



**COVID-19 or Other Communicable Diseases Emergencies
Fatima Tricha Payan Large Family Child Care Home ("LFCCH")**

Please read and initial each statement below. All parents or legal guardians must sign the document below.

1. ___ I understand that during a COVID-19 or Other Communicable Diseases Public Health Emergencies I will **NOT** be permitted to enter the facility beyond the designated drop-off and pick-up areas. I understand it is my responsibility to inform any Emergency Contact or Authorized Pick-Up persons of the information contained herein.
2. ___ I understand that in case of an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I **MUST** sanitize my hands before entering, and wear a face covering, if required. While in the facility, I must practice social distancing and remain 6 feet from all other people, except my own child.
3. ___ I understand that to enter the facility my child must be free from COVID-19 or Other Communicable Diseases symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the group. I will be contacted, and my child **MUST** be picked up from the facility within 30 minutes of being notified. Symptoms include:
 - Fever of 100.4 degrees Fahrenheit or higher
 - Dry cough
 - Shortness of breath
 - Chills
 - Loss of taste or smell
 - Sore throat
 - Muscle aches
 - Any other symptoms as determined by the CDC.

While the facility understands that many of these symptoms may not be related to the communicable disease in question, we must proceed with an abundance of caution during this Public Health Emergencies. When these symptoms appear please take them seriously. Your child will need to be symptom free without any medications for 48 hours before returning to the facility.

4. ___ I understand that my child's temperature may be taken upon arrival, and if warranted at any other time during the day.
5. ___ I understand that my child may be provided a face covering mask by the facility to be worn during the day.
6. ___ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures immediately upon entrance into the facility, throughout the day, and immediately prior to dismissal.
7. ___ I understand that I must provide my child with a pair of grip socks to wear indoors and to keep on site.
8. ___ I understand that outside of the facility, 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 or other mandates. I will follow the CDC's recommended precautions when resuming usual activities. I will remain vigilant to this throughout the duration of my child's enrollment in the program.



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9. ___ I will immediately notify the **LFCCH** administration if I become aware of any person with whom my child or any member of our household have had contact exhibits any of the symptoms listed in item 3, is advised to self-isolate or quarantine, has tested positive, or is presumed positive for COVID-19 or other communicable diseases.
10. ___ I understand that while present in the facility each day my child will be in contact with other 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 or other communicable diseases as these can be transmitted by individuals who are asymptomatic and before they 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 best practices and recommendations as outlined by the CDC.
11. ___ I acknowledge that the **LFCCH** has no control over governmental measures, such as stay-at-home or quarantine orders that could interfere with their ability to provide the full educational experience for my child during the school year or Summer Program. I understand they will work to provide a meaningful, alternative educational experience through the period when normal classroom attendance is not possible. Because tuition monies are fully committed at the beginning of the school year for such things as staff salaries, equipment, supplies, and overhead, I understand and accept that I will be charged and held accountable for the tuition as detailed in the enrollment contract which I have signed.
12. ___ In case of exposure, I understand that I will be required to provide a list of known contacts and their phone numbers for contact tracing by the local health department as per the Florida Department of Health guidelines.

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 the **LFCCH** 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 or other communicable diseases.

Child(ren)'s Name(s): _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____