



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: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:

Parent/Guardian Name: Parent/Guardian Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Relationship to the child: Relationship to the child:

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:

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):



**Emergency Contacts:**

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

**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 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are 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

1



Environmental Protection and Growth Management Department  
Environmental and Consumer Protection Division  
**Child Care Licensing and Enforcement Section**  
1 North University Drive • Plantation, Florida 33324 • 954-357-4800

**CHILD ENROLLMENT INFORMATION**

**PASSWORD**

Name of Child: \_\_\_\_\_ First Date of Attendance: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

List of Known Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

***Place of Employment***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Father**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

***Place of Employment***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Guardian**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

***Place of Employment***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Child's Physician**

Office Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

May facility consult the above physician if parent/guardian cannot be reached? Yes  No

Other persons to be notified in case of illness or accident

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Person(s) permitted to remove child:      Mother    Yes     No               Father    Yes     No

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Enrolling Child (Print)

\_\_\_\_\_  
Signature of Person Enrolling Child

\_\_\_\_\_  
Date of Enrollment

5



Environmental Protection and Growth Management Department  
Environmental and Consumer Protection  
**CHILD CARE LICENSING AND ENFORCEMENT**  
One North University Drive, Suite A203,  
Plantation Florida 33324  
954-357-4800 • Fax 954-765-4804

**AUTHORIZATION FOR MEDICATION**

*No prescription or medication shall be given by child care personnel without the signed permission of parent or guardian.*

Name of child: \_\_\_\_\_

Name of medication or prescription number: \_\_\_\_\_

Amount of medication to be given: \_\_\_\_\_

Time medication is to be given: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_

Date & Time	Type of Medication	Amount Given	Signature of staff giving medication



Environmental Protection and Growth Management Department  
 Environmental and Consumer Protection  
**CHILD CARE LICENSING AND ENFORCEMENT**  
 One North University Drive, Suite A203,  
 Plantation Florida 33324  
 954-357-4800 • Fax 954-765-4804

**AUTHORIZATION FOR EMERGENCY TREATMENT**

Today's Date: \_\_\_\_\_

To Whom It May Concern:

I hereby give my consent to \_\_\_\_\_  
Name of Hospital

to administer necessary treatment to my child, \_\_\_\_\_  
Name of Child

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies of Child:** \_\_\_\_\_

**Date of Last DPT or Tetanus:** \_\_\_\_\_

**Insurance Company Covering Child:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_  
 Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
Name of Person Acknowledged

My Commission Expires:

\_\_\_\_\_  
 Signature of Notary Public, State of Florida

\_\_\_\_\_  
 Print or Type Name of Notary as Commissioned

- Personally Known
- Produced Identification

Type: \_\_\_\_\_

#: \_\_\_\_\_

## ALTERNATE NUTRITION AGREEMENT

If food or formula is to be supplied by the child's parents there shall be a written agreement of file at that home with a copy given to the parent. This form shall define the responsibilities of the parent and the family day care home in meeting the child's nutritional needs and shall be signed by the parent and the operator of the family day care home. (Minimum Standards for Pinellas County Family Day Care Homes VI B)

Young children are growing and the foods they eat is the material their bodies use to grow. The food a child eats affects his growth, energy, attitudes, intelligence and general health.

NAME OF CHILD \_\_\_\_\_

Indicate food allergies or special problems \_\_\_\_\_

I agree to provide the following meals and/or snacks to meet the child's daily nutritional needs: (Mark **P** for Parent Provides or **C** for Caregiver Provides)

Breakfast

AM Snack

Lunch

PM Snack

Dinner

I agree to discuss any questions with might develop in the use of the Alternate Nutrition Agreement.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caregiver

---

### MODIFIED DIET

Arrangements shall be made between the provider and parent for a child's modified diet when prescribed by a physician. The physician's order and a copy of the diet and sample meal plan for the modified diet shall be in the child's record. (Minimum Standards for Pinellas County Family Day Care Homes VI D)

If a child cannot follow the meal pattern requirements, the following must be on file in the Family Day Care Home.

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

This child should be served \_\_\_\_\_

Instead of \_\_\_\_\_

Because \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Authority

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Caregiver

\_\_\_\_\_  
Address



Human Services Department

**COMMUNITY PARTNERSHIPS DIVISION / CHILD CARE LICENSING & ENFORCEMENT SECTION**

115 S Andrews Avenue, Room 119 • Fort Lauderdale, Florida 33301 • 954-537-2800 • FAX 954-537-2922

Today's Date: \_\_\_\_\_

Dear Parent or Legal Guardian:

Please read the following information, then print and sign your name below.

**DISCIPLINE POLICY AND HOURS OF OPERATION**

- Child(ren) 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.

Additional information:

---



---



---



---



---



---

**HOURS OF OPERATION**

\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_  
Printed name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



## Child Guidance (Discipline) Policy

During the early childhood years, children are learning to be in charge of their own behavior. We believe in establishing consistent, easy-to-understand limits and in having teachers who respond to inappropriate behavior with insight, sensitivity, and skill. When clear, consistent and age-appropriate limits are present; children increasingly become responsible for themselves. When out-of-bounds behaviors do occur, we believe it is important for children to understand why the behavior is inappropriate and how to modify it.

We work to prevent behavior problems by arranging each classroom so that children work in small groups and have a choice of activities. The range of activities will give your child the freedom and ability to experience success and become self-directed. Teachers are also trained to skillfully direct behavior along appropriate channels. Children are encouraged to verbalize their feelings to learn to positively work through strong emotions. Teachers act as role models and encourage children's appropriate behaviors. Under no circumstances is corporal punishment permitted. Discipline will not be associated with food, rest or toileting.

We believe that it is our responsibility to provide children with positive guidance and in our experience, most children will respond well to our approach. In the event that a child does not respond, we will notify the parents and work closely with them to develop a plan to help the child gain self-control and a positive attitude toward their peers and teachers. Should the child's continued negative behavior put themselves, their peers or their teachers at risk for physical harm or, if the child damages Center property, we reserve the right to ask the parent to withdraw the child from the Center. While we understand the developmental tendencies of children to experiment with inappropriate language to shock others, withdrawal may also be requested for those children who are verbally abusive, including the repeated use of inappropriate language with other families consider offensive.

---

I have read and understand the above Child Guidance (Discipline) Policy.

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

Date \_\_\_\_\_



### SWIM Central Water Safety Education Questionnaire

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Email (optional) \_\_\_\_\_

Your information is for the use of the Broward County Swim Central Program.

1. How would you rate your own swimming ability?

- Unable to swim
- Can swim a little, but NOT comfortable in deep water
- Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- Yes
- No, check all the reasons below that apply:
  - Do not know how to find information about swim lessons
  - Transportation problems
  - Swim lessons are not important
  - Lessons are too expensive
  - Schedule of lessons not convenient
  - We are too busy
  - Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- Yes
- No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- Yes
- No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- Yes, visit [Water SMART Broward Swim Instruction](#) for details.
- No

**PART ONE FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: \_\_\_\_\_ Facility License #: \_\_\_\_\_

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: \_\_\_\_\_ or, date mailed: \_\_\_\_\_

Fax: 954.357.8077  
SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)

## Drowning is the #1 Cause of Death Among Children Ages 1 to 4



### Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

### Simple Steps Save Lives

#### Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

#### Extra Layers of Protection if Supervision Fails

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

#### Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

#### Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

#### Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

#### Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: [Water SMART Broward](#)





## FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MO/DA/YR)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

**Directions:**

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: [http://us.disease\\_ctrl/immune/schoolguide.pdf](http://us.disease_ctrl/immune/schoolguide.pdf).

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H,	_____	_____	_____	_____	_____
	I	<i>Measles (dose 1)</i>	<i>Measles (dose2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	J	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	K	_____	_____	_____	_____	_____
Varicella	L	_____	_____	_____	_____	_____
Varicella Disease		_____	_____	_____	_____	_____
		Year	_____	_____	_____	_____
PneumoConju		_____	_____	_____	_____	_____

**Select appropriate box(es)  
Certificate of Immunization for K-12**

**Part A-Complete**

**Part A** (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7<sup>th</sup> grade (and for grades kindergarten through 12.) I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

**Temporary Medical Exemption**      Expiration date: \_\_\_\_\_

**Part B-Temporary**

**Part B** (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) **Invalid without expiration date.** DOE Code 2

**Permanent Medical Exemption**

**Part C-Permanent**

**Part C** (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician or  
Authorized Signature: \_\_\_\_\_  
Issued By: \_\_\_\_\_  
Date: \_\_\_\_\_



## FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

PATIENT	TEST		01/01/2006
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>DOB</b>
MOM PATIENT		9900001032	
Parent or Guardian	Child's SS# (optional)	State Immunization ID#	

**Directions:**

\* For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
HIB	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G,H	_____	_____	_____	_____	_____
		<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	_____	_____	_____	_____	_____
		<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneuConju		_____	_____	_____	_____	_____

**Certificate of Immunization for K-12**

PART A (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1  
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name: BUREAU OF IMMUNIZATION  
2585 MERCHANTS ROW BLVD  
TALLAHASSEE, FL 32399

Physician or Authorized Signature: TEST DOCTOR  
 Electronic Certification: MD4N6GWBLG9  
 Date: 07/03/2007  
 Issued By: TEST USER



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Form with fields: Name of Child (Last, First, Middle), Birth Date, Sex, Address (Street), School, Grade, City and ZIP Code, Home Telephone Number, Parent/Guardian (Last, First, Middle)

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any “Yes” answers in the space provided below.)

- 1. Yes [ ] No [ ] Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes [ ] No [ ] Any other specific illness or social/emotional or behavioral problems?
3. Yes [ ] No [ ] Any allergies (food, insects, medication, etc.)?
4. Yes [ ] No [ ] Any prescription medication (daily or occasionally)?
5. Yes [ ] No [ ] Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes [ ] No [ ] Any hospitalization, operation, or major illness (specify problem)?
7. Yes [ ] No [ ] Any significant injury or accident (specify problem)?
8. Yes [ ] No [ ] Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

Four horizontal lines for writing answers to the previous question.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

[X] Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. (These services are recommended but not required.)

Table with 2 columns: Service (Vision, Dental, Hearing) and Description of corrective actions. Includes fields for Date of Exam, Results of Exam, and Health Care Provider.





Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with 6 columns: Vision - Without Glasses, Vision - With Glasses, Right 20/, Left 20/, Passed/Failed/Referred, Hearing - Right, Hearing - Left, Passed/Failed/Referred.

Gross dental (teeth and gums) Head/scalp/skin Eyes/Ears/Nose/Throat Chest/Lungs/Heart Abdomen Postural assessment
Normal Abnormal Refer/Tx:

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- This child may participate fully in school activities including physical education.
This child may participate in school activities including physical education with the following restriction/adaptation.
(Specify reason and restriction)

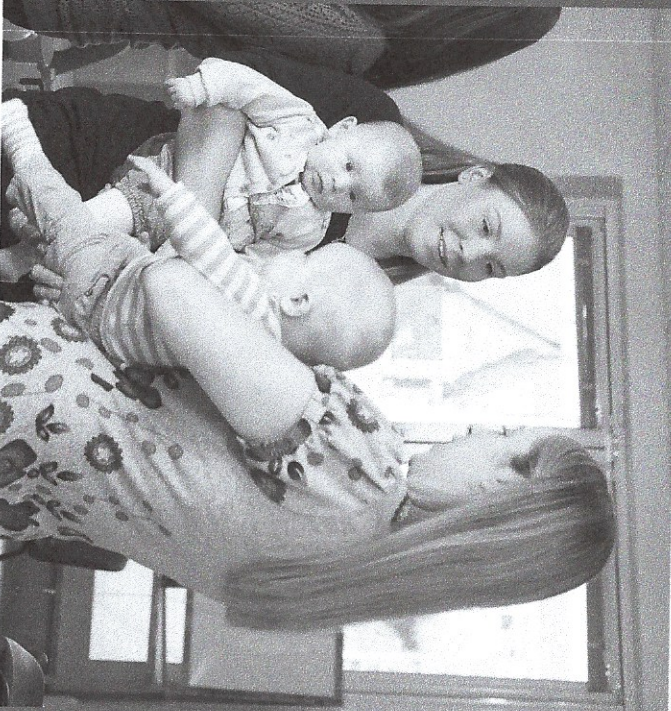
Signature/Title of Health Care Provider Date Address (Please print or stamp) Name (Please print or stamp)

Tuberculosis Targeted Testing Guidelines for Health Care Providers
Tuberculosis Infection Risk:
Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.
Recent immigrant (< 5 years), frequent visitor to TB endemic areas
Close contact to active TB case
Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications
Active TB Disease Risk:
Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
If symptoms are present, work-up or refer for TB disease evaluation.

## 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](http://MyFLFamilies.com/ChildCare)



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

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

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

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

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



OFFICE OF CHILD CARE REGISTRATION  
AND BACKGROUND SCREENING

[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

To report suspected or actual child abuse or neglect, please call the Florida Abuse Hotline at 1-800-352-9434.

CF/PI 175-24, 03/2014

This brochure was created by...



# 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.
- 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.

# Quality Child Care

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

## Quality Activities

- Are children initiated and teacher encouraged to play independently?
- Include social interchanges with a variety of children.
- Are expressive including play, pair play, story telling, music, dancing, and dramatic play activities.
- Include exercise and coordination activities.
- Include free play and organized activities.
- Include opportunities for all children to be creative, explore, and problem-solve.



4



Environmental Protection and Growth Management Department  
Environmental and Consumer Protection Division  
**Child Care Licensing and Enforcement Section**  
1 North University Drive • Plantation, Florida 33324 • 954-357-4800

**RECORD OF UNUSUAL INCIDENTS AND ACCIDENTS**

Name of Child Care Provider: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Incident/Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Incident/Accident: \_\_\_\_\_

Describe Incident/Accident: \_\_\_\_\_

\_\_\_\_\_

Describe Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

Witness(es) to Incident/Accident: \_\_\_\_\_

\_\_\_\_\_

What Action Was Taken? \_\_\_\_\_

\_\_\_\_\_

Was Parent/Guardian Contacted? \_\_\_\_\_ Time? \_\_\_\_\_ How? \_\_\_\_\_

Other Person(s) Contacted: \_\_\_\_\_

Describe Medical Treatment/First Aid: \_\_\_\_\_

\_\_\_\_\_

Name of Reporter (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Reporter: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Owner/Director (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Owner/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

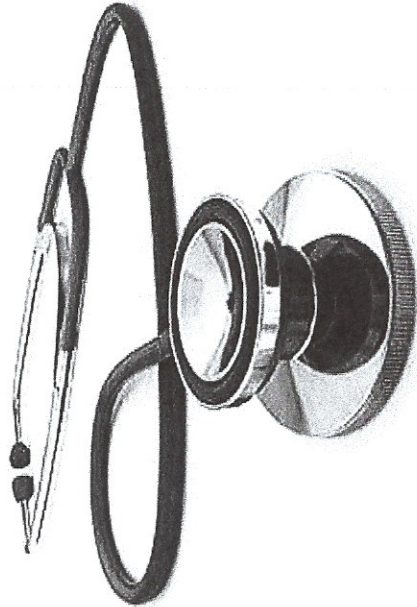
Sec. 7-8.06. Records of unusual incidents and accidents.  
A written record of unusual incidents affecting the program or the child care facility, as well as accidental injuries to children and child care personnel, must be kept on file on an accident or incident form approved by the local licensing agency. Documentation shall include the name of the affected party, date and time of the occurrence, description of the occurrence, actions taken and by whom, and appropriate signatures of staff members and the parent. The parent of a child or a person designated on the No. 1 card, Child Care Enrollment Information Card, or its equivalent shall be notified of the unusual incident or accident on the date of the occurrence when the child is released from care. The completed form shall be retained by the child care facility for a period of one (1) year.

The local licensing agency shall be notified as soon as possible, but no later than within one (1) work day, in the event of an illness, accident, injury, or emergency that results in the serious injury or death of a child in care.  
(Ord. No. 2004-02, § 1, 2-10-04)

**\* MUST BE KEPT ON FILE AT CHILD CARE PROGRAM.**

## 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.

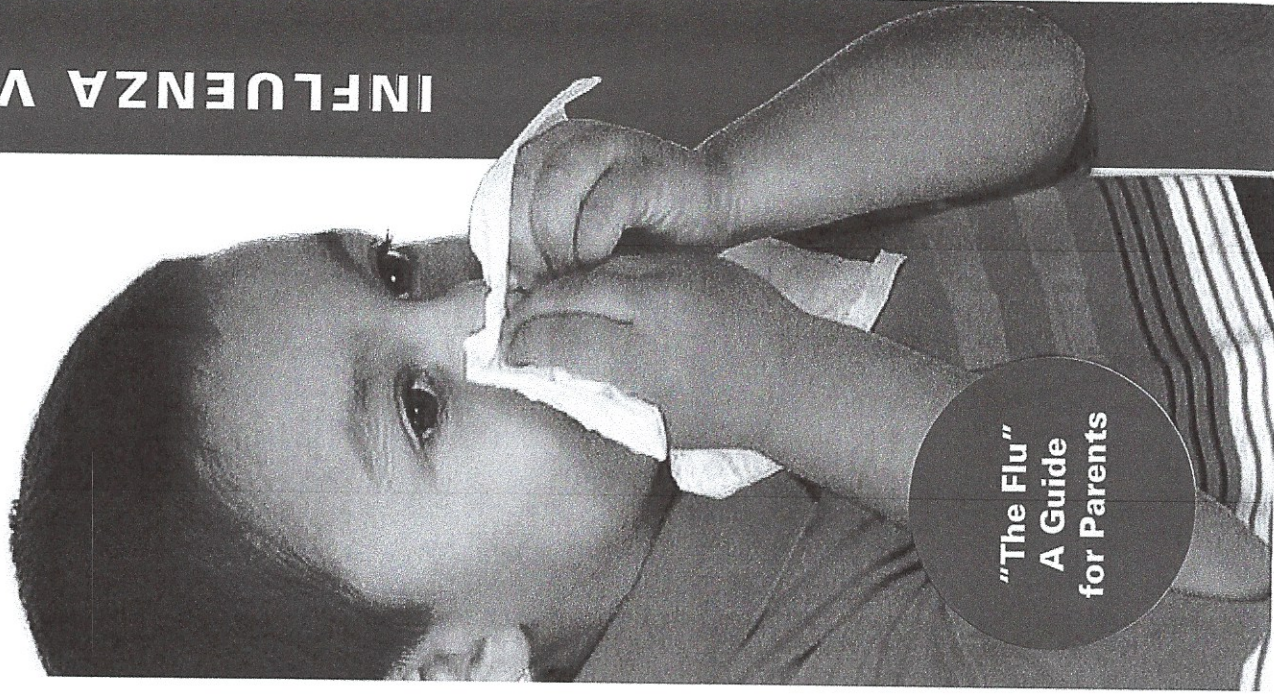


For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

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**

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.

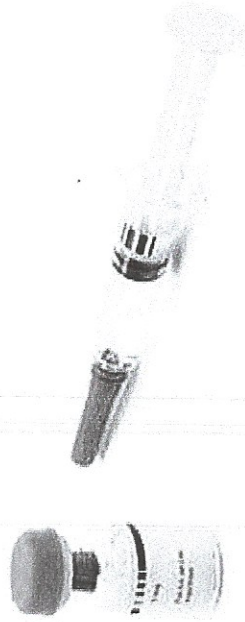


## What should I do if my child gets sick?

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



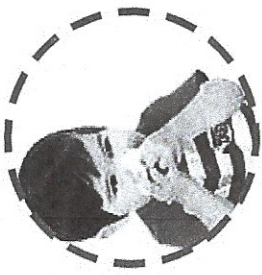
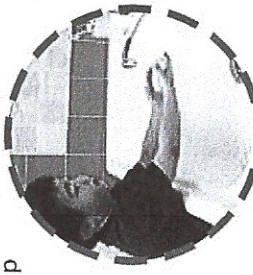
## How can I protect my child from the flu?

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/>

CLEVER KIDS LEARN PLAY LODGE LLC.

1400 NW 3<sup>RD</sup> AVE

POMPANO BEACH FL 33060

954-247-9068 LANDLINE

754-220-6666 FAX

561-674-8994 CELL

PARENT CONSENT TO SEARCH RECORDS

THIS IS A PARENTAL CONSENT TO ALLOW ALL STAFF EMPLOYED AT CLEVER KIDS TO ACCESS YOUR CHILDS RECORDS ONLY FOR THE PURPOSE OF PROVIDING CHILDCARE AND ALL NECESSARY CARE TO YOUR CHILD WHILE IN OUR CARE. WHETHER FOR REGULAR SCHOOL USE OR EMERGENCY PURPOSES.

YES \_\_\_\_\_

NO \_\_\_\_\_

PARENT \_\_\_\_\_ CHILD NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



State of Florida  
Department of Children and Families

---

**PARENT FAMILY DAY CARE HOME  
BROCHURE STATEMENT**

I, \_\_\_\_\_  
(Name of Parent or Legal Guardian)

Received a copy of "[Selecting a Family Day Care Home](#)"  
brochure.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name of Child

BROWARD COUNTY – CIRCUIT 17  
201 West Broward Boulevard, Fort Lauderdale, Florida 33301

---

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and  
Advance Personal and Family Recovery and Resiliency

**State of Florida  
Department of Children and Families**

**FAMILY CHILD CARE HOME ANIMAL DISCLOSURE FORM**

The Florida Administrative Code, Chapter 65C-20.010(1)(a), requires all family child care home operators to inform parents of all animals on the premises of the home.

Effective September 12, 2004:

- (a) Animals, pets or fowl must have current immunizations, if immunizations are available for the type of animal, pet or fowl, and be free of disease. Parents must be informed in writing of all animals on the premises of the home. Such information may be provided by way of a parent flier, a notification statement, or a statement included in the child's enrollment form.

- No animals are on the premises of the home.
- I have been informed of all animals on the premises of the home.

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

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

**State of Florida  
Department of Children and Families**

**FAMILY CHILD CARE HOME SMOKING DISCLOSURE FORM**

The Florida Administrative Code, Chapter 65C-20.010(1)c, requires all family child care home operators to inform parents if someone living in the home smokes. Pursuant to Chapter 386, Florida Statutes, while children are in care, smoking is prohibited within the family child care home, all outdoor play areas and in vehicles when transporting children.

- No family member smokes
- One or more family members smoke

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

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date





Environmental Protection and Growth Management Department
ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION / CHILD CARE LICENSING & ENFORCEMENT SECTION
One North University Drive, Plantation, Florida 33324 • 954-357-4800

RELIGIOUS EXEMPTION FROM LICENSURE ANNUAL STATEMENT

Name of Child Care Facility/Program (Please type or print clearly) ( ) Phone Number

located at Facility's/Program's Physical Address

Mailing Address (if different from above)

is an integral part of Name of Church/School

"a church or parochial school conducting regularly scheduled classes, courses of study, or educational programs accredited by, or by a member of, an accrediting organization which publishes and requires compliance with its standards for health, safety and sanitation", pursuant to section 402.316(1), Florida Statutes.

Attached is a copy of our current accreditation or membership certificate from a recognized accrediting organization whereby we meet their published standards for health, safety and sanitation.

Additionally, we are aware of our facility's statutory responsibilities to meet the following requirements:

- Minimum requirements of the applicable local governing body as to health, sanitation, and safety (s. 402.316(1), Florida Statutes).
• Background screening requirements (ss. 402.305, 402-3055, 435.04, 435.05, and 435.06 Florida Statutes).

Note: Effective August 1, 2010, an employer may not hire, select or otherwise allow and employee to have contact with any children in child care until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment.

We understand that failure on the part of our facility to comply with the background screening requirements shall result in the loss of the facility's exemption from licensure (s. 402.316(1), Florida Statutes).

Please complete and submit this statement to Broward County Child Care Licensing and Enforcement office at the following address:

Broward County
Child Care Licensing and Enforcement Section
One North University Drive, Plantation, FL 33324

I do hereby affirm under penalty of perjury that all child care personnel meet the statutory requirements for background screening pursuant to s. 435.05(3), Florida Statutes.

Authorized Signature Date

STATE OF FLORIDA
COUNTY OF
Sworn to and subscribed before me this day of , 20
Notary Public, State of Florida (Print, Type or Stamp Commissioned Name of Notary Public)
Personally known OR Produced Identification
Type of Identification Produced

# CLEVER KIDS LEARN PLAY LODGE LLC

## NIGHTS & EVENING STAY

(A) When is a licensed child care center considered to be providing evening and overnight care?

Evening or overnight care is provided when children are in attendance anytime between the hours of seven p.m. and six a.m.

(B) What is required when evening and overnight care is provided?

If a licensed child care center has evening or overnight care, the following are required:

- (1) Child care staff members shall remain awake at all times, and shall supervise sleeping children pursuant to rule 5101:2-12-19 of the Administrative Code.
- (2) The center shall provide adequate lighting indoors in all areas, including bathrooms, hallways, and sleeping rooms to ensure that child care staff members are able to see all children at all times.
- (3) The center shall ensure that parking areas, outdoor walkways, and all building entrances be adequately lighted for safety and security.
- (4) The center shall ensure that anyone on the premises during evening and overnight care hours shall be limited to persons authorized by the administrator or owner and parents and guardians of children in care.
- (5) Each child in care during evening and overnight hours shall be provided with an individual crib, cot, or mat in accordance with rule 5101:2-12-20 of the Administrative Code.
- (6) The center shall develop bedtime routines in consultation with the parents of the children.
- (7) The center shall provide a written security plan that ensures that access to the center is limited to parents and guardians of children in care and authorized persons. The center shall ensure that children are supervised at all times during the limited access hours. The plan shall ensure the supervision of the children.
- (8) The center shall provide sleeping arrangements so that sleeping children are cared for separately from children who are awake, and so that sleeping children are not disturbed by arrivals and departures.
- (9) The center shall ensure areas where children sleep during evening and overnight care are on the building's ground floor unless another floor has been approved for the care of sleeping children by the local fire official having jurisdiction.
- (10) The provider shall have activities before bedtime which allows for children's individual choices and needs. Activities may include meals, play, homework, relaxation, personal grooming, and outdoor play during daylight hours.

(C) What sanitary environment and additional hygiene stipulations shall be followed by the center? The center shall:

- (1) Ensure that each child who sleeps at the center for four or more hours has clean comfortable sleeping clothes.
- (2) Ensure that child care staff members assist children during washing and changing clothes according to

children's developmental needs.

- (3) Separate school-age boys from school-age girls during washing and while changing clothes to ensure privacy.
- (4) Change bed linens weekly, when soiled, and when assigned to a different child.
- (5) Ensure each child has a clean, individual washcloth, towel and toothbrush, as appropriate for the age of the child, labeled with the child's name and stored in a sanitary manner.
- (6) Provide children access to running water, liquid soap and toothpaste.
- (7) Ensure bathtubs and showers are equipped to prevent slipping, if the center provides bathing. The center shall also have written permission from the parent prior to allowing the child to bathe.
- (8) Ensure bathtubs and showers are cleaned and sanitized after each use. The tub or showers do not have to be sanitized between uses if the children are siblings and the parent has provided written consent. All children shall bathe separately unless the children are siblings and the parent has provided written consent that the children can be bathed together.

PARENTS SIGNATURE & DATE REQUIRED

\_\_\_\_\_  
DATE