



TOTM
MONTESSORI
NAVY YARD, WASHINGTON, DC



COVID-19 ACKNOWLEDGEMENT AND AGREEMENT

1. _____ I understand that during a public health emergency, such as the COVID-19 pandemic, I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. 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 authorized persons of the information contained herein.

2. _____ I agree to submit answers to the following prescreen questions via webform before arrival onsite each day. If your child has a temperature of 100.4 degrees Fahrenheit or higher within 2 hours of arrival, or you answer YES to any of these questions, your child must stay at home.
 - a. Has your child experienced any of the following symptoms?
 - o Fever (subjective or 100.4 degrees Fahrenheit) or chills
 - o Cough
 - o Congestion
 - o Sore throat
 - o Shortness of breath or difficulty breathing
 - o Diarrhea
 - o Nausea or vomiting
 - o Fatigue
 - o Headache
 - o Muscle or body aches
 - o Poor feeding or poor appetite
 - o New loss of taste or smell
 - o Or any other symptom of not feeling well.

 - b. Has your child been in close contact with a person who has COVID 19?

3. _____ I agree that:

- Only one family member will be allowed to the door at a time and must leave the entryway completely before the next family is allowed to approach.
- Only one person can escort my child to the door during drop-off or come to pick up my child. He/she must wear a face-covering over their nose and mouth.
- Any guest accompanying myself or the authorized person should remain in the vehicle and/or stand at least 6 feet away from the door or any other family waiting to be served.
- The child will have their temperature taken at drop off with a non-contact thermometer, then be escorted inside to sanitize their hands and then enter the classroom.
- I am responsible for adhering to all drop-off/pick-up procedures outlined in the parent handbook.
- Social/Physical distancing must always be followed while onsite.

4. _____ I understand that to participate in congregate care my child must pass the COVID-19 prescreening process. If my child exhibits any of the following symptoms during the day, he/she will be safely isolated and supervised by a designated staff member. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified. Per the most recent CDC, DC Health and OSSE licensing guidance for childcare facilities, I understand that my child must stay home or immediately go home if he/she exhibits symptoms including the following:

- Fever (subjective of 100.4 degrees F) or chills
- Cough
- Congestion
- Sore throat
- Shortness of breathing or difficulty breathing
- Nausea, vomiting or diarrhea
- Fatigue
- Poor feeding or appetite
- Headache
- Muscle or body aches
- New loss of taste or smell
- Otherwise feeling unwell

While we understand that many of these symptoms can also be associated with non-COVID-19 related issues, we must proceed with an abundance of caution during this public health emergency. These symptoms typically may appear 2-14 days after being infected so please take them seriously.

5. _____ I understand that my child must meet the following criteria before being allowed to return to congregate care after he/she fails the COVID-19 prescreening process and/or meets any other exclusion criteria as defined in the parent handbook:
- 72 hours after the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and respiratory symptoms have improved; **AND**
 - At least 10 days have passed since symptoms first appeared, **whichever is later; OR**
 - They have a negative COVID-19 test, and meet standard criteria to return to child care after illness (a copy of official test results must be provided); OR
 - They have been cleared from isolation per their healthcare provider or DC Health instructions (official documentation must be provided).
6. _____ I understand that my child's temperature will be taken at a minimum of twice a day while on facility premises.
7. _____ I understand that parents/guardians/caregivers should wear non-medical face coverings any time they interact with child care staff, including for drop-off and pick-up. Where feasible and developmentally appropriate, children **above the age of two** are to wear non-medical face coverings during the school day.
- Children age 2 and older should wear a face covering, when feasible, and if deemed developmentally appropriate by the parent/guardian and ToTH teaching and administrative staff. Such children must be able to safely use, avoid touching, and remove the covering without assistance.
 - Non-medical face coverings will not be placed on children age 2 and younger, anyone who has trouble breathing, or anyone who is unconscious or unable to remove the mask without assistance
 - Face coverings will not be worn by children during naptime.
 - When participating in physical activity outdoors, face coverings do not need to be worn by children if social distancing of at least six feet is feasible. When outdoors but not participating in physical activity, face coverings must continue to be worn.
8. _____ I understand if my child is at high-risk per the CDC and licensing guidance, he/she must *consult* their medical provider before participating in congregate care. This includes, but is not limited to:
- Chronic Lung Disease
 - Asthma
 - Serious heart conditions
 - Immunocompromised conditions
 - Severe obesity (>40 Body Mass Index)
 - Diabetes
 - Chronic Kidney Disease
 - Liver Disease

9. _____ I understand that by participating in congregate care, at some point my child may have to self-quarantine due to possible COVID-19 exposure and/or a confirmed COVID-19 case within the facility. I understand that I must adhere to the quarantine and contact tracing process. I understand that DC Health can help ToTH and our families with the contact tracing process if it should be needed.
10. _____ I will immediately notify the ToTH administrator if my child is confirmed to have COVID-19, has a possible case of COVID-19, and/or is awaiting COVID-19 test results. I understand that I must follow the COVID-19 exclusion procedures as outlined in the parent handbook and/or as directed by ToTH administrators.
11. _____ I will immediately notify the ToTH administrator if my child has been exposed to someone confirmed to have COVID-19, has a possible case of COVID-19, and/or is awaiting COVID-19 test results. I understand that I must follow the COVID-19 exclusion procedures outlined in the parent handbook regarding this situation.
12. _____ I understand that I play a crucial role in keeping everyone in the facility as safe as possible and reducing the risk of exposure to COVID-19 by following the practices outlined herein and all other ToTH policies, procedures, and safety instructions; including ToTH's face-covering policy for myself and my child. I will adhere to the policies explained in the parent handbook and parent handbook addendums, by email, or verbally and will ensure that any other authorized persons that may pick-up or drop-off my child will adhere to the policies as well.
13. _____ I will make every reasonable effort to reduce our family's risk of exposure to illness outside the facility, including by following all current guidance from the Centers for Disease Control and DC Health. I will also comply with all local COVID-19-related executive orders put in place by the District of Columbia Mayor, including but not limited to orders relating to face coverings, travel restrictions, and self-quarantine guidelines.
14. _____ To help the school community reduce the chance of transmission, my family (including all household members and authorized persons) and I commit to the following precautionary measures below. I understand that while ToTH strongly encourages our school community to observe these precautions to help limit the spread of COVID-19 in our community, I cannot hold ToTH responsible for the behaviors of other community members outside of the facility:

Outside of our home, including at work, all members of my household commit to the following:

- Maintaining physical distance of at least 6 feet
- Minimizing close contact conversations to less than 10-15 minutes
- Avoiding, or limiting to 10-15 minutes as practicable, non-essential trips to indoor facilities
- Wearing face masks when social distancing measures are not possible
- Monitoring family members for symptoms, and/or conducting a self-quarantine if chance of exposure, after international travel or domestic travel to an area experiencing widespread community transmission
- Hand sanitation after contact with high touch surfaces

- Hand washing during or after public activities

At home, all members of my household commit to the following:

- Monitoring for symptoms of Covid-19 such as: mild, cold-like symptoms, such as fever, runny nose, and cough, vomiting and diarrhea, temperature, loss of taste/smell, shortness of breath
- Teaching proper hand washing techniques to child, including modeling hand washing habits and helping children learn when hand washing might be necessary
- Reporting to school immediately when there is a confirmed case in our household, or when known direct contact with a confirmed case has occurred

15. _____ I understand in the event of a possible COVID-19 exposure, the facility may close at the discretion of the ToTH board of directors, DC Health, and/or OSSE for self-quarantine purposes and/or facility cleaning.
16. _____ I understand that tuition fees are not prorated for illness, holidays, or emergency closure of the program facilities. If fees are not paid in full by 5 days after the deadline, a late fee of \$35 will be charged. Accounts 10 days in arrears may result in immediate termination of enrollment.
17. _____ I understand that with the exception of families called away for active military duty, ToTH does not refund program fee payments already made for a given session.
18. _____ I understand that no list of restrictions, guidelines, or practices can eliminate the risk of exposure to COVID-19 in the congregate care setting. Among other reasons, this is because the virus can be transmitted by persons, and especially children, who are asymptomatic and do not show signs of infection. I understand that the spread of a communicable disease, such as COVID-19, is an inherent risk of congregate care, making it is impossible for ToTH to ensure my child's complete safety from COVID-19.

PLEASE SIGN AND DATE NEXT PAGE!

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read this agreement, fully understood its terms, and agree to comply with all requirements listed herein.

Child's Name: _____

Parent 1 Name (Please Print): _____

Parent 1 Signature & Date _____

Parent 2 Name (Please Print): _____

Parent 2 Signature & Date: _____