



**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL**

**Andy Beshear**  
Governor

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**Eric C. Friedlander**  
Secretary

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**LIMITED DURATION CENTER ATTESTATION FORM**

**Purpose:** Our organization is committed to a safe and secure environment.

**Policy:** All team members, employed or contracted, pledge to self-monitor and self-report to avoid exposures to communicable diseases such as COVID-19.

**Rationale:** COVID-19 virus is extremely dangerous. Many populations outside of older adults do not show symptoms, but they may be able to transmit the virus to others. Because of this, we are asking for the following commitment from you:

**We ask the following of staff and others who are entering and interacting within the facility to commit to the following precautions and practices:**

1. Handwashing: While you are here but also while you are not here, we ask you to wash your hands frequently. For example, before you leave one area and enter another wash your hands with soap and friction. Use hand sanitizer when soap is not available.
2. Avoid individuals who have any of the following respiratory symptoms:
  - a. Fever
  - b. Cough
  - c. Sore throat
  - d. New shortness of breath
3. Avoid individuals who have traveled internationally or outside the state of Kentucky within the last 14 days to areas where COVID 19 cases have been confirmed.
4. Avoid individuals who have worked in a setting where COVID 19 cases have been confirmed.
5. Avoid gatherings of people larger than identified by Executive Order.
6. Properly wear, sanitize, and store appropriate Personal Protective Equipment.
7. Report contact with any individual with suspected or confirmed infection with COVID-19 to your local Health Department and the Division of Regulated Child Care.

As a part of our protection activities, we ask for these practices to be attested to by your signature. In addition, we will be asking you to submit to having your temperature taken when you report to work. We appreciate your professionalism and your commitment in protecting our community.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Name:

\_\_\_\_\_  
Facility Address: