

# Orange County School Age Child Care Program



## COVID-19 Emergency Child Care Services

In keeping with the Governors plea that childcare programs provide services for “essential personnel”, the OCSACC programs will be providing services to help support our community and those employees deemed “essential” by the Governors COVID-19 guidelines. In addition to completing the standard OCSACC childcare application, all participating families must read over this packet and initial/sign where indicated so that we know you understand the MANDATORY policies and procedures put in place to protect our children and staff.

It is imperative that parents continue to work with our staff to ensure everyone is taking appropriate measures to follow the guidelines as presented by the Governor. This includes social distancing, washing hands, keeping sick children home, notifying our staff in the event your family has a COVID-19 exposure, etc.

Please read the attached form thoroughly and initial/sign where indicated. We will be VERY strict with these policies and are being as transparent as possible while we work through this trying time.

If you have any questions, please reach out to the OCSACC Operations Manager, Joe Falin at (540) 661-5375 or [jfalin@orangecountyva.gov](mailto:jfalin@orangecountyva.gov) or OOO Director, Alisha Vines at (540) 672-5484 ext. 4 or [avines@orangecountyva.gov](mailto:avines@orangecountyva.gov).

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## COVID-19 Emergency Child Care Services Policies

Please read and initial each statement below:

1. \_\_\_\_\_ I understand that the staff will be creating an environment that limits contact and promotes social distancing to the best of their ability, however, this does not eliminate the possibility of being exposed to COVID-19, or other communicable diseases.
2. \_\_\_\_\_ I understand that my child(ren) must go through a health check **BEFORE** being allowed to stay in the program **EACH** day as well as after lunch each day. I also understand this means I may not leave my child until I get the go ahead from the staff performing the morning health check. (Disqualifying factors for participation are listed on the attached page.) Staff will also undergo a health check upon arrival.
3. \_\_\_\_\_ I understand that I **MUST** notify the OCSACC staff **immediately** in the event my child, myself, or my family members have been exposed to, or diagnosed with, COVID-19 and that this will lead to a suspension of services for 14 days. At the end of the 14 days, a doctor's note will be required for the child to return to the program.
4. \_\_\_\_\_ I understand that in the event the OCSACC staff calls me to come pick up my child due to a disqualifying symptom, I will either pick up my child immediately, or arrange for an emergency contact to pick up my child immediately. (Within 60-90 minutes of being notified that a pick-up is needed.)
5. \_\_\_\_\_ I understand that I will be assigned an arrival time in order to stagger families arriving to limit contact and promote social distancing, per guidelines. I further understand that I will not be allowed to enter the site at any time and my child(ren) will be accepted at the door as well as returned to me at the door each day.
6. \_\_\_\_\_ I understand OCSACC staff is providing emergency, essential services for my family and therefore, will support the staff in correcting behavior issues that may be addressed with me by the staff. In the event a compromise cannot be worked out, services shall be terminated.
7. \_\_\_\_\_ I understand that if another child is exposed to, or is diagnosed with COVID-19, that classroom may be closed for two weeks so that all participants, including staff, who were exposed may be placed in quarantine for 14 days.

**By signing this form, I have read and agree to all terms listed above.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## COVID-19 Emergency Child Care Services Disqualifying Symptoms

In an effort to prevent exposure and/or transmission of COVID-19, and other communicable diseases, the following are DISQUALIFYING SYMPTOMS that will prevent OCSACC staff from allowing any child(ren) to participate in the childcare program.

### Disqualifying Symptoms:

1. Fever of 100° F, or higher, within the last 12-24 hours;
2. Has had shortness of breath within the last 12-24 hours;
3. Developed an unexplained cough within the last 12-24 hours;
4. Recurrent vomiting or diarrhea (twice in two hours) within the last 12 hours; or
5. A communicable disease (including, but not limited to, pink eye, head lice, chicken pox)

### Please read and initial each statement below:

- A. \_\_\_\_ I understand that my child will not be allowed to attend the OCSACC program unless they have been fever-free WITHOUT medication assistance for 24-hours.
- B. \_\_\_\_ While we are sympathetic to the fact that parents must work, OCSACC policy during this emergency period will be such that if staff are informed that a parent gave their child a fever-reducing medication prior to their attendance and do not follow the 24-hour policy as stated in "A", the parent understands that they will forfeit their spot in the program during the duration of the COVID-19 pandemic.
- C. \_\_\_\_ I understand that if my child(ren), myself, or a member in my household have been exposed to, or diagnosed with, COVID-19, my child(ren) will not be allowed to return to the program for 14 days and MUST have a doctors note clearing them to return.
- D. \_\_\_\_ I understand if my child(ren) develop any of the Disqualifying Symptoms, I agree to either pick up my child immediately, or arrange for an emergency contact to pick up my child immediately.
- E. \_\_\_\_ I understand that even with the prevention procedures put in place by the staff, they cannot completely eliminate the chance of exposure to COVID-19, or other communicable disease.

**By signing this form, I have read and agree to all terms listed above.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_