

COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE

Statement from the Belmont Community Center

BCC's priority is the health and safety of the children, families, staff, and surrounding Belmont community. During this time in our nation and around the world, BCC is taking every precaution during the COVID-19 pandemic. We are actively monitoring recommendations from the Centers for Disease and Prevention (CDC) and the Lancaster County Health Department (LLCHD). Their direction will continue to guide our actions.

BCC Visitor Guidelines

At this point, we are ceasing all parents/guardians and visitors from entering Belmont Community Center. In between students, staff, or reserved groups sanitation is occurring.

Initial _____ I understand that during the COVID-19 Public Health Emergency I will NOT be permitted to enter the facility. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein. I will send my student in during drop off and call 402-477-8854 for my student at the time of pick up. I understand that in the case of an emergency or exemption of the procedure I will sanitize, wear a mask, and keep a social distance from staff and/or other students.

BCC COVID-19 Procedures

Initial _____ I understand that my child's temperature will be taken each day before entrance into programming. I understand that my child, if over the age of 2, will wear a mask at all times while in the facility and on facility premises. I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds. All staff and adults in the facility will also be required to wear a mask.

Initial _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during program, any of the following symptoms appear my child will be separated from the rest of those in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified. All other students will be removed from the previous area, directed to wash hands, and all surfaces, supplies, and toys will be sanitized.

Symptoms include,

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

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. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

Initial _____ I understand that my child (and all caregivers) must remain out of the BCC for 14 days if they experience a fever of 100 degrees. If at the end of the 14-day period the student and caregivers has not experienced any symptoms, return to the Belmont Community Center is allowed. If the student or caregiver has experienced symptoms, medical clearance will be required before returning. I agree to follow all other protocols that coincide with Lincoln Public Schools in reporting, quarantining, and returning to school in the event of having COVID-19 symptoms or a positive test result.

Initial _____ I understand the BCC will taking these precautionary measures:

- Continued focus on good hygiene, including proper handwashing, mask-wearing, and social distancing
- Frequent toy, classroom, and common space/high-touch area sanitizing
- Continued monitoring of child and employee wellness
- The taking of temperatures before entrance into the program
- Careful tracking of student and staff groupings to ensure contact tracing
- Halted admission of anyone reporting or exhibiting COVID-19 symptoms
- Continued communication with parents, staff, and the applicable community partners

Parent Responsibility

Initial _____ I understand that toys and personal electronics cannot be brought from home and will be held securely by BCC administrations until pick up. The BCC is not responsible for lost, broken, or stolen items from the child's household.

Initial _____ I understand that while present in the facility each day my child 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. 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 of mask-wearing, sanitizing, and social distancing.

Initial _____ I understand that using the BCC is voluntary, and at my and my child or children's own risk. I and my child or children are assuming the risk that by using the BCC, I or my child or children could be exposed to and could contract the virus which causes COVID-19 or incur other injuries or communicable health conditions, and I accept this risk and nonetheless voluntarily choose to allow my child or children to attend programming at the Belmont Community Center. I agree that the BCC is not responsible in any manner for any personal injury to me or my child or children occurring as a result of using the Belmont Community Center including but not limited to physical injury or exposure to or contraction of the virus which causes COVID-19. I am fully aware of the specific risks and dangers associated with using the Belmont Community Center and hereby release, covenant not to sue and waive any and all claims, causes of action, and lawsuits that I, my child or children, or any other guardian(s) may have or may accrue against the Belmont Community Center, it's staff, or board of directors.

Print Child Name(s): _____

Print Parent Name: _____

Parent Signature

Date