

# Little ANGELS DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM

### CHILD'S INFORMATION

ENROLLED ON : \_\_\_/\_\_\_/\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

How did you hear about us? \_\_\_\_\_

#### PRIMARY

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT# \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

#### SECONDARY

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT# \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MARITAL STATUS BETWEEN PARENTS: (circle) SINGLE MARRIED SEPARATED DIVORCED  
 IF DIVORCED INDICATE SPECIAL PROCEDURE AND/OR RESTRICTIONS: \_\_\_\_\_

### EMERGENCY CONTACT (AT LEAST ONE OTHER PERSON NOT LISTED ABOVE IS MANDATORY)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT# \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT# \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLEASE LIST ANY ALLERGIES YOUR CHILD MAY HAVE OR OTHER MEDICAL CONCERNS : \_\_\_\_\_

**EMERGENCY CARE AUTHORIZATION:** I CERTIFY THAT I AM THE LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, AND GIVE CONSENT FOR EMERGENCY MEDICAL CARE, SURGICAL TREATMENT, AND/OR TRANSPORTATION TO A CARE FACILITY, SHOULD MY CHILD'S CONDITION REQUIRE IT IN MY ABSENCE. I UNDERSTAND THAT, TIME AND CONDITIONS PERMITTING, REASONABLE ATTEMPTS WILL FIRST BE MADE TO CONTACT ME AND ANY DESIGNATED EMERGENCY CONTACTS IN SUCH CASE. I HERBY ASSUME ALL RESPONSIBILITY FOR SUCH ACTIONS TAKEN ON BEHALF OF MY CHILD.

FURTHERMORE I UNDERSTAND THAT THE ABOVE INFORMATION IS AN INTEGRAL PART OF MY CHILD'S RECORD. THE CENTER WILL DEPEND ON THE ACCURACY OF THE INFORMATION PROVIDED FOR MY CHILD'S SAFETY.

PARENT/ LEGAL GUARDIAN: \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_  
 SIGNATURE OF AGREEMENT

# Little Angels DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM AUTHORIZATION FOR CHILD PICK-UP

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

LIST THE NAMES OF **ALL** INDIVIDUALS ALLOWED TO PICK-UP AND REMOVE YOUR CHILD FROM OUR FACILITY. ANY PERSON NOT ON THIS LIST WILL NOT BE ALLOWED TO PICK UP YOUR CHILD. THIS LIST CAN ONLY BE UPDATED IN PERSON AT OUR FRONT OFFICE. **WE WILL NOT ACCEPT PHONE CALLS, EMAILS, FAX, LETTERS, OR ANY OTHER TYPE OF NOTICE FOR REQUEST TO ADD OR REMOVE AN INDIVIDUAL.** ALL PERSONS ON THIS LIST MUST PRESENT A STATE ISSUED PHOTO I.D. UPON PICK-UP OF CHILD, PERSONS WITHOUT I.D. WILL NOT BE ALLOWED TO REMOVE YOUR CHILD. IT IS YOUR RESPONSIBILITY TO MAINTAIN AN ACCURATE PICK-UP LIST.

### PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD:

PRINT FULL NAME:

RELATIONSHIP TO CHILD:

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/LEGAL GUARDIAN (PRINT FULL NAME) \_\_\_\_\_

SIGNATURE OF APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Little Angels DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM

### CONSENT AND RELEASE

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

\*\*\*READ THE FOLLOWING STATEMENTS AND SIGN TO INDICATE FULL UNDERSTANDING\*\*\*

#### (1) SEEKING PRIVATE CARE DISCLOSURE

I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) DO HERBY RELEASE AND HOLD HARMLESS LITTLE ANGELS DAYCARE AND LEARNING CENTER FROM ANY LIABILITY OR ACCIDENT THAT MAY OCCUR SHOULD I RETAIN THE SERVICES OF ANY LITTLE ANGELS DAYCARE AND LEARNING CENTER EMPLOYEE, FOR THE PRIVATE CARE OF MY CHILD, OUTSIDE THE CHILD CARE FACILITY.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
SIGNATURE OF ACKNOWLEDGEMENT

#### (2) FILM, PHOTOGRAPHY, VIDEO SURVEILLANCE DISCLOSURE

I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) HERBY GIVE LITTLE ANGELS DAYCARE AND LEARNING CENTER, ABSOLUTE RIGHT AND PERMISSION TO MONITOR AND RECORD MY CHILD ON SECURITY SURVEILLANCE CAMERAS THAT ARE INSTALLED ON SITE. I ALSO CONSENT TO MY CHILD BEING PHOTOGRAPHED FOR ART, MEDIA, OR ADVERTISING PURPOSES, AND UNDERSTAND THAT HIS/HER FULL NAME WILL NEVER BE USED OR MADE AVAILABLE TO THE PUBLIC.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
SIGNATURE OF ACKNOWLEDGEMENT

#### (3) DISCIPLINE POLICY

ARTICLE IV. C, 5, PBC RULES REQUIRES THAT I (PARENT/GUARDIAN OF ABOVE NAMED CHILD) BE NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICES USED BY THE CHILD CARE FACILITY. I HAVE RECEIVED THIS DISCIPLINARY POLICY IN THE PARENT HANDBOOK MADE AVAILABLE TO ME, AS WELL AS OUTLINED BELOW.

*"HERE AT LITTLE ANGELS DAYCARE AND LEARNING CENTER, WE USE PRAISE AND POSITIVE REINFORCEMENT AS OUR FORM OF DISCIPLINE. WE BELIEVE POSITIVE ATTENTION AND MOTIVATION WILL LEAD TO POSITIVE BEHAVIOR. WE ARE HONORED TO BE A PART OF YOUR CHILD'S LIFE, AND ARE GRATEFUL FOR THE OPPORTUNITY TO TEACH YOUR CHILD. "*

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
SIGNATURE OF ACKNOWLEDGEMENT

# Little Angels DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM

### FAQ's Regarding RULES & REGULATIONS

The following is an outline of some of the most frequently asked questions. **You are still required to read the entire PARENT HANDBOOK** for all the rules and regulations governing our child care facility.

#### Tuition Obligations:

**PAYMENTS ARE DUE ON FRIDAYS OF THE WEEK BEFORE!** We allow you to make payments on Mondays, because we understand that sometimes there are issues. ANY payment made after Monday, will result in a **late fee of \$10.00 per day**, for every day after the due date. **NO EXEPTIONS!**

#### Attendance/ Holidays:

**CLOSED ON:** *New Years Day, Good Friday, Memorial Day, and Fourth of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Day.* Although that on these Holidays our facility will be closed, **you are still obligated to pay your dues for that week**, including Holidays. Your child is allowed to be absent for **TWO** weeks, per year, without tuition dues dependent on proper notification & authorization. If child is absent for more than two weeks, or w/o authorization, tuition will be due in order for your child's place to be reserved here at Little Angels Daycare & Learning Center.

#### Overview of frequently asked policies:

- **Each Child Must Have** a change of clothes, blanket, as well as a current Physical & Shot Records on a 'State of Florida Health Form'.
- **ANY CHILD THAT IS NOT COMPLETELY POTTY-TRAINED** (including those still in training) will need to **bring Diapers & Wipes Daily**. Our facility **does not** provide diapers or wipes, nor do we have 'extras'.
- We are open 6:00a to 6:30p, however that does not mean that we recommend a child to stay at the facility for that entire time. It is unethical, and negligent for your child to stay more than ten hours daily. We open early and close late in order to accommodate those parents that have early/ or late shifts, please be considerate of your child's emotional needs.
- **Late pick-up fee** is as follows: \$5.00 - Every Minute You are Late
- Breakfast Lunch and Snack will be provided daily. It is your responsibility to make sure that they arrive in time for each meal. **BREAKFAST ENDS AT 8:45am!**
- **NO CHILD** will be permitted to enter our center after cut-off time , 9:59am!
- **NO OUTSIDE** food, toys, or personal belongings are to be brought into our center.
- **YOU MUST MAINTAIN** your child's immunization Records AND Physical Up-To-Date!
- **ENSURE** that all your contact numbers are up-to-date, and **PICK UP LIST** is current.
- **YOU ARE RESPONSIBLE** for informing all those authorized to pick up your child regarding the appropriate sign in/out procedures.

Thank you for your understanding in these matters, please know that these obligations are in order to ensure a safe, fun, and developmental learning environment for your child. We do our part; we need each parent to do theirs. If you have any questions or concerns, please don't hesitate to contact us.

### PARENT HANDBOOK STATEMENT

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

On \_\_\_/\_\_\_/\_\_\_

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

Received, Read, & **FULLY UNDERSTOOD** Little Angels Daycare and Learning Center's "Parent Handbook". Moreover, I understand that I am responsible for knowing and complying with all Rules & Regulations covered in the handbook. If any information changes, I will be advised in writing.

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

# Little Angels DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM

### Attendance Policy: PROPER SIGN IN/OUT PROCEDURES

#### The Following Is Mandated BY STATE LAW

Upon enrolling your child at our facility you have agreed to our Rules and Regulations. I cannot stress enough how important it is for you to take responsibility in signing in and out your child every day. It has been brought to our attention by Health Department inspectors that this issue will no longer be tolerated.

Therefore, **if you do not cooperate your child will be denied entrance into our facility.**

#### PALM BEACH COUNTY RULES & REGULATIONS GOVERNING CHILD CARE FACILITIES (Article XV Section E.)

##### Attendance logs

- a) Daily attendance of children shall be recorded by the child care facility personnel, documenting the time when each child enters and departs the child care facility or program. The custodial parent, guardian, or other person who drops off the child, or the authorized person who picks up the child shall be made to sign the child in or out as the case may be.
- b) An attendance log shall be maintained for each class or group. This log must contain the names of all children assigned to the class or group, and shall show all children present in the class or group, and those students absent from the class, at any given time.
- c) To assure adherence to these rules, each child care facility, shall maintain and keep at the facility for no less than one (1) year, a daily attendance log identifying by name all children attending the child care facility on that day as well as a sign-in/sign-out log signed by the person who dropped off and picked up the child on that day.
- d) Drop-in child care facilities shall also maintain a sign-in/sign-out daily attendance log, including day, date, time of arrival and departure, and signatures of the parent obtained at drop-off and pick-up.
- e) Child care personnel shall ensure that attendance records are complete and accurate, since these records are important in accounting for children during emergencies and other incidents.

#### LITTLE ANGELS DAYCARE AND LEARNING CENTER PARENT HANDBOOK (Section IV. Policies & Regulations No. 18 Arrival/Departure)

18. ARRIVAL/ DEPARTURE: All children MUST be SIGNED IN & OUT DAILY!  
This is not only mandatory, but a safety precaution as well.

It is **your** responsibility to inform anyone picking up your child on where and how to properly sign in&out.  
**\*SIGN with Full Name Daily, \*with correct time, \*BLUE ink only.\* DO NOT sign ahead!**

**BY SIGNING THIS FORM YOU ACKNOWLEDGE FULL CONSENT TO OUR ATTENDANCE POLICY AND UNDERSTAND YOUR OBLIGATION TO COMPLY,**

CHILD's NAME: \_\_\_\_\_

PRINT PARENT(Guardian) FULL NAME: \_\_\_\_\_

Signature : \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Little Angels DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM

### Child Care Facility Brochure & Influenza Virus Brochure

[BOTH Brochures are at the back of this enrollment packet.]

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

#### Child Care Facility Brochure Statement

On \_\_\_ / \_\_\_ / \_\_\_

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

Received a copy of the "Know Your Child Care Center" pamphlet.

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

#### Influenza Virus Brochure Statement

On \_\_\_ / \_\_\_ / \_\_\_

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

received a copy of the "The Flu' A Guide for Parents" pamphlet.

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

**\*THESE BROCHURES WILL BE PROVIDED ANNUALLY AND WILL BE REQUIRED TO ACKNOWLEDGE RECEIPT BY FORM OF SIGNATURE ANNUALLY AS WELL.**

#### **TRANSPORTATION PERMISSION** This Section is only for School Aged children (Kindergarten through 5<sup>th</sup> Grade)

I hereby give permission to Little Angels Daycare and Learning Center LLC, located at 2927 Ranch House Rd West Palm Beach Florida 33406, To pick up my child from their elementary school and transport them to their facility so that they can attend Little Angels Daycare and Learning Center LLC for after school care. They will be transported in a Health Department inspected & approved vehicle from their school & the vehicle may stop at other schools to pick up more students before dropping your child off at our facility. By you signing this permission, you acknowledge that you are giving the Little Angels Daycare & Learning Center LLC, and it's Employees permission to transport your child from their school to the facility in order to participate in the after care program provided by Little Angels Daycare & Learning Center LLC. Furthermore You understand that failure or declining to sign will result in your child not being provided transportation.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

SIGNATURE OF AGREEMENT

# Little Angels DAYCARE AND LEARNING CENTER

## STANDARD ENROLLMENT FORM CHILD NUTRITION PLAN

ARTICLE XII, B, PBC RULES REQUIRE THE PARENT AND CENTER COMPLETE AND "ALTERNATE NUTRITION PLAN AGREEMENT"

LITTLE ANGELS DAYCARE AND LEARNING CENTER WILL PROVIDE THE FOLLOWING MEALS & SNACKS :

**BREAKFAST**  
\*8:00am-8:45pm

**NOON MEAL**  
\*11:00am-11:30am

**P.M. SNACK**  
\*2:30pm

INDICATE SPECIAL DIETARY REQUIREMENTS FOR YOUR CHILD: \_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND AND APPROVE THE "ALTERNATE NUTRITION PLAN" SET FORTH BY THE CENTER, AND HAVE REVIEWED THE MENU PROVIDED TO ME. I UNDERSTAND IN THE EVENT OF A MENU CHANGE A NEW COPY WILL BE PROVIDED. FURTHERMORE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE MY CHILD IS AT THE FACILITY IN TIME TO RECEIVE MEALS, AND AGREE TO PROVIDE ANY OTHER MEALS AND/OR SNACKS NOT PROVIDED OR MISSED, TO MEET MY CHILD'S NUTRITIONAL AND DIETARY NEEDS.

PARENT/ LEGAL GUARDIAN : \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 4 Weeks of Rotating Menus (continued on reverse side..)

Week #	Breakfast	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 & 2	3 to 5	6 to 10			1 & 2	3 to 5	6 to 10			1 & 2	3 to 5	6 to 10
Monday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz
	Veg/Trife	Banana (1/4 cup)	1/4 cup	1/4 cup	1/2 cup	Veg	Breads & Raisin Nuts	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Kit Cereal (dry 1/2 cup - 1/2oz)	1/4 cup	1/4 cup	1/2 cup	Grain/bnd	Macaroni (cooked) & Shredded Cheese	1/2 cup	1/2 cup	1/2 cup	Grain/bnd	Whole Grain Crackers	1/4 serving	1/2 serving	1 serving
Tuesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk				
	Veg/Trife	Mixed Fruit	1/2 cup	1/2 cup	1/2 cup	Veg	Dried Cranberries	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Miscellaneous (fruit & veg) (1/2 cup)	1/2	1/2	1/2	Grain/bnd	Whole Grain Pasta	1/2 cup	1/2 cup	1/2 cup	Grain/bnd	100% Grape Juice	4 oz	4 oz	8 oz
Wednesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz
	Veg/Trife	Apple Sauce	1/4 cup	1/4 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Hot Honey Bunches of Oats Whole Grain	1 slice	1 slice	2 slices	Grain/bnd	Mashed Potatoes	1/4 cup	1/4 cup	1/2 cup	Grain/bnd	Fruit Cup	4 oz	4 oz	8 oz
Thursday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk				
	Veg/Trife	Apple Sauce	1/4 serving	1/4 serving	1/2 serving	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Milky Mac & Cheese	1/4 cup	1/4 cup	1/2 cup	Grain/bnd	Miscellaneous (pepperoni, sausage, mushrooms) (1/2 cup)	1 piece	1 piece	1 piece	Grain/bnd	100% Apple Juice	4 oz	4 oz	8 oz
Friday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz
	Veg/Trife	Mashed Potatoes	1/4 cup	1/4 cup	1/2 cup	Veg	Lean	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Multigrain Cheeser Whole Grain	1/4 cup	1/4 cup	1/2 cup	Grain/bnd	Four Salad	1/4 cup	1/4 cup	1/2 cup	Grain/bnd	Animal Crackers	1/2 serving	1/2 serving	1 serving

\*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination main dish item is indicated.

Week #	Breakfast	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 & 2	3 to 5	6 to 10			1 & 2	3 to 5	6 to 10			1 & 2	3 to 5	6 to 10
Monday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk				
	Veg/Trife	Mashed Potatoes	1/4 cup	1/4 cup	1/2 cup	Veg	Hot Corn & Black Beans	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Whole Grain Bread Stuffed	1 serving	1 serving	1 serving	Grain/bnd	Macaroni (cooked) & Shredded Cheese	1/2 cup	1/2 cup	1/2 cup	Grain/bnd	100% Grape Juice	4 oz	4 oz	8 oz
Tuesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz
	Veg/Trife	Banana	1/2 of banana	1/2 of banana	Whole banana	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Hot Honey Bunches of Oats	2 pieces	2 pieces	3 pieces	Grain/bnd	Mashed Potatoes	1/4 cup	1/4 cup	1/2 cup	Grain/bnd	Whole Grain Crackers	1/4 serving	1/2 serving	1/2 serving
Wednesday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz
	Veg/Trife	Apple Sauce	1/4 serving	1/4 serving	1/2 serving	Veg	Carrots	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Whole Grain Bread Stuffed	1 slice	1 slice	1 slice	Grain/bnd	Hot Honey Bunches of Oats	1/4 cup	1/4 cup	1/2 cup	Grain/bnd	Whole Grain Crackers	1/4 serving	1/2 serving	1/2 serving
Thursday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk				
	Veg/Trife	Apple Sauce	1/4 cup	1/4 cup	1/2 cup	Veg	Green Beans	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Hot Honey Bunches of Oats Whole Grain	1/4 cup	1/4 cup	1/2 cup	Grain/bnd	Whole Wheat Hot Honey Bunches of Oats	1/2 serving	1/2 serving	1/2 serving	Grain/bnd	100% Apple Juice	1/2 serving	1/2 serving	1 serving
Friday	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz	Milk	1% & Whole Milk	WM 4oz	1% 4oz	1% 8oz
	Veg/Trife	Banana	1/2 banana	1/2 banana	Whole banana	Veg	Miscellaneous (raisin & nut)	1/4 cup	1/4 cup	1/2 cup	Veg				
	Grain/bnd	Milky Mac & Cheese	1/4 serving	1/4 serving	1/2 serving	Grain/bnd	Whole Wheat Hot Honey Bunches of Oats	1/2 cup	1/2 cup	1/2 cup	Grain/bnd	Animal Crackers	1/2 serving	1/2 serving	1 serving

\*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination main dish item is indicated.

Week #	Breakfast	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18
Monday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup
	Veg/Tric	Apple Slices	1 1/4 cup	1 1/4 cup	1 1/4 cup	Veg	Con	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Floury Biscuits of Oats Whole Grain	1 1/4 cup	1 1/4 cup	1 cup	Grain/brd	Mashed Potatoes	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Crackers	1/2 portion	1 portion	1 portion
Tuesday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup
	Veg/Tric	Apple Slices	1 1/4 serving	1 1/4 serving	1 1/2 serving	Veg	Green Beans	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Pancakes	1 piece	1 piece	1 1/2 pieces	Grain/brd	WG Shred Bread	1 1/2 slice	1 1/2 slice	1 slice	Grain/brd	Goldfish Crackers	1 1/2 serving	1 serving	1 serving
Wednesday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk				
	Veg/Tric	Pineapple Tidbits	1 1/4 cup	1 1/4 cup	1 1/4 cup	Veg	Pea & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Blueberry Muffin	1 piece	1 piece	1 1/2 pieces	Grain/brd	Spaghetti & Meat Sauce	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Whole Crackers	1 1/2 serving	1 serving	1 serving
Thursday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk				
	Veg/Tric	Pear Slices	1 1/4 cup	1 1/4 cup	1 1/2 cup	Veg	French Fries & Breaded	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Kix Cereal (Berry Berry Flavors)	1 1/4 serving	1 1/4 serving	1 1/2 serving	Grain/brd	WG Shred Bread	1 1/2 slice	1 1/2 slice	1 slice	Grain/brd	Orange Juice	4 oz	4 oz	6 oz
Friday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup
	Veg/Tric	Karun	1 1/4 cup	1 1/4 cup	1 1/2 cup	Veg	Meat & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Whole Grain Waffles	1 piece	1 piece	1 1/2 pieces	Grain/brd	Meat & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Whole Crackers	1 1/2 serving	1 serving	1 serving

\*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination menu dish item is indicated.

Week #	Breakfast	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18
Monday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup
	Veg/Tric	Apple Slices	1 1/4 serving	1 1/4 serving	1 1/2 serving	Veg	Con	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Multigrain Cinnamon Whole Grain	1 1/4 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Rice	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Whole Crackers	1 1/2 serving	1 serving	1 serving
Tuesday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk				
	Veg/Tric	Pear Slices	1 1/4 cup	1 1/4 cup	1 1/2 cup	Veg	Green Beans	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Kix Cereal (Berry Berry Flavors)	1 1/4 serving	1 1/4 serving	1 1/2 serving	Grain/brd	WG Shred Bread	1 1/2 slice	1 1/2 slice	1 slice	Grain/brd	Pretzels	1 1/2 serving	1 1/2 cup	1 1/2 cup
Wednesday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup
	Veg/Tric	Pineapple Tidbits	1 1/4 cup	1 1/4 cup	1 1/4 cup	Veg	Macaroni	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Whole Grain Waffles	1 piece	1 piece	1 1/2 pieces	Grain/brd	Oven French Fries	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Crackers	1 piece	1 piece	1 piece
Thursday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk				
	Veg/Tric	Raisins	1 1/4 cup	1 1/4 cup	1 1/2 cup	Veg	Pea & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Blueberry Muffin (with cream cheese)	1 1/2	1 1/2	1 1/2	Grain/brd	Mashed Potatoes	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Goldfish Crackers	1 1/2 serving	1 serving	1 serving
Friday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup
	Veg/Tric	Maskin Crackers	1 1/4 cup	1 1/4 cup	1 1/2 cup	Veg	Meat & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Cinnamon Bread	1 piece	1 piece	1 1/2 pieces	Grain/brd	Meat & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Animal Crackers	1 1/2 serving	1 1/2 serving	1 serving

\*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination menu dish item is indicated.

Week #	Breakfast	Food Item	Serving Size Information for different age groups:			Lunch	Food Item	Serving Size Information for different age groups:			Snack	Food Item	Serving Size Information for different age groups:		
			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18			1 & 2	3 to 5	6 to 18
Monday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup
	Veg/Tric	Pear Slices	1 1/4 cup	1 1/4 cup	1 1/2 cup	Veg	Meat & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Blueberry Muffin (with cream cheese)	1 1/2	1 1/2	1 1/2	Grain/brd	Mashed Potatoes	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Whole Grain Bread	1 serving	1 portion	1 serving
Tuesday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk				
	Veg/Tric	Banana	1 1/2 of banana	1 1/2 of banana	1 1/2 of banana	Veg	Con	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	WG Wheat Flax and Oats	1 slice	1 slice	1 slice	Grain/brd	Rice	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Sesame Crackers	1 1/2 serving	1 1/2 serving	1 serving
Wednesday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk				
	Veg/Tric	Mashed Potatoes	1 1/2 cup	1 1/2 cup	1 1/2 cup	Veg	Green Beans	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Kix Cereal (Berry Berry Flavors)	1 1/4 serving	1 1/4 serving	1 1/2 serving	Grain/brd	WG Shred Bread	1 1/2 slice	1 1/2 slice	1 slice	Grain/brd	Banana	1 1/2 banana	1 1/2 banana	1 1/2 banana
Thursday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup
	Veg/Tric	Mixed Fruit	1 1/4 cup	1 1/4 cup	1 1/2 cup	Veg	Meat & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	Blueberry Muffin	1 1/4	1 1/4	1 1/2	Grain/brd	WG Shred Bread	1 1/2 slice	1 1/2 slice	1 slice	Grain/brd	Blueberry Muffin	1 1/2 portion	1 1/2 portion	1 1/2 portion
Friday	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk	1% & Whole Milk	WM 4oz	1 1/2 cup	1 1/2 cup	Milk				
	Veg/Tric	Apple Slices	1 1/4 serving	1 1/4 serving	1 1/2 serving	Veg	Pea & Carrots	1 1/2 cup	1 1/4 cup	1 1/2 cup	Veg				
	Grain/brd	French Toast (with berries or orange)	2 pieces	2 pieces	2 pieces	Grain/brd	Mashed Potatoes	1 1/2 cup	1 1/4 cup	1 1/2 cup	Grain/brd	Goldfish Crackers	1 1/2 serving	1 1/2 portion	1 portion

\*Serving size information means the amount of food required by cups, ounces, and individual pieces of a food item. A copy of a CN Label or Manufacturer's Analysis must be attached if a processed combination menu dish item is indicated.



Attention Parents:

We have a system of using email & text notices to remind you of pertinent information regarding you child(ren).

**Email** will be used to remind you of things that would normally require reminders on sign in sheets. Examples of this are, payments due, tax statements, reminder of days closed, expiring physical & immunization records, and anything that is specific to your child.

**Text** will be used for more urgent notices such as closure & opening during storms or unexpected situations.

**You will still receive phone calls when your child is sick or there is an incident that you need to be aware of.**

Providing this information is optional and you can choose not to provide it. Or you can choose to provide one & not the other. If you provide this information, please make sure you update it if there are any changes.

Please provide your information below:

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

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

Cell Phone #: \_\_\_\_\_

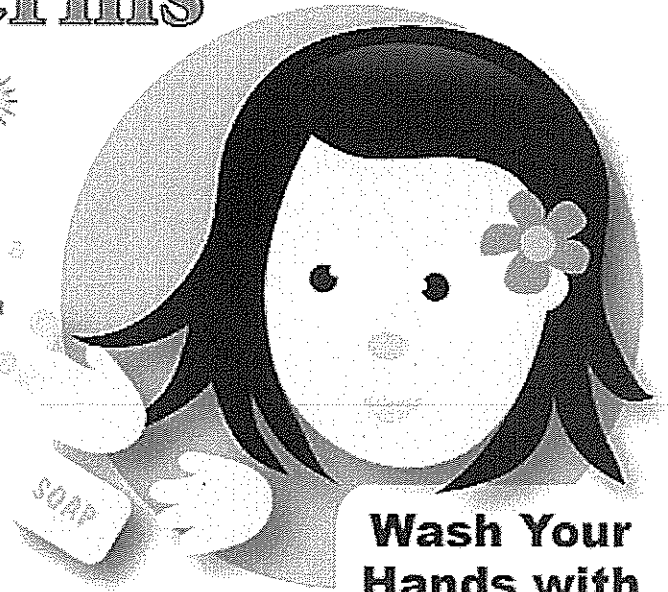
Cell Phone Service Provider: \_\_\_\_\_



**Stay Home  
if You're  
Sick**



# STOP the Spread of Germs



**Wash Your  
Hands with  
Soap & Water**

## SICK POLICY

While we are open, we will be sending home any children with signs of illness or will refuse them entry; this is to ensure the safety of all. Remember that we are not doctors & our procedures don't guarantee that your child won't be exposed to an illness or a virus while in our care.

WE WILL TAKE THE TEMPERATURE OF YOUR CHILD AT DROP OFF & THEN AGAIN THROUGHOUT THE DAY. AT DROP OFF YOU MUST WAIT FOR RESULTS BEFORE YOU LEAVE. If we don't admit your child or send them home due to illness, they must be out for 2 full days before returning with a doctor note that must say they are not contagious & can return. If you can't or don't take your child to the doctor, they will need to be absent for 2 weeks from the date of symptoms.

As always, practice good hygiene and don't bring your child in if they are not feeling good or are showing any symptoms of illness.

PLEASE KNOW THAT WE WILL NOT BE LENIENT WITH THIS UPDATED POLICY. This drop off time & sick policy will remain in effect until we notify you otherwise.

## POLÍTICA DE ENFERMEDAD

Mientras estemos abiertos, enviaremos a casa a los niños con signos de enfermedad o les negaremos la entrada; Esto es para garantizar la seguridad de todos. Recuerde que no somos médicos y nuestros procedimientos no garantizan que su hijo no estará expuesto a una enfermedad o un virus mientras esté bajo nuestro cuidado.

TOMAREMOS LA TEMPERATURA DE SU HIJO(A) AL LLEGAR Y OTRA VEZ DURANTE EL DÍA. AL DEJAR SU HIJO(A), TIENE QUE ESPERAR LOS RESULTADOS ANTES DE IRSE. Si no admitimos a su hijo o lo enviamos a casa debido a una enfermedad, deben estar fuera durante 2 días completos antes de regresar con una nota del médico que indique que no son contagiosos y pueden regresar. Si no puede o no lleva a su hijo al médico, deberá estar ausente durante 2 semanas a partir de la fecha de los síntomas.

Como siempre, practique una buena higiene y no traiga a su hijo si no se siente bien o si muestra algún síntoma de enfermedad.

NO SEREMOS LENIENTES CON ESTA POLÍTICA. Esta política de tiempo de dejar a su hijo(a) y enfermedad permanecerá vigente hasta que le notifiquemos lo contrario.

By signing below, you acknowledge that you understand this policy and will go over it with your child.

Al firmar a continuación, usted reconoce que entiende esta política y lo examinará con su hijo.

---

Parent Signature

---

Date

In Effect Until Further Notice

## **DROP OFF POLICY UNTIL FURTHER NOTICE**

In response to the current virus we made adjustments to create a safer environment at our center. STARTING MONDAY MARCH 16TH, THE LATEST DROP OFF ALLOWED WILL BE 8:59 AM ON OUR CLOCK. WE WILL LOCK OUR DOORS AT THAT TIME & REFUSE ENTRY TO ANYONE ARRIVING LATE.

We have changed the drop off time to an earlier time so that we have a smaller drop off time window with children and people coming into our center.

In addition to taking temperatures & washing hands at drop off, PARENTS WILL NO LONGER BE ABLE TO COME IN PAST THE FRONT OFFICE. YOU WILL WAIT OUTSIDE AS WE LET ONLY 1 PARENT IN AT A TIME. ANY PERSON COMING TO DROP OFF OR PICK UP A CHILD MUST WEAR A FACE MASK OR COVERING OF SOME KIND. LAST DROP OFF IS STILL BEFORE 9:00 AM ON OUR CLOCK.

Please remember to distance yourself while waiting in line outside of our center. Remember that this new process will take extra time, so allow yourself more time to drop off & pick up your child(ren). Please be courteous to each other, everyone coming will be in a similar situation as you. As you know, we have a small parking lot, so you may have to park along the street, don't block others in.

We will continue to monitor our local and statewide recommendations and mandates to make informed decisions. We have ordered protective gear for our staff, will continue to perform extra cleanings, take temperatures & monitor the health of all students & staff closely.

## **POLÍTICA DE ENTRADA HASTA AVISO ADICIONAL**

En respuesta al virus actual, hicimos ajustes para crear un entorno más seguro en nuestro centro.

A PARTIR DEL LUNES 16 DE MARZO, EL ÚLTIMO ESTUDIANTE PERMITIDO ENTRAR SERÁ A LAS 8:59 AM EN NUESTRO RELOJ. CERRAREMOS NUESTRAS PUERTAS EN ESE MOMENTO Y NEGAREMOS LA ENTRADA A CUALQUIERA QUE LLEGUE TARDE. Hemos cambiado el horario de dejar a su hijo(a) a un horario anterior para que tengamos una ventana de tiempo más pequeña con personas entrando que vienen a nuestro centro.

Además de tomar temperaturas y lavarse las manos en el momento de la entrega, los PADRES YA NO PODRÁN LLEGAR A PASAR LA OFICINA DELANTERA. USTED ESPERARÁ FUERA, YA QUE DEJAMOS SOLO 1 PADRE A LA VEZ ENTRAR. CUALQUIER PERSONA QUE VAYA A DEJAR O RECOGER A UN NIÑO DEBE USAR UNA MÁSCARA O CUBIERTA DE ALGUN TIPO EN SU CARA. LA ÚLTIMA HORA DE DEJAR A SU HIJO(A) TODAVÍA ES ANTES DE LAS 9:00 AM EN NUESTRO RELOJ.

Recuerde distanciarse mientras espera en la fila fuera de nuestro centro. Recuerde que este nuevo proceso tomará más tiempo, así que permítase más tiempo para dejar y recoger a sus hijos. Se cortés el uno con el otro, todos los que vengan estarán en una situación similar a la tuya. Como saben, tenemos un pequeño estacionamiento, por lo que es posible que tenga que estacionarse en la calle, no bloquee a otros.

Este viernes nuestro personal vendrá a hacer una limpieza profunda. Además, para verificar si su hijo(a) necesita algo para la próxima semana (pañales, toallitas, ropa extra, etc.) Notificaremos a cada padre individualmente por correo electrónico (y mensaje de texto si es posible) si su hijo necesita algo. Tendrá que traer lo que su hijo necesita al momento de la entrega, o se le cobrará una tarifa adicional o se le negará la entrada.

Continuaremos monitoreando nuestras recomendaciones y mandatos locales y estatales para tomar decisiones informadas. Hemos ordenado equipo de protección para nuestro personal, continuaremos realizando limpiezas adicionales, tomaremos temperaturas y monitorearemos de cerca la salud de todos los estudiantes y el personal.

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?

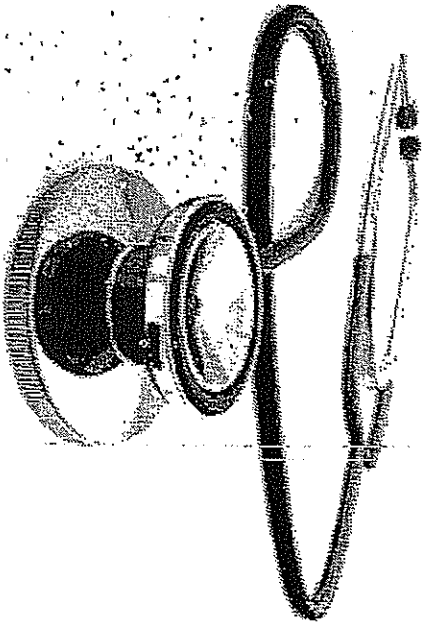
A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest 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/>

KEEP THIS COPY FOR

## 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.myfloridacare.com/childcare](http://www.myfloridacare.com/childcare) or contact your  
local licensing office below:

CF/P1 175-70, June 2009

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



**INFLUENZA VIRUS**

# Licensing Standards

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: \_\_\_\_\_  
 License issued on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 License expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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:

## General Requirements

- ✓ Valid license posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. to 2 yrs. old	1:6
2 yrs. to 3 yrs. old	1:11
3 yrs. to 4 yrs. old	1:15
4 yrs. to 5 yrs. old	1:20
5 yrs. old & older	1:25

- ✓ Maintain appropriate transportation vehicles (if transportation is provided).

## 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.

## Food and Nutrition

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

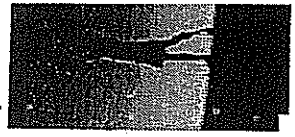
## Record Keeping

- ✓ 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.

## Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:

- ✓ Familiarize themselves with the child care standards used to license the child care facility.
- ✓ Inquire about the qualifications and experience of child care staff, as well as longevity.
- ✓ Know the facility's policies and procedures.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility.
- ✓ Participate in special activities, meet and conferences.
- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child they are sick.



To report non-compliance with state licensing standards, please contact your local licensing office.

# 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 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, and 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.

## 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.



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

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

CF/PI 175-24, 10/2007

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.



**Know  
Your  
Child  
Care  
Facility**





# Little ANGELS DAYCARE AND LEARNING CENTER

## 2020-2021 SCHOOL YEAR

Holiday	Date	Closed or Close Early
Independence Day	7/03/20	We are Closed
Labor Day	9/07/20	We are Closed
Thanksgiving Day	11/26/20	We are Closed
Thanksgiving Holiday	11/27/20	We are Closed
Christmas Eve	12/24/20	We are Closed
Christmas Day	12/25/20	We are Closed
New Years Eve	12/31/20	We are Closed @ 4:30p
New Years Day	01/01/21	We are Closed
MLK Jr Day	01/18/21	We are Closed
Good Friday	04/02/21	We are Closed
Memorial Day	05/31/21	We are Closed