



2020-2021 Calendar

Hillsborough County ELA

Thurs., Aug. 6, 2020	Professional Development Day – Site closed for all students
Fri., Aug. 7, 2020	Professional Development Day – Site closed for all students
Mon., Aug. 10, 2020	Schools Open - Classes begin
Tues., Aug. 11, 2020	First day of VPK
Mon., Sept. 7, 2020	<u>Holiday</u> - Labor Day - Site closed for staff and students
Wed., Nov. 11, 2020	VPK closed – R'Club open full day
Mon., Nov. 23 – Wed., Nov. 25, 2020	VPK closed – R'Club open full day
Thurs., Nov. 26, 2020	<u>Holiday</u> - Thanksgiving - Site closed for staff and students
Fri., Nov. 27, 2020	<u>Holiday</u> - Thanksgiving - Site closed for staff and students
Mon., Dec. 21 – Wed., Dec. 23, 2020	VPK closed – R'Club open full day
Thurs., Dec. 24, 2020	<u>Holiday</u> – Winter Holiday – Site closed for staff and students
Fri., Dec. 25, 2020	<u>Holiday</u> – Winter Holiday – Site closed for staff and students
Mon., Dec. 28 - Thurs., Dec. 31, 2020	VPK closed – R'Club open full day
Fri., Jan. 1, 2021	<u>Holiday</u> – Winter Holiday – Site closed for staff and students
Mon., Jan. 4, 2021	VPK closed – R'Club open full day
Mon., Jan. 18, 2021	<u>Holiday</u> – M. L. King, Jr. Day – Site closed for staff and students
Fri., Feb. 12, 2021	VPK closed – R'Club open full day
Mon., Feb. 15, 2021	VPK closed – R'Club open full day
Mon., Mar. 8, 2021	VPK closed – R'Club open full day
Mon., Mar. 15 – Fri., Mar. 19, 2021	VPK closed – R'Club open full day
Mon., Mar. 22, 2021	VPK closed – R'Club open full day
Fri., Apr. 2, 2021	VPK closed – R'Club open full day
Mon., Apr. 19, 2021	VPK closed – R'Club open full day
Fri., May 28, 2021	Last day of VPK
Mon., May 31, 2021	<u>Holiday</u> – Memorial Day – Site closed for staff and students
Mon., Jul. 5, 2021	<u>Holiday</u> – 4th of July – Site closed for staff and students

2 WEEK FOLLOW UP:

Time _____ Date _____ Initials _____
 _____ Phone Call to Check on New Student
 _____ Face to Face Follow Up
 _____ Follow Up Letter



Physical Date: _____

Immunization Due Date: _____

Orientation Checklist

Child's Name: _____ Date Enrolled: _____

Parent's Name: _____ Center: ELA

Parent Signature: _____

Parent**Staff**

_____	_____	Tour of Facility
_____	_____	Staff Introductions
_____	_____	Parent Visit with Classroom Teacher
_____	_____	Parent Handbook & Overview
_____	_____	Discuss Expectations of Family and Needs of the Child
_____	_____	Interpreter Needed ____ Yes ____ No
_____	_____	Parent & Child Visit Classroom
_____	_____	Child Identification Form (2 Pages)
_____	_____	2 Notarized Emergency Treatment Form (Cards)
_____	_____	Fee Policy Agreement
_____	_____	Discipline Policy
_____	_____	Subsidy Application (if applicable)
_____	_____	USDA Food Program Application – Center Provides Breakfast, Lunch, PM Snack
_____	_____	Cross Reference (list siblings, if applicable) _____
_____	_____	School Calendar
_____	_____	Know Your Child's Day Care Brochure
_____	_____	Flu Virus Brochure
_____	_____	Distracted Adult Brochure
_____	_____	COVID-19/Coronavirus Waiver of Liability
_____	_____	Family Programming & Support Information
_____	_____	Food Experience Form
_____	_____	Any Special Cultural or Religious Needs Discussed with Parent:

_____ _____ Alternate Nutrition Agreement:

If I choose not to participate in the USDA Food Program offered, I understand and approve the use of the Alternate Nutrition Plan. I agree to provide *all* formula, meals, snacks and drinks to meet my child's nutritional and dietary needs as outlined by the USDA My Plate provided to me by R'Club ELA. If I provide any food that requires refrigeration and/or must be kept cold, I will supply and include ice pack(s) to keep food cold.

Indicate Special Dietary Requirements:



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Site Name _____

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: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

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.

CHILD'S ENROLLMENT RECORD Page 2

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

My signature below verifies that:

I have received a copy of the brochure "Influenza Virus" Form CF/PI 175-70.

I have received a copy of the Fee Policy and agree to abide by all policies stated within.

I give permission for R'Club to disclose and receive information from or to school personnel.

I do not hold R'Club responsible for my child(ren) if I fail to pick my child up at the close of business each day. I understand R'Club will make every effort to contact my emergency numbers and if necessary, the appropriate law enforcement agency.

I have received a copy of the Parent Handbook and agree to abide by all the policies stated within including the Health and Nutrition food safety practices and serving of healthy foods. If I provide any food that requires refrigeration and/or must be kept cold, I will supply and include ice pack(s) to keep this food cold.

I understand some children in care may not have current immunizations.

I give permission for my child to participate in any media coverage of R'Club programs for promotional and/or educational purposes, including radio, television, and newspaper coverage of R'Club special events.

I give permission for R'Club to retain custody of my child if the person picking up is believed to be incapacitated.

I understand that without proper legal documentation in my child's file, R'Club can release my child to either legal parent/guardian.

I give permission for my child to participate in annual developmental screenings.

Signature of Custodial Parent or Legal Guardian

Date

Child's Name _____

CHILD INFORMATION SHEET



Child's Name _____ Site Name _____ Page 1

Health Information: The following information will enable us to better protect your child's health and safety.

1. Please indicate (Yes or No) if your child needs assistance/accommodations in any of the following areas. If yes, please explain.
Visual: ☐ Yes ☐ No _____
Hearing: ☐ Yes ☐ No _____
Physical: ☐ Yes ☐ No _____
Speech: ☐ Yes ☐ No _____
Other: ☐ Yes ☐ No _____
2. Does your child have other special needs (physical, emotional, mental)? ☐ Yes ☐ No If yes, please explain and indicate how we can best serve your child: _____
3. Does your child have seizures? ☐ Yes ☐ No If yes, please explain type and frequency of occurrence: _____
4. Has your child had (check boxes): ☐ Surgery ☐ Serious Illness ☐ Burns ☐ Accidents ☐ Other
If yes for any of the above please explain: _____
5. Does your child have an I.E.P. or 504 plan with the school system? ☐ Yes ☐ No If yes, please provide a copy.
6. Is your child currently taking medication? ☐ Yes ☐ No If yes, please list _____
7. When are these medications given? _____ How are they administered? _____

Development: Your answers to the following questions will enable us to be more effective in working with your pre-school, school age or special needs child.

8. Does your child have dressing skills? ☐ Yes ☐ No Feeding skills? ☐ Yes ☐ No Toileting skills? ☐ Yes ☐ No
9. Can your child participate in all activities? ☐ Yes ☐ No Please explain: _____
10. List any particular sources of frustration for your child: _____
11. List any behavioral concerns and how these are addressed at home/school: _____

Assets: The following information will help us meet you and your child's expectations for care.

12. What are your primary expectations of this program? (Prioritize your top 3 with 1 being most important)
_____ Help with Homework _____ Character Developments _____ School Readiness _____ Enrichment Activities
_____ Self Help Skills _____ Socialization/Communication Skills _____ Recreation Pursuits _____ Other _____
13. Describe your child's temperament: _____
14. What types of activities does your child enjoy? _____
15. What types of responsibilities do you allow your child? _____
16. What do you feel is your child's greatest success? _____
17. What strategies work best for motivating your child? _____
18. What are your child's interests? _____
19. Other information: _____

Thank you for your patience in filling out these forms. This information will help us serve your child according to the 4 R's in the R'Club mission statement: more Respectfully, more Responsibly, more Resourcefully, and with more Responsiveness. Thank you for choosing R'Club as your child's before and after school childcare provider. We look forward to providing you and your child with the best in childcare services.

CHILD INFORMATION SHEET



Child's Name: _____ Site Name: _____

Student ID Number: _____

Page 2

STATISTICAL INFORMATION: R'Club does not share client or family identifying information with anyone.

As a non-profit organization, R'Club depends on foundation and corporate donations, and government grants and contracts. Funders often ask how many children we serve, their race and ethnicity, family income level, etc. These grants allow us to fund special R'Club programs and keep our fees as low as possible. While this information is not mandatory, we appreciate your help in answering the following questions. Thank you.

CHILD INFORMATION:

1. **Race (check one):** ☐ Black or African American ☐ Asian or Asian Indian ☐ Native Hawaiian/Other Pacific Islander
☐ White ☐ Multi-racial ☐ Native American or Alaskan Indian
2. **Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino
3. **Are you new to R'Club or are you returning to R'Club?** ☐ New ☐ Returning
4. **How long or how many years has your child attended R'Club programs?** _____

FAMILY INFORMATION:

5. **Family Size:** _____ # adults _____ # children under age 18 _____ # children over age 18 if in special needs program
6. **Total Annual Household Income:** Please include all sources of household income.

*This information is only used to help the agency when applying for grants and foundation funding.
 Personal information is never released.*

- ☐ Under \$13,800 ☐ \$13,801- \$15,500 ☐ \$15,501- \$17,200 ☐ \$17,201- \$18,600 ☐ \$18,601- \$20,000
☐ \$20,001- \$23,000 ☐ \$23,001- \$25,850 ☐ \$25,851- \$28,700 ☐ \$28,701- \$31,000 ☐ \$31,001- \$33,300
☐ \$33,301- \$36,750 ☐ \$36,751- \$41,350 ☐ \$41,351- \$45,900 ☐ \$45,901- \$53,250 ☐ \$53,251- \$74,999 ☐ \$75,000+

7. How did you hear about R'Club?

- ☐ Internet/Website ☐ Child's School ☐ Friend/ Family Member ☐ Phone Book ☐ Newspaper/Magazine ☐ Other

8. Did you use the Yellow Pages phone book (not internet) to find or look up R'Club's telephone number? ☐ Yes ☐ No

9. Why did you choose R'Club? (Please check all that apply)

- ☐ Convenience or location ☐ Price ☐ Curriculum or academic support ☐ Activities offered
☐ Safety and supervision ☐ Reputation ☐ Previously had children enrolled ☐ Other
☐ Special offer or discount ☐ Staff ☐ Referral by school, family member or friend

10. Please list all children in family attending any R'Club or R'Club preschool centers

R'Club: _____ Child's Name: _____
 R'Club: _____ Child's Name: _____
 R'Club: _____ Child's Name: _____

11. Mother/Guardian Primary E-Mail (for R'Club use only) _____

12. Father/Guardian Primary E-Mail (for R'Club use only) _____

Strengthen Your Community Week By Week!

Want to make a big difference in a small way? A gift of just \$2 a week adds up to \$100 a year! Make your gift easily now: \$ _____ per week (\$2 - \$5 a week suggested donation) for the R'Club Scholarship Fund providing over \$400,000 annually to families in need. R'Club Child Care, Inc. is a 501(c)(3) non-profit organization and all contributions are tax deductible. Thank you!

Parent/Guardian Signature _____ Date _____

R'Club Use Only:

Code	Enrollment									School Age		
	BG1	BG3	BG5	BG8	LIEF	CCPP	VPK	Head Start	Other	FT	PT	Drop-In
Funder Amt												
Parent Fee												
Total Fee												

Activity Fees (Check Box)	One Child		Family		Registration or Reinstatement Fee	One Child		Family	
	\$ 50		\$ 90			\$ 35		\$ 50	



**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

R'Club Child Care, Inc. ("R'Club") has put in place preventative measures to reduce the spread of COVID-19; however, R'Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending R'Club could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....
By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending R'Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at R'Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, R'Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, including but not limited to attorney's fees and costs, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at R'Club or participation in R'Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless R'Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of R'Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any R'Club program.

By my signature below, I confirm that my child is NOT currently under exclusion or quarantine from any other child care program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of R'Club Participant(s)



Discipline/Expulsion Policy

The following policy has been prepared in compliance with Florida Child Care Laws.

R'Club believes in positive guidance and behavior management. Our role is to teach children how to make good choices and help them develop self-discipline, a sense of responsibility for their actions, respect for self and others, resourcefulness and responsiveness – the 4 R's of R'Club. R' Club's discipline policy focuses on problem prevention by encouraging appropriate behaviors, providing positive opportunities for children to contribute, and striving to develop a sense of belonging in all children. We encourage individuality and independence, but each child must be able to interact positively within the established guidelines.

Child Discipline

- A. Children's centers must ensure that age-appropriate, constructive disciplinary practices are used for children in care. All child care personnel must comply with the children's center written disciplinary policy. Such policies shall include standards that prohibit children from being subject to:
1. Discipline which is severe, humiliating, or frightening.
 2. Discipline associated with food, rest, or toileting.
- B. Spanking or any other form of physical punishment is prohibited by all child care personnel.

Florida State law prohibits the use of corporal punishment, 402.305 (12), F. S.

Specific R'Club guidelines are as follows:

Guidelines

- R'Club students, parent/guardians, and staff RESPECT each other's person, feelings, and property.
- R'Club students, parent/guardians, and staff take RESPONSIBILITY for their actions and decisions.
- R'Club students, with the aid of staff, and parent/guardians are RESOURCEFUL to solve and prevent problems.
- R'Club students, parent/guardians, and staff are RESPONSIVE to the needs of others and lend a helping hand.

Preventive Measures

- Provide challenging activities.
- Use clear directions.
- Communicate age-appropriate, positive expectations.
- Utilize encouragement techniques.
- Explain reasons for actions.
- Listen to the child and take time to respond appropriately.

Problem Resolution Guidelines

Step 1

- Follow through on rules consistently.
- Problem solve with the child.
- Use of natural and logical consequences.
- Redirect the child toward positive and appropriate choices.
- Repeat expectations on a regular basis.

Step 2 Child's choices are restricted, and documentation of misbehavior is noted for the parent/guardian's information.

Step 3 Parent/Guardian is contacted, in some cases, to pick up the child. A conference and behavior contract is established with the parent/guardian and child to solve the problem.

If misbehavior should still continue:

Step 4 One Day Suspension

Step 6 Five Day Suspension

Step 5 Three Day Suspension

Step 7 Termination of Services

NOTE: If a school-age child is suspended or sent home from school for the day, they may not attend the R'Club program that day.

Grounds for Immediate Suspension or Termination: The following actions shall be considered serious misconduct and may warrant immediate suspension or termination:

- Possession of a weapon* (or other dangerous object) and leaving the property without adult supervision/permission create a serious danger that cannot be tolerated. The occurrence of either of these two offenses will result in a minimum 5-day suspension or immediate termination (Steps 6-7).
(* Weapons are defined as knuckles, explosives, chains, clubs, mace, tear gas, pepper spray, razor blades or box cutters, guns, knives or anything else that could inflict bodily harm.)
- Fighting, destruction of facility or R'Club property, assault, battery, stealing, extortion, coercion, blackmail, arson, vandalism or destruction of property, acts or threats of or incitement to violence, intimidation of other students, defiance/insubordination, verbal abuse, leaving group without permission, sexual activity, sexual harassment, bomb threats, chronic misconduct, possession of drugs, alcohol, or tobacco products may result in immediate suspension/termination (Steps 4-7).
- Any conduct by a client (child or parent/guardian) which is injurious to others, poses a threat to the health or safety of persons or property, or conduct that disrupts or interferes with the rights of others shall result in disciplinary action.

Destruction of Property: Parent/Guardians are responsible to R'Club for any damage to property that incurs as a result of the willful act of their child.

I have read, understand, and agree to comply with the R'Club Discipline Policy.

Parent/Guardian Signature

Date



Center / School Name _____

Child's Name _____

Parent's Name _____

Fee Policy Agreement: Preschool/School Age

R'Club provides a developmentally-appropriate program for your child to ensure their success while in our care. Policies for fees and enrollment have been established to provide a financial basis for this quality program. Please review these policies carefully and direct your questions to your Center Director.

Fee Policy:

- Registration, activity and reinstatement fees are non-refundable.
- Weekly fees are charged regardless of the number of actual days attended in any given week.
- Payments must be made by check, money order or cashier's check. R'Club does not accept cash payments.
- Payments are due in full on the first day of attendance each week by 6:00pm to avoid late payment fee.
- Vacation request will be processed upon approval of required documentation. **ELC Clients are not eligible for vacation.**

Late Payment Fee	\$15 per family per location
ELC Non-Reimbursable Days	\$10 per Day – School Days Care – School Age \$20 per Day – In-service Days Care – School Age \$40 per Day – Pre-school
Late Pick-up Fee: after 6 p.m.	\$10 per child per 15 minutes increment for each occurrence.
Reinstatement Fee	\$20.00 per child or \$30.00 per family
School Age-Summer ELC Difference Fee	\$6 per week per child
Preschool ELC Difference Fee	\$ Fee depends on location
School Age-School Year ELC Difference Fee	\$3.00 per week/child
NSF Check Fee	\$35 per check After 2 checks – money order only for 1 year after NSF check

Enrollment Policy:

- Enrollment begins the first day of attendance. All enrollment forms must be completed prior to attendance.
- Registration and/or activity fees plus the first week's fee are due on the day of enrollment.
- A transfer to another R'Club center or re-enrollment will be denied for any fees that are outstanding.
- Client status changes (from one fee category to another) are limited to two changes per year (August – August) and are prohibited two weeks prior to Thanksgiving, Winter, Spring and Summer break.
- Drop-in Care charged daily including Thanksgiving, Winter and Spring Break.
- Illness is considered a billed period of time.
- Billing continues until notification of termination of services is received.
- Non-payment of the current week may result in immediate termination of services. Continued late payment may be considered abuse of service and result in termination of services.
- Subsidy/grant funded clients are responsible for the full cost of care in the event that the funding source denies their eligibility for reimbursement (examples include, but are not limited to: unexcused absences, failure to complete appropriate redetermination / transfer paperwork, failure to sign their child in and out daily, etc.).

Client Status	Policy / Information
School-Age: Full-time client	Status based on full-fee clients enrolled prior to January 1 st . Most field trips are provided at no additional cost; however some field trips are an additional fee to the parents. See your Center Director for clarification.
School-Age: Full-time client enrolled August - December	Receives 4 weeks of vacation to be used Monday – Friday.
School-Age: Full-time client enrolled January - April	Receives 2 weeks of vacation to be used Monday – Friday.
School-Age: Summer only clients enrolled in May - July	Not eligible for vacation weeks.
School-Age: Part-time clients (A.M. or P.M. only)	Receives 4 weeks of non-billed time only during the 4 weeks of Thanksgiving/Winter/Spring break. Additional fees are charged if attending in-service days, Thanksgiving/Winter/Spring or Summer breaks.
Drop-In client	Fees due the day the service is provided. Drop in clients are not eligible to attend field trips.
Grant or Subsidy clients	Must adhere to the requirements of the grant or subsidy.
Pre-School: Full-time client	Receives 2 weeks of vacation to be used in week (Monday – Friday) or day increments (not during VPK instructional days).
VPK Attendance Policy	Children enrolled in the VPK program must follow the VPK Attendance Policy.
Vacations	Vacation cycle starts first day of school program through last day of summer program.

I have read, understand and agree to abide by all the policies listed above. Fees for the services will be:

Fall/Spring Registration/Activity Fee: \$	Summer Registration/Activity Fee: \$
Weekly Fee: \$	Summer Weekly Fee: \$
Drop-In Fee: \$	
Difference Fee: \$	Difference Fee: \$

Parent/Guardian Signature

Date

Center Director's Signature

Date



Dear Parent/Guardian,

Please SELECT the correct option, sign and complete the bottom of this form as confirmation to your commitment to this donation.

- ☐ I wish to make a \$_____ donation weekly above and beyond my weekly fees, to be paid in addition to my weekly fees.
- ☐ I wish to make a one-time donation of \$_____.
- ☐ I do not wish to commit to an added donation at this time.
- ☐ I wish to end my elected donation as of this date_____.

Parent/Guardian Name (Print)

Address

City, State, Zip Code

Parent/Guardian Signature

Date

Center Name

Director Name (Print)

Director Signature

Date

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

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

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

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

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

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

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

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

Children's income – Total: \$	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

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

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

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

STEP 5: Contact information and adult signature

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

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

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

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community.

Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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

FOR CONTRACTOR USE ONLY:

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

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

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

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

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

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

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

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

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

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

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

This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement



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



General Media Release

Child's name _____ (Please print)

School/Program name R'Club Child Care, Inc. (Please print)

I provide permission and license for the use to allow _____
(Print Child's legal name)

to be interviewed, and use any and all photographs, videotaping, audio recordings or written interviews/stories of participants and otherwise recorded on film, videotape, audiotape or other formats. I agree to and provide license to allow the news media, under the supervision of R'Club Child Care, Inc, to photograph, videotape, film or otherwise record my child (name mentioned above).

I understand that my child's name (mentioned above) and image may be used in connection with these materials in a press release, news story, testimonial, or story that may be viewed by the general public unless I have specifically restricted its use. I give permission for my child's (name mentioned above) voice, image and identity to be used for public broadcast, online media and in other venues, e.g., for other educational purposes, by news media outlets and R'Club Child Care, Inc in its marketing and outreach initiatives.

I release R'Club Child Care, Inc, officers, agents and employees from any and all liability connected with the taking or use of these materials. I waive all my rights and my child's rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information and education or for other lawful purposes. My child is under the age of 18 years and I am signing release.

Signature of Parent/Legal Guardian

Date

Print Parent's/Legal Guardian's Name

Street Address

City State Zip Phone

Witness Signature

Date



KNOW YOUR CHILD CARE FACILITY
Hillsborough County

Choosing an appropriate child care program is an important decision for both the parent and the child. Family needs as well as the child's individual needs should be considered in this process, including the child's age and developmental level.

This brochure is intended to provide helpful information regarding child care facilities. It summarizes the quality indicators of a child care facility, the parent's role in quality care, and some of the minimum standards used to license child care facilities.

This child care facility has met the state minimum child care licensure standards as outlined in section 402.305, Florida Statutes and Hillsborough County Child Care Licensing Ordinance 13-5.

License Issued on __/__/__

License Expires on __/__/__

CHILD CARE BROCHURE STATEMENT

(Chapter 402.3125, F.S.)

On, __/__/__,
I,

(Name of Parent or Legal Guardian)
received a copy of the Child Care Brochure.

(Signature of Parent or Legal Guardian)

(Name of Child)

This information is for the facility's children's file unless statement is included on enrollment form.

Quality Child Care

Quality child care offers the child healthy, social and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment.

Children in quality child care settings also participate in daily age appropriate activities that help develop essential skills, build independence and instill self respect.

When evaluating child care settings for quality, the following quality 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 the social and emotional needs and developmental tasks for all children.

Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and 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.

Quality Activities

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

Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:

- ✓ Familiarize themselves with the child care standards used to license the child care facility.
- ✓ Inquire about the qualification and experience of child care staff as well as staff longevity.
- ✓ Know the facility's policies and procedures.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility and participate in special activities as well as scheduled meetings and conferences.
- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child if they are sick.

Licensing Standards

Hillsborough County Child Care Licensing Ordinance

Every licensed child care facility should maintain licensing standards that include but are not limited to, the following:

General Information

- ✓ Have a valid license posted for parents to see.
- ✓ Have all staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 year old	1:4
1 year old	1:6
2 year old	1:11
3 year old	1:15
4 year old	1:20
5 years and older	1:25

- ✓ Maintain appropriate transportation vehicles and procedures.
- ✓ Provide parents with written age appropriate disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.
- ✓ Maintain usable indoor floor space for playing, working and napping.

Physical Environment

- ✓ Provide space that is clean and free of litter and other hazards.
- ✓ Equipped with age and developmentally appropriate toys, bathroom facilities and other sufficient age appropriate furnishings.
- ✓ Provide isolation area for children who become ill.
- ✓ Instill proper handwashing, toileting and diapering activities.
- ✓ Be accessible and appropriate for all children.

Training Requirements

- ✓ 45 hour Introductory Child Care Training.
- ✓ 10 hours annual Inservice training.
- ✓ Facility Directors must have a valid Florida Director Credential.

Health Related Requirements

- ✓ Have established emergency procedures that include:
 - 1-800-962-2873 Florida Abuse Hotline number posted along with other emergency numbers.
 - Staff trained in First Aid and CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and monthly fire drills and emergency drills posted.
 - Have a locked storage place for storing medication and hazardous materials.

Food and Nutrition

- ✓ Posted menus for snacks and meals that provide daily nutritional needs of the children.

Record Keeping

- ✓ Maintain accurate records that include:
 - Children's health exams and immunization records
 - Medication records
 - Enrollment information
 - Personnel records
 - Accurate daily attendance records
 - Accident and Incident reports
 - Parental permission for field trips

Additional Information

For further information about child care or specific child care facilities, please contact the Hillsborough County Child Care Licensing Program Website:

www.hillsboroughcounty.org/childcarelicensing

Phone number: (813) 264-3925

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 Ulmerton 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.

**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 notarized 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.

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/>

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
CF/PI 175-12, May 2018

When life happens...Don't be a
**DISTRACTED
ADULT**



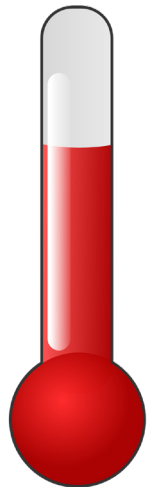


FACTS ABOUT HEATSTROKE:

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.

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.



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.