

Husky House Children's Center
COVID 19 Public Health Emergency
Family and Child Acknowledgement and Disclosure

On behalf of myself and child for whom I serve as legal guardian ("the Participant"), I understand that Husky House Inc. ("Husky House") requires the following safety protocols as defined by the Department of Social Service, Community Care Licensing Division in compliance with both CDC and CCC Health Services. As such, Husky House has implemented the following guidelines:

BOTH parents and/or guardians: Please read & initial each statement below:

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 of the turnaround parking lot. 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 IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I must sanitize my hands before entering and wear a mask. I will need to wash with soap and water. While in the center I must practice physical distancing and remain 6ft from all other people, except for my own child.
3. _____ I understand that to enter the facility premises, my child must be free from COVID-19 symptoms. If during the day any of the following symptoms appear, my child will be isolated from the rest of the children in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.
Symptoms include:
 - Fever of 100° or higher (CDC says 100.4° our policy is 100°)
 - Dry cough
 - Chills
 - Loss of taste or smell
 - Sore throat
 - Muscle aches

While I understand that many of these symptoms can also be related to non-COVID 19 related issues, Husky House must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected, so I will take them seriously. I understand that my child will need to be symptom free for 72 hours before returning to the facility and I will need to provide a Doctor's note clearing my child to return to Husky House.

4. _____ I understand that my child's temperature will be taken daily upon arrival and possibly midday as long as the public health emergency is in place. I understand that my child will undergo a daily health check upon arriving to Husky House.
5. _____ 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 a minimum of 20 seconds.
6. _____ I understand that outside of Husky House child care and Happy Valley Elementary classroom cohort-time, 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. I will limit my child's contact outside of care to persons living in my household. I will not take my child out to public areas or stores unless necessary and will

follow any recommendations from the CDC, state or county authorities that limits my child's risk for exposure unless it is absolutely necessary such as maintaining a physical distance of 6ft from other people.

7. _____ I will immediately notify my center Director if I become aware that my child or I have had contact with any person with who exhibits any of the symptoms listed above, is advised to self-quarantine, isolate, has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify my center 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.

8. _____ 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 voluntarily agree to expressly assume all risks of exposure to COVID-19 or any related strains on behalf of myself, the Participant, and my family, including any resulting injury or death, that may at any time result from the Participant and their family participating in Husky House's program.** I understand I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

9. _____ On behalf of myself, the Participant, my family, personal representatives, assigns and insurers, I now and forever agree to release, waive, discharge , and covenant not to sue, Husky House, Inc. , each member of its Board of Directors, its Officers and Directors, each teacher, staff member, employee, and agent of Husky House Inc. (collectively the "HH Parties") from any and all claims, debts, liabilities, actions, and causes of action whatsoever, of every nature, character and description, known, unknown, discovered, undiscovered, suspected or unsuspected (collectively "Claims") arising out of or in any way related to Husky House Inc.'s provision of child care to the Participant, including as a result of any HH Party's negligence, and any illness, infection, disease, resulting injury, death, any pandemic or public health situation, any COVID-19 or Coronavirus related health issue or exposure, or any change in these protocols or new protocols. I expressly waive all rights under California Civil Code Section 1542 which provides:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

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 or with any other policy or procedure outlined by Husky House will result in termination of services and all monies will be forfeited. I acknowledge that my enrollment will be terminated if it is determined that my actions or lack of action unnecessarily exposes another child, family or employee to COVID-19 I represent that I have authority to agree to all terms herein and release liability on behalf of the Participant.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date _____