

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 _____ 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 w () o 1 (r a) 1 (n) 1 (y) 1 (o)

