

Dear Parents,

Welcome to MVB Enterprises! We have an open-door policy, which means that you are welcome to stop by our facility anytime to visit with your child.

Please let us know if you are interested in volunteering in your child's class on party days and whenever we have special events planned. Extra hands are always appreciated!

We also encourage parents to be involved with their child's daily activities. Please check our monthly newsletter to see what is happening for the month. Look for activities that include arts, crafts, cooking, etc.

Also please don't forget that we are always open to comments and suggestions. We appreciate any information you are willing to share.

As your child learns and grows with us here, we will do periodic screenings using pre-test, post-test, and ASQ's to evaluate their level of development. We will provide activities centered on arts and crafts, reading stories, outside adventures, lunch, cooking, and open centers.

When dropping off and picking up your child please be sure to sign them in and out. You will find this binder located with your child's teacher.

If you ever have any questions regarding our center, please feel free to speak to the office personnel.

Thank you for choosing Achievement Center!

Dear Parents,

Enclosed you will find enrollment forms and a medical release that we need to have completed by you. Please note that ALL areas on the form need to be completed. If there is an area that does not apply to you please put a "dash" on the line or write "N/A" in the space. Please disregard the Notary requirement on the Medical Release Form.

Please note that in the enrollment forms, on the "In Case of Emergency" line, we must have a name, complete address, and phone number. This emergency contact person cannot be someone living at your address. This has to be someone who will know how to contact you in the event we are not able to. This is also someone you would designate to pick up your child in case of an emergency. Please note we always contact the parents first.

All areas that ask for addresses must be completed with a street number, street name, city, state, and zip code. All areas asking for phone numbers should have the area code entered also.

If your child doesn't have a dentist yet, please fill in your child's pediatricians name, address, and phone number.

We cannot accept forms that have "blank spaces" on them and we will ask you to please supply the information required by the Hillsborough County License Board. We cannot fill in the information for you.

If you should have any questions, please feel free to contact the office.

Mission Statement:

Our mission is to provide the highest standard of care and education to our students.

Goals:

We believe that every child deserves a secure, safe, warm, and happy environment where they may learn and grow; giving them the chance to discover a world of excitement and enrichment. Our goal is to develop each child to his/her fullest potential in the social, academic, physical, and emotional areas.

Philosophy:

Our philosophy is one that stimulates the desire to learn. Learning is the central theme in our curriculum.

1. Being is more important than knowing. Knowledge is a means to education; not its end.
2. Play is not distinguished from work as the predominant mode of learning in early childhood.
3. Self-confidence is directly related to the ability to learn and to make choices affecting learning.
4. Mistakes are essential to learning because they contain information essential to further learning.
5. Children learn and develop at their own rate and in their own style.
6. Children have both the competence and the right to make decisions concerning their own learning.
7. A good self-image is intrinsic to intellectual development and the acquiring of skills.

New Parent Orientation Checklist

Dear Parent,

As you and your child begin the process of acclimating yourself to MVB Enterprises, we strive to ensure that all your questions have been answered and addressed. We welcome any additional questions you may have at any time!

Please sign the bottom that you have been introduced to and/or given the opportunity to experience the following aspects of MVB Enterprises:

- I have received a tour of MVB Enterprises.
- I understand MVB Enterprises admission requirements and procedure.
- I have been introduced to my child's teaching staff.
- I have had an opportunity to visit with my child's classroom teacher.
- I have been given an overview of MVB Enterprises parent handbook.
- I understand the emergency preparedness plan.
- I have had the opportunity to discuss the expectations of our family, and the needs of my child.
- I have had the opportunity for a visit in my child's classroom for a period of time to allow both of us to be comfortable in the new surroundings.
- I understand that parent-teacher conferences are conducted twice each year, and anytime when requested by a parent.
- I realize that my support, influence, and involvement with my child, both in and outside of MVB Enterprises will greatly contribute to my child's ability to learn and enjoy his or her experiences at the center.
- I understand that my family's participation in my child's MVB Enterprises related activities are important to my child's success at the center.
- I understand that the curriculum that MVB Enterprises utilizes Creative Curriculum
- I have read and understand the philosophy and program goals utilized by MVB Enterprises.
- I have been provided and have signed MVB Enterprises written policies and procedures, which are kept in my child's file at the center.

Signature of parent: _____ Date: _____

Miscellaneous Information

Is your child taking over the counter prescribed medication at home?

If yes, _____

Is your child taking vitamins regularly at home? Yes___ No___

If yes, _____

If your child has an allergy what kinds of allergic reaction should we look for?

How is it treated? _____

Have you ever suspected your child of having seizures? Yes___ No___

What was the cause? _____

How was it treated? _____

How do you consider your child's physical development?

Normal___ Advanced___ Lagging___

Comments: _____

Does your child use a pacifier, suck thumb, security object? Yes___ No___

Does your child use special or unusual words/names for objects, places, or people?

Is there anything else medical or otherwise that we need to know about your child?

Toilet trained___ Diapers___ Toilet training___

Child's habits, fears, etc. _____

Other household members: _____ Children _____

Previous preschool or group experiences (include dates) _____

Signature of parent/legal guardian _____ Date _____

Nutrition Policy

We will be serving a free U.S.D.A breakfast, lunch, and afternoon snack. Breakfast will be offered from 8:00-9:00 a.m., lunch will be served from 11:15-12:15p.m., and snack will be served from 2:30pm - 3:30p.m. This applies to all the children that attend MVB Enterprises.

All you must do is turn in your "food program participation" form. We need this form filled out for your child to be accounted for. The eligibility determination is based on free, reduced, or non-needy regardless of category your child will be receiving free U.S.D.A meals. The information on the form is strictly confidential. All children who are enrolled at MVB Enterprises will be served U.S.D.A breakfast, lunch, and afternoon snack.

If you have any questions, please see management in the office.

Thank you for your cooperation.

Parent signature_____ Date_____

Policies and procedures agreement between parents and MVB Enterprises

These policies and procedures have been designed to ensure the safety, security and health of your child.

Please initial next to each statement:

____ I understand my child needs a current Florida physical examination and a current immunization record on or before the first day of enrollment (shot records will not be sufficient). All one year olds **MUST** have their shot records on the first day of enrollment.

____ I give permission for my child to be photographed while at school.

____ I understand that the Center opens at 6:30 a.m. and closes at 6:00 pm, all children need to be picked up before 6:00pm.

____ I understand that MVB Enterprises follows the same "school closing" as HCPS regarding "severe weather conditions" or other "extreme conditions".

____ I understand that the school's discipline policy is "redirecting behavior"

____ I understand that the only medicine that is administered at school by the staff is prescription medication.

____ I understand that I must sign my child in and out daily.

____ I understand there is absolutely no outside food permitted in the school.

____ Please be sure to label all of your child's belongings with a permanent marker, i.e.: clothes, blankets, diapers, and wipes

____ We ask that your child wear appropriate clothes and shoes to school.

____ Sneakers are the only shoes permitted on the playground.

____ MVB Enterprises is closed for the following holidays and a full week's tuition will be charged during the holiday weeks as these are paid days off for the staff. **Memorial day, Independence day, Labor Day, Thanksgiving, day after Thanksgiving, Christmas Eve, New Year's Eve, New Year's day, Martin Luther King day, Teacher training in August.**

____ I will notify MVB Enterprises by 10 a.m. if my child is not attending for the day, also if my child will not be getting picked up by the bus/van.

____ I understand that my child will leave their toys from home at home.

____ Children who become ill may not remain in school. The parents will be called to pick up the child. Please do not send your child to school if the following conditions exist: 1. Fever within the past 24 hours, 2. Vomiting or diarrhea within the past 12 hours, 3. Any unexplained persistent coughing/wheezing/shortness of breath, 4. Runny green discharge from the nose.

____ Each preschool child in the center will have an afternoon rest/nap period.

Policies and procedures agreement between parents and MVB Enterprises

____Children will be permitted to play outside, except in inclement weather. If your child can not play outside please bring in a signed note from your pediatrician.

____Children enrolled in MVB Enterprises will be transported on planned field trips in the bus or van. (Ages 5 and up) By signing this agreement I hereby give my permission for my child to be transported on the school bus or van

____Although we request cooperation in not disrupting our program, parents are permitted access to all parts of our school.

____Parents must cooperate with the school in carrying out all governmental laws, rules and regulations affecting the operation of the school. This agreement may be changed at any time by MVB Enterprises.

____**The School reserves the right to ask at any time to any student to withdraw from the program upon notification to parents or legal guardians.**

____All personnel at MVB Enterprises may have access to the children's records and files.

____By signing this agreement, I agree to allow MVB Enterprises to apply insect repellent, diaper cream, or sunscreen provided by me as needed to my child.

These policies and procedures have been designed to ensure the safety, security, and health of your child.

Parent signature: _____ Date: _____

I understand that tuition is due on Monday unless otherwise agreed upon.

I understand that a late payment of \$10 will be added if tuition is not paid by Wednesday.

I understand that tuition is due regardless of attendance.

I understand that if I am on school readiness that I must pay a ELC add on fee per age of my children.

I give my permission for my child to be photographed or videoed while at school.

I Understand that the center is sprayed for bugs and termites.

I understand that MVB Enterprises has a 10 a.m. cut off and that my child needs to be here by then.

I understand that the school opens at 6:30am and closes at 6:00pm

I understand that MVB Enterprises follows the same "school closing" as HCPS regarding severe weather conditions and extreme weather conditions.

I understand that the school's discipline policy is "redirecting behavior"

MVB Enterprises prohibits children from being subjected to discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any form of physical punishment is prohibited by all child care personnel.

I understand that the late pick-up fee is \$1 a minute per child after 6:00pm.

I understand that only life-threatening medication will be given to my child and that the school staff will need to be taught how to administer it.

I understand that if a parent pays advance tuition and then decides to remove their child that I will be reimbursed the tuition that was paid.

I have read the above and agree to comply:

Parent signature: _____ Date: _____

MVB Enterprises

Terms

____ I agree to pay a registration fee of \$99.

____ I agree that if my child is absent for any of the days contracted to attend, I will still be liable for the full week's tuition, i.e., child is scheduled 5 days and only attends 3 full tuition is still due. If my account becomes delinquent, I will be responsible for all collection costs. This policy ensures a reserved space for your child at our center.

____ I agree to pay a late fee of \$1 a minute per child if my child is left at school after 6:00pm closing time as described in the policies and procedures agreement.

____ In the case of withdrawal of my child from this school, I agree to give MVB Enterprises a full week's notice.

____ In the event of emergency of illness or accident, MVB Enterprises has my permission to administer emergency treatment and take the child to the nearest emergency facility. Parent will be phoned. In the event of illness while my child is in attendance; medical expenses are the responsibility of the parent.

____ I agree to pay a \$35 NSF check charge for each check returned. All future tuition payments must be paid in cash or by credit card.

____ My child will be allowed 2 free weeks of vacation per year. Your child will need to be enrolled for 3 months to use this free vacation, and payments must be current to receive the vacation time. Your child must be absent from school to receive vacation time. Vacation time may not be carried over to the next year. After the free weeks are used, I agree to pay half of the regular week's tuition for each full week my child is out.

____ I agree to carry out the parent's responsibilities under the policies and procedures agreement between the parents and MVB Enterprises, and same may be changed from time to time. Written notification of any change will be given to all parents.

How did you hear about our center? Friend____ Internet____ Other____

Signature of Parent/Guardian_____

Signature of Director_____

Nondiscrimination Enrollment Policy

____MVB Enterprises does not discriminate against any student or parent on the grounds of race, color, religion, gender, national origin, or disability.

Biting Policy

____Biting is a natural behavior for very young children. One and two year olds bite because their gums hurt and they cannot express themselves. When biting becomes a problem we will encourage positive behavior.

In the event that your child is bit, we will clean the bite with soap and water, put ice on the area for a short time and give tender loving care. Both the biter and the child who was bit will receive an incident report.

The MVB Enterprises staff will remove the biter and remind them to use their words and that we use our teeth for food instead of on friends. We will tell the biter that biting hurts.

MVB Enterprises Behavior Policy

____The following behavior will not be tolerated at MVB Enterprises:

- Willful destruction of school property
- Disregard of school rules
- Violence to other children or teachers
- Disrespectful to staff

If any of this behavior occurs, the child will receive a written reprimand and suspension for one day. If behavior does not improve, child will be terminated from MVB Enterprises immediately.

Discipline and Termination Policy

The Hillsborough County Ordinance NO. 14-39, and associated Rules & Regulations regarding the regulation of Child Cre Facilities, Section 5.02(1)(B) and Hillsborough County Ordinance No. 14-40 for the licensing and regulations of Family Child Care Homes and Large Family Child Care Homes, Section 1.04(2)(b) "Child discipline" requires that parents are notified in writing of the disciplinary practices used while in care prior to admission. Spanking or any other form of physical punishment is prohibited. Discipline shall not be associated with food, rest, or toileting. Children shall not be subjected to discipline which is severe, humiliating or frightening. Children may not be denied active play as a consequence of misbehavior.

The goal of discipline is to help children see the sense in acting a certain way. Of course, this is a time-consuming task and it is important that we remain realistic in the expectation of the behavior of each child. His/her developmental age and stage must be taken into consideration.

1. The teacher will ask the child, "Why did you do that?" Then say, "We do not behave that way in our school. We have rules that we must follow."

2. If a negative action continues, we will remove the child from the group for a few minutes to think about what they did. This procedure is referred to as "Time Out" and is based on one minute per year of age.
3. In some situations, it may be necessary to take away the child's privilege of participating in a certain activity.
4. If discipline continues to be a problem, the parent will be called for a conference in the child's presence to discuss the possible solutions. Children need and want discipline and to reach the goal of self-discipline. Remember: be firm, consistent, and loving. You can stick to your discipline with a smile.

Extreme behavior such as kicking, biting, scratching, spitting, throwing objects, and using profanity can cause the child to be suspended on the first offense for one day, the second offense will be for two days, and the third offense, the parent(s) will be asked to remove the child from the center. This is for the safety of your child and all other children in the school.

I, _____ have received in writing the disciplinary practices and procedures used by MVB Enterprises.

Policy on Investigations by Outside Agencies

____ Family Services and law enforcement or any other agency with the proper authority shall be permitted to investigate any matter that is related to the school. Parents will be contacted as soon as feasible to be kept informed of the situation.

It is the policy of MVB Enterprises to assess each situation on an individual basis and a course of action decided upon at the discretion of the management, always ensuring the welfare of the child and the protection of the school from false or unfounded accusations.

No smoking Policy

____ I understand that there is a no smoking allowed at MVB Enterprises at any time and that this includes E-Cigarettes and any type of Vaping.

I have fully read the above policies and procedures and agree to comply:

Signature: _____ **Date:** _____

Dear Parents,

Please write your email address on this form so that we may add it to our contact information for you.
This way we can email information to you.

Thank you

MVB Enterprises Management

Email Address _____

Tuition Fees

Child's Name _____

_____ Private Pay _____ School Readiness

Rate _____

ELC Add on _____

ELC Expiration date _____

Total tuition cost _____

Parent signature _____ Date _____

MVB Enterprises Health Policy

Dear Parent/Guardian,

We at the MVB Enterprises strive to give top quality child care in a learning environment. Our center needs your full cooperation, to adhere to our policies, concerning health issues for sick children.

It is our responsibility as a child care provider to ensure the health and safety of all children. We do understand that children can and do get sick, however, our center is not licensed for sick care. We have to adhere to guidelines that we must follow that are provided by our health care services readiness nursing staff, to ensure that we can prevent spread of contagious disease and illness, to others. See a list of guides to help us adhere to the policies that need enforced immediately.

If your child is sick in our facility

You will receive a call, to arrange for child's immediate pick-up by you or a designated person. Upon pick-up we are requesting that all sick children be examined by a doctor, and be kept at home for a 24-hour period; two days maximum, to ensure that child had an incubation period to be readmitted to the center. Please have a backup sitter if necessary. Your child will be placed on a cot and laid down by the office until your arrival, please note we will need your child to be picked up within the hour.

If an antibiotic is prescribed for your child, he/she must take medication for 24 hours before returning and have a doctor's note explaining the illness being treated, and the date the child is to return to school.

Dispensing Medication for your child

We will dispense your child's prescribed medication by your doctor if it is life threatening medication IE. EPIPEN, breathing machine, etc.

Symptoms of sick child

Strep throat or sore throat with swollen glands, inflammation of the eyes with discharge, fever of 100.4 or higher, lice, unexplained rash, vomiting, diarrhea/watery stools more than once over a period of 24 hours, green or yellow mucous discharge, continuous cough, or other contagious diseases.

Rules need to be enforced to ensure the quality health and safety of all children under our care. We appreciate your full cooperation in keeping your child's/children healthy. Keeping a sick child at home will help reduce the spread of disease and illness. A Child should be physically able to take part in all school activities when returning to school.

Parent signature_____ Date_____



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

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: _____

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

Meals typically served while in care: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

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

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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

Signature of Custodial Parent or Legal Guardian

Date



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
(Child's Full Name)
 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 this _____ 20_____
(Month) (Day) (Year)

by means of ☐ physical presence or ☐ online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



Emergency Care Form

This form should accompany children being transported by the children's center that have a chronic medical condition, i.e. asthma, diabetes or seizures.

This section should be completed by the children's center:

Child's Name _____
Condition _____
Symptoms _____
Medications/Supplies to be available _____

Name of adult trained to respond to the emergency _____

This section to be completed by parent or health care provider:

The following steps should be followed in the event that this condition requires action:
• _____
• _____
• _____
• _____
• _____

Parent or guardian's signature _____

Director's signature _____

Date _____

See Child Enrollment Form or Emergency Medical Release Form for Health Care Provider and Preferred Hospital Information.



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

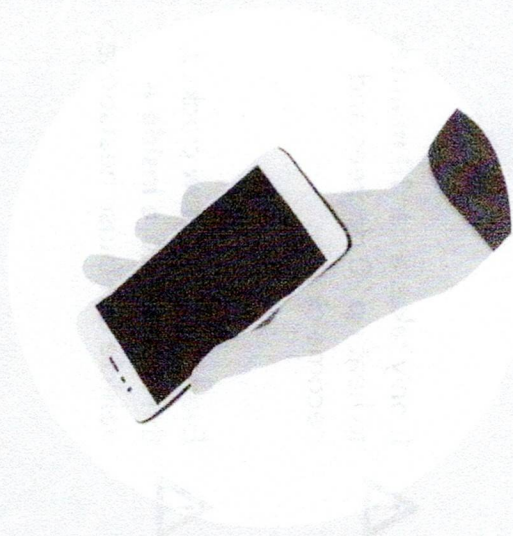
A change in daily routine,
lack of sleep, stress,
fatigue, cell phone use, and
simple distractions are some
things parents experience and
can be contributing factors as
to why children have been left
unknowingly in vehicles...



For additional information, please visit
www.myflfamilies.com/childcare or contact
your local licensing office.

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

WHEN LIFE HAPPENS... DON'T BE A DISTRACTED ADULT





Distraction Prevention Tips:

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

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

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.



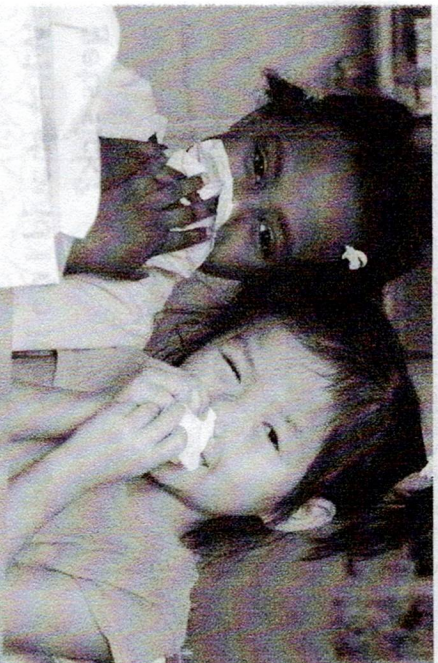
What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Centers 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.

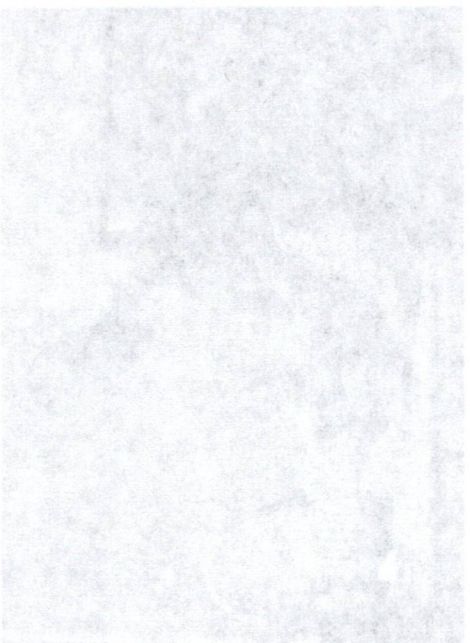
Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

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.myflfamilies.com or contact your local licensing office.



THE FLU

A Guide for Parents



For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

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

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 settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



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.

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

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.

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.