

Registration Checklist

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

_____ Child's Identification Record Form complete with

- Child's full name
- Date enrolled
- Full address of residence that MUST include city and zip code for child, parents, and persons permitted to pick up child
- Phone number where child resides
- Dentist and doctors complete address and phone number
- Authorized pick up (must have 2 with full address and phone numbers)
- Child's Insurance member # and child's date of birth
- Work and emergency phone numbers
- Parent signature

_____ Emergency Medical Release form (must be notarized) and have complete doctor's address and phone number as well as an emergency contact with full information

_____ Food Experience Permission Form

_____ St Pete Beach After School Program Policies, Rules, and Procedures Form

_____ Flu Brochure (signed by parent)

_____ Received "Know Your Child's Children Center" brochure

_____ Vehicle Registration form

_____ Auto debit authorization and registration form

***EVERY LINE IN THIS PACKET MUST BE FILLED OUT ***



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

School: _____ Grade: _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

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

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

Family Information:

Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Email: _____

Email: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

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

Emergency Contacts:

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

Name _____

Home Phone _____ Cell Phone _____

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

Name _____

Home Phone _____ Cell Phone _____

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

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

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

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

Hospital Preference _____

Name of Dentist _____ Telephone _____

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

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

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

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack
Dinner

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

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

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

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

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

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

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

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

Telephone (____) _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

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

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

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

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

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

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

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



Food Experience Permission Form

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

Please check one of the following:

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

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

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

Parent Signature

Date

Afterschool Program Rules Regulations and Policies

The Schooling Programs at St Pete Beach Community Center offers children a safe, fun and healthy opportunity after school. Children in the program will have the opportunity to be involved in sports, games, arts and crafts, homework time, reading, and much more. Field trips, movies, and special events are planned. The City of St Pete Beach looks forward to serving you and your family.

Dates: August 11, 2021 – May 26th, 2022
Ages: Currently enrolled in Kindergarten through 5th Grade
Time: School End-6:00pm
Days: Monday through Friday except where noted below

No Aftercare on the following dates (facility will be CLOSED):

- ❖ September 6th – Labor Day Holiday
- ❖ November 11th – Observance of Veterans Day Holiday
- ❖ November 25th and 26th – Thanksgiving Holiday
- ❖ December 24th and 25th – Christmas Holiday
- ❖ January 2nd – New Years Holiday
- ❖ January 17th – Martin Luther King Jr Holiday
- ❖ February 21st – Presidents Day Holiday
- ❖ May 30th – Memorial Day Holiday

Camp Available (for an additional fee) on the following dates (7:00am-6:00pm)

- ❖ October 8th
- ❖ November 22nd –24th (Thanksgiving Camp)
- ❖ December 20th-23rd and 27th-30th (Holiday Camp)
- ❖ January 3rd
- ❖ February 15th
- ❖ March 14th-18th (Spring Break Camp)
- ❖ March 21st
- ❖ April 15th

Staff

Our schooling programs are licensed through the Pinellas County Licensing Board. Our staff is certified by taking 40 hours of childcare training offered by the Florida Department of Children and Families. All staff hired by the City of St Pete Beach has local, state, and federal background checks done and are at least 18 years of age.

Location

The program is based out of the St Pete Beach Community Center at 7701 Boca Ciega Dr, St Pete Beach 33706

Transportation

The City of St Pete Beach provides transportation service from your child's school to the St Pete Beach Community Center each day. All vehicles and drivers have annual inspections and follow all Pinellas County Licensing Board rules and regulations on transporting children.

Snacks

Children will be given nutritious snacks after school each day. Snack is served daily once they arrive at the center. No soda is allowed in the after-school program.

Daily Activities

Rotations are approximately 1 hour long and the groups do a rotation inside then outside, so that they are not outside or inside the whole afternoon. The scheduled rotations and activities will be posted weekly on the bulletin board

Swimming

When the weather and scheduling permits, we will take the children to the St Pete Beach Aquatic Center to swim. On those days, please provide your child with a swimsuit, towel, sunscreen, hat, sunglasses and anything else they may need for the pool.

While attending the After-School program, all children are asked to comply with the already existing rules of their school, as well as, the After-School rules. In order to maintain a safe environment, we ask that you please review them with your child.

1. Be respectful to other students, our coaches and staff members.
2. Follow all the directions the first time they are given.
3. Stay in assigned area.
4. You are only allowed to leave assigned area with a partner.
5. Keep hands, feet, inappropriate comments, and objects to yourself.
6. Walk appropriately on Recreation Center property.
7. Use respectful language at all times, using 'inside voices.
8. Bring your school planners and all assigned work to the after-school program every day.
9. If you come to after school without homework to complete during homework time, you will be asked to read silently, or you will be given additional work.
10. You are not permitted to leave after school before scheduled time without proper advance notification from a parent or guardian, to an after-school staff member.

Discipline Policy

The St Pete Beach After School Program is a means of providing recreational activities and opportunities to students beyond the average school day. Therefore, it must be recognized that inappropriate behavior by the students, especially in the form of threats against other students and/or staff, does not promote a favorable environment, and will not be tolerated.

As with any other zero-tolerance policy, there will be consequences for the following types of misconduct:

1. Failure to follow rules, policies and procedure of the After-School Program.
2. General misconduct, including loud or boisterous behavior that tends to disturb other students, and includes running in the halls, minor defacement of property, and pushing or shoving others.
3. A student's persistent refusal to follow the instructions of program staff or program administrators. This shall also include a student's refusal or failure to properly identify oneself on request.

4. Use of obscene, vulgar, profane, disrespectful, demeaning or threatening words and/or actions or gesture directed to or in the presence of any student or employee.
5. Mutual physical confrontations between students (fighting).
6. Possession and/or use of any tobacco or drug related items or 'look a like' items – this may include cigarettes, chewing tobacco and other tobacco-related products, lighters, alcoholic substances, drug-consumption devices, and any substance suspected of being a 'drug'.
7. A behavior that may result in physical or mental abuse to one's self.
8. Committing an act of indecent exposure in the presence of any other student, member of the staff, or school employee.

Disciplinary Actions

1. Verbal reprimand
2. Special assignments or removal from group
3. Program staff/student behavioral written warning
4. Parent Contact
5. Suspension from Programs:
 - a. First Offense – 1 day suspension
 - b. Second Offense – 3 days suspension
 - c. Third Offense – Parent/Staff conference to determine continued enrollment in the program
6. Permanent withdrawal of After School or VSAP
7. Immediate notification of authorities if appropriate

*Note: The program staff is responsible for utilizing different intervention techniques before a student is referred to the Recreation administration.

Parent/Guardian Signature

Attendance Policy

During the St Pete Beach Community Center After School Program enrollment process, the parent or guardian must identify the days their child will attend the program. This important information assists the Recreation Administration and staff to ensure that students are not being dismissed to extracurricular activities at the school or at the Community Center. The St Pete Beach Community Center and various Schools are working together to create a safe transition from school to After School and, therefore, attendance by students and communication with parents is very important. The Center cannot be held responsible for students and families who neglect to follow the attendance procedures in place. As a result of our need to ensure the safety of students, the following policies must be followed:

1. If your child is not going to be attending on a regularly scheduled day, we asked that the PARENT notify staff by email (crees@stpetebeach.org) by 1:00 pm that day in writing, prior to the absence.

2. Failure to attend three regularly scheduled days without notification to the Center staff will result in your child being placed on suspension from After School services, until the issue of non-attendance is addressed by the St Pete Beach childcare director and the parent/guardian. Notification of suspension will be conducted by phone and written correspondence. During the suspension period, your child will not be dismissed by the school to the After-School Program.
3. Inconsistent or lack of attendance at the After-School Program will result in the student's name being removed from the attendance roster. Notification for attendance roster removal will occur by written correspondence.
4. Arrangements to have your child re-activated can be made by contacting the St Pete Beach Community Center Childcare Director, Corey Rees (727-363-9235).

Parent/Guardian Signature

Inclement Weather Policy

*In the event of inclement weather, the St Pete Beach Community Center After School Program follows the school district's lead for school delays and cancellations.

*If your school is delayed, the After-School Program will be in session.

*If your school is cancelled, the After-School Program will be cancelled.

*In the event that the After-School Program is in session, and the weather becomes dangerous, the parents are encouraged to arrive early to pick up their children from the program.

Parent Signature

Payment Policy

*The St Pete Beach Community Center is here to provide reasonable and affordable care for your child. Payments are made on a monthly sliding scale, unless otherwise discussed with program director. Payment plans are available, please contact Corey Rees directly for more information and to set up a plan.

*All Holiday camps and Day Out camps are available for registration. They are not included in the monthly price and are set at \$30 a day per child per day. You must be registered the Friday prior to the camp starting. Payments will not be accepted the day of camp.

*Auto debits are available for monthly or payment plan payments please see the "Auto Debit Authorization Registration Form" for more information. **The Registration form must be filled out for payments to be on Auto Debit.**

*I understand that payments are due every month on or before the 5th of each month. If not paying by card or using our automatic debit system, A late fee of \$20.00 per child will be assessed on any late payments. If you choose to cancel services, you must do so in writing with a form that can be obtained by staff.

Parent/Guardian Signature

Homework Policy

The City of St Pete Beach after school and offers time for homework. During this time, the after-school staff are available to assist in guiding the students when they choose to work on their homework. The after-school staff does not make any child do their homework or work as a tutor with any student. They are solely for guidance when the student chooses to work on their homework.

Please do not ask staff to make your child do their homework or to tutor them one on one during homework time. Our staff needs to be available to all students and it is not recommended they force any child to do homework, it must be initiated by the student.

The after-school program recognizes the importance of academics and incorporates time and assistance every day as a choice for each student to choose from to support their education.

Parent/Guardian Signature

Field Trip Policy

The St Pete Beach after school may take field trips using the city's transportation. Additionally, the after-school program and will be walking to Horan Park and the St Pete Beach Aquatic Center. List of trips will be posted as needed and sent in the newsletter to parents.

Notice to Participants / Parents / Guardians

I/We the participant or parents/legal guardians of named children, hereby give my approval to my/his/her participation in programs and activities of the City of St Pete Beach Recreation Department. I/We do assume all risks or hazards incidental to such participation and use of equipment and facilities by myself or my minor dependents and

do hereby agree to waive, release, absolve, and hold harmless the City of St Pete Beach, its employees, agents, and elected officials from any claim, loss, or injury of any kind, including losses or injury arising from the negligence of the City of St Pete Beach, its employees, agents and elected officials.

** My signature verifies that I give permission for the City of St Pete Beach to transport my child to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill etc. We have arranged to walk the children to the St Pete Beach City Hall. This is the safest building structure for the children.

_____ Parent/ Guardian Signature

Photo Policy

Photographs taken by the Recreation Department at the city programs and camps are often used in presentations, display boards, flyers, website, brochures, camp DVD and other city publications. If you do not want to have your child or any family member's picture in any marketing material, please let the Recreation staff know.

*Please sign one

_____ Parent/ Guardian Signature
Given Permission

OR

_____ Parent/ Guardian Signature
Does Not Give Permission



Auto Debit Authorization and Registration Form

-The City of St Pete Beach is committed to helping families with payment structure for their child's Afterschool program. All payments will be on a monthly basis and based on how many days kids are in school for. All fees will be listed in the monthly payment chart (Please See next Page.) Weekly installment plans and automatic card withdrawals must be approved by the director of the program and the Auto Debit Authorization section must be filled out at the bottom. All fees must be paid by the end of the month in order to enroll for the following month. Holiday camps and day out camp are separate price and are not included in the monthly fees. Fees for holiday camps and day camps must be paid the Friday prior to the camps start date.

Parent. Guardian's Name: _____

Child's Name: _____

Child's School: _____

Primary Phone Number(s): _____

Household Email Address: _____

Program(s) enrolled in: Afterschool: _____

-Auto debit will be pulled every 5th of the month or every Friday depending on payment plan. I agree to the fees for my child's childcare listed above. Should any credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I will incur a processing fee of 2.5% assessed by the City of St. Pete Beach for any and all credit and debit card transactions. After two non-successful payment attempts, I will be withdrawn from the auto pay program. I also understand it is my responsibility to notify the City of St Pete Beach in writing should my credit card expire, my financial institution changes, or I make any changes to my account information at any time. All weekly fees are required to be paid if your child attends or not.

Payments:

***Note monthly fees will change based on how many days kids are in school. If doing a weekly installment plan fees will fluctuate in price.**

Name as it appears on Card: _____

Exp. Date: __ / __

CVV: _____

Credit Card(s) Number Authorized to make payment:

Card 1: ____ - ____ - ____ - ____

Card 2: ____ - ____ - ____ - ____

Parent Signature: _____

Date: _____



Afterschool Fee Chart

Month	Afterschool 1st Child	2nd Child (Discounted)
August	\$107.50	\$86
September	\$158.50	\$126.80
October	\$150.00	\$120.00
November	\$122.50	\$98.00
December	\$90.50	\$72.40
January	\$141.50	\$113.20
February	\$141.50	\$113.20
March	\$122.50	\$98
April	\$150.00	\$120.00
May	\$133.00	\$106.50
Total	\$1,315.50	\$1,054.00

All Fees are based on how many days kids are in school. If you have elected to choose an installment plan, please note that payments for each week will fluctuate based on monthly pricing. Please make sure you also authorize with the director of the program each week how much you would like subtracted from the total due. Also please note that day out camps and holiday camps are not included in the monthly price.

Release of Liability

I, _____ for myself, my heirs and personal representatives, here by assume all liabilities, risks, injuries and hazards incidental to, or as a result of, participation in children's activities / I acknowledge the fact that this / these program(s) may have, and / or do involve, physical contact or other conditions or factual circumstances where physical or other injuries may occur. I do hereby waive, release and agree to indemnify and hold harmless the City of St Pete Beach, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the City of St Pete Beach, its agents or employees and sponsors or activity supervisors, arising from my participation in the said activity. I assume all risk of injury, liability, and loss arising from my participation or presence at said activity. I acknowledge that the City of St Pete Beach, will not assume any costs relating to any injury while I am involved in this activity. This Waiver, Release and Hold Harmless / Indemnification Agreement is in consideration of the City of St Pete Beach, or activity sponsor permitting my participation in the activity or program at issue and in further consideration of the City of St. Pete Beach, not requiring self-funded liability insurance coverage on my part as a condition precedent to my participation in the activity. I freely and voluntarily assume all risk of loss or injury arising from my participation in the activity whether due to my negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release and Indemnification, the City of St Pete Beach, or other sponsors of the activity would not have offered me, the access to the activity because of unacceptable exposure to civil liability claims, or the expense of providing a program that is risk-free. I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I might otherwise be entitled if I am hurt or suffer loss during my participation in the activity.

You must carefully read this document before signing it. You are waiving or releasing valuable legal rights. You are advised to seek the advice of an attorney if you do not fully understand this document.

Parent/Guardian Signature

I have read and reviewed the contents of the St Pete Beach Community Center's After School Policies Manual, and I agree to accurately carryout the policies and procedures of the St Pete Beach Community Center's After School Program.

I give consent for childcare personnel to have access to my child's records.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

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: September 2021

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/>

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.



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS

QUALITY CHILD CARE

Quality child care offers health, social, and Educational experiences under qualified Supervision in a safe, nurturing and stimulating environment. Children in these settings participate in daily, age-appropriate Activities that help develop essential skills, Build independence and instill self-respect. When evaluating the quality of a child care Setting, the following indicators should be Considered:

QUALITY CAREGIVERS

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

QUALITY ENVIRONMENTS

- Are clean, safe, inviting, comfortable, child-friendly..
- Provide easy access to age-appropriate toys.
- ❖ Displays children's activities and creations.

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

QUALITY ACTIVITIES

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

PARENT'S ROLE

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

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

PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

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

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

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

MyFLFamilies.com/ChildCare



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

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

KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School * Kindergarten

Day Nursery * School Age Center



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

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

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

PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

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

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

A LICENSED CHILDREN'S CENTER MUST:

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

CHILDREN'S RECORDS REQUIREMENTS

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

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

PERSONNEL REQUIREMENTS

- Director has a Director Credential with the certificate posted.
- Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- Completion of background screening.
- Completion of 40-Hour Introductory Child Care training.
- Completion of 10 hours training annually.
- Completion of early literacy training (not required for school age centers).
- Documentation of educational requirements.
- Meet minimum age requirements.
- Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- Staff trained in first aid and CPR on the premises at all times and on field trips
- Staff maintain direct supervision including minimum adult-child ratios:

2 months-1 year	1 adult for 3 children
1 year-2 years	1 adult for 5 children
2 year olds	1 adult for 10 children
3 year olds	1 adult for 15 children
4 year olds	1 adult for 20 children
5 years and up	1 adult for 25 children

NUTRITIONAL REQUIREMENTS

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

PHYSICAL ENVIRONMENT

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

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

HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

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

