



## **INTRODUCTION PACKET**

Welcome to Growing Tree Learning Center! We are a best-in-class early childhood education school focused on social and academic success. Our mission is to make students happy and parents feel confident in their child's future.

Our educational philosophy centers around establishing an innovative "learning playground" where children find undiscovered passions, develop important life-skills, make new friends, and expand their imaginations. We understand that all children have different interests, abilities, and learning styles, so our approach to education considers each child's individuality.

We strive to offer our students a whole-life experience that goes beyond the classroom. Our school offers a compelling learning environment filled with activities that are both challenging and fun. It is our belief that a quality education encompasses a broad spectrum of opportunities both in and out of the classroom.

We recognize that choosing a preschool / childcare program is an extremely important decision for both you and your child. We are thankful that you have come to see us and strongly feel that Growing Tree Learning Center is the right choice.

Our staff is what really makes the difference. They consist of experienced certified and continually trained educators. We will care for your child like no other institution. Everyone at Growing Tree Learning Center is required to meet or exceed all Department of Children and Family (DCF) requirements including 45 hours of childcare training and thorough background checks. We recognize that quality staff members make a good program GREAT!

We are open every Monday through Friday during the year except for the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the Friday after, Christmas Eve and Christmas Day.

## **GENERAL INFORMATION**

### **HOURS**



Our hours are from 6:30AM to 6:30PM, Monday through Friday. Your weekly tuition pays for up to 10 hours daily. Our overtime rate (after 6:30PM) is \$10 per child after the first 5 minutes and \$1 per minute thereafter.

### **REGISTRATION**



At the time of enrollment, the Parent Handbook Acknowledgement and required state forms must be completed and turned in to our office. The State requires that every child who is not enrolled in public school have a current physical and an up-to-date immunization record in our files. These forms must be submitted no later than two weeks after enrollment.

At the time of registration, we suggest that all parents of pre-school age children provide us with a change of clothing, clearly marked, and in a bag that we can store at the school.

There will be an annual non-refundable registration fee due upon enrollment. This is an annual fee due September 1st.

### **ARRIVAL / DEPARTURE**



All children must be walked to the main door of the center and picked up from the same door. Please do not drop children off in the parking lot or leave them to come inside alone. We will not be responsible for any child who has not been escorted inside the center and released to a staff member. We also require parents to sign their child in at our Brightwheel kiosk located inside the school.

For your child's safety, all persons who arrive to pick up your child will be asked for identification, to confirm their authority to do so. Additionally, anyone picking up your child **MUST** be 18 years or older.

Please do not take your child from the playground by allowing him / her to climb the fence. All children must exit through the building so that the staff is aware that they are leaving.

## **CLASS INFORMATION**

### **EDUCATION PROGRAM**



We have designed a weekly curriculum for all classes which includes weekly themes and projects. Please be sure to take home all your child's daily work, which can be found in their class folder. From our experience, your child will be anxious to show them off to the family! Be sure to read their weekly lesson plan posted outside your child's classroom and monitor Brightwheel for any noteworthy events throughout the week. This helps you to communicate with your child about his/her day.

### **INFANTS**



Our Infant & Toddler Room hours are 7 a.m. to 6 p.m. Late Fees will be applied for any child not picked up by 6 PM. Children must arrive in disposable diapers. Please bring a large supply of disposable diapers with your child when he/she arrives for the first time. You will be notified when your supplies run low via the Brightwheel application. We ask that all parents please furnish us with extra clothing, crib sheet, blanket and baby wipes for your child, clearly marked with his/her name. Please clearly label ALL your child's belongings (bottles, baby food, caps, clothes, etc.).

### **TODDLERS**



The Two-Year-Old class participates in many classroom activities. Their learning environment is a purposeful but stimulating one. It is an environment in which your child will be introduced to colors, numbers, shapes, seasons, holidays, learning games and cooking experiences. All two-year-old class activities prepare the children for their future social and academic interactions.

### **PRESCHOOL**



The Three-Year-Old class emphasizes colors, shapes, the senses and seasons. We do arts and crafts to develop fine motor skills and help the children develop the social skills of sharing, helping, listening, recognizing and practice writing their own names. We are beginning to focus on pre-reading and writing skills in this class. In our numbers program we stress recognizing and writing the numbers 1 - 10 and counting groups of objects accurately. We also have a science program where the children observe experiments to discover very basic scientific principles.

### **PRE-KINDERGARTEN (VPK)**



Our Four-Year-Old class is our Voluntary Pre-Kindergarten Class and requires a certificate of eligibility from the Early Learning Coalition of Florida. We use Creative Curriculum through- out our programs. This is a theme-based approach to their cognitive learning incorporating listening skills, following direction and pre reading activities using visual and auditory skill. In our programs, we provide them with real life experiences through our classroom and center room activities. This supports early literacy enrichment with environmental print.

### **BEFORE AND AFTER SCHOOL CARE**



We have a very active program for school-aged children, including snack time, outdoor play, homework sessions, arts and crafts, and other special activities. Please register your child's school schedule with Growing Tree Learning Center and inform us of any changes that may occur. It is very important to notify the center if your child is not to be picked up from school. See Director for weekly rates.

### **SUMMER PROGRAM**



Growing Tree Learning Center has a very exciting summer program for your child. The school aged children will enjoy weekly field activities of interest such as bowling, roller skating, picnics, and nature trails. Our on-campus entertainment includes water play, sports, arts and crafts, and a variety of other activities. Oftentimes, we take photographs of the children on and off our campus. Therefore, there may be times when your child's photograph would be displayed on our bulletin board. You can see that our summer program is geared for fun but offers the necessary to keep your child engaged! Please inquire for weekly rates.

## ADDITIONAL INFORMATION

### MESSAGES



All parent communication must be transmitted in person or via Brightwheel, email or by calling the Administration directly. Verbal messages from children on behalf of parents will not be accepted.

### TOYS / BOOKS



We do not recommend that children bring toys from home. Growing Tree Learning Center will not be responsible for any lost or damaged toys. If they wish to bring an item for Show-and-tell, please give items to the director or teacher to be held in safekeeping. Show-and-tell items should reflect the week's theme.

### REST PERIOD



Every day after lunch, all children except school agers, are required to rest. Rest time usually lasts between 1 1/2 to 2 hours. We furnish mats for the children to lie on; however, it is the parent's responsibility to provide a sheet or blanket, clearly marked with their child's name. These items are to be brought in on Monday and taken home to be laundered on Friday.

### MEDICATIONS



Absolutely no medication will be given to your child unless our Medication Form is filled out in its entirety and signed by the parent and given to a person in charge. All medication must be in its original container and clearly marked with the child's name. Medication forms must be updated and signed weekly.

### ILLNESS



If your child is running a fever, vomiting, or has diarrhea, or has had any of these symptoms during the night, PLEASE DO NOT BRING THEM to school for at least 24 hours. With these symptoms your child is usually contagious, and we must protect the other children from becoming ill. We do not have the facilities nor the manpower to care for sick children. If your child becomes sick while in our care, please arrange to have them picked up as quickly as possible. Your cooperation is expected.

### DISCIPLINE POLICY



At Growing Tree Learning Center, every effort is made to provide an atmosphere of activity and learning. Positive reinforcement encourages appropriate behavior in children. Redirection is our only means of discipline. Redirection gives the child the opportunity to focus on a new activity and discuss the issue so we can work through it.

### TUITION/REFUNDS



Tuition statements will be sent to all families on Thursday for payment due the following Monday. Tuition is considered "late" if not received by Monday at 7:00pm and will be assessed \$10 late fee. Families that have outstanding tuition balances due past Wednesday at 7:00pm for that week of service, will unfortunately no longer be able to attend until the balance has been paid.

Our philosophy behind this policy stems from our goal to be able to support the school day-to-day (pay teachers, purchase supplies, etc.) and provide the necessary resources for the school. We hope you understand and certainly look forward to having you join us as we take Growing Tree Learning Center to the next level!

All student tuition will be due every week regardless of days in attendance. There will be no refunds due to illness, accident, etc. If you do decide to disenroll in order to avoid paying tuition for a few weeks, we will require a registration fee upon re-enrollment and cannot guarantee that your child's space will remain open. Full-time students receive 1 week of vacation. Parents must notify the administration at least 5 days prior to applying vacation.

School-age students (before/after school) tuition is also due regardless of attendance. The school reserves and guarantees student's spot on our transportation vehicles and therefore this tuition is due every week. However, school-age tuition is not due during the following weeks when public schools are closed: Thanksgiving, Christmas, New Years, Spring Break. If a school-aged student attends for the entirety or a portion of that week, the full day rate tuition will be applied.

## VACATIONS



Students must attend the school for 6 months before receiving vacation credit. After 6 months, full time students are eligible for 2 weeks of vacation at 50% off tuition. Tuition must be paid in advance to apply for vacation credit. All other vacations are not included in tuition and you must continue to pay in order to hold your spot at the school. If you choose not to continue paying tuition, the school requires a re-registration fee upon re-enrollment.

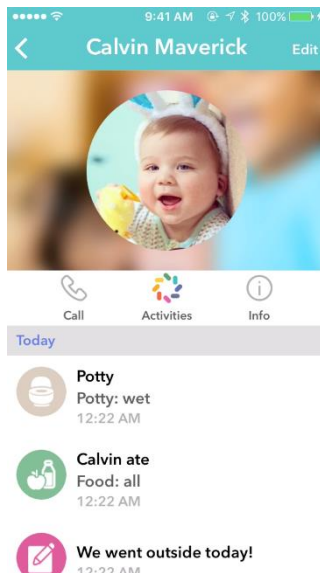
## CONFERENCES



Any time you would like to talk with us about your child's progress or problems, please call and make an appointment. Our teachers are more than willing to set up a time convenient to both of you and outside of the school day.

## WE ARE A BRIGHTWHEEL SCHOOL!

*Growing Tree has partnered with the #1 early education platform to transform the childcare experience*



**Daily Updates:** Real-time feed of activities throughout the day

**Photos:** Watch your child's day unfold with snapshots delivered to your mobile device

**Stay Connected:** Stay in touch with your child's teacher and strengthen school learning with activities at home

**Digital Check-in:** Easy check-in with personal passcodes. Add approved adults to pick up your child and see when your child is checked in and out

**Paperless Billing:** Digital tuition payments directly from your bank account or credit card. Paperless invoices and receipts

**Community:** Invite grandparents, nannies and friends – with control over what they can do and see on Brightwheel

## The Brightwheel Impact is Measurable

**85% of Users**

would recommend  
Brightwheel to a director,  
teacher or parent

**100% of Parents**

are more satisfied with  
their school experience  
once Brightwheel is  
implemented

**10s of Millions**

of classroom moments  
captured and shared  
every week

## Child Information

Registration Date: \_\_\_\_\_

### 1st Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		
			City:	State:	

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
---------------------	-------	---------

### 2nd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		
			City:	State:	

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
---------------------	-------	---------

### 3rd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		
			City:	State:	

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
---------------------	-------	---------

### Photo Release

I give permission to post my child's pictures on the company website, blog and social media accounts. I understand that it is my responsibility to update this form if I no longer wish to authorize the use of my child's photo. I agree that this form will remain in effect during the term of my child's enrollment and that there will be no payment for use of any photos.

☐ Yes    ☐ No

**Primary Guardian Information***Name(s) of person(s) with whom child is living*

<b>1st Primary Guardian</b>					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours
<b>2nd Primary Guardian</b>					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours
Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:	
Home Resident Street Address			Apt #	City	Zip Code
Mailing Address (if different than above)			Apt #	City	Zip Code

**Second Guardian Information***Non-primary custodial parent*

<b>1st Non-primary Guardian</b>					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
<b>2nd Non-primary Guardian</b>					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [ ] Yes [ ] No	
Second Household Mailing Address		Apt #	City	State	Zip Code

**Additional Comments & Information:** \_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts and Authorized Pickups

1st Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

2nd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

3rd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

## Is there anything about your child you would like for us to know?

---



---

## How did you hear about us?

---

## By signing below, I agree to the following:

*I have completely read and understand the policies and procedures as outlined in the documents provided, including the discipline, tuition and all others policies set forth by Otter Learning..*

## Signature

---

 Parent / Guardian Signature

---

 Date

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

**Child's Name:** \_\_\_\_\_ **Center Name & Address:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

**STEP 5: Contact information and adult signature**

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

**Home address (if available):** \_\_\_\_\_ **Daytime phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address, City, State, Zip Code

**Signature of adult household member:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

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

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

**FOR CONTRACTOR USE ONLY:**

**Categorical Eligibility:** ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** \_\_\_\_\_ **Total Household Income:** \$ \_\_\_\_\_  
**Eligibility Determination:** ☐ Free ☐ Reduced-Price ☐ Non-needy **How Often Income is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually  
**NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12**  
**Reason for Non-needy Status:** ☐ Income too High ☐ Incomplete Application ☐ Other Reason: \_\_\_\_\_

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Second Party Check Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

### Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: [www.immunizeflorida.org/schoolguide.pdf](http://www.immunizeflorida.org/schoolguide.pdf).

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A					
DT	B					
Tdap	P					
Td	Q					
Polio	D					
Hib	E					
MMR (Combined)	F					
(Separate)	G, H					
	I	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	J	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	K					
Varicella	L					
Varicella Disease		Year				
PneumoConju	N					

### Select appropriate box(es)

#### Certificate of Immunization for K-12

##### Part A-Complete

☐ DOE Code 1: Immunizations are complete K-12 (Excluding 7<sup>th</sup> grade/middle school requirements)

☐ DOE Code 8: Immunizations are complete for 7<sup>th</sup> grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

##### Temporary Medical Exemption

Expiration date: \_\_\_\_\_

##### Part B-Temporary

**Part B** (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

##### Permanent Medical Exemption

##### Part C-Permanent

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

DOE Code 3

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

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

Physician or  
Authorized Signature: \_\_\_\_\_

Issued By: \_\_\_\_\_

Date: \_\_\_\_\_

## What is the influenza (flu) virus?

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



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

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



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

CF/PI 175-70, June 2009

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



**INFLUENZA VIRUS**

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

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

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

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

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

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

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

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



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

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

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

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



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

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

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

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

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



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

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

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



**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](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2019

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



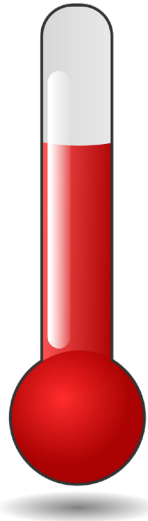


## FACTS ABOUT HEATSTROKE:

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.