



EASTERN KENTUCKY UNIVERSITY
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**Burrier Child Development Center
College of Health Sciences
Department of Applied Human Sciences**

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

EMPLOYEE

Please read and initial each statement below.

1. _____ I understand that entrance and exit to BCDC will only be by using the assigned Crabbe Street entrance.
Everyone entering the building must wear a face mask.

2. _____ I understand that to enter the BCDC 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 the Director.

Symptoms include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms of COVID-19. We will follow the most updated list provided to use by the CDC. The list can be accessed here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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. The Center Director will make the determination as to any person's ability to return to the BCDC per the recommendations of the local Health Department.

3. _____ I understand that my temperature will be taken and documented upon arrival at the Center and throughout the day, as warranted, while on facility premises.

4. _____ I understand that I must wear a mask at all times while in the facility and on facility premises.

5. _____ I understand that protective covering will be mandatory attire at designated times.

6. _____ 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.



7. _____ 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.
8. _____ I understand that if running water is not available for hand washing, that I will use hand sanitizer.
9. _____ I understand that I must bring a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. I MUST remove the shoes I wear coming to in the teachers' office, change into my work only shoes, place my outside shoes in the designated area and wash my hands immediately. I will also spray my work shoes prior to leaving the facility each day with fabric sanitizer and leave them to dry overnight. This may not be done near children and the sanitizer must be returned to a locked cabinet.
10. _____ I will immediately notify the Director if I become aware of any person whom I have had contact with exhibits any of the symptoms listed in Number 2 contained in this document, and is subsequently advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
11. _____ I will immediately notify the Director if anyone from another place of my employment is presumed positive or tests positive for COVID-19, whether or not I have had direct contact with that person.
12. _____ I understand that outside of work, in order to control my exposure in the community, I WILL follow current Local and State of Kentucky Directives.
13. _____ I understand that I must follow the ECU guidance on COVID-19 and recommended guidelines for quarantining. It is recommended that if you travel out of the state, you quarantine for 14 days but it is not mandated. It is mandated that if you travel to any 3rd and/or 4th class counties have a 14-day quarantine.
14. _____ I understand that if I must quarantine, I will work with the BCDC Director and Human Resources to make decisions on remote working.
15. _____ 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 Eastern Kentucky University's Burrier 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

BCDC Director

Date