



Little Footprints Preschool Reopen Agreement

Updated 1/31/2021

Child's Name: _____

Effective Start Date: _____

I enroll my child at Little Footprints Preschool Corp. The following agreements are temporary due to covid-19. These agreements are subjected to change with or without notice. I understand that the facility is making some changes to typical early care settings intended to keep everyone safe during this critical time. I commit to adhering to these enhanced health and safety protocols, **and to any further modifications to these protocols as they are made.**

Program changes

Hour: 8:30am – 5:00pm (*effective February 16, 2021*)

Class size: max 14 children in each classroom per State and City Law;

LFP currently keeps the number at 12 (subjected to change)

Staff child ratio: Preschool: 1:6 (max 1:8) Toddler 1:4 (max 1:6)

Tuition: Tuition will not be increased or adjusted due to lower staff child ratio and additional cost from Covid-19 (PPE, additional cost for cleaning and sanitizing, lower enrollment and etc)

Notify school of Covid-19 contact

I agree and will follow the current guidelines below (*subjected to change*):

LFP covid-19 guidelines 1.21.2021					
	Showing symptoms	Close contact of a close contact (someone has close contact with the staff/child exposed to a confirmed case, i.e parents)	Exposed/close contact to confirmed case	Covid 19 positive	Travel outside of bay area
Staff	return with a negative test OR quarantine 10 days and symptoms free	can return to school with a negative test from the close contact OR quarantine for 10 days	Quarantine 10 days AND obtain a negative test	Work with DPH/Possible Closure of the Cohort	Quarantine 10 days
Child	return with a negative test OR quarantine 10 days and symptoms free	can return to school with a negative test from the close contact OR quarantine for 10 days	Quarantine 10 days AND obtain a negative test	Work with DPH/Possible Closure of the Cohort	Quarantine 10 days
Parent/Household	child can return to school with a negative test of the household member/parent OR quarantine 10 days	child can return to school with a negative test of the household member/parent OR quarantine 10 days	Quarantine 10 days AND obtain a negative test	Work with DPH/Possible Closure of the Cohort	Quarantine 10 days



I WILL BE FAMILIAR WITH AND AGREED to the conditions listed on the most updated Reopening Protocol, Policies, Health and Safety Plan and/or any protocols that was communicated in other mediums. **Initial:** _____

I understand that while providers are bringing their critical skills and expertise to help to ensure care is available for the families of health care providers, first responders, and essential public services, **I must use my best judgment about what is best for my family and household.** I will consider carefully whether I need to take additional precautions to protect those in my household that may be at highest risk, particularly older adults and those who have severe underlying health conditions.

I understand that the facility is operating under special circumstances and that the program, activities and schedule they provide will not be the same as their regular offerings. I understand and agree to the changes to normal regulations during this time.

I also understand that The Department or Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child and facility records without prior consent. The facility shall make provisions for private interviews with any children or staff member; and for the examination of all records relating to the operation of the child care center. The Department has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect, or inappropriate placement. (section 101200b and c)

I recognize that risk of injury or potential health risk may be involved in participation in Little Footprints Preschool Corp, I hereby willingly assume such risk of injury or health risk for myself or for the persons for whom I am lawfully responsible and assume full responsibility before, during and after my/their participation in the programs/activity offered by Little Footprints Preschool Corp

I acknowledge that I have read, understand, keep up to date and adhere to the contents written on the

Risk Acknowledgment and Little Footprints Preschool Reopen Protocols, Policies, Health and Safety Plan.

Name of Parent/Legal Guardian (print) #1 _____

Signature of Parent/Legal Guardian (Signature) #1 _____

Name of Parent/Legal Guardian (print) #2 _____

Signature of Parent/Legal Guardian (Signature) #2 _____

Child's Name: _____

DOB _____

Date _____