

City of Largo

**Virtual Learners Child Care
Program**



Enrollment Packet 2020-2021

The City of Largo Virtual Learning Program

This program offers children a safe, fun and healthy opportunity for children in kindergarten through eighth grade. Children in the program will have supervision while completing their work independently online.

Southwest Recreation Childcare License Number: C094372

Highland Recreation Complex License Number: 52511536737

Dates: Begins August 24, 2020 (Subject to change based on the direction of the Pinellas County School Board.

Ages: Kindergarten through eighth grade

Time: The hours of the Virtual Learning Childcare is from 8a-3p. If your child is registered for before care they may arrive as early as 6:30a and if they are registered for after care they may stay until 6p.

Schools Out Days: The Virtual Learning Childcare will follow the Pinellas County School Calendar. If you need childcare on scheduled schools out days you must register at the facility for an additional fee. Special camp programs will be offered on the following schools out days:

Oct 26, 2020 (HC)	Nov 23-25, 2020 (SW)	Dec 21-23, 2020 (HC)	Dec 28-31, 2020 (HC)
Jan 19, 2021 (HC)	Mar 15-19, 2021 (SW)	Mar 22, 2021 (SW)	Apr 1-2, 2021 (SW)

Highland Recreation Complex = HC Southwest Recreation Complex = SW

These camp days will be held at a specific Recreation Complex. Parents are required to drop their children off and pick them up from the specific facility using the assigned entrance. Please see your site director for more details. Hours of operation during school's out days is 7 am – 6 pm. Please note that each school's out day is only held at one location.

City Holidays: The Recreation Complexes will be closed on the following city holidays:

Sept 7, 2020	Nov 26-27, 2020	Dec 24-25, 2020	Jan 1, 2021
Jan 18, 2021	Feb 15, 2021	May 31, 2021	

Days: Monday – Friday **Ratio:** 1 to 10 (Virtual Learning) 1 to 25 (Before and After Care)

Staff: Our program is licensed through the Pinellas County Licensing Board. Our staff is certified by taking 40 hours of childcare training offered by the PCLB. All staff hired by the City of Largo have completed a Level 2 Background Screening, This includes local, state, and federal background checks. All staff working within our program are at least 18 years old.

Lunch, Snacks and Nutrition: Children are asked to bring a lunch, two snacks and water bottle with them to the program. All lunches should have an ice pack. Microwaves will not be available to warm up food. Snacks are not provided through the program. The parent/guardian must provide a nutritious snack. Junk food such as candy, soda and chips are not permitted. Only clear liquids are permitted. Please speak with the site director if you need healthy food choice suggestions.

Program Details

Virtual Learning Program

- One staff member will be assigned to each group of 10 children.
- The role of the staff member is to supervise the children to assure they stay focused on their assigned work.
- Children must be able to work independently, but staff members will be available to answer questions.
- Children must bring their own electronic devices and any required school supplies.
- Children will have a designated space (6 feet away from other students).
- Masks will be required when in common areas of the facility, but not when they are working in their individual space or in outside areas.

After Care Program

- **Rotations** are approximately 1 hour long. The scheduled rotations and activities will be posted weekly.
- **Extracurricular Activities:** Children will have the opportunity to participate in a variety of

extracurricular activities each day after school such as, cheerleading, tennis, sports and crafts. The classes being offered will change periodically. **These classes are scheduled each day. We ask that you please plan accordingly and try not to pick up your child during class time.** Class sizes are limited depending on the enrichment offered.

- **Homework Time:** A homework time will be offered during the program. Children will be encouraged to complete their assigned homework during this time, but staff are not able to monitor what is completed.

Registration/Payments

Family Registration Fee of \$25 per family is due when registering your child for the program. Please note that if your child withdraws and re-registers in the program, this fee will be charged again.

Recreation, Parks & Arts Membership is required in order to participate in the before and after school program. The cost of the membership is determined based on individual residency within Pinellas County. All membership cards must be valid through the last day of the school year.

Cancellation of Service: When registering for the Virtual Learning Childcare Program you are committing to the participation for the nine week session. Participation in the before and after care program may be canceled in writing at any time.

Payment Schedule: All payments are due on Friday's for the upcoming week. A \$5.00 late fee will be assessed to all accounts not paid by the due date. The child will not be able to continue in the program until your account balance is up to date. If you use the auto debit system your payment will be withdrawn on Friday each week for the upcoming week.

Virtual Learning Program	Before Care Program	After Care Program
\$60 per week	\$15 per week	\$50 per week

Easy Payment Methods:

1. Through auto-pay your weekly tuition will automatically be charged to your credit or debit card.
 2. At Highland or Southwest Recreation Complexes using cash, check, money order or credit card.
- Both of these facilities are open seven days a week. Using this method will include an additional fee.

Photo Policy: Photographs taken by the Recreation, Parks and Arts Department at city programs and events are often used in presentations, display boards, flyers, website, brochures, and city publications. If you do not wish to have your child's picture taken, please let the staff know in advance.

Attendance and Participation:

Your child does not have to attend every day. Children are encouraged to participate when present, unless sick or injured, in which case, parents will be notified and the child will be sent home. **It is required to call the facility** to notify the program director when your child will not be in the program. This is a new licensing policy. Your cooperation is appreciated.

Southwest Recreation Complex 727-518-3125 or email swaftercare@largo.com

Highland Recreation Complex 727-518-3016 or email hcaftercare@largo.com

Ambulance Service:

In the event of an emergency in which emergency medical staff warrants that the child be taken to the nearest hospital, transport fees will be the responsibility of the parent or legal guardian. This fee currently costs approximately \$1000.00

No Smoking:

This building is a smoke free facility. This includes all forms of tobacco including but not limited to cigarettes, e-cigarettes or vaping in the building or within 500 ft of the building entrance.

Sign Out Policy:

Parents must physically sign in and/or out their child each day. Each signature must be accompanied by the time at which you are signing. Each day must be documented with a **FULL SIGNATURE AND TIME**. Initials are not accepted as a full signature. Identification will be required and should be brought with you daily to sign out. Identification may be requested at any time by City of Largo staff. Only authorized persons will be allowed to pick up the child/ren. Those authorized are indicated on the child's enrollment paperwork. We will not release your child to any one not on this form.

Medications:

Staff will only administer emergency life saving medication (epi-pens, inhalers). All other medication given during program hours must be administered by a parent, guardian or adult listed on the child's enrollment paperwork. If your child has a medication that must be administered immediately, prior to the arrival of emergency personnel, you must complete a medication form. Parents will be required to train staff on how to administer the medication. The medication must have your child's name on it and a photo attached. Medication must be in its original container. Please see the site director to receive a medication form.

Head Lice:

Any child that is found with head lice or nits will be sent home immediately and will not be allowed to return to the program until their head is free of lice and/or nits.

Late Pick-Up Fee Policy:

In the case that a parent or authorized person is late picking up a child, that individual will be responsible to pay the appropriate late fee. If a parent or authorized person is late more than three times the child will be suspended from the program. To avoid the late fee and possible suspension, please pick up your child by 6pm. **THE LATE FEE IS \$1.00 PER MINUTE PER CHILD!** This will be based on the clock at the sign out table. Fees must be paid in full before the child can return to the program.

Disciplinary Policy:

The City of Largo's Before and After School Program rules are enforced to ensure a safe, professional, and organized program. The following disciplinary procedures are put in place for the program participants. These disciplinary procedures are designed to help each participant learn and grow as a responsible person in a fair and consistent manner. Minor infractions of the Code of Conduct will have the following consequences that vary with the developmental level and ages of children in care:

First Offense: Verbal reprimand

Second Offense: Conference with Program Director

Third Offense: Individual circumstances will be considered and the appropriate consequences will occur:

1. written reprimand
2. suspension (1-5 days)
3. permanent suspension from program.

Each offense will be written on a disciplinary action form for the parents to sign and review with the Director. Such disciplinary policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all childcare personnel. In consideration of the nature of the offense, we reserve the right to implement whichever of the above steps are necessary.

This is a form for staff to fill out upon registering for the aftercare program, please bring it with you when registering.

Registration Checklist:

In order for your registration to be complete you must complete and turn in the following:

- ___ The child's rec card must be good until October 23, 2020.
- ___ Auto debit and registration form completed and recieved
- ___ Verified household email
- ___ Verified household adress and phone numbers
- ___ Child enrollment record recieved, completed with no blank lines or white out
- ___ Notarized emergency medical release form completed with no blank lines or white out
- ___ Food experience permission form signed
- ___ Parent acknowledgement form signed
- ___ Authorized pick up list signed
- ___ Healthy environment policies signed
- ___ Up to date immunization record or exemption on the appropriate Florida form

NO BLANK LINES, SCRATCH OUTS OR WHITE OUT PERMITTED

****Staff your signature below verifies that you have personally checked all paperwork and are ONLY accepting those that are FULLY completed. This is very important for the license board so please adhere to all needed above.**

Staff Printed Name: _____

Staff Signature: _____ Date: _____

Start Date of Child: _____ Grade: _____

Name of School Child Attends: _____

Please circle days child is attending:

Monday Tuesday Wednesday Thursday Friday

Please circle the parent/guardians pricing package choice:

Virtual Learning Program	Before Care Program	After Care Program
\$60 per week	\$15 per week	\$50 per week



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

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

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ **Telephone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(Month) (Day) 20 (Year)

by means of physical presence or online notarization by _____ who is personally known to me or has produced _____ as identification.
(Name of Affiant) (Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date

PARENT ACKNOWLEDGEMENT FORM

PLEASE INITIAL AFTER READING AND UNDERSTANDING EACH POLICY AND PROCEDURE REVIEWED IN THE PARENT PACKET:

- I understand I must provide a electronic device and any required school supplies required by my child's school/teacher.
- I understand that the role of the staff member is to keep my child on task throughout his/her school day and thay my child must be able to work independently on his assigned classwork.
- I acknowledge picking my child/ren up late will result in a late fee of \$1/per minute and that more than 3 occurrences is grounds for suspension from the program. All late fees must be paid i full to continue care the next day.
- I understand that I must notify the facility if my child/ren will not be in the program for the day. This is a required licensing policy and all familes must comply. Southwest Recreation 727 518-3125 Highland Recreation 727 518-3016
- I understand that all payments are due on Friday's for the upcoming week. A \$5.00 late fee will be assessed to all accounts not paid by the due date. My child will be suspended from the program until tuition fees are up to date.
- I understand staff will ask for identification from individuals picking up my child/ren.
- I understand that my child may not bring toys, games, or electronics (that are not required for educational purposes) to the program.
- I give permission for my child to attend field trips that are announced in advance.
- I give permission for my child to attend walking field trips to the playground on the recreation center property.
- I have read and understood the discipline policy.
- I give permission for the City of Largo to transport my child to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill, etc.
- I understand my child must bring a lunch, 2 snacks and a water bottle each day. I have read and understood the City of Largo's snack and nutrition policy. Junk food, candy and sugary drinks are not permitted. All snack items must be healthy. Clear beverages only.

I HAVE READ AND UNDERSTAND THE CONTENTS PROVIDED IN THE PARENT PACKET FOR THE CITY OF LARGO'S BEFORE AND AFTER CARE PROGRAM.

NOTICE TO PARTICIPANTS/PARENTS/GUARDIANS:

I/We the participant or parents/legal guardians of the named children, hereby give my approval to my/his/her participation in programs and activities of the City of Largo Recreation and Parks Department. I/We do assume all risks or hazards incidental to such participation and use of equipment and facilities by myself or my minor dependents and do hereby agree to waive, release, absolve, and hold harmless the City of Largo, its employees, agents, and elected officials from any claim, loss, or injury of any kind, including losses or injury arising from the negligence of the City of Largo, its employees, agents, and elected officials.

X

Signature of Parent or Legal Guardian

Date

We use a text alert system for program updates, reminders and emergencies. The fastest way to alert our familes in the event of an emergency is through text alerts. Please list the cell phone number you wish to use for such alerts:

Parent / Guardian cell: _____

Additional number for text alerts: _____

Authorized Pick Up List

Child's Name: _____

Parent's Name: _____ Phone: _____

Parent's Name: _____ Phone: _____

I authorize the people listed below to pick up/drop off my child.

Name	Phone Number	Date Added	Staff Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature

Date



Auto Debit Authorization and Registration Form

Program	Weekly Charge	Selected Care
Virtual Learners Program	\$60.00 per week	
Before Care	\$15.00 per Week	
After Care	\$50.00 per Week	

Parent/Guardian's Name: _____

Child's Name: _____

Child's School: _____

Primary Phone Number: _____

Household Email Address: _____

Program Location: Highland _____ Southwest _____

Auto debit will be pulled every Friday for the upcoming week. I agree for the fees for my child's childcare listed above to be paid weekly. Should any credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I will incur a processing fee of \$5 assessed by the City of Largo for any payments that are not able to be electronically processed. After two non-successful payment attempts, I will be withdrawn from the auto pay program. I also understand it is my responsibility to notify the City of Largo in writing should my credit card expire, my financial institution changes, or I make any changes to my account information at any time. The City of Largo requires a 10 day notice to change/cancel an EFT processing. All weekly fees are required to be paid if your child attends or not.

Initial Payment:

Membership _____ + Registration _____ + First Week of Tuition _____ = Total Due Today _____

My weekly EFT withdraw total: _____ Expiration Date: ___ / ___

Name as it appears on the credit/debit card: _____

Credit Card Number: _____

Parent Signature: _____

Date: _____

City of Largo

Healthy Environment Policies

All parents and/or guardians of childcare participants must agree for their child(ren) to undergo body temperature screening, if requested. All participants must comply with all City of Largo and CDC rules and guidelines, and are encouraged to wear masks.

You may not enter a City of Largo facility if any of the items listed below pertain to you or your child. Children may not participate in our childcare programming if any of the following factors apply:

1. Have had a fever or felt feverish in the last 24 hours. A fever is a temperature above 100.4 F. If a child has a temperature of 100.4 or greater they will not be permitted to stay. The child must be fever free for 24 hours and symptom free to return.
2. Exhibits a cough.
3. Has shortness of breath or difficulty breathing.
4. Has symptoms related to COVID-19 such as chills, muscle aches, headache, sore throat and/or a loss of taste or smell.
5. Has traveled outside the country within the last 14 days.
6. Has traveled to a known hot spot within the last 14 days.
7. Has had face to face contact (within 6 ft) with someone who is ill with a cough, fever or has a confirmed or suspected case of COVID-19.

The City of Largo has put provisions into place to help create a safe and healthy environment for our childcare participants. These guidelines require both families and childcare staff to work together for the safety of our childcare participants. These may change as the COVID guidelines change.

Our responsibility:

- Lower staff/child ratios. Smaller group sizes.
- Temperature checks and hand washing upon arrival for staff and children.
- Guidelines require all staff working with children to wear masks while inside the facility.
- All participants, including the driver must have a mask on while in a City of Largo vehicle.
- Windows will be open enough to allow additional air flow during transportation.
- All vehicles used for transporting participants will be sanitized between uses.
- Communicate with the families policies and procedures grow and change to help prevent the spread of COVID-19.

Your responsibility:

- Report any positive COVID tests within your household to the camp director or facility manager immediately. *
- Report if your child has had any direct contact with someone who has tested positive for COVID-19. *
- Keep children home when they are sick. (fever, cough, shortness of breath)
- Self quarantine for 14 days if you travel outside of the country.
- Self quarantine for 14 days if you travel to any known hot spot area in the US.

*** In the event that your child has been in direct contact with someone that tests positive for COVID-19, they may not return to childcare programming for 14 days since the last exposure and are symptom free. If a child tests positive, they must have a negative test result to return to the childcare programming.**

PLEASE NOTE: These measures are best practices to mitigate the transmission of COVID-19 and do not offer any guarantee from exposure.

Parent's Name: _____

Parent's Signature: _____

Child's Name: _____

Date: _____

Phone Number: _____

Address: _____

QUALITY CHILD CARE

Quality child care offers health, 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 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.
- ❖ Displays children's activities and creations.

- ❖ Provide a safe and secure environment that fosters the growing independence of all children.

QUALITY ACTIVITIES

- ❖ Are children initiated and teacher facilitated.
- ❖ Include social interchanges with all children.
- ❖ Are expressive including play, painting, Drawing, storytelling, music, dancing and Other varied activities.
- ❖ Include exercise and coordination development.
- ❖ Include free play and organized activities.
- ❖ Include opportunities for all children to read, explore, and problem-solve.

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 children's center policies and procedures.
- ❖ Communicate directly with caregivers.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk to your child about their daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.
- ❖ Familiarize yourself with the child care standards used to license the children's center.

PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

MyFLFamilies.com/ChildCare



Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School * Kindergarten

Day Nursery * School Age Center



PINELLAS COUNTY LICENSE BOARD
for Children's Centers and
Family Child Care Homes

8751 Umerton Road, Suite 2000
Largo, FL 33771
Telephone 727-507-4857
www.pclb.org

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

C-0002 (Rev.08/16)

PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

A LICENSED CHILDREN'S CENTER MUST:

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ❖ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent's or legal guardian's permission before transporting children.
- ❖ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care.

- ❖ A signed statement that parent or legal guardian received a copy of this brochure.
- ❖ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ❖ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ A notitized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

PERSONNEL REQUIREMENTS

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40-Hour Introductory Child Care training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).
- ❖ Documentation of educational requirements.
- ❖ Meet minimum age requirements.

Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.

- ❖ Staff trained in first aid and CPR on the premises at all times and on field trips
- ❖ Staff maintain direct supervision including minimum adult-child ratios:
 - 2 months-1 year 1 adult for 3 children
 - 1 year-2 years 1 adult for 5 children
 - 2 year olds 1 adult for 10 children
 - 3 year olds 1 adult for 15 children
 - 4 year olds 1 adult for 20 children
 - 5 years and up 1 adult for 25 children

NUTRITIONAL REQUIREMENTS

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
 - Posted meal and snack menus.
 - Safe drinking water is available.

PHYSICAL ENVIRONMENT

- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

Has indoor and outdoor space that is clean and free of litter and other hazards.

- ❖ Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.
- ❖ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).
- ❖ Has isolation area for ill children.
- ❖ Has equipment for proper sanitary hand washing, toileting, and diapering activities.
- ❖ Has at least one corded, operable telephone available to staff.

HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- ❖ Annual approved fire inspections conducted.
- ❖ Monthly checks to ensure all areas of the children's center are free from fire hazards.
- ❖ Smoking is prohibited on premises.
- ❖ Storage of toxic and hazardous materials in areas inaccessible to children.
- ❖ Fire and emergency drills conducted as required.
- ❖ A labeled, fully stocked first aid kit.
- ❖ Parent(s) or legal guardian(s) notified of all animals on site.
- ❖ Records of immunizations for animals/fowl.
- ❖ Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- ❖ Prohibit narcotics, alcohol or other impairing drugs on the premises.
- ❖ Bimonthly outdoor equipment maintenance checks.