1755 W. Nasa Blvd.
Melbourne, Fl 32901
License #: C18BR0096

4945 Stack Blvd.
Melbourne, Fl 32901
License #: C18BRO237

Enrollment Packet

Child Information

Child's Name: _____ Age: _____ Date of Birth: _____

Sex: _____ Date of Enrollment: _____

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

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

Family Information

Child Lives with: _____

Father's Name: _____ Mother's Name:_____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

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

Door Code # : _____ (Four Digit Number, Cannot Begin with Zero)

Emergency Medical Information

Emergency Contact Information

Primary Emergency Contact:

Name: _____

Cell Phone: _____

Work Phone: _____

Address: _____

Secondary Emergency Contact:

Name:_____

Cell Phone: _____

Work Phone: _____

Address: _____

Medical Permission

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:_____

Doctor: _____ Address: _____Phone:_____

Hospital Preference:_____

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

_____

_____

Emergency Care Plan Instructions (if applicable):

_____

_____

_____

Coral Reef Academy

Pick-Up Permission & Additional 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 facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Cell #	Work #
Name	Address	Cell #	Work #
Name	Address	Cell #	Work #
Name	Address	Cell #	Work #
Name	Address	Cell #	Work #
Name	Address	Cell #	Work #
Name	Address	Cell #	Work #

Helpful Information About Child:

_____
_____
_____
_____
_____

- Sections 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, 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 2.8, of the Child Care Facility Handbook, requires that parents be notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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 Parent/Guardian Date

CORAL REEF ACADEMY
Child Care and Preschool

Child Profile

Welcome to Coral Reef Academy! We are so glad you are part of our school family. Please fill out this profile so that we can get to know your child better.

Child's Name _____ Date of Birth _____

1. Has your child ever participated in child care? _____ Yes _____No
2. If so, where? _____ Reason for leaving? _____

   _____
3. What does your child enjoy doing the most? _____

   _____

   _____
4. Who resides in the home with your child?

   _____ _____

   _____ _____

   _____ _____
5. What languages are spoken in your home? _____
6. What are your goals for your child while they are enrolled in our program?

   _____

   _____

   _____

7. Are there any special needs that we need to be aware of (does your child easily get scared in storms, get anxious when you leave, etc.)?

_____

_____

8. What helps your child calm down when he/she is upset? _____

_____

9. Does your child exhibit any challenging behavior that we need to be aware of? If yes, please list behaviors and what you generally do to correct the behaviors.

_____

_____

_____

10. Are there any family dynamics that affect your child that would be helpful for us to know (custody/visitation arrangements, etc.)? _____

_____

_____

11. What else would you like us to know about your child? _____

_____

_____

_____

_____

Thank You!

Health Questionnaire/ Emergency Medical Authorization

Child's Name_____ Date of Birth _____

Parent's Name(s) _____

Phone Number (s) _____

1. Do you have any concerns about your child's health? If yes, please explain.
   _____
   _____
   _____

2. Are there any health-related issues that might impair your child's ability to participate fully in our program (being in a large group of other children, exposed to class pets, playing indoors and outdoors, going on field trips, etc.)? If yes, please list.
   _____
   _____
   _____

3. Is your child currently taking any medications? Please list medication, purpose, amount, and frequency.
   _____
   _____

4. Will your child require any medication on a regular basis while at our program? *CRA only administers Rx medication once per day and over the counter medication is only given with a valid prescription/doctor's note.

   _____ no _____yes, please list _____

5. Does your child have any known allergies?
   _____ no _____yes, please list_____

6. Does your child have emergency medication for allergies (Benadryl, epinephrine, inhaler, etc.)? *You will be required to fill out an Allergy Action Plan for any emergency medications.
   _____n/a _____no _____yes, please list_____
7. Does your child have any food exemptions for reasons other than allergies?
   _____no _____yes, please list _____

Emergency Contacts

In case of an emergency where the parent(s) cannot be reached, the following people are authorized to pick up my child (minimum of 2 required):

Name: _____ Relationship:_____ Phone:_____

Name: _____ Relationship:_____ Phone:_____

Name: _____ Relationship:_____ Phone:_____

Name: _____ Relationship:_____ Phone:_____

I hereby authorize the staff at Coral Reef Academy to call emergency services in case of accident or illness and to arrange for necessary emergency medical care if I am not immediately available to do so. I authorize my child to be transported if necessary to the nearest emergency facility.

Insurance:_____ Medical ID: _____

Physician:_____ Phone: _____

Printed Name _____

Signature _____ Date _____

Photograph and Publicity Consent Release Form

ProCare Engagement App

I give Coral Reef Academy permission to use _____'s name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the school, and any involving activities. I agree that the Coral Reef Academy Program has complete ownership of these pictures, etc., including the entire copyright, and may use them for any purpose consistent with the academy's missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the internet.

I understand that Coral Reef uses a program called ProCare Engagement which allows the center to remain connected to parents with an easy-to-use app. I understand that by including my email it will allow me to have access to information as well as pictures of my child throughout the day.

I give my consent to Coral Reef Academy to use my name and likeness to promote the academy for all their activities.

_____ _____

Parent/Legal Guardian Signature Date

I give my consent to Coral Reef Academy to use my name and likeness for the ProCare Engagement app only.

_____ _____

Parent/ Legal Guardian Signature Date

Parents Email:_____

Parents Email: _____

CORAL REEF ACADEMY
Child Care and Preschool

Nail Trimming Consent

In order to avoid a scratching problem in our classrooms, Coral Reef Academy has implemented a policy to address children with long fingernails. If your child's nails are long enough to cause injury to themselves or others we will send home a request for you to trim their nails. If it is not done by the next time the child is dropped off, we will trim the child's nails.

I, _____, give Coral Reef Academy permission to trim my child, _____'s nails.

_____ _____

Parent/Legal Guardian Signature Date

CORAL REEF ACADEMY
Child Care and Preschool

Screening and Assessment Authorization

Upon enrollment, Coral Reef Academy conducts developmental screenings as well as periodically conducts assessments of children's development & academic progress. Your consent is required in order to conduct these screenings and assessments. **Please note: Your consent to these screenings is a requirement for enrollment in our program.**

Our screening and assessment process may include the administration of formal assessment tools, the Ages and Stages Questionnaire completed by the parents/guardians, classroom observations, anecdotal records, and/or development checklists performed by teachers and/or supervisors.

Children's records will be confidential. Access to records will be limited to the director, management, and/or teachers, in order to properly plan for each child's needs, determine if a referral for further diagnostics (social/behavioral, speech, etc.) is warranted, and share with families during parent/teacher conferences. Your specific consent will be required to release these records to anyone outside our school (specialists, other schools, etc.).

I, _____ give permission for Coral Reef Academy to monitor my child's developmental progress through the use of observations, anecdotal records, developmental checklists, and Ages and Stages Questionnaires, or other screening/assessment tools. I also understand that the information gathered from this process may be used to determine my child's continued enrollment in the program.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Dear Parents,

Our center's philosophy is to keep your child(ren) safe at all times when he/she is in our care. With recent world and local events, we have developed an emergency plan that will be put into place in the event that special circumstances require a different type of care. Plans for these special types of care are reviewed annually. Staff is trained in the appropriate response and local emergency management is aware of these plans. The specific type of emergency will guide where and what special care will be provided.

- **Shelter at the site-** This plan would be put into place in the event of a weather emergency or unsafe outside conditions or threats. In this plan children will be cared for indoors at the center and the center may be secured or locked to restrict entry. Parents will be notified if they need to pick up their child before their regular time.
- **Evacuation to another site-**This plan would be put into place in the event that it is not safe for the children to remain at the center. In this situation, staff has predetermined alternate sites for care. The alternate site for our centers are, **Stack Location:** Anytime Fitness located at 1515 Palm Bay Road, NE Melbourne, Fl 32905. **Nasa Location:** Health First Medical Group, located at 1223 Gateway Dr. Melbourne, Fl 32901.
- **Method to contact parents-** In the event of an emergency, parents will be called, a note will be placed on the door, and radio/TV stations will be alerted to provide more specific information. You can also check for information on our Facebook page, our main offices at (321)-728-8895 (Stack Location) or (321)-837-3330 (Nasa Location). Depending on the distance from the center, the children will walk if feasible or be transported to the alternate site.
- **Emergency ends/reuniting with children-** When the emergency ends, parents will be informed and reunited with their children as soon as possible. The contact methods listed above will be used to inform parents.

The purpose for sharing this information with you is not to cause you worry, but to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of your child(ren). In the event of an actual emergency, please do not call the center-it will be important to keep the lines open. If you have questions regarding this information, talk with the center director, who will be happy to address any concerns you may have.

Please sign below indicating you have received and understand this information

_____ _____ _____

Printed name of Parent/Guardian Parent/Guardian Signature Date

Financial Agreement

The following are the terms all families must abide by upon enrollment at Coral Reef Academy

1. Tuition is due Monday morning of the current week.
2. Late fees are assessed on Tuesdays at 12 pm in the amount of $10 per family.
3. Children are not permitted to be dropped off if tuition is not paid by Wednesday and will not be granted admittance until tuition is paid.
4. Special payment arrangements are only made in special circumstances and with approval from the Director.
5. Families who are delinquent in their payments repeatedly will be dismissed from the program.
6. Registration fees are charged upon enrollment and payable prior to a child beginning in the program.
7. Late fees of $1.00 per minute are assessed for a child picked up after closing/dismissal.
8. For families who receive subsidized childcare/ELC, an overage per child in the amount of $25.00 will be charged in addition to the weekly copay as outlined in the ELC contract.
9. Diapered children are required to provide diapers and wipes. If your child runs out and CRA has to supply these items, a fee of $3.00 per wipes pack and $5.00 per 4 diapers will be charged.
10. Tuition is adjusted annually, and a new Financial Agreement will be required if the tuition changes due to annual adjustment, your child's change in status, or change in age.

I, _____ (print name), agree to pay the weekly tuition of $_____ for the care of my child(ren):_____
_____

I understand and agree that my tuition and any applicable fees will be paid in accordance with the policy or my child will be dismissed from the program.

Parent Signature:_____ Date:_____

Dear Family,

Thank you for being a part of the Coral Reef Academy school family! As you know, meals are included in your weekly tuition. We strive to provide healthy, tasty foods to the children enrolled in our program, as well as formula to infants. In order to continue to provide food to the children, our center participates in the Child Care Food Program. This program requires that all families fill out income information annually.

Attached is the income application for the CCFP. Please fill it out in its entirety and return it to the front office immediately. These forms are required for your child to continue to participate in our program. We appreciate your prompt attention to this matter.

Coral Reef Academy Management Team.

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

Child's Name: _____ **Center Name & Address:** _____

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

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: |___||___||___||___||___||___||___||___||___||___| ***or*** TANF Case Number: |___||___||___||___||___||___||___||___||___||___|

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: $_____	**How often received? (check only one):** ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work ($ Amount / How often?)	Public Assistance/Child Support/Alimony ($ Amount / How often?)	Pensions/Retirement/All Other Income ($ Amount / How often?)
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** |___||___||___||___| If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ **Daytime phone #:** (_____) _____ – _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** |___| Hispanic or Latino |___| Not Hispanic or Latino

Race (check one or more): |___|American Indian or Alaskan Native |___|Asian |___| Black or African American |___|Native Hawaiian or Other Pacific Islander |___| White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** _____ **Total Household Income:** $_____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy **How Often Income is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

Automated Payment Processing
Safe – Convenient – Easy

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

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

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

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

A service of

procare SOFTWARE®

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.

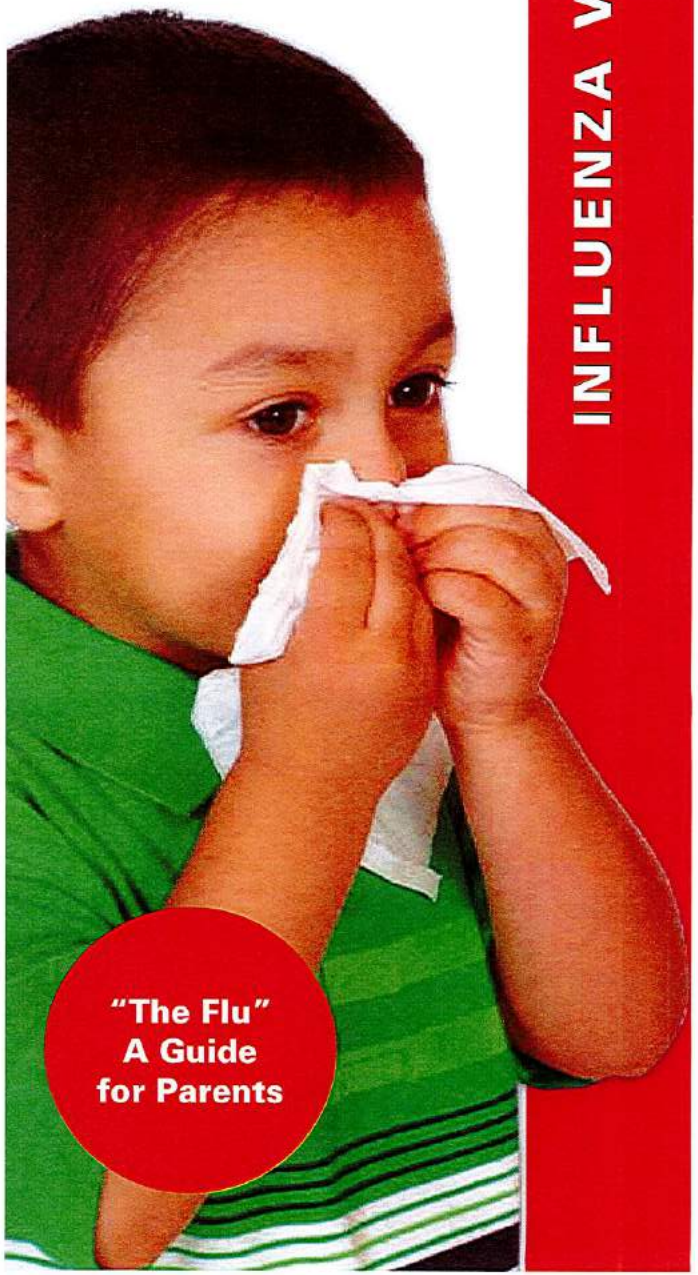
Florida Department of Children & Families

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

CF/PI 175-70, June 2009

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

INFLUENZA VIRUS



"The Flu" A Guide for Parents

Parent's Role

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

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

More information and free resources:

MyFLFamilies.com/ChildCare

This child care facility is licensed accordingto the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: _____
License Issued on __/__/__
License Expires on __/__/__
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

OFFICE OF CHILD CARE REGULATIC AND BACKGROUND SCREENING

MYFLFAMILIES.COM

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

CF/PI 175-24, 03/2014
This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.,

Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

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

Health Related Requirements

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

Training Requirements

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

Food and Nutrition

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

Record Keeping

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

Physical Environment

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

Quality Child Care

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

Quality Activities

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

Quality Caregivers

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

Quality Environments

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