

# Sterling Community Center After School Program COVID-19 Response Policies and Procedures

## **Welcome to the Sterling Community Center 2020/2021 After School Program!**

The Sterling Community Center wants you to know that safety and wellbeing are our top concerns and we are working hard to ensure that our facilities are safe and fun for the families that we serve.

We have made several changes to our After School Program (ASP) policies and procedures in order to slow the spread of COVID-19. All staff members will have increased responsibility and will do their best to follow the advice of the CDC and other public health officials. As the pandemic situation changes, families can expect that our program and policies will too. We will be evaluating risk and updating policies and procedures regularly and making changes as necessary.

*Please be patient with us and do not hesitate to contact us when you have questions and concerns. Input from our ASP families will be vital in helping us build the best program we can during this time.*

**Please read through the new policies below and initial each one to signify your understanding and agreement.**

\_\_\_\_\_ I understand the new pricing options as follows: \$80 full-time monthly enrollment (\$50 for each additional sibling), \$5 daily (\$3 for each additional sibling.)

\_\_\_\_\_ I understand that I am required to keep a credit card on file that will be charged the balance owed on my account for After School Program services incurred the previous week. If I select full-time enrollment my card will be charged at the beginning of each month.

\_\_\_\_\_ I understand that if my child(ren) is/are exhibiting any symptoms associated with the COVID-19 virus they will not be picked up from the school. If I am dropping them off directly at the center they will be denied entrance. If symptoms are identified during ASP activities I will be notified and will have to pick my child(ren) up immediately.

\_\_\_\_\_ I understand that a preliminary health screen will be conducted each day and my child's temperature will be logged on the sign-in sheet for record keeping purposes.

\_\_\_\_\_ I understand that if my child has a temperature of 100.4 or higher, they will not be picked up from the school. If I am dropping them off directly at the center and their pre-screen temperature is 100.4 or higher, they will be denied entrance.

\_\_\_\_\_ I understand that if my child has had a positive test or exposure to COVID-19 they will not be able to participate in the ASP program until they have a test with negative results or until a healthcare provider confirms that home isolation precautions have been lifted.

\_\_\_\_\_ I understand the ASP staff will clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks, but that these measures are not a guarantee that I or my child(ren) will not contract COVID-19.

\_\_\_\_\_ I understand that staff will do their best to encourage children to maintain good social distancing practices, but that it cannot be guaranteed.

\_\_\_\_\_ I understand that should a child participating the ASP test positive, the ASP will cease for a minimum of 2-5 days. This short-term closure allows time for local health officials to gain a better understanding of the situation, allow local health officials and the SCC time to determine appropriate next steps, including whether an extended closure is needed, and will allow time for facility sanitization.

\_\_\_\_\_ I understand that I should monitor my child(ren) for symptoms and communicate to SCC if any symptoms appear.

\_\_\_\_\_ I understand that the ASP coordinator will report any confirmed cases to the Alaska Department of Health & Safety and Kenai Peninsula Borough School District.

\_\_\_\_\_ I understand that if an SCC staff member reports an exposure to someone who has COVID-19 in their household, that staff member will not be allowed to return to the program until a healthcare provider confirms that home isolation precautions have been lifted. I also understand that this could cause staffing problems within the program and possible closure.

\_\_\_\_\_ I understand that my child(ren) will be asked the following questions daily to assess their health: Do you have a cough? Do you have shortness of breath or difficulty breathing? Do you have any of the following symptoms? Fever, chills, repeated shaking with chills, muscle pains, headache, sore throat, new loss of taste or smell.

\_\_\_\_\_ I understand that SCC will be monitoring COVID-19 closely and will be following all State mandates which could cause further changes to the policies and procedures of the ASP or closure.

Parent Name (Please Print): \_\_\_\_\_

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