

Client Illness Policy

To prevent the spread of communicable diseases, it is our policy that parents/guardians must notify OTS (On The Spectrum) staff in advance if your child is sick within 24 hours of a treatment session, preferably the evening before the scheduled session if you know that your child will not be able to participate in the ABA program the next day.

Sickness includes, but not limited to the following:

- a. Temperature above 100.4
- b. Mumps
- c. Hand-foot-mouth
- d. Ring Worm
- e. Communicable Disease
- f. Measles
- g. Lice
- h. Chicken Pox
- i. Vomit
- j. Diarrhea
- k. Rash
- l. Pink Eye
- m. Strep Throat
- n. Staph Infection

Parents/legal guardians are asked to use the same guidelines used in schools and day care centers. If a child is too sick to attend school or day care then he/she is too sick to participate in his/her ABA therapy session.

ABA therapy will resume as soon as the child's doctor clears him/her of being contagious or the remedy is completed. Parents/guardians must provide documentation of a doctor's note in order for your child to return to ABA treatment.

If services are provided at school and your child arrives sick, our staff will advise you to take your child home in conjunction with any school staff advice. For home-based services, if a therapist arrives at the home and the child is sick, the therapist will not be able to work with your child for that scheduled session. Failure to adhere to this policy and report your child is sick will result in a charge for the session; which is not reimbursable through insurance.

OTS(On The Spectrum) appreciates the family's abilities to provide ample notice in relation to any sickness in order to allow our staff to remain healthy for all of our client's. To prevent staff from spreading any contagious illnesses, staff are obligated to abide by the same illness policy and provide as much notice as possible. Direct care staff are obligated to notify the supervisor of the case first where they are then provided the next steps in protocol. Formal documentation for all cancellations with less than 24hr notice is recorded.



I/We understand OTS (On The Spectrum)'s policy on client illness and agree to adhere to this policy

Parent/Guardian #1: _____
(Print Name)

Parent/Guardian #1: _____ Date: ____ / ____ / ____
(Signature)

Parent/Guardian #2: _____
(Print Name)

Parent/Guardian #2: _____ Date: ____ / ____ / ____
(Signature)

OTS Mgmt.

Date