Grace Child Development Center & Academy

Enrollment Information

Dear Parents:
Our primary responsibility is the care and well-being of your child while he or she is with us. Please give us as much background information as possible so that we may provide this care in a meaningful manner. Thank you!

Child's Information

Name _____
(First) (Middle) (Last)

Birthdate _____ Nickname _____

Custody: Sex: □ Male □ Female

□ Both Parents □ Mother □ Father Who does the child live with? _____

□ Other: _____ Who is the child's Legal Guardian? _____

Program: □ VPK Only □ After-school Primary hours of care _____ - _____

□ Full day □ Summer Day Camp Enrollment Start Date _____

Parents' Information

Mother's

Name _____ Cell # _____
(First) (Last) Email _____

Address _____
(Street) (City, State) (Zip) (Unit)

Employer _____ Work # _____

Work Address _____ Work Hours _____ - _____

Father's

Name _____ Cell # _____
(First) (Last) Email _____

Address _____
(Street) (City, State) (Zip) (Unit)

Employer _____ Work # _____

Work Address _____ Work Hours _____ - _____

Emergency Contacts/Authorized Pickup

Persons to contact in case of emergency when the parent(s) or guardian(s) cannot be reached:

_____ Phone _____
(Name) (Relationship)

_____ Phone _____
(Name) (Relationship)

_____ Phone _____
(Name) (Relationship)

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Physician _____ Hospital Preference _____

How did you hear about our school? _____

Child's Name _____ **Background Information**

Personal History

Type of Birth: □ Normal □ Premature, weeks: _____ any complications? _____

Does your child: □ Crawl? □ Walk? Has your child begun talking? □ Yes □ No

Does your child speak in: □ Words? □ Sentences? What Language(s)? _____

Previous school/childcare attended: _____

How would you describe your child's school/childcare experience to date?

_____

What are your child's interests? □ Art □ Drama □ Sports □ Other: _____

School-Age: What elementary school does your child attend? _____

Health & Development

Any health issues? □ No □ Yes: _____

Any known allergies? □ No □ Yes: _____

Any medications given regularly? □ No □ Yes: _____

Any developmental or behavioral concerns? □ No □ Yes: _____

Any dvlmt. diagnosis (incl. ABA assesment on IEP)? □ No □ Yes: _____

Toilet Habits

Is your child toilet trained? □ Completely (Able to wipe. Infrequent accidents, incl. naps.) □ No □ In process.

Can your child be relied upon to clearly state his or her bathroom needs? □ Always □ Sometimes □ No

Can your child wipe him/herself without assistance? □ Yes □ No

How often does your child have accidents? □ 2+/day □ 1/day □ 2+/week □ 1/week □ occasionally □ rarely

Word used for bowel movement? _____ for urination? _____

Sleeping Habits

What time does your child go to bed? _____ Awaken? _____

What is your child's mood on awakening? _____

Does your child nap: □ No □ Yes: Time? _____

Eating Habits

Is your child on formula? □ No □ Yes: what kind? _____ □ Milk: what type? _____

Are there any foods that your child is allergic to? □ No □ Yes: _____

Does your child drink from a regular cup (NOT sippy)? □ Yes □ No Does your child use a spoon? □ Yes □ No

Social Relationships

Does your child spend time with both parents? □ Yes □ No

If separated, how often does your child see the absent parent? _____

Does the child have siblings? □ No □ Yes: Names and ages? _____

How often do you read to your child? _____

By nature, is your child: □ friendly? □ aggressive? □ shy? □ withdrawn?

How does your child get along with other children? _____

What makes your child angry/upset? _____

Is your child frightened by: □ Animals? □ Dark? □ Storms? □ Loud noises? □ Other: _____

How does your child express his or her feelings? _____

Policies & Procedures

- Our center opens at 6:30 A.M. and closes promptly at 5:30 P.M. If you do not pick up your child by closing time, a late fee of $15 per 15 minutes will be charged.
- A calendar is available with dates the center will be closed.
- An annual registration fee covering administrative costs and supplies is payable when your child enrolls or re-enrolls, once each year. This registration fee is non-refundable.
- All tuition fees are due by Tuesday for the current week. A late charge will be added for tuition, if received after Tuesday.
- All returned checks will be charged a fee.
- If your child is present one or more days a week, there will be a charge of full tuition.
- After your child has been enrolled, and with prior notification to the director, your child may be absent from the center only one week per year without charge. After the one week, half of the regular tuition will be charged to reserve your child's enrollment.
- To comply with the state standards, all registration forms, including child's health records, must be completed before attendance begins. These records will need to be updated yearly.
- If your child needs to take medicine while at school, a sign-in sheet is provided for the listing of medication, dosage, time given, and your authorizing signature. All medicines must be clearly labeled with the child's first and last name. These medicines must have signatures daily.
- Naptime is required and provided for all Infant – Pre-School children.
- For your child's safety, please see that your child is left with a staff member before your depart. The teacher is to be notified when your child is ready to leave the building.
- We cannot care for sick children at school, as we do not have special staff or facilities to do so safely.
- If your child is scheduled to be picked up by our school bus from a public school, but will not need our services, *please notify us at least 1 hour before our scheduled pick up time* .
- Children are not allowed to bring toys or food to school.
- Tennis shoes must be worn every day.
- At Grace Child Development Center, every effort is made to provide a happy learning experience. Positive reinforcement encourages appropriate behavior in children. When necessary, supervised isolation from the group may be used as a form of discipline.
- Please bring a change of clothing clearly labeled with the child's name. These should be left at the center in case of an accident.
- Nutritious breakfast, lunch, and snacks are served daily. The menus will be posted weekly for your reference.
- The Parent Handbook will be sent via Procare and must be reviewed upon enrollment and annually thereafter.

I have read and agree to the policies and procedures of Grace Child Development Center.

Parent/Guardian Signature _____ Date _____

I hereby grant permission for the staff of this facility to have access to my child's records.

Parent/Guardian Signature _____ Date _____

- Section 2.8 of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.
- Sections 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).

I have received the above items, and the information on this enrollment form is complete and accurate.

Parent/Guardian Signature _____ Date _____

Child's Name _____ Permission Forms

Photo/Video Release

I hereby grant permission for Grace Child Development Center to create, release, and/or reproduce my child's picture, artwork, and/or creative writing for Grace Child Development Center Website and/or Facebook Page without any remuneration or repercussion to Grace Child Development Center.

Parent/Guardian Signature _____ Date _____

Water Activities

I hereby grant my permission for my child to participate in water activities planned by Grace Child Development Center. I understand that my child will be continuously supervised by at least two adults, and safety rules will be enforced.

Parent/Guardian Signature _____ Date _____

Field Trips

I hereby grant my permission for my child to be transported by Grace Child Development Center on field trips.

Parent/Guardian Signature _____ Date _____

School Transportation

I hereby grant my permission for my child to be transported by Grace Child Development Center to and/or from

□ Buelah Elementary School □ Longleaf Elementary School

Parent/Guardian Signature _____ Date _____

Food Activities

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as classroom cooking projects, gardening, school wide celebrations, and birthdays.

I hereby grant my permission for my child to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

____My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

____My child DOES NOT have a food allergy or dietary restriction. He or she may **NOT** participate in activities.

____My child **DOES** have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____

_____

____My child **DOES** have a food allergy or dietary restriction. He or she may **NOT** participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Accident/Incident Reports

In order to communicate with parents about accidents and incidents, Grace Child Development Center will have parents sign a written form for any and all accidents and incidents.

An Accident Report will explain any accident that may happen while your child is playing, working, or eating. Examples of this would be scraping a knee on the sandbox, pinching a finger in a toy, etc.

An Incident Report will explain an incident in which your child did something they were not supposed to do. Examples of this could include pushing a friend, saying unkind words, being disrespectful to teachers and friends, etc.

Grace Child Development Center will notify you in writing of any Accident or Incident Report. These reports will need to be signed within 24 hours of the accident/incident.

Parent/Guardian Signature _____ Date _____

Emergency Evacuation

Grace Child Development Center practices Emergency Preparedness drills once a month, Fire Drills, Inclement Weather, Lockdown, and Shelter-in-Place. These are drills that do not require evacuating. If there is a need to evacuate, Grace Child Development Center will transport your child to Little Inspirations Learning Academy located at 9318 Pensacola Blvd. Grace Administration will have parent/guardian contact information for each child and will contact you if an evacuation situation were to arise.

I give permission for my child to be transported by Grace Child Development Center to Little Inspirations Learning Academy located at 9318 Pensacola Blvd. during an evacuation.

Parent/Guardian Signature _____ Date _____

Infant/Toddler Permissions

Child's Name _____

I hereby grant my permission for Grace Child Development Center to use the following as needed:

□ Diaper Cream □ Vaseline □ Orajel

Parent/Guardian Signature _____ Date _____

Parent/Guardian Consent Form

PARENT/GUARDIAN NAME_____

CHILD_____ **DOB**_____
CHILD_____ **DOB**_____
CHILD_____ **DOB**_____
CHILD_____ **DOB**_____

I give consent for the following screenings to be completed by my child's Provider or person designated by the Early Learning Coalition: Developmental, Vision, Hearing, Height & Weight and BMI (Body Mass Index). The results of this screening will be shared with the parent. I am aware that I may withdraw this consent in writing at any time.

Please check one:
I authorize consent. ☐ **I decline consent.** ☐

I give consent to Coalition or contracted staff to engage in verbal, written, or electronic communication about the health, educational, and/or behavioral status of my child or me with the following service providers/community programs. Consent may not be denied for review of information related to federal or state funding payments.

Children's Medical Services
Department of Children & Families
Early Steps (formerly DEI)
Escambia County Health Department
Escambia County School District
Early Learning Coalition of Escambia County
Other:_____

Families First Network
Fl Diagnostic & Learning Resources System
Division of Early Learning
Head Start
VPK program Provider
Employer

Please check one:
I authorize consent. ☐ **I decline consent.** ☐

I am aware that I may withdraw this consent in writing at any time.

_____ **Date**_____
Signature of Parent/Guardian

Authorization is valid for the period the participant remains in the program or withdraws their consent.

A PHOTOSTAT OF THIS SIGNED CONSENT FORM SHALL BE AS VALID AS THE ORIGINAL

Revised 1/10/2022

Grace Child Development Center

Guidance, Dismissal, and Expulsion Policy

We provide a total care program, taking pride in helping children develop in all areas. Promoting healthy social and emotional development, including self-control, is one of the fundamental responsibilities of our program. The preschool period is a critical time for children to learn to control their thoughts, feelings, attention, impulses, and behavior. They are learning how to get along with others and how to be friends. We (parents and teachers) must teach social-emotional skills just as we teach washing hands or learning colors and shapes. This gives them the foundation needed for academic and life success.

We support this development through:

Our Environment

• We provide children with materials and engage them in activities that are appropriate for their age and respectful to them as individuals. • We regularly observe the environment and the children as they interact in it to ensure it promotes healthy social interactions.

Our Teachers

• Work to develop a relationship with each child • Encourage peer relationships by creating social opportunities and working with children to resolve conflict • Staff will try to redirect child from negative behavior

Our Families

• Communicate regularly with management and with teachers through conferences to ensure consistency in guidance between home and school to best serve children, we may need to partner with social and emotional experts to help give a child the best foundation for academic and life success

Our Children

• Learn how to handle conflict in a healthy manner (using appropriate words and not hands)

Thank you for choosing to allow our staff to support your child's development. We are committed to each child's social-emotional development. When serious concerns arise, we will partner with parents and professionals who specialize in supporting children's social and emotional health. On occasion, we may work with families to seek the best care for their child if our program can no longer meet the needs of an individual child or family.

When a child is having problems in the classroom,

- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be notified in writing of disruptive behaviors that could lead to expulsion.
- Recommendation may be made for evaluation by professional behavior specialist.

Unfortunately, there are times we must ask that a child be removed from our program on either a short term (suspension) or permanent basis (expulsion or dismissal). We work with the family of the child in order to prevent this policy from being enforced.

If the remedial actions above do not effect a change in behavior, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting a suspension or expulsion.

A suspension is meant to be a short period away from the center so that the parent/guardian may help work on the child's behavior. The parent/guardian will be informed regarding the length of the suspension and the expected behavioral changes required in order for the child to return to the school.

Reasons for Suspension:

- Harmful behavior to self, peers, or staff including, but not limited to, biting, hitting, or kicking.
- One or more angry outbursts or tantrums (including violence towards staff or destructive behavior, such as throwing/tearing/hitting/kicking school furniture or materials).
- Parent's habitual tardiness when picking up a child.

Reasons for Expulsion:

- Child is at risk of causing serious injury to self, peers, or staff.
- Three angry outbursts or tantrums (see above).
- Verbal abuse or intimidating actions toward staff.
- Ongoing physical abuse to staff or other children.
- Excessive biting.

Reasons for Dismissal:

- Child's inability to adjust after a reasonable amount of time.
- Unable to toilet train to enter our three-year-old program.
- Parent's physical threats or intimidating actions towards staff members.
- Parent's verbal abuse to staff in front of enrolled children (including his/her own).
- Parent's failure to pay or habitual lateness in payment.
- Parent's failure to complete required paperwork, including child's health records.
- Parent's continual tardiness when dropping off or picking up a child.
- Parent's lack of availability when contacted for assistance in disciplining a child.

Prior to dismissal or expulsion, a parent will be called, correspondence will be sent home indicating what the issue is, and every effort will be made by the center, with help of parents, to correct the issue.

NAME(S) OF CHILD(REN): _____

I understand and agree to the policies of Grace Child Development Center outlined in this document.

SIGNATURE OF PARENT: _____ Date: _____

Office Use –

Date of incident: _____ SIGNATURE OF PARENT: _____

Date of incident: _____ SIGNATURE OF PARENT: _____

Date of incident: _____ SIGNATURE OF PARENT: _____

Suspension Date: _____ SIGNATURE OF PARENT: _____

Suspension Date: _____ SIGNATURE OF PARENT: _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ **Center Name & Address:** _____

Primary Hours of Care: From: _____ To: _____ **Days of the Week in Care:** M T W TH F S S **Meals Typically Served While in Care:** BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: |___||___||___||___||___||___||___||___||___||___| ***or*** TANF Case Number: |___||___||___||___||___||___||___||___||___||___|

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: $_____	**How often received? (check only one):** ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work ($ Amount / How often?)	Public Assistance/Child Support/Alimony ($ Amount / How often?)	Pensions/Retirement/All Other Income ($ Amount / How often?)
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** |___||___||___||___| If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ **Daytime phone #:** (_____) _____ – _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** |___| Hispanic or Latino |___| Not Hispanic or Latino

Race (check one or more): |___|American Indian or Alaskan Native |___|Asian |___| Black or African American |___|Native Hawaiian or Other Pacific Islander |___| White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** _____ **Total Household Income:** $_____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy **How Often Income is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top pf the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

<table>
<tr><th colspan="2">Sources of Income for Children</th><th colspan="3">Sources of Income for Adults</th></tr>
<tr><td>Earnings from work</td><td>A child has a regular full or part-time job where they earn a salary or wages</td><td rowspan="4">Earnings from Work
• Salary, wages, cash bonuses
• Net income from self-employment (farm or business)

If you are in the U.S. Military:
• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
• Allowances for off-base housing, food and clothing</td><td rowspan="4">Public Assistance/ Alimony/Child Support
• Unemployment benefits
• Worker's compensation
• Supplemental Security Income (SSI)
• Cash assistance from State or local government
• Alimony payments
• Child support payments
• Veteran's benefits
• Strike benefits</td><td rowspan="4">Pensions/Retirement/All Other Income
• Social Security (including railroad retirement and black lung benefits)
• Private pensions or disability benefits
• Regular income from trusts or estates
• Annuities
• Investment income
• Earned interest
• Rental income
• Regular cash payments from outside household</td></tr>
<tr><td>Social Security
• Disability Payments
• Survivor's Benefits</td><td>• A child is blind or disabled and receives Social Security benefits
• A parent is disabled, retired, or deceased, and their child receives Social Security benefits</td></tr>
<tr><td>Income from person outside the household</td><td>A friend or extended family member regularly gives a child spending money</td></tr>
<tr><td>Income from any other source</td><td>A child receives regular income from a private pension fund, annuity, or trust</td></tr>
</table>

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.

More information and free resources:

MyFLFamilies.com/ChildCare

This child care facility is licensed accordingto the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: _____
License Issued on __/__/__
License Expires on __/__/__
For more information regarding the compliance history of this child care provider, please visit: MyFLFamilies.com/childcare

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

OFFICE OF CHILD CARE REGULATIC AND BACKGROUND SCREENING

MYFLFAMILIES.COM

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014
This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,

Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- ☐ Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director Credential for all facility directors.

Food and Nutrition

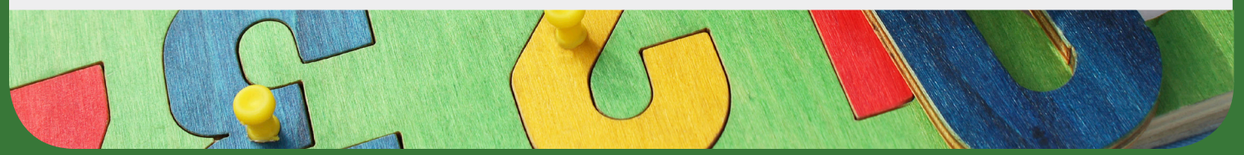
- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- ☐ Maintain accurate records that include:
  - Children's health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equipt with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.



Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and freqently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

MYFLFAMILIES.COM

Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare

CF/PI 175-12, May 2019

When life happens…Don't be a

DISTRACTED ADULT

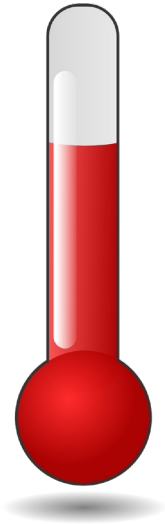
During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.

FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked,** the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

_____

Child's Name:

_____

Date:

_____

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents:*

Name:_____

Child's Name: _____

Date Received:_____

Signature:_____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: http://www.cdc.gov/flu/ **or** http://www.immunizeflorida.org/

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

How can I tell if my child has a cold, or the flu?

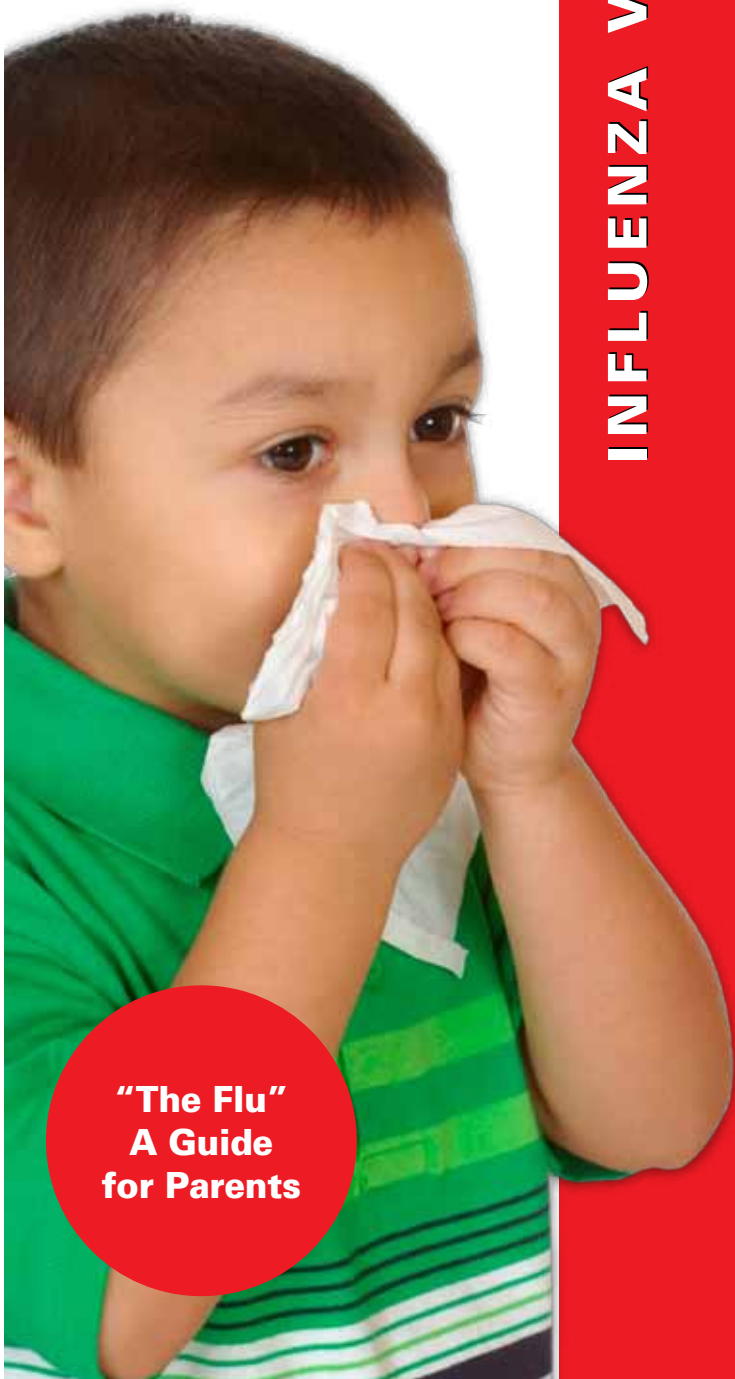
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

Florida Department of Children & Families

For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



INFLUENZA VIRUS

"The Flu" A Guide for Parents