

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy)
		/ /
ADDRESS (Number & Street)	(City)	(ZIP Code)
		MI
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER
		()
ADDRESS (Number & Street)	(City)	(ZIP Code)
		MI
		WORK TELEPHONE NUMBER
		()

SECTION I - HEALTH HISTORY

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">YES</th> <th style="width: 5%;">NO</th> <th style="width: 5%;">Resolved</th> <th style="width: 85%;"># Is your child having any of the problems listed below?</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1 Allergies or Reactions (for example, food, medication or other)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2 Hay Fever, Asthma, or Wheezing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3 Eczema or Frequent Skin Rashes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4 Convulsions/Seizures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5 Heart Trouble</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6 Diabetes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7 Frequent Colds, Sore Throats, Earaches (4 or more per year)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8 Trouble with Passing Urine or Bowel Movements</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>9 Shortness of Breath</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10 Speech Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11 Menstrual Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12 Dental Problems: Date of Last Exam / /</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other (please describe): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Does your child take any medication(s) regularly?</td> </tr> <tr> <td colspan="4">Reason for Medication _____</td> </tr> </tbody> </table>	YES	NO	Resolved	# Is your child having any of the problems listed below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	Reason for Medication _____				<p>Birth History:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If yes, list medications:</p> <p>_____</p> <p>_____</p> <p>Was the health history reviewed by a health professional?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____</p>
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SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Date: / /	Muscle Imbalance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Weight				
		Other: _____	Audiometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: / /	Microscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl						NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.				
		Date: / /											

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS			
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.			
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		DATE ADMINISTERED MM/DD/YYYY
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)
	2		
DTaP/DTP/DT/Td	1	4	Influenza (IV/LAV)
	2	5	
	3	6	
Tdap	1		Meningococcal (MCV4 / MPSV4)
Haemophilus influenzae type b (HIB)	1	3	Human Papillomavirus (HPV9/HPV4/HPV2)
	2	4	
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	Date of Vaccine(s)
Rotavirus (RV1/RV5)	1	3	1
	2		2
Measles, Mumps, Rubella (MMR)	1	3	3
	2		
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:		Parent/Guardian refused immunizations: <input type="checkbox"/>	
I certify that the immunization dates are true to the best of my knowledge			
_____ Health Professional's Signature		_____ Title	_____ Date

SECTION IV - RECOMMENDATIONS	
(Required for Child Care and Head Start/Early Head Start)	
<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations	

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)	
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____	
_____ Dentist's Signature	
_____ Date	

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	_____ MI	_____ ZIP Code
		_____ Telephone	

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



CHILD INFORMATION FORM

Child's Name _____ Nickname _____ Age _____

Birthday _____ Address _____

Phone _____ Scheduled days to attend _____

Mother's Name _____ Father's Name _____

Name and age of brother(s) _____ Name and age of sister(s) _____

Has your child been cared for by anyone other than parents? _____

Has your child previously attended a day care center? _____

Does your child use the restroom independently? _____

Does your child need help dressing or undressing? _____

Does your child take a nap? _____

Does your child have any special fears? _____

Does your child dislike any particular foods? _____

Does your child require any special medical care? _____ Explain: _____

Does your child have any allergies? _____

Does your child have a history of:

Physical impairment? _____ Visual impairment? _____

Speech problems? _____ Hearing impairment? _____

Explain: _____

Current prescribed medication: _____

Doctor: _____ Telephone #: _____

Play Experiences

Favorite games: _____ Favorite toys: _____

Outdoors: _____ With other children: _____

Books: _____ Favorite TV show: _____

Parent Signature: _____ Date: _____



IT TAKES A VILLAGE ACADEMY Food and Nutrition Policy

Child's Name _____

1. It Takes a Village Academy will provide
 - a. Breakfast
 - b. _____
 - c. Lunch
 - d. PM Snack

to all children that attend our preschool program

2. The academy will provide Milk as the beverage for Breakfast, Lunch and Dinner
3. List all known Food Allergies that have been documented by a physician:

Parent / Guardian Signature

Date

Staff / Director Initials: _____



IT TAKES A VILLAGE ACADEMY Authorization for Non-Prescription Topical Ointment

I give It Takes a Village Academy permission to apply _____
(name of ointment)

to _____
(name of child) for the following purpose:

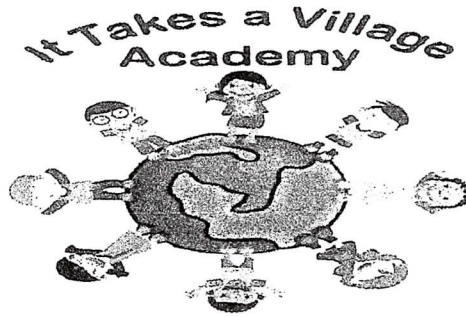
from ____ / ____ / ____ to ____ / ____ / ____ (not to exceed 90 days)

All ointment should be provided in the original container, with a valid expiration date, labeled clearly with the child's name and given directly to the child's teacher.

Special Instructions:

Parent / Guardian Signature

Date



PARENT AGREEMENT WITH IT TAKES A VILLAGE ACADEMY

The name of my child is _____. I am the parent or legal guardian of this child. I have received and read the Parent's Handbook issued by It Takes A Village Academy. I am enrolling my child under the rules and regulations specified there.

I understand the policy of It Takes A village Academy regarding tuition, attendance, health, clothing, scheduled school holiday and other holidays.

I agree to pay Tuition of \$_____ per week (please see itemized accounting below). I understand this payment is due on Tuesday of each week. I also understand that tuition is not lowered in the case of my child's absence, except for scheduled Vacation time as outlined in the Parent Handbook. If my child attends more often than his/her scheduled time, I will pay the higher tuition due. **Late payments made after Tuesday will be assessed a \$15 late fee.**

I understand that It Takes A Village will notify me two weeks prior to any changes in tuition rates. I agree to pay the new rate on the specified date.

If I decide to withdraw my child from the Academy, I will notify the Academy two weeks in advance and will be financially responsible for payment for those last two weeks.

Signature of Parent Guardian: _____

Signature of 2nd Parent or Guardian (optional): _____

Starting Date: _____

Number of Children: _____

Days Contracted: _____

Rates per day/Week: _____

Transportation per Trip: _____



IT TAKES A VILLAGE ACADEMY

Family Schedule

Today's Date: _____

FAMILY INFORMATION

Parent / Guardian's Name: _____

Child's Name _____ Classroom _____

Child's Name _____ Classroom _____

Child's Name _____ Classroom _____

SCHEDULE

DAY	FROM	TO	TOTAL HOURS
<i>(Example)</i>	8:00am	6:00pm	10
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent / Guardian Signature _____ Date _____

Academy Director Signature _____ Date _____



IT TAKES A VILLAGE ACADEMY Parent Contractual Agreement

The Parent Handbook Policies have outlined our mutual responsibilities, concerns, expectations and obligations. We have carefully explained the policies to ensure the care, comfort and safety of your child and of every enrolled in our academy. You can expect us to adhere to all State and Local licensing rules regarding safety, health, program operation and adult supervision. We encourage and welcome your comments and suggestions, and extend our sincere thanks for your cooperation in adhering to our academy's policies.

My child, _____ will be attending It Takes a Village Academy. I have received the Parent Handbook and agree to comply with the established policies through the course of my child's attendance. I am responsible for all tuition costs, change of schedule fees and late / early fees for my weekly tuition.

.....

Health, Safety & Photo Permission Slip

Child's Name _____ Date of Birth _____

Please check the following that apply:

- I will provide a crib sheet and blanket for my child(ren) if my child(ren) attends hours greater than nine (9) hours; and they will be taken home for laundering on a on a weekly basis
- My child has permission to go on supervised walks
- I will give permission for my child to be photographed in the classroom. Photographs videos taken may be used online and in pamphlets, brochures, newspaper publications and displays to promote our program
- I give permission for my child to be photographed in the classroom, but do not want them used for advertisements
- I do not give permission for my child to be photographed in the classroom
- Academy staff has my permission to apply insect repellent on my child (summer). I will provide the repellent in a sealed container clearly labeled with my child's name.
- Academy staff has my permission to apply sunscreen on my child (summer). I will provide the sunscreen in a sealed container clearly labeled with my child's name.

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____



IT TAKES A VILLAGE ACADEMY

Child Release Notification

**Important notice concerning persons to whom your child may be released.
Please read carefully and sign it as part of the registration procedure
for your child.**

When you enroll your child, you fill out a card that asks you to list "Names of Persons Other Than Parent to Whom Child May Be Released". We will not release your child to anyone who is not listed on the card, or who cannot show us identification proving they are the person listed on the card. If for any reason you want someone who is not listed on the card to pick up your child, you must personally notify one of our staff members, giving us the person's name and the date they will pick up your child.

The Child Information Card does not reflect possible schedule conflict between the child's parents. For this reason, we require that you check the appropriate box below. This is to protect your child as well as the school.

_____ **This child's parents are husband and wife.**
(The academy may release the child to either parent)

_____ **I, the undersigned, am this child's only legal parent.**
(Divorce does not change legal parentage)

_____ **This child's legal parents are unmarried, divorced or separated.**
(The academy may release the child to either parent)

_____ **This child's legal parents are divorced or legally separated. The child should not be released to _____ father _____ mother.**
(You may check this box only if you have been awarded sole physical custody of the child by a court. You must provide us with a copy of the pertinent section of the court order for us to be able to honor this instruction).

Child's Name: _____

Signature of Parent: _____

Date: _____



IT TAKES A VILLAGE ACADEMY Agreement on Your Rights to Privacy

Client Records: The academy needs to maintain records concerning your child and your family. These include names, addresses, telephone numbers, email addresses and medical records. In addition, our staff develops its' own set of records on each child, such as developmental assessments as well as notes on classroom behavior, special needs and health concerns.

All of the records are used exclusively by members of the staff. No information is given, unless required by law, to any outside person or agency without the parent's written consent. It is, however, understood that children's names may be posted in the classroom with notations concerning allergies or medical problems to which the staff may need quick reference to ensure the health and safety of the children.

Photography: From time to time, various photographs, slides, or videotapes are taken of the children engaged in activities in the classroom, on the playground, or on field trips. These are used within the academy on occasions such as Family Nights, or may be displayed in the classroom for the children's enjoyment. The children are not identified by name in this type of usage. Any parent who has an objection to their child being photographed has the right to make their objection known to the Director.

I have read and understand the policy on the right of privacy.

Child's Name: _____

Parent Signature: _____ Date: _____



PARENT NOTIFICATION OF THE LICENSING NOTEBOOK REQUIREMENT Child Care Organizations Act, 1973 Public Act 116

All child care center must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the licensed is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau or Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by It Takes a Village Academy.

Parent Name (please print): _____

Parent Signature: _____ Date: _____



**IT TAKES A VILLAGE ACADEMY
Child Allergy Information**

Name of Child _____

Date of Birth _____

Allergen	*Symptom	**Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*In the case of food allergies, appropriate substitutions will be provided by the parents
**If treatment requires administering any medication, then all necessary medication authorization paperwork must be completed with a physician's signature prior to treatment date.

Further emergency response procedures: _____

Additional information/Instructions: _____

To ensure the safety of your child, It Takes a Village Academy cannot delete an allergy which has previously been documented unless we have a note from the child's physician stating that the child is no longer allergic to that item (and may now have that specific food), nor can we add an item or change a medication with a note from the child's physician.

By signing below, we understand It Takes a Village Academy requires the most up-to-date information regarding the child's allergy. We also understand that for the safety of the child, the child's photograph and allergy information will be posted in the classroom and kitchen on the Allergy Awareness Chart.

Parent Name (Print)

Parent Signature

Date

Physician Name (Print)

Physician Signature

Date

It Takes a Village
Academy



**Please refer to our parent handbook on our website @Ittakesavillageacademy.org.*

I have read, understood and agree to all of the policies and procedures outlined in the Parent-handbook.

Print Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

It Takes a Village Academy



Temporary Policies for Re-Opening in Response to the COVID-19 pandemic.

INTRODUCTION

Using guidelines from CDC and LARA (licensing and Regulatory Affairs Michigan), and Childhood Preparedness, It Takes A Village Academy has developed new temporary policies for children, families and staff for re-opening beginning Monday _____. This is in response to the COVID-19 pandemic. This includes guidance required by Michigan licensing rules, COVID-19 public health and executive orders and national, state, and local recommendations for best practices

during this health emergency.

Our program contracts with Wayne County Health Department, Wayne RESA, and nurses and we collaborate with them for health planning, re-opening, and operating procedures. COVID-19 information and guidance is fluid and changes almost daily and therefore this document may change frequently. This is uncharted territory for us so we will begin procedures and will most likely need to adapt and be flexible as we go.

Throughout the crisis, we have vowed that all our decisions would be based on a set of guiding principles that are consistent with our values, including to:

- Protect the health and safety of our families and staff
- Support the livelihood of our staff
- Continue to foster and maintain relationships with the children and families who have been in our community
- Come up with a realistic process that will allow us to continue face to face care in a safe, clean, healthy environment

With these principles as guides, we can continue to thrive—together. I am confident that It Takes A Village Academy will once again flourish— despite the substantial impact of the COVID-19 pandemic.

PRE-OPENING PROCEDURES

These temporary pre-opening procedures are to help ensure our program has a plan and is prepared during the COVID-19 pandemic. Currently we are planning 3 phases of reopening based on enrollment. Phase 1 = 25% enrollment Phase 2= 50% enrollment Phase 3 = 75% enrollment

As enrollment increases procedures will be amended.

HEALTH AND PLANNING PROCEDURES

- Review cleaning/disinfecting procedures with staff
- Ensure we have approved disinfectant on site
- Created staffing plan taking into consideration high risk staff
- Group sizes of no more than 10 children

- Training as needed to include information on special health care needs, medications, infectious disease, and review of COVID-19 signs and symptoms
- Communication plan for parents and staff including new procedures such as drop off/pick up, health checks, guidelines for if/when a child becomes ill

Daily Schedule Review

These temporary processes are to help ensure our program has a plan and is prepared during the COVID-19 pandemic.

• Processes in place for:

o Phase 1- Drop off / pick up will be in the foyer at the front of building.

o Health Screening for illness: staff and children will be screened upon arrival and departure each day. A symptom check and temperature will be taken twice per day. Every Monday parents will provide the center with a disclosure form (form will be emailed by center) **During the pandemic we have implemented a zero-tolerance illness policy. If your child, or a staff member, is sick or has been exposed to anyone who has been sick regardless of the illness, they will be excluded from school until they are deemed not contagious and safe to return with a doctor's note; or they have been fever free for 72 hours without fever reducing medication.**

o Face coverings for children (as appropriate) and staff

Childcare providers are essential and must be protected. Providers and the children in their care must stay healthy and safe in order for care to continue. Group size, social distancing, screening for signs of illness, handwashing, respiratory etiquette, and disinfecting remain essential for keeping childcare safe, opened, and operating.

Although CDC recommends that children under 2 should not wear a facemask, the childcare environment poses unique challenges since groups of up to 10 young children may be supervised by one caregiver for several hours at a time. For that reason, our recommendation is that children under the age of 3 within the childcare should not wear masks and no child should wear a mask while napping. Additionally, children between the age of 3 and 5 should be supervised if they are wearing a mask. If the mask is creating discomfort or resulting in the child touching their face frequently, reconsider whether a mask is appropriate for that child. Parents dropping off and picking up children are required to wear a mask while they are in the foyer. Masks are recommended for staff caring for children and required for interacting with parents to the extent possible and as long as it doesn't impact the health of the wearer. Masks for children over 3 who are not napping are recommended but not required.

o Disposable gloves for staff

o Social distancing and group size (10 students/stable groups)

o Meals, water, snack time and preparation. We provide breakfast, lunch and snack.

o Cleaning process, schedule and supplies – have assessed need for supplies and ensured they are ordered so stock is not depleted

§ Determine surfaces commonly touched and disinfect hourly- classrooms fogged nightly

o Handwashing, handwashing, handwashing

o Isolation and exclusion if illness occurs, including sick area if symptoms arise during the day and a family plan on hand for quick pick up if needed

§ Staff and students who are ill stay home until well and return with a doctor's note.

Utilize recommendations from our local health department

o Age group needs: infant and toddler care, naptime cots and cribs 6 feet apart where possible

o Personal Items

§ Bring as little as needed: Nap bedding, personal water bottles, no toys, keep 'cubby' items separate, face covering if desired by parent

§ Items brought first day of camp/school will be left for the entire session – staff will do laundry, sanitize water bottles.

GENERAL OPERATING PROCEDURES

• Only staff and children can enter the classrooms

o Same teacher will be working with a stable group of children for the day

o We will assign a consistent staff member to give classroom/group staff breaks each day

o Group ratios are maintained at licensing recommendations

o If a child or staff is absent, we ask that you call and give a reason; if they are ill it will be logged on our illness log

o If your child or a staff has been diagnosed with COVID-19 please inform us ASAP and we will do the same

• Exclusion Criteria:

o Cough

o Sore throat

o Shortness of Breath

o Fever (temp of 100.4 or higher)

o If child has had close contact with someone with COVID-19 or symptoms of COVID-19

o Other signs of illness requiring exclusion

• All groups will have easy access to handwashing sinks with soap and paper towels.

o All persons will be required to wash their hands upon entering the building

o If you have a cloth face covering for your child, please send it the first day, this is a recommendation not a requirement

o Face covering will stay at school and staff will launder it each night.

• Updated Emergency contact information will be required to be on file for every child so families can be contacted quickly due to sick child or necessary closure

- Children who are immunocomprised or have chronic respiratory conditions must have a doctors note to return to the center.

Signs will be posted to alert people to not enter the building if they are experiencing symptoms such as:

o Fever, dry cough, shortness of breath, sore throat

o Signs will be posted at each entrance

o Handwashing signs will be posted at sinks

3

- **The school will have enough supplies available for 2-4 weeks**

- o Sanitizer and disinfectant
- o Face covers
- o Paper Towels
- o Toilet Paper
- o Facial Tissues
- o Dish and laundry soap
- o Disposable gloves
- o Thermometers
- o Other daily supplies as needed

- **The school will ensure washer, dryer, dishwasher and dish sanitizer are functional**

- **There will be a designated space for isolating sick children who are waiting for a parent to pick up**

- o Isolation area will be disinfected after use
- o Staff supervising sick child will use personal protective equipment
- o If there is more than 1 sick child at a time, children will be kept 6 feet apart or in separate rooms if available

- **All onsite tours will be conducted after business hours and by appointment only**

- **No special events or guests will be scheduled for the program**

- **There will be no Village Spirit gatherings till further notice**

- **If you have been exposed to COVID-19**

o If you tested positive for COVID-10 or if you develop a fever, cough, or shortness of breath, you should stay away from others (isolate yourself). If you need medical advice, call a health care provider or nurse line. It is important to CALL ahead BEFORE going to see a health care provider, urgent care, or emergency room in order to limit the spread of COVID-19. Tell them your symptoms and where or how you might have been exposed.

- o **How to isolate.**

o If you don't have symptoms but know you have been in close contact with someone who has been diagnosed with COVID-19 or has symptoms (fever, coughing, shortness of breath), you should quarantine yourself.

- o **How to quarantine**

- **If you are diagnosed with COVID-19**

- o Contact the school ASAP

o If you have a positive test result for COVID-19, public health may contact you to collect information about your exposures and give you more information about preventing transmission to others. You may get a call from public health before you have been called with test results.

GROUP/CLASSROOM PROCEDURES

- **Different groups of children will be kept separate and will not share common areas at the same time**

- o Playground/play area schedule will be maintained to ensure only one group at a time. Playground equipment will be disinfected with bleach water after each use.

4

- **Children will play outside whenever possible and appropriate**

- **Hard to clean toys/materials will not be used**

- o Each item used will be cleaned and disinfected each day
- o Toys from home are not allowed

- **Meals and snacks**

- o Children will eat in their classrooms or outside weather permitting

- **Water and sand tables will not be used**

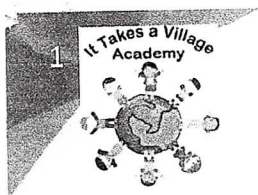
- o Sensory activities will be provided in disposable bowls or small containers and will be discarded or disinfected after each use

- **Drinking fountains will be taped off and not used**

- o Personal water bottles should arrive with the child the first day clearly labeled (if not labeled we will label the item with sharpie)
- o Water bottles will stay at school and staff will clean and sanitize each day
- o Water bottles will not be stored together

- **6-foot distance between children will be maintained as much as possible during rest time**

- o Children will be arranged in a head-to-foot configuration
- o Bedding will not be shared. The bedding will arrive on the first day and will be laundered weekly by staff.
 - Cots and cribs will be disinfected daily



Dear Participant/Parent-Guardian:

This letter is intended for adults/parents or parents/guardians of participants enrolled in a day care center. IT TAKES A VILLAGE ACADEMY offers healthy meals to all enrolled participants as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to participants enrolled in care. Please help us comply with the requirements of the CACFP by completing the attached Household Income Eligibility Statement (HIES). In addition, by filling out this form, we will be able to determine eligibility for free or reduced price meals.

1. Do I need to fill out a HIES for each participant enrolled in care? You may complete and submit one CACFP Household Income Eligibility Statement for all participants enrolled in day care in your household only if those in day care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: IT TAKES A VILLAGE ACADEMY, 28482 Cherry Hill Road, Garden City MI 48135.

2. Which adult and child care institutions can receive free meal reimbursement without providing household income information? Adults receiving Medicaid, Supplemental Security Income (SSI), Food Assistance Program (FAP) Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals. Children in households receiving FAP, FIP, or FDPIR can get free meals. Foster children and children enrolled in Head Start Programs are also eligible for free meals. **3. Who can get reduced price meals?** You may get low cost meals if your household's income is within the reduced-price limits on the federal income eligibility guidelines, effective July 1, 2020 until June 30, 2021, shown below:

Family Size	Yearly Income	Monthly Income	Weekly Income
1	\$23,606	\$1,968	\$454
2	\$31,894	\$2,658	\$614
3	\$40,182	\$3,349	\$773
4	\$48,470	\$4,040	\$933
For each additional family member, add:	\$8,288	691	\$160

Refer to the Instructions for Participants/Parents/Guardians Household Income Eligibility Statement on how to complete the HIES. Find the category that most closely defines your household and follow the directions for completing each part of the HIES. If your household income is greater than the levels shown on the above CACFP income guidelines, it is not necessary for you to complete the HIES form.

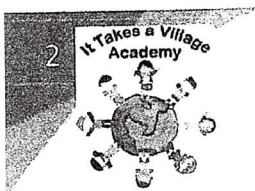
Families with Children: Your family may be eligible to receive health insurance, called MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan's working families. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at the [MI Child website](http://www.michigan.gov/michild) (www.michigan.gov/michild). You can also access the MICHild brochure that briefly explains the insurance program.

Your family may be eligible to receive Women, Infants & Children (WIC), a health and nutrition program, that has demonstrated a positive effect on pregnancy outcomes, child growth and development. To determine eligibility, call 1-800-26-BIRTH or access online information at Women, Infants, & Children (WIC) website (<http://www.michigan.gov/wic>) to learn about WIC and locate a local WIC agency.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. Participants and family members do not have to be U.S. citizens to qualify for meal benefits offered at the center.

5. Who should I include as members of my household? You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member and the frequency the income is received. If recent income does not accurately reflect your circumstances, you may provide a projection of your income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the federal income eligibility guidelines listed above, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current FAP, FIP, FDPIR case number, or listing the name of other categorically eligible programs, you will remain eligible for those benefits for 12



IT TAKES A VILLAGE ACADEMY
28482 Cherry Hill Road Garden City, Michigan 48135
(734) 744-7951
ITAVA919@gmail.com

income is received. If recent income does not accurately reflect your circumstances, you may provide a projection of your income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the federal income eligibility guidelines listed above, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current FAP, FIP, FDPIR case number, or listing the name of other categorically eligible programs, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally receive. For example, if you normally receive \$1,000 every two weeks, but you missed some work in the last two weeks and only received \$900, put down that you receive \$1,000 per every two weeks. If you normally receive overtime, include it, but not if you only receive it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the HIES, but are not required to include payments received for the foster child as income.

9. We are in the military. Do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP), is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income. In the operation of child feeding programs, the U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you have other questions or need help, call (734) 744-7951.

Sincerely,

Non-Discrimination Statement

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of The Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Rev. 6/2020

Return this completed form to: It Takes a Village Academy * 28482 Cherry Hill Road * Garden City, MI 48135 * 734-744-7951

Household Income Eligibility Statement - Child Care Institutions

Part 1 - Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPPIR)
If any member of your household receives FAP, FIP, or FDPPIR, provide the name and case number for the person who receives the benefits.

Name: _____ Case Number: _____

Part 2 - Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)			Amount of Welfare, Child Support, or Alimony	How Often? (x)			Amount of All Other Income (Indicate source and amount)	How Often? (x)			Mark if No Income (x)
						Annually	Monthly	Bi-Weekly		Annually	Monthly	Bi-Weekly		Annually	Monthly	Bi-Weekly	

Part 3 - All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)
 I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: _____ Print Name: _____ Date: _____
 Last four digits of Social Security Number: XXX-XX-____ I do not have a Social Security Number _____

For Institution Use Only:			APPROVED CATEGORY		
Total Household Members:	Total Income: \$ _____	Bi-Weekly	Categorical Eligibility (A/Free): Foster FIP FAP FDPPIR	Other Household Children: A (Free) B (Reduced) C (Paid)	
		Annually			
		Monthly			
Institution Official Signature: _____		Approval Date: _____			

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Privacy Act Statement

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.



IT TAKES A VILLAGE ACADEMY
Food and Nutrition Policy



Child's Name: _____

1. As a participant in the State of Michigan Child and Adult Care Food program, upon return of a completed Department of Education Household Income Statement, *It Takes a Village Academy* will provide
 - a. Breakfast
 - b. Lunch
 - c. Afternoon Snackto all children who attend our program.

2. Following State Licensing requirements, the academy will provide Milk as the beverage for Breakfast and Lunch
 - a. Unflavored Whole Milk for children age 1-2
 - b. Unflavored low-fat (1%) or fat-free (skim) milk for children age 2-12
 - c. Children with a milk allergy (see below) may request the center provide an unflavored Soy or Lactose-Free milk substitute (Milk Substitution Request available in the office)
 - In the case of a Milk Substitution Request due to reasons other than allergy, the parent may provide an unflavored Soy or Lactose-Free substitute. The following non-dairy beverages do not meet USDA nutritional standards and should not be served: almond, cashew, coconut, hemp, oat or rice

3. Children with a confirmed allergy require a Request for Special Meals and/or Accommodations form, available in the office. Your licensed medical professional will document the allergy
 - a. List the specific food item(s) to be omitted and any suggested USDA-approved substitutions
 - b. Describe how exposure to the food affects the child
 - c. Provide an Emergency Care Plan in case of accidental exposure to the food, including any special equipment the family must provide, such as an epi pen

4. Special meal accommodations due to religious, cultural or personal preference may be made as long as the substitution fully meets USDA meal pattern requirements
 - a. *It Takes a Village Academy* provides dietary substitutions after a case-by-case review

5. *It Takes a Village Academy* does permit children to bring in a special occasion "treat" for their classroom. Due to health concerns and possible classroom allergies, at this time such treats are limited to commercially packaged items with all ingredients visible on the label

Parent/Guardian Signature

Date

Food Service Coordinator Initials: _____