R'Club
Child Care, Inc

2022 Summer Calendar

School Age

Thurs., May 26, 2022	Last day of school
Fri., May 27, 2022	R'Club in-service planning day – All sites **CLOSED** for children
Tues., May 31, 2022	R'Club summer program begins
Mon., Jun. 6, 2022	Summer Bridge begins
Thurs., Jun. 30, 2022	Last day of Summer Bridge
Mon., July 4, 2022	R'Club **CLOSED** in observance of 4th of July
Fri., Jul. 29, 2022	Last day of R'Club summer program
Wed., Aug. 10, 2022	Schools open - classes begin

01-26-21

R'Club Child Care, Inc.

Checklist for Children's Files

Child's Name:_____ Date Enrolled:_____

Parent's Name:_____ Center:_____

_____ **Calendar**

_____ **Enrollment Record (2 pages)**

_____ **Child Information Sheet (2 pages)**

_____ **Fee Policy Agreement**

_____ **Vacation Policy Change**

_____ **Discipline Policy Agreement**

_____ **Assumption of Risk/Waiver of Liability – COVID -19 Form**

_____ **JWB Authorization and Consent for Disclosure, Receipt, and Use of Confidential Information by the Juvenile Welfare Board of Pinellas County**

_____ **General Media Release**

_____ **Food Experience Form**

_____ **Donation Acknowledgement-Approval**

_____ **Know Your Child's Day Care Brochure, Influenza Virus Brochure, Distracted Adult Brochure**

_____ **2 Notarized Emergency Treatment Form (Cards)**

_____ **Disaster Card**

_____ **Parent Handbook**

_____ **Promise Time Statement of Commitment and Authorization to Release Form (If applicable)**

_____ **Administration of Medication Policy (if applicable)**

_____ **Alternate Nutrition Agreement (If applicable)**

R'Club Child Care Inc.
2022 Summer Bridge Program

Participant and Parent/Guardian
Statement of Commitment

Center Name: _____

The 2022 Summer Bridge Program is a product of a strong partnership between R'Club Child Care Inc., The Juvenile Welfare Board of Pinellas County and the Pinellas County School Board. We are excited to offer this opportunity to your child/children.

If you have met the eligibility requirements this program will be **free** to you this summer. Our before and after care program will have a variety of stimulating activities to promote school success and personal well-being in a safe environment. **Active attendance and engagement are essential to the students' and program's success.**

I,_____, the parent/guardian of _____
(Print name of parent/guardian) **(print child's name)**

Hereby agree to comply with the following requirements as a recipient of the JWB funded before and after care program being offered by the R'Club:

- Attendance in the Summer Bridge Program Provided by the Pinellas County School Board is mandatory in order to attend our program.
- Youth must arrive to program by 7:55 on days summer bridge is offered.
- **Youth must maintain a consistent daily attendance at a minimum of 4 days per week and may NOT miss more than 4 days in any one month period.**
- Parents/guardians are required to notify the program management if a child(ren) will be absent and prior to withdrawal from the program.

I have read, understand and agree to comply with the requirements listed above. I realize that failure to comply with these requirements may result in loss of my funded space within this program.

_____ _____
(Parent or Guardian Signature) **Date**

Directors: Please keep a copy of this form in the participants file

R'Club Child Care, Inc.

DIRECTOR'S USE ONLY

Date Enrolled _____

Site Name _____

CHILD'S ENROLLMENT RECORD

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 be transported to a safe location in the event of a disaster.

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 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_____

R'Club Child Care, Inc.

Center Name: _____

JWB Juvenile Welfare Board

CHILD INFORMATION SHEET

This form is for data gathering purposes only. The information is not shared or used for any other purpose and is kept strictly confidential as required by R'Club Child Care, Inc., the Juvenile Welfare Board of Pinellas County, and Pinellas County Schools. We look forward to providing you and your child with the best in childcare services. Thank you for choosing R'Club.

Child Information

Name *(First, Middle Initial, Last)*: _____

- Please Print –

Date of Birth *(mm/dd/yy)*: ____/____/____ **Gender**: _____ **Relationship to Head of Household:** _____

Home Address: _____ **City:** _____ **Zip Code:** _____

Are you new or returning to R'Club? ❑ New ❑ Returning **How long has your child attended R'Club?** _____

Does your child speak a language other than English at home? ❑ Yes ❑ No If yes, primary language spoken: _____

Race

❑ American Indian or Alaska Native
❑ Asian
❑ Black, African American
❑ Haitian
❑ Multiracial
❑ Native Hawaiian
❑ Other Asian (Hmong, Laotian, Thai, Pakistani, etc.)
❑ Other Pacific Islander (Fijian, Tongan, etc.)
❑ White
❑ Some other race: (Please specify)_____

Ethnicity

❑ No, not of Hispanic, Latino, or Spanish Origin
❑ Yes, Cuban
❑ Yes, Mexican, Mexican American, or Chicano
❑ Yes, Puerto Rican
❑ Yes, another Hispanic, Latino, or Spanish Origin

School Information

Please provide the following information for the current school year.

School Name: _____

Current Grade Level: _____

IEP ❑ Yes ❑ No **504 plan** ❑ Yes ❑ No **IAP** ❑ Yes ❑ No

Pinellas County Student ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Household Composition

❑ Dual Parent - Married
❑ Dual Parent - Non-Married, Female Head of Household
❑ Dual Parent - Non-Married, Male Head of Household
❑ Single Parent - Female Head of Household
❑ Single Parent - Male Head of Household
❑ Other-Relative/Kinship Care: Dual Parent - Married
❑ Other-Relative/Kinship Care: Single Parent - Female Head of Household
❑ Other-Relative/Kinship Care: Single Parent - Male Head of Household
❑ Other Non-Relative (*such as guardian, foster parent, family friend, etc.)*
❑ Unknown

Household Information

Annual Household Income $_____ ***(before taxes)***

Number of People in Household:

_____ Adults _____ Children

_____ Children over age 18 if in special needs program

Siblings

Please list any other children attending R'Club or R'Club Preschool centers:

R'Club: _____ Child's Name: _____

R'Club: _____ Child's Name: _____

R'Club: _____ Child's Name: _____

Parent Information - *please print neatly*

Last Name: _____ **First Name:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Email Address: _____

How did you hear about R'Club? _____

Why did you choose R'Club?

❑ Activities
❑ Convenience or location
❑ Curriculum
❑ Previous children enrolled
❑ Referral by school, family member, or friend
❑ Price
❑ Reputation
❑ Safety/Supervision
❑ Staff
❑ Special offer / discount
❑ Other

I certify the information provided on this form is true and complete to the best of my knowledge:

Parent/Guardian Signature: _____ **Date:** _____

12/21/21

CHILD INFORMATION SHEET

Child's Name: _____ **Center Name:** _____

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

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 _____

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: _____

Does your child have allergies? ❑ Yes ❑ No
If yes, please explain and indicate how we can best serve your child: _____

Has your child had (check all that apply): ❑ Surgery ❑ Serious Illness ❑ Burns ❑ Accidents ❑ Seizures ❑ Other
If yes to any of the above, please explain: _____

Is your child currently taking medication? ❑ Yes ❑ No If yes, please list: _____

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 child.

Does your child have dressing skills? ❑ Yes ❑ No
Feeding skills? ❑ Yes ❑ No
Toileting skills? ❑ Yes ❑ No

Please list any particular sources of frustration for your child:
_____
_____

Can your child participate in all activities? ❑ Yes ❑ No
If no, please explain: _____
_____

Please 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.

Please describe your child's temperament: _____
What types of activities does your child enjoy? _____
What types of responsibilities do you allow your child? _____
What do you feel is your child's greatest success? _____
What strategies work best for motivating your child? _____
What are your child's interests? _____

What are your primary expectations of this program? Please prioritize your top three (3) with one (1) being most important.

_____ Character development _____ Recreational pursuits _____ Socialization/communications skills
_____ Enrichment activities _____ School readiness _____ Other _____
_____ Help with homework _____ Self-help skills

R'Club Use Only	Private Pay					Scholarship								
	S/A FT	S/A PT	Drop-in	Pre-K 3	Pre-K 4	ELC	ELC Pre-K	JWB	HS/EHS	VPK	Wrap	R-SCH	R-EMP	PCSB
												❑ Pre-K	❑ Pre-K	❑ Pre-K

Activity Fees (Check Box)	One Child		Family	
	$50		$90	

	One Child		Family	
Registration Fee	$35		$50	
Reinstatement Fee	$20		$30	

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

**Authorization and Consent for Disclosure,
Receipt, and Use of Confidential Information
by the Juvenile Welfare Board of Pinellas County**

I, **Child Name:** _____
Parent/Guardian Name: _____ (*print participant name(s)*)
acknowledge that I am a participant of R'Club Child Care, Inc. (*name of program or service*). I acknowledge that the Juvenile Welfare Board of Pinellas County ("JWB") provides funds to make the program or service in which I am participating available. I also acknowledge that in order to make sure that all services delivered to participants are of the highest possible quality, JWB may need to review information about me and these services.

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed herein, JWB may review all information about me, including my participant file and all other information pertaining to me held by the agency providing the program or service, regardless of whether that information is entered into a JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and information as the payor for these services, and that JWB generally provides no direct services to me, except in certain circumstances may facilitate service delivery I further acknowledge that JWB does not provide medical diagnoses to me and JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, to facilitate service delivery, make payment for services rendered to me by funded programs or services, quality control of funded services or programs, evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of funded programs and services, and determination of future services/programs funded by JWB. I understand that the confidential information disclosed, received or used by JWB related to my Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/ psychological/ substance abuse information from my medical health record, any information concerning the performance of any tests, results of those tests, and counseling and treatment records, as allowed by all state, federal and local laws, including, but not

limited to the following: Florida Statutes 394.459, 381.004, and 395.3025; Florida Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42. I consent to my minor participating in online or paper surveys that will be used for program improvements and enhancements. I understand that my records have a privileged and confidential status. I am waiving that status for the purposes contained by this Authorization.

I understand that the confidential information disclosed, received or used by JWB based on this Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law. However, the individually identifiable confidential information received by JWB based on this Authorization may be used by JWB and its agents for research purposes, so long as the research results are reported as a whole in de-identified format, which means that no information that identifies me as an individual is revealed. Except, JWB will not provide any records covered by CFR Title 42 to any JWB agents.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, or for compliance and quality review activities performed by JWB or its agents, upon completion of the last research project or compliance/ quality review, whatever occurs latest. By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

_____ _____

Witness Signature Date

_____ _____

(Print Participant Name) Signature of Participant or Participant's Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian

○ Personal Representative (Legal Documents Required)

_____

Effective Date

_____ _____

(Print Participant Name) Signature of Participant or Participant's Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian

○ Personal Representative (Legal Documents Required)

_____

Effective 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

R'Club Child Care, Inc.

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, cashier's check or online using MyProcare.com for charge/debit card payments. No Cash Accepted.
- 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 and part time clients are not eligible for vacation.**

Late Payment Fee	$15.00 per family per location
ELC Non-Reimbursable Days	$10.00 per Day – School Days Care – School Age $20.00 per Day – In-service Days Care – School Age $40.00 per Day – Pre-school
Late Pick-up Fee: after 6 p.m.	$10.00 per child per 15 minutes increment for each occurrence.
Reinstatement Fee	$20.00 per child or $30.00 per family
School Age- School Year ELC Difference Fee	$3.00 per week per child
School Age- Summer ELC Difference Fee	$6.00 per week per child
Preschool ELC Difference Fee	$ Fee depends on location
NSF Check Fee	$35.00 per check After 2 checks – money order or online payments only for one (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 if 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 1st. 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	Receives 1 week 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 10 days 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**

R'Club Child Care, Inc.

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 5 Three Day Suspension

Step 6 Five 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

R'Club
Child Care, Inc.

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 childcare program.

Signature of Parent/Guardian **Date**

Print Name of Parent/Guardian **Name of R'Club Participant(s)**

R'Club
Child Care, Inc.

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

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

Florida HEALTH Pinellas County

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

pclb

licensing childcare since 1961

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.

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 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?

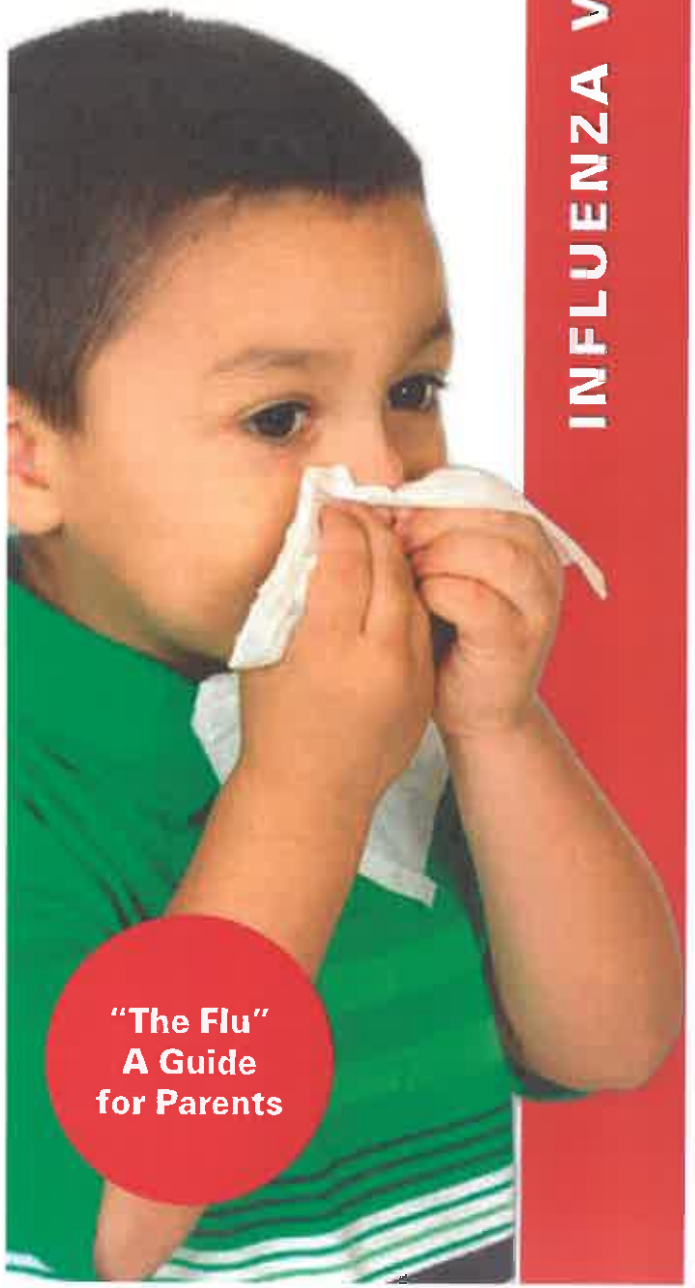
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between 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



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/

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.

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...

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

MYFLFAMILIES.COM

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