

State Requirement!

All children must have proof of age and I.D. in their files.

We will need copies of:

- **Child's birth certificate**
- **Social security card**
- **Medical Insurance card**
- **Parent's driver's license or form of picture I.D.**

If you need to make copies, then bring in the originals and we will copy them for you.

Thank you.

A Step Ahead Day Care/Pre-School/Before & After

Application for Enrollment

Please Print

Child's Name: _____ Birthdate: _____

Address: _____ Philadelphia, PA. Zip Code _____

Primary Language Spoken at Home: _____ Other Language: _____

Parent or Guardian #1: _____

E-mail address: _____

Phone: Home _____ Work _____ Cell Phone _____

Address _____ Philadelphia, PA. Zip Code _____

Parent or Guardian #2: _____

E-mail address: _____

Phone: Home _____ Work _____ Cell Phone _____

Emergency Person to release child other than parents:

Name: _____ Relationship: _____

Address _____ Philadelphia, PA. Zip Code _____

Telephone: Home _____ Work _____ Cell Phone _____

Identification must be on file for anyone other than a parent/guardian to pick up your child from the center

Child's Primary Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

In case of an emergency, hospital name to take your child: _____

Child's Health Insurance

Name of Insurance Plan: _____

Certificate Number (or ID) #: _____ Group #: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations: _____

Does your child have an IEP/IFSP? Yes _____ No _____ IF your child has an IEP/IFSP, please present a copy at time of enrollment.

When would you like your child to start with us? Date _____

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least twice a year. If your child has an IEP/IFSP, please present a copy at time of enrollment.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT / PARENT CONSENT FORM

55 PA CODE CHAPTERS 3270.124(A)(B), 3270.181 & 182(A)(B), 3290.181 & 182

CHILD'S NAME		BIRTHDAY
ADDRESS		
MOTHER'S NAME/LEGAL GARDIAN		PHONE NUMBER
ADDRESS		EMAIL
BUSINESS NAME		PHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GARDIAN		PHONE NUMBER
ADDRESS		EMAIL
BUSINESS NAME		PHONE
ADDRESS		
EMERGENCY CONTACT PERSON(S) NAME		PHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME	ADDRESS	PHONE NUMBER
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		PHONE NUMBER
ADDRESS		
SPECIAL DIABILITIES (IF ANY)	ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICAL SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD /MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES	
WALKS & TRIPS	SWIMMING	N/A
TRANSPORTATION BY THE FACILITY	N/A	WADING
		N/A
PERIODIC REVIEW		

SIGNATURE OF PARENT/GARDIAN

SIGNATURE OF PARENT/GARDIAN

DATE

DATE

Lynn A. Biddle, Director
7802 Castor Avenue
Phila., PA 19152-3804
215-722-4700



Leona Kaminski, Director
7806 Castor Avenue
Phila., PA 19152-3804
215-722-0140

INFLUENZA IMMUNIZATION CHILD'S ANNUAL FLU SHOT

CHILD'S NAME _____ CHILD'S DOB _____

Regulation: Influenza Immunizations

- The influenza is a vaccine that is typically given during a specified time frame to afford the best protection against influenza.
- The influenza vaccine is on the recommended AAFP and ACIP schedule and therefore mandatory for children in childcare unless there is a written exemption, medical or personal.
- OCDEL permits written exemptions for part or all immunizations, including vaccines that were not given during a previous influenza season but will be given in the upcoming influenza season.

Check one of the following:

- My child received an influenza vaccine this year Date of vaccine _____
I understand that I have to provide record of this immunization for my child's file immediately.
- My child has not received an influenza vaccine YET but will on _____ and I understand that I have to provide record of this immunization for my child's file immediately.
- I have received information on the influenza vaccine and my child did not or will not receive the immunization this year for the following reasons:

Please explain: _____

Parent's name (print): _____ Date: _____

Parent's signature: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

#10: CHILD DENTAL HEALTH/DENTAL FORM

CHILD'S NAME _____ D.O.B. _____

SECTION 1: Completed by parent/guardian

1. Has your child been to the dentist? ___ No ___ Yes- if Yes, date of child's last visit _____
2. Does your child have or had cavities or caries? ___ No ___ Yes-if Yes, how many? _____
3. Does your child have any problems with his/her teeth, gums, or mouth? ___ No ___ Yes
If Yes, please describe _____
4. How many times a day does your child brush his/her teeth? _____

Section 2: Completed by child's dentist

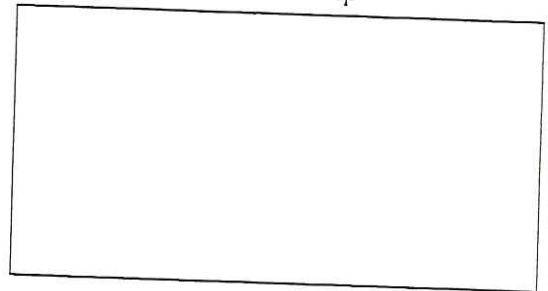
1. Date of child's most recent:
Dental Examination _____ Teeth Cleaning _____ Fluoride Treatment _____
2. Has child ever needed dental treatment? ___ No ___ Yes
If Yes, Type of dental treatment _____
Has dental treatment been completed? ___ No ___ Yes-if Yes, date of completion _____
3. Date of child's next dental visit _____

My signature certifies the accuracy of this information.

Dentist's Signature _____

Date _____

Dental Office Stamp



A Step Ahead Day Care
7802-7806 Castor Avenue
Philadelphia, Pa. 19152
215-722-4700

Photographs of Children

From time to time we photograph the children during special happenings here in our classroom. Photographs could be taken for birthdays with friends, an art project they made or maybe for an observation. Sometimes the local newspaper or news station may do a newsworthy piece on us. Children's pictures will also be posted on our website.

We are requiring your signature of permission for submission of these photos. Please sign below and return indicating your permission.

Child's name _____

I **DO** give permission to have my child's photographed and displayed and /or on television.

Signature _____ Date _____

I **DO NOT** give permission to have my child's photographed and displayed and /or on television.

Signature _____ Date _____

Civil Rights Compliance Parent Awareness

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you as a resident of this agency have the right:

To be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, age, or sex.

To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religions creed, disability, ancestry, national origin, age, or sex.

Complaints of discrimination may be filed with any of the following:

A Step Ahead Daycare
7802 Castor Avenue
Philadelphia, PA 19152

Department of Public Welfare
Bureau of Equal Opportunity
Health and Welfare Building
Room 521
P.O Box 2675
Harrisburg, PA 17105-2675

U.S Dept. of Health & Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19108

Department of Public Welfare
Bureau of Equal Opportunity
Southeast Regional Office
1105B State Office Building
1400 Spring Garden Street
Philadelphia, PA 19130

PA Human Relations Commission
711 Philadelphia State Office Bldg.
1400 Spring Garden Street
Philadelphia, PA 19130

Parent's Signature _____ Date _____

Staff Signature _____ Date _____

Nondiscrimination in Services

Subject: Nondiscrimination in Services
To: Parents and Guardians
From: Lynn Biddle
A Step Ahead Daycare

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, age, sex, national origin, or English Limited Proficiency (ELP).

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with:

A Step Ahead Day Care
7802 Castor Avenue
Philadelphia, PA 19152

Department of Public Welfare
Bureau of Equal Opportunity
Health and Welfare Building
Room 521
P.O Box 2675
Harrisburg, PA 17105-2675

Department of Public Welfare
Bureau of Equal Opportunity
Southeast Regional Office
1105B State Office Building
1400 Spring Garden Street
Philadelphia, PA 19130

U.S Dept. of Health & Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19108

PA Human Relations Commission
711 Philadelphia State Office Bldg.
1400 Spring Garden Street
Philadelphia, PA 19130

Parent's Signature _____ Date _____

Staff Signature _____ Date _____

A Step Ahead Day Care, Pre-School & After School Care

Getting to Know You Questionnaire

Dear Family,

We look forward to developing a partnership with your family in our program. You provided us with a lot of important medical and contact information during enrollment. We'd like to ask you a few more questions that will allow us to get to know your child and you a little better. Please let us know if you have special needs such as handicap access or translation services. Our goal is to do the best job we can do, welcoming your family into our program and creating a comfortable environment for your child. Would you kindly take a few minutes to complete this questionnaire and bring it with you to your "Getting to Know You" meeting with your child's teacher?

If your child has an IEP/IFSP, please present a copy at time of enrollment.

Thank you kindly,

Lynn Biddle, Director

Leona Kaminski, Director

Please turn over to complete information.

Name of Child _____ Child's DOB _____

1. Does your child have a nickname? Please provide it if you would like us to use it.

2. In what language do you and your child communicate at home?

3. Is there information about your family composition or household members that you would like to share?

4. What are some of your child's favorite things?

5. Are there cultural or religious holidays that your family observes that you would like to share with the program?

6. What are your child's toileting and napping behaviors?

7. Does your child have any special needs?

8. What are your child's favorite foods?

9. Is there anything else you can share with us about your child that will help us ease the transition for your child?

10. Is there anything else you would like to share about your child, you or your family?

Parent's Signature, _____

Dear Parents: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP Regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.



Section 1: Family information *Please print*

Child First Name _____ Child Last Name _____
 Child Date of Birth ____/____/____ Age ____
 Parent/Guardian Full Name(s) _____
 Address: _____
 Tel. (Home) ____-____-____ (Cell) ____-____-____ (Work) ____-____-____
 City _____ State _____ Zip _____
 A representative from Ann Kids Food Program and/or the State Agency may contact you to verify your child's participation in CACFP. Please place a check mark next to the time and method of contact you prefer.
 - During Day - During Evening - U.S. Mail - Telephone (Home) - (Cell) - (Work)

Section 2: Organization Information

Agreement # _____

Sponsoring Organization:
 Ann Kids Food Program
 10100 Jamison Avenue
 Philadelphia, PA 19116

Participating Location / Center:
 A Step Ahead Day Care
 7802 Castor Ave, 1st Floor
 Philadelphia, PA, 19152

Section 3: Expected Daily Hours of Service

Please mark the times for each week day that your child is expected to attend the facility, please specify AM or PM.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time In:							
Time Out:							

Section 4: Expected Daily Meal Service

AM Snack Lunch Supper
 Is the child of school age? Yes No
 If yes, will additional meals be provided when school is not in session? If yes, please specify the meal:
 AM Snack Lunch Supper

Section 5: Signature of Parent/Guardian

The information provided on this Child Enrollment Form accurately represents my family's expected participation in the CACFP. When changes occur, I agree to inform Ann Kids Food Program.

Signature of Parent/Guardian _____

____/____/____
 Date



Section 6: For Child Care Representative Use Only

Signature Child Care Representative _____

____/____/____
 Date

____/____/____
 Enrollment Date

Section 7: For Ann Kids Food Program Use Only

Received by, Signature _____

____/____/____
 Effective Date

____/____/____
 Withdrawal Date

NONDISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulation and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by using one of the following methods:

(1) Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

(2) Fax: (202)690-7442; or

(3) E-mail: program.intake@usda.gov

*Let's make this world a better place
 And put a smile on every face!*

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member regularly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net Income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment Income Earned Interest Rental Income Regular cash payments from outside household

OPTIONAL - Children's Eligibility (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov

*Only use this address if you are filing a complaint of discrimination.
This institution is an equal opportunity provider.

DO NOT FILL OUT FOR ONLINE USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?	Household size	Eligibility
<input type="text"/>	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> 2x/Month	<input type="text"/>	<input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied
Determining Official's Signature	Date	Confirming Official's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Follow-up Official's Signature	Date
		<input type="text"/>	<input type="text"/>

A STEP AHEAD DAY CARE, PRE-SCHOOL & BEFORE/AFTER

7802/06 Castor Avenue
Philadelphia, PA. 15192

Effective 06/05/2020

DROP OFF AND PICK UP POLICY / PROCEDURE

Family MAY NOT Enter Program

This pandemic has changed the way we look at early childhood education and our daily practices and procedures in a group setting. Changes in Procedures and Practices have been developed to support the health and safety of your children, your families, and our staff and to do all we can to remain open for families. The changes are meant to ward off Coronavirus and they are based on thorough research and guidance being recommended by experts such as the CDC. Thank you for your understanding and patience as we implement these new Policies and Procedures.

Drop Off and Pick Up Procedure and Child(ren)/Family Daily Health Screenings:

To reduce direct contact and limit the risk for coronavirus transmission, A Step Ahead Day Care is restricting access to its facility to its essential staff and children enrolled in the program only. Accordingly, families WILL NOT be permitted to enter the building during drop off and pick up. Instead, a staff member will greet family at the street entry door and the subsequent procedures will be followed:

- Families will be greeted at the entry door by a staff member.
- Families will be required to wear masks when interacting with Staff during drop off and pick up.
- There will be sterilized pens for you to sign in and out with. Please put in a designated bin to be sterilized.
- Daily Health Check Questionnaire:
 - Each morning before Drop Off, each family will be greeted at entry way by a staff member assigned to complete ****Daily Health Check Questionnaire**** with family before child(ren) will be admitted to the program.
 - Staff will ask family each question on the Health Check Questionnaire to avoid having the parent/family member touch the document.
 - Staff Member will take the family member's and child's/children's temperature.
 - If a family members answers 'yes' to any of the questions in the Questionnaire or if either child/children or family member fails the temperature check, their child/children may not enter the program.
 - If there are no issues with the Family Health Check, the Staff Member will:
 - Escort child into the program.
 - take the child to the nearest handwashing location.
 - direct/assist child in washing their hands.
 - No child will be accepted after **9:00am** and all children must pick up by **6:00pm**

Upon your arrival to pick up your child, you **must** call 215-722-4700 to announce your arrival and a staff member will bring your child out to you. You will also sign your child out the same way as you did when you signed them in.

****If family member answered "YES" to any of the above, the child and parent or family member may not enter the facility. Staff will direct families to the following CDC resource to determine their next steps. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>**

COVID-19 - Policy and Procedure Updates

TO: ALL FAMILIES

FROM: Lynn Biddle & Leona Kaminski

Effective 7/01/2020

We are preparing the center for operation. Our reopening date will be July 1st so we can provide a safe environment for children and teachers. The safety and well-being of your child is important to us! We realize, too, in this uncertain time, it is of great concern to you as parents and caregivers of young children. We recognize the importance of your entrusting the care and well-being of your young children in our program. Accordingly, we wanted to make sure that you are aware of all the practices we have implemented to keep our program clean and to minimize the spread of germs. The following list outlines our newly adopted practices:

Business Operations:

- We are **not** reducing our hours of operation. Our hours of operation are 7:00am to 6:00pm. If any changes to our hours of operation are needed in the future, we will provide you with as much notice as possible.
- All families and children in our care will have a daily health check and temperature screening during drop off and prior to entering the building. If child does not meet the health standards at the door, they will not be permitted into the center.
- Upon arriving at the program, all staff will have a daily health check and temperature screening prior to entering building. If staff does not meet health standards at the door they will not be permitted into center.
- Family members will not be permitted to enter the center.
- All children **must bring a second pair** of shoes for the center only. They will change into them when they come in & out of them when they leave for the day. The extra pair of shoes will be stored in center and will be disinfected at closing.
- Tuition will be put in an envelope labeled with,
 - Child's Name
 - Week of Payment
 - Amount of paymentthen placed in a locked box that will be available.

Classroom / Playground Practices:

- All classrooms will remain separated to reduce the number of children in one area and to reduce the possibility of viral transmission (even at drop off and pick up time).
- Large group activities will be eliminated.
- We will not share equipment and will clean equipment between uses.
- Time standing in line will be minimized (each child will be given a "spot" to stand or sit while waiting).

- Staff will have access to antibacterial hand sanitizers and disposable gloves and use them as needed.
- Staff will wash/scrub their hands and children's hands frequently at key transition times as this is recommended by the CDC as the most effective measure to reduce the spread of germs:
 - when arriving for the day
 - before and after meals
 - after toileting/diapering
 - after being outside
- We will minimize item sharing among children when possible, for example: give each child a set of his/her own markers, etc.
- We will refrain from sensory or water table activities including playdough unless each child is assigned their own container.
- The number of toys and other items in the classrooms will be reduced and rotated to permit washing and sanitizing frequently.
- Soft toys, blankets, dress-up clothing, stuffed animals will be removed for now to make cleaning and sanitizing easier and effective to reduce the spread of germs.
- Children will not be permitted to bring toys from home.
- We are increasing the amount of outside time while maintaining required smaller group sizes.
- Classrooms will stagger outdoor time so only one group is out at a time and allow 30 minutes between groups outside to allow for disinfection of playground equipment and toys.

Cleaning:

- Classrooms will have large bins for sanitizing toys at the end of the day.
- Daily, staff will disinfect high-touch surfaces, such as door handles, light switches, faucets, toys, and game that children play with at least twice daily.
- Nightly, after all children have left the building, we have implemented more extensive cleaning and disinfection of the entire program.

Communication:

- Families will receive communications on any changes in Family Handbook policies and procedures.
- The Directors will communicate with families via email, telephone, text, or other means of communications as needed.
- It is important for families and staff to communicate often and to be transparent with one another. Please voice concerns or questions you have with our Directors as soon as possible.
- If the current situation changes and it becomes necessary to update our policies and procedures or close our program temporarily, we will notify key family contact by Telephone and or Text immediately.

Meals & Service:

- We will not combine groups or classrooms of children during meals or snack time.
- Staff will allow for a minimum of 3 feet of space between children during mealtimes (6 feet is preferred).
- All surfaces will be disinfected before and after meal preparation and feedings using EPA-approved disinfectant products.
- All staff will wash hands before and after meal preparation, serving and feeding.
- Staff will guide and direct children to wash hands before each meal or snack.
- Each child's meal will be plated and served by staff, instead of served family-style.
- Teachers will distribute meals and snacks to children.
- Children will not share eating utensils.
- School-Age children will bring their "single serve lunch" in a zip-lock bag only.

Personal Protective Equipment (PPE):

- Staff will wear face coverings.
- Children under age 5 may not be expected to wear face coverings, this will be discussed with parents individually. Children under age 2 will not be permitted to wear face coverings.
- All staff will have access to PPE should a situation arise in which PPE is necessary.

Staff Training & Wellness:

- All staff have received training and education on COVID-19 symptoms, infection control, workplace disinfection and preventative measures including practices and procedures.
- Upon arriving at the program, all staff will answer a Daily Health Questionnaire and have their temperature taken to assure it is within acceptable limits.

We wanted to take this time to communicate all the changes to our practices which have been implemented so that you are aware of all the things we are doing to keep our program clean, minimize the spread of germs and support the health and wellbeing of children and staff.

Please do not hesitate to reach out to Lynn Biddle or Leona Kaminski via email: astepaheaddc99@gmail.com or telephone: 215-722-4700 should you have a question or concern.

Please see attached Signature Page. You must bring this Signature Page (SIGNED) when we reopen & you arrive with your child. Your child cannot not start without it.

ITEMS FROM HOME PERMITTED IN CENTER

- BREAST MILK/ INFANT FORMULA
(MUST BE LABELED WITH CHILD'S NAME)
- PRESCRIPTION MEDICATION NEEDED TO BE ADMINISTERED MORE THAN 3 TIMES DAILY, IN ORIGINAL BOX AND LABELED WITH DOCTOR'S INSTRUCTIONS AND INFORMATION.
- ONE SET OF SEASONALLY APPROPRIATE CHANGE OF CLOTHES IN A ZIP-LOCK BAG IF POSSIBLE
- ALL CHILDREN **MUST** HAVE 1 PAIR OF SHOES THAT STAY IN CENTER. THIS IS SO STREET SHOES WILL NOT BE WORN IN CENTER.
- SUNSCREEN THAT MUST BE LABELED WITH YOUR CHILD'S NAME AND A CONSENT FORM FILLED OUT.

ITEMS NOT PERMITTED IN CENTER AT THIS TIME FROM HOME

- OUTSIDE FOOD OR DRINKS
- TOYS
- BLANKETS/PILLOWS/BACKPACKS
- CAR SEATS
- ELECTRONIC DEVICES

COVID-19 LETTER TO FAMILIES
POLICY AND PRECEDURE
SIGNATURE PAGE

I have read the Policy and Procedure letter and understand what is expected. If I have any additional questions, I will seek out the directors for answers.

Child/Children _____

Signatures:

Mother: _____ Date _____

Father: _____ Date: _____

COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE

A STEP AHEAD

FAMILY/CHILD: This should be initialed and signed by BOTH parents/ guardians.

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands before entering, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be pick-ed up from the facility within 30 minutes of being notified.

Symptoms include,

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. _____ I understand that my child's temperature will be taken every 2 hours throughout the day while on facility premises.
5. _____ I understand that my child can always wear a mask while in the facility and on facility premises.

6. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
7. _____ I understand that I must bring my child a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. I MUST remove my child's shoes at the entrance of the facility. Staff will have the child put on their "center only shoes" once the child washes their hands and goes into the classroom. At pick up, Staff will remove the child's "center only shoes" and the child will be brought to the entrance where I will put on my child's outside shoes prior to leaving the facility. The children's "center only shoes" will be sanitized by staff each night.
8. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders, will limit my child's contact outside of care to persons living in my household. I will not take my child out to stores unless it is necessary and then only to shop for essential items like food, medicines, and toiletries. I will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.
9. _____ My child and I WILL NOT gather with anyone that does not live in our household. I will only have contact with persons at my place of employment, and there I will practice all recommended social distancing, exposure limiting practices recommended by the CDC and by my employer. My child and I WILL NOT go to any gym, movie theater, nail or hair salon, park, beach, or other community location that is not for the purpose of getting food, medicines, toiletries or other life sustaining necessities until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over.
10. _____ I will immediately notify A STEP AHEAD management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify A STEP AHEAD management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether I have had direct contact with that person.
11. _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by A STEP AHEAD] will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date

Management Team Witness

Date

Family Handbook Policy

TUITION AND FEES

Important Notice

All payment and fee processing will be completed by Leona Kaminski, Center Director. He/she will be in charge of collecting tuition and other fees and contacting families regarding payment issues. If you have a question or concern regarding a payment or fee, please contact Leona Kaminski, Center Director

Tuition Rates

PLEASE SEE TUITION SCHEDULE ATTACHED

Families contract for a specific weekly schedule as indicated on the *Enrollment Agreement* Form. Payment for this contracted schedule is required every week year-round whether or not your child attends; this enables us to pay teachers a stable salary every week all year. No credits are given for sick or vacation days, holidays, staff training closure or closure due to inclement weather.

Tuition Deposit

A Tuition Deposit equal to two weeks of care is required at the time registration is confirmed. This deposit is applied to the last two weeks of care provided a two-week written notice is given. If a two-week written notice is not given when a child has withdrawn from the program, the family will be billed for two weeks of care, which will come out of their deposit.

Adding Extra Days

Extra day rates apply only to part-time families and are contingent on prior agreement of days of care needed. When your family surpasses 1 day of childcare per week, a fee of \$12.00 per day will be charged to your account for each extra day of care.

Payment

Payment is always due in advance with no deduction for any absences, holidays, or closures due to inclement weather, power outages, or other situations beyond our control. Payment is due weekly by 9:00AM on Monday morning, as outlined in the *Enrollment Agreement*.

A non-refundable registration fee of \$40.00 is due the day of registration.

Methods of Payment

Several methods of payment are available for families' convenience. Families can pay by cash, check, money order. Envelopes will be provided. Child's name, week of service, and amount should be written on the front of the envelope and deposited in the designated locked box.

Late Payment Charges

Late payments can pose serious problems for our programs and as a result, the business does not have the latitude to allow families to accrue a balance equal to more than one week of tuition. **Late payments will result in the imposition of late payment fees. Failure to pay childcare payments will result in childcare services being terminated.** If payment is not received on the day that it is due, a late fee of \$5.00 will be added to your next tuition payment for each day that it is late.

Any payments made will be applied to the oldest charges and late fees may still apply if the account is not paid in full by the next tuition due date.

If payment is more than 15 business days past due, we may attempt to recover payment in small claims court and/or your account may be sent to a 3rd party collections agency. You will be responsible for all expenses associated with these actions including all court and attorney fees.

Returned Checks/Rejected Transaction Charges

All returned checks will be charged a fee of \$40.00. Two, or more returned checks will result in your account being placed on "cash only" status.

Late Pick-up Fees

Late pick-up is not a normal program option and will only be considered as an exceptional occurrence. Late fees of \$5.00 per minute will be assessed beginning at 6:00 PM and will be due upon arrival. Repeated late pick up may result in childcare services being terminated.

Other Fees

- From time-to-time there will be additional fees associated with special activities or field trips. These fees are due prior to the event, activities, or trip.

Credits & No Credits

- Families contract for a specific weekly schedule as completed on the Enrollment Agreement Form. Payments for this contracted schedule is required every week, year-round, whether or not your child attends; this enables us to pay teachers a stable salary every week all year. No credits are given for sick, vacation days, holidays, staff training, inclement weather, infectious disease (except as noted below), public health emergency such as a pandemic, or weather-related or environment emergencies.
- In the event of any of the above circumstances if we are prevented from operating, families shall pay 50% of tuition fees for the next 2 weeks. Payment of your tuition allows us to retain staff, pay operating expenses, and to hold your child's slot for when we are safely able to reopen.
- Credit may be given for "Serious Illness/Injury"-in the unfortunate event of extenuating circumstances such as your child is hospitalized, absent due to serious contagious disease or serious illness /injury, credit may be issued. A written doctor's note is required to receive a credit.
- Credit will not be given for our absence – there are no credits for days when we must close our program for personal reasons. There are 5 personal/sick days that are considered in determining tuition and are not refundable.

Credits & No Credits

- **Families contract for a specific weekly schedule** as completed on the *Enrollment Agreement Form*. Payment for this contracted schedule is required every week year-round whether or not your child attends; this enables us to pay teachers a stable salary every week all year. No credits are given for sick or vacation days, holidays, staff training closure or closure due to inclement weather, infectious disease (except as noted below) or public health emergency such as a pandemic; or weather-related or environmental emergencies.
- **In the event of any of the above circumstances** if we are prevented from operating, families shall pay 50% for the next 2 weeks. Payment of your Tuition allows us to retain staff, pay operating expenses, and hold open your child's spot for when we are safely able to reopen.
- **Credit may be given for Serious Illness/Injury** – In the unfortunate event of extenuating circumstances such as your child is hospitalized, absent due to a serious contagious disease or serious illness or injury, credit may be issued. A written doctor's note is required to receive a credit.

FOR FAMILY CHILD CARE HANDBOOK

- **Credit will not be given for our absence** – there are [no] credits for days when I must close my program for personal reasons. There are 5 personal/sick days that are pre-considered in determining tuition and are [not] refundable.