Deakings DAYCARE

Fulton

Extended Day Program 2025-26

Contact us at: 412-441-2423

DeakingsDaycare@gmail.com

Deakingsdaycare.com

Greetings Pittsburgh Fulton Families!

My name is Victoria Deakings. We are excited to return to Fulton Academy to offer you and your child(ren) before and after school care via Deakings Daycare for the upcoming school year. We are excited about helping your young learners to shine brightly in our classrooms. It will be a year of magical wonder and amazing growth for your young stars. We have 20+ years of childcare experience and currently operate daycare programs at five locations that are state registered and Keystone Stars enrollment. We have been serving children of the east end, and Pittsburgh Fulton for many years, transporting children between Pittsburgh Fulton and our facilities.

Our mission at the Deakings Daycare is to provide safe and nurturing childcare that enhances the educational, social and emotional well- being of all children.

While we are not owned, operated or funded by Pittsburgh Fulton or Pittsburgh Public School District, our longstanding relationship and common love of and commitment to children, makes this a natural partnership that we're sure will enhance the work we all do with and for children.

We will reopen on the first day of school. Before school care is available from 7:30am – Breakfast and after school care will operate from Dismissal – 5:45 p.m. You will also have the option to enroll your child(ren) in both the before and after school program. Staff will provide homework assistance & tutoring, as well as assistance with long term assignments, such as science projects, upon request. Healthy snacks will also be provided daily.

ELRC will be accepted and there will be a sliding fee scale depending on your childcare needs.

Space is limited so please register (using the enclosed pre-registration form) as soon as possible.

Thanks so much for your interest. We look forward to working with you and your child(ren).

Sincerely,

Victoria/ Jeffrey Deakings- Owners Deakings Daycare

Extended Day Program Information Guide

Welcome to the Deakings Daycare at Fulton School! We are excited to bring back a fully licensed and regulated program this coming school year that meets or exceeds all DHS licensing standards. In this Information sheet you will find program details that support our daily activities and logistics.

Contact Information

Jeffery Deakings Sr, Director: (412) 779-0290

*(Please **DO NOT** call outside of program hours unless there is an emergency in which we need to be contacted immediately)*

Main Location:

5446 Jackson Street

Pittsburgh PA, 15206

Phone: (412) 441-2423

Email: Deakingsdaycare@gmail.com

If at any time you are unable to reach us, please leave a message. We check our messages several times per day and we will return your call promptly

Communication

As part of our ongoing efforts to ensure smooth communication, we would like to take a moment to remind all parents and guardians of the best way to reach us with any questions or concerns.

For any matters related to your child, scheduling, or general inquiries, please direct all calls to your location's **Site Director**. The Site Director is your primary point of contact and is best equipped to assist you in a timely and efficient manner. If your concern requires the attention of another staff member or administrator, the Site Director will personally include any and all additional necessary staff.

This includes calls for billing questions, enrollment changes, and even emergencies.

This process helps us maintain clear and effective communication while ensuring that all matters are handled appropriately. We appreciate your cooperation and understanding in following this communication guideline.

If you have any questions about this policy, please feel free to reach out to your Site Director, who will be happy to assist you.

Thank you for being a valued part of the Deakings Daycare family. We appreciate your trust and partnership in providing the best care for your children.

Best regards,
The Deakings Daycare Team

Drop Off and Pickup Location

Drop off and Pickup will be at the cafeteria entrance at the corner of Hampton St and N Saint Clair.

***Please be sure to Sign-In or Sign-Out using the Procare App**

Tuition

Tuition is due every Monday regardless of operation status.

Various Scholarships and subsidy programs including ELRC and ACCM are available to help reduce this cost. Fees and Co- pays are to be paid via ProCare. Should there be some reason as to why you are unable to pay through ProCare, please notify your Director before payment is due. Please note that payments on ProCare will be charged a 3% processing fee.

There will be a $10.00 per day late payment fee. If your fee is not satisfied by the end of business on Monday your family will not be able to return on Tuesday.

There is a $10.00 per minute late pick up fee starting from the first minute of closure. Late fees are to be paid in cash. After your third late pickup your contact is subject to termination.

To avoid paying late fees of please make your payments and pick up your children on time

Absences

If your child attends the morning session and will not be attending on a day he or she is scheduled to attend, please notify the program and your child's teacher on or before the morning of the absence.

Schedule Changes

In an effort to be as flexible as possible for our families, we are able to accommodate most changes throughout the school year with a two-week advance notice in writing. All changes must be sent via email to DeakingsDaycare@gmail.com or phone @ 412-294-2088. You will receive a confirmation of your change from our office. Please do not assume we have made your schedule change unless you receive a confirmation from our office. Due to staffing and material constraints, we cannot make exceptions to this policy.

What to Bring Daily

A portion of the time spent in Extended Day will be working on academic studies. It is important that your child bring any assigned school work that may need special attention, including homework. Your child should also bring tennis shoes for athletic activity.

Breakfast and Snacks

Children may bring breakfast from home if parents wish for them to eat breakfast at the program however school breakfast will begin promptly at 9:15am. In addition, an afternoon snack will be

provided for the children directly after school. All of our snacks are peanut/tree nut free and include items such as yogurt, pretzels, animal crackers, goldfish, cookies, etc.

Medication and Illness

Parents may not send a child to the program if:

- The child has a strep throat which has not been treated by an antibiotic for a minimum of 24 hours
- The child has any rash of acute onset associated with fever or symptoms of illness
- The child has an oral temperature of 100 degrees or greater
- The child has had persistent vomiting and/or diarrhea in the 12 hours prior to coming to the program
- The child has impetigo that has not been treated by an antibiotic for a minimum of 24 hours.
- Illness that prevents your child from participating in daily activities such as a persistent cough or runny nose.

If a child is diagnosed with a contagious disease, the child will require a statement from the doctor indicating that the disease is no longer communicable upon return to the program.

Children who develop any of the following conditions while at the program will be sent home:

- Oral temperature of 100 degrees or greater
- Vomiting Diarrhea Uncontrollable or persistent cough
- Appearance of acute illness or complaint of severe pain
- Uncontrollable cough or runny nose.

A staff member will notify the parent of a child's illness. If a parent cannot be reached, the child's emergency contact will be notified to pick up the child. It is expected that the child will be picked up as soon as possible. Until the parent arrives the child will be excluded from activities with other children and will rest quietly under the supervision of a staff member.

If an accident or medical emergency occurs, the staff member in charge will administer the necessary first aid immediately and call an ambulance if the child's injury requires emergency room treatment. Staff will also call the parent or emergency contact and stay with the child until either arrive.

Caring for our Children

Deakings Daycare uses “Caring for our Children” (nrckids.org/CFOC) as a resource to assist in establishing our Health and Safety policies and practices regarding care plans for children with special medical needs as well as medication administration. It is our goal to provide a secure and safe environment for your family. This includes giving your child a healthy place to learn and grow. While we understand and sympathize that keeping a sick child home from daycare is extremely difficult for a working parent, it is the number one contributing factor to the cycle of illness that can occur in a group/center! Deakings Daycare adheres to strict hygiene policies regarding sanitizing of toys and equipment, and the use of proper hand washing techniques.

School Delays and Early Dismissals 

The Extended Day Program will operate on regular school days as well as early dismissal days only for morning care. On days when school is delayed due to snow, the program will only operate the afterschool program. Our program does not operate during school holidays, vacations, in service or days when school has been cancelled due to snow or inclement weather and emergency closings. Payment is due even when the program is closed. *Please remember you are paying for the space that we are holding for your child not his or her attendance. *

Program Expectations

Children are expected to be able to:

- Follow program rules
- Participate appropriately in planned activities within a group of 12 children and 1 staff member
- Communicate with staff members and other children
- Cooperate with transitions in activities
- Stay within the activity area and not wander away from the group
- Be cooperative
- Follow staff directions
- Treat others with respect
- Play cooperatively with other children
- Behave in a manner that does not pose an unsafe situation for themselves, other children, or staff
- Be independent for personal care needs such as washing hands and toileting

Questions 

Please email Deakingsdaycare@gmail.com or contact us at (412) 441-2423.

Child Behavior / Dismissal Policy

CHILD GUIDANCE POLICY

Deakings Daycare guidance policy is designed to help children become independent and caring by learning self-control, decision making skills and responsibility for their own actions. Our goal is to help children develop positive self-esteem and respect for themselves and others. At no time will corporal punishment be used at this facility!

Our staff uses the following guidelines and techniques to discipline your child:

• Use of praise through kind words and actions to reinforce desirable behaviors.

• Use of problem solving instead of punishment.

• Redirection to another activity when a child displays undesirable behaviors.

• A cool down will be used as a last resort when the previous techniques fail to change inappropriate behavior.

CHRONINC DISRUPTIVE BEHAVIOR

The safety and welfare of all the children at our center are very important to us. While the staff will make every effort to work with children and their parents to promote appropriate behaviors, there are situations when additional action may become necesary.

Initial meeting: If a child's extreme, uncontrollable behavior, continues to physically or emotionally endanger staff or other children at the center, a parent meeting will be requested by the management staff and the child's teacher. The problem behavior will be discussed and recorded, and goals for correction will be established.

Second meeting: If, after a predetermined time frame, the initial goals for changing the child's behavior fail, a second meeting will be requested by the management staff. The behavior correction goals will be discussed again, and a new behavior plan will be defined.

Suspension/Dismissal: If no progress occurs within the established timeline, a suspension will result. Parents will be responsible for payment during the length of the suspension. Dismissal of the child will occur after three suspensions, or immediately if the child's behavior severely injures a staff member or another child.

DISCHARGE POLICY

Deakings Daycare reserves the right to cancel the enrollment of a child for the following reasons:

• Non-payment or excessive late payment of fees
• Failure to submit required information or forms
• Failure to comply with the policies of the center
• Physical or verbal abuse of staff or children by a parent or child

Transitions

Your child's transition in Childcare should be a positive and exciting learning adventure. We will work with you and your child to ensure the smoothest possible transition occurs as new routines and new people are introduced.

Transition from home to center/group Childcare facility

Prior to your child's first day, you will have an opportunity to tour the center, meet with your child's peers and teachers and communicate any anticipated concerns. At this time, please share the best

communication methods that the teacher may use to reach you.

Transition between learning programs

Children are transitioned to the next program based on age, developmental readiness, state licensing requirements, and space availability. During the transition, current and future teachers will meet with you to propose a plan to introduce your child into the new program.

Transition to elementary school

Transition activities such as a field trip to a local elementary school, creating a mural of special friends and special times at our center will be part of your child's education at our center. We will provide you with information on local schools, what to expect, and ideas on how to talk to your child about going to elementary school.

Transition for before/after school care

Children who are of school age may continue with before/after school care at our center. The center will work with the school to ensure that the children arrive to our designated location safely.

Transition to self-home care

Transition activity suggestions are provided to children and parents to make the transition going from childcare to home before/afterschool smooth.

RESOURCES

Here at Deakings Daycare, it is our goal to support families in as many ways as possible. To help accomplish this goal, we work to bridge families who may need additional support, to the appropriate agencies that may be able to better provide where resources may be lacking.

Resources include, but are not limited to:

- Supplemental Nutrition Assistance Program (SNAP): https://www.pa.gov/en/services/dhs/apply-for-the-supplemental-nutrition-assistance-program-snap.html
- ELRC: https://www.pa.gov/en/services/dhs/apply-for-child-care-works-subsidized-child-care.html
- Ealy Intervention: https://www.pa.gov/en/services/dhs/apply-for-child-care-works-subsidized-child-care.html
- Greater Pittsburgh Community Food Bank: https://www.pa.gov/en/services/dhs/apply-for-child-care-works-subsidized-child-care.html
- Off the Floor Furniture Bank: https://www.offthefloorpgh.org/
- Western Pennsylvania Diaper Bank: https://www.wpadiaperbank.org/

Should your family need any additional assistance, please do not hesitate to contact us.

DEAKINGS DAYCARE

Parent Acknowledgement and Waiver of Liability

I hereby certify that I have read the policies and procedures outlined in the Parent Guide of The Deakings Daycare. As the parent/guardian of:
Child 1:_____,
Child 2:_____,
Child 3:_____, we will abide by the policies and procedure set forth in this guide. We recognize our right to communicate with our daycare center provider on any concerns or issues surrounding our child(ren). We also recognize that failure to comply with policies may result in suspension or termination of services.

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement Notice: This is a legally binding agreement. I understand that by signing this Childcare Waiver of Liability, I release and hold harmless Deakings Daycare, and its owners, directors, officers, advisors, employees, agents, instructors, volunteers, childcare workers, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of Deakings Daycare, including but not limited to, personal injury, property damage, bodily harm, injury, liability, claims, demands, damages, cost, expenses, actions and causes of action in respect of death, loss or damage to the child, or by the child, regardless of cause or to arise by reason of or during participation of Deakings Daycare childcare.

Parent Name: _____
Parent Signature:_____
Date:_____

Parent Name: _____
Parent Signature:_____
Date:_____

Daycare Copy

DEAKINGS DAYCARE

Parent Acknowledgement and Waiver of Liability

I hereby certify that I have read the policies and procedures outlined in the Parent Guide of The Deakings Daycare. As the parent/guardian of:
Child 1:_____,
Child 2:_____,
Child 3:_____, we will abide by the policies and procedure set forth in this guide. We recognize our right to communicate with our daycare center provider on any concerns or issues surrounding our child(ren). We also recognize that failure to comply with policies may result in suspension or termination of services.

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement Notice: This is a legally binding agreement. I understand that by signing this Childcare Waiver of Liability, I release and hold harmless Deakings Daycare, and its owners, directors, officers, advisors, employees, agents, instructors, volunteers, childcare workers, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of Deakings Daycare, including but not limited to, personal injury, property damage, bodily harm, injury, liability, claims, demands, damages, cost, expenses, actions and causes of action in respect of death, loss or damage to the child, or by the child, regardless of cause or to arise by reason of or during participation of Deakings Daycare childcare.

Parent Name: _____
Parent Signature:_____
Date:_____

Parent Name: _____
Parent Signature:_____
Date:_____

Parent Copy

Picture and Video Release Form

I, the undersigned, do hereby grant or deny permission to Deakings Daycare to use my child _____ images. Pictures may be used for multiple things including but not limited to: emailing parents, the Deakings Daycare website, memories, sharing with families, and posting throughout the daycare to generate a sense of belonging.

____ I grant permission for my child's images to be used by Deakings Daycare.

____ I do not grant permission for my child's images to be used by Deakings Daycare.

Signature _____

Date _____

FULTON PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in the Deakings Daycare extended day program. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

To register, you may drop this completed form in the basket in Dilworth's main office labeled Deakings Daycare Registration forms, or you can contact me directly via phone or email at the bottom of the registration form.

Child's Name: _____ Date of Birth: ____/____/____
Child's Name: _____ Date of Birth: ____/____/____

Parent Guardian Information:

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____
_____ _____
E-Mail: _____ E-Mail: _____
Home Phone: _____ Home Phone: _____
Company Name: _____ Company Name: _____
Company Phone: _____ Company Phone: _____

Please Circle:

Before Only **After Only** **Before and After**

What date would you like to begin? _____

We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability and is subject to priority enrollment rules of the Program.

_____ _____
(Parent Signature) (Date)

Thank you for choosing The Deakings Daycare.
Phone: 412-441-2423
E-mail: Deakingsdaycare@gmail.com

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 _____

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:

☐ 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.