



PPEC Parental Agreement 2022-2023

Located in Kosair Charities Center on
Masonic Homes Kentucky's Louisville Campus
3800 Tom Larimore Lane • Masonic Home, KY 40041
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223
SproutlingsDayCare.com

CHILD'S NAME: _____

In order to provide quality nursing care, Sproutlings must have proper staffing available.
Approximate dropoff time: _____ Approximate pickup time: _____

PARENTS/GUARDIANS AGREE TO THE FOLLOWING:

1. I have read the Sproutlings Parent Handbook and agree to abide by the policies and procedures stated within.
2. I agree that my child, being in the medical program, will attend a minimum of 30 hours each week.
3. I am responsible for notifying the Director of Nursing of any changes in my child's insurance coverage prior to the end of each month. If insurance coverage is changed and Sproutlings is not notified, I will be responsible for any charges that are unable to be processed due to a lapse in coverage. These changes include but are not limited to being switched to a new Managed Care Organization, no longer qualifying for a Medicaid Waiver or losing coverage due to a change in my family's income or employment status.
4. I understand that Sproutlings is licensed as a medical facility designed to provide nursing care to medically fragile children. It is not a temporary respite center or day care for convenience only. It is important that I communicate my child's schedule and that pickup and dropoff occur as specified in my child's schedule and work/school statement. I will provide Sproutlings staff one week's notice and an updated work/school statement outlining any schedule adjustments or special circumstances so that accommodations can be made.
5. If I pickup my child after Sproutlings normal operating hours, specified on my signed work/school statement, I will be charged a late pickup fee.
6. Sproutlings is closed for holidays and professional development days. (2022-2023 school year holidays and professional development days: 8/8, 9/5, 11/24, 11/25, 12/23, 12/26, 12/30, 1/2, 2/17, 5/26, 5/29, 6/19 and 7/4)
7. I agree to inform Sproutlings if my child will not attend or my child will be arriving later than 10 am.
8. If I should find it necessary to withdraw my child from Sproutlings, I agree to give the program 30 days' advance notice.
9. At least one of my child's parents/guardians will be available for contact while my child is attending Sproutlings.
10. Any changes to my child's Protocol of Care, including new or changed medication orders, will be clearly communicated to Sproutlings nursing staff as soon as possible. I understand that new medication orders or orders for nursing care must have a physician's signature. I understand that only those medication and nursing orders defined on my child's Protocol of Care will be completed at Sproutlings.
11. If my child is hospitalized, a copy of the discharge summary, including a script stating that my child may return to Sproutlings, will be given to nursing staff the day my child returns.

Parent/Guardian Signature _____

Date _____