



Thank you for choosing to enroll your child/ren at Taller Puertorriqueño! Please take a moment to read about the programming we offer. When completing the application, keep in mind that we are gathering information so we can best serve you and your child.

Overview of Taller Programming

Cultural Awareness Program (CAP) Grades K-5

The Cultural Awareness Program nurtures children's mental, social, physical and emotional development through the arts and cultural enrichment activities. Expanding learning opportunities for young children, this after-school program provides culturally based visual and performing arts, homework help, recreational activities and a six-week multidisciplinary summer arts camp. The Cultural Awareness Program aims to build a foundation that fosters children's positive growth in grades K through 5th.

Advanced Cultural Exploration Program (ACE) Grades 6-8

The Advance Cultural Exploration Program provides older children with an opportunity to explore the arts and their cultural heritage. Building on what young people already value, this year-long comprehensive program includes after-school arts and performance activities, a homework club and a six-week multidisciplinary summer arts camp. In the course of their studies, the ACE students will develop a portfolio that can be utilized to apply to the region's learning visual and performing arts schools. The ACE program serves middle school youth in 5th through 8th grades.

How did you find out about our program? (Mark all that apply):

☐ TV-Channel ☐ Radio-Station ☐ Family member/Friend ☐ Event ☐ Other

Equal Employment Opportunity and Non-Discrimination Policy Taller Puertorriqueño is committed to the principles of equality in employment. Taller's personnel policies and practices do not discriminate against qualified employees and applicants because of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other characteristic protected by state or federal law. In accordance with the provisions of Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act, and all regulations properly issued thereunder to protect the rights of disabled persons, it is Taller's policy that no program or activity administered by Taller shall exclude from participation, deny benefits to or subject to discrimination any individual solely by reason of his/her disability. We further affirm that we will provide reasonable accommodation to the known physical or mental limitations of an otherwise qualified disabled employee or applicant.



PROGRAM APPLICATION

Enrollment for: ☐ Fall ☐ Spring ☐ Summer ☐ Extended Care

Summer Camp T-shirts are \$10 - Student's T-shirt size: _____

Group: ☐ CAP ☐ ACE

Student's Information

Student's Name: _____

Other names student preferred to go by: _____

Gender: ☐ Male ☐ Female ☐ Non-binary Preferred pronouns: ☐ he/him ☐ she/her ☐ they/them

Date of Birth: _____ Age: _____

Address: _____ Zip Code: _____

Race: ☐ Latino/a ☐ African American ☐ Caucasian ☐ Asian ☐ Bi-racial ☐ Other

Name of School: _____ Grade: _____ Student School ID #: _____

☐ ELRC ☐ HealthPartners ☐ Paying ☐ Scholarship ☐ Other

IMPORTANT AND REQUIRED INFORMATION. PLEASE FILL IT OUT COMPLETELY.

Parent(s)/Legal Guardian(s) Information

Parent's Name or Guardian: _____

Address: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____ (Cell Phone) _____

Email: _____



MEDICAL INFORMATION

Name of student's Physician/Medical Provider: _____

Address: _____ Phone: _____

Health Insurance Coverage for Child OR Medical Assistance Benefits: _____

Policy Number (Required): _____

Please Answer All of the Questions Below

Special Disabilities/Conditions?	
Allergies? (food, medications, etc. -include the reaction it causes)	
Medications? (A parent or guardian will be called to pick up a student who is sick or injured. Medicine will not be administered)	
Medical or Dietary Information Necessary in an Emergency Situation	
Student eating habits	

PARENT'S SIGNATURE IS REQUIRED IN EACH BOX BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care Signature:	Walks and Trips Signature:
Administration of Minor First-Aid Procedures Signature:	Transportation by the Facility Signature:
Swimming Signature:	Wading (walk through mud, snow, water, etc.) Signature:

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:		

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

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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:

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	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



Parent/Legal Guardian Authorized Mode of Transportation

(Please indicate mode of transportation)

From school or home to Taller: ☐ Parent or Guardian ☐ Public Transportation ☐ Walks to Taller

From Taller to home: ☐ Parent Pick Up **or** ☐ Permission to walk Home or Take Public Transportation

PERMISSION TO PICK UP

I grant permission for the following person(s) to pick up my child from Taller. I understand that anyone who picks up a child will be asked to show a photo ID that will need to match the information that is kept on file.

(1) Person's name: _____

Relationship to student: _____

Phone Number: (Home) _____

(Work) _____

(Cell) _____

(2) Person's name: _____

Relationship to student: _____

Phone Number: (Home) _____

(Work) _____

(Cell) _____

(3) Person's name: _____

Relationship to student: _____

Phone Number: (Home) _____

(Work) _____

(Cell) _____

(4) Person's name: _____

Relationship to student: _____

Phone Number: (Home) _____

(Work) _____

(Cell) _____

Drop-off & Pick up policy:

Whoever picks up students must be ready in case ID's are asked to be shown. If failed to provide, students **will not** be released.

NO minor is allowed to pick up a child unless written permission from a parent/guardian prior from pick up was provided.

Signature of Parent or Guardian

Date



AT TALLER PUERTORRIQUEÑO THESE VALUES ARE IMPORTANT TO US:

- **RESPECTING** ourselves, each other, staff, guests, and our space by: speaking politely, resolving conflict with words and not our hands, taking care of the things (supplies, rooms, etc.) here at Taller.
- **LISTENING** to each other and following directions so we can all be safe, have fun and learn together!
- **TRYING HARD** when faced with a new challenge or opportunity; and we will help each another when we see someone struggling.

I have read **Taller Puertorriqueño's Values** with my child and we both understand and agree to follow them.

ADMISSION

Rules of admission if a parent/guardian does not provide a completed application student is not eligible for the program unless a reasonable excuse is provided.

ATTENDANCE

If a student does not attend a program for more than 2 weeks without notice the student will potentially be dropped from the program.

Student's printed name

Student's signature

Date

Parent/guardian's printed name

Parent/guardian's signature

Date



Taller Puertorriqueño's Waiver and Release of Right and Permission to Participate

(Please read carefully)

Taller Puertorriqueño, hereafter referred to as "Taller", as part of its ongoing education in the arts programming holds an after-school program, a summer camp, and art workshops. The student signing below will be participating in the

Taller's Art Education Programs, beginning 9/13/22 and ending 6/17/23.

During the school year, classes are held from 3:00 p.m. until 5:30 p.m. Monday through Friday at Taller Education Building located at 2600 N 5th Street, Philadelphia. The summer camp hours are Monday through Friday _____ to _____. Workshop times vary and are notified upon registration.

In order to participate, all students and their parents or guardians must provide their full and unqualified permission for Taller to film, photograph, and videotape the students and workshop participants, and for unrestricted use by Taller of the artwork they create. This permission also includes a permanent waiver for any and all claims participants might otherwise have from the not-for-profit Taller for the use of the participant's image, films, videos, and artwork created in the workshops. This permission also includes the use of the participant's name, image, likeness, and voice in any film, photograph, or videotape that results from any of the above programs.

Any and all films, photograph, videotapes, images, written publicity, written articles, screenplays, and interviews produced by students from materials provided by Taller shall be the exclusive, permanent, sole, **and absolute property of Taller, and Taller shall exclusively own any and all copyrights** thereof.

Additionally, this permission also grants Taller to hold in-class field trips to art or educational locations and other programs. *This permission is a release of any and all liabilities and by signing below an agreement is established with Taller that holds Taller harmless from claims of injury of any kind that may result from participation in the above Taller's programs.*

I warrant and represent that I am a parent or guardian of the minor who has signed the above permission and release for my child to participate and I here agree that we shall both be bound thereby.

Student's printed name

Student's signature

Date

Parent/guardian's printed name

Parent/guardian's signature

Date



AFTER SCHOOL PROGRAM DATA SHARING CONSENT FORM

Taller Puertorriqueño

2600 N. 5th st

Agency Name

Program Location

Purpose:

The City of Philadelphia (the City) funds after school programs, also called “Out of School Time” (OST) through various city agencies and departments; other OST programs are funded and run by independent providers (collectively “OST programs”). When you enroll your child in an afterschool program, the City will collect information from you and your child and from OST programs and the School District of Philadelphia and store it in a secure centralized system, where it may be shared with other OST programs in order to help to manage the programs, provide academic assistance, publicize the programs, identify unused participant public benefits, as well as improve programming, services, and participant safety.

Process:

- When you sign up for an afterschool program, you will be asked to provide information about your child, including but not limited to his or her name, age, address, and other demographic information.
- OST program staff may also visit the program and talk to your child about being at that program and may also ask your child to complete short surveys about the program to learn more about the experience; these visits are a part of afterschool programs for every child and every afterschool site.
- Additional information may be added to your child’s file, including from the School District (if you agree) and other OST programs your child has attended including but not limited to: date of birth, gender, race, ethnicity, phone, ID, school name, grade, and attendance.

Information Privacy and Sharing of Information:

- The information that is collected about your child will be shared with staff at the afterschool program.
- In addition, the information about your child will be shared with approved City and OST program and administrative staff.
- If the City ever allows the information to be used for research or evaluation purposes, no identifying information about your child or your family will be shared.
- All of the information will be stored in a database that complies with requirements for managing student education records as set forth in the Family Educational Rights and Privacy Act (FERPA).
- Furthermore, the system is guarded by layered security protocols that prevents unauthorized persons from accessing the system. You also have the right to inspect and review documents collected and maintained in that system.

Consent to Collection and Use of Child’s Information:

- I give permission to the City Out of School Time program to collect, store, and share the information I provide on my child for use in the OST program as outlined above and for my child to complete programmatic surveys that may be shared with other OST programs.

- I give permission for the OST program to provide the School District of Philadelphia with information about my child's attendance in the OST program for the purposes of programming for my child and overall program evaluation.
- I give permission for the OST program to check my child's name against any public benefit databases run administered by or for the City for the purposes of locating additional benefits to which my child or family may be entitled.
- I give permission for the School District of Philadelphia to release my child's educational reports to the OST programs that have need for it. The information to be released under this consent is: all records; grades, test scores; AIMS scores; attendance; and any other measurements of academic performance tracking programmatic progress. The information will be released for the following purposes: programming for my child and overall program evaluation.

If you do not give permission for the School District to release your child's educational records, please initial here_____.

- I give permission for the OST program to photograph, digitally record, videotape, or audio tape my child while s/he is participating in the OST program. I further agree that any material may be used in publications, promotional literature, or in other similar ways, and that such use shall be without payment of fees. I understand that any photographs, videotapes, or audio tapes shall remain the property of the City and that I do not have the right to prior approval of their use. I release and hold harmless the City of Philadelphia, the City OST program, OST providers and their officers, employees, and agents from all claims and causes of action that I or my child may have as a result of the use of my child's photograph, videotape, or audio tape in connection with the program.

If you do not give permission for the OST program to use your child's image, please initial here_____.

- I understand that I may revoke this consent upon providing written notice to the OST program that my child attends. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the OST program for the reasons described above.

ACKNOWLEDGEMENT AND SIGNATURE:

By signing below, I acknowledge that I have read and understand this OST Data Sharing Consent Form and agreement to have my child's information shared as described above.

Child Name: _____

Child Address: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Agency: Taller Puertorriqueño

**The City of Philadelphia
Out-of-School Time Project
CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA**

Student: _____

Student ID #: _____

The Out-of-School Time Project ("OST") is a Philadelphia effort to improve the well-being of children and youth through effective academic support, enrichment and youth development activities during non-school hours. OST programming provides safe, constructive activities to children when they are not in school, and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST programs, The City of Philadelphia Department of Human Services (the "City") asks for permission to collect personally identifiable information from education records regarding children's school performance. The City will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records ("education records"). The City will use these education records to measure the impact of OST programming on children's school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above ("Student"). As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C. 1232g, and 34 CF R. Part 99 ("FERPA"), I consent and authorize The School District of Philadelphia (the "School District") to release education records concerning the Student, including confidential records of the School District, to the City's Department of Human Services, the Public Health Management Corporation, and my Student's OST program ("Recipients").

The School District releases these education records in connection with the Student's participation in an OST program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate OST programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

**Parent/Guardian Signature (or Student's signature, if
Student is 18 years old or an emancipated minor)**

Date _____

Name of school in which Student is currently enrolled

Student's Grade _____

Taller Puertorriqueño
Name of Student's OST Provider Agency

Student's Date of Birth _____

2600 N. 5th st.
Name of Student's OST Provider Location

LM 2.5

Caring for Our Children Policy

Taller Puertorriqueño makes every effort to meet the needs of each child and give them care no matter illness, sickness, allergies and communal diseases. It is our goal to work with families and Practitioners to ensure we are servicing children in regards to best practices, which may include health care plans, doctor's notes, and medication logs.

We understand that it is difficult for a family member to leave or miss work, but to protect other children, you may not bring a sick child to the center. The center has the right to refuse a child who appears ill. You will be called and asked to retrieve your child if your child exhibits any of the following symptoms. This is not an all-inclusive list. We will try to keep your child comfortable but he/she/they will be excluded from all activities until you arrive.

- Illness that prevents your child from participating in activities.
- Illness that results in greater need for care than we can provide.
- Fever (above 100°F under the arm, above 101°F in the mouth, above 102°F in the ear) accompanied by other symptoms.
- Diarrhea - stools with blood or mucus, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet.
- Vomiting - green or bloody, and/or 2 or more times during the previous 24 hours.
- Mouth sores caused by drooling.
- Rash with fever, 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.

Children who have been ill may return when:

- They are free of fever, vomiting and diarrhea for 24 hours.
- They have been treated with an antibiotic 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 if required.

Allergy Prevention

Families are expected to notify us regarding children's food and environmental allergies. Families of children with diagnosed allergies are required to provide us with a letter detailing the child's symptoms, reactions, treatments and care. A list of the children's allergies will be posted in the main area and kitchen. We are trained to familiarize ourselves and consult the list to avoid the potential of exposing children to substances to which they have known allergies.

Medication Policy

To ensure we are caring for our children in best practices, children who require medication for long term illnesses need a health care plan and documentation from a physician. The Provider will not administer any non-prescription or over the counter medication unless it is prescribed by a physician and labeled as such.

- (a) Medication, prescription or nonprescription, shall be given to a child by an adult caregiver only.
- (b) Medication, including prescription drugs, or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian.
- (c) Prescription medication shall have the pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication and shall be given in according to those instructions. Provider will not honor any instructions from parent/guardian, which contradicts the instructions of the physician.
- (d) Provider/caregiver will maintain a record as to the time and the amount of any medication given or applied.
- (e) The medication shall be in the original container, stored according to the instructions, and clearly labeled for the specific child. The Provider/caregiver will keep the medication out of the reach of children, and will return the medication to parent/guardian or destroy it when no longer needed.
- (f) Parents/guardians are required to sign the Medical Release Form daily, for each medication to be taken. Form requires name of medication, dosage to be administered, and time medication should be administered, as well as, name and telephone number of prescribing physician.
- (g) Children are not permitted to self-administer any medication. A staff member must do so and sign the medicine ledger, which is kept at the facility for parent reference.
- (h) All medications are to be taken home each night.

Communicable Diseases

When an enrolled child or an employee of the center has a (suspected) reportable disease, it is our legal responsibility to notify the local Board of Health or Department of Public Health. We will take care to notify families about exposure so children can receive preventive treatments.

Included among the reportable illnesses are the following:

- Bacterial Meningitis
- Botulism
- Chicken Pox
- Diphtheria
- Haemophilus Influenza (invasive)
- Measles (including suspect)
- Meningococcal Infection (invasive)
- Poliomyelitis (including suspect)
- Rabies (human only)
- Rubella Congenital and Non-congenital (including suspect)
- Tetanus (including suspect)
- H1N1 Virus
- Any cluster/outbreak of illness
- COVID-19

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.

Parent/guardian's printed name

Parent/guardian's signature

Date

Parent/Guardian Agreement

To protect our children and staff, I agree to keep my child at home regardless of vaccination status if he/she has any of the following symptoms:

Watch for ANY of the following symptoms:
<ul style="list-style-type: none">• Fever• Chills• Muscle or body aches• Headache• Sore throat• Congestion or runny nose• Fatigue• Nausea/vomiting• Diarrhea• New or persistent cough• New loss of sense of taste or smell• Difficulty breathing

If my child has any of these signs of COVID-19, I will not send him/her back to school or camp until:

- My child tested negative for COVID and is otherwise well enough to go back to school or camp **OR**
- A healthcare provider has seen my child and documented a reason for the symptoms other than COVID

OR

- All are true: 1) at least 10 days since the start of symptoms AND 2) fever free off anti-fever medicines for 1 day AND 3) symptoms are getting better.

If my child is diagnosed with COVID-19, I will not send him/her back to school or camp until the following:

- It has been at least 10 days since my child first had symptoms

AND

- My child has had no fever off anti-fever medicines (ex: Tylenol, Ibuprofen) for 1 day

AND

- My child's symptoms are getting better

If someone in my household is diagnosed with COVID-19 or my child is exposed to COVID-19, I will keep him/her home for 10 days.

If someone in my household develops any symptoms from the table above, I will get them tested for COVID-19. I will not send my child to school, even if my child is scheduled to be tested in school on that day. If that person tests positive, I will keep my child home for 10 days. Find your nearest testing site here: <https://www.phila.gov/testing>.

Child's Name: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____

EC2.4

Taller Puertorriqueño Inc. Childcare Center

Inclusion Policy

Taller Puertorriqueño Inc. Center equal educational opportunities are available for all children, without regards to race, color, creed, national origin, gender, age, ethnicity, religion, disability, or parent/guardian political beliefs, marital status, sexual orientation or special needs, or any other consideration made unlawful by federal, state or local laws. Educational programs are designed to meet the varying needs of all students. We do not discriminate on the basis of special needs as long as a safe, supportive environment can be provided. **Taller Puertorriqueño Inc. Center** welcomes all children and is committed to providing developmentally appropriate early learning and development experiences that support the full access and participation of each child. We believe that each child is unique and work in partnership with families and other professionals involved with the child to provide the support every child needs to reach their full potential.

Inclusive Environment

Taller Puertorriqueño Inc. Center will make every attempt to make any adaptations or modifications necessary to meet the needs of the children. Schedules, routines and activities are flexible and educators will work with therapists, special educators and other professionals to integrate individual accommodations, modifications and strategies into classroom routines and activities. Any adaptations will be reviewed with families and other professionals supporting the child.

EC 2.5

Suspension and Expulsion Policy

To foster commitment to a positive climate and strong relationships with families, **Taller Puertorriqueño Inc. Center** will ensure each family has access to the following resources to address the behavioral and social needs of the children and prevent expulsion and suspension. In collaborative efforts in dealing with difficult and challenging behaviors **Taller Puertorriqueño Inc. Center** along with program staff and families, will develop and implement a written course of act that:

1. Implements various strategies on redirecting behavior (that may include, Behavior Modification Charts, Frequency Charts, Anecdotal Notation, and Schedule Modification).
2. Using observation-based tools and training activities or supports that identify and pin point triggers on the current needs of the child.
3. Ensuring that all families and program staff are aware of available resources, including/ Referral to Behavior and Mental Health Agencies and other community-based services, to help maintain the child in their current enrollment **Taller Puertorriqueño Inc. Center**.



On rare occasions, a child's behavior may warrant the need to find a more suitable setting for care.
Examples of such instances include:

- A child appears to be a danger to him/herself, peers and staff.
- Continued care could be harmful to, or not in the best interest of the child as determined by a medical, psychological, or social service personnel.
- Undue burden on our resources and finances for the child's accommodations for success and participation.

Parent/guardian's printed name

Parent/guardian's signature

Date

Taller Puertorriqueño Inc.**Policy & Procedure Plan - IEP/IFSP Implementation Plan****Policy**

In order to ensure that the needs of children with an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP) are met, the following procedures will be implemented.

Director will:

- Ask all families to complete a request form for a copy of a child's IP/IFSP. This request will be placed in each child's file.
- File all copies of IP/IFSPs in the child's file in order to be readily available to share with the teaching team.
- Provide copies of IEP/IFSP goals to the child's teacher(s) and discuss strategies for meeting the goals.
- Ensure all teachers are trained on how to implement an IP/IFSP. Training will be documented in each teacher's professional development record (PDR).
- Contact early intervention staff/consultants to schedule periodic meetings with the child's family and teacher(s) to discuss the child's progress and to increase strategies in adapting IP/IFSP goals in classroom activities and routines.
- Request permission from families to attend any meetings with the early intervention team related to changes to the IEP/IFSP.
- Monitor teachers' work towards supporting the child in meeting IEP/IFSP goals.
- Request additional help from the early intervention team if needed.
- Ensure teachers conduct family conferences to report on progress.

The Teaching Team will

- Observe and document the child's progress towards goals weekly and use their notes to individualize lesson plans.
- Complete a communication log between home and the teachers daily for each child with an IEP/IFSP.
- Prepare for and conduct family conferences at least 3 times a year to share progress on IEP/IFSP goals, the child's development, and participation in the classroom.
- Meet with the family to plan for and discuss transitioning to new classrooms or programs. An individualized plan will be created as needed to ensure successful transition for the child.

Parent/guardian's printed name

Parent/guardian's signature

Date



FC 2.1

Taller Puertorriqueño Inc. Center

Request for Copy of IEP/IFSP

Dear Families,

We both share a common interest in your child's well-being, growth and development. One of the ways we advance this is with developmental plans and assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so. Would you kindly complete the lower part of this form and return to us.

Thank you.

Sincerely,
Marilyn Rodriguez-Behrle

Marilyn Rodriguez-Behrle

Education Director

If you have any questions, please contact the Education Director

At (215) 423-3311- extension: 2001
or email: mrodriguez@tallerpr.org

Please check one:

- ☐ I am enclosing a copy of my child's IEP or IFSP.
- ☐ I am not providing a copy of my child's IEP or IFSP or this is not applicable to my child.
- ☐ My child does not have an IEP or IFSP.

Child's Name (please print): _____

Family's Signature: _____

Date: _____