



MVC CDC- REOPENING ACKNOWLEDGEMENT AND DISCLOSURE

The MVC Child Development center and Learning Lab is committed to keeping all children, families, and staff safe as we re-open the center. In doing so, we are taking guidance and following all health and safety regulations put forth by the Centers for Disease Control (CDC), Community Care Licensing, the Riverside County Public Health Department, and the State of California. The new policies and procedures will be outlined in the COVID-19 Policies and Procedures Addendum in the 2020-21 Family Handbook. These policies are beginning on September 21, 2020 and will be in place until further notice.

I, _____, parent of _____ will begin bringing my child on **September 28th** (if enrolled M-F or M/W/F) or **September 29th** (if enrolled T/TH). Tuition will resume on your child's scheduled first day of attendance, but will be collected in advance to secure my child's enrollment spot along with a \$75.00 materials fee.

Please read and initial each statement below:

1. _____ I will not enter the MVC CDC beyond the designated pick-up and drop-off areas, except for preauthorized circumstances discussed with the MVC ECE Manager.
2. _____ I will not bring items into the building such as car seats, strollers, stuffed animals and toys from home.
3. _____ I understand that if I bring my child to MVC CDC, it is because everyone in our household is healthy and symptom free, with no known exposure to COVID-19.
4. _____ Fever reducers will not be given to my child on any day of attendance, regardless of reason for fever reducer.
5. _____ I will wait my turn to drop off or pick up my child, and practice social distancing while on the program premises.
6. _____ I will allow and wait for my child to be screened for signs/symptoms of illness and answer COVID-19 related questions daily before leaving my child on the premises.
7. _____ I understand that the MVC CDC staff has the right to not admit any child for signs and symptoms of illness.
8. _____ If my child shows signs of illness while attending MVC CDC, I, or another authorized person, will retrieve my child within 90 minutes and a doctor's note or medical clearance may be required to return.
9. _____ I agree that my child (if over the age of 2) and I will wear a face covering (mask and/or shield) when on the MVC CDC premises.
10. _____ I will immediately notify the MVC ECE Manager if I become aware of any person with whom my child or I have contact exhibits any COVID-19 symptoms (fever, dry cough, shortness of breath, chills, loss of taste or smell, muscle aches/pain, swollen hands/feet, diarrhea, headache), is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
11. _____ I understand that I must provide the MVC CDC staff with updated phone and email address information. MVC CDC staff will use email to communicate with me about the center and about my child.
12. _____ I understand that while present in the facility each day my child will be in contact with children 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.
13. _____ I understand this situation is fluid and subject to change per state, other local authority, and program needs.
14. _____ I understand these policies are for the health and safety of all children, staff, and family members at the MVC CDC and I agree to follow them. If I do not, the MVC CDC will need to address the concerns with me and the well-being of the whole program will be prioritized, which may include disenrollment from the program.

Parent Signature

Date