

COVID-19 PUBLIC HEALTH EMERGENCY  
SPECIAL WORK CONDITION ACKNOWLEDGMENT  
AND DISCLOSURE

CDC EMPLOYEE:

Please read and initial each statement below.

1. I understand that to enter upon the facility premises I must be free from COVID-19 symptoms. If, during the course of the day, any of the following symptoms appear I must immediately notify a member of the management team.

Symptoms include,

- fever of 100 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. You will need to be symptom free without medication for 72 hours before returning to the facility.

2. I understand that my temperature will be taken every 2-3 hours throughout the day while on facility premises.
3. I understand that the facility has adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks as assigned each day.
4. I will wash my hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
5. I understand that outside of work, in order to control my exposure in the community, I will comply with any and all state, county or local orders, and I will be mindful of practicing social distancing.
6. I will immediately notify management if I become aware of any person with whom I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
7. I understand that while working in the facility each day I 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 and before some people show signs of infection. 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 outlined herein.

I, \_\_\_\_\_ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Circle C Child Development Center will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Employee Signature

Date

Management Team Witness

Date