

Tiny Steps Learning Center, Inc.
2707-C Killarney Way
Tallahassee, FL 32309

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

Child's Name: _____

FAMILY/CHILD VERSION: This should be initialed and signed by BOTH parents if applicable.

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency entrance to the facility beyond the designated drop-off and pick-up area will be limited. 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 person authorized to drop off or pick up of the information contained herein.
2. _____ I understand that if there is need requiring me to enter the facility beyond the designated drop-off and pick-up area I must wear a mask, have my temperature taken, sanitize my shoes, and wash my hands before entering. While in Tiny Steps Learning Center ("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 the facility my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be isolated in the office. 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 degrees 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 2-14 days after being infected so please take them seriously. CDC, DCF and Health Department guidelines will be followed to determine re-entry into the program.

4. _____ I understand that my child's temperature will be taken upon entering the building each day and during the day at least one other time.
5. I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using running water and rubbing with soap for at least 20 seconds.
6. _____ I understand that items and toys from home will be limited. Blankets and soft toys for rest time should be cleaned and sanitized prior to returning to Tiny Steps. It is preferred that these items stay in your child's cubby Monday through Friday and taken home on Friday to be laundered and sanitized.

7. I understand that 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 as much as possible. I will limit my child's visits to stores, parks, community locations, and other venues where masses of people congregate unless it is absolutely necessary. I will follow any recommendations from the CDC that limits my child's risk for exposure including remaining six feet from all other people and for children over the age of two, wearing a mask in all public areas.
8. _____ I will limit contact with persons at my place of employment and there I will practice all recommended social distancing, exposure limiting practices recommended by the CDC and by my employer. I will follow the State of Florida, DCF and Florida Health Department recommendations related to COVID-19 to the best of my ability until such time as it is determined by state and local officials that the COVID-19 Public Health Emergency is over.
9. _____ I will immediately notify Tiny Steps Learning Center administration 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 and is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
10. _____ I understand that while present in the facility each day my child will be in contact with children, families, and staff members 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.
11. _____ By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 at the facility. I understand that the risk to myself or my child(ren) becoming exposed to or infected by COVID-19 at the facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, facility administration, employees, children and their families. I hereby release, covenant not to sue, discharge, and hold harmless the facility, its administration, employees, agents, and representatives, of and from any and all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

My signature below certifies that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with these provisions or with any other policy or procedure outlined by Tiny Steps Learning Center, Inc., or if my actions or lack of action unnecessarily exposes another child, their family member or a staff member to COVID-19 may result in termination of services.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent Signature: _____ Date: _____

Parent's Name: _____

Parent Signature: _____ Date: _____

Witness's Name: _____

Witness Signature: _____ Date: _____