



COVID-19 PUBLIC HEALTH EMERGENCY

SPECIAL WORK CONDITION ACKNOWLEDGMENT

AND DISCLOSURE

Employees

Please read and initial each statement below.

1. _____ I understand that to enter upon the facility premises I must be free from COVID-19 symptoms. If, during the course of the day, any of the following symptoms appear I must immediately notify a member of the management team.

Symptoms include,

- Fever of 100 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. You will need to be symptom free for 72 hours before returning to the facility.

2. _____ I understand that my temperature will be taken when I arrive to work and/ or anytime, I leave the building.
3. _____ I understand that I must wear a mask at check in/ out time, Hallways, any time I interact with an adult, diaper change and meal preparation.
4. _____ I understand that the facility adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks as assigned each day.

5. _____ I will wash my hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
6. _____ I understand that outside of work, in order to control my exposure in the community, I will comply with any and all state, county or local stay-at-home orders.
7. _____ I will immediately notify Foundations Early Learning Education Center management if I become aware of any person with whom 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.
8. _____ I understand that while working in the facility each day I 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 provisions listed herein, or with any other policy or procedure outlined by Foundations Early Education Center will result in disciplinary action up to and including termination. I acknowledge that my employment 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.

Employee Signature

Date

Management Team Witness

Date