

**Updated  
Global Health Emergency  
Covid-19**



**Dear Families of Little Kingdom Steppers Daycare, LLC**

We understand the growing concerns about the spread of Coronavirus (COVID-19); it is a major issue impacting our entire community. Please know that **Little Kingdom Steppers Daycare, LLC** first priority remains the health and safe of the children, families and caretakers. As we navigate through these uncertain times, I want to share with you how **Little Kingdom Steppers Daycare, LLC** is managing the situation:

**Operations:**

**Little Kingdom Steppers Daycare, LLC** will remain **OPEN** for first shift **7:00am to 5:30pm** and any other times are by reservation only. Please stay home if you or your child are ill or experiencing any symptoms (dry cough, fever, shortness of breath, chills, excessive sneezing or runny nose).

**Safety:**

We utilized this weekend to minimize toys, Clean, Sanitize and Disinfect all learning, eating and play spaces. **Little Kingdom Steppers Daycare, LLC** will be hyper-vigilant with handwashing, cleaning, sanitizing and disinfecting protocols while educating the children in preventative techniques (sneezing and coughing into their elbows).

**Schedule:**

All off premises activities are cancelled (library storytime, public parks and transportation), **Little Kingdom Steppers Daycare, LLC** will utilize our outside fenced area and oversize yard for outdoor play & learning until further notice.

**Authorization:**

We are grateful for the opportunity to serve you and rest assured **Little Kingdom Steppers Daycare, LLC** is doing everything in our power to provide a safe learning environment for your child. Understand that signing below and leaving your child in Little Kingdom Steppers Daycare care, you waive any claims for liability against Little kingdom Steppers Daycare, its staff and representatives and release them from any liability in connection with this healthcare pandemic.

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Provider

Date: \_\_\_\_\_

