JAMES & SUZANNE McCORMICK
Montessori
Child Care Center
AFFILIATED WITH SWEDISH COVENANT HOSPITAL

McCormick Montessori Child Care Center
Multiple Policy Ackowledgement Form

Student Name: _____

Parents/ Guardians are asked to carefully read the following information and sign, giving consent to all listed areas. The below policies and processes will be adjusted as the CDC, City, IDPH, DCFS, and other regulatory bodies advise.

1. Parents must wear a face mask at drop off and pick up (signs will be posted at the door) and will drop off outside the building at their designated drop off time after the child's temperature has been screened. Parents will pick up at their designated pick up time.

2. Students will receive a health screening at the front door and will then be escorted to class by school staff. Parents will no longer enter the building for drop-off. Students with a temperature of 100.4 or higher will not be permitted.

3. Any child or staff member suspected of having COVID-19, diagnosed with COVID-19, or having been in contact with persons suspected of or diagnosed with COVID-19 shall be excluded from the day care center until written documentation is provided by the child's physician that the child is no longer communicable and may return to day care (407.605(i)) DCFS Emergency Policy.

4. Families must immediately notify the center if someone in their house tests positive for or if the child has been in close contact with a positive case of COVID-19.

5. Upon confirmation of a positive case of "someone who has been in the child care facility", students and most staff will be dismissed for a minimum of 2-5 days. This initial short-term dismissal allows time for the local health department to assess the current COVID-19 situation and to work with facility administrators to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19. Tuition will not be charged during this dismissal.

I have read and agreed to items 1 - 5:

Name: _____ (parent/guardian)

Signed _____ Date _____

**Please contact the office if further clarification or discussion is needed.