

Head Start / Early Head Start PANDEMIC AGREEMENT FORM

Dear Head Start / Early Head Start (HS/EHS) Families,		
In order to reopen as safely as possible, our program has had to establish new policies and procedures. These policies are effective beginning on (date) and will be in place until further notice.		
Please read each item below, sign, and return to the site noted below:		
l,	, parent ofwill begin	
bringing my child on date).		
	ollowing list is true for my family: HS/EHS Staff will sign my child in and out. HS/EHS Staff will escort my child into the building and to classroom.	
•	I will not bring items into the building such as, car seats, strollers, and toys from home.	
•	I will not enter the site noted below except for preauthorized circumstances discussed with program staf	f:
•	If I bring my child, it is because everyone in our home is healthy and symptom free, with no known exposure to COVID19.	
•	I will allow and wait for my child to be screened for signs of illness daily before leaving the premises.	
•	Fever reducers will not be given to my child on any day of attendance, regardless of reason for fever reducer.	
•	If my child shows signs of illness during care, I, or another authorized person, will retrieve my child as soon as possible.	
•	I will wait my turn to drop off or pick up my child and practice proper physical distancing while on progra premises.	m
•	I agree that only one adult, per family, will assist with getting my child in/out of the vehicle during drop of and pick up.	if
•	I understand this situation is fluid and subject to change per state, other local authority, and program needs.	
•	I understand these policies are for the health and safety of all children, staff, and family members at the	
	HS/EHS Center and I agree to follow them. If I do not, the HS/EHS staff will need to address concerns	
	with me and the well-being of the whole program will be prioritized, which may include disenrollment from	m
	the program.	
Pare	nt/Guardian Signature Date	

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