

Welcome to Busy Little Beavers Early Learning Center!

Information for Temporary Clients

We are providing you with this information packet in lieu of a tour, as we are trying to limit the number of people coming in and out of the center. We apologize, we normally would invite you in for a full tour of our center, during which we would explain in detail our programs.

In response to the COVID-19 pandemic, Busy Little Beavers(BLB) has applied for and received a waiver to continue to serve the children of essential employees. BLB is licensed by the PA Department of Human Services and the PA Department of Education. We are also a Keystone STARS, Star 4 early learning center, which means that we follow the highest standards of quality for things such as, health and safety practices, curriculum and instruction, staff qualifications, staff ongoing training requirements, and for the environment; including equipment, materials and space.

BLB will continue to provide educationally appropriate activities for all of our children during this pandemic. We use *The Creative Curriculum for Preschool* and *The Creative Curriculum for Infants, Toddlers and Twos*. This curriculum is based on research and best practice for early learning.

Meals

BLB offers a meal plan for \$1.00 per day. This covers breakfast, lunch and two snacks. We are doing our best to follow our monthly menu, however, during this difficult time, we may need to change the menu without notice, and/or ask parents to bring in meals/snacks for their children, IF we are unable to obtain large quantities of food. Please be prepared for this possibility.

Essential Items to Bring (As it applies to your child)

Diapers & wipes

Diaper cream

Breast Milk/Formula and enough bottles for the entire day. All bottles must go home each evening to be washed. Breast milk stored in bags or bottles must be clearly labeled, with the child's first & last names and the date on which it was pumped.

Two extra changes of clothing (in case of accidents)

Pacifier

Toddlers and preschoolers who nap will need a crib sheet to cover their cot and a blanket.

Sunscreen

Illness/Medication Policy

It is state regulation that a child with a temperature of 101 degrees or higher, must be sent home and remain symptom free for 24 hours before he/she can return. There is no exemption, regardless of the reason for the fever. The same regulation applies to illnesses such as, diarrhea, vomiting, pink eye, and strep. PLEASE KEEP YOUR CHILD HOME IF HE/SHE IS NOT FEELING WELL. We are able to administer over the counter and/or prescription medications with a note from a doctor and the original, prescription labeled container of medicine.

Hello BLB families! We promised you updates, so I will do that, but we also would like you to know some temporary changes we have put into place in order to help keep everyone safe. this will be long, sorry.

No waiver news just yet. We will be open until they give us approval or denial.

For the time being, beginning **tomorrow** we will not be allowing anyone into the building beyond the front reception area. Please know, the staff are diligently cleaning, and disinfecting and we are simply trying to keep things that way as much as possible. When you enter, a staff member will be there to greet you, **they** will sign your child in and out. It is very important that you tell them the time you will arrive to get your child, as we plan to have them ready and waiting for you. If, by chance, you are coming earlier than the time you gave, please call so we can have your child up front for you when you arrive. As I said- staff will take care of sign-ins, so you simply walk your child in and out.

We ask that you please have a conversation with your child if at all possible, because this will be very different for them (all of us really) and we do not want them to become upset when they leave you in a way other than they are used to doing.

We will also have a medication log up front in the case anyone need to have staff fill in for any **new** medications you child might be taking- if you already have a medication log for your child here for long term meds- there is no need to ask to be put on the new one.

Lastly, we are asking that **everything but essentials** be removed from cubbies today, and nothing from home- especially soft/stuffed toys/animals. We will, for now, permit toys that are used during outside time (balls etc-) just nothing soft that cannot be wiped down.

Car seats will need to remain in vehicles as we will not be storing them inside for the near future.

My staff is working very hard to make sure your children are healthy and safe that is why we are implementing these precautionary measures. Please do not think we are in any way trying to keep you out. We all enjoy visiting with you, but during this uncertain time we are trying to be extra careful. I am sure you understand.

Lastly, if any of you have any pairs of scrubs you do not need that my staff could borrow temporarily that would be wonderful. I will launder them here, and they will not leave the building and will be returned once the madness ends. My thought was that staff could change once they arrive here, and before they leave too- I'm just thinking of ways to again, protect.

Thanks for your understanding.

Ms. Jen

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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		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE 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 REACTIONS)	
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)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS		
TRANSPORTATION BY THE FACILITY		

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

"GETTING TO KNOW YOU" ENROLLMENT FORM-

Child's Name: _____

Names of people at meeting: _____

Date: _____

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- ♥ **Please tell us about the members of you household (names, and relationships to child)**

 - ♥ **Are there any parents who do not live in your home? Does your child visit/see this parent? Are there any custody issues we of which we need to be made aware?**

 - ♥ **Does your child have any siblings? (names and ages)**

 - ♥ **Does your family have any pets? (names and type of animal)**

 - ♥ **Does your child have a nickname? Are there any nicknames for family members?**

 - ♥ **Has your child ever been in childcare before? (where? When? How long? What type?)**

 - ♥ **What are your expectations of our program?**

 - ♥ **Is there any information about your family's culture, ethnicity, language or religion that is important for us to know? Would you or any member of your family like to be a resource for any cultural awareness activities we may have?**
 - ♥ **Tell us about your child's:**
 Favorite toys, favorite games, food likes/dislikes-

Child's Name _____ Date of Birth _____

Please read each statement below and select your option.

I DO _____ DO NOT _____ give permission for Busy Little Beavers to apply
diaper cream to my child. OR NOT APPLICABLE _____

I DO _____ DO NOT _____ give permission for Busy Little Beavers to apply
sunscreen to my child. (Child must be over 6 months of age)

I DO _____ DO NOT _____ give permission for Busy Little Beavers to apply
insect repellent to my child. (Child must be over 2 months of age)

I DO _____ DO NOT _____ give permission for Busy Little Beavers to apply
hand sanitizer to my child. (Child must be over 24 months of age)

Parent Name (print)

Date

Parent Signature

**Busy Little Beavers Early Learning Center
Door Access Card
User Acceptance Agreement**

This agreement outlines the responsibilities I have as a holder of the Busy Little Beavers Door Access Card. My acceptance of this agreement indicates that I have read & understand the Door Access Card Policy and agree to adhere to the protocol and procedures established for Door Access Cards.

1. The Door Access Card is intended to facilitate the entry to the electronically access-controlled main door of Busy Little Beavers Early Learning Center, Monday through Friday, 5:45am to 6:00pm.
2. I understand that the Door Access Card is issued in my name as the sole authorized person for access to Busy Little Beavers Early Learning Center.
3. I will allow no one else access, even if I know that person. (Unless they are here on business with me)
4. I will not enter Busy Little Beavers Early Learning Center without using my Door Access Card.
5. I will not prop-open the door.
6. I will not punch holes in the card, attach or affix any pins or decorations to the card, bend the card, or wash the card as it may render the card inoperable.
7. I understand that cards should not be left unattended on desks, near door locks, or carried in such a manner to be susceptible to loss or theft.
8. I understand that upon termination of enrollment, employment, contract, or volunteer services, the Door Access Card will be deactivated.
9. I understand that I must immediately notify the administration of Busy Little Beavers if my Door Access Card is lost, missing, stolen or damaged. The fee for a replacement card is \$15. The fee can be paid in CASH only, to the administration of Busy Little Beavers.
10. I understand that each family of Busy Little Beavers will be given 2 Door Access Cards for use. Additional Door Access Cards may be purchased for \$15.00. Each employee will receive 1 Door Access Card.
11. I understand that the Door Access Card is a security measure designed to protect the children, families and employees of Busy Little Beavers Early Learning Center.
12. I understand that it is my responsibility to carry my Door Access Card with me at all times, as the Staff of Busy Little Beavers will NOT be monitoring the door to grant access to those who have Door Access Cards.

Acknowledgement

I have read, understood and consent to this agreement.

Signature

Date

Print Name

Dear Parents:

Daily information on your child's feeding, diapering/potting, and napping will be communicated to you through the HiMama app. You can download this app for free onto your smart phone.

Please complete the following information: Child's Name: _____

Parent/Guardian (1) Name: _____

Cell Phone Number: _____

Email Address: _____

Parent/Guardian (2) Name: _____

Cell Phone Number: _____

Email Address: _____

Once this information is entered into the app by the classroom teacher, you will receive an email to join the app.

We can also send notifications and reminders to you through this app. For weather delays or cancellations, please verify on WNER-TV 16 website, station or app.



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INFANT INFORMATION

PLEASE FILL IN ALL INFORMATION AS SPECIFICALLY AS POSSIBLE SO WE CAN KEEP YOUR CHILD'S DAYCARE ROUTINE AS CONSISTENT AS POSSIBLE WITH WHAT HE IS USED TO AT HOME.

NAME :

NICKNAME :

BIRTHDATE :

ALLERGIES :

IMPORTANT MEDICAL CONDITIONS :

BOTTLES: FORMULA, BREAST MILK, OR WHOLE MILK

TEMPERATURE: WARM, ROOM TEMPERATURE, COLD

AMOUNT AND FREQUENCY :

PROBLEMS BURPING?

FREQUENT SPITTING UP?

SOLID FOOD-AMOUNT AND FREQUENCY :

TEMPERATURE: WARM, ROOM TEMPERATURE, COLD

SPECIAL ROUTINES FOR FEEDING?

MAY WE GIVE AGE APPROPRIATE SNACKS?

PACIFIER?

WHEN?

NAP-POSITION OF CHOICE :

FAVORITE BLANKET OR TOY?

NAP ROUTINE: PAT, ROCK, PUT DOWN AWAKE

USUAL NAP TIMES AND LENGTH :

WHAT NOISE LEVEL IS YOUR CHILD USED TO DURING NAP?

IS THERE ANY AGE APPROPRIATE EQUIPMENT THAT YOU PREFER WE DO NOT USE? (SWING, WALKER, ETC.)

ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US ABOUT YOUR CHILD?

PLEASE KEEP US INFORMED OF ANY CHANGES IN YOUR CHILD'S ROUTINE...IF YOU STOP WARMING BOTTLES OR CHANGE NAP TIME ROUTINE, ETC. NOT ALL PARENTS MAKE THE SAME CHANGES AT THE SAME AGE. IT IS UP TO YOU TO LET US KNOW WHAT IS HAPPENING WITH YOUR CHILD.