



# **ENGAGE BEYOND THE SCHOOL DAY**

**Welcome School Age participants!**

**Your child's 2018/2019 enrollment packet  
awaits!**

**Packets may be dropped off at our Citrus  
County Administrative Office or faxed to  
(888) 206-1244.**

**YMCA of the Suncoast  
Citrus County Office  
4127 W. Norvell Bryant Hwy  
Lecanto, FL 34461  
352-500-9622  
[www.ymcasuncoast.org](http://www.ymcasuncoast.org)**



School Site: \_\_\_\_\_

www.ymcasuncoast.org



Office Use Only

Child ID: \_\_\_\_\_

**Please Clearly Print** information requested below so we may accurately register your child/ren without delay.

Child's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Gender: Male ☐ Female ☐ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Household Email: \_\_\_\_\_ Household Phone: (\_\_\_\_) \_\_\_\_\_

We will not disclose your email information for any non-related YMCA use.

Ethnicity: ☐ African American ☐ Asian/Pacific Islander ☐ Spanish/Hispanic/Latino  
☐ Caucasian/White ☐ Native American ☐ Bi/Multi-racial ☐ Other

**Does your child/you receive any of the following discounts (subsidies)?**

Is your child currently approved for YMCA of the Suncoast Financial Assistance? ☐ Yes ☐ No

Is your child currently approved for Government Financial Assistance? (ELC) ☐ Yes ☐ No

Are you or your spouse employed by the Citrus County School District? ☐ Yes ☐ No

Does your child receive Free or Reduced Lunch? ☐ Yes ☐ No

Parent/Legal Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: ☐ African American ☐ Asian/Pacific Islander ☐ Spanish/Hispanic/Latino  
☐ Caucasian/White ☐ Native American ☐ Bi/Multi-racial ☐ Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Household Income: ☐ Under \$19,999 ☐ \$20,000-\$29,999 ☐ \$30,000-\$49,999 ☐ \$50,000-\$75,000 ☐ Over \$75,000

Parent/Legal Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: ☐ African American ☐ Asian/Pacific Islander ☐ Spanish/Hispanic/Latino  
☐ Caucasian/White ☐ Native American ☐ Bi/Multi-racial ☐ Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Household Income: ☐ Under \$19,999 ☐ \$20,000-\$29,999 ☐ \$30,000-\$49,999 ☐ \$50,000-\$75,000 ☐ Over \$75,000

**Staff Use Only... Please fill out completely**  
**(please clearly print all information)**

Registration packet received by: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Credit Card: last (4) digits \_\_\_\_\_ ☐ Check (#) \_\_\_\_\_

☐ Money Order: last (4) digits \_\_\_\_\_ ☐ Cash (\$) \_\_\_\_\_

**Amount Paid Today:**

Membership Fee: \$ \_\_\_\_\_

Weekly Fee: \$ \_\_\_\_\_

Prior Balance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Paid Today: \$ \_\_\_\_\_

**Funding Codes:** ☐ Full Fee ☐ School Board ☐ PHP ☐ ELC ☐ Y Emp ☐ Other

Subsidy Amount Approved: \$ \_\_\_\_\_ or \_\_\_\_\_% Subsidy Approved by: \_\_\_\_\_ Parent Wkly Fee: \$ \_\_\_\_\_

The YMCA does not discriminate on the basis of race, creed, religion or economic ability.  
Financial assistance is available for this and all YMCA programs.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



YMCA of the Suncoast 2018/2019  
Payment Policy Agreement  
Citrus County School Age Programs:  
All school fees are to be paid by EFT (electronic fund transfer)

Child's Name: \_\_\_\_\_

**All Inclusive EFT Plan**  
**\$48.00 per week**

Rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

This plan not available after December 31, 2018

**Fee Includes: Before & After Care, all half days, all in-service days AND All School Holiday Breaks**

☐ I am requesting this plan

**Standard Plan**  
**\$50.00 per week**

Rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

**Fee Includes: 38 weeks of Before & After Care, all half days & all in-service days**

**Not included in fee:**  
School Holiday Breaks

☐ I am requesting this plan

**AM or PM Flex Plan**  
**\$30.00 per week**

Rate stated above is based on full fee amount – if receiving a subsidy-fee amount will vary.

**Fee Includes: 38 weeks of Before or After Care, all half days & all in-service days**

**Not included in fee:**  
School Holiday Breaks

☐ I am requesting to attend  
☐ AM or ☐ PM

All weekly fees are required to be paid if your child attends the entire week or only a portion of the week. Our program fees are calculated from the first week of school through until the last week of school. The Y does not provide drop-in care.

**Parents, please note:** Payment Plan selection can ONLY be changed one time per school year. No Payment Plan changes are permitted (2) weeks prior to a School Holiday Break. If your child has been cancelled from our program and re-enrolled within 60 days, you may be subject to a re-enrollment surcharge of \$48.00.

**School Holiday Break Fees:**

\$20.00 Veteran's Day  
\$55.00 Fall Break-3 full days of care  
\$55.00 Winter Break (week 1) -3 full days of care  
\$55.00 Winter Break (week 2) -3 full days of care  
(care available at limited sites Monday, December 31 - \$25)  
\$20.00 MLK Day  
\$20.00 President's Day  
\$92.00 Spring Break-5 full days of care  
\$20.00 School Out Day (04/22/2019)

These fees are applicable to those on our Standard & our AM/PM Plan.

**All families are encouraged to pay their school age fees by Electronic Fund Transfer (EFT)**  
**What is EFT?**

Electronic Funds Transfer (EFT) is a system of transferring money from one bank account or credit card account directly to another without any paper money changing hands. Two of the most widely-used EFT programs are Direct Deposit & Direct Debit. Transactions are processed by the bank through the Automated Clearing House (ACH) network, the secure transfer system that connects all U.S. financial institutions.

**Our EFT processing is as follows:**

Processed Weekly (every Friday) from your bank checking account

**or**

Processed Weekly (every Friday) from your credit card/debit card account.

For families without bank accounts, please visit a local bank of your choosing.

**Parents, please note:** Our first EFT will process on Friday, August 10<sup>th</sup>. This processing will include your Annual School Age Registration fee of \$25 (individual) or \$40 (two or more children per family)

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# YMCA of the Suncoast

## School Age Programs

### EFT Authorization Form

Parent/Legal Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School Site: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Household Email: \_\_\_\_\_

**PAYER INFORMATION: (All information is REQUIRED to properly enter payer)**

Payer's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Payer's Phone: \_\_\_\_\_ Payer's Date of Birth: \_\_\_\_\_

#### Bank Checking Account Drafts

☐ **Bank Account Information:** Processes weekly every Friday

You must provide the YMCA of the Suncoast with a **voided check**; bank deposit slips do not provide the appropriate information required for an EFT.

**Parent initial:** \_\_\_\_\_ Please photo-copy my check used to pay my child(ren's) annual registration fee and/or amount required based on my child(ren's) start date **as my voided document**.

#### Credit Card/Debit Account Drafts

☐ **Credit/Debit Card Information:** Processes weekly every Friday

You must provide the YMCA of the Suncoast with your **complete** credit/debit card number, expiration date, CVV number and name. **Please note: Not all Checking Debit Cards process properly by EFT, please be prepared to provide bank routing & account number.**

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Credit Card Expiration date:** \_\_\_\_/\_\_\_\_ **CVV#:** \_\_\_\_ ( )

**Cardholder Name:** \_\_\_\_\_

Parents, please note: As a security measure, our software limits the amount of time we can retain your financial payment methods. Please provide us with the account information needed, including complete account number, expiration date, and CVV number. For your account security, you may wish to enter it online or provide it to us by contacting our Member Engagement Center at 727.467.9622. This information is needed from all participants, including those previously enrolled in YMCA of the Suncoast programming. We appreciate your assistance to ensure secure and timely processing of your payment information.

I agree for my child(ren's) school age fees to be paid weekly by my financial institution. Should any bank or 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 may incur a return payment service charge of \$20.00 assessed by the YMCA of the Suncoast. I also understand it is my responsibility to notify the YMCA of the Suncoast in writing should my credit card expire, I change my financial institution or I make any changes to my bank account information at anytime. We require 10 business days of notice to change or cancel an EFT processing.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Pick Up Authorization List

Child's Name: \_\_\_\_\_ Grade/Group: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Are copies of custody/restraining papers on file for child(ren)?      Yes      No

Who has authorization to make changes to this form? \_\_\_\_\_

Please Note: All changes, additions or person removals must be made in person.

### EMERGENCY CONTACTS

Emergency Contacts should be a person(s) not living in the child's primary household.

\*Emergency contacts are also Authorized Pick ups, unless otherwise noted.

Name		Name	
Address		Address	
Date of Birth		Date of Birth	
Cell Phone		Cell Phone	
Add'l Phone		Add'l Phone	
Relationship		Relationship	

### AUTHORIZED PICK UP

The following people are allowed to pick up this/these child(ren):

Name	Phone	Date of Birth	Date Added/Deleted
Address	City	State/Zip	Staff Initials
Name	Phone	Date of Birth	Date Added/Deleted
Address	City	State/Zip	Staff Initials
Name	Phone	Date of Birth	Date Added/Deleted
Address	City	State/Zip	Staff Initials
Name	Phone	Date of Birth	Date Added/Deleted
Address	City	State/Zip	Staff Initials



**State of Florida**  
**Department of Children and Families**  
**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:**      Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last

First

Middle

Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care:    From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care:    M      T      W      Th      F      Sa      Su

Meals Typically Served While in Care:    Br    AM Snack    Lunch    PM Snack    Sup    Eve Snack

**Family Information:**      Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_/Cell: \_\_\_\_\_

Custody:    Mother \_\_\_\_\_    Father \_\_\_\_\_    Both \_\_\_\_\_    Other \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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 facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
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Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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### Helpful Information About Child:

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- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**

Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).

- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**

Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## Emergency Treatment Information (please print clearly)

Child's School Site: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Custodial Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Name (#2): \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Health Information:** The following information enables us to better protect your child's health & safety.

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 my consent to transport by ambulance if the situation warrants it.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

List ANY medication your child is currently taking: \_\_\_\_\_

Last DPT or Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance Company covering child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Does your child have any special needs (physical, medical, dietary, emotional or mental) ☐ Yes ☐ No

Does your child have an IEP or 504 Plan?: ☐ Yes ☐ No If yes explain: \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations, habits, fears etc...: \_\_\_\_\_

\_\_\_\_\_

Is there any other information we need to know in order to serve your child?: \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## **PARENTAL AGREEMENT**

- Any outstanding balances due to the YMCA of the Suncoast must be paid in full prior to registering for any of our school age programs.
- I understand that I am responsible for adhering to the late fee policy if I fail to pick up my child on time each day.
- I understand that the YMCA of the Suncoast does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I give permission for the center to consult my child's physician/dentist in case of an emergency if I cannot be reached.
- I have reviewed the YMCA Discipline Policy.
- I give permission for my child to attend all YMCA activities and field trips.
- I understand that I am responsible for paying for YMCA School Age weekly fees.
- I give permission for child care personnel to have access to my child care records.

## **DISCIPLINE POLICY**

### **Child Discipline, Florida Statute**

As stated in the Florida Department of Children and Families Florida Statutes in Chapter 402.F.S: Minimum standards for child discipline practices shall ensure that age-appropriate, constructive disciplinary practices are used in care. Such standards shall include at least the following requirements:

- Positive behavior supports, such a redirection, verbal praise, and conflict resolution techniques, shall be in place as prevention techniques.
- Behavior notifications will be reviewed with Senior Management to determine "next steps."
- Senior Management, and in some cases a Behavior Specialist, may contact parent to provide resources.
- Children shall not be subjected to discipline which is severe, humiliating or frightening.
- Discipline shall not be associated with food, rest or toileting.
- Spanking or any other form of physical punishment is prohibited.
- Children may not be denied active play as a consequence of misbehavior.
- Prior to admission of a child into a child care facility, the facility shall notify the parent in writing of the disciplinary practices used by the facility.
  - Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". (CF/PI 175-24)
  - Section 65C-22.006(3)@2., F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.

## **EXPULSION POLICY**

Verbal warning to the child and parent. The incident will be documented in the child's file

Written warning to the parent

Suspension from the program (1-3 days)

Dismissal from the program

## **PAYMENT AGREEMENT**

Your school age fees are due (3) days prior to the week attending. To ensure that your payment is correctly recorded in our system, please include the following information: Child/ren's full name, school site location and parent's name. If your payment is not received by due date, your child may lose their spot. We encourage our families to pay for their child(ren's) weekly school age fees by EFT or via our online application at [www.suncoastymca.org](http://www.suncoastymca.org).

## **ADDITIONAL FEES:**

Any payment received after their designated due date will be charged a late fee of \$10 per occurrence

If you are late picking up your child, you will be charged \$10 per child for every 15 minutes or portion thereof.

You will be notified if a check (where applicable) is returned due to insufficient funds or EFT (credit card or bank draft) is denied.

Please note that there is a \$20 per check service charge added to the amount of the returned check (where applicable).

# School Age Programs - Waiver Document

## DISCLAIMER:

The YMCA of the Suncoast does not discriminate on the basis of race, religion, gender, creed or socio-economic status. Charitable contributions to the YMCA enable us to provide financial assistance on a sliding scale. We promise that everyone who qualifies will receive assistance to the greatest extent possible based on the availability of funds. Please ask for a Financial Assistance Application if you would like to apply for a camp scholarship for your child(ren).

A Financial Assistance Application must be completed and approved prior to receiving any financial assistance, please complete each section of the People Helping People form in its entirety to insure appropriate charges.

## FOOD EXPERIENCE PERMISSION:

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.

## PHOTO RELEASE:

I, individually and on behalf of any minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, give permission to the YMCA of the Suncoast to use photographs, film footage, or tape recordings, which may include a photo image or voice for purposes of promoting or interpreting YMCA programs and activities.

- ☐ I give permission to the YMCA of the Suncoast to include my child(ren) in a small group or individual photo including only their first name for identification.

## LIABILITY RELEASE:

In consideration of gaining membership, access to, or being allowed to participate in the activities and programs of the YMCA, and to use its facilities, equipment, and machinery, in addition to the payment of any fees or charges, I, individually and on behalf of the minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting in the participation of any activities or use of equipment or machinery in the above mentioned facilities or arising out of participating in any activities at said facility. I, individually and on behalf of the minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, agree to adhere to all policies set by the YMCA of the Suncoast.

The safety and security of our members and those we serve is our number one priority. It is for this reason the YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Parent/Guardian 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:** \_\_\_\_\_

**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/>**

## 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?

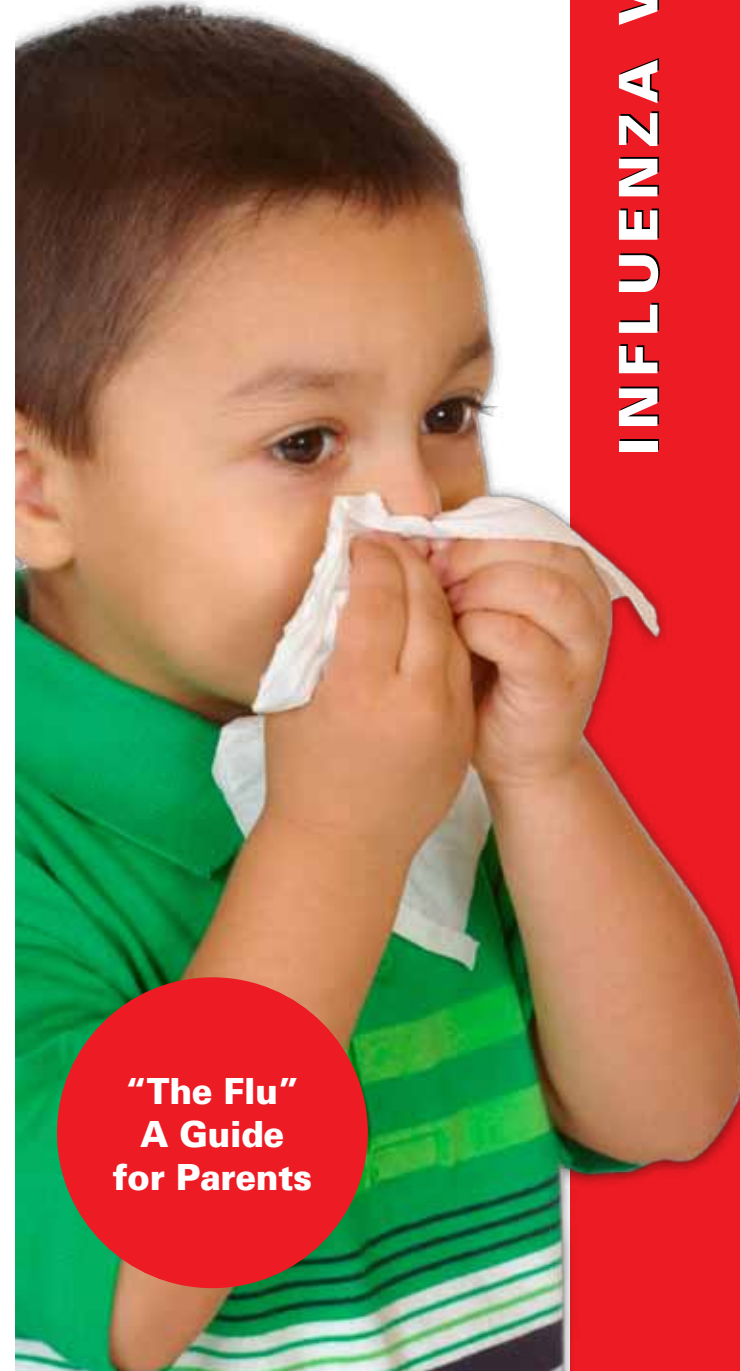
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between 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](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

*This brochure was created by the Department of Children and Families in consultation with the Department of Health.*



**INFLUENZA VIRUS**

**"The Flu"  
A Guide  
for Parents**

# Licensing Standards

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

License Number: \_\_\_\_\_

License Issued on \_\_/\_\_/\_\_

License Expires on \_\_/\_\_/\_\_

For more information regarding the compliance history of this child care provider, please visit: [www.myflorida.com/childcare](http://www.myflorida.com/childcare).

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:

## General Requirements

- ./Valid license posted for parents to see.
- ./All staff appropriately screened.
- ./Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. old	1:6
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25
- ./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.

## 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.
- ./Equip 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.

## 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.

## 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.

## 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.

# Parent's Role

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



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

**To report non-compliance with state licensing standards, please contact your local licensing office.**



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

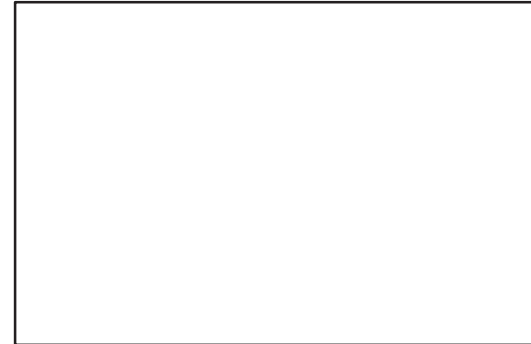
## Quality Activities

- ./Are children initiated and teacher facilitated.
- ./Include social interchanges with all children.
- ./Are expressive including play, painting, drawing, story telling, music, 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.



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

**For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:**



# Know Your Child Care Facility

**CF/PI 175-24, 10/2007**

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

