

Infectious Disease/ COVID-19 Health Policy

Our priority at the **JCC of Syracuse**, is to ensure the health and safety of the children and staff that come to our center every day. We will not be successful without your help! Our new health guidelines are based on recommendations set forth by our local licensing agency, recommendations made by our Health Care Consultant, which were based on The Center for Disease Control. These practices are subject to change as needed.

As the risk in our area for COVID-19 fluctuates, we are asking each of our families to acknowledge and agree to the following procedures. *This form must be returned before your child can return to our program.*

Child's Name: _____ DOB: _____

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If my child(ren) or any person within my household show any of the following symptoms, I agree to keep them home for 72 hours or until the child is fever free, without fever reducing medication.

- *Fever over 100.4*
- *Excessive dry cough*
- *Shortness of breath*
- *Lethargic, overly tired, unusually calm or quiet*
- *Mild respiratory illness/ issues*

If my child experiences any of the above symptoms during childcare, I understand that either myself, or a person I have designated as an emergency pick up, will arrive within one hour.

Administration may request a physician's note to return to care, but a physician's note will not be accepted if the child has not been symptom free for 72 hours.

I agree to inform the program if my child, or any family member, has tests positive for COVID-19 so that the program can take necessary mandated steps. Your child's identity remains confidential.

Out of respect for the other children, families and staff members, failure to abide by our policies or failure to disclose COVID-19 exposure or positive test of your child or family member may result in immediate termination from this program.

I certify and acknowledge that I have read and understand the COVID-19 Health Policy and agree to the terms listed above.

Signature: _____ Date: _____

Print Name: _____

Director Signature: _____ Date: _____