



7320 Northcote Ave.  
Hammond, IN 46324  
(219) 844-3030 ext. 305  
communitypreschoolandchildcare.org

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August 11, 2020

Dear Parents,

We look forward to caring for your child this school year. Your child's health and safety are our top priority. During these unprecedented times, our staff and parents are required to follow the CDC Guidelines for Childcare. A complete copy of the Guidelines is enclosed.

Modifications to our policies include:

- Hours of operation are: 7:00 am – 5:00 pm, to allow extra cleaning.
- Entryway Drop-Off and Pick-Up prompted by a phone call to 844-3030 x 305 if staff person is not at the entryway desk. Masks are required inside the building.
- Daily Health Screen for Children and Staff. Any symptoms of illness require child or staff to stay home. Please see the enclosed form, COVID-19 Screening for Parents.
- Daily Health Screen includes a temperature check and questions for parents.
- If a child experiences seasonal allergies, it must be documented in the Health Form by a physician. Documented symptoms for allergy will be screened on a case-by-case basis.
- Cloth face masks will be provided for children and staff to wear. If wearing a mask is a problem for a child, we will continue to encourage but not force. Parents may choose to provide a clean face covering for their child.
- Handwashing Behavior will be intensified.
- Social Distancing Strategies include: small class groupings that remain consistent, visual markers will be used to spread children out, napping cots will be 4 - 6 feet apart. Consistently social distancing young children has proven to be unrealistic. We will continue to encourage distance. Mask-wearing by children has been realistic with positive participation in the classroom.
- Snack and Meals will be plated and given to children by staff using Sanitation guidelines.
- Staff will intensify cleaning, sanitizing and disinfection on a daily schedule and as needed throughout the day.
- High Risk groups – if your child has an underlying health condition, e.g. asthma, we need to review the Action Plan and remain in communication for support services needed.
- Plan in the event of a child or staff member becoming sick at school.
- Plan in the event of a child or staff confirmed to have COVID-19, see complete Guidelines.
- How to discontinue home isolation for people with COVID-19. See complete Guidelines.
- Self-Care for Staff and Families through [www.BeWellIndiana.org](http://www.BeWellIndiana.org)

I have highlighted the guidelines that need your attention and acceptance on the following page. Please sign the Parent Agreement for Summer 2020 and return by your child's first day of early education and care.

Respectfully,

Cyndi Slaboski, Director

Karianne Padilla, Assistant Director



## Parent Agreement for 2020-21

I understand the modifications made by Community Preschool and Childcare in accordance with the CDC recommendations for operating a childcare/preschool during COVID-19. I agree to follow the guidelines that I am responsible for:

- Drop-off and Pick-up at entry doors within the hours of 7:00 am – 5:00 pm.
- I will call, 219-844-3030 x 305 upon arrival if staff person is not present at the door. I will communicate my expected time of arrival on a daily basis and try to have a consistent person drop-off and pick-up.
- I understand that my child must stay home and remain home if any symptoms of illness are present.
- I understand that fever-reducing medication should not be given to my child prior to coming to school/childcare.
- I understand that the Daily Health Check includes health-related questions for me to answer honestly, a temperature check given by a staff person and a visual screening.
- I understand that napping supplies will be brought to school freshly laundered on a weekly basis. Toys and other items from home are not allowed to be brought to school, e.g., backpack will not be brought in.
- Contact-less payment is recommended. Payment by credit/debit card can be made through [www.MyProCare.com](http://www.MyProCare.com), or Tuition Express automatic payment can be set-up at your request. Payment through cash or checks will be taken and receipts and change will be given at pick-up time.

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

Printed Name \_\_\_\_\_

I am the legal guardian of \_\_\_\_\_

My expected time of Drop-off is \_\_\_\_\_

My expected time of Pick-up is \_\_\_\_\_