

Small Wonders Learning Center

Special Work Condition Acknowledgement and Disclosure

This is an update to Small Wonders Learning Center Program Policies & Procedures and the SWLC Employee Handbook. Please read and initial each statement:

1. _____ I understand that to enter the 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 a member of the management team.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry Cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches

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 after being infected so please take them seriously. You will need to be symptom free for **72 hours** before returning to the Center.

2. _____ I understand that my temperature will be taken upon arrival to work and again throughout the day while I am on the premises.

3. _____ I understand that while on SWLC premises I must wear a mask at all times when with children or others. This includes during all outside activities. The only exceptions are:

- Reading/Singing to children, where expression is critical to learning
- Nap/Planning time or other work time as long as proper hygiene procedures and social distancing of 6ft. is maintained.

4. _____ 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.

5. _____ I will wash my hands using CDC recommended handwashing procedures throughout the day using warm water and rubbing with soap for 20 seconds.

6. _____ I understand that outside of work in order to control my exposure in the community, I will comply with any and all state, county or local health authority orders accordingly

7._____I will immediately notify Small Wonders Learning Center (SWLC) management if I become aware of any person with whom I have had contact with exhibits any of the symptoms listed above in Number 1, has been advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

8._____I understand that while working in the center 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 a 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 Center 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 Small Wonders Learning Center will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined by my actions, or lack of action unnecessarily exposes another employee, child, or their family members to COVID-19.

Employee Signature

Date

Administration Team Signature

Date