

	_	-
Airside Location: 🖵	Skinner Location:	J
Aliside Localion. —	SKILLIEL LOCULION. —	_

Orientation

Admission Procedure

Name of Child: _	
Start Date:	
Age:	

The following items must be in place and properly filled out for admission to our Center.

- Enrollment Application
- Signed as having received a copy of the "Child Care Facility Brochure"
- Emergency Medical Authorization
- Developmental Screening Authorization
- Photo permission signed
- ❖ Debit Payment Authorization Form filled out with voided check/signed/date
- White Immunization Form (current) (Form680)
- Gold Physical Form (current)
- Copy of Driver's License

Please return this form along with all other enrollment papers for your child's admission to be complete.



Airside Location: \square Skinner Location: \square

Enrollment Application

1	Please fill in ap _l	olication completely and	l legibly
Child's Name:			
		(First Name)	(Middle Name)
Date of Birth:	Sex:	Male Female	
Race:			
Child's Address:			
City:	State	e: Zip Co	de:
Home Phone #:_			
Date of Enrollme	nt:		
Child's Social Sec			
Check days to at	ttend: MON 🔲	TUES WED THU	☐ FRI ☐
		ture Time:	
Parent Informa	tion		
Enrolling			
Parent/Guardian	:		
	(Last Name)	(First Name)	(Middle Name)
Relationship to cl	nild:		
Address:			_City/State:
Phone #:			
(hor	me)	(cellular)	(work - ext)
Occupation:		Employer:	
Work Address:		City/State:	
Work Hours:			
Date of Birth:		Oriver's License#:	
Social Security #		Fmail address:	



Parent/Guardian:					
(Last Name)	(First Name	:)	(Mi	ddle Nam	 ne)
Relationship to child:					
Address:		City/State:			
Phone #:]		
(home)		(cellular)		•	work -ext)
Occupation:					
Work Address:		_ City/State:			
Work Hours:		Driverte Lieen	4.		
Date of Birth:					
Social Security #: Primary Residence:					
•	with Guardian (r		·	WIIII DOI	11
Parent's Marital Status: The following persons a case of an emergency:	re authorized to p	-			ntacted in
Name:			Phon	ne:	
Name:	_ Address:		Phor	ne:	
Name:	_ Address:		Phon	ne:	
Name:	_ Address:		Phor	ne:	
Name:	_ Address:		Phon	ne:	
Name:	_ Address:		Phor	ne:	
Child's Physician:					
Address:					
Phone:	Hospital Prefe	erence:			
Any allergies or special	needs:				
Emergency contact oth	ner than parents:				
Name:	_ Address:		_ Phone	э:	
Is this child potty-trained What does your ch			to	use th	e toilet?



Does your child need help with:
Dressing/Undressing Eating Washing Hands
Does your child have any special fears or problems?
Favorite games:
Favorite toys:
DISCIPLINE POLICY: Section 65-C 22.006(3) (c) 2.F.A.C. Discipline Policy- requires that parents are notified in writing of the disciplinary practices used by the childcare facility.
If a child's behavior prevents him/her from being a cooperative participant in the class activities, or if the behavior is disruptive and/or threating to the other students or staff, that child shall be removed from the class and spend supervise time-out. If said behavior becomes a consistent occurrence, Early Childhoo Learning Center will advise the parent and request a conference to suggeresolutions. If your child is experiencing a change of behavior at home that more result in changes of behavior at our center, it is important for you to notify the director. The director and your child's teacher will keep you informed of an behavioral problems.
I give permission for Early Childhood Learning Center Staff and the Department of Children and Families licensing to access my child's file.
Signature of Parents/Guardian Date



AGREEMENT

The success of Early Childhood Learning Center depends on the quality of service we provide our families. It is the policy of Early Childhood Learning Center that all children are individuals and learn at their own individual pace and that they and their families shall be provided equal opportunity regardless of their race, color, religion, age, creed, marital status, national origin, ancestry, physical or mental disability, sexual orientation, affectional preference, veteran status or citizenship status, or any other classification protected by law.

By signing below, you verify that all information in this enrollment form is complete and accurate.

Signature of Parent/Guardian	Date



EARLY CHILDHOOD LEARNING CENTER ENROLLMENT POLICY

- It is the policy of Early Childhood Learning Center that the "enrolling" parent(s) is responsible to complete all documents required for enrollment with signatures.
- In the case of a "single" parent enrolling their child, it is that "sole" parent's responsibility to complete all documents required for enrollment with signature.
- The enrolling parent (only) authorizes who is allowed on the child's "pick-up" list according to the names they provide as part of the enrollment package
- Under no circumstances is any other person "authorized" to add/delete names on the child's "pick-up" list.
- If the enrolling parent chooses to make changes to the "pick-up" list they authorized, it must be done so in writing or requested through Brightwheel app. Authorization over the telephone is not allowed.
- No person may pick up any enrolled child that is not on his/her "pick-up" list regardless of the relationship to the child.

Signature of enrolling parent(s)	



Karice Inc. dba Early Childhood Learning Center P.O. Bo	ox 382. Lakeland, Fl 33802 863-647-3322 863-687-0070 Fax: 800-880-2721
Airside Locatio	on: 🔲 Skinner Location: 🗖
AUTHORIZATION FOR EA	MERGENCY MEDICAL AND FIRST AID
Center, I understand that the staff contact the person that I have do center be unable to reach me, or contact my child's physician of treatment. The physician and/or emergency medical treatment ne	ill or injured at the Early Childhood Learning or the Director will contact me immediately or esignated if I cannot be reached. Should the the person designated, they are authorized to and/or arrange for immediate emergency medical facility are authorized to administer ecessary to assure the health and safety of my payment of medical services rendered.
	t the center shall be recorded on an accident d will receive that form with specific information and will sign it.
Physician to be called in an	emergency:
Name:	Phone Number:
Name:	Phone Number:
to take what emergency medical and protection of my child. I hereb	e the staff of Early Childhood Learning Center measures are deemed necessary for the care by authorize the staff and Director, representing to give consent for any and all necessary care for my child.
 Signature	 Date



Airside Location: Skinner Location:

Developmental Screening Program

During your child's first few years of life many important skills and abilities are established, skills that are a key to success in school and later life. We believe that it is very important to monitor the growth and development of children in our care, so that we can give/monitor early attention to any possible delays. Early attention often means delays can be solved and children can "catch up" with their playmates.

Your child's caregivers in this facility have completed training in the observation and screening of young children and we have implemented a program of periodic screening for the children in our care. With your permission, we will occasionally observe your child's development and we will record results using a screening checklist developed for this purpose.

We welcome your participation in theses screening sessions, and we would be glad to explain the screening process to you in detail. When the results indicate that your child's development is typical, we will provide you with a summary of your child's progress and will suggest age-appropriate activities that you might do with your child.

If the results point out areas of possible concern, we will advise you on how to schedule a more detailed assessment for your child. We will keep all information about your child and your family in confidence.

Please indicate below with a checkmark if we have your permission to periodically

monitor your child's growth and development.

I do _____ or do not ____ grant permission to screen my child for possible developmental delays.

Parent/Guardian Signature

Child's Name: _____ Birth Date: _____

If your child was born prematurely, how early was the birth: ______

Child's primary physician or health care provider: _____



AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize **Karice**, **Inc. d/b/a Early Childhood Learning Center** to deduct from my checking/savings account the dollar amount listed below:

\$	as a	new deduc	ction	change in c	leduction
This is a:					
one time	e deduction	monthly dec	duction _	bi-weekly (deduction
Financial Inst	itute:				
Account#:			-		
Routing#:			_		
Name Printed	d:		_		
Signature:			_ Date	e:	
Child's Name) :	Age:	C	lass:	



BITING IN CHILDCARE

When a child bites or is bitten, strong emotional responses usually follow. Parents of children who bite may experience feelings of frustration, anger and guilt. The parents of children being bit often experience feelings of fear, frustration and anger. Although biting by young children is a typical behavior and usually is corrected by age three, biting by a child of any age cannot be tolerated. There are many reasons children bite however, it isn't helpful in creating a safe, positive or enjoyable environment for the children we serve. And most of all – biting hurts! Therefore, we are enforcing the following policy concerning biting.

Biting Policy

Children two years of age or older Incident that occurs within a one-month period.

1st Occurance – Parents receive an Incident Report along with literature concerning biting.

2nd Occurance – Consult with parent. Give literature about biting and let them know if their child bites twice in one day, the child will be sent home for the rest of the day.

- **3rd Occurance** After second bite, child will be sent home for the day.
- 4th Occurance After second bite, child will be sent home for the day.
- **5th Occurance** After second bite, child will be sent home for the day.
- **6th Occurance** After being sent home 3 times within a month for biting, a parent conference is arranged, and child will be suspended for 1 week.

If behavior continues after being suspended and progress is "not" accomplished, Early Childhood Learning Center Airside/Skinner reserves the right to have said child removed from our center. In extreme cases, Early Childhood Learning Center Airside/Skinner reserves the right to use their own discretion for dismissal of said child.

Parent Signature	Do	ate



A :: -1 - 1 L:	01::
Airside Location:	Skinner Location:

BEHAVIORAL/EXPULSION POLICY

NAME OF CHILD:	
SIGNATURE OF PARENT:	

It is the policy of *Early Childhood Learning Center* to provide open communication and reasonable accommodations to our families concerning any behavioral issues. Children attending *Early Childhood Learning Center* are expected to behave in a safe and courteous manner when present. Behavior is expected to be age-appropriate, and display a reasonable concern for themselves and others. Children are expected to be respectful to their teachers and adults, and communicate their needs and feelings in appropriate ways. Parents are expected to support their child's development by meeting staff's concerns with care and attention, and to work with their teachers to achieve the great results we know our children are capable of.

Unfortunately, there are sometimes reasons we must ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM:

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment, appropriateness of activities, supervision.
- Staff will always use positive methods and language while discipling children,
- Staff will praise appropriate behavior
- Staff will consistently apply consequences for rules
- 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 given written copies of the disruptive behaviors that might lead to expulsion
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behavior
- The parent will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation.



On -going behavioral concerns will be addressed by staff through documentation and follow up through Parent intervention. Documentation will follow this order:

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian
 will be advised verbally and in writing about the child's or parent's behavior
 warranting an expulsion. An expulsion action is meant to be a period of time so
 that the parent/guardian may work on the child's behavior or to come to an
 agreement with the school.
- The parent/guardian will be informed regarding the length of the expulsion policy.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school
- Parents will next receive a **Formal Written Documentation** including the behavior, the expectation, and the appropriate follow up for the situation
- Should the behavior(s) still be a concern, Parents will receive a <u>Second Formal Written Documentation</u> letter and <u>Request to Meet</u>. In this conference we will create an Action Plan for you child. An Action Plan will determine the steps taken to bring about the desired behavior. It will also stipulate a time frame and/or circumstance for a resolution to be accomplished. The Parents and Teachers will reevaluate at the end of this period.
- Should an Action Plan fail to meet the center's expectations for the addressed behavior in the time set, a letter will be issued, or a meeting held to terminate the Care Agreement.

Behavior issues include, but are not limited to:

Biting, hitting, spitting, kicking, verbal abuse, profane language, bullying, harm to themselves or others.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment
- Failure to complete required forms including the child's immunization records.
- Verbal abuse to staff
- Parent threatens physical abuse to staff or other children

ECLC is committed to treating everyone with respect and doing our best to help each child reach their goals. Our families are an important part of those goals, and we will always aim to be a cooperative team for the best interests of your child!



Airside Location: Skinner Location:
CLOTHING POLICY
Although we understand that you want your child to look their best, preschool is a place for play clothes, closed-toe-shoes , and as little jewelry as possible. We want our children to feel free to experience classroom activities and be safe doing so.
Please DO NOT allow your child to bring toys from home unless they are requested by the teacher for show and tell.
It has been our experience that when these guidelines are not followed and children come to school with items from home and inappropriately dressed for the activities they will be engaged in that items of "cost" tend to get damaged, lost, misplaced, or go home with the wrong family.
It is our policy that we will not be responsible, nor will we reimburse "any and all items" lost or misplaced.
Thank you for your cooperation and understanding in this matter.
Parent signature Date



OUTDOOR PLAY

To our families:

We believe the outdoors gives young children freedom that is uniquely different from what they experience indoors. The outdoor play environment allows them:

- Freedom to move and be active through discovering, exploring, experimenting, observing and problem solving.
- ❖ Freedom to be in control of their own learning, to make decisions to be creative and inquisitive in ways that are different from indoors.
- Freedom to be active, noisy and messy.
- Space to develop a range of physical skills and opportunities to experiment and refine these skills, with the help and encouragement from loving, caring, adults, that include crawling, walking, running, jumping, climbing, skipping, hopping, pushing, pulling, digging, pedaling, balancing, throwing and catching.
- ❖ Opportunities to engage all their senses through touching, tasting, hearing, smelling, seeing the world around them.
- Healthy opportunities that can only be experienced in the fresh air and sunshine.

Therefore, the children in our care will be given daily opportunities, weather permitting, for active noisy and messy play on our outdoor playground. They will dig, play with sand and water, paint and even be given the wonderful experience of making mud pies! These are playful learning opportunities that are helping your child learn in their great adventure towards school readiness!

Please dress your child daily for outdoor play. We will make sure their hands and faces are washed after playing outdoors. We will depend on you to provide us with extra sets of clothing, including undergarments and extra pair of shoes to change into when your child gets too wet, or clothes are too soiled and in need of changing. If you have extra clothes your child has outgrown at home and you would like to donate them for us to keep on hand, that support would be greatly appreciated!

Thank you for sharing your child with us. We take that responsibility seriously and consider it a privilege to help you and your child in the learning and growing process. If you ever have questions or concerns about our outdoor environment, please feel free to contact us.



IT INFORMATION Father/Guardian Full Name
/
Cellular Number
Home Number
Work at
Work Number
Dad() Both() Other() s () No () Age



	s child potty trained? YES NO t does your child say when he/she wishes to use	e the toilet?
Wasl	s your child need help in: Dressing/Undressinghing Hands? s your child have any special fears or problems?	
Favo Plea	orite games: orite toys: se write a list of names and phone numbers of p If up from school.	
	Name and Last name	Phone number
1.		
2.		
3.		
4.		
5.		
6.		
7.		



	Airside Location: Skin	ner Location:	
Name	e:		
Dear	Parents:		
speci	While your child is enrolled in this childcare pal activities for which we need your permission.	orogram, he/sh	e will be involved in
exper	From time to time photographs of our preational and publicity purposes. These pictures wiences offered to your child during the year. oting school activities.	ill be represent	ative of the enriching
	Teaching Strategies Gold Assessment System	I do 🔲	I do NOT
	Google Drive	I do 🔲	I do NOT
	Communications App	I do 🔲	I do NOT
	Social Media	I do 🔲	I do NOT
	School Website	I do 🔲	I do NOT
	School Activities	I do 🔲	I do NOT
By sig	ning this form, you are agreed there will be NO	monetary gain	now or in the future.
	Parent Signature	Date	

Note: We do not sell any of this information or pictures to other companies.



Dear Parents,

Under Florida law, vaccinations are required, but not mandatory for students attending public school. Children can be exempt from vaccinations for medical reasons as well as for religious purposes.

This letter is to inform parents of Early Childhood Learning Center that due to Florida law, there may be children attending our center that are unvaccinated.

If you have any questions or concerns, please feel free to contact ECLC Management.

Print Name	
 Signature	Date



TUITION PAYMENT POLICY

- Tuition is charged on a biweekly basis.
- Tuition is paid prior to the weeks of service-Due every other Friday (Airside).
- Tuition is paid prior to the weeks of service-Due every other Monday (Skinner).
- I understand and agree if my son/daughter is absent for any reason I am still responsible for tuition payment.
- Tuition rates remain the same if the following occurs:
 - Children are absent
 - Holidays the school is closed
 - Unexpected closures (weather/emergency situations)
- Policy with certificate (voucher) issued by the Early Learning Coalition:
 - Parents will be responsible for "parent fee" issued by the Early Learning Coalition.
 - Parents will be responsible for the additional daily rate fee due to the differential daily rates paid by the Early Learning Coalition.
 - Parents will be responsible for any payments not received by the Early Learning Coalition due to the following:
 - ✓ Number of days absent per month.
 - ✓ Redetermination deadlines.
 - ✓ Certificates (vouchers) expired or determined ineligible and not reissued.
 - ✓ Any and all other status change resulting in "nonpayment" by the Early Learning Coalition.

I have read, understand fully, and agree to com	ply with the policy stated above:
Parent Name:	_
Parent Signature:	_
Child's Name:	Date:



PARENT AGREEMENT

- There is a nonrefundable registration fee. If not paid by the 1st of September each year, the registration fee will be deducted from your account.
- There is a \$30.00 fee for insufficient funds or any type of return.
- There is a \$30.00 fee if tuition is not paid in full or not paid on time.
- There is a \$25.00 biweekly fee for payments made other than by automatic debit for tuition (Airside).
- In the event my child is withdrawn, I must submit a two-week written notice prior to the withdrawal date. Each day your child attends up to and including their last day must be paid in full. No exceptions.
- Early Learning Coalition vouchers/certificates payment policy states a child can miss no more than three days per month. Otherwise, I will responsible for the payment.
- ECLC attendance policy for VPK states a child can miss no more than 5 days in a row, and/or a total of 26 days for the school year.
- I understand and agree, if I withdraw from the center with an unpaid balance, there will be an additional 15% of the total amount owed to ECLC charged to me, the customer.
- I understand and agree with the Child Behavior Policy.
- I understand and agree with the Biting Policy.
- I understand and agree with the Health Policy. (This includes that head lice requires a doctor's note or box top as proof of treatment.)
- Your insurance is primary and ECLC insurance is secondary when seeking medical attention.
- I have received the brochure "KNOW YOUR CHILD CARE FACILITY", provided by the Florida Department of Children and families.
- Your code for the keypad is for you only.
- **Section 65C-22.006**, **F.A.C.**, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. I agree to have my child's physical examination and immunization records in within 30 days of enrollment.
- Section 402.3125 (5), F.S., requires that parents receive a copy of the Child Care Facility Brochure "KNOW YOU CHILD CARE FACILITY".
- If in the event a lawyer is retained on the behalf of ECLC, the parent will be responsible for any and all fees acquired.
- I have received, read, understand, and agree to the terms of all procedures, policies, and checklists of Early Childhood Learning Center.

Name of Child (print)		
Name of Parent or Guardian (print)		
Signature	Date	

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name:	Center Name	Center Name & Address:					
Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (arent Letter before com	npleting this form. If	you need assis	stance completing this for	n, call: ()		
STEP 1: Complete the following table for all INFANTS and CHILD		N through age 18 t	that reside in	REN through age 18 that reside in the household, even if not related. (include child listed at top of form)	ot related. (include	child listed at top	of form)
Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	nter? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)	away? (circle)
			No			Yes	No
			No			Yes	No
		Yes	No	Yes No	Yes No	Yes	No
STEP 2: Do any household members (children or adults) receive Food Assistance If NO. go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.	or adults) receive Fo	od Assistance Pro en go to STEP 5.	gram (FAP/SN	Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? then go to STEP 5.	tance for Needy F	amilies (TANF) b	enefits?
FAP/SNAP Case Number:		or TANF	Case Number	:			
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	receive income. Enter	the total income rec	seived by all ch	ildren listed in STEP 1, the	en check how often	the income is rece	eived.
Children's income – Total: \$ How often received? (check only one): \(\text{ Weekly } \text{ Bi-Weekly } \text{ Twice a Month } \text{ Monthly } \text{ 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)	How often rece	eceived? (check only one):	one): Weekly	ekly Bi-Weekly Tr	☐ Twice a Month ☐ N	☐ Monthly ☐ Annually	lly 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 memi e dollars only (no cen	bers (age 19 and up	b) even if they or leave any in	I members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (so cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For it was any income fields blank was are certifying that there is no income to report	reach adult, list the wice a month, mo	ne total gross inconthis, or annually	ome (before). For an adult
Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often	from Work / How often?)	Public Assi	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	mony Pension	Pensions/Retirement/All Other Income (\$ Amount / How often?)	Other Income
φ.		/ Weekly Biweekly Monthly Twice a Month Annually	8	/ Weekly Biweekly Monthly Twice a Month Annually	S)	/ Weekly Twice a M	/ Weekly Biweekly Monthly Twice a Month Annually
69	1000	/ Weekly Biweekly Monthly Twice a Month Annually	₩.	/ Weekly Biweekly Monthly Twice a Month Annually	6	/ Weekly Twice a M	/ Weekly Biweekly Monthly Twice a Month Annually
Total Household Members (Add STEP 1 & 4):	1	of Social Security	Number (SS)	Last four digits of Social Security Number (SSN) of adult household member:	mber:	I If no SS	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.	Ire nformation on this applic y (check) the informatior	cation is true and that n. I am aware that if I	t all income is re purposely give	ported. I understand that the false information, I may be	is information is beir prosecuted under ap	ng given in connecti	on with the receipt ederal laws.
Home address (if available):					Daytime phone #: ((ı
	Street Add	Address, City, State, Zip Code	Code				
Signature of adult household member:			Printed name:			Date signed:	2
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 Not Hispanic or Latino	required to ask for informat our child's eligibility for free	tion about your child's et or reduced-price meals.	thnicity and race.	nd race. This information is important ar Ethnicity (check one):	oortant and helps make sure tha	e that we are fully serving t Not Hispanic or Latino	he community.
Race (check one or more): American Indian or Alaskan Native FOR CONTRACTOR USE ONLY:	skan Native Asian	Black or African American	can American	Native Hawaiian or Other Pacific Islander	Pacific Islander	White	
Categorical Eligibility: FAP/SNAP or TANF Household	old Foster Child	Total Household Size:	Size:	Total Household Income: \$			
Eligibility Determination: Free Reduced-Price Non-needy How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annual 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	☐ Non-needy sted, convert all income	How Often Income to an annual amount	e is Received (Fit. Annual Incor	How Often Income is Received (Frequency): ☐ Weekly ☐ an annual amount. Annual Income Conversion: Weekly x 5	☐ Biweekly ☐ Twice a Month x 52, Biweekly x 26, Twice a Mor	a Month Monthly ce a Month x 24, Mont	lly ☐ Annually onthly x 12
Reason for Non-needy Status: Income too High	☐ Incomplete Application	Other Reason:					
Determining Official's Signature:		Date:	Second	Second Party Check Signature:			Date:
Revised 6/2019		Page 1 of 2	2				I-009-13



A change in daily routine,

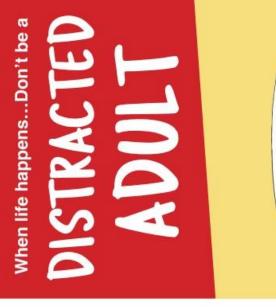
lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



Developed by:

The Office of Child Care Regulation

www.myfifamilies.com/childcare CF/PI 175-12, May 2019









FACTS ABOUT HEATSTROKE:

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

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.

Never leave your child alone in a car and call 911

if you see any child locked in a carl

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.



- 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.

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





My signature below verifies receipt of the Distracted Adult brochure

A PREVENTION TIPS:

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.

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INFLUENZA VIRUS

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.



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



for Parents

"The Flu" A Guide

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



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

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



What should I do if my child gets sick?

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

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

- 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
- want to be held, or has seizures (uncontrolled Seems confused, will not wake up, does not 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?

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

What can I do to prevent the spread of germs?

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

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



stay home from child care? When should my child

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

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/

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

information

More

and free

procedures.

Communicate directly with caregivers. Visit and observe the facility.

meetings, and conferences. Talk to your child about their daily Participate in special activities, 000

Arrange alternate care for their child experiences in child care.

when they are sick.

Familiarize yourself with the child care standards used to license the child care facility.

MyFLFamilies.com/ChildCare

resources:





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

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

MyFLFamilies.com/ChildCare











Rev. 8/2021



General Requirements

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

0.5 continuing education unit of approved

40-hour introductory child care training.
 10-hour in-service training annually.
 0.5 continuing education unit of approve

Training Requirements

Director Credential for all facility directors

vides daily nutritional needs of the chil-

dren (if meals are provided).

Post a meal and snack menu that pro-

Food and Nutrition

early literacy and language developmen

training or 5 clock hours of training in

- Valid license posted for parents to see. to, the following:
- Maintain appropriate transportation vehicles All staff appropriately screened. (if transportation is provided). 000
- Provide access to the facility during normal hours Provide parents with written disciplinary practices used by the facility.
- Maintain minimum staff-to-child ratios: of operation.

Children's health exam/immunization

Maintain accurate records that include:

Record Keeping

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	1111
3 year old	15:1
4 year old	20:1
5 year old and un	25:1

Health Related Requirements

Maintain sufficient usable indoor floor space Provide space that is clean and free of litter

Physical Environment

for playing, working, and napping.

Parental permission for field trips and

Accidents and incidents.

Enrollment information Medication records.

Personnel records. Daily attendance. administration of medications

- Posting Florida Abuse Hotline number Emergency procedures that include
- Staff trained in first aid and Infant/Child along with other emergency numbers
 - CPR on the premises at all times Fully stocked first aid kit.
 - documented monthly fire drills with A working fire extinguisher and

Provide appropriate bathroom facilities and

Practice proper hand washing, toileting

and diapering activities.

Provide isolation area for children who

other furnishings. appropriate toys.

Equipped with age and developmentally

Maintain sufficient lighting and inside

temperatures.

and other hazards

children and staff.

Medication and hazardous materials are inaccessible and out of children's reach

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

- Quality Activities
- Are expressive including play, painting, drawing story telling, music, dancing, and other varied Include social interchanges with all children
- Include exercise and coordination development Include free play and organized activities.
- Provide a safe and secure environment that fosters Provide easy access to age-appropriate toys. Display children's activities and creations. the growing independence of all children. 0000

Are clean, safe, inviting, comfortable, child-friendly,



Quality Child Care

Quality Caregivers

the following indicators should be considered:

☐ Help children manage their behavior in a positive

cuddle, and talk to the children.

constructive, and non-threatening manner.

Use a pleasant tone of voice and freqently hold.

responsive to each child's individual needs

☐ Are warm, understanding, encouraging, and Accept family cultural and ethnic differences □ Are friendly and eager to care for children.
 □ Accept family cultural and ethnic difference

> Are children initiated and teacher facilitated.

Demonstrate knowledge of social and emotional

needs and developmental tasks for all children

Communicate with parents. **Quality Environments**

Provide stimulating, interesting, and educational Allow children to play alone or in small groups.
 Are attentive to and interact with the children.
 Provide stimulating, interesting, and education.

activities.

- Include opportunities for all children to read, be creative, explore, and problem-solve. 000



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