



**Jackson**

# **2026/27 Parent Handbook**

**A safe & fun place for your child to grow  
and learn**



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## ***Introduction***

Dear Parent,

It is my pleasure to welcome you to The Deakings Daycare. We are much more than childcare providers; we are an early care and education program, involved in the overall development and nurturing of your child. We are committed to providing a clean, safe, nurturing and fun environment for your child to grow and learn in.

We recognize the crucial role that parents play in child development and encourage your suggestions and support. We look forward to working with you and will gladly address any questions or concerns you may have.

The Deakings Daycare has five convenient locations to meet your childcare needs:

- Main Location: Site 3  
5446 Jackson Street Pittsburgh, PA 15206  
412-441-2423
- Verona: Site 10  
1620 Randolph Lane Verona, PA 15147
- Pittsburgh Obama: Site 6  
515 N. Highland Avenue Pittsburgh, PA 15206
- Pittsburgh Sunnyside: Site 7  
4801 Stanton Avenue Pittsburgh, PA 15201
- Pittsburgh Fulton K-5: Site 4  
5799 Hampton St Pittsburgh PA 15206
- Pittsburgh Dilworth Pre K-5: Site 9  
6200 Stanton Ave Pittsburgh, PA 15206

Thank you for choosing The Deakings Daycare. It is our pleasure to service you and your family.

**Sincerely,**

**Jeffrey and Victoria Deakings**

## --OUR MISSION STATEMENT--

**We will continue to establish an educational foundation for children with open communication with the parents. We will allow our children to self-regulate and express emotions in a healthy way while feeling valued for their unique personalities. All children are treated with respect which helps them to feel competent and confident. We strive to provide a healthy and safe environment while enjoying excellent nutrition. We will also continue to teach morals and values in hopes that these teachings will stay with them throughout their adult life.**



Our Founder: Victoria Deakings

## ***Registration/Hours of Operation/Holidays***

In order to register with The Deakings Daycare, all parents must complete an application. This application will be provided to you upon your request for childcare. You will need a copy of your child's immunization records, photo ID and a list of the names and telephone numbers of the person who are authorized to drop-off and pick-up your child. You will also need to include on the application any allergies that you are aware of.

### **Hours of Operation**

Monday-Friday 8:00am to 4:30pm

10:00am cut off time for drop off

Hours are subject to change

### **Holidays**

*January- MLK Jr Day*

*Feb- 20<sup>th</sup> 2:30 closure PD*

*March- 20<sup>th</sup> 2:30 closure PD*

*April- 2<sup>nd</sup> 2:30 closure, Good Friday*

*May – 19<sup>th</sup> 2:30 closure PD, Memorial Day*

*June- 16<sup>th</sup> 2:30 closure PD, Juneteenth*

*July – Independence Day*

*August-10<sup>th</sup> 2:30 closure PD*

*September – Labor Day*

*October 23<sup>rd</sup>- 2:30 Closure PD*

*November – Thanksgiving, and the day after*

*December – 23<sup>rd</sup> 2:30 closure PD*

*\*Election Days*

### **Vacations**

**The Day Care will be closed for the following vacations:**

December 24<sup>th</sup> 2026 - January 4<sup>th</sup>, 2027

Closure days are subject to change based on staff availability, exposure of communicable diseases, facility safety, etc. We strive to maintain all state health and safety guidelines to ensure the best possible quality of care,

**\*\*We encourage you to make back-up arrangements in advance of all vacations and closures. In case of inclement weather, you will be notified via Procare.\*\***

## ***Enrollment Process***

### **INTERVIEW:**

Parents are required to attend an interview before enrolling into the center. The interview will give the parents and faculty an opportunity to explore the needs of the child, also the policy and procedures of the day care. The day care will request a copy of the child's IEP or IFSP if there is one in place. At this time parents are encouraged to ask questions. Additionally, we will review the enrollment packet, which includes the following:

- a. The State of Pennsylvania Regulations
- b. Parent's Handbook
- c. CACFP
- d. ELRC
- e. Parent/Child Questionnaire
- f. Health, Nutrition and Fitness
- g. Public, Social, Tax Credits and Community Service
- h. IEP/IFSP
- i. Curriculum
- j. Parent/Children and Staff Activities

### **ORIENTATION:**

Children/parents that are enrolled with The Deakings Daycare have the option to have a 1 day orientation for a total of 4 hours. This will help the child transition more smoothly into the classroom. Parents are encouraged to call the center to check on their child as often as they wish.

### **PARENT INVOLVEMENT:**

We hope through parent volunteering, conferences, assessments, observations, educational events and meetings, will create a strong and healthy educational foundation for your child.

## ***Engaging with Families***

The daycare realizes how important it is for parents to feel a sense of security while your child is in our care. We take pride in building everlasting memories and community like bonds with our families through our holiday dinners and summer bashes. To keep parents informed about the daily activities within the classroom, the director prepares a newsletter each month that is distributed to all parents.

Topics range from field trip announcements and helpful hints about parenting, to humorous events in the classroom. In addition, a weekly lesson plan is prepared by our Lead Teacher and conveniently posted for parental view. This lesson plan provides parents with an understanding of the daily classroom activities.

To provide parents with more specific information about their child, our teachers will provide a daily chart on the child's behavior and what they did for that day. Staff members will greet parents in a daily basis as they prepare for your child's daily activities.

To further encourage communication between parents and staff, WE ENCOURAGE PARENTS TO VISIT THE CHILD'S CLASSROOM AT ANY TIME DURING CARE HOUR

## ***Shared Information***

Individual child information will be shared in written format daily for each child. If you have any questions or concerns about your child, please speak to your child's primary teacher.



## 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.

## ***Tuition and Fees***

Currently, The Deakings Daycare accepts subsidized payments through the Department of Public Welfare, Children, Youth and Families and Child Care Partnerships. While you may receive subsidy through one of these agencies, we expect that all fees and copayments will be made in a timely fashion.

Parents will be required to sign up for ProCare. ProCare is our chosen system to provide a safe place for your child's personal information as well a secure way to make payments. Fees and Co- pays can be paid via Cash or ProCare. Please note that payments on Procure will receive a 3% processing fee.

### **As the parent, you are responsible for timely and accurate payments.**

If you opted to pay weekly, your fee will be due every Monday at the time of drop-off. For those who have chosen the bi-weekly payment option, your fee will be due every other Monday at the time of pick-up. There will be a \$10.00 per day late fee until the fee is paid. After the third day of unpaid fees, your child will not be permitted to return to the day care until all fees are paid in full.

### **You are responsible for payment even if your child does not attend.**

Please remember you are paying for your child's slot in the day care, not the child's attendance. This includes scheduled closings such as holidays and scheduled vacations. You will be required to pay for emergency closings.

**It is imperative to the flow of business to be on time when picking up your child.** The late pick up fee will be applied as follows: **\$10.00 per minute, per child.** Late fees are due at the time of pick-up, or your child will not be permitted to return to care the following day.

**\*\*You will be responsible for the agreement that will be set in place at time of your new contractual agreement. When the facility is closed you are still responsible for your weekly payments.**

**\*\*Remember you are paying for the spot we are holding for your child not your child's attendance.\*\***

Should you choose to withdraw from the program, we require a written two weeks notice submitted via email to [Deakingsdaycare@gmail.com](mailto:Deakingsdaycare@gmail.com) or given directly to your site director.

## **Meals/Clothing**

Daily nutrition is an important part of a child's healthy development. A child who eats healthy foods and age appropriate portions has a better chance at quality development.

**The day care will provide up to two full meals and one snack per day (breakfast, lunch and an afternoon snack).**

Children and infants receiving breast milk or formula will need to come with as many **pre made bottles** as they will need to get through their day. Unfortunately due to health and safety regulations we are unable to make bottles or transfer milk due to the possibility of cross contamination.

**For infants and toddlers, it is important that they have a change of clothing at the day care.** Please bring and leave an extra change of clothing such as shirts, pants, underwear and socks. If we do not have a change of clothes, pampers/wipes for your child and she has an accident, you will be called to pick him/her up. **Parents are responsible for supplying pampers and wipes.**

Please dress your child appropriately, according to the season as we do play outside throughout the entire year.

For nap-time, please provide a blanket.



## ***Health Policies***

We use 'caring for our children' as the basis for creating these policies.

We understand that it is difficult for family members to leave or miss work, but to protect our families ill children will not be granted access to the daycare. The center has the right to refuse anyone who appears in poor health. A caregiver will be called and asked to retrieve the individual if they exhibit any of the following symptoms:

- Illness that prevents your child from participating in daily activities such as a persistent cough or runny nose.
- Illness that results in greater need for care than we can provide.
- Illness that poses a risk of spread of harmful diseases to others.
- Fever of 100°F or higher
- Diarrhea – stools with blood or mucus, and/or uncontrolled, unformed stools
- Vomiting
- Mouth sores
- Rash; unless a physician has determined it is not a communicable disease.
- Pink or red conjunctiva with white or yellow eye discharge, until on antibiotics for 24 hours.
- Impetigo, until 24 hours after treatment.
- Strep throat, until 24 hours after treatment.
- Head lice, until treatment and all nits are removed.
- Scabies, until 24 hours after treatment.
- Chickenpox, until all lesions have dried and crusted.
- Pertussis (Whooping Cough), until 5 days of antibiotics.
- Hepatitis A virus, until one week after immune globulin has been administered.
- Tuberculosis, until a health professional indicates the child is not infectious.
- Rubella, until 6 days after the rash appears.
- Mumps, until 5 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Has a physician or other health professionals written order that child be separated from other children.

Children exhibiting these symptoms will be kept comfortable and isolated to keep everyone involved safe and at ease. As always, caring for the children in a way that makes them feel protected and valued is our top priority.

**Children who have been ill may return when:**

- They are free of fever, vomiting and diarrhea for 24 hours.
- They have been treated with antibiotics for 24 hours.
- They are able to participate comfortably in all usual activities.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless:
  - The child's physician signs a note stating that the child's condition is not contagious, and;
  - The involved areas can be covered by a bandage without seepage or drainage through the bandage.
- If a child had a reportable communicable disease, a physician's note stating that the child is no longer contagious and may return to our care is required.

**D.D. LLC reserves the right to make the final determination of exclusion due to illness.**

Should a medical crisis at the center result in emergency medical care, Parents are responsible for all medical expenses including treatment; emergency transport covered and uncovered medical fees.



## ***Sanitation and Hygiene***

### **Hand Washing:**

1. All children who enter the center must have hands washed.
2. All children who enter the bathroom must wash hands.
3. All children must wash their hands before and after their meals and snacks.
4. All children must wash hands after naptime.
  - There will be **no exceptions** to this policy.

### **Dental Hygiene:**

Children 1 year and older will be provided with their own toothbrush and age appropriate toothpaste to practice teeth brushing in between meals and promote good dental hygiene.

### **Diapering/Toileting:**

Children in diapers must be changed every two hours regardless of whether or not the diaper is soiled. All diaper changes must be logged in the diaper log. Diaper changes will also be logged on the daily activity sheets. If parent supplies and authorizes the application of ointment the ointment must have your child's name on it. Clorox solutions are used after every diaper change. Employees are required to wear gloves and wash hands before and after every diaper change.

Toilets must be flushed after each use, floors/other surfaces that become contaminated will be sanitized immediately.

### **Facility Cleaning:**

The day care center will be cleaned at the end of closing each day. Cleaning includes but is not limited to; dusting all furniture, table tops, equipment as well as vacuuming all carpeted areas, moping kitchen, baths and art room.

### **Pets:**

The facility enjoys having pets for the children's educational purposes. All parents are informed about the types of pets prior to registration will be in the center. I will insure that all pets have up to date vaccinations. All animals excrement is disposed in plastic bags and is disposed of in the outside trash can. All children are taught to respect the pets and treat them with kindness.

## ***Nondiscrimination/Safety***

The Deakings Daycare does not discriminate in any of its policies, procedures or services against parents/children of any race, ethnicity, socio-economic background, religion or creed.

We value the safety of your child. In the case of a national/community emergency your child will be evacuated to a site that is in the safest location or to the area designated by the authorities. We will follow emergency evacuation procedures (on file in our office) for any/all of the following:

1. Fire Drill/actual fires
2. Bomb threats
3. Natural Disasters – earthquakes, floods, tornadoes

We will not release your child to anyone who you have not designated. If you wish to have your child released to an adult who is not on the list in your file, you may contact us in advance of pick-up and we will require photo I.D. upon pick-up.

For field trips, we require car seats for young children in accordance with Pennsylvania law.



## ***Emergency Plan***

### **First Aid:**

All first aid kits are kept in each classroom throughout the facility. Teachers are trained and prepared to treat common symptoms, minor injuries and emergencies.

### **Emergency Numbers:**

Emergency phone numbers are posted near the telephone and a cell phone is always charged and ready to use in case of an emergency.

### **Lost or Missing Children:**

I am aware of my roles and responsibilities prior to a child becoming lost. I will ensure the safety of all remaining children if a child does become lost. If the search for the missing child is unsuccessful, RCMP and parents will be contacted. Following the incident, I will notify the Boundary Health Unit through the Serious Incident Report within 24 hours. I will evaluate the event and implement appropriate changes to reduce the likelihood of a similar situation occurring. The children will be educated about what to do if they become lost, approached by a stranger or child who asks them to leave the facility.

### **Injuries or Illnesses Requiring Medical or Dental Care:**

Mild injuries, illnesses, medical and dental will be treated, documented and the parent will receive a copy of the report. In the case of more serious injuries or illnesses, the child will receive proper care and the authorities will be called. The parent will be notified and the child will be transported to the nearest hospital (as stated on the emergency contact form).

### **Incident Report Form:**

55 PA CODE CHAPTERS 3270.20 & .182(7); 3280.19 & .182(7); 3290.17 & .182(7)  
THIS FORM WILL BE USED TO MEET THE REPORTING REQUIREMENTS FOR  
ACCIDENT, INJURY, ILLNESS, HOSPITALIZATION, EMERGENCY ROOM  
TREATMENT AND DEATH OR FIRE.



## ***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.

## School-Age Care/Curriculum

At The Deakings Daycare, we value education. School readiness, and school success is dependent on parent involvement, concepts reinforcement through homework and positive instruction. As a result, we will tutor your child (if needed) at no additional charge. After-school children will receive a snack at 3:45 p.m. and then be directed to the homework table. After homework is completed, they can interact through free play, such as but not limited to: puzzles, computers, video games, reading and age-appropriate television.



Our daily curriculum *involves* activities that will stimulate your child's thinking. We review pre-school concepts such as shapes, colors, numbers, pre-reading and pre-writing skills. In addition, we allow children to develop physically through a variety of gross motor and fine motor skills and outdoor play (weather permitting)



## ***Inclusion Policy***

We at Deakings Daycare believe that children of all ability levels are entitled to the same opportunities for participation, acceptance and belonging in childcare. We will make every reasonable accommodation to encourage full and active participation of all children in our program based on his/her individual capabilities and needs.

If your child has any identified special needs, please let staff know upon admittance and we will work accordingly to make sure assistance is provided for your child in any way necessary.

Children are accepted on a first come, first serve basis according to availability. A family with children enrolled already in the program will be given priority.

We believe in the uniqueness of each child and support participation of each and every child. We work in partnership with families and other professionals to provide the support to allow children to reach their full potential. Our curriculum is developmentally appropriate to the child's ages.

OCDEL's goal is for children with disabilities to participate and succeed in the same learning environments as their same age peers.

Early childhood inclusion embodies the value, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in broad range of activities and contexts as full members of families, communities, and society. The desired result of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. (NAEYC) and (DEC) of the Council for Exceptional Children 2009



## ***Individualized Education Plans (IEP) & Individualized Family Service Plans (IFSP) Information Sheet***

Because of the diverse set of needs of the children in our program, it is important gather as much information about the best ways to educate each child. IEP'S and IFSP'S are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP'S and IFSP'S for the children in their care. This request should be made as early as possible. There are many ways to make this request, and the sign off sheet sample below is one example. Other possibilities include asking during the enrollment meeting and including the request with the Parent Handbook. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend if possible. The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues and HIPAA in particular is highly recommended.

Should you like to review or update your child's IEP, our staff is available to do so upon your request.

Sample Parent Sign-off Sheet

Child's Name: \_\_\_\_\_

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, we require a copy of this plan so we can work together to ensure that the guidelines are put into practice.

## *Suspension/ Expulsion policy*

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### **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 short, age based cool down will be used as a last resort when the previous techniques fail to change inappropriate behavior.

The goal of this policy is avoid the need to suspend by identifying behavior issues early and connecting children with appropriate resources before suspension becomes necessary. **Deakings Daycare does not use suspension intermittently or to punish behavior**; instead suspension is a pause in an enrollment to secure the safety of the child and others, while a family seeks additional resources or support. All suspensions are considered fairly, consistent with state and federal civil rights and other laws and are reviewed by the legal department.

The **Americans with Disabilities Act (ADA)** may be implicated in many situations where action plans are required or suspension of enrollment is contemplated, so it is essential to include relevant documents such as an IEP and 504 Plans and legal early in the process.

Directors and staff are responsible for compliance with state licensing which may require distribution to or signed acknowledgment of this policy by parents, documentation of parent meetings, referral to specific support agencies, signed action plans, notice to Early Intervention (EI) and state licensing, and a record of suspension kept by the center.

### **Identifying Issues and Collaborating with Parents**

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, supports or resources may become necessary.

- **Initial meeting with child family:** 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 to collaborate and implement action plans designed to improve the behavior and reduce the safety risks;

- **Second meeting:** this meeting may be to encourage the family toward the professional supports needed for the child's success if we do not achieve positive change through redirection and positive guidance in a reasonable time;
- **collaborate with professional supports/resources** to implement and to support our efforts and encourage positive change;
- **maintain a safe environment** while working through an action plan and toward positive change; and

\***consideration of suspension of enrollment**, if such behavior continues after all resources have been offered and or exhausted, suspension of enrollment can and will be the next course of action. Should the family wish to maintain their enrollment status during suspension they must continue to make their tuition payments to reserve their space. Otherwise the family will risk the loss of their enrollment within the center.

## Action Plan and Roles

The director is responsible for:

- creating, implementing, and monitoring an **action plan** for any child who engages in unsafe or aggressive behavior **two (2) or more times within a two (2) week period**;
- notifying the parent and providing resources when a child requiring help is identified and an action plan is needed;
- meeting with the family when the action plan is implemented, and then periodically as progress is made or as additional incidents occur;
- discussing available outside resources; and
- discussing possibility of suspension if improvement does not occur or resources are not in place within a reasonable amount of time.

This will be done to ensure fairness, equity, and continuous improvement.

The assigned specialist/therapist is responsible for:

- **making direct observations** of the child and classroom to provide insight and suggestions to improve the behavior or dynamic. If a personal visit is not logistically possible, the initial review can be facilitated using remote resources/technology or someone else designated by the resource manager can conduct the review.
- **reviewing the written action plan** to offer insight and recommendations before the action plan is provided to parents.
- **helping to identify appropriate resources**, both internal and external, to support

the child and the center and encourage positive change; and

- **participating in parent meetings**, as needed, to support the director's recommendations, particularly when it is clear that support services are needed, or suspension is likely.
- **participating in all calls to legal.**

## Suspension

A decision to suspend requires the participation, review and approval of the Director.

### Immediate suspension can occur in light of the severity of the safety risk.

Before suspending, the team should evaluate: 1) whether diligent efforts to solve the behavior within our abilities were made; 2) if outside resources were recommended/accessed and participated in our efforts to solve; 3) other strategies to consider; and 4) the severity of the safety risks and likelihood of harm or injury if the enrollment continues.

Suspension is **not** measured by a period of time (i.e. days or weeks), which could be viewed as punitive. Suspension is a pause in the enrollment until the child can participate safely with the right supports in place. If/when additional services are secured or the child's behavior improves outside the center, we will collaborate with parents and the child's resources to determine if/how the child can be returned to the program safely.

## DISCHARGE POLICY

Deakings Daycare reserves the right to cancel the enrollment of a family for any reason, including but not limited to the following:

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

\*Additional information that parents and families may find helpful, can be found at:

1-800-692-7288

[www.MonkeySurvey.com](http://www.MonkeySurvey.com)

## ***Child's Record Request***

You can obtain a copy of your child's records upon leaving Deakings Daycare by submitting a written request to DeakingsDaycare@gmail.com. This request **must** be in writing and signed by the parent or guardian. We will do our best to get the files to you within 14 business days.

We will not release any tax information or any records if payments are not current.

**Thank you,**

**Jeffrey and Victoria Deakings**

Deakings Daycare

# **DEAKINGS DAYCARE**

## ***Parent Acknowledgement and Waiver of Liability***

I hereby certify that I have read and understand the policies and procedures outlined in the Parent Guide of The Deakings Daycare.

I recognize my right to communicate with the daycare center staff on any concerns or issues surrounding my child(ren). I also recognize that failure to comply with policies may result in suspension or termination of services.

Since the information in the Parent Handbook is subject to change, I acknowledge that revisions may occur. All such changes will be communicated by upper management. I understand that all revised information may supersede, modify, or eliminate existing policies.

I agree to familiarize myself with its contents and comply with the information provided. Furthermore, I understand that this manual is not intended to cover every situation which may arise during my enrollment, but is simply a general guide to the goals, policies, practices, and expectations of the center.

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement Notice: I understand that by signing this Acknowledgement and Childcare Waiver of Liability, I release and hold harmless Deakings Daycare, 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***

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Since the information in the Parent Handbook is subject to change, I acknowledge that revisions may occur. All such changes will be communicated by upper management. I understand that all revised information may supersede, modify, or eliminate existing policies.

I agree to familiarize myself with its contents and comply with the information provided. Furthermore, I understand that this manual is not intended to cover every situation which may arise during my enrollment, but is simply a general guide to the goals, policies, practices, and expectations of the center.

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement Notice: I understand that by signing this Acknowledgement and Childcare Waiver of Liability, I release and hold harmless Deakings Daycare, 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 \_\_\_\_\_

Deakings Daycare

## Jackson Pre Registration Form

Thank you for your interest in the Deakings Daycare. Choosing a quality childcare 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: \_\_\_\_\_  
Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent Guardian Information:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
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

|  |   |  |
|--|---|--|
| <b>CHILD'S NAME</b>  |   | BIRTHDATE                              |
| ADDRESS  |   |  |
| <b>MOTHER'S NAME/LEGAL GUARDIAN</b>  |   | HOME TELEPHONE NUMBER                  |
| ADDRESS  |   |  |
| BUSINESS NAME  |   | BUSINESS TELEPHONE NUMBER              |
| ADDRESS  |   |  |
| <b>FATHER'S NAME/LEGAL GUARDIAN</b>  |   | HOME TELEPHONE NUMBER                  |
| ADDRESS  |   |  |
| BUSINESS NAME  |   | BUSINESS TELEPHONE NUMBER              |
| ADDRESS  |   |  |
| <b>EMERGENCY CONTACT PERSON(S)</b>   | NAME  | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
|  |   |  |
|  |   |  |
| <b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>   | NAME  | TELEPHONE NUMBER WHEN CHILD IS IN CARE |
|  |   |  |
|  |   |  |
| <b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>                                 |   | 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)               |
| <b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b> |   |  |
| <b>OBTAINING EMERGENCY MEDICAL CARE</b>  | <b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b> |  |
| 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:      |
| <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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>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.</b> |
|  | 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: <span style="float: right;">DATE FORM SIGNED:</span> |

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