



Little Owl Learning Academy

2022-2023

Parent

Handbook

Enrollment Agreement



Enrolling Child

LAST NAME FIRST NAME

Initial

REGISTRATION: I agree to pay a registration fee, of \$ _____, at the time of enrollment and a Re-Registration fee annually. I understand that the registration fee is non-refundable.	
PAYMENT OF TUITION: I understand that tuition, \$ _____, is due and payable, on the first day of attendance and drawn on Friday's each week.	
LATE OR UNPAID TUITION: I understand that if payment in full is not received when due, I agree to pay a late payment fee of \$20 per week that tuition is not received. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.	
AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.	
LATE PICK-UP: I agree to pay \$1.00 per minute Late Pick-up fees I may be charged, per child, at time of pick up. Legal authorities may be contacted for children left at the school more than one hour after closing time of the school.	
TEXT AND EMAIL COMMUNICATION: I agree to receive text and email updates, pictures, and reminders from Little Owl Learning Academy about my child's school or activities.	
DECLINED PAYMENTS: I agree to pay any Declined Payment fees that I may be charged as stated below. Little Owl Learning Academy reserves the right to refuse any future check after such an occurrence.	
HOLIDAYS: I understand that all absences due to Holidays, Vacations, Illnesses and Natural Disasters are payable.	
VACATION: I understand that each full-time child receives a maximum 1 vacation week per enrollment year. Vacation credit is contingent upon account being paid in full at full rate. Written notice must be submitted to the office 2 weeks prior to the vacation week.	
DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.	
ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the re-admission Criteria in the Little Owl Learning Academy Handbook.	
ATTENDANCE: I understand that my child must be in attendance by 9:00 AM each day or admission may be denied unless prior arrangements have been made.	
MEDICAL RECORDS: I agree to supply Little Owl Learning Academy with current Health and Immunization forms upon enrollment. I understand that all Medical Record Requirements are mandatory in order to maintain enrollment.	
MEDICATION: I understand that supplementary medication is dispensed with a signed Medical Form only. Medicine must be kept in original container. Please see medication policy.	
FIRST AID / EMERGENCY CARE: Management / staff is hereby granted permission to seek / provide first aid / emergency care if they deem it necessary. Associated expenses are the parents' responsibility, and all personnel are hereby relieved of associated liability.	
CLOTHES & BEDDING: All children must have clean bedding and an extra change of clothes, socks and shoes in their backpack. Items must be taken home every Friday to laundered and brought back clean on Mondays.	
INCLEMENT WEATHER: In an event, LOLA will make every attempt to open as usual. To preserve the safety of our teachers and children we will if conditions warrant such action. If Pasco County Schools close, LOLA will also be closed unless otherwise notified.	
PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.	
MEALS: Although LOLA provides balanced meals based off of MyPlate, some children are pickier than others and in those situations a teacher may ask for a lunch to be brought in from home. Students should not go all day without eating.	
INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the State child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or the school.	
WITHDRAWAL FROM PROGRAM: I understand that in case of withdrawal of my child from the Center, two weeks written notice prior to withdrawal is Required.	
DISCIPLINE & EXPULSION POLICY: I have received a copy of Little Owl Learning Academy Discipline & Expulsion Policy.	

I agree to the Financial Terms and Conditions listed above. I agree to accept financial responsibility and in doing so, understand that if found in default of this agreement, I agree to pay any outstanding balance, all costs of collection and/or attorney's fees and court cost, should collection activity be necessary.

Parent/Guardian Signature

Date



Little Owl Learning Academy

Enrollment Application & Agreement Form

This section is to be completed by the child's parent or guardian. This form is to be kept in the child's file in the school office.

Child's Name:	Name child is known by:
Child's birth date:	Home/Cell number(s) MOM: DAD:
Name(s) of Parent(s)/Guardian(s) MOM: DAD:	Parents Emails: MOM: DAD:
Address of parent(s)/guardian(s):	Child's home address:
Mother's Employer:	Father's Employer:
Mother's Employer's telephone number:	Father's Employer's telephone number:
List any other contact info such as cells, emails, etc.	Instructions regarding the best way of notify parent /guardian in an emergency:

Form of payment:

I agree to pay Little Owl Learning Academy in by:

_____ Auto Pay through bank: Parent/Guardian signature: _____

I give permission:

(Circle Yes or No and sign each line)

For my child to leave gated area for special Reason such as nature walks not involving transportation.	Yes	No	Signature of parent/guardian:	Date:
For my child to have school pictures taken which will be used for internal projects and displays only at the school.	Yes	No	Signature of parent/guardian:	Date:

Primary Hours of care: _____ to: _____

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

Child's First Date of Attendance: _____

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

Custody: Mother: _____ Father: _____ Both: _____

Acknowledgement of Receipt of:

Discipline Policy: _____

Parent Handbook – Important Topics: _____

Know Your Child Care Facility – Signature: _____

I agree if I do not give a 2 weeks written withdrawal notice, I will be charged immediately for those 2 weeks: _____

I agree that I have read and understand the terms and agreements listed herein. I understand failure to keep up with payments to Little Owl Learning Academy, may result in my child's dismissal from school.

Parent/Guardian signature: _____ Date: _____



Emergency Contact Form

This section is to be completed by the child's parent or guardian. This form is to be kept in the child's file in the school office.

Child's Name:	Name child is known by:
Child's birth date:	Home/Cell Phone Mom: Dad:
Name(s) of Parent(s)/Guardian(s) Mom: Dad:	Parents Emails: Mom: Dad:
Address of parent(s)/guardian(s):	Child's home address:
Mother's Employer:	Father's Employer:
Mom's Employer's telephone number:	Dad's Employer's telephone number:
List any numbers such as cells, emails, etc.	Instructions regarding the best way of notify parent /guardian in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached (**cannot be left blank**):

Name:	Relationship to child:	Telephone Number:

Name of Child's Doctor:	Telephone Number:
Hospital Name if Transporting:	Telephone Number:
Name of Child's Dentist:	Telephone Number:

Allergy and/or Dietary Restrictions

Health Disclosure: <input type="checkbox"/> Allergy <input type="checkbox"/> Dietary Restriction <input type="checkbox"/> Religious Preference
Description of child's special dietary restrictions:
Emergency Care Plan instructions including symptoms, medication & notification in the event of an actual emergency (if applicable):

Emergency Authorization:

Should my child become ill or suffer an accident, I authorize Little Owls Learning Academy to administer, call, or secure the necessary emergency care or medical attention as deemed necessary by Little Owl Learning Academy. I understand that an effort will be made to contact myself or designated persons if possible. I understand that any expense incurred will be accepted by me.

Parent/Guardian signature: _____ Date: _____



Discipline & Expulsion Policy

Unfortunately, there are reasons we have to expel a child from our program. We want you to know that we will do everything possible to work with the family before expulsion of the child is necessary.

Prior to most expulsions, a parent will be called and an incident report will be sent home indicating the nature of the problem. The center will make every effort to work with the parent to correct the problem. If behavior does not improve, and the center finds that they can no longer accommodate the child, the child will be expelled.

When a Child Displays Inappropriate Behavior the Discipline Policy is:

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

Immediate Cause for Expulsion

- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members or other parents.
- Parents exhibits verbal abuse to staff or other parents.

Parental Actions for Child's Expulsion

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when dropping off or picking up your child.

Child's Actions for Expulsion

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children
- Excessive biting



Sick Policy

When groups of children play and learn together, illness and disease can spread from one child to another even when staff follow the recommended hygiene and infection control practices. At Little Owl Learning Academy, we are committed to preventing the spread of infectious illnesses through the implementation, monitoring and maintaining of simple strategies such as, hand washing, effective cleaning procedures, and an understanding and knowledge of children's health and identifying children who are too ill to remain in childcare.

At some time during the school year, your child will become ill. We understand that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Your child must be kept home from the center when he or she is ill so that we can reduce the transmission of illness and because the center is not able to adequately meet the needs of the child. If a child becomes sick while at school the family will be notified to pick up the child as soon as can be arranged.

We ask for your help to protect all the children at our school and that you use alternative care for your child when they have the following symptoms:

1. Fever over 99.9 either present or not gone for 24 hours.
2. Diarrhea or vomiting, present or not gone for 24 hours.
3. Rash or Unexplained rash or skin infections - Please consult a doctor and provide a note stating that your child is not contagious.
4. Strep Throat - Please consult with a doctor and provide a note stating that your child is not contagious. Child must be on antibiotics for 24 hours and be without a fever without medication for it.
5. Flu/Bronchitis/Pneumonia - Please consult with a doctor and provide a note stating that your child is not contagious. Must be on antibiotics and no fever for at least 24 hours without taking fever reducing medication.
6. Ear Infection - Child must be on antibiotics and no fever for 24 hours before returning. A note from the doctor is required.
7. Conjunctivitis (red eyes with yellow discharge)/Pink Eye. Your child must be on medication for at least 24 hours before returning to school. If he/she contracts conjunctivitis while at school, you will be called immediately and asked to pick up your child.
8. Head Lice. It usually takes 24 hours to treat the child and home. When all nits have been removed and we will check the child when they return.

Common Cold Policy

Children suffering from a common cold will be assessed on an individual basis. Factors of consideration include the developmental level of your child in congruence with our ability to limit the spread of germs. The younger your child, the more difficult it is to keep the spread of germs down. For example: hand to face contact, mouthing of toys, uncontrolled nasal discharge, uncovered sneezing and coughing etc.

A child may return when he/she is free from symptoms and no longer infectious. In any case of serious or unexplainable illness, a doctor's medical clearance may be required prior to returning to the school. The child should also be well enough to actively participate throughout the day. If a child is sick, unable to play outdoors, and/or unable to participate in regular daily activities, alternate arrangements for care must be made. If you have any questions concerning this policy and whether your child should attend, please call the school before bringing your child to school.

I have read and accept the above sick policy and understand the restrictions for and conditions that must be met before the child can return to the school.

Parent's Name: _____ Signed _____ Date: _____



MEDIA CONSENT FORM
MEDIA/PHOTO/VIDEO AUDIO
COMMUNICATION RELEASE

Child's Name: _____

Date: _____

The use of images of children at day care is for the purpose of connecting with families and sharing the activities of your child's day and learning experience. It also helps create community and may be used for the purpose of promoting the day care.

Photo/Video/Audio Communication Release:

I authorize Little Owl Learning Academy to take and use any photos, video or sound recordings of my child, either in full or in part, in conjunction with any wording or artworks for the following purposes (choose all that apply):

- ☐ on display in the day care
- ☐ to share with other families if included with other children in photo
- ☐ on the day care's website www.LOLADaycareAcademy.com
- ☐ in the day care's newsletter
- ☐ in promotional materials
- ☐ on the day care's Facebook page <https://www.facebook.com/LOLAacademy>
- ☐ on the day care's Instagram page: LearningAcademyLOLA

Authorization:

- ☐ I authorize Little Owl Learning Academy to take the actions above
- ☐ I do not give permission for my child's photo, name or work to be published in any form by Little Owl Learning Academy.

Primary Caregivers Name: _____

Primary Caregivers Signature: _____

Information for the Primary Caregiver:

The above forms of media will not include the child's name except when on display in the day care.

Photos will not be tagged on Facebook. Any photos you request to be removed will be honored.

Understand that it is your responsibility to update this form in the event that you no longer wish to authorize one or more of the above uses. This form will remain in effect during the term of your child's enrollment.



Permission for Food-Related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., the Florida Department of Children and Families requires that childcare facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, birthdays, and activities that include food prepared and/or purchased by families.

I _____ **give/decline permission** for
(Print Parent or Guardian Name) (Circle One)
my child, _____ to participate in food-related activities
(Print Child's Name)
and special occasions where food is consumed.

Please check **one** of the following:

☐ My child DOES NOT have a food allergy or dietary restriction. He or she MAY participate in all food related activities.

☐ My child DOES NOT have a food allergy or dietary restriction. He or she may NOT participate in food related activities.

☐ My child DOES have a food allergy or dietary restriction. He or she may NOT participate in food related classroom activities.

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

I understand that it is my responsibility to update this form in the event that my child's food permissions change. I agree that this form will remain in effect during the term of my child's enrollment or until changes are made in writing by completing an updated form.

Parent's Signature

Parent's Printed Name

Date



Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Child's Full Legal Name: _____

Home Address: _____

Date of birth: _____ Gender: M/F

Information for Medical Treatment

Physician's Name and Location: _____

Physician's Phone #: _____

Medical Insurance/Health Plan: _____

Policy #: _____

Allergies to Medication: _____

Allergies (other): _____

Please note **all** conditions for which the child is currently receiving treatment: _____

Note any other significant medical information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

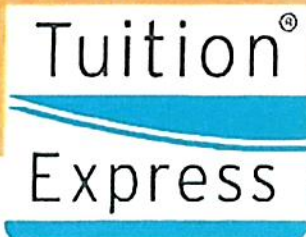
I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through _____. Signed this ____ day of ____, 20__.

Parent / Legal Guardian Signature: _____ Printed Name: _____

Witness Signature: _____ Printed Name: _____



Automated Payment Processing Safe – Convenient – Easy

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

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

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

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	3-digit CVV Number	
Cardholder Signature	Date		

SECTION B (Bank Account)

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

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <u>Attach Voided Check Here</u> \$		
Deposit slips not accepted _____ Dollars		
123456789	1000330	0226
Routing Number	Account Number	Check Number

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SOFTWARE



Center Hours: 6:30AM-6:00PM

Holiday Closure Dates

Good Friday- April 15, 2022

Memorial Day- May 30, 2022

Independence Day- July 4, 2022

Labor Day- September 5, 2022

Thanksgiving- November 24 & 25, 2022

Winter Break- December 23 & December 26, 2022

Good Friday- April 7, 2023

Memorial Day- May 29, 2023

Holiday Closure Dates VPK Students Only

First Day of VPK: 8/10/2022

Last Day of VPK: 5/26/2023

Thanksgiving- November 21-25, 2022

Christmas Break- December 19, 2022 – December 31, 2022

Martin Luther King Jr. Day- January 16, 2023

Spring Break – March 13-17, 2023

Tuition rates apply on weeks we have closures. Tuition and fees are averaged out for the year and are due even if your child is not in attendance. Weekly tuition holds your child's spot at LOLA.

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

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.

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.



For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: _____

License Issued on ____/____/____

License Expires on ____/____/____

For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S..



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

- Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:
 - ☐ Valid license posted for parents to see.
 - ☐ All staff appropriately screened.
 - ☐ Maintain appropriate transportation vehicles (if transportation is provided).
 - ☐ Provide parents with written disciplinary practices used by the facility.
 - ☐ Provide access to the facility during normal hours of operation.
 - ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- ☐ Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director Credential for all facility directors.

Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- ☐ Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equipped with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

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

Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.

