



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

PINELLAS COUNTY HEALTH DEPARTMENT
Child Care Licensing Program

FAMILY DAY 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.

Note: A second bathroom is required when more than eight persons, including household members and children in care use a bathroom.

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

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

9. List the name, address, and telephone number of a responsible person over age 21 who will be your substitute. The substitute must complete background screening and training requirements.

Name: _____ Telephone: _____

Address: _____

Attach a signed statement that declares the number of hours per month that your substitute will work in your home.

10. What is the source of heat in your home? electric/central electric space heaters
 gas oil wood burning stove other _____

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

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

13. Do you have burglar bars on the doors or windows of your home? yes no

14. List all pets in your household.

Pet's Name	Type (dog, cat, etc.)	Breed (Collie, Persian, etc.)	Vaccination Expire Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

If yes, explain how you will keep them separate from children.
Inside the home: _____
Outside the home: _____

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

16. Where is your diapering area? _____
Type of impermeable surface: _____
How will you clean and sanitize? _____

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.)

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?

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

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

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

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?

Where are emergency numbers posted? _____

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

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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**PINELLAS COUNTY HEALTH DEPARTMENT
Child Care Licensing Program**

**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?

Supervision of Children:

List your plans for supervising children during the evacuation:

List your plans for supervising children at the relocation site:

PLANS FOR OTHER EMERGENCIES

HURRICANE

Hurricane Evacuation Zone: _____

In the event of a hurricane, I plan to:

FLOOD

In case of a flood, I plan to: _____

FIRE

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

BOMB THREAT

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

TOXIC FUMES

In the event of toxic fumes, I plan to: _____

CHEMICAL RELEASE

In the event of chemical release, I plan to : _____

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: _____