

**COVID-19 PARENTAL ACKNOWLEDGMENT AND DISCLOSURE
MECE, INC.**

This should be read, and each statement initialed by EITHER parent or guardian. Signature by EITHER parent or the guardian is required.

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. 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 in order to attend the program 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, in a supervised, secure area. I will be contacted, and my child MUST be picked up from the facility within 1 hour of being notified.

Symptoms include: Fever of 99.6 degrees Fahrenheit or higher, dry cough, shortness of breath, chills, loss of taste or smell, sore throat, muscle aches or any other symptom identified by the CDC as associated with COVID-19.

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.

3. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using running water and rubbing with soap for at least 20 seconds. I agree to reinforce good health safety habits at home, including by reminding my child not to touch their face, to frequently wash their hands long enough to sing "Happy Birthday" twice, and to cover coughs and sneezes.
4. _____ I understand that outside of school/care, in order to control my child's exposure in the community, our family will comply with any and all state, county or local orders, and will follow any current CDC guidelines while they are in effect.
5. _____ I will immediately notify MECE Administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
6. _____ MECE will continue to follow the guidelines of both the CDC and state and local officials to ensure the health and wellbeing of all staff and children who enter the facility. As changes happen, parents will be notified. MECE will contact the Health Department if any staff member or student contracts COVID-19. I understand that any class that has a case of Covid-19 will close for the required time for isolation of all students and staff. Distance Learning will be provided during this time. MECE reserves the right to change or suspend operating procedures in light of CDC, Health Department, DCF or other applicable agency guidance.
7. _____ I understand that while present in the facility each day my child will be in contact with children, families, and 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 the members of our family 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 MECE will result in adverse action up to and including termination of my child's participation in this program.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent's Signature Date: _____