

THE JOURNEY BEGINS
COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL WORK CONDITION ACKNOWLEDGMENT
AND DISCLOSURE

The Journey Begins (TJB) will be operating under new protocols to ensure that we provide a healthy and safe environment for children and adults. Please read and initial each statement below. This must be initialed by BOTH parents in a two-parent home or one parent in a single parent home. Thank you. 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 upon 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 person 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 be wearing a mask, wash my hands before entering and remove my shoes. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.

3. _____ I understand that the temperature of my child will be taken upon arrival and throughout the day as needed.

4. _____ I understand that to enter upon the facility premises my child and the person dropping off or picking up my child must be free from illness including any COVID-19 symptoms. If upon arrival, my child or the person dropping off my child is determined to have any of the COVID-19 symptoms or any other signs of illness, my child will not be admitted for care that day.

If during the day, any of the following symptoms or other symptoms of illness 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.

Symptoms of COVID-19 may include but are not limited to:

- fever of 100.0 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell

- Sore Throat
- Muscle aches

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. The amount of time a child must be excluded from care if they have COVID-19 symptoms or have contracted COVID-19 will be determined by the Department of Public Health and is likely to be 7-10 days, including being 72 hours symptom free without the use of any medications before returning to The Journey Begins.

A child who shows signs of illness that do not seem to be COVID-19 related will be excluded from care and will need to be 72 hours symptoms free without the use of any medications before returning to The Journey Begins.

5. _____ I understand that all TJB staff will be wearing masks and gloves.
6. _____ I understand that the adult dropping off or picking up my child must wear a mask at all times while in the facility and on facility premises.
7. _____ I understand that I will need to limit those dropping off and picking up my child to 3 consistent adults inclusive of my child's parents. All of those adults must be informed and in compliance with the protocols detailed in this document.
8. _____ I understand that if my child is between birth and three years of age, for safety reasons, my child may not wear a mask at any time.
9. _____ I understand that if my child is between 3 years of age to 8 years of age, for safety reasons, they are encouraged to wear a mask while at TJB while in the facility and on facility premises.
10. _____ I understand that my child is required to wash their hands (with teacher assistance) using CDC recommended handwashing procedures upon arrival and throughout the day using warm running water and rubbing with soap for at least 20 seconds and/or with child-safe hand sanitizer.

11. _____ I understand that outside of care in order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders.
12. _____ My child and I limit visits to outside gatherings and/or wearing masks when age appropriate. I will take any/all precautions in my workplace and with others outside of my household group.
13. _____ I will immediately notify The Journey Begins Director if I become aware of any person with whom my child or I have had contact exhibiting any of the symptoms listed in Number 5 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further I will immediately notify the Journey Begins Director if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
14. _____ I agree to notify The Journey Begins Director if my family travels and I agree to quarantine my child and family for 7 days before returning to TJB or according to the current public health requirements for unvaccinated people.
15. _____ I understand that 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.
16. _____ I understand that regular tuition is due on the first day of the month. I will be required to pay my full amount due and understand that if the Center must close anytime during the month due to COVID-19 or unforeseen health and safety reasons, I will not be refunded my tuition. Tuition and requirements will be reviewed and revised on a monthly basis during this Pandemic.

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 The Journey Begins will result in the termination of my child's enrollment. In addition, I acknowledge that my child's enrollment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes an employee, child, or their family member to COVID-19. I understand that these terms are in compliance with current public health standards and are subject to change. I will be notified in writing of any changes and asked to sign an acknowledgement of the changes.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date

Michele Masjedi, Director

Date