



## EMERGENCY CONTACT FORM 2022-2023

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE
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ADDRESS	CITY, STATE, ZIP	HOME PHONE #
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PARENT 1 NAME \_\_\_\_\_ PARENT 1 EMAIL \_\_\_\_\_

PARENT 1 CELL # \_\_\_\_\_ PARENT 1 WORK # \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_ PARENT 2 EMAIL \_\_\_\_\_

PARENT 2 CELL # \_\_\_\_\_ PARENT 2 WORK # \_\_\_\_\_

PEDIATRICIAN NAME \_\_\_\_\_ PEDIATRICIAN # \_\_\_\_\_

### ALTERNATIVE CONTACTS IN CASE OF EMERGENCY

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_



## EMERGENCY MEDICAL AUTHORIZATION FORM 2022-2023

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	BIRTH DATE
ADDRESS		CITY, STATE, ZIP		HOME PHONE #

### HEALTH INSURANCE INFORMATION

Insurance Company Name \_\_\_\_\_

Phone # \_\_\_\_\_ Policy Number \_\_\_\_\_

### SPECIAL MEDICAL PROBLEMS, CHRONIC CONDITIONS, ETC.

\_\_\_\_\_

### ALLERGIES (DRUGS, FOOD, INSECT BITES, ETC.)

\_\_\_\_\_

### MEDICATIONS TAKEN REGULARLY

Name of Medication	Reason Taken	Dose & Frequency
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### HOSPITALIZATIONS, SURGERIES, MAJOR INJURIES

Nature	Date	Doctor/Surgeon
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- **Therapy/Shadow Services** - Any child receiving therapy or shadowing services at school must have a signed Authorized Therapist/Shadow form completed and on file prior to the therapist/shadow coming to school. Please contact Samantha Barhai at sbarhai@tbeboca.org for more information.
- **Medication** - Any child requiring the administration of medication (prescription and non-prescription) during the school day must have a completed and signed Administration of Medicines Authorization form on file. The form is available on the "Parent Portal" section of our website at <https://betheearlylearningcenter.tbeboca.org/parent-portal/>.

### TREATMENT RELEASE

In the event of a medical emergency involving my child \_\_\_\_\_ when neither parent can be contacted, I hereby give permission for the School Director, Assistant Director or the child's teacher to authorize emergency treatment and release the information given above.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



## CHILD PICK UP AUTHORIZATION FORM 2022-2023

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

I, \_\_\_\_\_

give permission to the following people to pick up my child from school

### NAMES

### CELL PHONES

Please include spouse's name

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Signed \_\_\_\_\_

Date \_\_\_\_\_



## 2022-2023 Parent Acknowledgement Form

Dear Parents,

Please familiarize yourselves with the school policies detailed in the 2022-2023 Parent Handbook and the 2022- 2023 Safety Protocols and General Policies posted on our website in the Parent Portal at <https://bethelearlylearningcenter.tbeboca.org>

Should you have any questions, concerns or remarks regarding either document please feel free to contact us at 561-391-9091. Otherwise, please sign and return this form to the office prior to the start of school.

Sincerely,

Ronni Graf,  
Director of Early Learning Center

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### ACKNOWLEDGMENT FORM

I, \_\_\_\_\_, hereby acknowledge that I have read the Beth El Early Learning Center Safety Protocols and General Policies & Parent Handbook.

I agree to adhere to the policies and procedures set forth in both these documents.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date



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9800 Yamato Road, Boca Raton, FL 33434 • (561) 391-9091 • Ronni Graf, Director

## Beth El Early Learning Center Waiver of Liability and Indemnity, Assumption of Risk and Release

Parent/Guardian Name \_\_\_\_\_ (Please Print)

Child 1 Name \_\_\_\_\_ (Please Print)

Child 2 Name \_\_\_\_\_ (Please Print)

Child 3 Name \_\_\_\_\_ (Please Print)

IN CONSIDERATION for being permitted to utilize the services, and programs of the Temple Beth El Early Learning Center (the "TBE ELC") and/or for my child(ren) listed above to participate in any program affiliated with the TBE ELC, the undersigned, on behalf of himself or herself and such participating child(ren) and any personal representatives, heirs, and next of kin (hereinafter referred to as the "undersigned") hereby acknowledge, and agree that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including in Palm Beach County, Florida, and **constitute a potential risk to TBE ELC children and staff**. Therefore, the undersigned hereby acknowledges such risk and agrees, represents, and warrants that the undersigned will at all times comply with TBE ELC published Covid-19 Safety Protocols. In furtherance of this agreement, the undersigned agrees to review the TBE ELC Covid-19 Safety Protocols and represents that they have made such review.

The undersigned further hereby agrees, represents, and warrants that neither the undersigned nor any persons under the undersigned's control shall visit or utilize the facilities, services, and programs of the TBE ELC if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify TBE ELC immediately if he or she believes that any of the foregoing symptoms may apply. The undersigned further agrees to immediately return to the TBE ELC if contacted by our staff to pick-up your child if your child is exhibiting flu-like symptoms. If you refuse to pick-up your child when requested to do so by our staff, you may be subject to disciplinary action, including the termination of your child's enrollment.

The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the TBE ELC, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates the potential dangers of utilizing the facilities, services, and programs of the TBE ELC and acknowledges that use thereof by the undersigned and/or such participating children may, despite the TBE ELC's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

The undersigned acknowledges that COVID-19 may lurk or exist undetected in the undersigned, the undersigned's child(ren) or other people at the TBE ELC and that despite reasonable or even best efforts, the undersigned and/or undersigned's minors may be exposed to, contract or spread COVID-19. Consequently, by choosing to attend or have undersigned's child(ren) attend TBE ELC, undersigned expressly acknowledges an awareness of this potential exposure and expressly assumes any and all related risks and consequential damages.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE TBE ELC FOR ANY PURPOSE, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILD(REN), HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE TEMPLE BETH EL OF BOCA RATON, INC., its/their directors, officers, employees, volunteers and agents from any and all liability to the undersigned or such participating child(ren) and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating child(ren) for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating child(ren) (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating child(ren)) whether caused by any action or the negligence, active or passive, of the TBE ELC or otherwise while the undersigned or such participating child(ren) are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the TBE ELC.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS TEMPLE BETH EL OF BOCA RATON, INC. it's/their directors, officers, employees, volunteers and agents, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the TBE ELC. The undersigned understands and agrees that the TBE ELC is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the TBE ELC.

The undersigned agrees and acknowledges that use of the TBE ELC facilities and services, and participation in the TBE ELC programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE** to the undersigned or such participating children due to negligence, active or passive, or otherwise while in, about or upon the premises of the TBE ELC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the TBE ELC. The undersigned acknowledges that any illness or injuries that the undersigned or such participating child(ren) contract or sustain may be compounded by negligent first aid or emergency response of the TBE ELC and waive any claim in respect thereof.

The undersigned agrees to fully indemnify and hold TBE ELC harmless for any and all losses, including but not limited to damages and attorney's fees and costs, whether incurred or imposed upon TBE ELC as a result of any activity, loss, injury or condition covered by this Agreement.

THE UNDERSIGNED further expressly agrees that the foregoing WAIVER OF LIABILITY AND INDEMNITY, ASSUMPTION OF RISK AND RELEASE AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS WAIVER OF LIABILITY AND INDEMNITY, ASSUMPTION OF RISK AND RELEASE AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OF INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM TEMPLE BETH EL OF BOCA RATON, INC. IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY TEMPLE BETH EL OF BOCA RATON FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF A MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_



## Medication and Diaper Cream Authorization

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

PRESCRIPTION ☐

NON-PRESCRIPTION ☐

NAME OF MEDICATION or DIAPER CREAM \_\_\_\_\_

TIME TO BE GIVEN or APPLIED AT SCHOOL \_\_\_\_\_

AMOUNT OF DOSAGE \_\_\_\_\_

Prescription and non-prescription medication brought to school must be in the original container.

Prescription medication must have a label stating the name and contact information of the physician, child's name, name of the medication and medication directions.

We cannot administer nebulizer treatments at this time.

\_\_\_\_\_  
Signed - Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed - Parent 2

\_\_\_\_\_  
Date



## ***BETH EL EARLY LEARNING CENTER COMMUNITY COVENANT***

**School Year 2022-2023**

The Early Learning Center (“ELC”) at Temple Beth El represents the best of our congregation: the celebration of life, learning, and community. We believe that the ELC not only helps our students develop a strong foundation for academic learning, but also builds into that foundation the fundamental morals and values our tradition has taught for centuries. We believe that the ELC and our community must model those values in every facet of congregational life. Further, we are committed to the idea that educating children is a process that involves a partnership between parents, teachers and the school community.

When we enroll our children at Temple Beth El, we are joining a very special spiritual community. This document represents a *Brit-Kehilah* – a community covenant which governs interaction between and among parents and between parents and school personnel. Civility, consideration, and mutual respect are the minimum requirements for every interaction and for all forms of communication.

The intent of the ELC Community Covenant is to maintain, to the greatest extent reasonably possible, a safe, orderly and purposeful, constructive learning center for students, teachers, administrators, other staff, and parents/legal guardians of the students of the ELC. We expect this Community Covenant will provide guidance to parents and staff as to what is acceptable and expected conduct and potential ramifications for non-compliance.

Following the guidance set forth in this Community Covenant, we expect everyone to:

- Respect the property of others;
- Treat others with dignity and respect;
- Follow the parking rules and have the child in school on time with the necessary supplies and appropriate dress;
- Follow the school’s rules, calendars, deadlines and expect your child to do the same. This includes all of the policies and procedures set forth in the Parent Handbook and Covid-19 Health and Safety Addendum; and
- Speak respectfully to the teachers, staff and other parents at all times, especially in front of children, and when there is a disagreement.

Unacceptable/Disruptive behavior includes, but is not limited to, the following:

- Behavior which interferes with or threatens to interfere with the safe, orderly, and purposeful operation of a classroom, an employee’s office or office area, any area of the

school facility, Temple Beth El's campuses, or any other venue in which the ELC conducts any aspect of its business, including the non-sanctioned use of alcohol or any other intoxicant or the use or possession of illegal substances;

- Shouting at, and/or threatening to harm members of the school staff, Temple volunteers, a visitor or fellow parent/child either in person or over telephone and regardless of whether such behavior constitutes a criminal act;
- Posting or publishing defamatory, offensive or derogatory comments regarding the school or any of the pupils/parents/staff/Board members/volunteers, at the school, on social media sites, or in printed publications;
- Abusive or threatening emails, social media posts (including in "closed" or "restricted" groups), text messages, voicemails, phone messages or other written communication;
- Breaching the school's security procedures including the ELC's policies regarding weapons on campus;
- Breaching the school's Covid-19 Health and Safety policy.
- Physically intimidating behavior, i.e. invasion of personal space, etc.;
- Damaging/destroying or threatening to damage/destroy ELC or synagogue property of any kind;

#### **Authority of ELC Personnel**

ELC and Temple Beth El persons shall have authority to request parents who breach this Community Covenant to be removed from ELC and Temple Beth El property, either temporarily or permanently and may, as circumstances dictate, ask such parent to withdraw his or her child from the ELC. Withdrawal of enrollment privileges, for any reason, does not relieve parents of the responsibility for full payment of their current financial obligations.

I am the parent/legal guardian of \_\_\_\_\_ and I hereby acknowledge and affirm that I have read the ELC Community Covenant and agree to abide by its terms and conditions.

Date:

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

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

**Permission for**  
***Food-related Activities & Special Occasion***  
**food consumption**

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below.

**Permission Options:** (Select and initial one of the options below):

\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction. He or she may participate in activities.

\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_ My child HAS a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_ My child HAS a food allergy or dietary restriction. He or she may participate in activities, but must not eat or handle the following items (please list below):

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

**Type of Permission:** (Select ( ✓ )One):

☐ Specific Permission Only for: \_\_\_\_\_  
Food Activity or Event Date

☐ General Permission

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

CHILD'S NAME:

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1. ARTICLE XV, B, 8, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. I have received a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**.
2. ARTICLE IX, C, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XV, B, PBC Rules requires the parents complete an **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.
4. I understand and agree to the above statements indicated in numbers 1 through 3:

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Signature of Parent or Guardian

Date

5. ARTICLE XII, 2, PBC Rules require the parent and the center complete an **ALTERNATE NUTRITION PLAN AGREEMENT** if the meals or snacks are furnished by the child's parent. **ALTERNATE NUTRITION PLAN AGREEMENT:**

Indicate Special Dietary Requirements:

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I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)



Breakfast



A.M. Snack



Noon Meal



P.M. Snack



Dinner



Evening Snack



Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

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Date

  
Signature of Owner/Operator

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Signature of Parent or Guardian

Date



**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:**

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

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

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

***Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.***

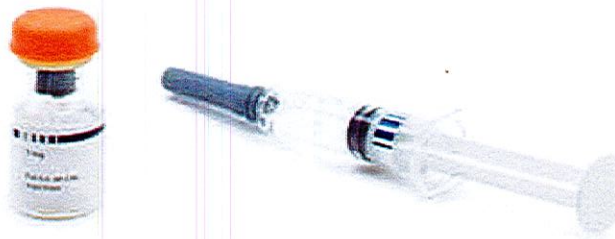


## **What should I do if my child gets sick?**

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### **CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:**

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



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

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## **What can I do to prevent the spread of germs?**

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## **When should my child stay home from child care?**

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

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



## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

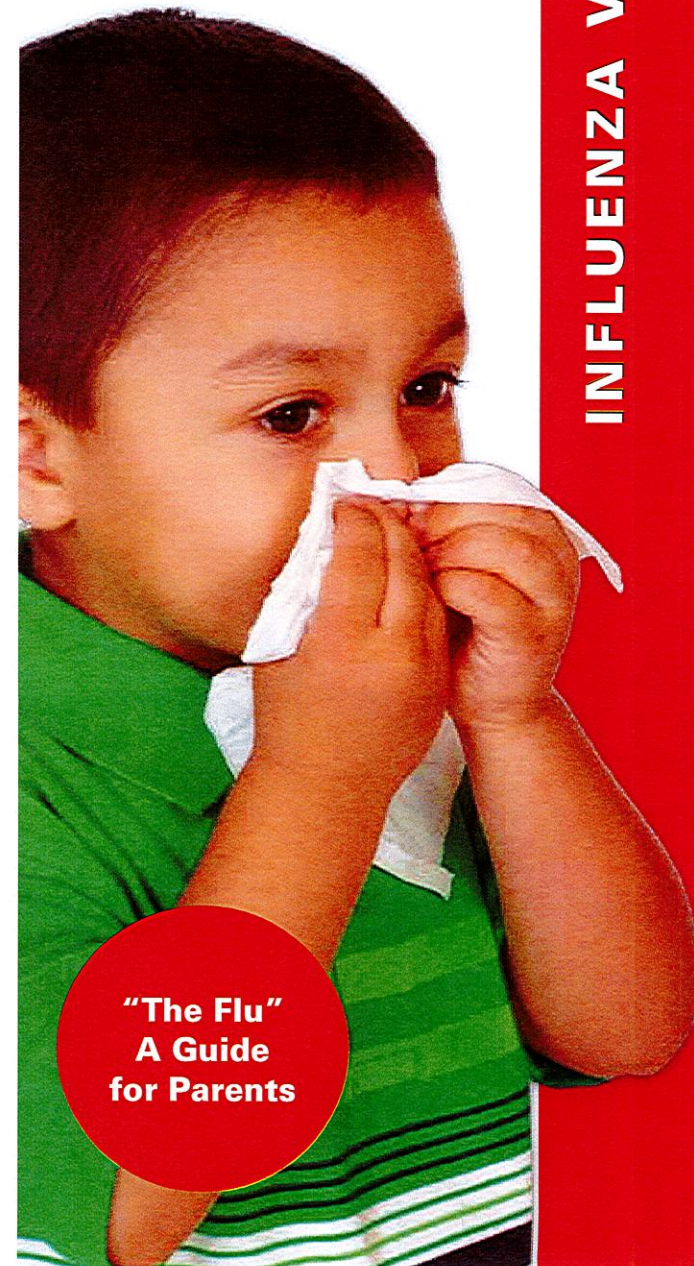
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



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

CF/PI 175-70, June 2009

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



**INFLUENZA VIRUS**

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

# Getting In; Getting Out...



## Out: Check the Back Seat



- In just **10 MINUTES**, a car's temperature can increase by **19°**
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911 IF YOU SEE ANY CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop; your lunch).

Developed by:  
**PREVENTION UNIT**  
Office of Family and  
Community Services

# Getting In; Getting Out...



## In: Check Behind The Car



- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE,** walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

Developed by:  
**PREVENTION UNIT**  
Office of Family and  
Community Services



## DISTRACTED ADULT DRIVER FORM

HB 1079 amended s. 402.305(9), F.S. requires operators of childcare facilities and homes to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention, during the months of April and September.

Please read the "Distracted Adult" flyer and print, sign & return this form.

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

\_\_\_\_\_  
Print - Parent 1

\_\_\_\_\_  
Signature - Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print - Parent 2

\_\_\_\_\_  
Signature - Parent 2

\_\_\_\_\_  
Date

## 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 licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).  
License Number: 50-51-04459  
License Issued on 11/30/17  
License Expires on 12/31/18  
For more information regarding the compliance history of this child care provider, please visit:  
[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://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](http://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.
- Equipped 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 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.
- Display children’s activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.

