

**Twin Lakes**  
**Child Development Center**  
1150 S. Bell Blvd.  
Cedar Park, TX 78613  
512-335-8141/fax 512-258-2122



COVID-19 Public Health Emergency  
Special Program Attendance  
Acknowledgement and Disclosure

**Family/Child Version: This MUST be initialed and signed by BOTH parents.**

Please read and initial each statement 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 six feet from all other people, except for my own child.
  
3. \_\_\_\_\_ I understand that to enter into 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 students and staff in a specified quarantined space with a team member 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,
  - Fever of 100.0° Fahrenheit or Higher
  - Dry cough
  - Shortness of Breath
  - Chills
  - Loss of Taste or Smell
  - Sore throat
  - Muscle Aches

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 medication for 72 hours before returning to the facility.

4. \_\_\_\_\_ I understand that my child's temperature will be taken upon arrival and throughout the day while on facility premises.

5. \_\_\_\_\_ I understand that not all illnesses will present the same, but if my child is showing signs of lethargy to the extent of affecting their performance in "keeping up" with the curriculum and/or their peers, is unconsolable and/or aggressive and is more than one teacher can maintain in their class safely, parents will be notified and MUST pick up within 30 minutes of the call.

6. \_\_\_\_\_ I understand that there will be times my child must wear a mask, provided by the parents, while in the facility and on the facility premises.

7. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

8. \_\_\_\_\_ I understand that I must bring my child a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. I MUST remove my child shoes at the entrance of the facility. Staff will have the child put on their "Center only shoes" once the child washes their hands and goes into the classroom. At pick up, staff will remove the child's "Center only shoes" and the child will be brought to the entrance where I will put on my child's outside shoes prior to leaving the facility. The Children's "Center only shoes" will be sanitized by staff each night.

9. \_\_\_\_\_ I understand that I must provide several changes of clothes, for each child, left at the center to be used when or if any items of clothing are soiled with bodily secretions.

10. \_\_\_\_\_ 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 stay-at-home orders, will limit my child's contact outside of care to persons living in my household. I will not take my child out to stores unless it is absolutely necessary and then only to shop for essential items like food, medicines, and toiletries. I will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining six feet from all other people.

11. \_\_\_\_\_ 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.

12. \_\_\_\_\_ I will immediately notify Twin Lakes Child Development Center management if I become aware of any person with whom my child or I have had contact that exhibits any of the symptoms listed in number 1 above, is advised to self isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Twin Lakes Child Development Center management if anyone from my place of employment is

presumed positive or test positive for COVID-19 whether or not I have had direct contact with that person.

13. \_\_\_\_\_ I understand that we must limit sharing of materials between students and staff to students. Therefore, I MUST provide a shoebox of supplies from a list provided by Twin Lakes Child Development Center to be left at the facility and replenish upon request.

I,

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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 Twin Lakes Child Development Center will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Management Team Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

