

Cuddlebugs Learning Center
Acknowledgement Disclosure

The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at a higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols. The virus that causes COVID-19 is still circulating in our community. We should continue to observe practices that protect everyone, including those who are most vulnerable.

Please note, public health guidance cannot anticipate every unique situation. So as we move forward with this new norm we will take actions based on common sense and wise judgement that will protect the health and support economic revitalization. We will also be mindful of federal and state employment and disability laws, workplace safety standards, and accessibility standards to address the needs of both workers and the families we serve.

The following is enforced immediately for all families, please read and initial below:

1. _____ I understand that during this 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 facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick up area I MUST wash my hands before entering, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain 6 ft. from all other people, except for my own child.
3. _____ I understand that to enter the facility 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 facility within 45 minutes of being notified.

Symptoms include.:

- Fever of 100 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Repeated shaking with chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Diarrhea
- Known close contact with a person who is lab confirmed to have COVID-19

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. Your child will need to be symptom free without medications for 72 hours before returning to the facility.

4. _____ I understand that my child's temperature will be taken throughout the day while on facility premises.

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 will immediately notify CLC management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further I will immediately notify CLC 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.

7. _____ I understand the CDC guidelines and recommendations as follows: limiting store runs unless absolutely necessary, and then only shopping for essentials items like food, medicines, and toiletries. Wearing a mask in public areas and remaining 6ft from people. Practicing social distancing. Not going to the gym, any movie, theatres, nail or hair salon, park, beach, or other community location that is not for the purpose of getting food, medicines, toiletries, or other life sustaining necessities until such as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over. *(SUBJECT TO CHANGE)*

8. _____ I understand that while present in the facility each day my child 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.

9. _____ I understand that backpacks, diaper bags, etc. will not be kept at the center. If someone else is picking up your child and you need to leave a bag we will put the bag in an area away from others.

10. _____ Payments are now contactless and will be made online at www.cuddlebuglearn.com by clicking on the green to make a payment tab and following the directions. If you need help or have questions about making payments online please let us know.

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Parents Name _____ Date: _____

Parents Signature _____

Parents Name _____ Date: _____

Parents Signature _____