



# INSPIRATIONS LEARNING CENTER

1400 S. Peninsula Drive • Daytona Beach, FL 32118

InspirationsLearningCenter.org

Tel. 386.675.6960

inspirations.learning@yahoo.com

Dear Family,

Welcome to Inspirations Learning Center! The first day of school is an exciting milestone in your child's life and we are happy that you have chosen our school for your child.

As wonderful as this experience may be, it can be quite stressful for the young child. New situations and change can, at times, be unsettling for all of us. It is common for even the most outgoing child to be anxious on the first few days of school. Below are a few suggestions that we hope will be helpful for your child as he/she makes the transition from home to school.

- ✓ Prepare your child for the new school experience by explaining what to expect.
- ✓ Convey a positive attitude. Your enthusiasm can make a real difference!
- ✓ Establish a morning routine that is predictable for your child. Rituals and routines are very predictable and will be comforting for your child.
- ✓ Allow your child to bring something from home to school that comforts them. It could be a blanket, toy photo, etc.
- ✓ Clearly state where you will be and when you will return to you child.
- ✓ Maintain a clear good-bye routine. Once you tell your child that you are leaving, it is important to follow through.

On the first day of school, please remember to bring your child's rest mat. **(DCF requires a minimum of 1" depth for each mat)**, a king size pillowcase to place the mat in and a small pillow or blanket for rest time. It is fine to include a soft, cuddly item as well. These items are only needed for children in the two and three-year-old classrooms.

Again, please know that we are here to assist you and make the first days of school a smooth transition as we look forward to an exciting and enjoyable year together. Welcome!

Sincerely,

The Entire Staff at Inspirations Learning Center



## ENROLLMENT PACKET

### Parent Checklist

Please return the following signed papers and complete the following items before the first day of enrollment:

- ☐ Financial Agreement
- ☐ Child Care Application for Enrollment
- ☐ Disciplinary Practice
- ☐ Permission for Food-Related Activities
- ☐ Lunch Policy
- ☐ Developmental Screening Consent
- ☐ Emergency Treatment Authorization (this form must be notarized)
- ☐ Transportation Policy and Outdoor Activities Permission
- ☐ Photography and Videotaping Consent
- ☐ Authorization to Access Child's File
- ☐ Child Release Agreement
- ☐ Parent Handbook Acknowledgement
- ☐ History of Child
- ☐ Procare Registration (must be completed before the Friday preceding service)
- ☐ ACH Form (must be submitted before the Friday preceding service)
- ☐ The Flu Guide for Parents (cut and return signature portion)
- ☐ Distracted Adult Brochure (cut and return signature portion)
- ☐ Immunization Record and Physical Examination Form (You have one month from enrollment date to provide this information to us)
- ☐ Two-Year-Old and Three-Year-Old Class - Please remember to send a **rest mat** (Minimum of 1" thickness) a **king size pillowcase** (to cover mat), a **small blanket/sheet** and, if you like, a small pillow for rest time.
- ☐ The registration fee, school supply fee and first week's tuition will be charged via automatic payment the Friday before your child's start date.



## Financial Agreement

**Registration Fee:** I understand that there is a \$75.00 registration fee that is to be paid upon enrollment. This fee is nonrefundable. \_\_\_\_\_ (Initial)

**School Supply Fee:** I understand that there is a \$60.00 School Supply Fee that is to be paid upon enrollment and annually during the anniversary month of my child's enrollment. This fee is nonrefundable. \_\_\_\_\_ (Initial)

**Returned Check, ACH Return or Decline Fee:** I understand that there is a \$35.00 fee for declined or late payments and/or returned ACH payments due to insufficient funds, over limit accounts, closed accounts, or locked accounts. It is my responsibility to submit an updated ACH form to the school, before the day of payment processing, in the event my current automatic payment account is unable to be charged that week. \_\_\_\_\_ (Initial)

**No Admittance Policy:** Once a balance of two (2) weeks has accumulated, my child/ children will not be admitted on the following Monday until the balance is paid in full. \_\_\_\_\_ (Initial)

**Late Pick-Up Fee:** I understand that I will be charged a late pick-up fee of \$15.00 for the first fifteen minutes/ \$25.00 each additional 15 minutes (or part thereof) if my child/ children are not picked up by 5:30 PM (closing time). \_\_\_\_\_ (Initial)

**Dismissal Policy:** I understand that if my child/ children are absent for two (2) weeks and their tuition has not been paid; my child will automatically be discharged from enrollment. I will need to re-enroll my child/ children by paying the \$75.00 registration fee and any outstanding balances before their admittance. \_\_\_\_\_ (Initial)

**Withdraw:** I understand that I am required to give a minimum of one (1) weeks' notice of my child's/ children's withdraw. \_\_\_\_\_ (Initial)

**Collection Policy:** I understand and agree that should I dis-enroll my child/ children with a delinquent outstanding balance that I will be responsible for any attorney costs, court fees, and expenses incurred on the collection of my account. \_\_\_\_\_ (Initial)

**I have read the above financial agreement and understand and agree to all terms and conditions.**

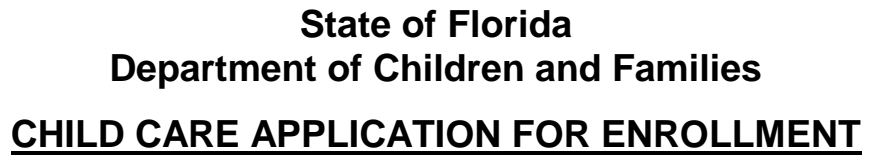
\_\_\_\_\_  
(Printed Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Director)

\_\_\_\_\_  
(Date)



**Emergency Contacts:**

Child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

**Helpful Information About Child:**

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- 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), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- 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, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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Signature of Parent/Guardian

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Date



## Disciplinary Practice

Chapter 65C-22 Florida Administrative Code, Child Care Standards 65C-22.001(8), requires that parents be notified in writing of disciplinary practices used in the child care facility. The parent or legal guardian's signature verifies that he/she has been notified in writing of the disciplinary practices of the school. Inspirations Learning Center disciplinary practice is clearly indicated in the parent handbook which is online at [www.Inspirationslearningcenter.org](http://www.Inspirationslearningcenter.org)

**Please complete the following for your child's file:**

I, \_\_\_\_\_, have received in writing the disciplinary practices of Inspirations Learning  
(Name of Parent or Legal Guardian)  
Center.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### **Acknowledgement:**

I acknowledge that I have received/ downloaded the Inspirations Learning Center parent handbook and agree to abide by the terms and conditions stated therein.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



Permission for Food Related Activities and Special Occasion Food Consumption

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

I \_\_\_\_\_ give/decline permission for my child, \_\_\_\_\_ ,  
(Name of Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions where in 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):

\_\_\_\_\_  
\_\_\_\_\_

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 at Inspirations Learning Center.*

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

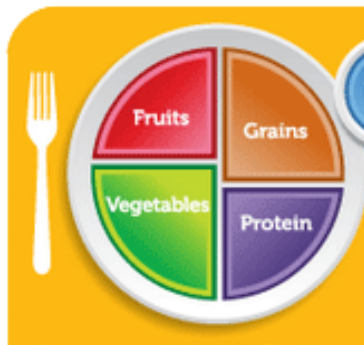


## Lunch Policy

I understand that Inspirations Learning Center does not prepare food and that I must provide a nutritious lunch for my child.

*Per new DCF regulations, all children will have an insulated lunch box with an ice pack to keep food safe.*

Lunches must meet nutritional guidelines set by the USDA. We recommend that you use the new "My Plate" as a guide to ensure that your child is eating a healthy and nutritious meal.



My child has the following dietary restrictions or food allergies:

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Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Developmental Screening Consent

The first five years of life are very important to your child because this time sets the stage for success in school and later life.

In an effort to ensure that your child(ren) is ready for kindergarten, the State requires that we administer a developmental screening to preschool children. In order for us to conduct these screenings, we will need your permission. The results will be shared with you as well as any recommendations we may have. If you have any questions or concerns, you may contact us at any time.

I, \_\_\_\_\_ give permission for my child(ren) \_\_\_\_\_  
(Parent/Guardian Name) (Child's Name)

to be administered the following screenings:

- ☐ Developmental Screening
- ☐ Vision Screening (as needed)
- ☐ Hearing Screening (as needed)
- ☐ Speech Screening (as needed)

Child's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address of child:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## EMERGENCY TREATMENT AUTHORIZATION

(This form must be notarized)

**In the event my child** \_\_\_\_\_  
(Child's Name) (Date of Birth)

**who resides at** \_\_\_\_\_  
(Address) (City/State)

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(significant medical information/allergies)

### **requires emergency medical services, I hereby request the following actions be taken:**

1. Contact me at: \_\_\_\_\_ Phone \_\_\_\_\_

2. If I cannot be reached:

Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Does this person have written permission to take your child for emergency treatment?

☐ Yes ☐ No

Does this person have authorization to pick up and remove the child from the school?

☐ Yes ☐ No

3. Contact the doctor:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

If the school is unable to reach wither parent or the above designated person in an emergency, I give my permission to the staff at Inspirations Learning Center to consult with the above physician. If, in extreme emergency, the child's regular physician cannot be reached, I give my permission to transport my child to Halifax Hospital Medical Center.

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In the event that I or my designated representative, are unavailable, a member of the staff at Inspirations Learning Center is authorized to obtain emergency assistance for my child. I agree to pay any medical expenses incurred for treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary – Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(My commission expires)



## Transportation Policy and Outdoor Activities Permission

Inspirations Learning Center does not offer transportation for children to and from our facility. It is the responsibility of the parent(s) and/or legal guardian(s) to provide safe and lawful transportation for children to and from Inspirations Learning Center. When you arrive at our school, please park in designated parking spaces **only**. Parking in front of the school entrance is not permitted and violates safety procedures. In accordance with Florida law, please turn off your vehicle when it is left unattended in the parking lot.

By signing below, you agree to the terms of our transportation policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

At various times throughout the year, the children may be escorted outside the school building for activities such as holiday events, picnics, walks, etc. If for any reason, you do not want your child to participate in one of these activities, please notify your child's teacher in writing.

I hereby give permission for my child, \_\_\_\_\_ to participate in all  
(Child's Name)

activities planned by Inspirations Learning Center staff. I understand that these activities may consist of walks, picnics, holiday events and other activities around the general vicinity of the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Photography and Videotaping Consent

Children enrolled in Inspirations Learning Center may be photographed or videotaped during the time they are attending our school. This may include functions and/or events occurring on school grounds. Parents and guardians permit their children's photos to be displayed, distributed or posted with the understanding that the photographs/ videos are the property of Inspirations Learning Center. Parent(s) or guardian(s) may, at any time, revoke permission for their child to be photographed or videotaped by notifying the Inspirations Learning Center Director in writing.

I \_\_\_\_\_, give my permission for Inspirations Learning Center, its affiliates,  
(Parent or Legal Guardian Name)

or designee to photograph/ videotape my child \_\_\_\_\_ and use those  
(Child's Name)

photographs/ videos in Inspirations Learning Center's presentations, publications and promotional materials, or with other affiliated organizations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



InspirationsLearningCenter.org

### AUTHORIZATION TO ACCESS CHILD'S FILE

## LOG RECORD OF FILE ACCESS

## INSPIRATIONS LEARNING CENTER

I hereby authorize employees of Inspirations Learning Center (both teachers and administration) to access my child's enrollment information, including family information, medical information, email, addresses and phone numbers of individuals authorized to bring my child to and from school. These records will be secured maintained in the school office.

Student information will not be given to others for any purpose. The information in the file will be utilized (only by Inspirations employees) to implement and support activities and progress to benefit the child.

*Information from this file may not be released without written permission from the parent.*

Child's Name

Parent Signature

Date \_\_\_\_\_

## Record of File Access

[illegible]



## Child Release Agreement

Name of child \_\_\_\_\_

Approximate Time of Arrival \_\_\_\_\_ Approximate Time of Departure \_\_\_\_\_

List all persons permitted to remove your child from our facility. Please include yourself and the other parent, if authorized:

Name	Relation	Address	Phone

Please add any additional information about departure:

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**Note:** At no time shall your child be released to an unauthorized individual. Should there be undetermined custody of your child, all parties involved must agree in writing to the individuals listed on this form to whom the child may be released. If legal custody has been determined, copies of the custody papers must be submitted and kept on file with your child's registration forms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Parent Handbook Acknowledgement

My signature below indicates that I have received a copy of the Inspirations Learning Center Parent Handbook/or I have been provided with the following website address; <http://www.inspirationslearningcenter.org> where I can obtain an electronic copy of the parent handbook.

I understand that this parent handbook contains information regarding the school's policies and procedures which affects me as a parent and my child as a student.

I understand that it is my responsibility to read the information contained in the handbook and that the staff at Inspirations Learning Center is always available to answer any questions that I may have.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

Date \_\_\_\_\_



## History of Child

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information:

Does your child take any medication on a regular basis? ☐ Yes ☐ No

If yes, name of medication \_\_\_\_\_

Dosage \_\_\_\_\_

Condition warranting medication \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Are there any other conditions of which the school should be aware? ☐ Yes ☐ No

If yes, the condition \_\_\_\_\_

### Eating Habits:

Does your child eat breakfast at home? ☐ Yes ☐ No

Does your child have a good appetite? ☐ Yes ☐ No

Food allergies \_\_\_\_\_

Does your child require a special diet? ☐ Yes ☐ No

In the event there is a party at school and additional foods are provided, is there anything that should be avoided for your child? If so, please list what food items that should be avoided

### Sleeping Habits:

What time is bedtime for your child? \_\_\_\_\_ Wake up time? \_\_\_\_\_

Does your child usually take a nap? ☐ Yes ☐ No

If yes, how long is the nap? \_\_\_\_\_



**Dressing and Toileting:**

Can your child dress him/herself? ☐ Yes ☐ No    Manage Buttons? ☐ Yes ☐ No

Can your child manage zippers? ☐ Yes ☐ No    Tie shoes? ☐ Yes ☐ No

Does he/she tell an adult when he/she needs to use the bathroom? ☐ Yes ☐ No

**Development:**

What age did your child begin to walk? \_\_\_\_\_ Talk? \_\_\_\_\_

At what age was your child toilet trained? \_\_\_\_\_

Is speech clear to those outside of the family? \_\_\_\_\_

Any particular fears or habits? \_\_\_\_\_

**Discipline:**

How is your child disciplined? \_\_\_\_\_

By whom? \_\_\_\_\_

Any special problems? \_\_\_\_\_

**Play and Relationship with Others:**

Chief play interest \_\_\_\_\_

Favorite toys \_\_\_\_\_

Does your child play alone? ☐ Yes ☐ No    With others? ☐ Yes ☐ No

Has your child had other group experiences? \_\_\_\_\_

Any special considerations for playing outside? \_\_\_\_\_

Please state your expectations for your child while attending our school:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Guardian                      (Date)

\_\_\_\_\_  
Signature of Director    (Date)



Dear Parent/Guardian,

Inspirations Learning Center is pleased to offer **MyProcare**, a free online portal for you to access account information, sign your child in/ out of attendance and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

**Register today!**

1. Go to [InspirationsLearningCenter.org/Enrollment](http://InspirationsLearningCenter.org/Enrollment) and click on your child's school location.
2. Enter your email address and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then please complete the registration process in its entirety.
5. Once the registration process is complete and the school has imported your information you can access information on your account by returning to [www.MyProcare.com](http://www.MyProcare.com).

You must register for your Procare account **no later than** the Thursday before the week your child begins school. This will insure we have enough time to process your first payment.

Thank you!

The Inspirations Learning Center Team and MyProcare



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

##### SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of



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.



For additional information, please visit [www.myflorida.com/childcare](http://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



**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...



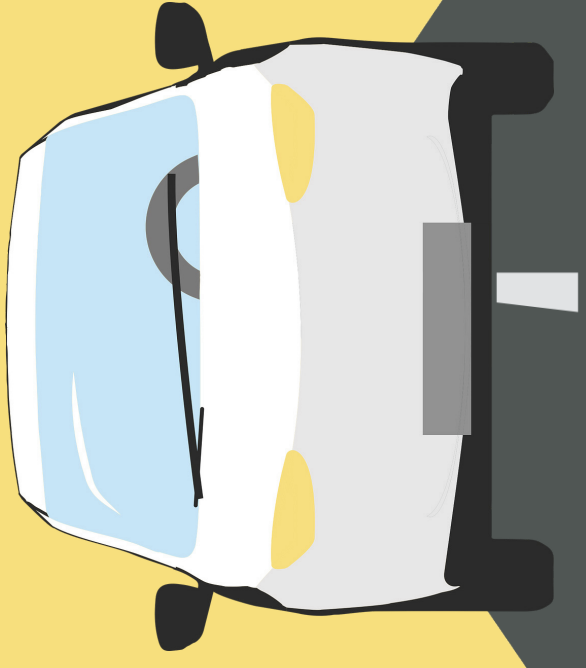
Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2018

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.



## 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](http://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: C07VO0347

License Issued on   /  /  

License Expires on 8/21/20

For more information regarding the compliance history of this child care provider, please visit:

[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING

[MYFLFAMILIES.COM](http://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](http://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.

