**COVID-19 Understandings and Responsibilities of Staff**

I understand and agree to the following:

1. I have received and reviewed the United Church Nursery School’s COVID-19 Policies and Procedures, including staff addendum.
2. I understand that UCNS will do their best to protect the health and safety of myself.
3. I understand that there is the possibility that I may contract COVID-19 at UCNS.

As a staff member, it is my responsibility to:

1. Perform and follow all the items stated in the COVID-19 Policies and Procedures.
2. To not work if I am sick and to notify UCNS if I am sick.
3. To notify UCNS if I or any member of my household has fever, cough, shortness of breath, or other symptoms concerning for COVID-19 infection.
4. To notify UCNS if I and/or a family member is directly exposed to someone who has tested positive for COVID-19.
5. To notify UCNS if I test positive for COVID-19.

Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_