

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

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

Patsy Buker, Executive Director  
Elise Minkoff, Chairman



## FAMILY CHILD CARE HOME PLAN OF OPERATION

The Plan of Operation is to be filled in completely. Make a copy and file both the original and copy in your file. You will be asked to mail the original with the application to the License Board office at a later date.

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

Name of applicant \_\_\_\_\_ Telephone Number (corded) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

If no, explain: \_\_\_\_\_

3. My home is:  a one story home  a duplex  an apartment  a condominium  
 a two story home  a mobile home  if other describe: \_\_\_\_\_

I have \_\_\_\_\_ bathrooms in my home.

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

5. Are any other businesses being operated from your home? yes  no   
If yes, explain: \_\_\_\_\_

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

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



Do you have a covered container for soiled diapers?

yes  no

Where is it located? \_\_\_\_\_

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

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

- 18. Supervision of children in care means:  
 "At all times, which includes when the children are sleeping, the operator shall remain responsible for the supervision of the children in care and capable of responding to the emergencies and needs of the children. During the day time hours of operation, children shall have adult supervision which means watching and directing children's activities, both indoors and outdoors, and responding to each child's needs." (Licensing Regulations Governing Pinellas County Family Day Care Homes and Large Family Child Care Homes, Section, I.C.5.)

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

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

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C. How will you get your mail while children are in care? \_\_\_\_\_

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

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## EMERGENCY PLAN

In the space below, draw a floor plan of your home. Indicate the exits and where you will keep the children's records.

**A COPY OF THIS PLAN MUST BE POSTED CONSPICUOUSLY.**

**INDOOR PLAY SPACE**

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

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

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Where are emergency numbers posted? \_\_\_\_\_

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

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## DAILY SCHEDULE

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

Before children arrive:

Breakfast time:

Morning activity:

Morning nap time:

Lunch time:

Afternoon nap time:

Afternoon activity:

Snack time:

Outdoor activity:

After the children go home:

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

### HOME MAINTENANCE SCHEDULE:

Children's toys will be sanitized every \_\_\_\_\_

Equipment will be sanitized every \_\_\_\_\_

Walls, carpeting, and furniture will be cleaned every \_\_\_\_\_

Home will be treated for pest control every \_\_\_\_\_

Outdoor play area will be maintained every \_\_\_\_\_

Pool/spa will be maintained every \_\_\_\_\_

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

The pool alarm will be tested every \_\_\_\_\_



# MENU PLAN

Write sample menus for children in care for a two week period. Refer to the examples in your 30-clock hour course, or call your licensing specialist for additional information.

## WEEK ONE

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

## WEEK TWO

B R E A K F A S T					
L U N C H					
S N A C K					

**TRAINING DOCUMENTATION:**

**CPR Certificate:**

Applicant: \_\_\_\_\_ (Expiration Date)

Substitute: \_\_\_\_\_ (Expiration Date)

**First Aid Certificate:**

Applicant: \_\_\_\_\_ (Expiration Date)

Substitute: \_\_\_\_\_ (Expiration Date)

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## PLAN FOR EVACUATION AND CARE OF CHILDREN DURING EMERGENCIES AND DISASTERS FOR FAMILY DAY CARE HOMES/LARGE FAMILY CHILD CARE HOMES

Return a copy of this plan with your renewal application. Keep the plan updated as changes are made. Emergency evacuation plans must include plans for off-site evacuations for events such as: fire, flood, bomb threat, toxic fumes, or structural damage. The plan must also include strategies for emergencies requiring staying in-place (remaining in your home) such as: major injury, chemical release, or tornado.

### EMERGENCY INFORMATION

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Major Crossroads/Intersections: \_\_\_\_\_

Simple Directions: \_\_\_\_\_

Corded Telephone Number (Landline): \_\_\_\_\_ Cellular Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person (someone who will know the temporary location of the children in your care and your plan):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Corded Telephone Number: \_\_\_\_\_ Cellular Telephone Number: \_\_\_\_\_

**For Life Threatening Emergencies**

**Call 9 1 1**

**PLAN FOR IN-PLACE EMERGENCIES**  
(Emergencies when you remain in your home)

**Location of Safe Room in your Home** (away from windows/doors): \_\_\_\_\_

**Utility Shut-off Location:**

Gas/Propane: \_\_\_\_\_ Gas Company Telephone Number: \_\_\_\_\_

Electric: \_\_\_\_\_ Electric Company Telephone Number: \_\_\_\_\_

Water: \_\_\_\_\_ Water System Telephone Number: \_\_\_\_\_

**Equipment Location:**

Fire Extinguisher: \_\_\_\_\_ Fire Alarm: \_\_\_\_\_

Smoke Detector: \_\_\_\_\_ Fuse Box: \_\_\_\_\_

**Considerations for Children in Care:**

Where will you store the following items in order to move them quickly to your Safe Room?

First Aid Kit: \_\_\_\_\_ Flashlight: \_\_\_\_\_

Food: \_\_\_\_\_ Water: \_\_\_\_\_

Battery Operated Radio: \_\_\_\_\_ Spare Batteries: \_\_\_\_\_

Diapers and Diapering Supplies:

\_\_\_\_\_

Children's Records including Emergency Contact Names and Telephone Numbers:

\_\_\_\_\_

What is your Communication Plan for Each Child's Parent/Guardian:

\_\_\_\_\_

Blankets and Comforting Items: \_\_\_\_\_

Books and Appropriate Toys: \_\_\_\_\_

Equipment for Children with Special Needs: \_\_\_\_\_

Other Considerations: \_\_\_\_\_

\_\_\_\_\_

**PLAN FOR OFF-SITE EVACUATION**  
(Emergencies when you must leave your home)

Name of Relocation Site: \_\_\_\_\_

Address of Relocation Site: \_\_\_\_\_

Corded Telephone Number of Relocation Site: \_\_\_\_\_

**Transportation to Off-site Location:**

How will you transport children?

\_\_\_\_\_

How will you obtain permission to transport children?

\_\_\_\_\_

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

\_\_\_\_\_

**Evacuation Kit Supplies:**

- Children's Records w/Emergency Information
- Food
- Water
- First Aid Kit
- Emergency Kit
- Battery Operated Radio
- Flashlight
- Spare Batteries
- Box of Books
- Box of Appropriate Toys
- Blankets
- Diapers and Moistened Wipes

**List Other Supplies in your Evacuation Kit:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Communication Plan:**

**How will you communicate with each child's parent/guardian?**

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**Supervision of Children:**

**List your plans for supervising children during the evacuation:**

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**List your plans for supervising children at the relocation site:**

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## PLANS FOR OTHER EMERGENCIES

### **HURRICANE**

Hurricane Evacuation Zone: \_\_\_\_\_

In the event of a hurricane, I plan to:

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### **FLOOD**

In case of a flood, I plan to: \_\_\_\_\_

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### **FIRE**

In the event of a house fire, I plan to: \_\_\_\_\_

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### **BOMB THREAT**

In the event of a bomb threat, I plan to: \_\_\_\_\_

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### **TOXIC FUMES**

In the event of toxic fumes, I plan to: \_\_\_\_\_

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### **CHEMICAL RELEASE**

In the event of chemical release, I plan to: \_\_\_\_\_

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**TORNADO**

In the event of a tornado, I plan to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORDERED EVACUATION**

In the event of an immediate, ordered evacuation, I plan to: \_\_\_\_\_

\_\_\_\_\_

**Signature of Provider:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_