Iris Bilingual Children’s Center management if I am made aware that anyone from my place of employment is presumed positive or tests positive for COVID-19, and I have been physically present in my place of employment within the last 14 days.

10. \_\_\_ I understand and agree that if my child is diagnosed with COVID-19, Arco Iris Bilingual Children’s Center must notify the State’s Licensing Agent and the Maryland Department of Health.
  
11. \_\_\_ I understand that while my child is present in the facility each day, they will be in contact with children, families, employees, and others with access to Arco Iris Bilingual Children’s Center, 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 any visible onset of an 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.
  
12. \_\_\_ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at Arco Iris Bilingual Children’s Center (“Claims”) arising from COVID-19 or related illness.
  
13. \_\_\_ On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Arco Iris Bilingual Children’s Center, their employees, agents, and representatives, of and from any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out from COVID-19 or related illness.
  
14. \_\_\_ I understand and agree that this release includes any Claims based on the actions, omissions, or negligence Arco Iris Bilingual Children’s Center , as well as their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attendance at Arco Iris Bilingual Children’s Center .

I certify below that I have read, understand, and voluntarily 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 Arco Iris Bilingual Children’s Center may result in termination of all Arco Iris Bilingual Children’s Center

services. I acknowledge that care for my child may 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:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_