

Pinellas County License Board for Children's Centers & Family Day Care Homes

Our mission is to protect and promote the health, safety, and mental development of children cared for in children's centers and family child care homes in Pinellas County



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Executive Director

FAMILY CHILD CARE HOME PLAN OF OPERATION

The Plan of Operation must be filled in completely. Please make a copy and file both the original and the copy in your file. You will be asked to mail the original to the License Board with the application later.

Visit <http://pclb.org> to review a copy of the Licensing Regulations (pages are reference to help answer questions)

Please answer all questions. If the question does not apply to your home, mark it not applicable (NA).
A licensing specialist will review the plan and call you if additional information is needed.

Name of applicant _____ Telephone Number (corded telephone) _____

Address _____
City State Zip Code

1. List everyone who lives in your home, including yourself.

Name	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Is there a smoker in the home, including e-cigarettes and vaping? yes no

If so, attach a sample copy of the letter that will be given to the parents/guardians notifying them of a smoker in the home. (refer to page 33)

3. Have you read the Licensing Regulations Governing Pinellas County Family Day Care Homes and are you able to perform the functions required of a child care provider as described in Licensing Regulations Governing Pinellas County Family Day Care Homes? yes no
If no, explain: _____

4. My home is: a one-story home a duplex an apartment a condominium
 a two-story home a mobile home if other describe: _____

I have _____ bathrooms in my home.

(#)

5. Do you have an apartment attached to your home, or do you rent any area of your home to another person? yes no

6. Are any other businesses being operated from your home? (refer to page 56) yes no
If yes, explain: _____

7. Do other household members support your plan to provide home child care? yes no

8. Is there a need for child care in your neighborhood? yes no

9. Do your neighbors know you plan to provide child care in your home? yes no

10. List the name, telephone number, and address of a responsible person over age 21 who will be your substitute. The substitute must complete background screening and training requirements. (refer to page 15)

Name: _____ Telephone: _____

Address: _____

11. How many hours per month will your substitute work in your home? _____

12. What is the source of heat in your home? (refer to page 38) electric/central
 electric space heaters gas oil wood burning stove other _____

13. Can the temperature of your home be maintained between 65 - 82 degrees Fahrenheit? yes no

14. Are guardrails or protective barriers provided for stairs, ramps and other walking surfaces with open sides, from which there is more than a 30-inch vertical distance to fall? yes no
(refer to page 39)

15. Is there peeling paint on any indoor or outdoor surface of your home? yes no

16. Do you have burglar bars on the doors or windows of your home? yes no
If so, the burglar bars must be removed.

17. List all pets in your household. (refer to page 38)
- | Pet's Name | Type (dog, cat, etc.) | Breed (Collie, Persian, etc.) | Vaccination Expire Date |
|------------|-----------------------|-------------------------------|-------------------------|
|------------|-----------------------|-------------------------------|-------------------------|

Attach a sample letter stating that there are pets in the home. This letter will be given to parents/guardians.

18. Have any of your pets bitten or injured anyone or do they jump on people, scratch, growl and/or snap at strangers? yes no

Note: Any animal who, according to the records of Pinellas County Animal Services, has bitten a human more than once or has exhibited aggressive behavior or has been declared dangerous, shall not be on the property of the family day care home.

If yes, explain how you will keep them separate from children inside and outside the home:

Inside the home: _____

Outside the home: _____

Are the pet toys out of the reach of children? _____

Where is the pet food being stored in the home? _____

If dog food label states "keep out of reach of children," the dog food must be inaccessible to the children in day care.

19. Where is your diapering area? (refer to page 46) _____

a. Type of impermeable surface: (plastic mat, changing table with pad & changing pad)

If a changing table is being used, the strap or harness should not be used.

b. How will you clean and sanitize? _____

c. Do you have a covered container for soiled diapers? yes no

d. Where is it located? _____

20. Which areas of the home, if any, do you want to make off limits to children? (Doors to those areas must have locks inaccessible to children and must be locked when children are in care).

a. What type of locks are being used on all exit doors? _____

b. Are all exit doors in the home clear (not blocked)? (refer to page 39) yes no

Adequate space must be available to accommodate children's activities. The licensing specialist will inspect all off-limits areas for fire hazards and to verify capacity during every visit.

21. **Supervision of children in care means:** (refer to page 25)

"At all times, which includes when the children are sleeping. The operator shall remain responsible for the supervision of the children in care and capable of responding to the emergencies and needs of the children. During the daytime hours of operation, children shall have adult supervision, which means watching and directing children's activities, both indoors and outdoors, and responding to each child's needs." (Licensing Regulations Governing Pinellas County Family Day Care Homes and Large Family Child Care Homes, Section, I.C.2).

a. What will you do if the trash needs to be taken to the curb while children are in care?

b. If a child is dropped off by a school bus or van, how you would ensure that the child gets to the front door without you assisting the bus/van driver?

c. What will you do if your pet escapes from your home while children are in care?

d. How will you get your mail while children are in care? _____

e. When transporting children in care, what will be your plans for getting gas, milk, and for securing the children in the car?

f. Requirements for transporting the children: (refer to page 47-50)

1. Valid Florida Driver's License: Expiration date _____

2. Automobile insurance: Expiration date _____

3. Automobile inspection: Expiration date _____

4. Annual physical exam: Date of exam _____

5. Do you have federally-approved child safety restraints for use when transporting the children?

yes no

6. Do you have a cell phone or other means of instant communication when transporting the children?

yes no

7. How will you obtain permission to transport the children?

8. If you need to transport more children than your car allows, who will assist you with transporting children?

g. Medication (refer to page 29)

Do you plan on giving any type of medication? yes no

Prescription and non-prescription medications that are used on an "as-needed" basis, require the parent/legal guardian to provide additional documentation or the authorization form to describe the symptoms that would require the medication to be given. Use of diaper creams and insect repellants may only be utilized with written permission from the parent/legal guardian. Manufacturer instructions should be followed.

22. **DISCIPLINE POLICY** (refer to page 53)

Attach a copy of the written Discipline Policy that will be used in your home.

23. **EXPULSION POLICY** (refer to page 53)

Attach a copy of the written Expulsion Policy that will be used in your home.

24. **Shaken Baby Syndrome and Abusive Head Trauma Policy** (refer to page 53)

Attach a copy of the written policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma.

25. **DISCIPLINE**

Verification that the home has provided the parent or guardian a written copy of the Disciplinary and Expulsion Policies used by the home must be documented on the enrollment form with the signature of the custodial parent or legal guardian.

26. **EMERGENCY PROCEDURES AND NOTIFICATION** (refer to page 33)

The operator shall have a procedure for responding when an immediate emergency medical response is required.

What is your Procedure?

The home must have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, and welfare of the children, staff or volunteers by the licensing authority. ***Please attach a copy of the plan.***

The following types of incidents must be addressed:

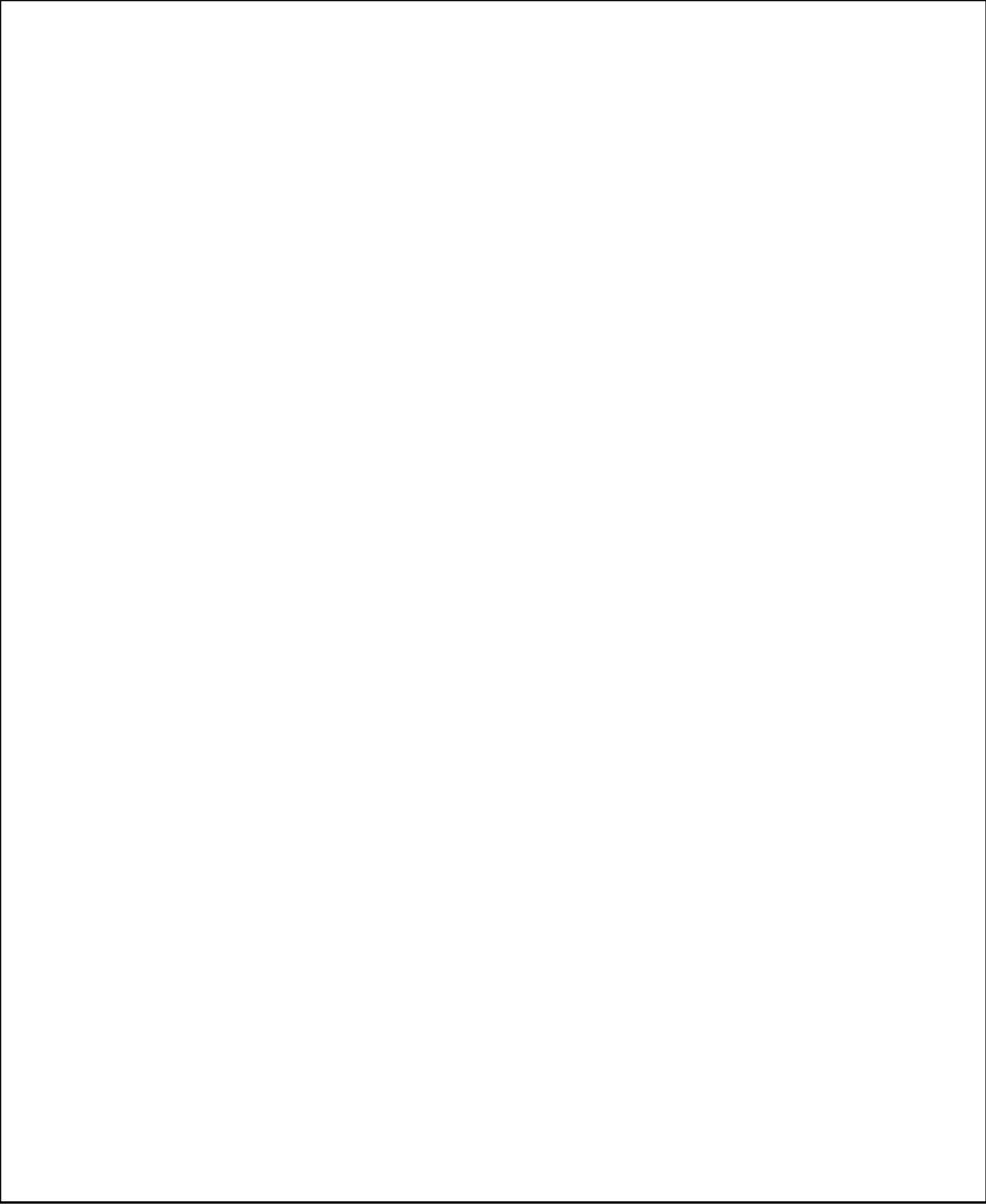
- Lost or missing child
- Suspected maltreatment of a child
- Injuries or illness requiring hospitalization or emergency treatment
- Death of a child or staff member
- Presence of a threatening individual who attempts or succeeds in gaining entrance to the home

27. **EMERGENCY PLAN** (refer to page 34)

On the following page, draw a floor plan of your home. Indicate the exits and where you will keep the children's records.

EMERGENCY PLAN

A COPY OF THIS PLAN MUST BE POSTED CONSPICUOUSLY.



28. **FIRST AID KIT** (refer to page 33)

- a. The first aid kit must be clearly labeled "FIRST AID" and must, at a minimum, include:
- Liquid soap and hand sanitizer (to be used with supervision if hands are visibly soiled and if no water is present)
 - Adhesive bandages
 - Disposable, non-porous gloves
 - Cotton balls or applicators
 - Sterile gauze pads or rolls
 - Adhesive tape
 - Digital thermometer
 - Tweezers
 - Pre-moistened wipes
 - Scissors
 - Bottled water (for cleaning wounds or eyes)
 - A current resource guide on first aid and CPR procedures

29. Land-Line Telephone: (The location of the land-line telephone cannot be in an off-limits area). (refer to page 38)

- a. Emergency numbers (must be posted near all telephones)

- Police/Fire/Ambulance: **911**
- Poison Information Center: **1-800-222-1222**
- Abuse Hotline: **1-800-962-2873**
- Epidemiology (to report communicable diseases): **727-507-4346**
- Substitute or Employee:

- Non-Emergency Telephone

- Address (list major crossroads, intersections, landmarks): _____

30. **FIRE DRILLS** (refer to page 35)

Monthly, a fire drill must be conducted utilizing the approved alarm system or smoke detectors. When the alarm is sounded, all adults and children must evacuate the home. Document all drills.

31. **INDOOR PLAY SPACE** (refer to page 40)

My home has thirty-five (35) square feet of usable indoor floor space per child? yes no

How will you get the children out of the house safely in an emergency?

What type of equipment do you have in your home that can be used during a fire drill to help you remove the children safely from the home? (Eg: wagon, stroller, playpen with wheels)

Where are emergency numbers posted? _____

What are the directions to your home from the closest major intersection? _____

32. **DAILY ATTENDANCE SHEET** (refer to page 31)

Attach a copy of the daily attendance sheet you will use to document the times the children enter and depart the home.

33. **DAILY SCHEDULE** (refer to page 32)

Show the routine you will establish with children in care. Describe how you will accommodate any family member with special needs, transport your own children to school, or provide home schooling. *

Before children arrive:

Breakfast time:

Morning activity:

Outdoor activity:

Lunch time:

Afternoon nap time:

Afternoon activity:

Snack time:

Outdoor activity:

After the children go home:

Overnight care – Bedtime Routines:

*** If home schooling, please provide a schedule that will accommodate the needs of both day care child(ren) or your own child(ren).**

34. **HOME MAINTENANCE SCHEDULE** (refer to page 45)

Attach a written routine schedule for cleaning, sanitizing and disinfecting equipment, materials, furnishings, and play areas.

Home will be treated with pest control every (refer to page 41) _____

Outdoor play area will be maintained every _____

Pool/spa will be maintained every(refer to page 37-39) _____

The locks on the doors and gates leading to the pool will be checked every _____

The pool alarm will be tested every _____

b. OUTDOOR EQUIPMENT (climbing equipment, sand box, slide, swings, etc.)

List outdoor equipment:

What outdoor equipment is available for infants (birth-24 months)?

Exits: Outdoor play area must have two exits. One is the home itself, the other should be a gate.

List outdoor play area exits:

Permanent playground equipment must have a resilient surface underneath. Swing set must be anchored with a resilient surface underneath all of the fall zones such as mulch, interlocking mats, sand, and rubber mulch.

What type of resilient surface do you plan to use? (refer to page 41)

c. NAPPING EQUIPMENT

(refer to page 43)

Cribs_____ # Playpens/Porta-cribs_____ # Cots_____

A crib certificate is required if a crib is being used.

*Submit a written plan outlining the sleeping arrangements of the children (refer to page 45)

d. OTHER EQUIPMENT

High chairs_____ # Booster seats_____ # Child-size tables/chairs_____

(harness must be used)

e. OUTDOOR PLAY SPACE

Where will children play outside?

During day care hours, how will you ensure that the outdoor play area is free of animal feces?

Do you have a separate area for your pet(s) to use? Where? _____

36. MENU PLAN/NUTRITIONAL PRACTICES (refer to page 50-52)

Write sample menus for children in care for a one-week period. Refer to the examples in your 30-clock hour course or visit the U.S. Department of Agriculture website and review the food pyramid for additional information at: <https://www.cnpp.usda.gov/food-guide-pyramid-young-children-graphic-resources>.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
B R E A K F A S T					
L U N C H					
S N A C K					

37. Food Preparation & Storage: (refer to page 50-52)

Do you own an alcohol thermometer? The law requires that an alcohol thermometer be placed in the refrigerator and freezer.

How will you handle opened packages of dried goods?

How will you handle the storage of perishables?

How will leftovers be handled?

How will you ensure that the food preparation is clean and free of dust, dirt, food particles and grease deposits at all times?

How are food containers, plastic containers, boxes and bags being stored in the home?

38. TRAINING DOCUMENTATION: (Attach copies of cards)

CPR Certificate:

Applicant: _____ (Expiration Date)

Substitute: _____ (Expiration Date)

First Aid Certificate:

Applicant: _____ (Expiration Date)

Substitute: _____ (Expiration Date)

Safe Sleep/Shaken Baby Certificate:

Applicant: _____ (Training Date)

Substitute: _____ (Training Date)

Submit a written policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma.

Fire Extinguisher Training:

Applicant: _____ (Training Date)

Substitute: _____ (Training Date)

Exposure Control Plan Training

Applicant: _____ (Training Date)

Substitute: _____ (Training Date)

Submit a written plan regarding safety precautions to follow in the event there is exposure to blood and potentially infectious fluids.

Home Swimming Pools Water Safety Course:

Applicant: _____ (Training Date)

Substitute: _____ (Training Date)