LARGE FAMILY CHILD CARE HOME PLAN OF OPERATION

The Plan of Operation is to be filled in completely and submitted with the application to the License Board office. A licensing specialist will review the plan and call you if additional information is needed.
Visit: www.pclb.org to review the Licensing Regulations for Large Family child care Homes.

Answer all questions. If the question does not apply to your home, mark it not applicable (NA).

Name of Provider:_____ Telephone (corded): _____

Address:_____ City:_____ Zip code: _____

Child Development Associate: _____
(Expiration Date)

How many years have you been licensed in your home? _____

Have you received a violation in Capacity in the past two years? yes ❑ no ❑

Have you been placed on the Pinellas County License Board Enforcement Plan in the past 2 years?
yes ❑ no ❑

List everyone who lives in your home, including yourself.

Name	Birthdate	Relationship

1. List the name, address, and telephone number of your **employee(s),** and **substitute(s)**:

   Employee (18 or older):

   Name:_____ Telephone:_____

   Address:_____

   Name:_____ Telephone:_____

   Address:_____

   The employee must start the 30 Clock Hour Training within 90 days of employment in a Large Family Child Care Home. The training shall be successfully completed within 1 year of start date. The employee must complete Early Literacy Training within 1 year of start date.

   Date Employee took Safe Sleep/Shaken Baby training: _____

Substitute (21 or older):

Name:_____ Telephone:_____

Address:_____

What date did the substitute complete the 30-hour training or the 6-clock hour training? _____

Dates of Fire Extinguisher training?

Provider: _____ Substitute: _____ Employee:_____

2. Are any other businesses being operated from your home?   yes ❏   no ❏

If yes, explain:_____

_____

3. Are you employed outside the home during child care hours? (Licensing regulations state the operator cannot work outside the home during child care hours.)   yes ❏   no ❏

4. Do other household members support your plan to operate a large family child care home?

      yes ❏   no ❏

5. Do your neighbors know you plan to operate a large family child care home?   yes ❏   no ❏

6. Has your home passed a fire safety inspection? **(If yes, attach copy)**   yes ❏   no ❏

7. Have you checked to see if you will need zoning approval?   yes ❏   no ❏

8. Do you plan to transport the children on a regular basis?   yes ❏   no ❏

Will you be transporting?   daily ❏   weekly ❏   monthly ❏

If transporting:

   Do you have a valid Florida Driver's license?   yes ❏   no ❏

   Do you have vehicle insurance?   yes ❏   no ❏

   Do you have federally approved child safety restraints to be used when transporting the children?

      yes ❏   no ❏

   Do you have a current physical?   yes ❏   no ❏

   Do you have a cell phone or other means of instant communication?   yes ❏   no ❏

9. Date of Automobile inspection _____

10. **MEDICATION:** Will you be administering medication to children?   yes ❏   no ❏

If yes, prior to administering medication to children, the employee in a Large Family Child Care Home must have completed the required training.

FLOOR PLAN

Draw a floor plan of your large family child care home with each room labeled and the measurements of the rooms.

INDOOR PLAY SPACE: Adequate space must be available to accommodate children's activities.

Does my home has 35 square feet of usable indoor floor space per child?   yes ❑   no ❑

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.)

_____

_____

What types of locks are being used?

_____

OUTDOOR PLAY AREA

Draw the outdoor play area with the measurements of the fenced usable play space. Outdoor play area must have two exits, one is the home itself, the other should be a gate.

OUTDOOR PLAY SPACE

Where will the children play outside?_____

Is the fence that encloses the outdoor play area a minimum of 4 feet in height?   yes ❑   no ❑

What is the square footage of the outdoor play area: _____. (The outdoor play space must be a minimum of 50 square feet for each child utilizing the outdoor play area at any given time.)

INVENTORY OF TOYS AND EQUIPMENT

All large family child care home shall provide equipment and play activities suitable to each child's age and development. List the number and names of toys you have for children's use. Items are needed for each age group.

INFANT TOYS		TODDLER TOYS		PRESCHOOL TOYS		SCHOOL AGE TOYS	
Item	Number	Item	Number	Item	Number	Item	Number

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

_____

_____

_____

Type of ground cover being used under the equipment (mulch, sand, etc.)_____

Are provisions made for water drainage?   yes ❑   no ❑

NAPPING EQUIPMENT

Cribs_____   # Playpens/portacribs_____   # Cots_____

Other sleeping arrangements _____

*Submit a written plan outlining the sleeping arrangements of the children.

OTHER EQUIPMENT

Highchairs_____   # Booster seats_____   Child-size table/chairs_____

  Straps?   yes ❑   no ❑   Straps?   yes ❑   no ❑

DAILY SCHEDULE

Describe the routine you will establish with children in care. If applicable, outline how you will accommodate family members with special needs, how your own children will be transported to school, and how you will provide home schooling.

Before children arrive: _____
_____
_____

Breakfast time: _____
_____
_____

Morning activity: _____
_____
_____

Morning nap time: _____
_____
_____

Lunch time: _____
_____
_____

Afternoon nap time: _____
_____
_____

Afternoon activity: _____
_____
_____

Snack time: _____
_____
_____

Outdoor activity: _____
_____
_____

After the children go home: _____
_____
_____

Overnight care - bed-time routines: _____
_____
_____

Where is your activities schedule posted? _____

Are any of your household members being home schooled?   yes ❑   no ❑

If yes, where is the home school schedule posted? _____

TRAINING DOCUMENTATION

PLEASE NOTE:
Starting **April 1, 2020,** *Employees* will need to meet **CPR and First Aid** Requirement.

CPR Certificate:

Provider: _____ (Expiration Date)

Substitute: _____ (Expiration Date)

Employee: _____ (Training Date)

Exposure Control Plan Training

Provider: _____ (Training Date)

Substitute: _____ (Training Date)

Employee: _____ (Training Date)

First Aid Certificate:

Provider: _____ (Expiration Date)

Substitute: _____ (Expiration Date)

Employee: _____ (Training Date)

Water Safety Course (swimming pool homes):

Provider: _____

Substitute: _____

Employee: _____

Transporting: (no attachments necessary)

Valid Florida Driver's License# _____   Renewal Date: _____

Automobile Insurance Co: _____   Policy Renewal Date: _____

Automobile Inspection Date: _____   Date of Physical: _____

❖ **Please attach copies of all Certifications and trainings**