



**1804 ST. JOHNS BLUFF RD.S
JACKSONVILLE, FL 32246
(904) 642-1164-OFFICE, (904) 642-0717-FAX**



Allens Children Center



Allen's Children

Email allenchildrencenter@yahoo.com

CHILD CARE PRESCHOOL ENROLLMENT APPLICATION

STUDENT INFORMATION

DATE OF ENROLLMENT _____

Last Name: _____ First Name: _____ M.I. _____

Nickname _____ D.O.B: ____/____/____ SSN: _____-____-____

Child's Street Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Child lives with: _____

Primary Hours of Care: From _____ to _____

Days of the week in our care: M T W TH F

Meals typically served while in our care (please circle each meal your child will have with us)

Breakfast

Lunch

Pm Snack

Family Information - ALL INFORMATION BELOW MUST BE COMPLETED FOR ENROLLMENT List
parent/guardian address if different from above

Mother's Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

Email: _____

SSN: _____

Driver's License #: _____

Employer: _____

Work Phone: _____

Height _____ Weight: _____ Eye Color: _____

Father's Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell: _____

Email: _____

SSN: _____

Driver's License #: _____

Employer: _____

Work Phone: _____

Height _____ Weight: _____ Eye Color: _____

MEDICAL INFORMATION

I hereby grant permission for AC Center to contact the following medical personnel to obtain emergency care if warranted.

Doctor: _____ Phone: _____

Hospital Preference: _____

SPECIAL ATTENTION

Please list all allergies, special medical or dietary needs, or other areas of concerns below:

HOURS OF OPERATION

Our center is licensed to be open from 6:00a.m to 6:30p.m. Parents and children are not permitted to enter our center prior to 6:00a.m. 10 hours of care between the hours of operation are allowed. The toddler room will not open until 6:30a.m and will close at 6:00p.m. A late fee of \$1.00 per minute per child will be charged for children remaining in our care after the 10 hours or after 6:30pm. TODDLERS ROOM CHARGE starting at 6:00pm. NO DROPPING OFF CHILDREN AFTER 9:00A.M, UNLESS YOU HAVE A DOCTOR APPOINTMENT WHICH REQUIRES A NOTE

FOOD AND NUTRITION POLICY WE ARE A PEANUT BUTTER FREE SITE

We count with the USDA food program. A nutrition breakfast, lunch and snacks are provided for all children. In order to ensure the health and safety of all children, food items may not be brought in to the building, in the exceptions of special classrooms events. We recognize the importance of allowing children to celebrate special occasions such as birthdays and holidays; this will be the only time the center will allow parents to provide items and must be sealed and on the original package until served. This will prevent children with allergies from being exposed to harmful foods. We count with four different menus one for each week always posted at the center. This permission with your signature will be kept in your child's record while he/she is enrolled at the center. We will assume that this level of permission remain current, unless you complete a return a new form.

DICIPLINE POLICY

Our policy for misconduct id redirection or an occasional separation from the classroom for a short period of time. We reserve the right to remove recess privileges for biting, swearing, hitting, or any behavior that causes an unsafe environment for all children enrolled. A parent/teacher conference may be arranged for continual behavior that causes an unsafe atmosphere for children and teaches. In the event that all attempts to improve behavior fail, we reserve the right to dismiss children from our center without notice.

By signing below you verify that you have received the "Know Your Child Care Facility" brochure created by the Department of Children & Families, the parent handbook, flu brochure, photography and food nutrition policy. You also agree that all of the information on this enrollment form is true, complete and accurate, Also that you agree to comply with the requirements and policies of this facility.

Signature of Parent/Guardian

Date

WEEKLY TUITION & REGISTRATION

A registration fee of \$40.00, per child, will be charged to your account each year on the anniversary date. ELC and VPK students are excluded from the Registration Fee. Your weekly tuition in the amount of: _____ will be due no later than 10a.m every Tuesday morning. No service will be given on Wednesday for non-payment and a late payment of \$10.00 will be charged to your account. After the 3rd late payment fee is billed, we reserve the right to withdraw your child and offer the space to the next child on the waiting list. We accept cash, check or money order for tuition payments. A \$30.00 check fee will be charged for all insufficient checks. Only a payment made in cash will be accepted for insufficient checks. If an insufficient check has not been paid within 5 days after notification, the check will be turned over to the State Attorney Office for collection. Two insufficient checks will result in cash only tuition payments for a period of 180 days. We do not charge an additional fee for early release days for public school children, however, when children are here for an entire day or week; we will charge an additional \$10.00 per day. If child is here for entire week as Christmas break, Spring break or summer see the front desk for our weekly tuition as well as ELC parents.

EMERGENCY CONTACT INFORMATION AND RELATIONSHIP TO THE CHILD

Please remember the people listed below will also be able to pick up the child if unable to reach the parents.

NO MINORS, 18 AND OVER ONLY!

1. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____
2. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____
3. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____
4. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____
5. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____

VACATION AND SICK DAY POLICY

Parents qualify for one week of vacation after 90 days of consecutive enrollment. After 6 months of enrollment you are entitled to an additional vacation week. You are also entitled to one-week sick time (with a doctor note). Tuition is due regardless of the number of days your child is not in attendance for the week.

IMMUNIZATION & PHYSICAL

The Department of Children & Families requires each child enrolled in a licensed child care facility to have a current physical and immunization record on file at all times. The physical (form DH 3040) and the immunization record (Form DH 680 or DH681) will be due no later than 30 days after the first day of enrollment. Failure to comply with this request will result in immediate disenrollment from our center.

SICK CHILD POLICY


Sick children may not be brought to the center for care if vomiting, coughing, and itching running a temperature or have any communicable disease etc.... Should your child become ill at the Center you will be called and may be call and ask to make arrangements to pick up your child within an hour, depending on the severity of the illness. If your child is absent or sent home due to a fever of 100.0 or higher or contagious disease, they must be out at least 24 hours and upon returning to the Center, we must have a statement from his/her physician stating that the child in no longer contagious and can return to school.

MEDICINE POLICY

The center is not obligated to administer medication. Will be a courtesy from the center with the Director permission.

PHOTOGRAPH POLICY AND PURPOSE

Purpose: Annual year books, bulletin boards, promotional materials such as Hop a Thon, Trick a Thon, center website

and social media such as  Like us on **Facebook** and Instagram. I understand that as a parent is my responsibility to update this information in any event of changes.

Please check one and initial;

I GIVE PERMISSION _____ Initials _____

I DO NOT GIVE PERMISSION _____ Initials _____

EMERGENCY PREPAREDNESS PLAN AND PARENT REUNIFICATION

In a case of emergency where we have to exit the building, the person in charge will designate a safe area for children and all the parents will be contacted to pick up the children. All staff will follow the instructions of emergency personnel.

Signature of Parent/Guardian

Date



AC CENTER INC.

1804 St. Johns Bluff Rd. S
Jacksonville, Florida 32246

904.642.1164 Office

904.642.0717 Fax

www.allenchildrencenter.com

allenchildrencenter@yahoo.com

Dear Parents,

- Ref: Food Program Application

This form enables our center to obtain reimbursement for our food, which enable us to purchase better quality food than our budget would otherwise allow.

Please fill out the application included estimated income with frequency, No verification process is ever used by anyone to verify your income. This form is sent to our food program administrator for processing. No one on staff reviews this form (Form is kept confidential)

NOTE: IF YOU RECEIVED FOOD STAMPS, JUST PUT THE CASE NUMBER ON PART 2, SIGN AND DATE- NO OTHER INFORMATION IS REQUIRED.

- 2nd Form / Child participation form

Fill the information required with the child hours under our care and meals needed.

Thank you for your help!!

Karem Sanchez

Florida Department of Health

Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ _____ p.m. to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

☐ Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____

FLORIDA DEPARTMENT OF HEALTH

CHILD CARE FOOD PROGRAM

FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to _____. If you need assistance filling out this form, call this number: _____.

PART 1 – INFORMATION ON CHILD:

NAME AND ADDRESS OF CCC/OSHCC: _____

Child's Name: _____
 Last Name First Name Date of Birth _____

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: _____ TANF Case Number: _____

PART 3 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
		List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.				
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Signature of Adult Household Member _____ Date Signed _____ Home Phone # _____

Home Address _____ Work Phone # _____
 Street Address, City, State, Zip Code

Last Four Digits of Social Security Number _____ Write **NONE** if you don't have a Social Security Number

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PART 5 (Optional) - RACIAL IDENTITY OF CHILD

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White

ETHNIC IDENTITY OF CHILD

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These 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 look into violations of program rules.

For Contractor Use Only:

☐ Food Assistance Program/TANF household Total Household Size: _____ Total Household Income: \$ _____
☐ Foster Child Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

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

Eligibility Determination: ☐ Free ☐ Reduced ☐ Non-needy

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

Signature of Determining Official: _____ Date Signed: _____

FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Part 2:** List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility; it is not the number on your EBT card. **Skip Part 3. Part 4:** An adult household member must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

NOTE: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

Method 1: Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

Method 2: Complete the Free and Reduced-Price Meal Application according to these instructions – **Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Skip Part 2. Part 3:** List the child's name, check the box in the "Foster Child" column, and report the child's personal use income, if any, in the "All Other Income" column. **"Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.** Do not include payments to the household for the care of the foster child. If the child receives no income, check the "NO INCOME" box in the last column. **Part 4:** A foster parent or other official representing the child must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

Method 3: Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3:

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) If a household member is a foster child, check the box in the "Foster Child" column next to his/her name.
- (3) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (**refer to examples below for types of income to report**). If a foster child is listed, report his/her personal use income, if any, in the "All Other Income" column. **Refer to Method 2 above for the definition of a foster child's personal use income.** Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (4) **For any person with no income, including children, check the "NO INCOME" box in the last column.**

Part 4: An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if s/he doesn't have a social security number).

Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

Earnings from Employment:

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security:

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Income:

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons
not living in the household
Net royalties/annuities/net rental income
Any other income

Certain Military Income and Benefits:

All cash income for off base commercial, private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)

All cash income for uniform allowances

All cash income made available to the household, except for combat pay received under certain conditions

Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

Welfare/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony/child support payments

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:

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

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/>

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 according to 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



OFFICE OF CHILD CARE REGULATION
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.
- ☐ Equipped 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 frequently 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.

