

## COVID-19 Safety Plan Acknowledgement & Waiver

To our York Day Nursery Families:

As we have discussed in previous communications, York Day Nursery (YDN) is taking steps to protect the health of your children and our staff, and we are implementing numerous protocols which have been recommended by the Federal Center for Disease Control (CDC) and the Pennsylvania Department of Health. We are optimistic that these protocols will allow us to prevent occurrences of COVID-19 within YDN.

In particular, please expect the following procedures to be a daily part of the arrival process (subject to change):

- a. Each child will have his/her temperature taken. No one with a temperature of 100.4°F or higher will be allowed to stay at the facility.
- b. All parents will be asked the following questions at the start of each week before they drop off their child.
  - Have you or anyone in your house traveled to another state or country in the last 14 days?
  - Have you been in contact with someone under investigation for, or with a confirmed case of coronavirus?
  - Have you or a family member been instructed to self-quarantine?
  - Are you experiencing symptoms of illness? If so, what symptoms?
- c. Children will have a mid-day temperature check. The same guidelines apply as above.

Any child with a fever or upper respiratory symptoms will be asked to remain outside of the facility until they are 72 hours symptom free without medication.

While we will use our best practices and efforts, we cannot guarantee that YDN will be able to avoid instances of exposure to this unpredictable disease. As such, we are asking all parents/guardians to sign this acknowledgement of the risks associated with COVID-19. By signing below, you agree to release, hold harmless, and waive any claim, both for yourselves and on behalf of your children, against YDN and its employees, directors, and agents, arising from or relating to an infection of COVID-19 or any other associated illness or injury which might occur as a result being on YDN's premises or participating in the activities of YDN.



# Great Beginnings for Bright Futures!

By my signature, I acknowledge that I have read, understand, and agree to the policies, information and waiver of claims described above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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Please list the names of all children enrolled and covered by this Acknowledgement and Waiver.



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