COVID-19 PUBLIC HEALTH EMERGENCY

SPECIAL WORK CONDITION ACKNOWLEDGMENT

AND DISCLOSURE MODERATE RESTRICTIONS FOR 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 100.4 degrees Fahrenheit or higher
    - Dry Cough
    - Shortness of Breath or Difficulty Breathing
    - Fatigue
    - Chills
    - Loss of taste or smell
    - Sore Throat
    - Muscle or Body Aches
    - Headache
    - Congestion or Runny Nose
    - Nausea or Vomiting
    - Diarrhea

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.

1. I understand that my temperature will be taken every 2 hours throughout the day while on facility premises.
2. I understand that I must wear a mask at all times while in the facility and on facility premises.
3. I understand that the facility has adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks as assigned each day.
4. 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.
5. I understand that I must bring a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. I MUST remove the shoes I wear coming to work at the entrance of the facility, change into my work only shoes, place my outside shoes in the designated area and wash my hands immediately. I will also spray my work shoes prior to leaving the facility each day with disinfectant and leave them to dry overnight. This may not be done near children and the disinfectant must be returned to a locked cabinet.
6. I understand that outside of work, in order to control my exposure in the community, I will comply with any and all CDC recommendations, state and local restrictions, and recommendations regarding limiting/reducing my risk for exposure including wearing a mask in all public places and remaining 6 feet from all other people.
7. When gathering socially with anyone that does not live in my household, I will maintain social distance of at least 6 ft and wear a face mask until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over. I will not gather socially with anyone not complying with social distancing and face mask recommendations or who have any of the symptoms listed in number 1 above. I will not gather socially with anyone presumed positive or who has tested positive even with a face mask and/or social distancing. Regarding outdoor recreation activities, I will maintain appropriate social distancing protocols including not gathering in groups of more than 25 people, wearing a face mask and maintaining 6 feet distancing if/when I participate in activities in outdoor places such as the park, beach, pool or other outdoor community location until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over.
8. \_\_\_\_\_\_ I understand that to limit the exposure risk for everyone in the center I will not travel to any country, state, county or city that is considered to be a “hot spot” for COVID-19 infections. Further, I will not allow travelers from locations considered “hot spots” to visit/stay in my home. I will be required to change or postpone any planned travel arrangements to a “hot spot” location even if those plans had been previously approved. I understand that infection rates and risk change, and areas deemed to be in control of COVID-19 infections can quickly become “hot spots.”
9. I understand that Paid Time Off (PTO)/Vacation/Personal Time may not be approved during this Public Health Emergency due to the need for more staff to cover ratios and enhanced cleaning routines. PTO will not be approved any more than two weeks in advance during this Public Health Emergency so the administration can make the safest decisions for the community as possible.
10. \_\_\_\_\_\_ 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 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 my employer has the right and responsibility to enact and enforce policies and procedures to keep all employees, children and their families as safe as possible.
11. \_\_\_\_\_\_I understand that I may be eligible for PAID leave under the Families First Coronavirus Response Act (FFCRA) for certain qualifying reasons and that I am responsible for providing my employer with the appropriate supporting documentation related to the qualifying reason in order to use the FFCRA Paid Time Off. Additional information is posted the break room in Building A, the downstairs kitchen/break room in Building B, the upstairs office in Building C and the office in Building D.
12. I will immediately notify Begin With Us Child Care and Preschool, Inc. 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.
13. 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 and within the ***Policies and Procedures Related to COVID-19***. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Begin With Us Child Care and Preschool, Inc. 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