

Western Nevada College Child Development Center

COVID-19 Updated Illness Policy

Due to the recent COVID-19 concerns, we are updating our Illness Policy. We want to ensure the health and safety of all the children, families, and staff of the Child Development Center. We need your help to ensure this. Please read and sign your confirmation and agreement to this update policy below. These are **in addition** to our existing Illness Policy

I agree to be aware of my child(ren)'s health. If my child(ren) or any person within my household show any of the following symptoms, I agree to keep them home.

- Fever over 100.4
- Cough of any kind
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Swollen hands or feet
- Lethargic, overly tired, unusually calm or quiet
- Mild respiratory illness/ issues
- Any other concerning health issue
- Any contact with someone with COVID-19 within the last 14 days

I agree to only have my child(ren) in attendance if they are symptom free. If my child(ren) or anyone living within my household has any of these symptoms, I understand that they will not be allowed to attend WNC Child Development Center. I agree to inform WNC CDC as soon as possible if my child or anyone in my household tests positive for COVID-19. I understand that I am still responsible to pay for my child's enrollment whether my child is in attendance or not.

If at any time during the day, any of the COVID-19 symptoms appear, children will be isolated from others and the family will be notified. Children must be picked up within 30 minutes of being notified. The 30-minute timeframe will be strictly enforced in order to prevent exposure. We understand many of these symptoms are common, but due to the possibility of symptoms being connected to COVID-19, children showing these must be excluded for the safety of everyone in the center. Because of this, if a child is showing any of these symptoms as determined by members of the Child Development Staff, the child must be excluded from the center.

I acknowledge I have read and understand the **COVID-19 Updated Illness Policy** and agree to follow it along with the existing Child Development Center Illness policy. I understand it is my responsibility to follow these policies, and if it is determined that I am not following them, my childcare may be terminated.

Child Name: _____ Parent Name: _____

Parent Signature: _____ Date: _____

