



BASCOL Coronavirus Parent Information

Revised 8/5/20

Please find below some additional information regarding protocols in place regarding Covid-19.

- Children attending the BASCOL program are **REQUIRED** to wear a mask. There will be scheduled mask breaks for children.
- BASCOL will continue to do Daily Health Checks on the children and follow CDC and OCFS guidelines for sick children.
- Parents/Guardians and children over the age of two that are dropping off/picking up must wear a face covering into the building during drop off and pick up times.
- BASCOL staff must wear face coverings **at all times** when interacting with children/parents, regardless of distance.
- Covid-19 screening questions are posted at the door. If the answer to any of them is "Yes," please do not enter.
 - Within last 14 days, has your child traveled to a country that the federal Centers for Disease Control and Prevention said should be avoided for nonessential travel? (China, Iran, South Korea, Japan)
 - Has your child been in contact with any person with known COVID-19 symptoms?
 - Does your child have any respiratory infections (e.g., cough, sore throat, fever, shortness of breath)?
 - Are you or anyone in your home in active quarantine status?
- If your child is **SICK**, please keep them home. Please refer to Exclusion Criteria for children who are ill. The handout given to you at registration and specifically exclusion criteria for Covid-19 guidelines are:
 - If any of these symptoms are observed: cough, shortness of breath or difficulty breathing, fever of 100.0°F or higher, chills, muscle pain, sore throat and/or new loss of taste or smell.
 - Child must submit evidence of negative COVID19 test before returning.
 - If test is positive, child cannot return until an improvement in respiratory symptoms **and** fever free for at least 72 hours without the use of fever-reducing medications **and** it has been 14 days since onset of first symptom.
 - If child tests positive but has no symptoms, they may return to care at least 10 days have passed since date of positive results **and** has no subsequent illness **and** is showing no signs of illness.
- Staff and children are required to practice hand hygiene in the following instances: • Upon arrival to the first program activity; • Between all program activities; • After using the restroom; • Before eating; and • Before departing the last program activity.
- Programming activities are planned with social distancing in mind focusing on activities with little or no physical contact.

If you have questions regarding this information, please contact the BASCOL Administrative Office at 315-622-4815.



**Revised Billing Policies for Covid-19 Related Issues
for School Year 2020-2021**

During these challenging times BASCOL has been committed to our mission of providing convenient, quality NYS licensed Before & After School Childcare On Location with engaging activities for children in grades K through 6th. For the 2020-2021 school year, the following billing policies will be in effect so that BASCOL can continue to provide a fun, recreational based program in a safe and nurturing environment.

Families must choose a set weekly schedule and will be contracted for payment regardless of attendance.

1. If a parent has to intermittently work from home for a period of time - still responsible for weekly contracted rate unless a 2 week notice is given to modify schedule. If you need to return to the program you will need to call to verify availability.
2. If a family chooses to go out of town and must quarantine upon return - still responsible for weekly contracted rate.
3. If a child is out sick for any reason without a Covid-19 positive test - still responsible for weekly contracted rate
4. If a child has a positive Covid-19 test and must quarantine as a result - BASCOL will credit the days missed

We appreciate your understanding regarding these billing policies.

Home School _____

Child/ren's Name(s) _____

Parent Name (Please Print) _____

Parent Signature _____ Date _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature	/ / Date
Signature	/ / Date

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.

Child/ren's Name(s) _____ Site _____

Parent/Guardian Name (Please Print) _____