



COVID 19 Parent Contract Contract Addendum:

Please read the attached Maryland State of Education COVID Health and Safety Guidelines. If you have any questions, please contact the director of All Smiles Childcare.

To prevent infection and to slow transmission of COVID-19, do the following:

- Wash your hands regularly with soap and water, or clean them with alcohol-based hand rub. (Hand Sanitizer will not be used for children while in care at All Smiles Childcare)
- All Smiles will place the following items in disposable zip locks bags and then in child's cubby box (change of clothing, mask for your child, crib sheet and small blanket)
- Maintain at least six feet distance between you and people coughing or sneezing.
- Avoid touching your face.
- Cover your mouth and nose when coughing or sneezing.
- Stay home if you feel unwell.
- Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.

_____ I understand that upon arrival I must sign in and at pick up/ sign out my child. I will sanitize my hands before using pen to sign in and out. Staff will meet parents at door each day upon drop off and pick up for signatures on Sign in/out sheets. Staff will escort my child to their cubby to put their items away. The staff will continue to enforce at arrival/departure hand washing. This limits inside access to parents during drop off and pick up. All children 2-12 years of age must wear a Face Covering while attending All Smiles Childcare (See Guidance attached).

_____ I agree to allow All Smiles Childcare to take temperature of ALL children arriving to the building with a temporal thermometer (must be below 100.4) If your child has a temperature of 100.4, they will be sent home immediately)

_____ I agree to notify All Smiles Childcare and Conduent (Childcare Subsidy Parents) upon withdrawal of my child. A two week notice (handwritten or typed letter) must be submitted to center upon any withdrawal.

The following are guidelines enforced by ASCINC

__ASCINC__ I understand that I must have a current family childcare license, letter of compliance, family childcare certificate of registration, of large family certificate of registration.

__ASCINC__ I agree to review the daily sign in and out information completed by parents and/or guardians bi-weekly. I agree to record daily attendance for each child and parent and/or guardian signatures.

__ASCINC__ I agree to submit completed invoices to ccscentral@conduent.com or Fax to: 410-229-0010. Payments will be made to the program on a bi-weekly basis following the submission of the invoices.

__ASCINC__ I agree to operate during my Office of Child Care approved hours only.

__ASCINC__ I agree that if the program is using mixed age groupings, the program will maintain using OCC regulations while still using the most recent grouping totals as mandatory by the state of emergency during this pandemic.

__ASCINC__ I agree that all staff are currently approved by the Office of Child Care and have passed all Criminal Background Checks (CBC) and Child Abuse and Neglect clearances.

__ASCINC__ I agree to take temperature of ALL children arriving to the building with a temporal thermometer (must be below 100.4)

__ASCINC__ I agree to limit parent contact by limiting inside access to parents upon drop off or pick up.

__ASCINC__ I agree to practice social distancing the best way possible, within the setting.

__ASCINC__ I agree to check for food and other allergies of all students.

__ASCINC__ I agree to notify licensing specialist in writing if I am suspending service 7 days in advance.

__ASCINC__ I agree to utilize cleaning practices that follow the CDC COVID-19 Environmental Cleaning Disinfection protocol.

By signing below, I hereby agree to abide by the terms and conditions as provided in this manual and All Smiles Childcare Parent Policy Contract. I understand that if the policies are not followed my families' contracts will be terminated immediately

ACKNOWLEDGEMENT: I have read or had read to me the terms of this addendum. I understand and agree to them. I have read and received a copy COVID-19 Health and Safety Guidelines (Most Current emailed) as constructed by Maryland State Department of Education and Region 1 Office of Childcare.

I have reviewed this addendum and attest I am fully aware of the information contained in this document.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

All Smiles Childcare Staff Signature:

Date: _____

All Smiles Childcare Director's Signature:

Date: _____