

**EMERGENCY ORDER 2020-01**

**ORDER REQUIRING CERTAIN FACILITIES TO REPORT COMPLIANCE WITH  
DEM ORDER 20-002 AND DEM ORDER 20-005**

On March 13, 2020 a State of Emergency was declared in the City of Coral Springs relating to the Novel Coronavirus Disease 2019.

Pursuant to Section 252.46, *Florida Statutes* and Chapter 19 of the Code of the City of Coral Springs, the City has the power to issue emergency orders with the force of law. The City Manager has expressly been authorized to issue Emergency Orders.

On March 11, 2020, the Florida Department of Emergency Management issued Order DEM 20-002, relating to the screening of visitors to nursing homes, assisted living facilities, adult day care homes, long-term care facilities, and adult group homes ("Facility" or "Facilities," collectively).

On March 13, 2020, the Florida Department of Emergency Management issued Order DEM 20-005, prohibiting all individuals from visiting Facilities in Broward County for 30 days.

Facilities house the population that are believed to be the most vulnerable to COVID-19.

**As of March 14, 2020 (and each day thereafter that such State of Emergency exists), I hereby order all Facilities within the jurisdictional boundaries of the City of Coral Springs to submit a completed copy of the affidavit attached hereto as Exhibit "A" to ensure compliance with Order DEM 20-002 and DEM Order 20-005.**

**Such affidavit shall be submitted electronically on March 23, 2020 by 5:00 PM and then every seven (7) calendar days by 5:00 PM thereafter to the Coral Springs/Parkland Fire Department.**

**City Staff is hereby directed to create a list of all non-compliant facilities and publish such list publically.**

ORDERED ON AND FILED WITH THE CLERK OF THE CITY OF CORAL SPRINGS ON MARCH 15, 2020.

Ordered by:   
City Manager Frank Babinec

**COMPLIANCE WITH EMERGENCY ORDER 2020-01 AFFIDAVIT**

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared \_\_\_\_\_ (name), who, after being first duly sworn and cautioned, under oath, deposes and says:

1. My name is \_\_\_\_\_.
2. I am currently employed with \_\_\_\_\_ (“Employer”) as \_\_\_\_\_ (job title).
3. My Employer operates a Facility as defined by Emergency Order 2020-01.
4. Over the past seven (7) calendar days, the Facility has prohibited entry of all visitors if such prohibition is required by the Florida Department of Emergency Management.
5. Over the past seven (7) calendar days, the Facility has prohibited any person (including but not limited to contractors and volunteers) into the Facility that:
  - a. Is or was infected with COVID-19 without two consecutive negative test results separated by 24 hours;
  - b. Is showing or presenting signs or symptoms of a respiratory infection, including cough, fever, shortness of breath or sore throat;
  - c. Has or may have been in close contact with a person infected with COVID-19 who has not tested negative for COVID-19 or 14 calendar days have elapsed since such close contact;
  - d. Has traveled internationally within the past 14 calendar days;
  - e. Has traveled or been on a cruise ship within the past 14 calendar days;
  - f. Who has been in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency within the past 14 calendar days;
  - g. Resides in a community with confirmed community spread of COVID-19, as identified by the Centers for Disease Control and Prevention or a state public health agency.
6. The Facility will immediately contact the Florida Department of Emergency Management, Florida Department of Health, and the City of Coral Springs if a prohibited person enters the Facility before the next required certification date pursuant to Emergency Order 2020-01.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_ (Affiant’s name).

Notary Public Signature: \_\_\_\_\_

Notary Public Printed Name: \_\_\_\_\_