



Please be aware that some of the items being requested are for classroom use for your child's school year during VPK. Please drop them off at the center any day BEFORE the first day of school so we can disinfect them before school starts. Please make sure you have items available in your home in order to complete homework with your child.

Do not label the first 15 supplies- These are for The CLASSROOM for the school year

1. 2 reams of copy paper
2. 1 Pack of plastic sheet protectors (minimum of 40)
3. 1 set Washable Watercolor paint
4. 2 Box of washable Markers
5. 4 Permanent Markers (Any Color)
6. 1 Pack of Black or Blue Pens
7. 2 pack of glue sticks and liquid school glue
8. 1 pack of Dry Erase Markers
9. 2 pack of regular scotch tape
10. 4 Playdoughs (any color)
11. 1 Disinfectant Spray
12. 1 regular bottle of Hand Sanitizer
13. 1 Pack of baby wipes
14. 1 Container of Lysol/Clorox wipes
15. 1 Pack of Gallon Ziplock bags and one pack of sandwich size Ziplock bags

These NEXT few Item are for your child ONLY!

Please ONLY label these Items with your child's name

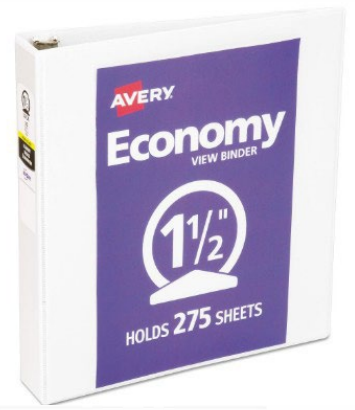
16. Plastic folder with 2 pockets (Color of the class) _____
17. 2 Plain White T-Shirts (label with child name on the tag)
18. 1 inch OR 1.5 inch binder with front window and inside pockets.
19. Back Pack (No Wheels)
20. Uniforms – 4 for \$30.00 (Ask the front desk)
21. Extra Clothes to keep in the cubby just in case.
22. Blanket (If child is extended) no larger than a beach towel
23. Agenda – Center will provide this for your child.

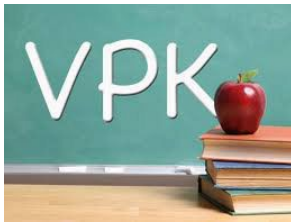
Cap and Gown/Graduation cost is \$70.00

-DUE BY JANUARY 31, 2023 -

(Required in order to attend graduation)

Revised 07/2022





1804 ST. JOHNS BLUFF RD.S

JACKSONVILLE, FL 32246

(904) 642-1164-OFFICE, (904) 642-0717-FAX



Allens Children Center

facebook Allen's Children

Email allenchildrencenter@yahoo.com

A.C. Center Inc. - Lic # - C04DU0941

VPK POLICY

ATTENDANCE, TARDINESS, WITHDRAW AND FINANCIAL POLICY

Your child must be the age of 4 by 09/01/22 and fully potty trained.

Please remember that we are required to prepare your child for Kindergarten. Our approval by the Early Learning Coalition will be removed if we fail to prepare your child for Kindergarten. Therefore, we must maintain our attendance policy.

Our VPK calendar is only a 4 day week, Monday – Thursday for 4 hours per day, from 8:30a.m – 12:30p.m free of charge with the VPK certificate and as a courtesy we extend an extra 30 minutes in the A.M and 30 minutes in the P.M free of charge for them to enjoy breakfast and lunch at the center and make it easier for the parents. (NO VPK ON FRIDAYS)

We hope this will enable you to have a day free for doctors' appointments etc. If you are in the extended day program your child will be able to attend Monday - Friday for \$140.00 a week. This service is up to 10 hours a day and includes breakfast, lunch, AM & PM snack.

When VPK is not in session for example Christmas break, Spring Break and Summer Etc. Your VPK child is not required to attend for classes however, You may use our center to bring your child for care and will be charged a full tuition for that week of \$150.00

The Early Learning Coalition does not reimburse the center after (3) days absent per month. The exceptions to this are:

- Hospitalization of the child, parent or legal guardian (*doctor note is required*)
- Illness of child, parent or legal guardian that requires the ill person to remain at home (*doctor note required*)
- Death of a member of the child's immediate family (*death certificate, obituary or statement from a physician is required*)
- Court ordered visitation (*court order is required*)
- Parent/Legal guardian military deployment

The AC Center's attendance requirements in addition to the 3 day per month absent policy are:

- VPK ONLY – If your child is VPK only he/she needs to arrive in the classroom by 8:30a.m and stay until 12:30p.m to comply with the 540 hour required by the ELC (*Parents please note that if you are not VPK EXTENDED late fees will be assessed if you drop off before 8:00 am and pick up after 1:00pm*) \$1. Per minute
- Please call the office at (904)642-1164 if your child will be late due to an emergency or doctor appointment only or your child will be absent. (*Remember center policy states that the cut-off time for dropping children is 9:00am unless you have a doctor note.*)
- Parents must sign an attendance verification form each month. These form will be on a binder at the front desk every month. This form must be signed between the first and fifth day of each month.

If you are enrolled in the VPK Extended Program, our weekly fee is due by Monday, It will be considered late on Tuesday. A late fee will be added to your account on Tuesday and no further service will be given for extended hours until tuition is paid.

As a parent you play a very important role in your child's education as well as the teacher in helping your child promote to Kindergarten. Please help by bringing your child to school daily and on time in order for them to complete the required 540 hours for graduation. Children are tested 3 times during the year. Please communicate with the teachers in order to help your child at home in areas that they may need more help. Working together with the teacher and helping your child at home will ensure that your child is getting the best education in the program and will be successful in Kindergarten. The agenda is our best tool on having a two-way communication between the teacher and and a parent. (The center will provide the first agenda at no charge, if lost or stolen it will be the parent responsibility to replace it) Please take note of the daily activities that your child has and also read all signs posted throughout the center doors and the board outside for upcoming events. The center post and provide a monthly news letter to inform as well. We will also use Facebook as a tool for communication along with Dojo app. Please be sure to add us!

Even though the VPK program is voluntary, AC center enforce the center attendance policy and we reserves the right to withdraw your child for excessive, non-excused absences or behavior.

I understand and accept the terms of the AC CENTER INC. and VPK attendance policy.

Child's Name _____

Parent's Signature _____

Date _____

For Office Use Only:

Tour By: _____

Forms Due by: _____ OR Void Space

Class Name: _____

Tuition: _____

Forms Received On: _____

Reviewed by: _____

Potty Trained? YES or NO



**Allen's Pre-School
Children Center Inc.**

1804 ST. JOHNS BLUFF RD.S

JACKSONVILLE, FL 32246

(904) 642-1164-OFFICE, (904) 642-0717-FAX

Like us on Facebook

Allens Children Center

facebook

Allen's Children

Email allenchildrencenter@yahoo.com

www.allenchildrencenter.com

A.C. Center Inc. - Lic # - C04DU0941

CHILD CARE PRESCHOOL ENROLLMENT APPLICATION

STUDENT INFORMATION - Referred By: _____ ENROLLMENT START DATE: _____

Last Name: _____ First Name: _____ M.I. _____

Nickname _____ D.O.B: ____/____/____ SSN _____

Child's Street Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Child lives with: _____ Names of Siblings at center _____

Has your child been in Child Care before? Yes or No Where: _____ (not required)

Primary Hours of Care: From _____ to _____ (no more than 10 hours a day)

Days of the week in our care: M T W TH F

Meals typically served while in our care (please circle each meal your child will have with us)

Breakfast

Lunch

Pm Snack

Family Information - ALL INFORMATION BELOW MUST BE COMPLETED FOR ENROLLMENT List parent/guardian address if different from above - PLEASE NOTE THAT THE PERSON ENROLLING THIS CHILD AND SIGNING THESE FORMS WILL BE THE ONLY PERSON ALLOWED TO MAKE ANY CHANGES ON ANY OF THE FORMS PERTAINING TO THIS ENROLLMENT. I am also aware that if I take ANYONE off of the forms I will need to call them from the center phone to let them know I have removed them and I will not be able to place them back on the forms. (Initial) _____

Printed Name of person enrolling child _____ Relationship _____

Mother's Information

**MUST BE FULLY
FILLED OUT**

Father's Information

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

SSN: _____ -Last 4 Required

SSN: _____ -Last 4 Required

Driver's License #: _____

Driver's License #: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Do you or your partner have a side job, own a small business or have a special talent? We like to know in case we could use your services or refer you :) _____

Revised 07/2022

MEDICAL INFORMATION

I hereby grant permission for AC Center to contact the following medical personnel to obtain emergency care if warranted.

Doctor: _____ Phone: _____

Hospital Preference: _____ (Please note, In case of emergency they will be taken to nearest hospital)

SPECIAL ATTENTION - *Please be aware that the center DOES NOT administer any type of medication. The only medication that we will keep and use in case of an emergency is an EPIPEN.*

Please list all allergies, special medical history or dietary needs, or other areas of concerns below:

If your child is allergic to anything please also include a detailed treatment plan to be implemented including what reactions they may have.

FOOD AND NUTRITION POLICY WE ARE A PEANUT BUTTER FREE SITE

We count with the USDA food program. A nutrition breakfast, lunch and snacks are provided for all children. In order to ensure the health and safety of all children, food items may not be brought in to the building, in the exceptions of special classrooms events. We recognize the importance of allowing children to celebrate special occasions such as birthdays and holidays; this will be the only time the center will allow parents to provide items and must be sealed and on the original package until served. This will prevent children with allergies from being exposed to harmful foods. We count with four different menus one for each week always posted at the center. This permission with your signature will be kept in your child's record while he/she is enrolled at the center. We will assume that this level of permission remain current, unless you complete a return a new form.

This facility follows the guidelines laid out on choosemyplate.gov to ensure the nutritional needs are met for every child.

Practicing Food Safety

- Offer finger foods to toddlers
- Watch young children while they are eating
- Insist children sit to eat or drink
- Encourage children to take their time and chew well
- Look for warning labels on food with high choking risks
- Be prepared to do first aid for choking quickly
(www.eatright.org)

8 Most Common Allergens

- Milk
- Eggs
- Peanuts
- Soy
- Wheat
- Tree Nuts
- Fish
- Shellfish

(www.kidshealth.org)

What areas of my body are affected by an Allergy?

- Skin
- Gastrointestinal Tract
- Respiratory Tract
- Cardiovascular System

(www.kidshealth.org)

Food Associated with choking

- Whole/Round hotdogs
- Popcorn
- Chips
- Pretzel nuggets
- Whole Grapes
- Nuts
- Cheese Cubes
- And anything similar to the windpipe
- Food for an infant must be cut into ¼ in or smaller pieces.
- Food for a toddler must be cut into ½ in or smaller pieces.
(DCF Handbook 3.9.3C)

I have received a copy of the above policies related to food, allergies, and medical information

Parent/Guardian Signature

Date

EMERGENCY CONTACT INFORMATION AND RELATIONSHIP TO THE CHILD

Please remember the people listed below will also be able to pick up the child if unable to reach the parents. If a listed person is removed for any reason by the parent, the parent **WILL NOT** be able to place that person back on list unless a legal document is provided stating the person needs to pick up the child.

ADDRESS AND PHONE NUMBERS ARE REQUIRED FOR EACH PERSON! NO MINORS, 18 AND OVER ONLY!

1. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____
2. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____
3. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____
4. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____
5. Name: _____ Relationship to child: _____
Address: _____
Home #: _____ Cell #: _____

HEALTH - IMMUNIZATION & PHYSICAL & FLU

The Department of Children & Families requires each child enrolled in a licensed child care facility to have a current physical, immunization record and a FLU brochure on file at all times. The physical (form DH 3040) and the immunization record (Form DH 680 or DH681) will be due no later than 30 days after the first day of enrollment. However, the center requires it the first day of enrollment. **If you need the additional time that the Department of Children and families provides then please state on the following line, the date of your appointment or your plan to have it in the center within the 30 days.**

_____. Failure to comply with this request will result in immediate dis-enrollment from our center

DICIPLINE/BEHAVIOR MANAGEMENT AND EXPULSION POLICY OF CHILDREN IN CARE

We recognize that positive discipline teaches and encourages the healthy development of a child's self-esteem. We do not allow the use of corporal punishment by caregivers. Instead, we use the re-direction method. This is a method of presenting a different activity, giving the child opportunities to choose another area or stay with the current activity, which helps the child gain self-control through learning appropriate behavior, and avoids conforming to adult standards. Our policy for misconduct consist in redirection or an occasional separation from the classroom for a short period of time. We reserve the right to remove recess privileges for biting, swearing, hitting, or any behavior that causes an unsafe environment for all children enrolled. A parent/teacher conference may be arranged for continual behavior that causes an unsafe atmosphere for children and teachers. We urge you to discuss any specific concerns with the re-direction method with the Director. We do not allow bullying, fighting or verbal abuse. Center Director handles these issues. If this does not work, the parent is called in for a conference. In the event that all attempts to improve behavior fail, we reserve the right to dismiss children from our center without notice. We use the same policy for our school age children and summer camp.

Signature of Parent/Guardian

Date



Know Your Child Care Facility

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: C04DU0941
License Issued on 07/01/2022
License Expires on 06/30/2023
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare

Please detach the last 2 pages of this enrollment with the brochures for this information.

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: 08/01/2022

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.



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



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian: _____

Child's Name: _____

09/01/2022

Date: _____

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

HOURS OF OPERATION

Our center is licensed to be open from 6:00a.m to 6:00p.m. Parents and children are not permitted to enter our center prior to 6:00a.m. The child can only be at the center for up to 10 hours a day. The toddler room hours are 6:30a.m to 6:00p.m. A late fee of \$1.00 per minute per child will be charged for children remaining in our care after the 10 hours or after 6:00pm. After the 3rd time you are late or over 10 hours your child will be disenrolled. **NO DROPPING OFF CHILDREN AFTER 9:00A.M, UNLESS YOU HAVE A DOCTOR APPOINTMENT WHICH REQUIRES A DOCTORS NOTE AND CHILD MUST BE AT THE CENTER NO LATER THAN 11:00 A.M. PLEASE BE ADVISED THAT AFTER 9:00 A.M YOU AND YOUR CHILD WILL BE TURNED AWAY FROM THE CENTER REGARDLESS IF YOU PAY OR NOT.** All Classes start at 8:30a.m. After 9:00 A.M Our doors will lock and there will be no one available to open the door. If your child is enrolled in our VPK program they MUST be here before 8:30. The 9:00 am cut off time only applies to children who ARE NOT in our VPK Program. Cut off time for VPK is 8:30a.m.

WEEKLY TUITION & REGISTRATION

A registration fee of \$75.00, per child, will be charged to your account each year on the anniversary date. Your weekly tuition will be due on Monday even if your child is not in attendance. All Payments will be due on Monday. No service will be given on Tuesday for non-payment and a late payment of \$20.00 will be charged to your account automatically on Tuesday. After the 3rd late payment fee is billed, we reserve the right to withdraw your child and offer the space to the next child on the waiting list. We accept cash, check or money orders, pay by phone, pay by computer at home or Card payments for tuition. All Card payments have a fee of 2.75% which is assessed by the company we use. A \$30.00 check fee will be charged for all insufficient checks. Only a payment made in cash will be accepted for insufficient checks. If an insufficient check has not been paid within 5 days after notification, the check will be turned over to the State Attorney Office for collection. One insufficient check will result in cash only tuition payments for a period of 180 days. We do not charge an additional fee for early release days for public school children who are currently enrolled in our center, however, when children in our before and after school program are here for an entire day or week; we will charge an additional \$15.00 per day or \$170 for a full week. If child is here for entire week of Christmas break, Spring break or summer see the front desk for our weekly tuition as well as ELC parents for co-payments.

ATTENDANCE

All parents are to sign their child in using out fingerprint system. VPK and School Readiness children cannot be out for more than 3 days out of the month to stay in the program. If you are out more than 3 days or don't sign you will be responsible for paying at the regular rate. Vpk parents must sign the Vpk Monthly attendance book every month and the School Readiness parents must sign the School Readiness book on a daily basis. The center has the right to disenroll children in these programs for any reason regarding attendance. The center requires a call from any parent when the child is absent from the center for a brief explanation. For parents with school-aged children in the before and after school program, the center requires a call when the child is not to be picked up for any reason. Failure to call the center and inform them can result in disenrollment from the program.

VACATION /SICK AND HOLIDAY POLICY/ CLOSING

Parents qualify for one week of vacation after 90 days of consecutive enrollment. After 6 months of enrollment you are entitled to an additional vacation week. You are also entitled to one-week sick time (with a doctor note). Tuition is due regardless of the number of days your child is not in attendance for the week which also includes weeks with holidays and closed for weather related. No credit will be given for days missed or federal holidays closed. The center operates all year round with the exception of Christmas week, which we will be closed, ask the front desk for specific dates depends on what day Christmas day falls on that particular week. (YOU WONT BE CHARGED FOR THIS WEEK) . For severe weather-We will follow Duval County Public School Decisions to determine whether we are open or closed.

MEDICINE POLICY

The center WILL NOT administer medication.

By signing below you verify that you have received the "Know Your Child Care Facility" brochure created by the Department of Children & Families, the parent handbook (available upon request or on our website), flu brochure, distracted adult brochure, discipline policy, photography and food nutrition policy. You also agree that all of the information on this enrollment form is true, complete and accurate, Also that you agree to comply with the requirements and policies of this facility.

Signature of Parent/Guardian

Date

SICK CHILD POLICY / ACCIDENTS / INCIDENTS

Sick children may not be brought to the center for care if vomiting, coughing, rash, itching, Lice, body drainage, diarrhea and/or running a temperature or have or seem to have any communicable disease etc. Should your child become ill at the Center you will be called and will be asked to make arrangements to pick up your child within an hour. If your child is absent or sent home due to a fever of 99.5 or higher or for any of the reasons listed above, they must be out at least 24 hours OR upon returning to the Center, we must have a statement from his/her physician stating that the child is no longer contagious sick etc. and can return to school. We have frequent inspections and regular maintenance of the building and playground equipment, accident happens. IT IS YOUR RESPONSIBILITY TO PROVIDE YOUR CHILD'S ACCIDENT COVERAGE. Our policy is an excess coverage only, which means if your child has an accident you must prove YOU DO NOT have coverage before they will pay the bills. In the event that your child has an accident or incident at the center, we will provide you with a written incident accident report and it is required that it be signed by the person responsible of picking them up on that day. Failure Refuse to sign incident accident reports will result in immediate dis-enrollment from the center.

Initials _____

SURVEILLANCE PURPOSE

Video Surveillance is used to record access at building entrances, parking lots, rooms and playgrounds. The video surveillance system is not intended for the use of parents. It is also used for the safety of employees and all patrons. Management is the only personnel who has access to surveillance systems. In the case that a major incident needs to be reviewed for any reason, management has 24-48hrs to review and consult with the parent. This DOES NOT mean that the video footage will be shown to you. Cameras will not be reviewed for every incident or accident report for the privacy of the other children and staff in the center, management is required to view the footage without the assistance of a parent.

PHOTOGRAPH POLICY

Purpose: Annual year books, bulletin boards, promotional materials such as Hop a Thon, Trike a Thon, center website

and social media such as  Like us on Facebook and Dojo.

Please check one and initial;

I GIVE PERMISSION Initials _____

Please be aware - If you choose NO PICTURES. This includes school pictures, class pictures, Class projects with pictures and events. If we have an event, your child will be excluded from the event because we cannot control parents taking pictures. You will also not have access to Class Dojo- which is a communication app we use at the center.

I DO NOT GIVE PERMISSION Initials _____

EMERGENCY PREPAREDNESS PLAN AND PARENT REUNIFICATION

In a case of emergency where we have to exit the building, the person in charge will designate a safe area for children and all the parents will be contacted to pick up the children. All staff will follow the instructions of emergency personnel.

I understand that as a parent is my responsibility to update this information in any event of changes.

Signature of Parent/Guardian

Date



Parent Responsibilities

Toddlers and Twos:

- Change of Clothes (Season Appropriate)
 - Wipes every Monday (1 and 2 year olds)
 - No Spill Drinking cup(Toddlers Only)
 - 6 disposable diapers per day(Velcro Pull-ups for Potty Training 2 year olds)
 - Blanket for nap – Must be no bigger than a beach towel.
- Please label and pick up each Friday to be laundered.**

Pre-School

- Small Book bag
- Change of clothes (Season Appropriate)
- Blanket – Must be no bigger than a beach towel

Assessment Testing

Screening is a process to determine whether a child has any developmental concerns that may require further evaluation and follow-up. Screenings conducted at the center may include vision, hearing, speech/language, nutrition, dental, and overall development. The Ages and Stages Questionnaire (ASQ) will be used at least once per year. Parental consent forms for screening are included in the registration packet.

Parents will be informed of results of screenings either in written form or at the parent-teacher conference time. At home activities may be recommended based on the results of the screenings. If further evaluation or services are needed, parents will be referred to the appropriate agencies or to their personal pediatricians. Additional screenings and parent conferences will be utilized as a means of follow-up on screenings that result in referrals to outside agencies.

Children at every age level will be screened and assessed using on-going child observations and portfolio assessment for the purpose of identifying developmentally appropriate learning outcomes met throughout the year and creating individualized learning goals based on the results of the observations and assessments. Additionally, the state-required VPK assessment checkpoints will be administered for all VPK children three times per year. Results will be shared with parents either in written form or at the parent-teacher conference time.

Each child will have a portfolio which includes a sampling of the child's progress. Depending on the age of the child, these samples may include Ages and Stages Questionnaires, literacy and numeracy assessments, artwork, dictation, writing samples, pictures, anecdotal notes, photos, VPK assessments. Portfolios for toddlers may also include copies of daily notes, growth charts, and other developmental checklists. Portfolios are to be shared with parents during scheduled parent conferences.

Parent/ Teacher Conference

All parents/family are invited to attend scheduled formal parent/guardian/teacher conferences to review child's progress and needs and set goals for the child. Conferences will be scheduled at least two times throughout the year for toddlers, and preschool children. Other conferences may be scheduled as needed or as requested by parent or teacher.

Transitions to new classrooms

As the children grow and mature they will be transitioned from one class to another. The transitions happen slowly to help the children adjust to the new environment as well as the other children and teacher. This is done by allowing the child to visit the new classroom for a few hours each day prior to the child moving classes permanently. The parent will be informed in advance.

Signature of Parent/Guardian

Date

AC CENTER INC.

1804 St. Johns Bluff Rd. S

Jacksonville, Florida 32246

904.642.1164 Office

904.642.0717 Fax

www.allenchildrencenter.com

allenchildrencenter@yahoo.com

Dear Parents,

- Ref: Food Program Application

This form enables our center to obtain reimbursement for our food, which enable us to purchase better quality food than our budget would otherwise allow.

Please fill out the application included estimated income with frequency, No verification process is ever used by anyone to verify your income. This form is sent to our food program administrator for processing. No one on staff reviews this form (Form is kept confidential)

NOTE: IF YOU RECEIVED FOOD STAMPS, JUST PUT THE CASE NUMBER ON PART 2, SIGN AND DATE- NO OTHER INFORMATION IS REQUIRED.

Thank you for your help!!

Karem Sanchez

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

Child's Name: _____

Center Name & Address:

A C Center Inc. Allen Children Center

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): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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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:** _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**

Please make sure to READ each line and Initial next to each of the Rules/Policies. Once this is turned in the center will provide you with a copy to take home.

Initial each line

- Center operates from 6:00a.m to 6:00p.m Monday through Friday. Children are not to exceed 10 hours at the center on any given day. Toddler room opens at 6:30am.
- Center will charge \$1.00 per minute for each child left at the center after 6:00p.m. VPK Only children will be charged after 1:00pm. After the 3rd time they will be disenrolled.
- Breakfast for children that are not in VPK ends at 8:00a.m (SHARP)
- Breakfast for children attending VPK ends at 8:20am (SHARP)
- Childs Physical and Immunization Record must be current and on file at the center at all times. You have 30 days from the day the child begins to supply us with the forms. If the forms are not supplied in the 30 days, the child is not able to attend until it is on file. Same charges will be billed.
- If your child is sick or sent home for any of the reasons listed on the enrollment form, the child has to be out of the center for at least 24 hours or may attend the next day if they have a doctor's note.
- Payments are due on Mondays. (Cash/Check/Money Orders/Card). There's a \$20.00 late fee applied if paid Tuesday Morning whether your child is in attendance or not. If your child is not at the center you may pay online or by phone no later than MONDAY. Please remember-No service is given on Tuesday if payment is not made with the late fee.
- If you remove a person from the enrollment form, You will NOT be able to place them back on unless there is a legal document stating they are required to pick up the child.
- The person that enrolls the child is the ONLY person who can make changes on the enrollment form. We also DO NOT give any information about the child over the phone to anyone calling that is not the person that enrolled them.
- Child will be entitled to 1 week of vacation after 90 days of consecutive enrollment and another week after 180 days of enrollment. Ex: If your child gets sick before the 90 days and does not attend your account will still be billed. Remember-you are paying for a spot not the child.
- 3 Year olds MUST be fully potty trained and independent using the restroom. Newly enrolled 3 year olds who have more than 2 accidents in a week are considered not potty trained and will be disenrolled. If your child has been enrolled and is not potty trained by the age of 3, we will work with parents for 3 months. If after 3 months they have more than 2 accidents in a week they will be disenrolled. Our 3 year old room is not equipped to constantly change children and our 2 year old room is not for children over 3.

- If the child IS NOT eligible for vacation and the child misses a week. You are responsible for that weeks payment. Remember you are paying for the child's spot at the center. (no exceptions)
- ALL classes and activities begin at 8:30am. Please arrive by 8:30. We will give a grace period of 30 Minutes but at 9:00 doors will lock. Children may NOT be dropped off after 9:00am. The only way a child may be dropped off after 9:00am is with a doctor's note. However, VPK student MUST be dropped off by 8:30am. (per contract to stay enrolled)
- Surveillance is used to record for safety reasons and is NOT intended for the parents.
- In the event of frequent misbehavior, we reserve the right to dismiss the child without notice.
- An annual registration fee of \$75.00 is billed to account on a yearly basis.
- Center DOES NOT administer ANY type of medication. Including any type of topical creams.
- We provide Breakfast, snacks, and Lunch – Food from home IS NOT allowed at the center. Exception is Milk (When provided with a doctors note).
- Please make sure you place any emergency contacts you have on the form. We DO NOT take phone call request to let us know if someone not listed is picking up the child.
- No sandals, No crocs, No Open Toed shoes – ONLY sneakers.
- Drop Offs and Pick Ups are conducted at the front office. Parents are not allowed past the front.
- No necklaces, watches or bracelets allowed.
- Lice/Nit checks are conducted EVERY month. If your child is sent home they may NOT return unless they are LICE and NIT free. We will conduct a lice/nit check before they enter the class. If they are not completely free of BOTH lice and nits they will be sent back home. You are still responsible for your payment if any days are missed.
- The front office staff cannot take daily phone calls to check on children or to check if they have eaten. They must stay in the front office. We have over 130 children at the center. If something happens with your child we will call you but check-in calls will no longer be available.
- Center is closed the entire week of Christmas. (12/23-01/02) reopen 01/03
- Observed Holidays are Thanksgiving and day after, Christmas, Christmas Eve, New Years day, Presidents Day, Good Friday, Martin Luther King Day, Memorial day Labor Day, Veterans Day, 4th of July.
- No TOYS from home or anything that looks like a toy. If your child arrives with something and we don't notice, it is not our responsibility.

I acknowledge that by signing below, I understand and will abide to the rules and policies discussed in these 2 pages.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Please make sure to READ each line and Initial next to each of the Rules/Policies. Once this is turned in the center will provide you with a copy to take home.

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PARENT COPY – DO NOT SIGN

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I acknowledge that by signing below, I understand and agree to the rules and policies discussed in these 2 pages.

Parent/Guardian Printed Name: _____

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



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

When life happens...Don't be a
**DISTRACTED
ADULT**



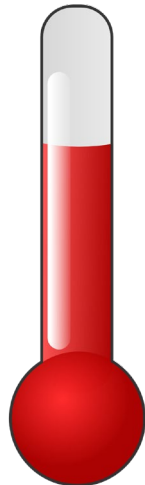


FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



PREVENTION TIPS:

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

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



**My signature below verifies receipt
of the Distracted Adult brochure**

Parent/Guardian:

Child's Name:

Date:



Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

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.



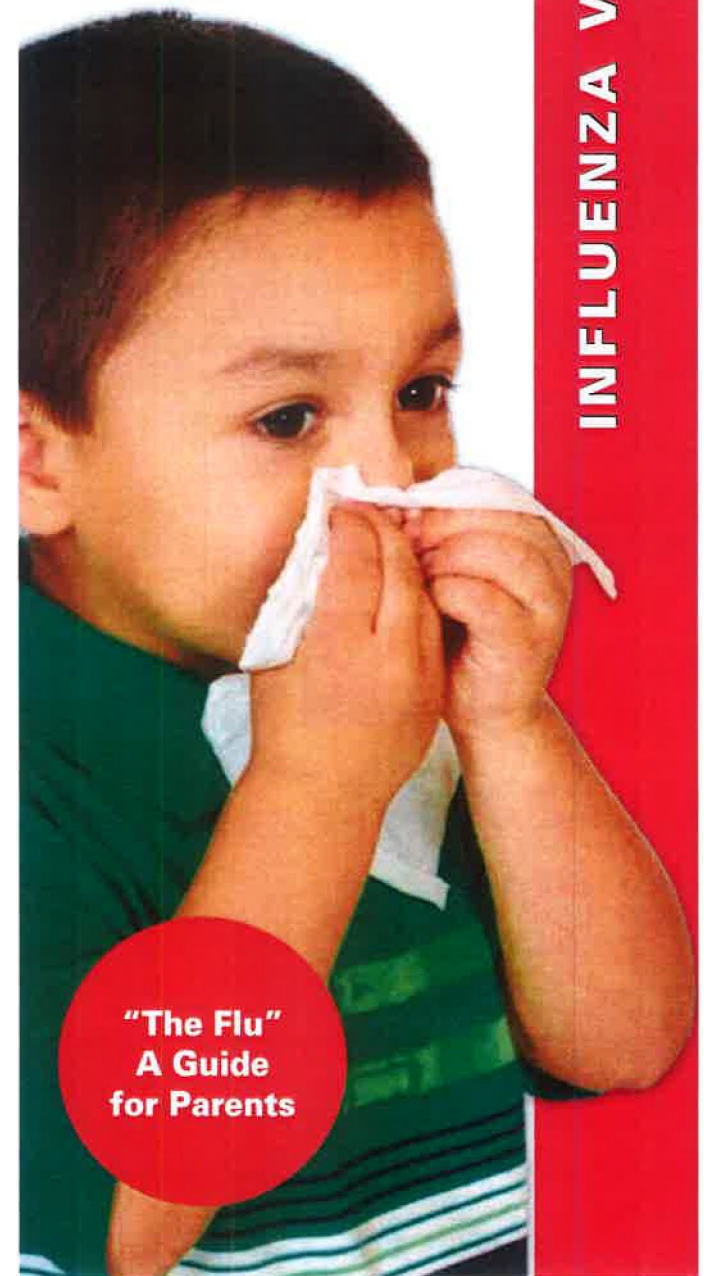
For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

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.

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 _____
Signature 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/>

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 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: **C04DU0941**
License Issued on **07/01/2022**
License Expires on **06/30/2023**
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



Office of Child Care Regulation and Background Screening
[MYFLFAMILIES.COM](https://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.
- 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.

