

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

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

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

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



What should I do if my child gets sick?

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

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

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



How can I protect my child from the flu?

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

What can I do to prevent the spread of germs?

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

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



When should my child stay home from child care?

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

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

What is the influenza (flu) virus?

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



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

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



For additional information, please visit www.myflorida.com/childcare 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.



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS

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**



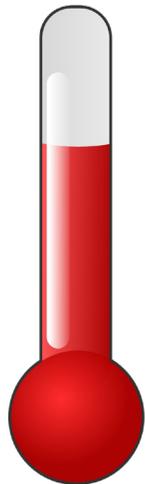


FACTS ABOUT HEATSTROKE:

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.

Getting In; Getting Out...



In: Check Behind The Car

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

Developed by:
PREVENTION UNIT
Office of Family and
Community Services

Getting In; Getting Out...



Out: Check the Back Seat

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

Developed by:
PREVENTION UNIT
Office of Family and
Community Services

My signature below verifies receipt of the **Getting In; Getting Out...** flyer from the Department of Children and Families.

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the flyer to your childcare provider, in order for them to maintain it in their records.

Getting In; Getting Out...



In: Check Behind The Car

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

Developed by:
PREVENTION UNIT
Office of Family and
Community Services

Getting In; Getting Out...



Out: Check the Back Seat

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

Developed by:
PREVENTION UNIT
Office of Family and
Community Services

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: _____

License Issued on __/__/__

License Expires on __/__/__

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

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.



Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

**** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE****



Miami-Dade County
 Community Action and Human Services Department
Head Start/Early Head Start Division



Parental Consent for Early Childhood Mental Health Consultation Services

(See Parent Information on Other Side)

The Community Action and Human Services Department (CAHSD) Head Start/Early Head Start program will provide early childhood mental health consultation services to all children who are enrolled in the program. The program uses the CSEFEL Teaching Pyramid Model for Positive Behavior Support which promotes children’s overall healthy social/emotional development, prevents mental health issues in young children and meets the needs of children identified with mental health challenges.

A licensed mental health professional/consultant will visit your child’s classroom and work with the teacher to help make sure that he/she is learning to: express feelings and emotions, control anger, follow the rules and routine, problem solve, make friends and have a good relationship with their teacher, parents and other important adults. Once the initial screenings take place, the results will be discussed with you. If any concerns are identified, a prevention plan will be developed for the classroom and home. If the prevention plan is not effective, the program staff will ask you for a **separate consent form** for more individualized services.

I give permission for CAHSD Head Start/Early Head Start’s Mental Health Consultant to gather information about *(Child’s Name)*_____ to assist in developing and providing planned activities and supports in the classroom that will foster positive social and emotional development. This may include conducting a general classroom observation, reviewing his/her Head Start file, consulting with Head Start staff, asking Head Start staff to gather information on his/her classroom functioning, and asking parents to share concerns about his/her behavior at home. I understand the Mental Health Consultant will be a licensed mental health professional appointed by the agency.

If the Mental Health Consultant recommends developing an individualized Follow up Intervention plan for him/her in the classroom, I will be invited to participate in its development.

I understand that all information collected will be kept confidential and can only be released with my written consent.

Please read the statements below regarding mental health consultation services for children with mental health challenges:

_____ I understand that should my child require more intensive services, including the use of an individualized observation, assessment and plan, I will be asked to complete a **separate consent form** and be invited to attend a meeting with the Mental Health Consultant and HS/EHS staff. If the Mental Health Consultant believes my child could benefit from mental health treatment services, the consultant will meet with me to discuss a possible referral for further evaluation by the pediatrician, FDLRS/Early Steps and/or to a mental health provider. A referral by Head Start for mental health treatment and related services can only be made with my written permission.

_____ I understand that I have the right to decline such services and that the program will continue to develop a plan to individualize for services in the classroom should I wish to do so.

By signing below, I acknowledge that the **Parental Consent for Early Childhood Mental Health Consultation Services** form has been reviewed with me and I have been provided with a copy.

 Parent Signature

 Staff Signature

 Date

 Date



**COMMUNITY ACTION & HUMAN SERVICES DEPARTMENT
HEAD START/EARLY HEAD START
CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION**

Date _____

Child's name _____

Date of birth _____ Head Start Center _____

I hereby authorize the mutual exchange of records pertaining to my child, _____ between the CAHSD HEAD START PROGRAM and the following agencies (include all M-DCPS schools, physicians, psychologists, hospitals, clinics, mental health centers, speech/language treatment centers, etc., that have had significant contact with the child):

NAME	ADDRESS
<i>MDCPS Schools</i>	<i>(Pre-K ESE) 5555 SW 93 Avenue, Miami Fl. 33165</i>
<i>FDLRS-ChildFind</i>	<i>6521 SW 62nd Ave, Miami, FL 33143</i>
<i>CAHSD Head Start / Early Head Start Program</i>	<i>701 NW 1st Court, Miami, FL 33136</i>
<i>Early Steps Program (North - UM)</i>	<i>1120 NW 14th Street, 12th Floor, Locator C208 Miami, Florida 33136</i>
<i>Early Steps Program (Southernmost Coast - NCH)</i>	<i>17615 SW 97th Avenue, Palmetto Bay, FL 33157</i>

* The specific records and/or information to be disclosed pertains to: *Evaluation Reports, Progress reports, progress notes, Individual Family Support Plan (IFSP), Individual Education Plan (IEP), discharge summary/reports, Medical assessment reports.*

* The purpose for making this information available is: *Continuity of care and educational programs*

* The receiving party will not disclose the information to any other parties without signed consent by the parent/guardian.

* This consent will be valid for one year during the time my child is enrolled in the CAHSD Head Start Program.

* A copy or facsimile (FAX) of this form is as valid as the original for the purpose of sharing the information regarding my child among the parties mentioned above.

I certify that I am the (circle one) parent / legal guardian of the child named above and have the authority to sign this release.

Print Parent/Legal Guardian Name

Signature of Parent/Legal Guardian

Address

City/State

Zip Code

() _____
Telephone #

Please return this form to:



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

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

Custody: Mother Father Both Other

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name	Address	Work#	Home#
------	---------	-------	-------

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date



**CHILD ABUSE REPORTING REQUIREMENTS
PARENT AGREEMENT OF UNDERSTANDING**

This document sets out the legal reporting requirements for all Miami-Dade Community Action & Human Services Department and Delegate Agencies Head Start/Early Head Start Program employees:

- Every employee that works in a child care setting has the legal and ethical responsibility to report suspected child abuse and/or neglect to the proper authorities.
- An individual who knowingly and willfully fails to report or who knowingly and willfully prevents another from reporting are guilty of a misdemeanor and may be prosecuted under Florida Statute Section s.39.201(1), F.S. Any person or agency reporting a case of child abuse in good faith cannot be prosecuted (is immune from any liability).
- **IT IS NOT NECESSARY TO HAVE PROOF THAT A CHILD IS ABUSED OR NEGLECTED BEFORE REPORTING CONCERNS. AS MANDATED REPORTERS, WE ARE OBLIGATED TO REPORT WHEN THERE IS “REASONABLE CAUSE TO BELIEVE OR SUSPECT” THAT A CHILD HAS BEEN ABUSED OR NEGLECTED BY PARENT(S) OR CARETAKER(S). IF A PARENT BRINGS THEIR CHILD TO THE CENTER AND THERE ARE INDICATIONS THAT THE CHILD MAY HAVE BEEN ABUSED, THE PARENTS SHOULD INFORM THE STAFF OF WHAT CAUSED THE PROBLEMS.**
- The Miami-Dade Community Action & Human Services Department and Delegate Agencies Head Start/Early Head Start Programs complies with Federal and State Laws on Child Abuse and Neglect by ensuring that through the report, the child will be protected and the family will receive the services needed.
- The Miami-Dade Community Action & Human Services Department and Delegate Agencies Head Start/Early Head Start Program employees have the responsibility to cooperate with the local Florida Department of Children and Families (DCF) officials who may appear at the center to investigate a case of suspected child abuse or neglect.

I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS REGARDING SUSPECTED CHILD ABUSE AND NEGLECT REPORTING:

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Staff Name (Print)

Date

Staff Signature



Miami-Dade County
 Community Action and Human Services Department
 Head Start/Early Head Start Division



Health Requirements Letter

 (Date)

 (Child's Name)

Dear Parents/Legal Guardian:

Thank you for your interest in enrolling your child in Miami-Dade County Community Action & Human Services Head Start/ Early Head Start Program for the 2019-2020 program year.

The following documents need to be submitted when your child is selected:

1. **Updated** Florida Certification of Immunization (DH 680) that include TB assessment, DTAP-POLIO-MMR-HIB-HBV, Varicella, Influenza vaccines and is recommended.
2. **Head Start:** a complete physical examination Form (School Entry Health Exam Form DH 3040) including objective/evidence-based hearing, vision, height, and weight screenings, and blood pressure for 3 year-old and older children conducted within 180 days (6 months) prior to attending the program or within 90 days of the child attending the program.
3. **Early Head Start:** Most current well-baby examination, with head circumference for all children less than 24 months, School Entry Health Exam Form DH 3040.
4. Blood Lead, Hemoglobin/Hematocrit screenings conducted within 180 days (6 months) prior to attending the program or within 90 days of the child attending the program.
5. An oral examination by pediatrician/professional medical health provider (2 month-18 months) and an exam from a professional dentist/oral health professional for children 2 years old and older.
6. Your child's medical insurance, Medicaid/Kid Care, HMO or managed care provider card.
7. Your child's doctor and dental providers' name, address, phone number, if you have one identified.

If you experience difficulty in obtaining any of the above listed documentation, we will gladly assist you in meeting the program requirements. Please contact me at _____ for available resources in our community.

Sincerely,

 Name/Title
 Address



Miami-Dade County
 Community Action and Human Services Department
 Head Start/Early Head Start Division



Health Insurance Portability and Accountability Act (HIPAA) Privacy Practices

Head Start/Early Head Start Center: _____

Child's Name: _____ Date of Birth: _____

I, _____ have received a copy of the
 Miami-Dade County Notice of Privacy Practices.

Signature

Date

Yo, _____ he recibido la copia
 Condado de Miami-Dade Aviso de practicas en respeto de la privacidad.

Firma

Dia

M', _____ Te resevwa yon kopi
 Zon Miami-Dade Avi Régleman sou Pratik Enfómasyon Pésonél.

Signé

Dat

Note: This form is valid for the duration of the child's enrollment in the Head Start/Early Head Start Program.



Miami-Dade County
 Community Action & Human Services Department
Early Head Start-Child Care Partnership Program (EHS-CCP)



PARENT AGREEMENT FORM

I AGREE:

	<u>YES</u>	<u>NO</u>
1. To provide my child’s proof of age, physical examination, immunizations, dental examination, hemoglobin or hematocrit, lead screening, and to keep all such information current and up-to-date throughout the duration of my participation in the program.	<input type="checkbox"/>	<input type="checkbox"/>
2. To comply with standards as described in the publication, <u>Know Your Child Care Center.</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. To allow pictures of my child to be used in newspapers, displays, bulletin boards, educational publications, films and television presentations for educational, training, and recruitment activities.	<input type="checkbox"/>	<input type="checkbox"/>
4. To attend the scheduled parent committee meetings on a regular basis. I will also volunteer my time and services to the program as often as possible.	<input type="checkbox"/>	<input type="checkbox"/>
5. That as a parent, I will accompany my child to their health/dental providers if needed.	<input type="checkbox"/>	<input type="checkbox"/>
6. That my child may accompany his / her class on scheduled field trips.	<input type="checkbox"/>	<input type="checkbox"/>
7. That my child will be in attendance everyday that he / she are able. I will contact the center within one hour of the program start time when my child cannot attend school.	<input type="checkbox"/>	<input type="checkbox"/>
8. To keep my child at home whenever he / she is affected by a contagious condition or on the advice of Community Action & Human Services Head Start/Early Head Start Division, Delegate Agency staff or health care providers.	<input type="checkbox"/>	<input type="checkbox"/>
9. To allow Head Start/Early Head Start staff to make home visits during the school year at my convenience.	<input type="checkbox"/>	<input type="checkbox"/>
10. That if my child is enrolled in an H.M.O./Medipass program, I will be responsible for ensuring that all required health services are completed and a copy of the outcome is returned to the Head Start Program.	<input type="checkbox"/>	<input type="checkbox"/>
11. To comply with the Child Care Subsidies policies and procedures to obtain or retain services, and to report any disruption in services.	<input type="checkbox"/>	<input type="checkbox"/>
12. That my child will not be terminated due to a loss of disability or child care subsidy status.	<input type="checkbox"/>	<input type="checkbox"/>

To the best of my knowledge, the information on this form is correct. I understand that if any information is found to be incorrect such as: address, telephone number, and/or family size, I am obligated to notify the program immediately. I understand that these records are confidential and that only those persons working directly with my child or family will have access to them. No records will be released to any other agency without written permission from the parent or guardian.

 Signature of Parent or Guardian

 Date

 Signature of Staff

 Date



Miami-Dade County CAHS Head Start/Early Head Start

REFERRAL FORM

DATE _____

TYPE: INTER-AGENCY
OUTERAGENCY

CENTER _____ ADDRESS _____

PHONE _____

STAFF _____

TO: _____

THIS WILL INTRODUCE _____

NAME

ADDRESS

PHONE

IN FAMILY

MALE

FEMALE

APPOINTMENT SCHEDULED FOR _____

DATE

TIME

- NEED:** CLOTHING COUNSELING EDUCATIONAL/TRAINING EMPLOYMENT
 FOOD FINANCIAL AIDE ENERGY ASSISTANCE HEALTH SERVICES
 IMMIGRATION ASSISTANCE LEGAL ASSISTANCE TRANSPORTATION
 SHELTER VOLUNTEER SERVICES OTHER _____

(PLEASE SPECIFY)

COMMENTS _____

FOLLOW-UP: OFFICE PHONE FIELD
SERVICE PROVIDED: YES NO PENDING
COMMENTS: _____

What is mental health?

Mental health means that young children are growing in their ability to:

- understand and share feelings
- have close and positive relationships
- explore and learn

Why Is It Important?

Having Positive Mental Health Makes It Easier for Children to:

- Have close relationships with family and friends
- Do well in school
- Learn new things
- Solve tough problems

- Develop patience (or not give up)
- Focus on a task
- Ask for help

When Young Children Are Worried, Sad, or Angry, It Can Be Hard To:

- Make friends
- Follow directions
- Express feelings or wishes
- Follow simple directions
- Pay attention in class
- Solve problems in positive ways
- Do well in school



Things You Can Do and Say to Help Your Child

• For Your Infant

- Hold your baby during feedings.
"I love cuddling when I feed you."
- Look at your baby and smile, smile, smile!
"Hey, when I smile, you smile back."
- Talk about what you are doing.
"I'm going to change your diaper now."
- Try to relax and have fun.
"When I am happy, you are less fussy."
- Read and sing to your baby every day.
"It is bedtime. Time for a story and favorite song."
- Take care of yourself.
"When I am rested, I take better care of you."

• For Your Toddler/Preschooler

- Make sure they always feel safe.
"I know loud noises can be scary, but it's OK."
- Offer choices.
"Do you want the blue shirt or the red shirt?"
- Practice patience.
"Let's wait until the song is over and then we'll go outside."

- Show understanding.
"You REALLY want another cookie! It is hard when you can only have one."
- Leave extra time.
"I see you don't want to leave the playground. One more time on the slide, then we need to leave."
- Play together at least 15 minutes a day.
"There is so much to do but it is important for us to play together."
- Follow her interest.
"I see you want to play with the blocks. What are you going to build?"
- Praise your child when she keeps trying.
"I love the way you keep trying to find the right piece for the puzzle."
- Practice following directions.
"First pick up the blocks, then take out the cars."

