

WAYA COVID-19 PUBLIC HEALTH EMERGENCY SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE

We value the health and safety of our staff, children and families therefore we are requiring parents to acknowledge our COVID-19 procedures and policies to adhere to until further notice for their child to participate in our program.

Please read and agree to the statements below.

1. I understand that during this COVID-19 Public Health Emergency I may 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 I enter the facility beyond the designated drop-off and pick-up area, I MUST be free from COVID-19 symptoms, wash my hands upon entering, and wear a mask. While in the facility I must practice social distancing and remain 6ft 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 30 minutes of being notified.

Symptoms include: any of the bolded symptoms and at least two of the other symptoms

- **Fever of 99.6 degrees Fahrenheit or higher (per city of Austin public health)**
- **Dry cough**
- **Shortness of Breath**
- Chills
- Repeated Shaking with Chills

- New loss of taste or smell
- Sore Throat
- Muscle aches
- Headache
- Runny Nose
- Congestion
- Nausea or Vomiting

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 any medications for 72 hours before returning to the facility.

4. I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using running water and rubbing with soap for at least 20 seconds or use hand sanitizer.

5. 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, local and CDC orders.

6. I understand and will follow any recommendations from the CDC that limits my child's risk for exposure in all public areas and remaining 6ft from all other people.

7. I will immediately notify WAYA 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 WAYA 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 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 and acknowledge on behalf of myself and my child/children that COVID-19, the disease caused by the coronavirus, was declared a global pandemic. The symptoms of COVID-19 include fever, chills, cough, sore throat, muscle pain, headache or loss of taste or smell, runny nose, congestion, nausea or vomiting. COVID-19 can result in severe harm including death. More information regarding COVID-19 can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>. You are encouraged to read the information prior to signing this release. I further understand and acknowledge on behalf of myself and my child/children that they may come into contact with, be exposed to or contract COVID-19 while at WAYA. On behalf of myself and my child/children, I accept and assume such risks and responsibility for the losses and/or damages related to my child/children's potential exposure to or contraction of COVID-19, including death, however caused and whether caused in whole or in part by the negligence of the Released Parties. I, on behalf of myself and my child/children, agree to release and hold harmless the Released Parties and their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (collectively, the "Released Parties"), with respect to any liability, claims, demands, causes of action, damages, loss or expense, including court costs and reasonable attorney's fees of any kind or nature which may arise out of, result from, or relate to COVID-19 during my child/children's participation at WAYA, including claims for liability caused in whole or in part by the negligence of the Released Parties.

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 WAYA will result in action up to and including termination of services without refund.