

VIERA CHILDREN'S ACADEMY
3395 VIERA BLVD
VIERA, FL 32934

COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL WORK CONDITION ACKNOWLEDGMENT
AND DISCLOSURE

EMPLOYEE VERSION:

Please read and initial each statement below.

1. _____ I understand that to enter upon the Viera Children's Academy premises I must be free from COVID-19 symptoms. If, during the course of the day, any of the following symptoms appear I must immediately notify a member of the administration team.

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

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. You will need to be symptom free for 72 hours before returning to the center.

2. _____ I understand that my temperature will be taken every 2 hours throughout the day while on VCA premises.
3. _____ I understand that I must wear a mask at all times while at VCA and on VCA premises.
4. _____ I understand that VCA has adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks as assigned each day.
5. _____ I will wash my hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
6. _____ I understand that outside of work, in order to control my exposure in the community, I will comply with any and all state, county or local stay-at-home orders, will limit contact outside of work to persons living in my household and will only go out to stores to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits my risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.

7. _____ I WILL NOT gather with anyone that does not live in my household. I WILL NOT go to any gym, movie theater, nail or hair salon, park, beach, or other community location that is not for the purpose of getting food, medicines, toiletries or other life sustaining necessities until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over.
8. _____ I will immediately notify Viera Children’s Academy administration if I become aware of any person with whom I have had contact 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.
9. _____ I understand that while working at VCA each day I 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.

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 Viera Children’s Academy will result in disciplinary action up to and including termination. I acknowledge that my employment 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.

Employee Signature

Date

Administration Signature

Date

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3395 VIERA BLVD
VIERA, FL 32934

FAMILY/CHILD VERSION: This should 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 Viera Children's Academy beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in VCA 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 and wear a mask. While at VCA, I must practice social distancing and remain 6ft from all other people, except for my own child.
3. _____ I understand that to enter upon VCA 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 pick-ed up from the center 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

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's temperature will be taken upon arrival and throughout the day while on VCA premises.

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

6. _____ 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 6ft from all other people.

7. _____ I will immediately notify Viera Children's Academy 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 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Viera Children's Academy administration 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 at Viera Children's Academy 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.

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 Viera Children's Academy 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: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date

Administration Signature

Date