

Parent Handbook

2025-2026



If we want our children to value education,
then we must show our appreciation for
knowledge

www.brainquotes.org

- Brad Sherman
Knowledge Quotes

Miami-Dade County Public Schools

***Melrose @ Bethune Early Childhood
Center***

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Administrative team:

Beatriz Sears, Principal
Chantal Harris, Assistant Principal
Melissa Nunez, Assistant Principal
Rochelle Jones Gibbs, Center Director



Miami-Dade County Public Schools

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Department of Early Childhood Programs

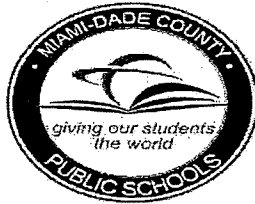
Ms. Lynn Maceyras, **Administrative Director**

Melrose ES @ Bethune Early Childhood Center Administrative team:

Beatriz Sears, **Principal**

Chantal Mompont-Harris, **Assistant Principal**

Rochelle Jones Gibbs, **Center Director**



Vision Statement

We provide a world class education for every student.

Mission Statement

To be the preeminent provider of the highest quality education that empowers all students to be productive lifelong learners and responsible global citizens.

Values

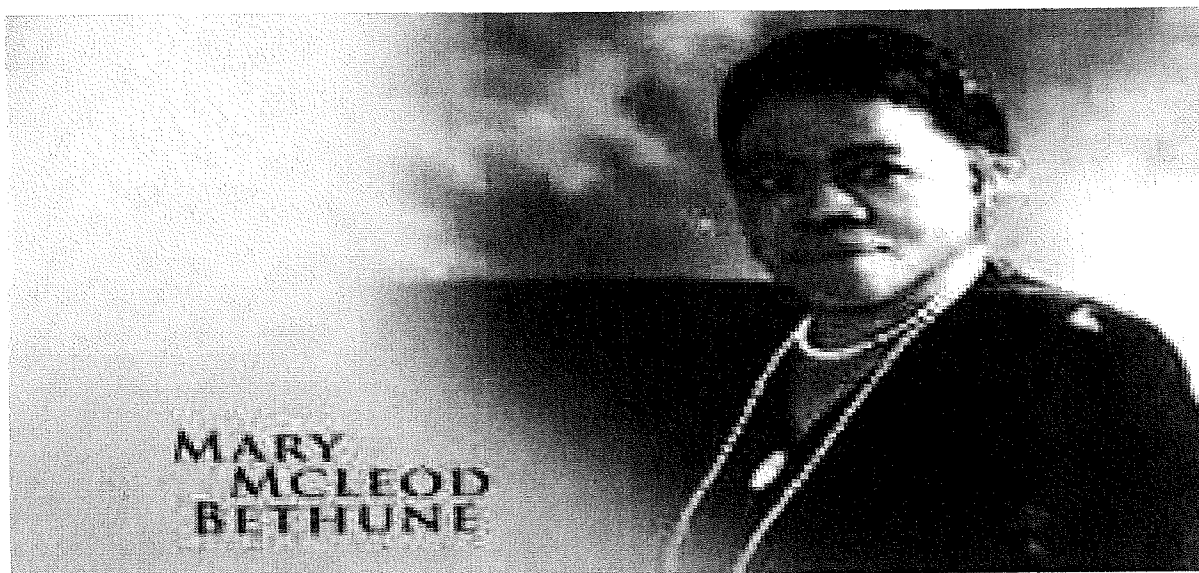
Excellence - We pursue the highest standards in academic achievement and organizational performance.

Equity - We foster an environment that serves all students and aspires to eliminate the achievement gap.

Student Focus - We singularly focus on meeting our students' needs and supporting them in fulfilling their potential.

Innovation - We encourage creativity and adaptability to new ideas and methods that will support and improve student learning.

Accountability - We accept responsibility for our successes and challenges and seek to transparently share our work in an ethical manner, as we strive towards continuous improvement.



Mary McLeod Bethune

Educator

Mary Jane McLeod Bethune was an American educator, stateswoman, philanthropist, humanitarian and civil rights activist best known for starting a private school for African American students in Daytona Beach, Florida. She attracted donations of time and money, and developed the academic school as a college. It later continued to develop as Bethune-Cookman University. She also was appointed as a national adviser to President Franklin D. Roosevelt as part of what was known as his Black Cabinet. She was known as "The First Lady of The Struggle" because of her commitment to gain better lives for African Americans.

Quotes

Without faith, nothing is possible. With it, nothing is impossible.

Cease to be a drudge, seek to be an artist.

I never stop to plan. I take things step by step.

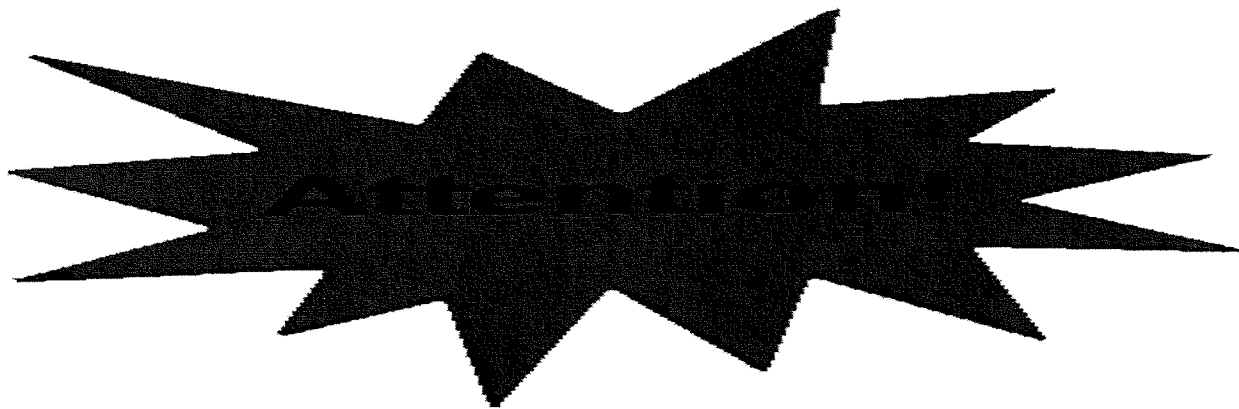
Knowledge is the prime need of the hour.

Faith is the first factor in a life devoted to service. Without it, nothing is possible. With it, nothing is impossible.

The drums of Africa still beat in my heart. They will not let me rest while there is a single Negro boy or girl without a chance to prove his worth.

The true worth of a race must be measured by the character of its womanhood.

The whole world opened to me when I learned to read.



School Information:

- ***School Hours: Early Head Start: 7:30 am to 5:00 pm***
 - ***Head Start: 8:10 am to 3:10 pm***

Dear Parents/Guardians:

We are using two entrance points for arrival and dismissal.

Arrival and dismissal of Early Head Start classrooms 1 to 8: at the Main Entrance of the building

Arrival and dismissal of Head Start classrooms 21-25: rear of CORRIDOR 3

arrival 8:10 am TO 8:30 am arrival.

Dismissal 3:10 pm to 3:35 pm

- **Late arrival and pick up of Head Start students must be reported to the main entrance of the school.**

Parents are NOT permitted inside the building to drop off or pick up students.

PARKING



Early Head Start Parent/guardians will use the loop in the front of the building to drop off the infants starting at 7:30 am.

The rear parking lot will be used for the Head Start parents to drop off and pick up students in corridor 3. Private buses will also use the rear parking lot.

Please be mindful of others, **DO NOT PARK ON THE SIDEWALK and/or BLOCK OTHERS** by parking behind them.

Thank you for your cooperation!



ID

is required to enter the building and/or to pick up students. This is to ensure that the person is authorized to sign your child out of school.

This is for the safety of our students and staff!



Child Care Application For Enrollment (DCF) & Emergency Contact Form

- These forms must have the name of all the adults who have authorization to sign your child out of school.
- **IMPORTANT** – Students **WILL NOT BE RELEASED TO ANYBODY WHO IS NOT LISTED ON THE CHILD CARE APPLICATION AND THE MDCPS-STUDENT EMERGENCY CONTACT FORM.**
- **WE WILL NOT ACCEPT TELEPHONE AUTHORIZATION.**
- Parents will be asked to update this information every time the student's information changes (i.e. change of address, phone number, change of guardianship, adding or deleting name of authorized person etc.)

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/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 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
 - 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



EMERGENCY STUDENT DATA FORM

School No./Name _____ I.D. No. _____ Grade _____ Section _____

Student's Last Name _____ APP _____ First Name _____ Middle Name _____

Address _____

Main contact phone number to be used for emergencies and automated messaging: _____

Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Non-Registering Parent/Guardian's Name _____ Relation _____ Place of Employment _____

Telephone _____ Cellphone _____ Email _____

Is either parent in the Military? Yes ☐ No ☐ Branch _____

Kindergarten Only: Was the child in pre-school or child care? Yes ☐ No ☐

Was the full cost paid by you? Yes ☐ No ☐ What type? Headstart ☐ ESE ☐ Migrant ☐ Other ☐ Unknown ☐

EMERGENCY CONTACT INFORMATION: I authorize the school district to provide or secure any necessary emergency care for my child. It is the parent's legal responsibility to assume medical and transportation expenses for your child. In the event that parents of child cannot be reached, provide contact information below of two persons, by order of priority.

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

(Name) _____ (Relation to Student) _____ (Address) _____ (Phone at Work) _____

Family Doctor _____ Phone _____ Preference of Hospital _____ Phone _____

Student health/allergy data which should be known in an emergency: _____

AUTHORIZATION FOR RELEASE OF STUDENTS FROM SCHOOL: Please provide the names of persons authorized or not authorized to take your child from school during the school day. Note that persons listed as emergency contacts are not authorized to pick up your child, unless listed in this section. Any person verified as a parent above and in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated.

Authorized: _____

Authorized: _____

Not authorized: _____

Not authorized: _____

IT IS THE PARENT'S RESPONSIBILITY to inform the school in person of any changes in the information listed on this form. Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true.

Date: _____ Printed Registering Parent/Guardian's Name _____

Registering Parent/Guardian's Signature _____

Parents/guardians have the right to review the professional qualifications of their child's classroom teacher(s) including the licensing status, degree major, graduate degree(s) and the field of certification. This "right to know", available from your child's school, includes whether your child is receiving services provided by paraprofessionals and, if so, their qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree under Fla. Stat. § 837.06, or whoever makes a false verified declaration is guilty of the crime of perjury, a felony of the third degree, under Fla. Stat. § 95.525, which are punishable as provided in Fla. Stat., §§ 775.082, 775.083 and 775.084.

The name of any individual who is authorized or unauthorized by the registering parent to pick up a student from school must be contained on the Emergency Student Data Form for that student to be released to the individual by school staff (See Fla. Stat. 1000.21(5) and Policy 0100 for definitions of "parent"). The school shall abide by the information provided on the Emergency Student Data Form. Any person verified as a parent in the District's Student Information System is presumed to be authorized to pick up the student unless otherwise indicated. The registering parent who completes the Emergency Student Data Form is responsible for providing information that is truthful and accurate – and in the case of unmarried, divorced, or separated parents, consistent with any court order in effect governing their divorce, separation, or parenting matters. Any parent contesting the information provided in the Emergency Student Data Form by another parent may seek assistance from the court governing their parenting matters to compel the registering parent to revise the information. School staff shall provide such persons with the website for the Family Court Self-Help Program at <http://www.jud11.flcourts.org/Family-Court-Self-Help-Program>. Parents may also agree to change the registering parent and submit an **Agreement to Change Registering Parent Form (FM-7600)** at any time.

FORMULARIO DE DATOS DEL ESTUDIANTE PARA UTILIZAR DURANTE EMERGENCIAS

Número/Nombre de la Escuela _____ Número de Identificación _____
 Grado _____ Sección _____

Apellido del estudiante _____ APP _____ Nombre propio _____ Segundo nombre _____

Dirección _____

Número de contacto telefónico principal que ha de ser utilizado en casos de emergencia y mensajes automáticos: _____

Nombre del padre de familia / tutor que matricula _____ Parentesco _____ Lugar de empleo _____

Teléfono _____ Teléfono celular _____ Correo electrónico _____

Nombre del padre de familia / tutor que no matricula _____ Parentesco _____ Lugar de empleo _____

Teléfono _____ Teléfono Celular _____ Correo electrónico _____

¿Está alguno de los padres en las fuerzas armadas? Sí ☐ No ☐ Rama _____

Sólo para estudiantes del Kindergarten: ¿Asistió el niño a una escuela preescolar o a una guardería? Sí ☐ No ☐

¿Pagó usted todos los gastos? Sí ☐ No ☐ ¿Qué programa? Head Start ☐ ESE ☐ Migratorio ☐ Otro ☐ Lo desconozco ☐

INFORMACION DE CONTACTOS DE EMERGENCIA: Autorizo al distrito escolar a proporcionar o asegurar cualquier cuidado de emergencia necesario para mi hijo/a. Es la responsabilidad legal de los padres asumir los gastos médicos y de transporte proporcionados a su hijo. En el caso de que no se pudiese localizar a ninguno de los padres del niño por favor, proporcione información de contacto de dos personas, por orden de prioridad, en los espacios que aparecen a continuación.

(Nombre) _____ Parentesco _____ (Dirección) _____ Teléfono del trabajo _____

(Nombre) _____ Parentesco _____ (Dirección) _____ Teléfono del trabajo _____

Doctor de cabecera _____ Teléfono _____ Preferencia de hospital _____ Teléfono _____

Informes acerca de la salud/alergias del estudiante que tienen que ser conocidas en caso de emergencia:

PERMISO PARA QUE EL ESTUDIANTE SALGA DE LA ESCUELA: Por favor, proporcione los nombres de las personas que están autorizadas o que no están autorizadas para recoger a su hijo durante la jornada escolar. Tome en cuenta que las personas que aparecen como contactos de emergencia, no están autorizadas para recoger a sus hijos, si sus nombres no aparecen en la lista que se encuentra a continuación. Se presume que cualquier persona verificada como padre arriba y en el Sistema de Información Estudiantil del Distrito está autorizada para recoger al estudiante a menos que se indique lo contrario.

Autorizados: _____

Autorizados: _____

No autorizados: _____

No autorizados: _____

ES LA RESPONSABILIDAD DE LOS PADRES informar personalmente a la escuela de cualquier cambio respecto a la información que se encuentra en este formulario. Declaro bajo pena de perjurio, que he leído lo anterior en este [documento] y que la información que ahí aparece es verdadera.

Fecha: _____ Nombre del padre de familia / tutor que matricula en letra de molde: _____

Firma del padre de familia / tutor que matricula: _____

Los padres/tutores tienen derecho a revisar las calificaciones profesionales de los maestros de clase de sus hijos, incluido el estado de la licencia, el título de especialización, los títulos de posgrado y el campo de certificación. Este "derecho a saber", disponible en la escuela de su hijo, incluye si su hijo está recibiendo servicios proporcionados por paraprofesionales y, de ser así, sus calificaciones.

Quien a sabiendas haga una declaración falsa por escrito con la intención de engañar a un servidor público en el desempeño de su deber oficial será culpable de un delito menor de segundo grado según Fla. Stat. § 837.06, o quien haga una declaración falsa verificada es culpable del delito de perjurio, un delito grave de tercer grado, según Fla. Stat. § 95.525, que son punibles según lo dispuesto en Fla. Stat., §§ 775.082, 775.083 y 775.084.

El nombre de cualquier persona que esté autorizada o no autorizada por el padre que inscribe para recoger a un estudiante de la escuela debe figurar en el Formulario de datos del estudiante de emergencia para que el personal de la escuela entregue a ese estudiante a la persona (consulte Fla. Stat. 1000.21(5) y Política 0100 para definiciones de "padre"). La escuela deberá cumplir con la información provista en el Formulario de Datos del Estudiante de Emergencia. Se presume que cualquier persona verificada como padre en el Sistema de Información Estudiantil del Distrito está autorizada para recoger al estudiante a menos que se indique lo contrario. El padre que inscribe, que completa el Formulario de datos del estudiante de emergencia es responsable de proporcionar información veraz y precisa, y en el caso de padres solteros, divorciados o separados, de acuerdo con cualquier orden judicial vigente que rija su divorcio, separación o asuntos de crianza. Cualquier padre que impugne la información provista en el Formulario de datos del estudiante de emergencia por otro padre puede buscar la ayuda del tribunal que rige sus asuntos de crianza para obligar al padre que inscribe a revisar la información. El personal de la escuela proporcionará a dichas personas el sitio web del Programa de autoayuda del tribunal de familia en <http://www.jud11.flcourts.org/Family-Court-Self-Help-Program>. Los padres también pueden aceptar cambiar el padre que inscribe y enviar un **Formulario de Acuerdo Para Cambiar el Padre que Inscribe (FM-7600)** en cualquier momento.

FM-2733S Rev. (07-22)

FÒM DONE POU IJANS ELÈV

Nimewo/Non Lekòl _____		Nimewo I.D. _____		Ane Eskolè _____		Seksyon _____	
Non Elèv la _____		APP _____		Prenon _____		Lòt Non _____	
Adrès _____							
Premye nimewo telefòn pou kontakte pou ijans ak mesaj otomatik: _____							
Non Paran / Gadyen ki Fè Enskripsyon an _____				Relasyon _____		Andwa Travay _____	
Telefòn _____		Selilè _____		Adrès Lèt Elektwonik _____			
Non Paran / Gadyen ki pa Fè Enskripsyon an _____				Relasyon _____		Andwa Travay _____	
Telefòn _____		Selilè _____		Adrès Lèt Elektwonik _____			

Èske youn nan paran yo nan Militè? Wi ☐ Non ☐ Branch _____

Jadendanfan Sèlman: Èske timoun nan te nan klas matènèl oubyen gadri? Wi ☐ Non ☐ _____

Èske se ou ki te peye tout frè a? Wi ☐ Non ☐ Ki kalite? "Headstart" ☐ "ESE" ☐ Migran ☐ Lòt ☐ Mwen pa Konnen ☐

ENFÒMASYON SOU KONTAK IJANS: Mwen otorize distri lekòl la pou l bay oubyen asire pitit mwen resevwa nenpòt swen ijans li bezwen. Se responsablite legal paran pou aksepte depans medikal ak transpòtasyon pou pitit yo. Anka nou pa ka kontakte paran timoun nan, bay enfòmasyon sou kontak de (2) moun anba a, selon lòd priyorite.

_____ (Non)	_____ (Relasyon ak Elèv la)	_____ (Adrès)	_____ (Telefòn nan Travay)
_____ (Non)	_____ (Relasyon ak Elèv la)	_____ (Adrès)	_____ (Telefòn nan Travay)
_____ Doktè Fanmi an	_____ Telefòn	_____ Lopital Ou Prefere	_____ Telefòn

Done sou sante/alèji elèv la nou dwe konnen an ka yon ijans: _____

FÒM OTORIZASYON POU LAGE ELÈV SOTI NAN LEKÒL LA: Silvouplè bay non moun ki otorize oubyen ki pa otorize pou soti ak pitit ou a lekòl diran jounen lekòl la. Note non moun ki nan lis kontak ijans la pap ka vini chèche pitit ou a lekòl la si non li pa nan seksyon sa a. Nenpòt moun ki verifiye kòm yon paran pi wo a ak nan Sistèm Enfòmasyon sou Elèv Distri a sipoze gen otorizasyon pou vin chèche elèv la sof si yo endike otreman.

Otorize: _____

Otorize: _____

Pa otorize: _____

Pa otorize: _____

SE RESPONSABLITE PARAN YO pou enfòmè lekòl la an pèsòn nenpòt chanjman nan lis enfòmasyon sou fòm sa a. Anba pinisyon lalwa pou fosèman, mwen deklare mwen li [dokiman] sa a e fè ki site yo se laverite.

Dat: _____ Enprime Non Paran / Gadyen ki Fè Enskripsyon an _____

Siyati Paran / Gadyen ki Fè Enskripsyon an: _____

Paran/gadyen yo gen dwa pou yo revize kalifikasyon pwofesyonèl pwofesè pitit yo a (yo) ki gen ladan estati lisans lan, degre majè, diplòm gradye (yo) ak domèn sètifikasyon an. "Dwa pou konnen" sa a ki disponib nan lekòl pitit ou a, gen ladan l si pitit ou a ap resevwa sèvis parapwofesyonèl yo bay epi, si se konsa, kalifikasyon yo.

Nenpòt moun ki fè espri fè yon fo deklarasyon alekri ak entansyon pou twonpe yon sèvitè piblik nan egzekite devwa ofisyèl li a ap koupab de yon deli nan dezyèm degre dapre Fla. Stat § 837.06, oswa nenpòt moun ki fè yon fo deklarasyon verifiye se koupab de krim fo temwayaj, yon krim twazyèm degre, dapre Fla. Stat. § 95.525, ki gen pinisyon jan sa endike nan Fla. Stat., §§ 775.082, 775.083 ak 775.084.

Non nenpòt moun ki otorize oswa ki pa otorize pa paran ki anrejistre a pou vin chèche yon elèv nan lekòl la dwe genyen nan Fòm Done Elèv Ijans pou elèv sa a kapab remèt moun nan pa anplwaye lekòl la (Gade Fla. Stat. 1000.21(j), 5) ak Règleman 0100 pou definisyon "paran"). Lekòl la dwe respekte enfòmasyon yo bay sou Fòm Done Elèv Ijans lan. Nenpòt moun ki verifiye antanke paran nan Sistèm Enfòmasyon Elèv Distri a sipoze gen otorizasyon pou vin chèche elèv la sof si li endike lòt bagay. Paran ki anrejistre a ki ranpli Fòm Done Elèv Ijans lan responsab pou bay enfòmasyon ki veridik ak egzat – epi nan ka paran ki pa marye, divòse, oswa separe, ki konsistan avèk nenpòt lòd tribinal ki an reyaltite gouvènè divòs, separasyon, oswa zafè paran yo. Nenpòt paran ki konteste enfòmasyon yo bay nan Fòm Done Elèv Ijans pa yon lòt paran ka chèche asistans nan men tribinal ki gouvènè zafè paran yo pou oblije paran ki anrejistre a revize enfòmasyon yo. Anplwaye lekòl la dwe bay moun sa yo sitwèb pou Pwogram Family Court Self-Help nan <http://www.jud11.flcourts.org/Family-Court-Self-Help-Program>. Paran yo ka dakò tou pou chanje paran ki anrejistre a epi soumèt yon **Akò pou Chanje Fòm Paran ki Anrejistre (FM-7600)** nenpòt ki lè. FM-2733H Rev (07-22)

Bethune Head Start/ Early Head Start School Guidelines

The staff, at Bethune Early Childhood Center, is committed to ensure that your child has a positive foundational developmental and educational experience. Our goal is to create a friendly, well-rounded, and cooperative environment conducive to learning for our students.

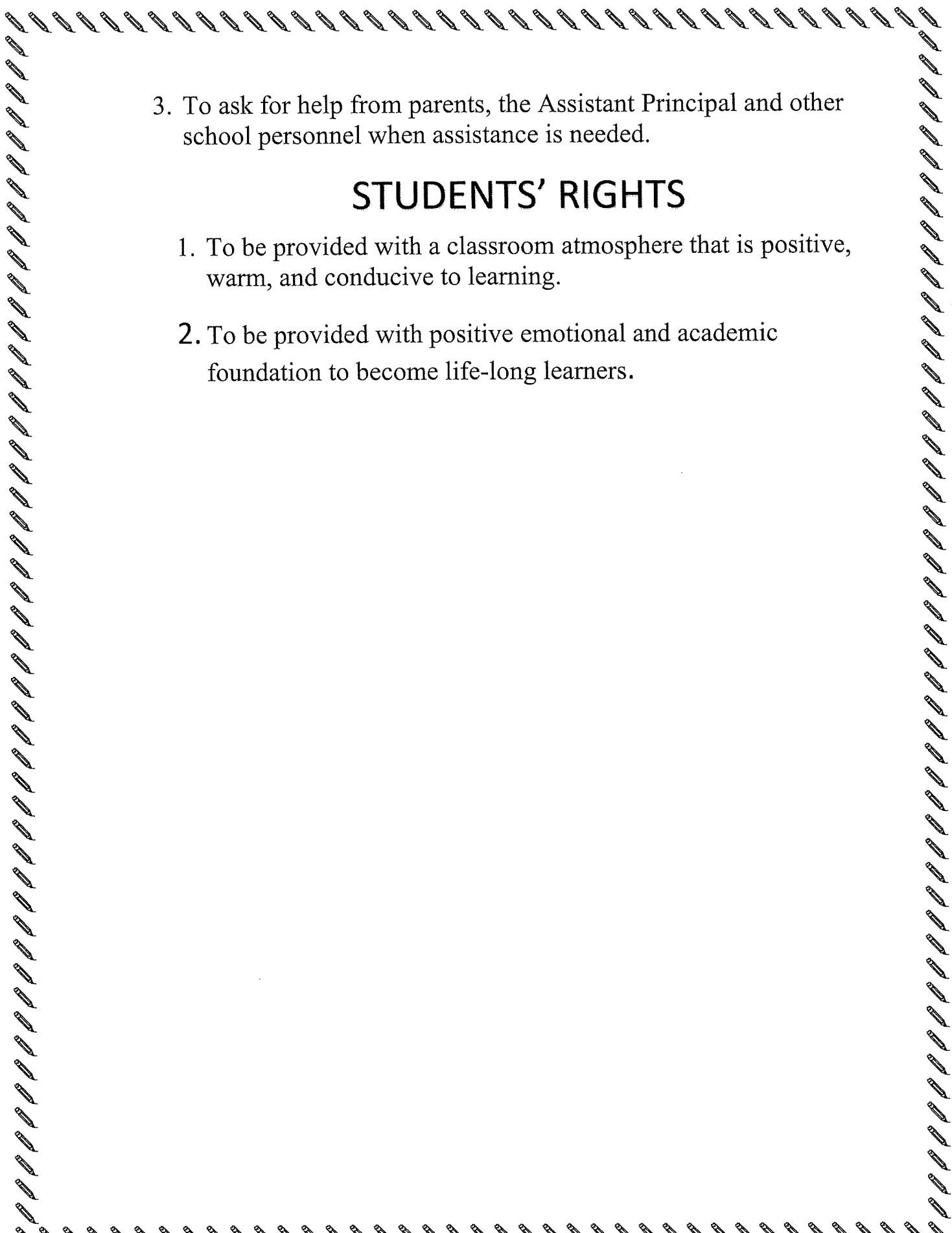
To encourage our students to enjoy this atmosphere, as well as to protect the health and safety of students, the following guidelines have been established:

Bethune Head Start/Early Head Start students to:

- Follow directions
- Treat others and their property with respect
- Use quiet voices in the classroom, hallways, and cafeteria
- Be cooperative
- Follow all school guidelines daily
- Report to school on time

Teachers' Rights

1. To have a classroom that provides an optimal learning environment.
2. To determine, establish, and request appropriate behavior from students.

- 
3. To ask for help from parents, the Assistant Principal and other school personnel when assistance is needed.

STUDENTS' RIGHTS

1. To be provided with a classroom atmosphere that is positive, warm, and conducive to learning.
2. To be provided with positive emotional and academic foundation to become life-long learners.


A decorative border made of numerous small, stylized pencil icons arranged in a rectangular frame around the text.

GROOMING SAFETY

Please bring your child to school with clean clothes and personal neatness.

- Extra set of clothes in case your child gets soiled.
- Shoes must be closed toe to prevent injury in the classroom or the playground.

DO NOT send children to school with:

- **JEWELRY**  We are not responsible.
- **ELECTRONICS** (phone, tablets etc..)
- **MEDICATIONs** (Head Start has procedures to follow).
- **Hair beads and/or hair shells.** They are a safety hazard for all children when become loose.

Thank you for your cooperation!

OUTSIDE FOODS ARE NOT ALLOWED

DIETARY RESTRICTIONS

To remain in compliance with Head Start Performance **Standard 45 CFR section 1304.23** (b)(1) of Children and Families (DCF) code and due to dietary restrictions of the children, please do not bring food from outside vendors such as: **McDonald's, Burger King, KFC, etc.**



- ***Food Allergies***

Parents/Guardians should notify the school Family Case Specialists and/or administrator of any allergy or other medical condition their child has and request the appropriate medical forms to be completed.

Thank you for your cooperation!

Head Start Attendance (Standards 1305.8):

Regular school attendance is important to the success of your child in the program and to maintain Head Start compliance.

- We will begin family support procedures for children with three or more consecutive unexcused absences in the program.
- We will conduct home visits.
- In circumstances where chronic absenteeism persists, and it does not seem feasible to include the child in either the same or a different program option, the child's slot must be considered a vacancy."
- No more than 30 calendar days of absences, your child will be placed on the waiting list.

Safety and Security

- ***Emergency Operations Plan***

Student and employee safety is a primary concern of the Miami-Dade County Public School (M-DCPS) System. The Emergency Operations Plan (EOP) was created to provide school personnel with the necessary leadership skills and knowledge needed to respond to critical incidents or other related emergencies that may occur in our schools/community. All schools have a site-specific plan to address all types of critical incidents. These plans address the individual needs of the school and provide guidelines for devising methods for communicating with the staff, students, parents/guardians, and the media during a critical incident or an emergency. Some of the protective action procedures include emergency drills (active shooter, hostage, & bomb drills), , the evacuation of students/staff from the building(s), evacuation of the disabled and if necessary the relocation of students/staff from the school campus, lockdown procedures and holding/dismissing students during school and community emergencies. Some important tips for parents/guardians to remember during a Critical Incident are as follows:

- Remain calm;
- Monitor media outlets for updates and official messages from M-DCPS;
- Do not flood the school with telephone calls; and
- If the school is on lockdown, wait until the lockdown is lifted before going to the school.

All school administrators, Region Center Superintendents/Directors and all MDSPD Police officers have been adequately trained in the school EOP and are prepared to respond immediately during a critical incident or emergency to provide safety for all children.

Be Safe Anonymous Reporting System (Insert Flyer)

http://hoover.dadeschools.net/portable_doc/68128_Be_Safe_Anonymous_Reporting_System_Flyer.pdf

- ***Fire Drills***

Ten fire drills will take place during the school year according to the Miami-Dade County Public Schools Policy and Emergency Procedures. At the sound of the emergency bell, students must stop what they are doing and follow the teacher's instructions. Students must clear the building promptly by the prescribed route. Any student who is in the hallway or the restroom at the sound of the emergency bell must proceed to the nearest exit and locate the teacher. Students, teachers and staff must remain outside the building until permission is given to re-enter.

- ***Emergency Drills***

Twenty-one emergency drills, to include one monthly active shooter drill and one hostage situation or bomb threat drill, will take place during the school year according to Florida Senate Bill 7026, also known as the Marjory Stoneman Douglas High School Public Safety Act. One additional active shooter drill must take place within the first 30 days of the f ls. All emergency drills shall be conducted in accordance with the appropriate corresponding

situational response as outlined in the EOP and shall include developmentally appropriate and age-appropriate procedures.

- **Lockdown Procedures**

Lockdowns are utilized in response to an immediate threat posed to students and staff. Schools have successfully performed lockdowns in response to police activity adjacent to a facility and potential armed intruders onsite. Students, faculty and staff will comply with all the procedures outlined in the Miami-Dade Public Schools Critical Incident Response Plan and remain on lockdown until a school administrator and/or law enforcement makes an "All Clear" announcement.

- **Threat Assessments**

Miami-Dade County Public Schools (M-DCPS) has a mandated set of procedures for threat assessment. A threat assessment is a problem-solving approach to violence prevention that involves assessment and intervention with students who have threatened violence in some way. When a preliminary determination is made, by the school administrator or designee, that a student poses a threat of violence or physical harm to him/herself or others is known, a Threat Assessment Team (TAT) shall be notified and shall convene to determine the best course of action. Authorized members of the TAT may obtain criminal history record information, if applicable. Students determined to be at-risk for violence will be referred for mental health services. Threat assessment and disciplinary procedures are separate processes. Regardless of whether a threat is determined to be transient, serious substantive, or very serious substantive, appropriate disciplinary procedures shall be followed in accordance with the Code of Student Conduct.

- **Emergency Contact Information**

Emergency Student Data Forms are distributed during the first day of school. Parents are expected to carefully complete the forms and returned immediately. The information provided on the Emergency Student Data Forms will enable school staff to contact the parent/guardian immediately in the case of an emergency. Parent/Guardian(s) that provide a cell phone number will receive text messages should an emergency arise. Students may only be released from school to the persons listed on the form after presenting a picture identification. No persons, other than school staff, will have access to the information submitted. Any divorced or separated parent contesting the information in the Emergency Student Data Form may seek assistance from the court governing their divorce, separation, or custody matters to compel the enrolling parent to revise the information.



Parent Toolkits

Visit <http://toolkit.dadeschools.net> for back-to-school information. Please note, for the opening of 2020-2021 school year, the site will direct you to <http://reopening.dadeschools.net> for the most updated information.

Prekindergarten Programs

M-DCPS offers a variety of prekindergarten programs throughout the District. Parents should contact their home school for the available options for Pre-K students. For additional information on VPK or Head Start/Early Head Start Programs, parents may contact the Department of Early Childhood Programs at 305-995-7632. For information on Pre-K ESE Programs, parents should contact 305-271-5701. Parents may also access information at earlychildhood.dadeschools.net.

Protocol for Addressing Parental Concerns

Parents may generally address their complaints or concerns to the school administration, which may be followed by Region and District department review by appropriate. For issues involving an individual teacher or class, parent/guardian address their concerns to the following individuals in the order below.

Parents are not allowed in the classrooms.

Visitors

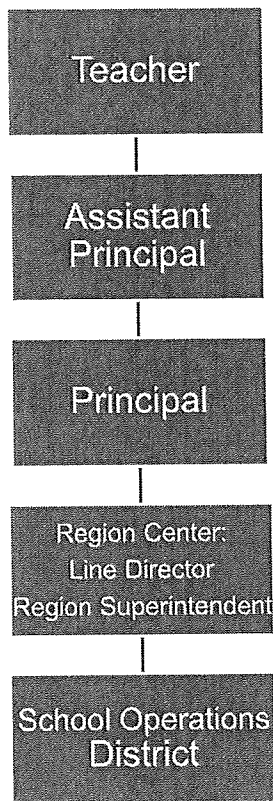
Due to legal regulations, students are not permitted to have guests attend school with them at any time. Parents/guardians are always welcome, and tours may be arranged with the principal to view the school. Classroom visits require a request with 24-hour notice. All visitors must first register with security at the main entrance, sign-in, produce photo identification, and then proceed to the main office. Anyone who fails to follow these procedures will be considered a trespasser and is subject to arrest.

Parent Portal

Parents/Guardians of all Miami-Dade County Public Schools students, including employees, have access to the PARENT PORTAL at www.dadeschools.net. To access portal information, you must first create a parent user account. The portal will link you to Parent Resources and to sites such as the Parent Academy, Schools of Choice, etc.

Volunteers

The school gladly welcomes the assistance of parents, as well as other family and community members who have time to volunteer at the school. This is a great opportunity to assist teachers in the classrooms, chaperone field trips and help out with any part of the total school program. If you are interested to become a volunteer, please come by the school. Once you are an approved volunteer, you must report to the Main Office to sign-in the Volunteer Binder and secure a Visitor's Pass before reporting to a classroom or any other designated volunteer location. Before leaving, volunteers must sign-out and return school passes to the office.



Public-Private Collaboration

Requests for private instructional personnel to collaborate with public instructional personnel in the educational setting should be directed to the Principal for application of District procedures.

Discrimination/Harassment

The School Board has a prohibition against discrimination/harassment based on race, color, ethnic or national origin, citizenship status, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, gender, gender identification, social and family background, linguistic preference, pregnancy, and any other basis prohibited by law. Students are encouraged to promptly report incidents of discriminatory or harassing conduct to their Principal or the Office of Civil Rights Compliance (CRC) so that the conduct can be addressed before it becomes severe, pervasive, and persistent. The School Board has also adopted a policy Against Bullying and Harassment with Bullying defined by state law as systematically and chronically inflicting physical harm or psychological distress on one or more students. Complaints of bullying should be reported to the Principal promptly.

Special Education/Section 504

The School Board of Miami-Dade County ensures that all students suspected of having a disability are identified, evaluated, and provided appropriate, specially designed instruction and related services, if it is determined that the student meets the state's eligibility criteria and the parent/guardian consents to initial placement.

Students who are not eligible for specially designed instruction and related services in accordance with state eligibility categories but have a disability that substantially affects a major life activity may be eligible for accommodations pursuant to Section 504 of the Rehabilitation Act of 1973.

As the parent/guardian of a child with disabilities, you are a very important member of the team that plans your child's education. Be informed and get involved. If you have any questions, please contact your child's school. Staff from the special education department and your child's student service provider will help to answer your questions. Additional information may also be found at <http://ese.dadeschools.net/>.

Student Records

The education records and personally identifiable information of students are protected by The Family Educational Rights and Privacy Act (FERPA) and the Florida Statutes. These laws provide that without the prior consent of the parent, guardian or eligible student, a student's records may not be released, except in accordance with the provisions listed in the above-cited laws. The laws provide certain exceptions to the prior consent requirement to the release of student records, which include, but are not limited to, school officials with a legitimate educational interest and lawfully issued subpoenas and court orders with notice prior to disclosure. Parents and eligible students are also provided the right to challenge the accuracy of their education records in accordance with the procedures outlined in School Board Policy 8330.

ATTENDANCE

Parents and students are responsible for attendance which shall be required of all students during the days and hours that the school is in session.

Absences shall be reported to the school attendance office by the parent or adult student as soon as practicable. The Superintendent shall require, from the parent of each student of compulsory school age or from an adult student who has been absent from school or from class for any reason, a statement of the cause for such absence. The District reserves the right to verify such statements and to investigate the cause of each single absence.

Educators shall encourage regular attendance of students, maintain accurate attendance records, and follow reporting procedures prescribed by the Superintendent.

Attendance Defined

- A. School Attendance - Students are to be counted in attendance only if they are actually present for at least two (2) hours of the day or engaged in a school-approved educational activity which constitutes a part of the instructional program for the student.
- B. Class Attendance - Students are to be counted in attendance if they are physically present in class for at least half of the class period, have been excused by the teacher on a class-related assignment, or have been requested by a member of the school support staff for an approved school activity.
- C. Tardiness - A student is considered tardy if they are not present at the moment the school bell rings for the class assigned. NOTE: If a student is not present when attendance is taken but is present later in the school day, that student must be considered in attendance, but tardy, and the absence should be changed. A student who is tardy should never remain on record as being absent.
- D. Early Sign-outs -No student shall be released within the final thirty (30) minutes of the school day unless authorized by the principal or principal's designee (i.e., emergency, sickness).

Each student who is scheduled at a school center for instructional purposes for a partial day, and at an area vocational-technical center, a vocational school or a community college for a partial day shall, if present at the school center, be reported as present one-half day.

Reasonable excuses for time missed at school:

- A. Personal illness of the student (medical evidence may be required by the Principal for absences exceeding five (5) consecutive days). The written statement must include all days the student has been absent from school. If a student is continually sick and repeatedly absent from school due to a specific medical condition, s/he must be under the supervision of a health care provider in order to receive excused absences from school.

- B. Court appearance of the student, subpoena by law enforcement agency, or mandatory court appearance.
- C. Absence due to a medical appointment requires a written statement from a health care provider indicating the date and time of the appointment and submitted to the Principal.
- D. An approved school activity (absences recorded but not reported).
- E. Other absences with prior approval of the Principal.
- F. Attendance at a center under Department of Children and Families supervision.
- G. Significant community events with prior permission of the Principal. When more than one (1) school is involved, the Region Superintendent will determine the status of the absence.
- H. Observance of a religious holiday or service when it is mandated for all members of a faith that such a holiday or service should be observed.
- I. Death in the immediate family.
- J. School-sponsored event or educational enrichment activity that is not a school-sponsored event, as determined and approved by the Principal. The student must receive advance written permission from the Principal. Examples of special events include: public functions, conferences, and regional, State, and national competitions.
- K. Outdoor suspension.
- L. Appointments for a therapy service provided by a licensed health care practitioner or behavior analyst certified pursuant to Florida law for the treatment of autism spectrum disorder including, but not limited to, applied behavioral analysis, speech therapy, and occupational therapy.
- M. Other individual student absences beyond the control of the parent or student, as determined and approved by the Principal, requires documentation related to the condition.

Unexcused absences include absences due to:

- A. vacations, personal services, local non-school event, program, or sporting activity;
- B. older students providing day care services for siblings;
- C. illness of others;
- D. non-compliance with immunization requirements (unless lawfully exempted).

Absences not included in excused absences listed above shall be unexcused. Any student who has been absent from school will be marked unexcused absent until s/he submits the required documentation. Failure to provide required documentation within three (3) school days upon the return to school will result in an unexcused absence. Unexcused absences do not require that the teacher provide make-up work for the student.

A student accumulating ten (10) or more class unexcused absences in an annual course or five (5) or more class unexcused absences in a designated semester course may have quarterly,

semester and final grade(s) withheld pending an administrative screening and completion of assigned interventions by the Attendance Review Committee.

Unexcused absences shall not be grounds for suspension from school but may result in detention or placement in existing alternative programs.

Any student who fails to attend any regularly scheduled class and has no excuse for absence should be referred to the appropriate administrator. Disciplinary action should include notification to parents or guardians. Chronic truancy or deliberate nonattendance in excess of fifteen (15) school days within a ninety (90) calendar day period shall be sufficient grounds for withdrawal of students sixteen (16) years of age or older, who are subject to compulsory school attendance under F.S. 1003.21.

The Superintendent shall develop administrative procedures that:

- A. ensure proper procedures are established so the student and his/her parents are provided the opportunity to challenge the attendance record prior to notification and that such notification complies with applicable Board policies;
- B. ensure a school session which is in conformity with the requirements of the rules of the State Board;
- C. govern the keeping of attendance records according to State Board rules;
- D. identify the habitual truant, investigate the cause(s) of his/her behavior, and consider modification of his/her educational program to meet particular needs and interests;
- E. ensure that students whose absence has been excused have an opportunity to make up work they missed and receive credit for the work, if completed;
- F. ensure that any student who, due to a specifically identifiable physical or mental impairment, exceeds or may exceed the District's limit on excused absence is referred for evaluation for eligibility either under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973 or other appropriate accommodation.

The regulations should provide that a student's grade in any course is based on performance in the instructional setting and is not reduced for reasons of conduct. If students violate the attendance or other rules of the school, they should be disciplined appropriately for the misconduct, but his/her grades should be based upon what the students can demonstrate they have learned.

Attendance Records and Reports Required

All officials, teachers, and other employees shall keep all records and shall prepare and submit promptly all reports that may be required by law, State rules, and District policies. These records shall include a register of enrollment and attendance and all persons named shall make reports. The enrollment register shall show the absence or attendance of each child enrolled for each school day of the year in a manner prescribed by the State Board. The register shall be open for inspection by the Superintendent. Violations of this section shall be a misdemeanor of the second degree, punishable as provided by law.

Falsification of Attendance Records - Penalty

The presentation of reasonable and satisfactory proof that any teacher, principal, any other school personnel or school officer, has falsified or caused to be falsified attendance records for which they are responsible shall be sufficient grounds for the revocation of his/her teaching certificate by the Department of Education, or for dismissal or removal from office.

The principal shall require:

- A. attendance/tardiness is taken and recorded by authorized persons at a designated time every official school day;
- B. a review of classes that have excessive absences in order to determine if the quality of instruction is a factor in the failure of students to attend class on a regular basis;
- C. an authorized person(s) to determine the status of each absence/tardiness;
- D. parents be notified each time their child is absent from school possible;
- E. the steps outlined in F.S. 1003.26 regarding regular school attendance are implemented;
- F. an Attendance Review Committee is established at the school;
- G. consideration of appeals made by students and/or parents regarding recommendations of the Attendance Review Committee.

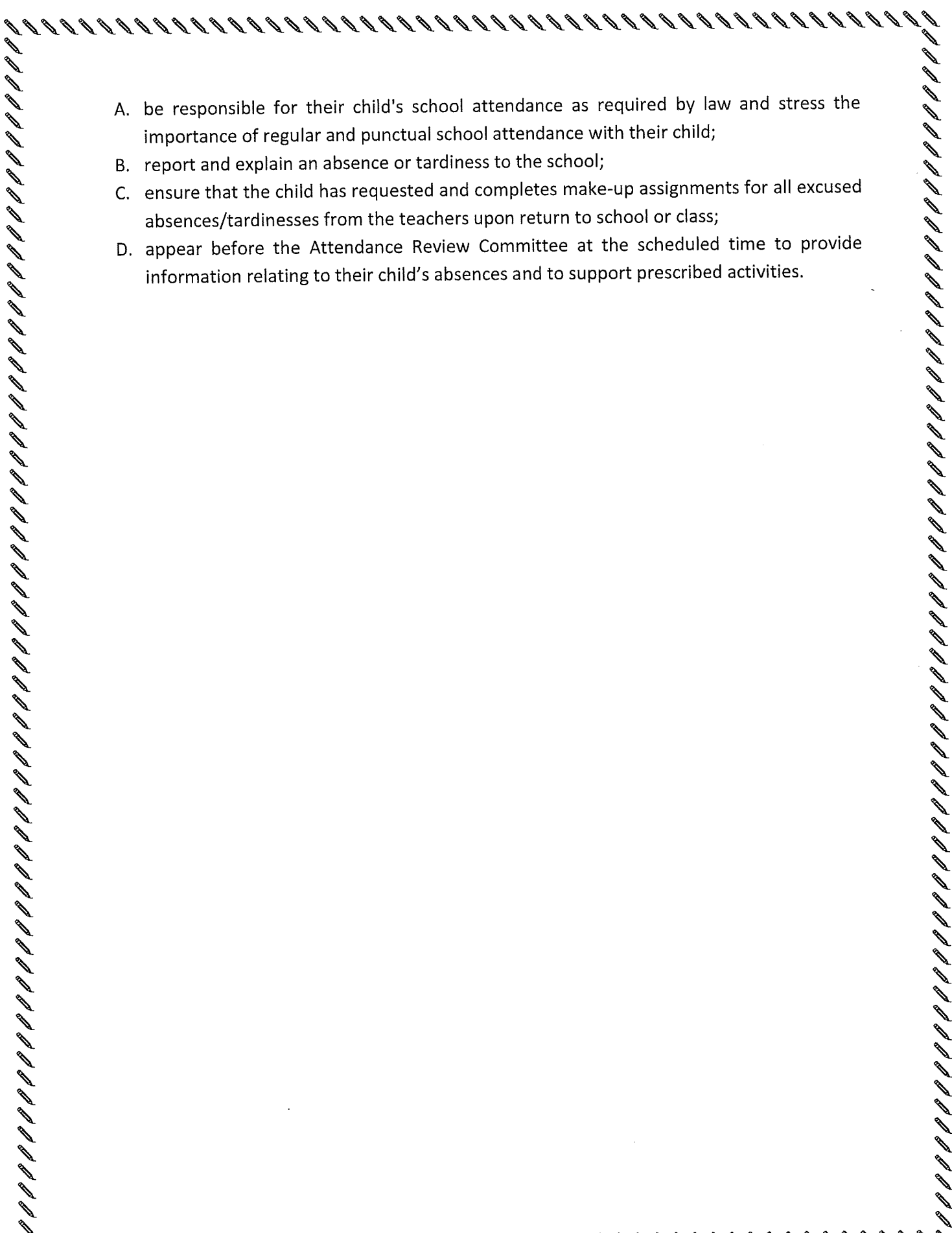
The teacher shall:

- A. encourage school and class attendance with challenging and rigorous instruction and curriculum and by demonstrating an interest in the welfare of students;
- B. take attendance during homeroom and whenever students change instructors in elementary schools and take attendance each period of the school day in secondary schools, and report absences as required by the school;
- C. at the request of the student or parent, provide make-up assignments for excused absences/tardinesses.

The student shall:

- A. attend classes 180 days each school year;
- B. request the make-up assignments for all excused absences/tardinesses from teachers upon return to school or class within three (3) days; It should be noted that all classwork, due to the nature of instruction, is not readily subject to make-up work.
- C. complete the make-up assignments for classes missed within the equivalent number of days absent; Failure to make up all assignments will result in a lower assessment of the student's academic and/or effort grade.
- D. be reported as present for the school day in order to participate in athletic and extra-curricular activities.

The parent shall:

- 
- A. be responsible for their child's school attendance as required by law and stress the importance of regular and punctual school attendance with their child;
 - B. report and explain an absence or tardiness to the school;
 - C. ensure that the child has requested and completes make-up assignments for all excused absences/tardinesses from the teachers upon return to school or class;
 - D. appear before the Attendance Review Committee at the scheduled time to provide information relating to their child's absences and to support prescribed activities.

TIP for 45 Day Screening

In order to individualize your child's educational needs, our program conducts several screenings that occur during the first 45 days of school and throughout the school year. Please refer to the attached to see the various screenings that are conducted. If you have any questions, please feel free to ask your child teacher.

Dear Parent(s):

We want to welcome you, your child, and your family to the Head Start/Early Head Start Program. In order to individualize your child's education, our program will be conducting a series of screenings during the first 45 days of school. The screenings will inform teachers of the skills/milestones that your child has mastered. Additionally, it will benefit teachers as they plan activities that will introduce the next set of skills that your child will eventually master. Your child's teacher will conduct screenings, ongoing observations and assessments in the classroom, as it is the most natural and familiar setting. Since the success of your child is our priority, teachers will be mindful to conduct the screenings during a time when your child will be most willing to participate. Results of the screenings will be reviewed with you during the first parent-teacher conference.

As your child's first teacher, you play an active role in the screening process. Your observations, ideas, and concerns about your child are very important and we are asking you to share them with your child's teacher. Your involvement helps to ensure that the planned activities are appropriate to your child, family and culture.

The screenings being conducted will be:

Head Start

- **Developmental Screening:**
 - **ACUSCREEN** - This developmental screening is based on observations of your child engaged in daily activities, as well as a series of teacher-directed tasks that your child will need to perform. This screening should take approximately 30 minutes to conduct.
- **Social, Emotional, and Behavior Screening:**
 - **DECA (Devereux Early Childhood Assessment)** - This screening will be based on the teacher's observations of your child's social, emotional behavioral interactions during the daily activities. This screening will help to measure how your child is developing in the areas of initiative, attachment, self-control and behavior. The same questionnaire will also be given to you so that you can provide information about your child. These observations will be conducted over the 45 day period.
- **Preschool Language Scales - 5 Screening Test** - This screening will assess the status of your child's language, connected speech, articulation, pragmatics, fluency, and voice. You will need to let the teacher know what your child's first language is so that the screening can be conducted in that language.

Early Head Start

- **Developmental Screening:**
 - **Ages & Stages Questionnaires (ASQ-3)** – The ASQ-3 will screen for developmental, behavioral, language and motor abilities. This screening will take approximately 15 minutes and is designed to be completed by the parent and teacher caregiver staff or parent and home visitor.
- **Social, Emotional, and Behavior Screening:**
 - **Ages & Stages Questionnaires Social-Emotional (ASQ-SE)** – The ASQ-SE will address the emotional and social competence of young children designed to be completed by the parent and teacher caregiver staff or parent and home visitor. This screening will take approximately 10-15 minutes.

Should you have any questions, regarding these screenings please feel free to speak with your child's teacher caregiver or social services staff.

I acknowledge that the above information was discussed with me and I agree to work in partnership with the Community Action and Human Services Department Head Start/Early Head Start Program staff regarding my child's development.

Parent Signature

Date

Staff Signature

Date

Parent Print Name

Staff Print Name

MENTAL HEALTH



NATIONAL CENTER ON
Early Childhood Health and Wellness

Tips for Families from the National Center on Early Childhood Health and Wellness

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?

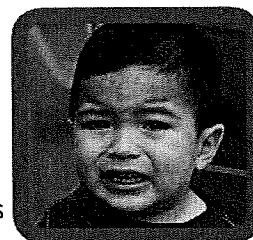
Having Positive Mental Health Makes It Easier for Children to:

- 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."



NATIONAL CENTER ON
Early Childhood Health and Wellness



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



Early Steps Referral Process

For infants and toddlers (birth to 3 years old) in the Early Head Start program with significant delays or a condition that places them at risk of developmental delay

Your child must first be found eligible to be enrolled in Early Steps. If your child is eligible, a thorough assessment of your child's skills and abilities will be made. In addition, an Individualized Family Support Plan (IFSP) will be designed just for your family with expected outcomes and goals based on your child's development.

The process to identify children who may need additional assistance in Early Head Start can be confusing. Here, we have simplified the process into 5 basic steps.

Step 1: A concern is identified

- ☐ You and your child's Early Head Start teacher(s) will complete the ASQ: SE-2 & ASQ-3 Questionnaire, which looks at how your child is developing.
- ☐ A parent conference will be held with you and your child's Early Head Start teacher(s) to discuss the questionnaire results and if a concern is present.
- ☐ You may also contact your child's teacher or request that your family service case specialist submit an internal referral to the early intervention team.

Step 2: Referral to Early Steps

- ☐ Suppose the child's ASQ: SE-2 & ASQ-3 Questionnaire indicates further assessment with a professional may be needed. In that case, you will be contacted by your assigned early intervention specialist to discuss a referral to Early Steps.
- ☐ If in agreement, your early intervention specialist will complete and submit an Early Steps referral on behalf of you and your child.
- ☐ You will be contacted by Early Steps within **5** calendar days of receiving the referral.

Step 3: First Contact

- ☐ The first contact process will occur within **44** days of your family's involvement with Early Steps.
- ☐ You will be contacted by the service coordinator to gather information to prepare for your child's evaluation or assessment.

Step 4: Evaluation

- ☐ You will be given the Informed Notice and Consent form to indicate if you wish to provide or decline consent for your child to receive a screening, an evaluation, or an assessment.



HEAD START/EARLY HEAD START PROGRAMS

- ☐ If you provide consent, an appointment will be scheduled to evaluate your child. The initial evaluation and assessment will be completed within **45** days of the Early Steps' referral date.

Step 5: Individualized Family Support Plan (IFSP)

- ☐ Your service coordinator will contact you to schedule an IFSP meeting.
- ☐ If your child is eligible for Part C services, an IFSP will be written. The child's therapy(s) should start within **30** days.
- ☐ Early Steps will be reviewing the IFSP every **6** months.

Important dates

Use the space below to keep track of important meeting dates.

Initial Contact Date(s):

Screening/ Evaluation Appointment(s):

IFSP Meeting Date(s):

IFSP review Date(s):

The ABCs of ESE

Acronyms are used to abbreviate names or phrases. Below please find a list of related acronyms to help you navigate the Exceptional Student Education (ESE) world!

ADA	American with Disabilities Act	LEA	Local Education Agency
ASD	Autism Spectrum Disorders	LRE	Least Restrictive Environment
DD	Developmental Disability	OHI	Other Health Impairment
ESE	Exceptional Student Education	OI	Orthopedic Impairment
ELL	English Language Learner	OT	Occupational Therapy
ESL	English as a Second Language	PBS	Positive Behavior Supports
FAPE	Free Appropriate Public Education	PT	Physical Therapy
GE	General Education	SLP	Speech/Language Pathologist
IDEA	Individual with Disabilities Education Act	SPED	Special Education
IEP	Individualized Educational Plan	SSI	Supplemental Security Income
IFSP	Individualized Family Support Plan	SST	School Support Team
ITDS	Infant Toddler Development Specialist	VI	Visual Impairment

Your signature below indicates receipt of the information above.

Child's Name: _____

Child's Birthday: _____

Parent/Guardian
Signature: _____

Date: _____



Miami-Dade County Public Schools Referral Process

For children in the Head Start program presenting with developmental, speech/language, and social/emotional concerns

When a child is experiencing difficulty, it's important to find out why. Your School Support Team (SST) will begin the problem-solving process to assist your child in school and determine the need for a formal evaluation. A formal evaluation will decide if your child will qualify to receive additional help. This additional help may be Exceptional Student Education (ESE) *and related services*.

The process to identify children who may need additional assistance in school can be confusing. Here, we have simplified the process into 5 basic steps.

Step 1: A concern is identified

- ☐ Classroom teacher administers 45-day Head Start Screenings which take a closer look at how your child is developing and identifies if your child is on the right development track.
- ☐ Head Start teacher(s) will meet with you to discuss all screening results and discuss if a concern is present.
- ☐ You may also contact your child's teacher or other school professional to request a meeting to discuss concerns about your child and ask that your child be evaluated.

Step 2: Referral to School Support Team

- ☐ When screenings identify a concern, the teacher completes a referral (or request) to the School Support Team to begin the problem-solving process.
- ☐ A meeting is conducted to determine the need for evaluation. You are an important member of the team.
- ☐ If an evaluation is recommended and you agree with the recommendation, you will provide consent (or permission) for the school to evaluate your child. After consent for initial evaluation is received, an evaluation is completed within **60** calendar days.

Step 3: Evaluation

- ☐ The evaluation process is a way to collect information about your child's learning needs, strengths, and interests. An evaluation will look at all the areas in which your child may have needs.

Step 4: Eligibility Determination

- ☐ After the evaluation is finished, the school will invite you to a special meeting, which is often called an eligibility staffing.
- ☐ At the meeting, the evaluators or other school staff will discuss the results with you. The team of people—including you—will determine if your child qualifies for special education and related services.



HEAD START/EARLY HEAD START PROGRAMS

Step 5: The Individualized Educational Plan (IEP)

- ☐ If your child is found eligible for ESE and related services, the team will develop an Individualized Educational Plan (IEP). An IEP is a written plan that tells you, your child, the teachers, and other school staff of the services the school will provide to your child. Your child cannot receive ESE and related services until the first IEP is developed and you give permission for services and placement.

Important dates

Use the space below to keep track of important meeting dates.

Parent/Teacher Conference(s):	<input type="text"/>	<input type="text"/>
School Support Team Meeting Date(s):	<input type="text"/>	<input type="text"/>
Initial Eligibility Meeting Date(s):	<input type="text"/>	<input type="text"/>
IEP Annual Review Date(s):	<input type="text"/>	<input type="text"/>

The ABCs of ESE

Acronyms are used in order to abbreviate names or phrases. Below please find a list of related acronyms that will help you navigate the Exceptional Student Education world!

ADA	American with Disabilities Act	LEA	Local Education Agency
ASD	Autism Spectrum Disorders	LRE	Least Restrictive Environment
DD	Developmental Disability	OHI	Other Health Impairment
ESE	Exceptional Student Education	OI	Orthopedic Impairment
ELL	English Language Learner	OT	Occupational Therapy
ESL	English as a Second Language	PBS	Positive Behavior Supports
FAPE	Free Appropriate Public Education	PT	Physical Therapy
GE	General Education	SLP	Speech/Language Pathologist
IDEA	Individual with Disabilities Education Act	SPED	Special Education
IEP	Individualized Educational Plan	SSI	Supplemental Security Income
IFSP	Individualized Family Support Plan	SST	School Support Team
ITDS	Infant Toddler Development Specialist	VI	Visual Impairment

Your signature below indicates receipt of the information above.

Child's Name: _____

Child's Birthday: _____

Parent/Guardian
Signature: _____

Date: _____

Social Emotional Support

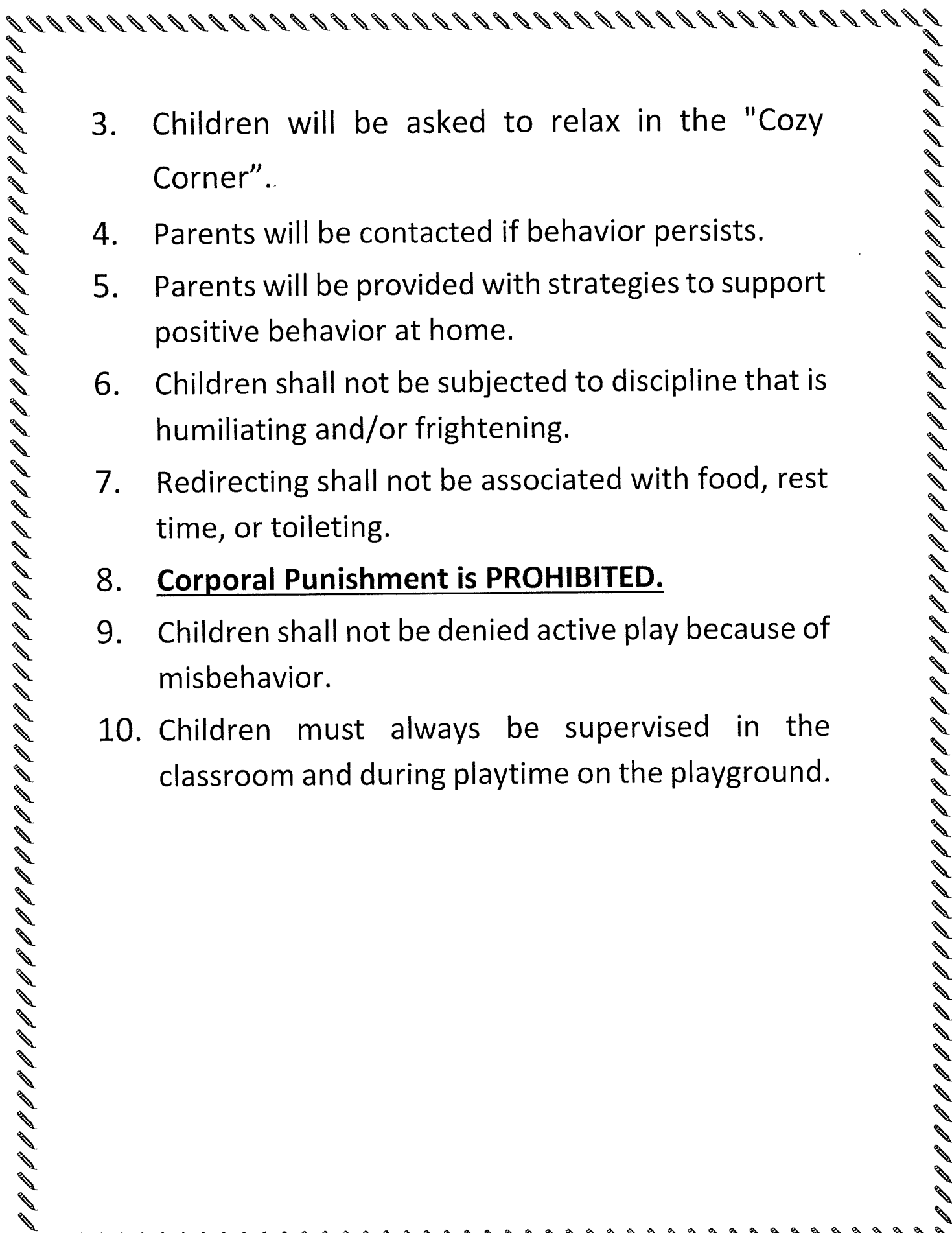
Dear Parent/Guardian:

We are required by Children and Families to provide parents with a written discipline policy. Please review the policy and understand we are working to assist children become socially and emotionally balanced.

Our program will ensure that age appropriate, constructive behavior practices are used in the classroom. This will allow the child time to look over his or her behavior and to choose alternate positive response. To ensure a safe and successful program, redirecting misbehavior is a must. We welcome ideas from parents, so please feel free to share them with your child's classroom teacher.

The following steps will be used for improving improper behavior:

1. Children will be directed to utilize strategies learned from Tucker Turtle Pyramid model.
2. Children will be redirected from a situation and asked to share their feelings.

- 
3. Children will be asked to relax in the "Cozy Corner"..
 4. Parents will be contacted if behavior persists.
 5. Parents will be provided with strategies to support positive behavior at home.
 6. Children shall not be subjected to discipline that is humiliating and/or frightening.
 7. Redirecting shall not be associated with food, rest time, or toileting.
 8. **Corporal Punishment is PROHIBITED.**
 9. Children shall not be denied active play because of misbehavior.
 10. Children must always be supervised in the classroom and during playtime on the playground.



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

Disciplinary Practices Including Positive Behavior Support Procedures
In compliance with Florida Statute section 402.305 (12)(a)(1-3)

The following provides guidance to all Community Action and Human Services Department (CAHSD) Head Start/Early Head Start staff, volunteers and contractors in the requirement for **support of positive behavior** and the definition of **acceptable discipline methods** as required by the **State of Florida**. The program will provide all children with support for positive behavior that is conducive to the development of **social competence in young children** in the classroom environment. It provides for the safety and well-being of all children and staff.

1. CAHSD Head Start/Early Head Start staff will provide all children with support for **positive behavior** that is conducive to the development of social competence in an atmosphere that provides safety to all children and staff and an environment in the classroom in which opportunities for learning are optimized. **Children shall not be subjected to discipline which is severe, humiliating, threatening or frightening.** Children shall not be shamed, ridiculed or spoken to harshly, abusively or with profanity. Further, **spanking or any other form of physical punishment is prohibited.**
2. Staff will directly teach classroom rules, expectations and behavioral requirements to children on a daily basis at the beginning of the program year and reinforce throughout the day and year. Requests to children will be stated in a positive way, recognizing and effectively praising appropriate behavior. **Redirection** is the first method to be utilized when a child begins to display inappropriate behavior. Children **will not be isolated using "time out"** or other such techniques **which prevent a child** from participating in **scheduled activities and routines.** For children who present more aggressive and disruptive behaviors, staff will meet with **parents** to develop a formal **individualized plan** of addressing the child's behaviors that center on concerted efforts by staff to identify and **reinforce appropriate** behaviors for the child, when they occur.
3. Staff should **observe and document situations** that are known to trigger inappropriate behavior anticipate the behavior and have a **plan** to address these situations **before** they occur. CAHSD Head Start/Early Head Start staff will identify children that have demonstrated potentially negative or challenging behaviors in the classroom or at home. Through documented observations, and in collaboration with **parents**, staff will develop strategies that provide for the **individual needs** of the child to find socially acceptable ways in which the child may obtain or remove the causal factors of challenging behaviors and to provide support for positive productive emerging behaviors. **The program's disciplinary practices shall never be associated with food, rest or toileting.**
4. CAHSD Head Start/Early Head Start staff, volunteers and contractors **will not engage** in the **physical restraint** of any child, unless there is a real and present danger of serious injury to the child, other children or staff. When such restraint is used, full and complete documentation of the incident and the actions taken must be reported immediately to the Program Director, Center Director and Grantee administration.
5. Children **shall not be permitted** to intimidate or harm others, harm themselves or destroy property. If a child is having extreme difficulty with self-control, try to lead them from the room. If he or she does not want to go; then distance the group from the child. Consultation and team planning for such children must be scheduled.

I acknowledge that the above **Disciplinary Practices Including Positive Behavior Support procedures** have been reviewed with me and I have been provided a copy of this document.

Parent Signature

Staff Signature

Date

Date



PARENTS' ROLE IN THE EDUCATIONAL PROCESS

PARENTS' ROLE IN THE EDUCATIONAL PROCESS

Start today!



The parent's role is critical to the mental, physical, educational, and social development of a child. One of the key areas that promotes success in school is reading.

- Make a commitment to read a book to your child every day.
- Read a variety of books
- It is ok to read the same book several times.
- Establish reading routine.

Here are some reading strategies:

1. Select a book your child likes.
2. Read slowly and with expression.
3. Talk about the characters in the book.
4. Follow the words with your finger as you read. This will help the child
5. understand the pattern of the written words.
6. Point to the pictures and say the names of the objects and their colors.
7. Have your child help turn the pages.
8. Ask your child to describe pictures, repeat phrases slowly used in the book.
9. Have your child make predictions about the story.
10. Ask your child to describe pictures, repeat phrases from the book.
11. Ask your child to make predictions from the story.
12. Take time to answer questions.



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



PARENT AGREEMENT FORM

I AGREE:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. To provide my child's eligibility documents for proof of age and family income, 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 every day that he/she is able. I will contact the center when my child cannot attend school within one hour of the program start time. | <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 HMO/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"/> |

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

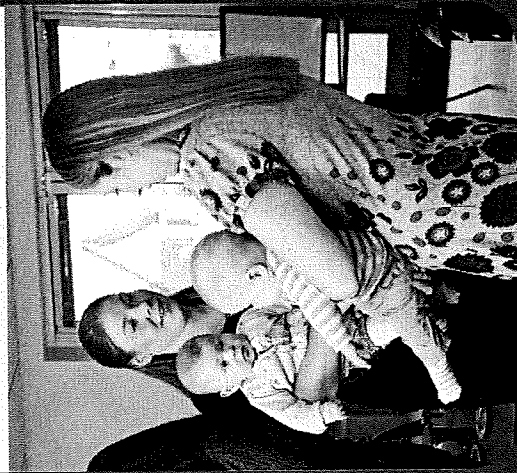
ORIGINAL: To Parent
COPY: Folder

Revised: April 2017cw

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: C11MD2207
License Issued on 05/17/2022
License Expires on 05/16/2023
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.

CFPI 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 numbers 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.



Making an informed decision.

Your first concerns are your child's safety, health and welfare. Every program will have positive features, but only you can decide what is most important.

Looking and listening.

You can tell a great deal by watching and listening to what is going on in a classroom or home. Do the children seem to be happy and enjoying their activities? Do the teachers seem loving, nurturing and responsive to all children in their care? Are problems handled promptly and appropriately? Do the teachers seem like people you can trust with your child's health, happiness and well-being? Is this a place where you would feel good about your child spending many hours each day?

Asking questions.

If you have any questions or concerns, write them down as they occur to you. Ask for a time to discuss them with the teacher or director.

Paying attention to your instincts.

You know your child best. Pay attention to any uneasy feelings you may have had during your visit. Can you picture your child in this setting? Were the toys and activities you observed the kinds your child would enjoy? Were they clean? If your child was with you, what was his reaction? Children respond in their own unique ways to new situations. Don't rule out other factors that could influence your child's reaction such as being hungry or tired. Trust your instincts and your ability to make wise decisions for your child.

Considering costs.

Carefully weigh the "pros" and "cons" of each teacher and facility that you visited. Decide which one meets the greatest number of your priorities at a rate you can afford. Keep in mind that the highest cost doesn't always guarantee the best teacher and facility. Likewise, the least expensive rates do not necessarily mean poor teachers and facilities.

Making a good choice.

Now that you have done your homework and some careful thinking, you are ready to make your choice. Remember, selecting and placing your child in an early learning program is just the beginning. Talk to the new teacher often and visit occasionally to ensure your child is safe and happy and your decision was the right one.

Visit the Office of Early Learning at

www.FloridaEarlyLearning.com, or

call the Toll-free Family Line 866-357-3239 (TTY: 711)



OFFICE OF
Early Learning
LEARN EARLY. LEARN FOR LIFE.

A Parent Checklist for Quality Child Care

QUALITY CHECKLIST

*For Evaluating
Early Learning Programs*



WHAT TO LOOK FOR:	Provider 1	Provider 2	Provider 3
Do children look happy, involved in activities and well cared for?			
Do teachers get at a child's eye level to listen, talk and play with children?			
Do teachers give individual attention to each child?			
Are teachers warm, kind, calm and patient?			
Are there sufficient materials such as blocks, books, puzzles, art supplies and toys for all the children?			
Are they available throughout the day? Are they clean?			
Are well-planned activities such as music, painting and dress-up play provided for children?			
Does the facility seem cheerful, clean and safe with equipment in good repair?			
Are washing hands and changing diapers done frequently?			
Is there adequate indoor space for play, naps, meals and belongings?			
Is the outdoor play area fenced, safe, well-equipped and supervised at all times?			
QUESTIONS TO ASK:			
Is the program licensed? Accredited?			
Are reference and background checks conducted on staff?			
Does staff practice fire drills and evacuation procedures regularly?			
How many of the teaching staff have been employed in this facility or home for more than one year?			
Will my child's teacher have training in early childhood education, first aid and CPR?			
How many children are there for each adult? (adult to child ratio)			
How many children are in my child's group? (<i>Smaller group size can be a quality indicator.</i>)			
Are there policies and procedures in place for dropping off and picking up children?			
Are there policies and procedures in place to ensure that all children are present and accounted for during and following outdoor play, field trips and other transition periods?			
Are there written policies and procedures regarding emergency plans and handling vacations and substitutes?			
Are there written policies and/or information regarding philosophy of education for young children; discipline; on-going staff education and training; illness and injuries; napping; and toileting habits?			
Do teachers welcome parent visits any time of the day and encourage parent involvement?			
Are creative activities (e.g. music, art) offered? Are they included in the rate?			
Are meals and/or snacks provided? Are they included in the rate?			
What rates are charged? Are there additional fees for registration, materials or field trips?			
Will my child be happy in this program?			



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HEALTH REQUIREMENTS



STATE OF FLORIDA
School Entry Health Exam

Page 1 of 2

To Parent/Guardian: Please complete and sign Part I — Child's Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any "Yes" answers in the space provided below.)

1. Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes ☐ No ☐ Any other specific illness or social/emotional or behavioral problems?
3. Yes ☐ No ☐ Any allergies (food, insects, medication, etc.)?
4. Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
5. Yes ☐ No ☐ Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes ☐ No ☐ Any hospitalization, operation, or major illness (specify problem)?
7. Yes ☐ No ☐ Any significant injury or accident (specify problem)?
8. Yes ☐ No ☐ Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.



Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle)	Birth Date
-------------------------------------	------------

PART II — MEDICAL EVALUATION**To be completed and signed by the Health Care Provider ONLY:****The child named above has had a complete history and physical exam on the following date:**

(Exam must be within one year of enrollment)

____ Month ____ Day ____ Year

Screening Results:

Height: ____ Weight: ____ BMI%: ____ B/P: ____ Hct/Hgb: ____ Lead: ____ Urinalysis: ____

Vision - Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/____	Left 20/____	Failed <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Referred <input type="checkbox"/>				

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Postural assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____

TB risk assessment done ☐ (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

☐ This child may participate fully in school activities including physical education.☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/> _____	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care ProvidersTuberculosis Infection Risk:Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.



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.

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					
MMR (Separate)	G, H					
		<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I					
		<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
		<i>Year</i>				
PneumoConju	N					

Select appropriate box(es)
Certificate of Immunization for K-12

Part A-Complete

- ☐ DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- ☐ DOE Code 8: Immunizations are complete for 7th 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: _____

**MIAMI-DADE COUNTY
COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT
HEAD START/EARLY HEAD START DIVISION**



MEDICAL SCREENING FORM

CENTER NAME: _____
CHILD'S NAME: _____
PARENT/GUARDIAN NAME: _____

CLASS ROOM: _____
DATE OF BIRTH: _____

HEMOGLOBIN / HEMATOCRIT

DATE	AGE	RESULTS	
		Hgb (#)	Hcto (%)

LEAD SCREENING

DATE	AGE	TEST RESULTS
		In micrograms per deciliter ONLY (mcg/DL)

**BLOOD PRESSURE READING
(3-5 YEAR OLD)**

DATE	AGE	RESULTS

**HEAD CIRCUMFERENCE
(EARLY HEAD START ONLY 0-36 MONTHS)**

DATE	AGE	RESULTS
		(In Centimeters CM)

I confirm that I have completed the services indicated above.

AGENCY STAMP HERE:

Medical Provider/Agency Signature

Date

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Dental Screening

Dental screening is due every year for children one and older (except when the child needs ongoing treatments).

Additional document may be necessary.

Dental/Oral Health Exam Record

CHILD'S NAME: _____
HEAD START/EARLY
HEAD START CENTER: _____

BIRTH DATE: _____

CLASSROOM: _____

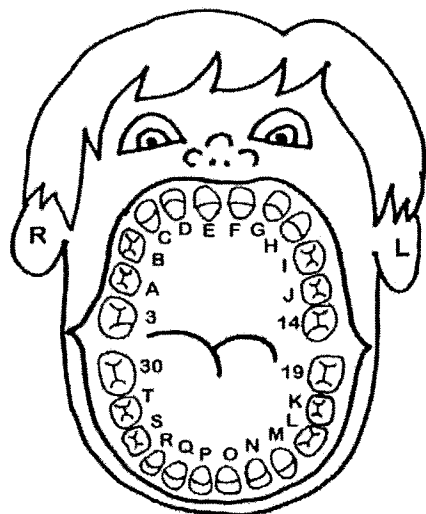
HISTORY: _____

ALLERGIES: _____

Please complete the following information for the Head Start/Early Head Start Program.
(Mark an "X" next to ALL boxes that apply.)

DENTAL PROVIDER	SERVICES COMPLETED:	EXAM & TREATMENT SERVICES:	TREATMENT INDICATED:
	<input type="checkbox"/> Oral Hygiene Instruction <input type="checkbox"/> Topical Fluoride & Prophylaxis <input type="checkbox"/> Sealants Applied <input type="checkbox"/> Systemic Fluoride Prescribed	<input type="checkbox"/> Normal/Healthy Exam <input type="checkbox"/> Treatment In Progress	<input type="checkbox"/> All Treatment Completed <input type="checkbox"/> No. of Additional Visits Needed: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Return to Clinic: _____

FINDINGS:



3 _____
A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
14 _____

19 _____
K _____
L _____
M _____
N _____
O _____
P _____
Q _____
R _____
S _____
T _____
30 _____

Abscess (A) Decalcification (DEC) Caries (C)
Fracture (FR) Extraction (EXT) Missing (I)
Mesial - M Distal - D Facial - F
Lingual - L Occlusal - O

I certify that I have completed the services indicated above and that the itemized charges do not exceed my usual and customary fees.

PROVIDER STAMP HERE: _____

Examined By (Print Name) _____

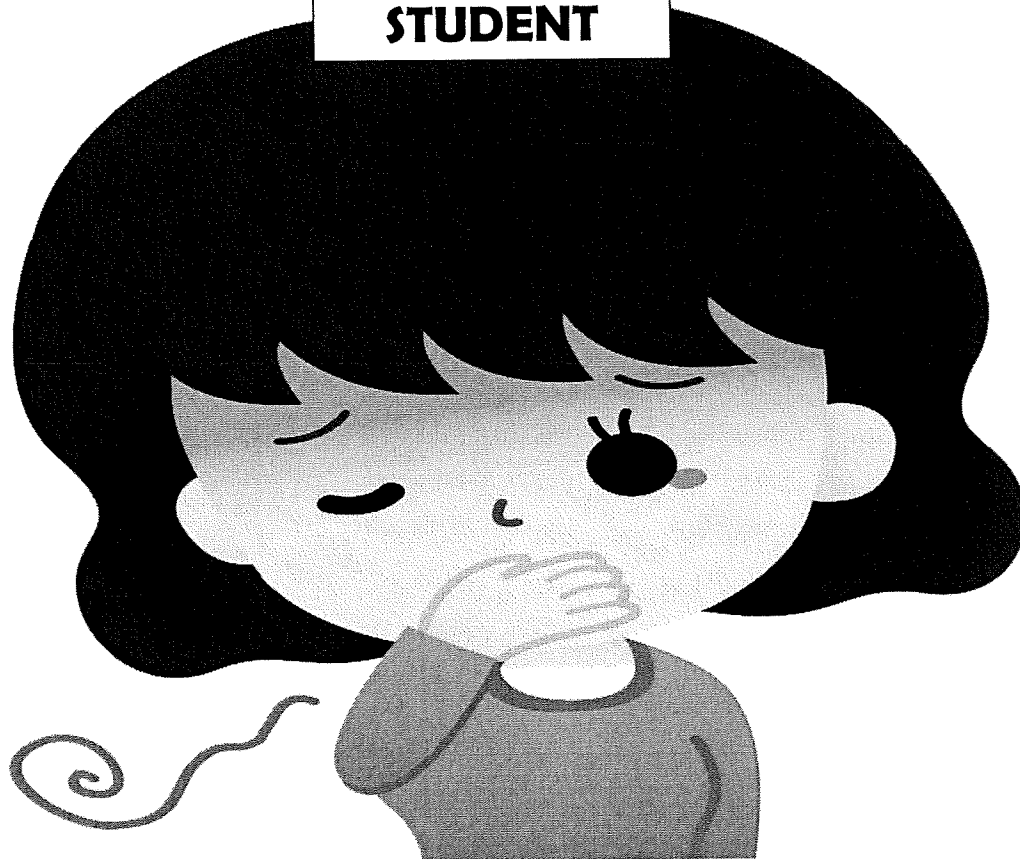
Signature _____

Date _____

Parent/Legal Guardian Signature _____

Date _____

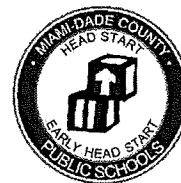
**SICK
STUDENT**



Please do not send your child to school if he or she is feeling sick!

If the student is sick at school, we will complete a Health Alert. This will require a doctor's clearance for your child to return to school.

HEALTH ALERT NOTICE



To the Parents of: _____

Center: _____

Date: _____

D.O.B: _____

Classroom: _____

Your child was observed to have the following: _____

Please have your child evaluated by your Health Care Provider as soon as possible. The bottom part of this form must be completed and signed by the Health Care Provider.

Parent Signature: _____

Date: _____

Staff Signature: _____

Date: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Diagnosis: _____

Treatment: _____

Is this child contagious at this time? ☐ Yes ☐ No

Does the child have a follow-up doctor's visit? ☐ Yes ☐ No

If "Yes" what date is the follow-up visit? ____/____/____ (Date)

Child may return to school on: ____/____/____ (Date)

Comments: _____

Physician Stamp Required Below

Name of Health Care Agency/Physician: _____

Address: _____ Phone Number: () _____

Physician/Licensed Medical Professional Signature: _____

Date: _____

COVID – 19 Child Daily Health Checklist

Child's Name	Date
Teaching Team	Center
SYMPTOM	OBSERVATION/COMMENTS
SKIN	
<input type="checkbox"/> Itching or rash**	
<input type="checkbox"/> Sores	
<input type="checkbox"/> Cuts or bruises	
<input type="checkbox"/> Pale	
<input type="checkbox"/> Dry	
<input type="checkbox"/> Moist	
<input type="checkbox"/> Spots	
<input type="checkbox"/> Yellow	
<input type="checkbox"/> Infected	
<input type="checkbox"/> Patches	
<input type="checkbox"/> Other	
HEAD	
<input type="checkbox"/> Red or runny ears	
<input type="checkbox"/> Pink or runny eyes**	
<input type="checkbox"/> Yellow eyes	
<input type="checkbox"/> Itchy scalp	
<input type="checkbox"/> Crust on eyelids or lashes	
<input type="checkbox"/> Fever**	
<input type="checkbox"/> Swollen neck**	
<input type="checkbox"/> Runny nose or Congestion**	
<input type="checkbox"/> Headache**	
<input type="checkbox"/> Other	
MOUTH AND THROAT	
<input type="checkbox"/> Difficulty swallowing	
<input type="checkbox"/> Red, swollen, sore throat**	
<input type="checkbox"/> Sores in mouth or on lips**	
<input type="checkbox"/> Severe cough**	
<input type="checkbox"/> Noisy breathing	
<input type="checkbox"/> Difficult breathing**	
<input type="checkbox"/> Loss of Taste or Smell**	
<input type="checkbox"/> Nausea, Vomiting, or Diarrhea**	
<input type="checkbox"/> Other	
ARMS AND LEGS	
<input type="checkbox"/> Sore (Muscle or body aches) **	
<input type="checkbox"/> Infected nail	
<input type="checkbox"/> Swelling	
<input type="checkbox"/> Lumps or knots	
<input type="checkbox"/> Scratches/ bruises	
<input type="checkbox"/> Other	
EMOTIONAL	
<input type="checkbox"/> Unusual behavior (fatigue or irritable)	

**NOTE: Items bolded are symptoms of COVID-19 and should be assessed carefully.

Schools and Childcare Programs

Checklist for Parents

Parents: Get Your Children Ready for Coronavirus Disease 2019

You can help protect your family from COVID-19 by practicing and promoting everyday healthy habits. If an outbreak occurs in your community, your school may dismiss students to prevent further spread of the virus. Use this checklist to plan and take action if a COVID-19 outbreak occurs in your community.

PLAN AND PREPARE

☐ Practice and reinforce good prevention habits with your family.

- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

☐ Keep your child at home if sick with any illness.

If your child is sick, keep them at home and contact your healthcare provider. Talk with teachers about classroom assignments and activities they can do from home to keep up with their schoolwork.

☐ Be prepared if your child's school or childcare facility is temporarily dismissed.

Talk with your employer about sick leave and telework options in case you need to stay home with your child. Consider planning for alternate childcare arrangements.

IF YOUR SCHOOL/CHILDCARE PROGRAM IS DISMISSED

☐ Keep track of school dismissal updates.

Read or watch local media sources that report school dismissals or stay in touch with your school.

☐ Talk to your school about options for digital and distance learning.

☐ Discourage children and teens from gathering in other public places while school is dismissed to help slow the spread of COVID-19 in the community.

☐ Seek guidance from your school administrator to determine when students and staff should return to schools.

Duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific situation in your community. Students and staff should be prepared for durations that could last several days. Administrators should work with their local health authorities to determine duration of dismissals.



cdc.gov/coronavirus

A decorative border composed of small, stylized pencil icons arranged in a rectangular frame around the central text.

Influenza (FLU)

The Influenza form must be completed
between August and September or on the
date of enrollment.

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.

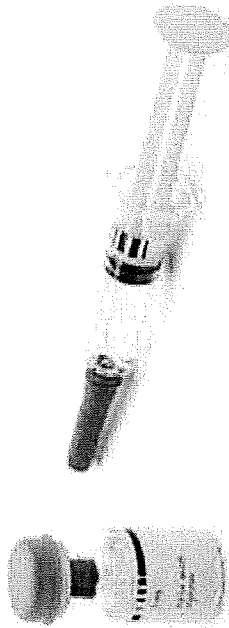


What should I do if my child gets sick?

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

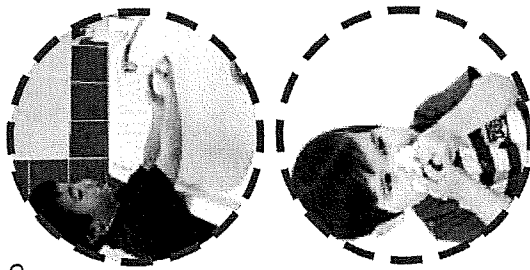


How can I protect my child from the flu?

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.

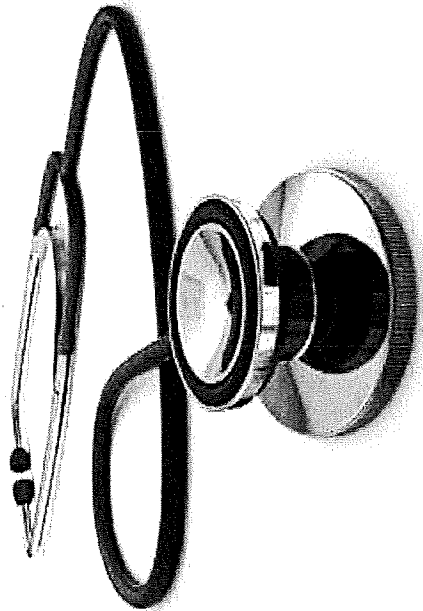
When should my child stay home from child care?

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/>

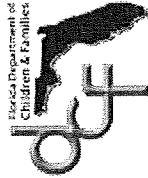
What is the influenza (flu) virus?

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.

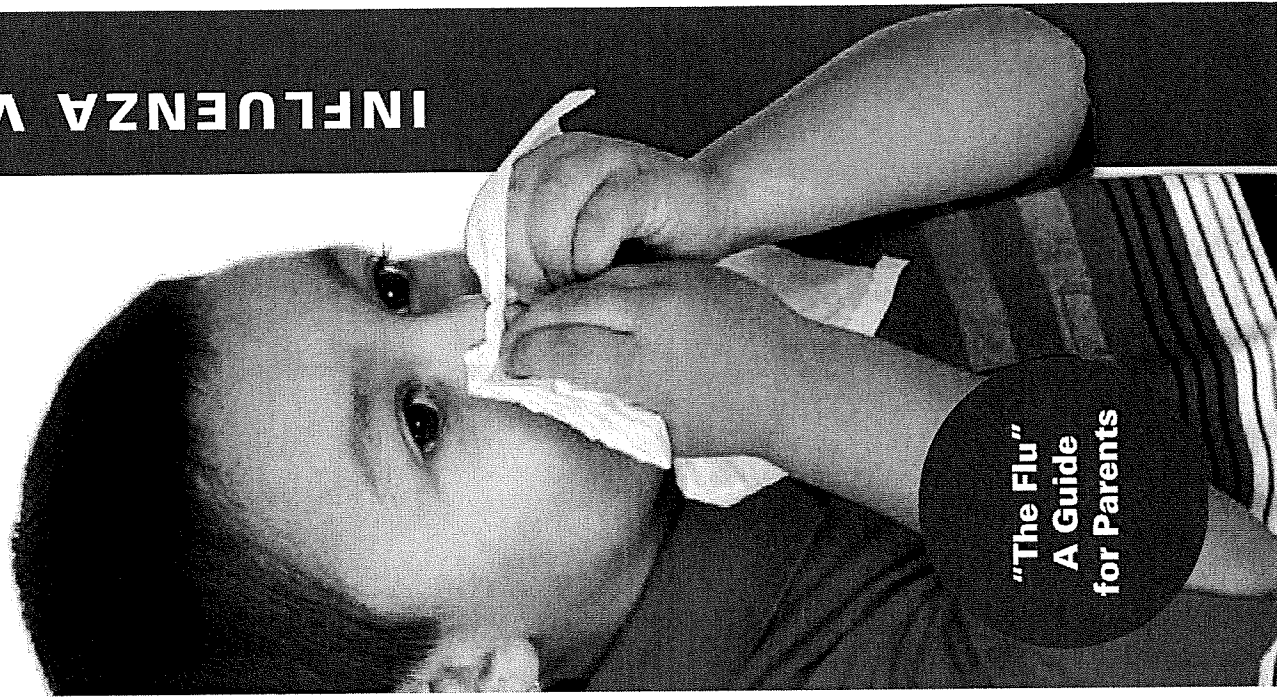


For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

CF/PI 175-70, June 2009

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

INFLUENZA VIRUS



"The Flu"
A Guide
for Parents

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has Emergency Warning Signs of COVID-19

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



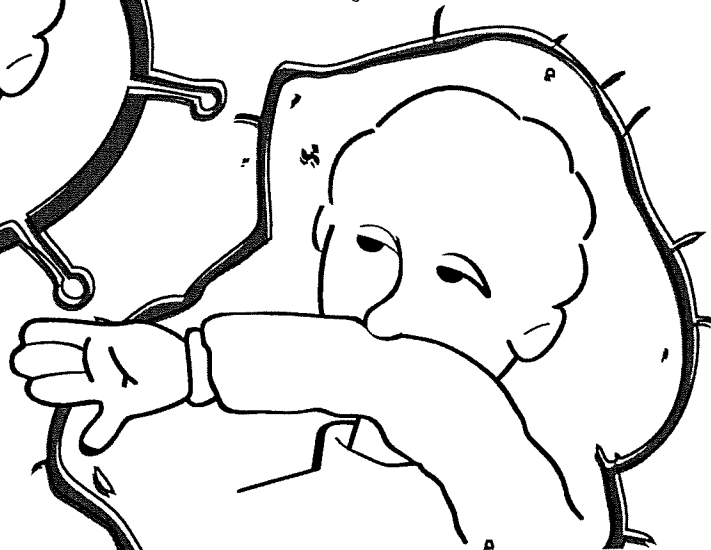
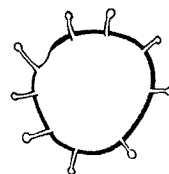
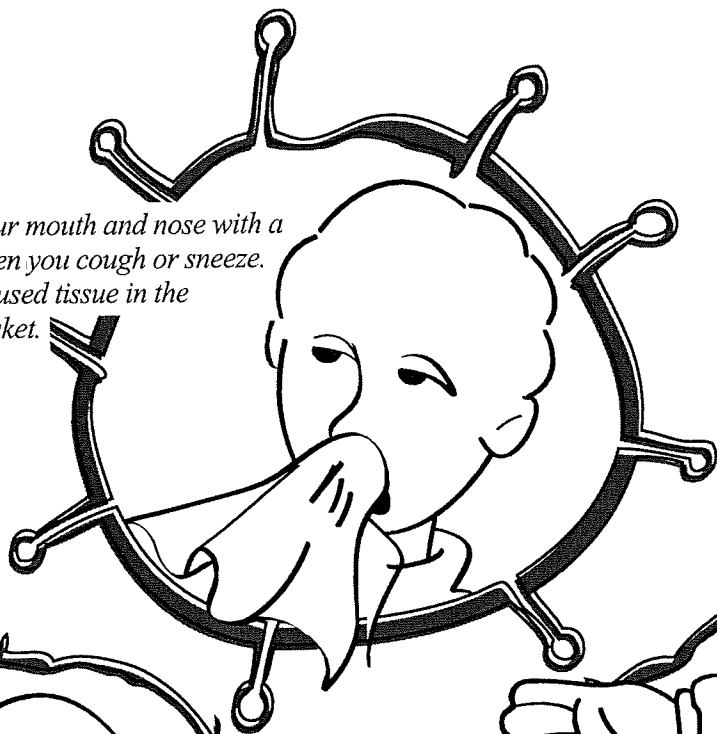
Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

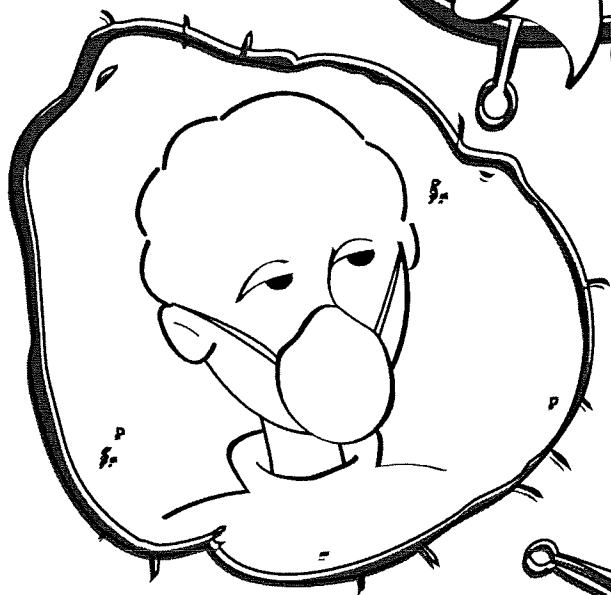
Cover your Cough

— Stop the spread of germs that can make you and others sick! —

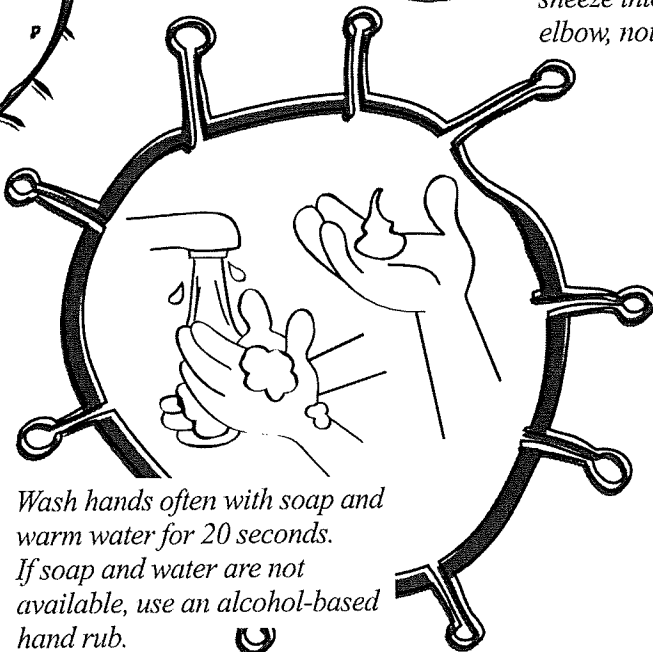
Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

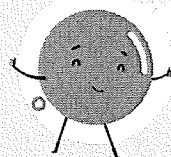


You may be asked to put on a facemask to protect others.



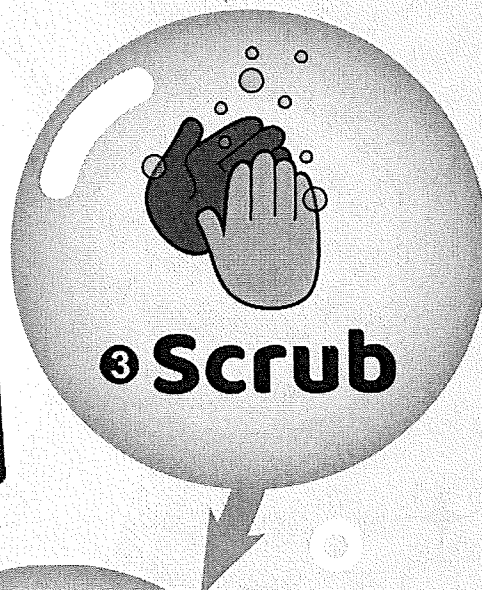
Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.





Hands
that look
clean can still
have icky
germs!

Wash YOUR HANDS!



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

This material was developed by CDC. The Life is Better with Clean Hands campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

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Child Abuse and Neglect Reporting Requirements

All school personnel are mandated to report suspicions of child abuse and neglect per Florida Statutes s.39.201.



Community Action and Human Services Department
Head Start/Early Head Start Division



**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



Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES



November 2012

Disponible en español
[http://www.childwelfare.gov/
pubs/reslist/sp_tollfree.cfm](http://www.childwelfare.gov/pubs/reslist/sp_tollfree.cfm)

Toll-Free Crisis Hotline Numbers

Child Abuse

Childhelp®

Phone: 800.4.A.CHILD (800.422.4453)
People They Help: Child abuse victims,
parents, concerned individuals

Video Phone Only for Deaf Callers:

206.518.9361

People They Help: Children, parents,
friends, offenders

Child Sexual Abuse

Darkness to Light

Phone: 866.FOR.LIGHT (866.367.5444)
People They Help: Children and adults
needing local information or resources
about sexual abuse

Help for Parents

National Parent Helpline®

Phone: 855.4APARENT (855.427.2736)
(available 10 a.m. to 7 p.m., PST, weekdays)
People They Help: Parents and caregivers
needing emotional support and links to
resources

Family Violence

National Domestic Violence Hotline

Phone: 800.799.SAFE (800.799.7233)
TTY: 800.787.3224

Human Trafficking

National Human Trafficking Hotline

Phone: 888.373.7888
People They Help: Victims of human
trafficking and those reporting potential
trafficking situations



Use your smartphone to
access this factsheet online.



Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
<http://www.childwelfare.gov>

Mental Illness

National Alliance on Mental Illness
Phone: 800.950.NAMI (800.950.6264)
(available 10 a.m. to 6 p.m., ET, weekdays)
People They Help: Individuals, families, professionals

Missing/Abducted Children

Child Find of America
Phone: 800.I.AM.LOST (800.426.5678)
People They Help: Parents reporting lost or abducted children, including parental abductions

Child Find of America—Mediation
Phone: 800.A.WAY.OUT (800.292.9688)
People They Help: Parents (abduction, prevention, child custody issues)

National Center for Missing and Exploited Children
Phone: 800.THE.LOST (800.843.5678)
TTY: 800.826.7653
People They Help: Families and professionals (social services, law enforcement)

Rape/Incest

Rape, Abuse and Incest National Network (RAINN)
Phone: 800.656.HOPE (800.656.4673)
People They Help: Rape and incest victims, media, policymakers, concerned individuals

Substance Abuse

National Alcohol and Substance Abuse Information Center
Phone: 800.784.6776
People They Help: Families, professionals, media, policymakers, concerned individuals

Suicide Prevention

National Suicide Prevention Lifeline
Phone: 800.273.TALK (800.273.8255)
TTY: 800.799.4TTY (800.799.4889)
People They Help: Families, concerned individuals

Youth in Trouble/Runaways

National Runaway Switchboard
Phone: 800.RUNAWAY (800.786.2929)
People They Help: Runaway and homeless youth, families

Suggested Citation: Child Welfare Information Gateway. (2012). *Toll-free crisis hotline numbers*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

This material may be freely reproduced and distributed. However, when doing so, please credit Child Welfare Information Gateway. Available online at <http://www.childwelfare.gov/pubs/reslist/tollfree.cfm>



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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...



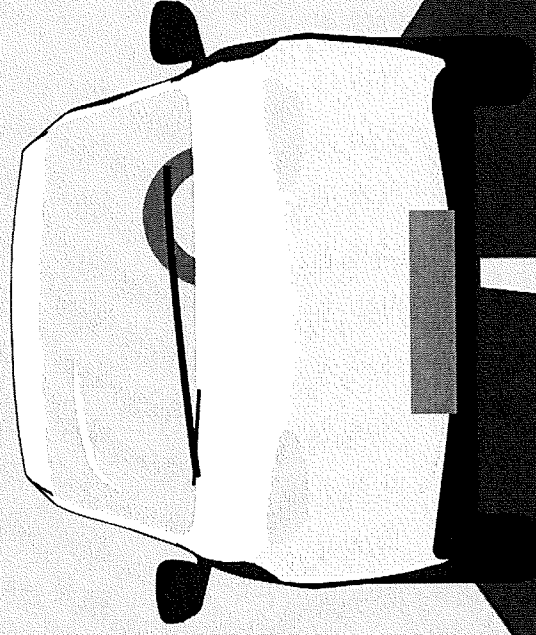
Developed by:

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**





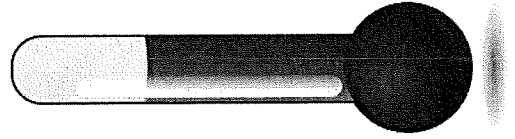
FACTS ABOUT

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.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

2025-2026 SCHOOL CALENDAR ELEMENTARY AND SECONDARY

JULY 2025				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

AUGUST 2025				
M	T	W	T	F
				1
4	5	6	7	8
(11)	(12)	(13)	14	15
18	19	20	21	22
25	26	27	28	29

SEPTEMBER 2025				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	(23) ^a	24	25	26
29	30			

OCTOBER 2025				
M	T	W	T	F
		1	(2) ^a	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

NOVEMBER 2025				
M	T	W	T	F
(3)	4	5	6	7
10	(11)	12	13	14
17	18	19	20	21
24	25	26	(27)	28

DECEMBER 2025				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

JANUARY 2026				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	(16) ^a
(19)	20	21	22	23
26	27	28	29	30

FEBRUARY 2026				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
(16)	17	18	19	20
23	24	25	26	27

MARCH 2026				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	(20) ^a
23	24	25	26	27
30	31			

APRIL 2026				
M	T	W	T	F
		1	2	(3) ^a
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

MAY 2026				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
(25)	26	27	28	29

JUNE 2026				
M	T	W	T	F
1	2	3	4	(5)
8	9	10	11	12
15	16	17	18	(19)
22	23	24	25	26
29	30			



New Teachers Report



Teacher Planning Day



District-wide Professional Learning Day



Teacher Planning Day available to opt



Recess Day (10 and 11.5 month)



Recess Day



Beg/End of Grading Period



Legal Holiday



Legal Holiday (12 month)



Available to opt

DAYS IN GRADING PERIOD

1 - 44

2 - 47

3 - 46

4 - 43

180 Days Total

For information on employee opt days, please refer to the back of calendar.

MIAMI-DADE COUNTY PUBLIC SCHOOLS **2025-2026 SCHOOL CALENDAR** **ELEMENTARY AND SECONDARY**

August 11, 2025	Teacher planning day; not available to opt; no students in school
August 12	Teacher planning day; District-wide Professional Learning Day - not available to opt; no students in school
August 13	Teacher planning day; not available to opt; no students in school
August 14	First day of school; begin first semester
September 1	Labor Day; holiday for students and employees
September 23 *+ #	Teacher planning day; no students in school, available to opt
October 2 *+ #	Teacher planning day; no students in school, available to opt
October 17	End of first grading period; first semester
October 20	Beginning of second grading period; first semester
November 3	Teacher planning day; District-wide Professional Learning Day - not available to opt; no students in school
November 11	Veterans' Day; holiday for students and employees
November 24-26	Recess Days (10-month and 11.5-month employees only)
November 27	Thanksgiving; Board-approved holiday for students and employees
November 28	Recess Day for students and employees
December 22 – January 2, 2026	Winter recess for students and employees with the exception of Fraternal Order of Police and select 12-month employees
January 15	End of second grading period; first semester
January 16*+ #	Teacher planning day; no students in school, available to opt
January 19	Dr. Martin Luther King, Jr.'s birthday; holiday for students and employees
January 20	Beginning of third grading period; second semester
February 16	All Presidents Day; holiday for students and employees
March 20 *+ #	Teacher planning day; no students in school, available to opt
March 23-27	Spring recess for students and employees with the exception of Fraternal Order of Police and select 12-month employees
April 2	End of third grading period; second semester
April 3 *+ #	Teacher planning day; no students in school, available to opt
April 6	Beginning of fourth grading period; second semester
May 25	Memorial Day; holiday for students and employees
June 4	Last day of school; end fourth grading period; second semester
June 5	Teacher planning day; not available to opt; no students in school

NOTE: Every Wednesday students in elementary schools (Grades 2-5) and K-8 Centers (Grades 2-8) are released one (1) hour early

Job Category	Beginning Date	Ending Date
Teachers new to the system	August 4, 2025	June 5, 2026
Assistant Principals and 10-month clerical	August 4, 2025	June 12, 2026
Cafeteria Managers	August 6, 2025	June 5, 2026
Satellite Assistants	August 8, 2025	June 4, 2026
All Instructional Staff, Paraprofessionals & Security	August 11, 2025	June 5, 2026
Assistant to Cafeteria Managers/MAT Specialists	August 12, 2025	June 4, 2026
Cafeteria Workers (part-time)	August 14, 2025	June 4, 2026

***Teachers/paraprofessionals and school support personnel** may opt to work one or two days, August 7, 8, 2025, or June 8, 9, 2026, in lieu of any one or two of the following days: September 23, 2025, October 2, 2025, January 16, 2026, March 20, 2026, and April 3, 2026. August 12, 2025, and November 3, 2025, are District-wide Professional Learning Days and are not available to opt.

+Teachers new to Miami-Dade County Public Schools may opt to work one or two days June 8, 9, 2025, in lieu of any one or two of the following days: September 23, 2025, October 2, 2025, January 16, 2026, March 20, 2026, and April 3, 2026. August 12, 2025, and November 3, 2025, are District-wide Professional Learning Days and are not available to opt.

#Ten-month secretarial and clerical employees may opt to work one or two days, July 31, August 1, 2025 or June 15, 16, 2026, in lieu of any one or two of the following days: September 23, 2025, October 2, 2025, January 16, 2026, March 20, 2026, and April 3, 2026. August 12, 2025, and November 3, 2025, are District-wide Professional Learning Days and are not available to opt.

Anti-Discrimination Policy

The School Board of Miami-Dade County, Florida adheres to a policy of nondiscrimination in employment and educational programs/activities and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 - prohibits discrimination on the basis of race, color, religion, or national origin.

Title VII of the Civil Rights Act of 1964 as amended - prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.

Title IX of the Education Amendments of 1972 - prohibits discrimination on the basis of gender. M-DCPS does not discriminate on the basis of sex in any education program or activity that it operates as required by Title IX. M-DCPS also does not discriminate on the basis of sex in admissions or employment.

Age Discrimination Act of 1975 - prohibits discrimination based on age in programs or activities.

Age Discrimination in Employment Act of 1967 (ADEA) as amended - prohibits discrimination on the basis of age with respect to individuals who are at least 40 years old.

The Equal Pay Act of 1963 as amended - prohibits gender discrimination in payment of wages to women and men performing substantially equal work in the same establishment.

Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination against the disabled.

Americans with Disabilities Act of 1990 (ADA) - prohibits discrimination against individuals with disabilities in employment, public service, public accommodations and telecommunications.

The Family and Medical Leave Act of 1993 (FMLA) - requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family and medical reasons.

The Pregnancy Discrimination Act of 1978 - prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.

Florida Educational Equity Act (FEEA) - prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.

Florida Civil Rights Act of 1992 - secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.

Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA) - prohibits discrimination against employees or applicants because of genetic information.

Boy Scouts of America Equal Access Act of 2002 - No public school shall deny equal access to, or a fair opportunity for groups to meet on school premises or in school facilities before or after school hours, or discriminate against any group officially affiliated with Boy Scouts of America or any other youth or community group listed in Title 36 (as a patriotic society).

Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295.07 (Florida Statutes), which stipulate categorical preferences for employment.

In Addition:

School Board Policies 1362, 3362, 4362, and 5517 - Prohibit harassment and/or discrimination against students, employees, or applicants on the basis of race, color, ethnic or national origin, religion, marital status, disability, genetic information, age, political beliefs, sexual orientation, sex/gender, gender identification, social and family background, linguistic preference, pregnancy, citizenship status, and any other legally prohibited basis. Retaliation for engaging in a protected activity is also prohibited.

For additional information about Title IX or any other discrimination/harassment concerns, contact the U.S. Department of Education Asst. Secretary for Civil Rights or:

Office of Civil Rights Compliance (CRC)
Executive Director/Title IX Coordinator
155 N.E. 15th Street, Suite P104E
Miami, Florida 33132
Phone: (305) 995-1580 TDD: (305) 995-2400
Email: crc@dadeschools.net Website: <https://hrdadeschools.net/civilrights>

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