

We eliminate poverty by empowering families and engaging communities



COVID-19 Waiver & Acknowledgment

FOR TRAINERS & PARTICIPANTS (REFERRED TO AS ATTENDEES)
IN CAPLP CHILD CARE AWARE FACE TO FACE TRAINING ENVIRONMENTS

There is nothing more important to us than your health and safety during this unprecedented time.

We are taking preventative measures and have implemented protocols, guided by the CDC and MDH, to help protect in-person training attendees. Among other things, all attendees will self-screen prior to arrival for the training event to make sure they are not exhibiting any symptoms. The Stay Safe MN Screening tool will be made available to you at least 24 hours prior to the event. If an attendee presents COVID-19 symptoms, they will be advised to not attend the training event and to contact their primary care physician. It is important that you provide honest answers to the screening questions and that you accurately report your health conditions so that we can help protect you and others from the further spread of the virus to every extent possible.

Although we are taking precautionary measures to help minimize the risk of COVID-19 exposure, it is simply not possible to completely mitigate those risks. There is consequently a risk that you could be exposed to COVID-19 during your training event or that you could contract COVID-19 while traveling to or from the event. The risk of COVID-19 includes, but are not limited to, respiratory problems and other complications which could result in death. It is consequently important that you carefully consider the risks and benefits of proceeding with attending a training event sponsored by CAPLP Child Care Aware NW, given the risks associated with COVID-19.

The CDC recommends that patients who are over the age of 65 or who have health conditions that make them particularly susceptible to complications if contracting COVID-19 to remain at home and to find an online option for training hours. The MN Department of Human Services did issue a waiver to allow educators 60 days to complete their required training after the Peacetime Emergency officially ends. If you do not feel comfortable attending an in-person training or if you exhibit any COVID-19 symptoms prior to the training event, you will be issued a refund for the registration fee and our office will assist in finding alternative online options.

Should an attendee decline to sign this waiver and if it is a possibility for any specified service offered by CAPLP, alternate options of service will be suggested. These options would continue to provide the necessary service, while avoiding direct and personal contact. Given the circumstances of this pandemic and the conditions we must adhere to for the health and safety of attendees and our staff, these alternate services are the only services we will have available.

Attendees who desire to move forward with attending an in-person training event are being asked to confirm in writing, by signing this document, that they are aware of the risks to them of COVID-19 and to acknowledge that they nevertheless desire to proceed with attending the training event.

It is important to consider that symptoms may appear 2-14 days after exposure to the virus. If you develop COVID-19 within 14 days after attending the training, we ask that you contact our office so that we can report to public health and inform other attendees of their exposure.

Attendees also acknowledge by signing this form the following:

- a) I have not traveled to any foreign or domestic areas impacted by COVID-19.
- b) I do not reside with and/or had close contact with someone who has traveled to any foreign or domestic area impacted by COVID-19 within the previous 14 days.
- c) I have not been asked to self-quarantine or self-isolate by any medical provider, or if required to self-quarantine, I have fully complied with the time of self-quarantine or self-isolation and that time has expired.
- d) I have not been diagnosed with, or have had any contact with, anyone who has been diagnosed with COVID-19.
- e) I do not have a fever, chills, cough, shortness of breath or difficulty with breathing and am not presently suffering from an elevated body temperature or chills.
- f) I do not have a new cough, shortness of breath or difficulty with breathing or sore throat that I cannot attribute to another health condition.
- g) I am not experiencing a new loss of taste or smell
- h) I do not have new muscle aches that I cannot attribute to another health condition nor a specific activity, such as physical exercise.
- i) I do not reside with or had close contact with anyone who had a fever, cough or shortness of breath within the last 14 days.
- j) I am aware the training event may be cancelled at any point if the community health risk of the location changes.

By my signature below, I hereby assume all risk of exposure to COVID-19 and release and hold harmless CAPLP from any and all liability related to exposure to COVID-19.

Printed Name _____ Date _____

Signed Name _____ Date _____

A complete copy of the CAPLP COVID-19 Reopening Preparedness Plan is available to you upon request.

***NOTE to Staff: Please provide HR with a copy of this signed form and place the original in the client case file.**