For Office Use Only:
*Tour By:*_____
*Forms Due by:*_____*OR Void Space*
*Class Name:*_____
*Tuition:*_____
*Forms Received On:*_____
Entered by: _____
Potty Trained? YES or NO

Allen's Pre-School Children Center Inc.
1804 ST.JOHNS BLUFF RD.S
JACKSONVILLE, FL 32246
(904) 642-1164
Like us on Facebook Allens Children Center
facebook Allen's Children
Email allenchildrencenter@yahoo.com
www.allenchildrencenter.com
A.C. Center Inc. - Lic # - C04DU0941

CHILD CARE PRESCHOOL ENROLLMENT APPLICATION

STUDENT INFORMATION - Referred By:_____ENROLLMENT START DATE:_____

Last Name: _____First Name: _____ M.I

Nickname_____ D.O.B:____/____/_____ SSN _____

Child's Street Address: _____Unit #:_____

City: _____State: _____Zip:_____

Child lives with: _____Past/Current center siblings:_____

Has your child been in Child Care before? Yes or No Where?:_____(not required)

Primary Hours of Care: From_____to _____ (no more than 10 hours a day)

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

Meals typically served while in our care (please circle each meal your child will have with us)

Breakfast Lunch Pm Snack

Family Information - ALL INFORMATION BELOW MUST BE COMPLETED FOR ENROLLMENT List parent/guardian address if different from above - ***PLEASE NOTE THAT THE PERSON ENROLLING THIS CHILD AND SIGNING THESE FORMS WILL BE THE ONLY PERSON ALLOWED TO MAKE ANY CHANGES ON ANY OF THE FORMS PERTAINING TO THIS ENROLLMENT. I am also aware that if I take ANYONE off of the forms I will need to call them from the center phone to let them know I have removed them and I will not be able to place them back on the forms.*** *(Initial)*_____

Printed Name of person enrolling child_____***Relationship***_____

Enrolling Parent/Guardian Information **MUST BE FULLY FILLED OUT**
Relationship to child:_____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
Email: _____
SSN:_____-Last 4 Required
Driver's License #:_____
Employer: _____
Work Phone: _____

Additional Parent/Guardian Information
Relationship to child:_____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
Email: _____
SSN:_____-Last 4 Required
Driver's License #:_____
Employer: _____
Work Phone: _____

Do you or your partner have a side job, own a small business or have a special talent? We like to know in case we could use your services or refer you :) _____

Revised 07/2026

MEDICAL INFORMATION

I hereby grant permission for AC Center to contact the following medical personnel to obtain emergency care if warranted.

Doctor: _____ Phone: _____

Hospital Preference: _____ (Please note, In case of emergency they will be taken to nearest hospital)

SPECIAL ATTENTION - ***Please be aware that the center DOES NOT administer any type of medication. The only medication that we will keep and use in case of an emergency is an EPIPEN.***

birds and cats on premises

Please list all allergies, special medical history or dietary needs, or other areas of concerns below:

If your child is allergic to anything please also include a detailed treatment plan to be implemented including what reactions they may have. If Allergy is food related- there is a separate form to be filled by physician.

_____

_____

FOOD AND NUTRITION POLICY WE ARE A PEANUT BUTTER FREE SITE

We count with the USDA food program. A nutrition breakfast, lunch and snacks are provided for all children. In order to ensure the health and safety of all children, food items may not be brought in to the building, in the exceptions of special classrooms events where we need to know in advance. We recognize the importance of allowing children to celebrate special occasions such as birthdays and holidays; this will be the only time the center will allow parents to provide items and must be sealed and on the original package until served. This will prevent children with allergies from being exposed to harmful foods. We count with four different menus one for each week always posted at the center. This permission with your signature will be kept in your child's record while he/she is enrolled at the center. We will assume that this level of permission remain current, unless you complete a return a new form. This facility follows the guidelines laid out on choosemyplate.gov to ensure the nutritional needs are met for every child.

Practicing Food Safety

- Offer finger foods to toddlers
- Watch young children while they are eating
- Insist children sit to eat or drink
- Encourage children to take their time and chew well
- Look for warning labels on food with high choking risks
- Be prepared to do first aid for choking quickly (www.eatright.org)

8 Most Common Allergens

- Milk
- Eggs
- Peanuts
- Soy
- Wheat
- Tree Nuts
- Fish
- Shellfish

(www.kidshealth.org)

What areas of my body are affected by an Allergy?

- Skin
- Gastrointestinal Tract
- Respiratory Tract
- Cardiovascular System

(www.kidshealth.org)

FOOD, DRINKS, SNACKS from home are NOT permitted

Food Associated with choking

- Whole/Round hotdogs
- Popcorn
- Chips
- Pretzel nuggets
- Whole Grapes
- Nuts
- Cheese Cubes
- And anything similar to the windpipe
- Food for an infant must be cut into ¼ in or smaller pieces.
- Food for a toddler must be cut into ½ in or smaller pieces.

(DCF Handbook 3.9.3C)

I have received a copy of the above policies related to food, allergies, and medical information

_____ _____

Parent Signature Date

EMERGENCY CONTACT INFORMATION AND RELATIONSHIP TO THE CHILD

Please remember the people listed below will also be able to pick up the child if unable to reach the parents. If a listed person is removed for any reason by the parent, the parent **WILL NOT** be able to place that person back on list unless a legal document is provided stating the person needs to pick up the child.

FULL ADDRESS AND PHONE NUMBERS ARE REQUIRED FOR EACH PERSON! NO MINORS, 18 AND OVER ONLY!

1. Name:_____ Relationship to child:_____

   Address: _____

   Home #:_____Cell #:_____

2. Name:_____ Relationship to child:_____

   Address: _____

   Home #:_____Cell #:_____

3. Name:_____Relationship to child:_____

   Address: _____

   Home #:_____Cell #:_____

4. Name:_____Relationship to child:_____

   Address: _____

   Home #:_____Cell #:_____

5. Name:_____Relationship to child:_____

   Address: _____

   Home #:_____Cell #:_____

HEALTH - IMMUNIZATION & PHYSICAL & FLU

The Department of Children and Families requires each child enrolled in a licensed child care facility to have a current physical, immunization record and a FLU brochure on file at all times. The physical form DH 3040) and the immunization record (Form DH 6680 or DH6681)will be due no later than 30 days after the first day of enrollment. However, the center requires it the first day of enrollment. If you don't have it yet then please state on the following line, the date of your appointment or your plan to have it in the center within the 30 days._____. Failure to comply with this request will result in immediate dis-enrollment from our center. Please make sure Parent Portion on Physical form is filled out

DICIPLINE/BEHAVIOR MANAGEMENT AND EXPULSION POLICY OF CHILDREN IN CARE

We recognize that positive discipline teaches and encourages the healthy development of a child s self-esteem. We do not allow the use of corporal punishment by caregivers. Instead, we use the re-direction method. This is a method of presenting a different activity, giving the child opportunities to choose another area or stay with the current activity, which helps the child gain self-control through learning appropriate behavior, and avoids conforming to adult standards. Our policy for misconduct consist in redirection or an occasional separation from the classroom for a short period of time. We reserve the right to remove recess privileges for biting, swearing, hitting, or any behavior that causes an unsafe environment for all children enrolled. A parent/teacher conference may be arranged for continual behavior that causes an unsafe atmosphere for children and teachers. We urge you to discuss any specific concerns with the re-direction method with the Director. We do not allow bullying, fighting or verbal abuse. Center Director handles these situations, then parent is called in for a conference. In the event that all attempts to improve behavior fail, we reserve the right to dismiss children from our center without notice. We use the same policy for our school age children and summer camp.

_____ _____

Signature of Parent/Guardian Date

Know Your Child Care Facility

MyFLFamilies.com/ChildCare

This child care facility is licensed accordingto 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: C04DU0941
License Issued on 07/01/2026
License Expires on 06/30/2027
For more information regarding the compliance history of this child care provider, please visit: MyFLFamilies.com/childcare

Please detach the last 2 pages of this enrollment with the brochures for this information.

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.

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.

HOURS OF OPERATION

Our center is licensed to be open from:6:00a.m to 6:00p.m. Parents and children are not permitted to enter our center prior to 6:00a.m. The child can only be at the center for up to 10 hours a day. The toddler room hours are 6:30a.m to 6:00p.m. A late fee of $1.00 per minute per child will be charged for children remaining in our care after the 10 hours or after 6:00pm. After the 3rd time you are late or over 10 hours your child will be dis-enrolled. NO DROPPING OFF CHILDREN AFTER 9:00A.M, UNLESS YOU HAVE A DOCTOR APPOINTMENT WHICH REQUIRES A DOCTORS NOTE with previous notice to office personnel AND CHILD MUST BE AT THE CENTER NO LATER THAN 10:45 A.M. PLEASE BE ADVISED THAT AFTER 9:00 A.M YOU AND YOUR CHILD WILL BE TURNED AWAY FROM THE CENTER REGARDLESS IF YOU PAY OR NOT. All Classes start at 8:30a.m - We are already giving a 30 minute grace period and allowing you to arrive by 9:00. After 9:00 A.M Our doors will be locked. If your child is enrolled in our VPK program they MUST be here before 8:30am. The 9:00 am cut off time only applies to children who ARE NOT in our VPK Program. Cut off time for VPK is 8:30a.m. You will be required to sign a tardy form if you are late. After your fifth unexcused tardy-you will be withdrawn. Remember that ALL classes begin at 8:30. For our preschool for student ages 1 - 3 you have until 9:00 to arrive but class starts at 8:30. When you arrive after 8:30, your child is missing important parts of class.

WEEKLY TUITION & REGISTRATION

A Registration fee of $100.00, per child will be charged to your account when you enroll and each year on the anniversary date. Your weekly tuition will be due on Monday even if your child is not in attendance. All payments will be due on Monday. No service will be given on Tuesday for non-payment and a late payment of $20.00 will be charged to your account automatically on Tuesday along with a daily late fee of $10.00 more each day after. After the 3rd late weekly payment fee is billed, we reserve the right to withdraw your child and offer the space to the next child on the waitlist. We accept Cash and Card payments. Card payments may be made online on www.myprocare.com or in person or via phone. All card payments have a fee of 2.5% which is assessed by the company we use.If your child is here for the entire week of Spring Break or Summer, see the front desk for the weekly tuition as well as ELC parents for co-payments. Tuition will increase August 2027.

ATTENDANCE

All parents are to sign their child in using out fingerprint system. VPK and School Readiness children cannot be out for more than 3 days out of the month to stay in the program. If you are out more than 3 days or don't sign you will be responsible for paying at the regular daily rate fee. Vpk parents must sign the Vpk Monthly attendance book every month and the School Readiness parents must sign the School Readiness book on a daily basis. The center has the right to disenroll children in these programs for any reason regarding attendance. The center requires a call from any parent when the child is absent from the center for a brief explanation.

VACATION /SICK AND HOLIDAY POLICY/ CLOSING

Parents qualify for one FREE sick/vacation week after 90 days of consecutive enrollment. After 6 months of enrollment you are entitled to an additional vacation/sick week, however this second weeks has a charge of 25% of your tuition. (Must request in advance on request form)- If request form is not filled out, there will be no approved vacation or sick week(NO EXCEPTIONS)- This means your account will be billed. Tuition is due regardless of the number of days your child is not in attendance for the week which also includes weeks with holidays and closed for weather related. No credit will be given for days missed, weather days or federal holidays closed. The center operates all year round with the exception of 2 Christmas weeks, which we will be closed, ask the front desk for specific dates depends on what day Christmas day falls on that particular week. (25% TUITION CHARGE FOR EACH WEEK) . For severe weather-We will follow Duval County Public School Decisions to determine whether we are open or closed.

MEDICINE POLICY

The center WILL NOT administer medication.

By signing below you verify that you have received the "Know Your Child Care Facility" brochure created by the Department of Children &and Families, the parent handbook (available upon request or on our website), flu brochure, distracted adult brochure, discipline policy, photography and food nutrition policy. You also agree that all of the information on this enrollment form is true, complete and accurate, Also that you agree to comply with the requirements and policies of this facility.

Signature of Parent/Guardian Date

SICK CHILD POLICY / ACCIDENTS / INCIDENTS

Sick children may not be brought to the center for care if vomiting, coughing, rash,itching, Lice, body drainage, diarrhea and/or running a temperature or have or seem to have any communicable disease etc. Should your child become ill at the Center you will be called and will be asked to make arrangements to pick up your child within an hour. If your child is absent or sent home due to a fever of 99.5 or higher or for any of the reasons listed above, they must be out at least 24 hours OR upon returning to the Center, we must have a statement from his/her physician stating that the child is no longer contagious sick etc. and can return to school. If child returns after 24 hours and is still sick, a doctors note will be required to return. We have frequent inspections and regular maintenance of the building and playground equipment, accident happens. IT IS YOUR RESPOSIBILITY TO PROVIDE YOUR CHILD'S ACCIDENT COVERAGE. Our policy is an excess coverage only, which means if your child has an accident you must prove YOU DO NOT have coverage before bills are paid. In the event that your child has an accident or incident at the center, we will provide you with a written incident accident report and it is required that it be signed by the person responsible of picking them up on that day. Failure Refuse to sign incident accident reports will result in immediate dis-enrollment from the center. Also, when accidents happen at home- please let us know at the front desk.

Initials _____

SURVEILLANCE PURPOSE

Video Surveillance is used to record access at building entrances, parking lots, rooms and playgrounds. The video surveillance system is not intended for the use of parents. It is also used for the safety of employees and all patrons. Management is the only personnel who has access to surveillance systems. In the case that a major incident needs to be reviewed for any reason, management has 24-48hrs to review and consult with the parent. This DOES NOT mean that the video footage will be shown to you. Cameras will not be reviewed for every incident or accident report for the privacy of the other children and staff in the center, management is required to view the footage without the assistance of a parent. To protect the privacy and well being of all children and staff we kindly ask that all parents and guardians do not record or appear on video while on the facility. Including during drop off and pick up times.

Initials _____

PHOTOGRAPH POLICY

Purpose: Annual yearbooks, bulletin boards, promotional materials such as Hop a Thon, Trike a thon, center website and social media such as Like us on Facebook and Dojo.

I GIVE PERMISSION _____Initials _____

Please be aware - If you choose NO PICTURES. This includes school pictures, class pictures, Class projects with pictures and events. If we have an event, your child will be excluded from the event. Also, you will not have access to Class Dojo- which is a communication app we use at the center.

Please check one and initial- I DO NOT GIVE PERMISSION _____Initials_____

EMERGENCY PREPAREDNESS PLAN AND PARENT REUNIFICATION

In a case of emergency where we have to exit the building, the person in charge will designate a safe area for children and all the parents will be contacted to pick up the children. All staff will follow the instructions of emergency personnel.

I ***understand that as a parent is my responsibility to update this information in any event of changes.***

PARENT REQUESTS / PHONE CALLS / MANDATORY REPORTING

Please allow 48 hours for ANY document that may be requested from the center or for your household. When your child first arrives we understand parents concerns. The center has a capacity of 150 children. The front desk personnel does not keep track of each child's daily routine . Most of the time if you ask specific questions about your child's day to the front office staff they will be unable to answer. By placing your child in A.C Center you are putting your trust in us. Therefore if something is wrong please be sure that we will reach out to you according to the case.

All of the employees at the center are MANDATORY REPORTERS.
If ANY child is left in the car unattended during pick up or drop off, DCF will be notified. This includes children in the front seat or without carseats

_____ _____

Signature of Parent/Guardian Date

PARENT RESPONSIBILITIES

Toddlers and Twos:

- **Change of Clothes (Season Appropriate)**
- **Wipes every Monday (1 and 2 year olds)**
- **No Spill Drinking cup(Toddlers Only)-NO BOTTLES**
- **about 6 disposable diapers per day - Bring 30 on Monday**
- **(Velcro Pull-ups for Potty Training 2 year olds ONLY)**
- **Blanket for nap – Must be no bigger than a beach towel.**

Pre-School (3 and up)

- **Small Book bag**
- **Change of clothes (Season Appropriate)**
- **Blanket – Must be no bigger than a beach towel (NO PILLOW)**
- **Wipes once a month**

3 YEAR OLDS MUST BE FULLY POTTY TRAINED - POTTY TRAINING CONTRACT WILL BE PROVIDED

Please label and pick up each Friday to be laundered.

Dress-code - You will be turned around or called to change your child if out of dress-code

- No Crocs/Sandals
- No Rompers
- No Spagetti Straps
- No Necklaces
- No revealing clothing
- No Crop Tops
- No Make-up
- Shorts must be appropriate (girls)
- No watches/bracelets/Hats/Sunglasses
- No beads on hair (age 2 & younger)
- must wear shorts under dress/shirt

ASSESMENT TESTING

Screening is a process to determine whether a child has any developmental concerns that may require further evaluation and follow-up. Screenings conducted at the center may include vision, hearing, speech/language, nutrition, dental, and overall development. The Ages and Stages questionnaire ((ASQ)) will be used at least twice per year. Parental consent forms for screening are included in the registration packet.Parents will be informed of results of screenings either in written form or at the parent-teacher conference time. At home activities may be recommended based on the results of the screenings. If further evaluation or services are needed, parents will be referred to the appropriate agencies or to their personal pediatricians. Additional screenings and parent conferences will be utilized as a means of follow-up on screenings that result in referrals to outside agencies.Children at every age level will be screened and assessed using on-going child observations and portfolio assessment for the purpose of identifying developmentally appropriate learning outcomes met throughout the year and creating individualized learning goals based on the results of the observations and assessments. Additionally, the state-required VPK assessment checkpoints will be administered for all VPK children three times per year. Results will be shared with parents either in written form or at the parent-teacher conference time. Each child will have a portfolio which includes a sampling of the child's progress. Depending on the age of the child, these samples may include Ages and Stages questionnaires, literacy and numeracy assessments, artwork, dictation, writing samples, pictures, anecdotal notes, photos, VPK assessments. Portfolios for toddlers may also include copies of daily notes, growth charts, and other developmental checklists. Portfolios are to be shared with parents during scheduled parent conferences. Our center also holds vision and speech screenings

PARENT/ TEACHER CONFERENCE

All parents/family are invited to attend scheduled formal parent/guardian/teacher conferences to review child s progress and needs and set goals for the child. Conferences will be scheduled at least two times throughout the year for VPK children. Other conferences may be scheduled as needed or as requested by enrolling parent, teacher or Director.

TRANSITIONS TO NEW CLASSROOMS

As the children grow and mature they will be transitioned from one class to another. The transitions happen slowly to help the children adjust to the new environment as well as the other children and teacher. This is done by allowing the child to visit the new classroom for a few hours each day prior to the child moving classes permanently. The parent will be informed in advance.

_____ _____

Signature of Parent/Guardian Date

AC CENTER INC.

1804 St. Johns Bluff Rd. S

Jacksonville, Florida 32246

904.642.1164 Office

904.642.0717 Fax

www.allenchildrencenter.com

allenchildrencenter@yahoo.com

Dear Parents,

- Ref: Food Program Application

This form enables our center to obtain reimbursement for our food, which enable us to purchase better quality food than our budget would otherwise allow.

Please fill out the application included estimated income with frequency, No verification process is ever used by anyone to verify your income. This form is sent to our food program administrator for processing. No one on staff reviews this form (Form is kept confidential)

NOTE: IF YOU RECEIVE FOOD STAMPS, JUST PUT THE CASE NUMBER ON PART 2 and fill out the highlighted areas.

Thank you for your help!!

Karem Sanchez

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ **Center Name & Address:** A.C Center Inc. 1804 St.Johns Bluff Rd South, Jacksonville, FL, 32246

Primary Hours of Care: From: _____ To: _____ **Days of the Week in Care:** M T W TH F S S **Meals Typically Served While in Care:** BR MS LU AS SU ES None

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):** ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

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", 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 household members are legal United States Citizens, 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)

Print the name of the child you are applying for at the top pf the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

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." 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.

<table>
<tr><th colspan="2">Sources of Income for Children</th><th colspan="3">Sources of Income for Adults</th></tr>
<tr><td>Earnings from work</td><td>A child has a regular full or part-time job where they earn a salary or wages</td><td rowspan="4">Earnings from Work
• Salary, wages, cash bonuses
• Net income from self-employment (farm or business)

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</td><td rowspan="4">Public Assistance/ Alimony/Child Support
• 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</td><td rowspan="4">Pensions/Retirement/All Other Income
• 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</td></tr>
<tr><td>Social Security
• Disability Payments
• Survivor's Benefits</td><td>• 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</td></tr>
<tr><td>Income from person outside the household</td><td>A friend or extended family member regularly gives a child spending money</td></tr>
<tr><td>Income from any other source</td><td>A child receives regular income from a private pension fund, annuity, or trust</td></tr>
</table>

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**

Child Name: _____

Late Drop-off / Late Pick-up/ Early Pick-up

I am aware that VPK begins at 8:30am (Sharp) The center gives me 30 minutes in the morning for drop-off from 8:00-8:30am. After 8:30am - I am late and will need to sign this form! Pick-up is from 12:40 -1:00pm! Picking up your child early or late is also not acceptable.

$1.00 late fee per minute applies to any child picked up late or after 10 hours.

All other children ages 1-4 that are NOT in VPK can only be at the center up to 10 hours a day. The center also closes at 6:00pm. Arriving after the 10 hour mark or arriving after 6:00pm is not acceptable and will require a signature.

- After 4 warnings my child will be disenrolled from the center -

Acknowledgment signature - (_____)

DO NOT FILL OUT

Warning 1

Date:_____ Time:_____ Adult Name:_____

Signature_____

Warning 2

Date:_____ Time:_____ Adult Name:_____

Signature_____

Warning 3

Date:_____ Time:_____ Adult Name:_____

Signature_____

Warning 4

Date:_____ Time:_____ Adult Name:_____

Signature_____

Child Name: _____

Vacation/Sick week Policy & Request form

1 week after 90 days of enrollment and another week after 180 days of enrollment

I am aware that I MUST request vacation at least 1 week in advance. If my child is sick I MUST provide a doctor's note in order to credit the account. If I do not, I am aware that I am responsible for the weekly tuition.

This request form for your vacation/sick week MUST be filled out in order for it to be approved in the system

Acknowledgment signature - (_____)

DO NOT FILL OUT

Request Form

I am entitled to 1 sick/vacation week anytime after 3 months of enrollment (_____).

1st week SICK/VACATION REQUEST

Week of _____Signature_____

I am then entitled to another sick/vacation week after 6 months of enrollment (_____).

2nd week SICK/VACATION REQUEST

Week of _____Signature_____

Please make sure to READ each line and Initial next to each of the Rules/Policies.
Once this is turned in the center will provide you with a copy to take home

Initial Each line

_____ Center operates from 6:00am to 6:00pm Monday through Friday. Children are not to exceed 10 hours at the center on any given day. Toddler room opens at 6:30am.

_____ Center will charge $1.00 per minute for each child left at the center after 6:00pm or past the 10 hour mark. VPK Only children will be charged after 1:00pm. After the 3rd time they will be disenrolled

_____ Breakfast for all children that ARE NOT in VPK ends at 8:00am (Sharp)

_____ Breakfast for children attending VPK ends at 8:20am (Sharp)

_____ Child's Physical and Immunization Record must be current and on file at the center at all times. You have 30 days from the day the child begins to supply us with the forms. If the forms are not supplied in the 30 days, the child is not able to attend until it is on file. Same charges will continue to be billed. If documents we have on file expire, child will not be able to attend until we have updated forms and once again same charged will be billed.

_____ If your child is sick or send home for any reasons listed on the enrollment form, the child has to be out of the center for at least 24 hours or may attend with a d o ctor's note. If the child returns after 24 hours and is still sick, a doctor's note will be required to return.

_____ Payments are due on MONDAYS (Cash/Money Orders/Card) There is a $20.00 late fee applied if paid on Tuesday whether your child is in attendance or not. If your child is not at the center you may pay online or by phone no later than MONDAY- Please remember, No service is given on Tuesday if payment is not made with the late fee. An additional $10.00 late fee per day will also be charged after Tuesday.

_____ If you remove a person from the enrollment form, you will have to call from the center phone to let them know they have been removed and you will not be able to put them back on unless there is a legal document stating they are required to pick them up.

_____ The person that enrolls the child is the ONLY person who can make changes on the enrollment form. We also DO NOT give any information about the child over the phone to anyone calling that is not the person that enrolled them. Conferences can only be requested by the parent enrolling the child.

_____ Child will be entitled to 1 week of vacation/sick after 90 days of consecutive enrollment and another week after 180 days of enrollment. EX: If your child gets sick before the 90 days and does not attend for the week, your account will still be billed. Remember- You are paying for a spot at the center not for the child. Request must be made with request form ONLY. Anything else will not be approved.

_____ 3 Year olds MUST be fully potty trained and independent using the restroom. Newly enrolled 3 year olds who have more than 2 accidents in one week are considered NOT potty trained and will be disenrolled. If your child has been enrolled with us and not potty trained by the time they turn 3 years old, we will work with parents for an additional 2 months, meaning parent will have to come and change the child if they have a bowel movement. If after 2 months they have more than 2 accidents in a week they will be disenrolled. Our 3 year old room and older rooms are not equipped to constantly change children and our 2 year old room is not for children over the age of 3. If they are over 3 years old they MUST be able to change themselves or a parent will be called in order to change their child.

_____ $100.00 Registration but $50.00 will be billed yearly to your account on the anniversary date.

If the child is NOT eligible for vacation and the child misses a week. You are responsible for that weeks payment. Remember you are paying for the childs spot at the center.

All classes and activities being at 8:30am. We will give you a grace period of 30 minutes but at 9:00am the doors WILL LOCK. Children may NOT be dropped off after 9:00 . The only way a child may be dropped off after 9:00am is with a doctors note and previous notice. However, VPK students MUST be dropped off by 8:30am. (Per contract in order to stay enrolled) – No Exceptions

Surveillance is used to record for safety reasons and IS NOT intended for parents.

In the event of frequent misbehavior, we reserve the right to dismiss the child without notice.

Center DOES NOT administer ANY type of medication. Including any type of topical creams.

We provide Breakfast, snacks, and Lunch – Food/Drinks from home is not allowed at the center. We are also unable to allow food to leave the center.

Please make sure you place any emergency contacts you have on the form. We DO NOT take phone call requests to let us know if someone is picking up the child.

If you are a part of the ELC School Readiness program you may NOT miss more than 3 days out of the month. If your child misses more than 3 days you will be required to pay the regular center daily rate for any additional days missed regardless of if you have an excuse or not. You are also required to sign your child in DAILY in the ELC notebook. Any missed signatures will result in your account being billed for the regular center rate and you will be required to pay (No Exceptions)

No sandals, Crocs, No open toed shoes- Only Sneakers. No revealing clothing/ like crop tops.

No Necklaces, watches, bracelets , Make-up, sunglasses or hats allowed- Keep at home!

Ages 1 and 2 bring wipes every Monday – Ages 3 and up bring wipes once a month. If not brought a charge of $5.00 will be added to your account.

Drop off and Pick up is conducted at the front office. Parents are not allowed past the front.

Lice/Nit checks are conducted EVERY month. If your child is sent home they may not return until they are LICE and NIT free. You are still responsible for payment for any days missed.

The front office staff cannot take daily phone calls to check on children or to check if they have eaten. Office staff must stay in front office. We have over 150 children at the center. If something happens with your child, we will call you.

Center is closed for 2 weeks in Christmas (12/21/26-01/3/27) Reopens 01/04. VPK returns 01/05

Observed Holidays are Thanksgiving and the day after, 2 Weeks in Christmas, New Years Day, Presidents Day, Good Friday, Martin Luther King Day, Memorial Day, Labor Day, Veterans Day, 4th of July.

No TOYS from home or anything that looks like a toy. If your child arrives with something and we don't notice it will not be our responsibility to look for it if it gets displaced.

We are all MANDATORY REPORTERS. If any child is left in the car unattended during pick up or drop off, DCF will be notified. Children may not be left unattended in any moment for any given time.

Please limit phone usage during pick up and drop off times to allow your child undivided attention to speak about their day and to allow the staff to communicate with you.

Parent / Guardian Printed Name : _____ Child Name:_____

Parent Guardian Signature:_____ Date: _____

PARENT / GUARDIAN CONSENT FORM

Developmental and/or Social Emotional Screening
ASQ-3 (Ages and Stages Questionnaire)
ASQ-SE2 (Ages and Stages Questionnaire – Social / Emotional)

I give permission to the staff of A.C CENTER INC (ALLEN CHILDREN CENTER) to complete developmental and / or social emotional screenings for my child / children. This would be in the areas of communication, gross motor, fine motor, problem solving, and social / emotional development. I understand that the information will be submitted online through http://www.elcduval.org/developmental_screenings/.

I understand that a Specialist from the Early Learning Coalition of Duval may contact me to discuss the results of the screenings and about necessary follow up services for my child / children, as part of care coordination, from other agencies like Speech and Hearing Center, Child Guidance, Early Steps, Child Find, Hope Haven, Children's Home Society, Kids Hope Alliance, Duval County Public Schools and Episcopal Children's Services.

I understand this is an important and valuable service for my child / children.

	CHILD'S FULL NAME	CHILD'S DATE OF BIRTH
1		
2		
3		
4		

Parent / Guardian Name - Print Contact Number

Parent Signature Date

(Consents are valid for 1 year from date signed)

Please Fax to 904-394-1228

Tiny Talkers
Screening Permission Form

1010 N. Davis Street, Suite101
Jacksonville, FL 32209
904-355-3403

Child's Name _____ Gender: _____ Date of Birth _____
Parent/Guardian Name(s) _____
Cell Phone_____ Work Phone_____ Home Phone_____
Home Address_____
Email Address _____
Ethnicity: □ African-American □ White/Caucasian □ Hispanic □ Asian □ Native American
□ Multi-Racial □ Middle Eastern □ Other:
PRIMARY LANGUAGE(S) SPOKEN AT HOME: _____
If English is not the primary language spoken at home, please indicate length of time child has been exposed to English outside of home. □ No exposure to English □ Less than 1 year □ 1 year □ 2 years □ 3+ years
NAME OF SCHOOL _____ Which days does the child attend school?
□ Monday-Friday □Mon, Wed, Fri □ Tuesday, Thursday □ Other_____
What time does the child arrive to school? _____ What time is the child picked up from school? _____
Does the parent/ guardian have any Speech-Language concerns? If so, please explain. _____
_____
Is the child currently receiving speech therapy? (current enrollment may affect eligibility for services through our program) _____
PREVIOUS DIAGNOSIS/THERAPY (if any) _____
_____
PREGNANCY/BIRTH COMPLICATIONS (if any) _____
_____
Has your child suffered from FREQUENT COLDS or FREQUENT EAR INFECTIONS? □ Yes □ No
Does your child currently have P.E. TUBES? □ Yes □ No Have they in the past? □ Yes □ No

I/We the undersigned parent(s)/legal guardian(s) of _____ a minor, do hereby consent for screening, evaluation, and treatment performed by Jacksonville Speech & Hearing Center. I authorize the Jacksonville Speech & Hearing Center to obtain information necessary for treatment of my child. I also authorize the payment of benefits to this provider, which will be clearly stated prior to billing. This agreement will be in effect unless the parent decides to revoke this arrangement in writing.

I understand that Jacksonville Speech & Hearing Center will periodically take photographs to promote their services to the community. These photos may include me and/or my minor children. I authorize Jacksonville Speech & Hearing Center to use the photographs for their intended purpose. _____(initial)

PRIVACY PRACTICES ACKNOWLEDGEMENT

Privacy practice information can be found at https://hipaa.jotform.com/222146389828062. I acknowledge that I have been provided a copy of and read Jacksonville Speech & Hearing Center's Notice of Privacy Practices. I give permission to the staff of the Jacksonville Speech & Hearing Center may discuss this case with my child's teacher, center director, and/or school personnel. If you have further question before signing this document, please call us immediately at (904)355-3403.

_____ _____
Patient/Parent/Guardian Signature Date

PARENT COPY: DO NOT SIGN

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DCF will be notified. Children may not be left unattended in any moment for any given time.

Please limit phone usage during pick up and drop off times to allow your child undivided attention to speak about their day and to allow the staff to communicate with you.

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

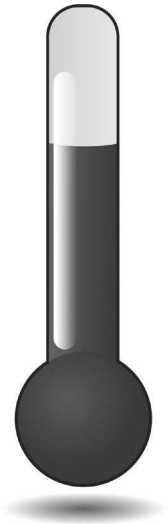
During the 2018 legislative session,
a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.

FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked,** the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

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.

Revised 08/2017

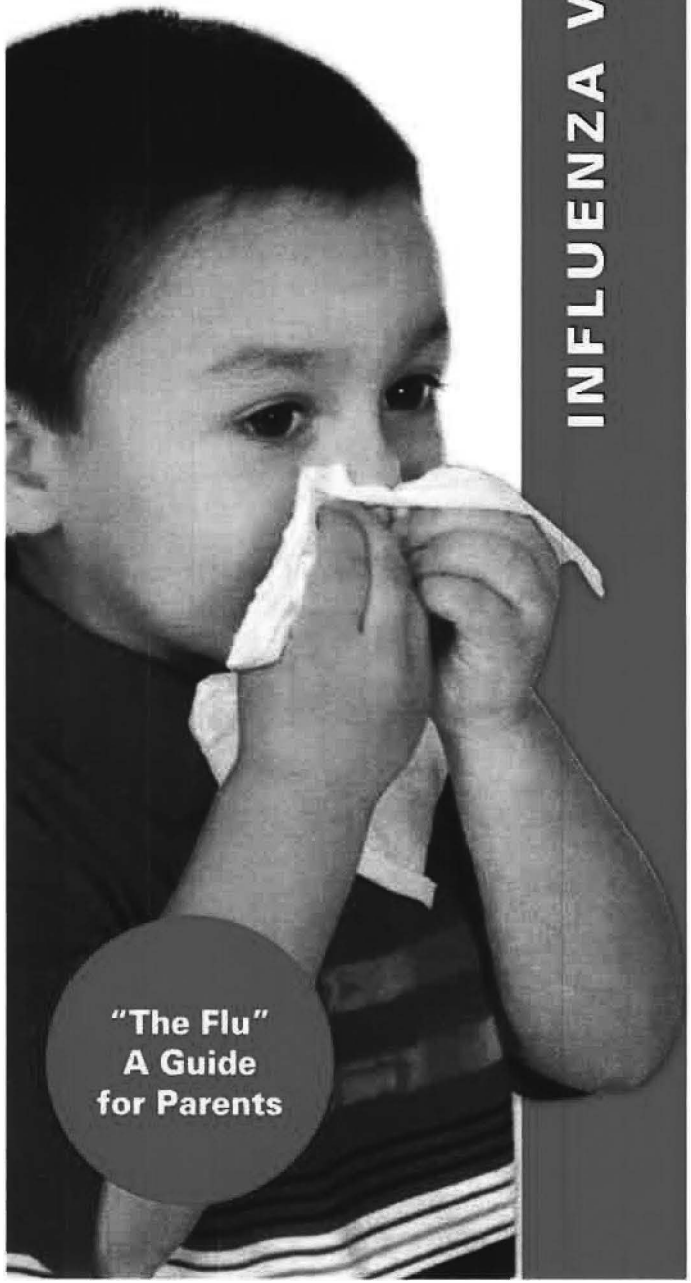
Florida Department of Children & Families

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?

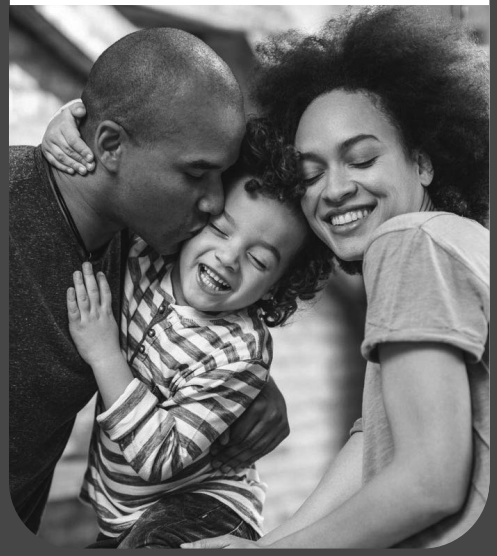
A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest 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/

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: C04DU0941 License Issued on 07/01/26
License Expires on 06/30/27
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare
(850) 488-4900

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

Reports of suspected cases of physical abuse, sexual abuse, and neglect are received and referred for investigation by the Abuse Hotline. To report suspected 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 Licensing 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

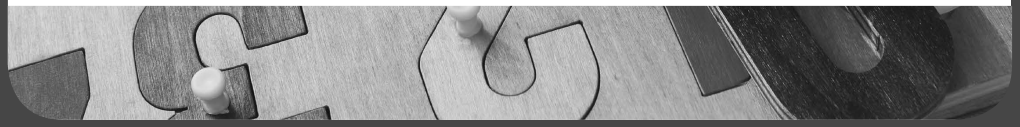
- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

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 freqently 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.