

Little Pearls Academic Center, LLC/Pearlwood Early Learning Center

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. Please take a few minutes to complete this questionnaire and bring it will be discussed with your and your child's teacher at your "Getting to Know You" meeting.

Thank you in advance,
Mrs. Tanjala
Director

Name of Child: _____ Child's Age: _____
Child's Nickname (if applicable): _____

Sibling(s):
I have ____ brother(s) and ____ sister(s). Their name (s) and ages are _____

Legal Guardian(s):
Mother/Father/Guardian Name: _____
Email address: _____ Phone Number: _____
Mother/Father/Guardian Name: _____
Email address: _____ Phone Number: _____
Who does the child live with? _____
Is there a custodial order? Yes ____ No ____ If yes, please provide a copy of the court order.

School/Daycare Information:
Has your child been in daycare before? Yes ____ No ____
If yes, please provide the daycare's information: Name, Address, Telephone Number, Last Day at
Previous Center, and reason for leaving: _____

Eating Habits:
Does your child have any Food Allergies? If yes, please list the allergies and the reactions to such
food(s): _____

Does your child have a special diet? Yes ____ No ____ Are there any food that should not be served to your child? If yes, please list the food(s) and the reason.

Your child's favorite food _____

Your child's least favorite food _____

Additional Information:

1. In what language do you and your child communicate at home?
2. What are some of your child's favorite things?
3. Are there cultural or religious holidays that your family observes that you would like to share with the program?
4. What are your child's toileting and napping behaviors?
5. Does your child have any special needs?
6. Is there anything else you can share with us about your child that will help us ease the transition for your child?
7. Is there anything else you would like to share about your child, you or your family?
8. Strong family involvement is one of our keys to success. Here are some volunteer opportunities. In which of these would you like to participate?
 - a. Holiday Parties
 - b. Trips
 - c. Story time
 - d. Fundraisers
 - e. Other _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or 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 AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	
PERIODIC REVIEW			

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

- received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)
- agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

_____ SIGNATURE-OPERATOR _____ DATE _____ SIGNATURE-PARENT OR GUARDIAN _____ DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW
_____ SIGNATURE-PARENT OR GUARDIAN _____ DATE

Covid-19 Handbook Addendum

Dear Parents and Families,

Given the COVID-19 (Coronavirus) crisis that is spreading through our country, I want to assure you that we are monitoring the situation closely. Based on information we have at this time, we will continue to operate LPAC/PELC to minimize disruption to you and your family. If the situation should change, we will notify you immediately.

Effective Monday, July 13, 2020 and for the foreseeable future, we will be taking extra precautions to ward off Coronavirus. We are taking these extra steps to support the health and safety of your children, your family and our staff.

Please take note of the following changes to our policies and procedures:

Any child or staff person with the following symptoms will not be admitted into the facility. We will advise any person with the following to contact their Primary Care Physician or the Philadelphia Health Department at 215-685-5488 for further instructions.

NOTE: COVID-like illness is defined as:		
At least ONE of these symptoms		At least TWO of these symptoms
<p>cough</p> <p>shortness of breath</p> <p>new loss of sense of smell</p> <p>new loss of sense of taste</p>	OR	<p>fever</p> <p>chills</p> <p>muscle pain</p> <p>headache</p> <p>sore throat</p> <p>nausea/vomiting</p> <p>diarrhea</p> <p>fatigue</p> <p>congestion/runny nose</p>

Check-In and Pick-Up

- We are not allowing families in the facility at a time. Each person will be greeted outside by a staff person at the main entrance for drop-off at the “check-in” area. Prior to parents leaving the site, a trained staff member will take the temperature of their child(ren) and parents will be asked to answer the following questions in Brightwheel:
 - Do you live with anyone or have you had close contact with anyone who has been diagnosed with COVID-19 within the past 14 days?
 - Do you or anyone in your household have a fever, cough and/or shortness of breath?
 - Do you or your child(ren) have any other signs of communicable illness such as a cold or flu?
- Children and staff will be required to wash their hands immediately upon entering the building and hourly throughout the day. When children are received for drop-off, they will be escorted

Covid-19 Handbook Addendum

into the nearest bathroom or sink where their hands will be washed prior to being brought to their classroom/child care area.

- Upon your arrival to pick up your child, a staff member will bring your child out to you. Doing so will limit direct contact and help us to maintain social distancing.

Healthy Environment

- We will separate children into smaller groups that fall within state or local guidelines.
- We will not share equipment and will clean equipment between uses.
- All classrooms will remain separated to reduce the number of children in one area and to reduce the possibility of viral transmission.
- Staff will disinfect high-touch surfaces, such as door handles, light switches, faucets, toys and games that children play with at least once daily.
- We will perform an enhanced deep cleaning every night in all areas, on all touched surfaces.
- Staff will have access to anti-bacterial hand sanitizers and disposable gloves and use them as needed.
- Staff will wash/scrub their hands and children's hands a minimum of hourly (noted by the CDC as the most effective preventive measure).
- No program tours will be given until further notice to reduce the number of visitors in the building.

Meal Preparation & Service

- All surfaces will be disinfected before meal preparation and feedings using CDC- or EPA-approved products.
- All staff will wash hands before and after meal preparation and feeding.
- Each child's meal will be plated and served by staff, instead of served family-style.

Child Health

- Staff will receive education on COVID-19 symptoms as well as preventive measures.
- Children who start to experience symptoms of respiratory illness, including a fever of >100.4 while at child care, will be isolated from other children until they can be picked up.
- Until further notice, all program field trips will be suspended.

Staff Health & Wellness

- Staff will receive additional training on infection control and workplace disinfection.
- Staff will not share their phone, devices or meal or utensils with one another or children.
- Staff will check their temperature at the beginning of each shift and notify their supervisor if >100.4 as well as self-monitor for signs and symptoms of COVID-19 and notify their supervisor if any develop (fever or respiratory symptoms).
- Staff will wash their hands immediately upon entering the program and immediately prior to leaving.
- Staff will not be allowed to work if they are feeling ill or experiencing respiratory symptoms.

Tuition

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- No unpaid vacation weeks will be allowed to be used by families during this time period.
- As long as we are open and your child is in attendance, tuition will be due in full. This includes if we are only open for a portion of a week and need to close for the remainder of the week.
- If you are able to work from home and choose to keep your children at home, you will be required to pay 100% of your normal weekly tuition to retain your spot.
- If you are laid off or are part of a reduction in staffing and choose to keep your child at home, you will be required to pay 75% of your normal weekly tuition. We will require proof of reduction from your employer.
- If you choose to pull your child out and not pay, there is no guaranteed spot upon a request to return.
- At this time, if the state forces a closure for an extended period of time, no tuition will still be due to retain a spot for your child.

Communication

- If your child is traveling to or from a state or country that has been added to Pennsylvania's High Alert/Quarantine list, you must notify your child's teacher or the Director immediately and your child will be required to quarantine for 14 days prior to returning.
- If the current situation changes and it becomes necessary to update our procedures or close our program temporarily, we will notify key family contact by email or Remind.
- You may follow our social media page @littlepearlsllc for late-breaking program updates.

Thank you for your understanding and patience as we implement these new procedures. Our goal is to minimize disruption while at the same time keeping you, your family and our staff healthy and well.

Sincerely,
Management

Parent Signature

Date

Director/Admin Signature

Date

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)
 YES 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/TD						
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.