



Brookside Children's Early Education Centers (BCEEC)
Policies for Public Health Emergency Child Care Services/Fee Agreement
Initial at each line

Child (ren) Name(s): _____

Parents Name(s): _____

1. _____ I understand that to enter upon the facility premises, children and adults 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, I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified. If this child has a sibling(s) they too must leave the center. If my child, or a member of our household is experiencing any of the following symptoms, my child/ and sibling(s) will be excluded from the program.

| A COVID-like illness is defined as: | | |
|---|-----------|---|
| At least ONE of these symptoms | OR | At least TWO of these symptoms |
| <input type="checkbox"/> new or persistent cough | | <input type="checkbox"/> fever $\geq 100.4^{\circ}\text{F}$ |
| <input type="checkbox"/> shortness of breath | | <input type="checkbox"/> chills |
| <input type="checkbox"/> new loss of sense of smell | | <input type="checkbox"/> muscle pain |
| <input type="checkbox"/> new loss of sense of taste | | <input type="checkbox"/> headache |
| | | <input type="checkbox"/> sore throat |
| | | <input type="checkbox"/> nausea/vomiting |
| | | <input type="checkbox"/> diarrhea |
| | | <input type="checkbox"/> fatigue |
| | | <input type="checkbox"/> congestion/runny nose |

As more is learned about this virus, the CDC or DOH may update their list of symptoms and may require us to modify our requirements about when a child must stay home.

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 24 hours and have a doctor's note before returning to the facility.

2. _____ I understand that Brookside will follow all PA Department of Health Mandates and Licensing Regulations regarding the use of masks in our facility. Brookside will notify families if masks become mandatory in the child care setting. At any time, a parent may choose to have their child over the age of two wear a mask while in care. Children under two years old should not wear a mask. Children should not wear a mask while eating, drinking, napping or participating in water play. Masking requirements are subject to change depending on the rate of spread in our community.
3. _____ 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.
4. _____ I understand that to limit the exposure risk for everyone in the center, I am required to follow any current travel restrictions that are set in place by the PA Department of Health, and follow any quarantine requirements when returning from travel.
5. _____ I will immediately notify BCEEC 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 1 above, is advised to self-isolate, quarantine,

has tested positive, or is presumed positive for COVID-19. *This is not a HIPPA/Privacy violation as we are not requiring you to disclose the identity of the person.

6. _____ I understand that while 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 my family and 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 understand that these guidelines can and will be updated and changed related to developments and updates to the Public Health Emergency on the national, state, and local level and based on best practices, CDC guidance and licensing recommendations and/or requirements. Further, I acknowledge that the center administrators have the right and responsibility to enact and enforce policies and procedures to keep all employees, children, and their families as safe as possible.
7. _____ In the event that Brookside is mandated to close, I understand that I am responsible to pay full tuition for the first two weeks of closure. Thereafter, I am responsible to pay 25% of my tuition for any additional time that Brookside is mandated to remain closed. This allows Brookside to maintain the school property during closure in order to reopen as soon as possible when allowed.
8. _____ Your Contract for Child Care Services/Fee Agreement may be cancelled by the PARENTS/GUARDIANS with two weeks written notice and tuition payment, regardless of whether my child attends or in the case of a mandatory shut down or COVID shut down. Written notice of cancellation must be submitted to Director by parents/guardians to the centers email address. Withdrawal notice must be submitted on a Monday to start the two weeks' notice process. Any unused tuition paid by the parents/guardians will be refunded within 30 days of cancellation. Any security deposit held will first be applied to any unpaid account balance. If there is any remaining security deposit monies, that remaining amount will be refunded to the parents/guardians within 30 days of cancellation.

By signing below, I/we the parents/guardians of the above listed child (ren) hereby acknowledge that I/we have read the above COVID/ Pandemic Policies for Child Care Services/Fee Agreement completely,

Parent/Guardian's Signature

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Parent/Guardian's Printed Name

Date

Date