



## Affordable, Loving Care for Your Baby

We cater to infants and toddlers from 0-3 years of age

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## Informed Consent and Acknowledgment - COVID-19

**A child care center is a community.** During this public health emergency EACH member of our community needs to help keep COVID-19 out of our child care centers. Exposures in your center can lead to the closure of the entire center and impact all the families we are serving. We appreciate your partnership and commitment in this collective effort.

### 1. Partnership

I understand that I play a crucial role in keeping everyone in our child care community safe and reducing the risk of exposure by following the policies and practices outlined in this Informed Consent and Acknowledgment. I acknowledge that my family may be denied access to the Center or disenrolled from the Center for my failure or refusal to act in accordance with these provisions at all times, in a respectful and appropriate way.

### 2. COVID-19 Exclusion Policy and Health Check and Illness Policy

I have reviewed and am familiar with Barbaras Babies COVID-19 Policy. I agree to comply with these policies, as they may be updated or amended from time to time.

### 3. Exposure to COVID-19

I understand that to enter the center my ENTIRE household must be free from any known or suspected exposure to COVID-19. If my household has any known or suspected exposure to COVID-19, I understand all members of my household will be required to remain out of the center for at least 14 days, until all criteria to return are successfully met. I acknowledge that known/suspected exposures include (but are not limited to):

- A member of my household having a confirmed case of COVID-19
- A member of my household traveling to a restricted area
- A member of my household being directed to quarantine or self-isolate
- A member of my household having "close contact" with persons with known or suspected exposure to COVID-19

### 4. Negative Tests after Exposure

I understand that in the case of any known/suspected exposure, a subsequent negative test result will NOT reduce the time my household is required to remain out of the center because the negative test result does not ensure the individual will not subsequently become positive during the balance of the 14 day incubation period.

### 5. COVID-19 Symptoms

I understand to enter the center my ENTIRE household must be free from the COVID-19 symptoms listed below. If COVID-19 symptoms are present in my household, I understand all members of my household will be required to remain out of the center for 14 days. I understand this list of COVID-19 symptoms may be updated.

- Cough
- Muscle aches
- Sore throat
- \*Fever of 100.4° or higher
- Difficulty breathing
- New loss of taste or smell

\*Threshold may differ in certain localities

## 6. Medical Clearance for Symptoms

If my household has been excluded from the center due to the presence of COVID-19 symptoms, I understand, under limited circumstances, I may be able to return to the center if I can provide acceptable medical clearance from a medical provider (M.D., O.D., N.P., and P.A.). To be acceptable, the medical clearance must demonstrate that (i) the presenting symptoms have been determined to be associated with a known, non-COVID illness or condition, and (ii) the presenting symptoms are unrelated to COVID-19. Any return to the center would remain subject to the requirements of the center's standard illness policy and compliance with the daily health screen requirements.

## 7. Daily Health Screen

I understand health screens will be conducted daily upon arrival. I will answer all questions truthfully for myself, my child and for every other person in my household. I understand that a temperature check may be taken of each person dropping off.

## 8. Drop-off and Pick-up

For the safety of all those present in the center and to limit risk of exposure, I understand that I will not be permitted to enter the center beyond the designated drop-off and pick-up area. I understand that all adults are required to wear a face covering while at the center and are expected to respect social distancing requirements.

## 9. Acknowledgment

I understand that my child will be in contact with children, families and staff who may also be at risk for community exposure. I understand that no restrictions, guidelines or practices will remove all 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 agree to use my judgment about what is best for my family and household, including undertaking additional precautions to protect the health of those in my household that may be at increased risk for severe illness from COVID-19.

**I HAVE READ, UNDERSTOOD AND AGREE ON BEHALF OF ALL MEMBERS OF MY HOUSEHOLD AND ALL INDIVIDUALS AUTHORIZED TO PICK-UP MY CHILD TO THE CONDITIONS NOTED ABOVE.**

Child(ren) Name(s)	
Parent Name:	
Signature:	
Date:	