

**SMALL WONDERS LEARNING CENTER**  
COVID-19 PUBLIC HEALTH EMERGENCY  
SPECIAL PROGRAM ATTENDANCE  
ACKNOWLEDGEMENT AND DISCLOSURE

This is an update to Small Wonders Learning Center's Policies and Procedures as well as the SWLC and SWLC Hangout Parent Handbooks. Please read and initial each statement below:

1. \_\_\_\_\_ I understand that during the COVID-19 Public Health Emergency, I will NOT be permitted to enter the facility beyond the designated drop-off and pick up area. I understand that this procedure change is for the safety of all persons present in the center and to limit to an extent everyone's possible risk of exposure. I understand that it is my responsibility to inform any of our Emergency Contact persons of the information contained herein.
  
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the center beyond the designated drop off and pick up area. I MUST wash my hands before entering and wear a mask. While in the center I must practice social distancing and remain 6ft from all other people, except for my child.
  
3. \_\_\_\_\_ I understand that to enter upon the center premises my child must be free from COVID-19 symptoms. If during the day, any of the following symptoms appear, my child will be separated from the rest of the people in the center. I will be contacted and my child MUST be picked up from the within 30 minutes of being notified.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath/Fast breathing
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches
- Rash other than diaper rash
- Inflammation of body

While we understand that many of these symptoms can also be related to non-COVID-19 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. Your child will need to be symptom free without any medication for **72 hours** before returning to the center.

4. \_\_\_\_\_ I understand that my child's temperature will be taken several times throughout the day. Initially, upon arrival, prior to leaving designated drop off area.
  
5. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm water and rubbing with soap for at least 20 seconds.

- 6.\_\_\_\_\_I understand that outside of care, in order to control my child’s exposure in the community, I will comply with any and all state, county or local health authorities orders accordingly and will limit my child’s exposure to contacts outside of our household.
- 7.\_\_\_\_\_I will immediately notify Small Wonders Learning Center (SWLC) management if I become aware of any person with whom my child or I had contact exhibits any of the symptoms listed in above Number 3, has been advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify SWLC management if anyone from my place of employment is presumed positive or tests positive for COVID-19, whether or not I have had direct contact with that person.
- 8.\_\_\_\_\_I understand that while present in the center each day, my child will be in contact with children, families, and SWLC 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 other policy or procedures outlined by Small Wonders Learning Center/Hangout will result in suspension or termination of care.

Child’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian’s Name (printed) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian’s Signature:

Parent/Guardian’s Name (printed) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian’s Signature: