

KIDCO CHILD CARE, INC.

REGISTRATION REQUIREMENTS

Dear Parents (s):

The following items are needed before completing the KIDCO Child Care, Inc. application process:

- 1. Your child's birth certificate.**
- 2. Proof of parent's/legal guardian gross income for the past 12 months or the last calendar year). Documents include a signed Income Form Tax 1040, W-2 forms, pay stubs, pay envelopes, Unemployment Compensation, written statements from employers, or documentation showing current status as recipients of public assistance, Social Security Supplemental Income (SSI), TANF, or Child Support.**
- 3. Picture identification of parent(s)/legal guardian – driver's license, state issued picture, employer issued I.D.**
- 4. Proof of City/ Dade County Residency.**
- 5. If your child has a diagnosed disability, you must attach the Individualized Education Plan (IEP) or the Individualized Family Support Plan or evaluation report (IFSP)**

Note: In order to ensure that your child receives proper care and attention, inform the KIDCO staff during registration, if your child has any allergies, special medical or dietary needs, or other areas of concern.

All information returned to the KIDCO Child Care, Inc. Program will be maintained in a confidential manner.

KIDCO CHILD CARE, INC.

Family Information

Primary Adult Name: _____

Birthday: _____

Eligible Child Name: _____

Birthday: _____

General Information:

| | | | | |
|-----------------|------|-------|-----|--------|
| Living Address: | City | State | Zip | County |
|-----------------|------|-------|-----|--------|

| | | | | |
|---------------------------------|------|-------|-----|--|
| Mailing Address (if different): | City | State | Zip | |
|---------------------------------|------|-------|-----|--|

| Phone Number | Home, Work, Cell, etc. | Primary | Notes |
|--------------|------------------------|--------------------------|-------|
| | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | |

Number in Household _____ Num. in Family _____ Total Num. of Children _____ Num. Age 0-3 _____ Num. Age 4-5 _____
(Living with Child) (Supported by the income of parent or guardian)

| | | |
|---|---------------------------|----------------------|
| Parental Status: <input type="checkbox"/> One <input type="checkbox"/> Two | Primary Language at Home: | Center Applying for: |
|---|---------------------------|----------------------|

Family Income - Time period income based on: Previous 12 Months Last Calendar Year

TANF Yes No Formerly SSI Yes No WIC Yes No WIC ID _____

| Income Source | Frequency |
|---|--|
| Non-Agricultural Earned Income (i.e. wages, tips) | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |
| Agricultural Earned Income (i.e. wages, tips) | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |
| Public Assistance, Welfare (i.e. TANF, AFDC) | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |
| Social Security Pension / Retirement | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |
| Supplemental Security Insurance (SSI) | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |
| Foster Care/Adoption Subsidy | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |
| Unemployment Compensation | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |
| Child Support/Alimony | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |
| Other Unearned Income | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month |

Income Notes:

Emergency Contacts: (please complete carefully)

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____ Phone #: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____ Phone #: _____ Phone #: _____

Medical / Dental Providers: (please complete carefully)

Doctor: Yes * No * (Staff Use Only) Referred to: _____ Date: _____ Referred by: _____

Doctor Name: _____ Address: _____ Phone #: _____

Dentist: Yes * No * (Staff Use Only) Referred to: _____ Date: _____ Referred by: _____

Dentist Name: _____ Address: _____ Phone #: _____

KIDCO CHILD CARE, INC.

Family Member Information

| Primary Adult: | | | | | |
|--|-------|---|----------|--|--------------|
| Last | First | Middle | Birthday | Gender | |
| <input type="checkbox"/> Lives with Family | | <input type="checkbox"/> Provides Financial Support | | <input type="checkbox"/> Teen Parent | |
| Highest Grade Completed: _____ Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed | | Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Latino Origin | | English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Other Language Spoken: _____ <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | |
| Secondary Adult: | | | | | |
| Last | First | Middle | Birthday | Gender | |
| <input type="checkbox"/> Lives with Family | | <input type="checkbox"/> Provides Financial Support | | <input type="checkbox"/> Teen Parent | |
| Highest Grade Completed: _____ Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed | | Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Latino Origin | | English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Other Language Spoken: _____ <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | |
| Other Family Members (Supported by the income of parent or guardian): | | | | | |
| Adult/Child | Last | First | Birthday | Gender | Relationship |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Application/ Referral Source (required):

- Child Development Services
 Child Welfare Agency
 Community Outreach
 Court Ordered Referral
 Department of Children & Families
 Disability Program
 Early Head Start
 Family/Friend
 Flea Market
 Former Parent
 Hospital/Health Clinic
 Healthy Start
 Hotline
 Public Housing
 Public or Private Non-Profit Organization
 Public Schools
 Resource & Referral Agency
 Self Referral
 South Florida Workforce
 Unemployment
 WIC
 Youth Fair
 Other (specify): _____

Verification (signature required):

I certify that the information provided in this application package, and the proof of income provided for enrollment eligibility, is accurate and truthful to the best of my knowledge. Providing false income/information could result in dismissal from the program.

Parent or Guardian Signature: _____ Date: ____/____/____

Parent or Guardian Print Name: _____

KIDCO CHILD CARE, INC. Eligible Child Information

| Eligible Child: | | | | |
|---|--|--|--|--------|
| Last | First | Middle | Preferred / Nickname | Suffix |
| Birthday | Gender <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Proof of age verified | Source of age verification: | |
| Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White | Ethnicity: <input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Latino Origin | Nationality: _____ | English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Other Language Spoken: <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Primary Adult Relationship to Child: <input type="checkbox"/> Custody <input type="checkbox"/> Foster* <input type="checkbox"/> Grandchild* <input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step <input type="checkbox"/> Niece* <input type="checkbox"/> Nephew* <input type="checkbox"/> Other* _____ Secondary Adult Relationship to Child: <input type="checkbox"/> Custody <input type="checkbox"/> Foster* <input type="checkbox"/> Grandchild* <input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step <input type="checkbox"/> Niece* <input type="checkbox"/> Nephew* <input type="checkbox"/> Other* _____ * Legal court documentation is required to enroll child. Is there a current Order of Protection or No Contact order which concerns this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Medicaid Eligibility: <input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible Medicaid Number: _____ Insurance Number: _____ <input type="checkbox"/> Other/Private Health Coverage(list name of provider): _____ _____ <input type="checkbox"/> No Health Coverage Referral completed to: _____ _____ Kidcare Application Completed Date: _____ Staff: _____ Date: _____ | | | | |
| (Medical Provider): Does the child have an ongoing source of continuous, accessible medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No (Dental Provider): Does the child have an ongoing source of continuous, accessible dental care? <input type="checkbox"/> Yes <input type="checkbox"/> No Assistive Devices Used: <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Braces <input type="checkbox"/> Hearing Aides <input type="checkbox"/> No Assistive Devices Health Concerns: Yes <input type="checkbox"/> Provide written documentation No <input type="checkbox"/> Describe: _____ Diagnosed Disability with IEP (HS) or IFSP (EHS): Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ____ Diagnosed Disability with Professional Diagnosis: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Family Circumstances: (please complete carefully) | | | | |

| Family Demographics: | Yes | No | Parental Status: | Yes | No |
|--|-----|----|---|-----|----|
| Place check <input checked="" type="checkbox"/> in appropriate box | | | Place check <input checked="" type="checkbox"/> in appropriate box | | |
| Documented Substance abuse | | | One Parent | | |
| Documented Domestic Violence | | | Two Parents | | |
| Documented Parent education <8 th grade | | | Foster Parent | | |
| Documented Teen Parent <17 years old | | | Legal Guardian | | |
| Homeless Length of time homeless: _____ Source: _____ | | | Family Services: Place check <input checked="" type="checkbox"/> in appropriate box | | |
| Documented Pregnant Women | | | Medicaid/Medicare | | |
| Documented Public Housing Resident | | | Food Stamps | | |
| Documented Parental Disability | | | WIC | | |
| Transition from Early Head Start to Head Start | | | Public Assistance/ Welfare | | |
| Documented Working Parent / Student | | | TANF/AFDC | | |
| KIDCARE – Health Insurance | | | Supplemental Security Income (SSI) | | |
| Documented -Court Ordered Referred | | | Documented Foster Program Referred | | |

13 Pay assessed fee in advance for any calendar week regardless of attendance. Childcare services will be terminated if fees are not paid. Future services will be prohibited until all the delinquent fees have been paid. If the child paying the larger fee withdraws from the program, the larger fee will then be assessed to the youngest remaining child(ren).
La paga de la cuenta asignada es por adelantado durante cualquier semana sin tener en cuenta la asistencia. Los servicios del day care se terminarán si no se pagan las cuotas. Se prohibirán los servicios futuros hasta que todas las cuotas delinquentes se hayan pagado. Si el niño que paga la cuota más grande se retira del programa, la cuota más grande se pasa entonces al niño(a) más joven.

Signature of parent or legal guardian
Firma de padre o encargado

GUARDIAN'S SIGNATURE VERIFIES RECEIPT OF THE CHILDCARE BROCHURE.
La firma del guardian verifica si ha recibido el folleto del centro.

I, _____, have received a copy of childcare facility brochure, "Know your Child day Care Center."
Yo, _____, he recibido una copia del folleto de las facilidades del centro "Conozca El Centro De Cuidado De Su Niño(a) "

Signature of parent or legal guardian
Firma del padre o encargado

Section 10-M-12.013 requires that parents are notified in writing of the disciplinary practices used by the childcare facility. The parent's or Legal guardian's signature verifies the parents or guardians have been notified in writing of the disciplinary practice of the Childcare facility.
La sección 10-M012.013 require que se notifique a los padres por escrito de las practicas disciplinarias usadas por las facilidades del cuidado del niño(a). La firma del padre o el tutor verifica si han notificado a los padres o guardians por escrito de las práctica disciplinarias de las facilidades del cuidado de niños.

I, _____, have received in writing the Disciplinary Practices used by the child care facility.
Yo, _____, recibido por escrito las practicas Disciplinarias usadas por las facilidades del centro

Signature of parent or legal guardian
Firma del padre o encargado

Date/Dia

Name of the Child:
Nombre del niño(a): _____

KIDCO Child Care, Inc. requires that parents receive in writing its Pick-Up Procedures and Parents Handbook. The parents' or Legal Guardian's signature verifies receipt of the Pick-Up Procedures and parents Handbook, which they agree to follow.
KIDCO Child Care, Inc. Require que los padres reciban por escrito el Procedimiento de Recogida y Manual de los padres por escrito. La firma de los padres o el tutor verifica que han recibido el manual de los padres y que ellos están de acuerdo en seguir.

I, _____, have received the Pick-Up Procedures and Parents handbook.
Yo, _____, he recibido el Procedimiento de Recogida y Manual de los Padres

Signature of parent or legal guardian
Firma del padre o encargado

Date/Dia

Interviewer's Signature
Firma de entrevistador

**KIDCO CHILD CARE, INC.
CHILD ABUSE AND NEGLECT
PARENT AGREEMENT OF UNDERSTANDING**

This document sets out the legal reporting requirements for all 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 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 CARE TAKERS(S). IF A PARENT BRINGS THEIR CHILD TO THE CENTER AND THERE ARE INDICATIONS THAT THE CHILD MAY HAVE BEEN ABUSED, THE PARENTS SHOULD ADVISE THE STAFF REGARDING WHAT CAUSED THE PROBLEMS.

KIDCO CHILD CARE, INC. 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.

KIDCO CHILD CARE, INC.t employees have the responsibility to cooperate with 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:

(Parent Signature)

(Date)

(Staff Signature)

(Date)

**KIDCO CHILD CARE, INC.
PARENT AGREEMENT FORM**

I AGREE:

Yes No

- | | | |
|---|----|----|
| 1. To provide my child's, proof of birth, updated immunizations, Labs, dental, P.P.D. and current physical examination and to keep all such information current and up to date throughout the duration of participation in the program. | 1 | 1 |
| 2. To comply with standards as described in the publication, <u>Know Your Child Care Center</u> | 2 | 2 |
| 3. To allow pictures of my child to be used in newspapers, displays, bulletin boards, educational publications, films and television presentations for education, training, and recruitment. | 3 | 3 |
| 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. | 4 | 4 |
| 5. That my child may accompany his / her class on all scheduled field trips. | 5 | 5 |
| 6. That as a parent, I will accompany my child to the health provider if needed. | 6 | 6 |
| 7. That my child will be in attendance everyday that he / she are able. I will contact the center when my child cannot attend. Notify the center planning to withdraw Child. | 7 | 7 |
| 8. To keep my child at home whenever he / she is affected by a contagious condition or on the advice of KIDCO staff or health provider. | 8 | 8 |
| 9. To allow Head Start staff to make home visits during the school year at my convenience. | 9 | 9 |
| 10. That if my child is enrolled in an H.M.O. / State Insured program, I will be responsible for ensuring that all required health services completed and returned to the Head Start Program. | 10 | 10 |
| 11. Make payments every Monday at the office, cash or money order only. Registration is not reimbursable. | 11 | 11 |
| 12. Notify the center if the child will be late or absent and if late obtain late pass at the office. After (8:45.a.m.) | 12 | 12 |
| 13. Your child must be pick up before 6:00p.m. | 13 | 13 |
| 14. Parent/legal guardian or designated person by parent must sign in and Sign out every time child is drop off and pick up. | 14 | 14 |

To the best of my knowledge the information on this form is correct I understand that if any of information is found to be incorrect Such as address Telephone number 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

KIDCO CHILD CARE, INC.
Guidelines for Positive Discipline
In compliance with section 402.305 (12) F.S.

The following are general guidelines and principles of positive discipline or positive guidance. Training and resources materials can be obtained from the Curriculum Specialists. The Florida Diagnostic Learning Resource System/south also has training and resource materials on this subject.

1. Staff will facilitate the development of self-esteem by expressing respect for, acceptance of, and comfort to the children, regardless of their behavior.
 - a) Staff must understand and accept age-appropriate behavior (messiness, assertiveness, crying, resistance, etc).
 - b) Staff must never scream, tease, humiliate, insult, blame, threaten, frighten, laugh at, or discuss a child's behavior in front of the child or in front of other children, staff, or parents.
2. Staff will facilitate the child's development of self control by:
 - a) Providing an environment that encourages self-discipline (pictures of toys on shelves to facilitate children putting away their own toys, etc).
 - b) Redirecting children to appropriate behaviors or activities (guiding a child to sit in the chair instead of standing on it, while saying:"we sit on chairs" or "Chairs are for sitting").
 - c) Using logical consequences to help children be responsible for their own action (if children spill their juice, then they can be responsible for helping to clean it up).
 - d) Patiently stating and reminding children of the roles in positive language ("We walk outside).
 - e) Ignoring inappropriate behaviors (such as name calling, swearing). Simply state and model for the child more appropriate or correct words to use.
 - f) Guiding children to resolve their own conflicts and modeling skills that help children solve their own problems ("I know you want to play with the Ernie puppet. Is there something else you could do while you wait?").
 - g) Helping children talk about their feeling and frustrations. ("It's okay if you are angry at Lupe, but I cannot let you hit her. It hurts her").
3. Time out is not a preferred method of discipline, since it is a form of punishment. "Thinking chairs" or other forms of time out may only be used for a particular child when prescribed by a mental health consultant or special education teacher. A written behavior management program, including the specific time out methods, must be approved by the child's parents, as required. Time out may not be used with children under age of three.
4. Use of food as a reward or punishment is prohibited, including coercion such as "If you want dessert, you have to eat all your food".
5. The focus of the guidance should be on the behavior, not on the child. Behaviors are 'bad' or "good", not children.
- 6. NO CORPORAL PUNISHMENT WILL BE ALLOWED.**

Source: NAEYC, Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8, Care giving Personnel Training Program Manual, the U.S. Department of Army and Navy, Creative Associates, Inc.

Parent Signature

Staff Signature

Date

Date

Original- Parent/copy Folder

KIDCO CHILD CARE, INC.

KIDCO CHILD CARE, INC. Center: _____

Child's Name: _____ Date of Birth: _____

I, _____ have received a copy of the KIDCO CHILD CARE, INC. Notice of Privacy Practices.

Signature

Date

Yo, _____ he recibido la copia de KIDCO CHILD CARE, INC. de practicas en respeto de la privacidad.

Firma

Dia

KIDCO CHILD CARE, INC.
REQUISITOS PARA REPORTAR ABUSO INFANTIL
ACUERDO DE ENTENDIMIENTO DE LOS PADRES

Este documento refleja los requisitos legales para reportar Abuso Infantil de parte de los empleados:

Todo empleado que trabaje en un centro de cuidados de niños, tiene la responsabilidad legal y ética de reportar sospecha de Abuso Infantil y/o Negligencia a las autoridades pertinentes.

Un individuo que conciente o intencionalmente decida no reporta o prohíba a otros hacerlo, es culpable de un delito menor y puede ser procesado bajo el Estatuto de la Florida Sección s.39.201 (1), F.S. Cualquier persona o agencia reportando un caso de Abuso Infantil de buena fe, no puede ser procesado (es inmune de cualquier demanda o responsabilidad).

NO ES NECESARIO TENER PRUEBAS DE QUE EL NIÑO ESTA SIENDO ABUSADO O QUE SE ESTE COMETIENDO NEGLIGENCIA ANTES DE REPORTAR SU INQUIETUD, COMO REPORTEROS MANDATORIOS, NOSOTROS ESTAMOS OBLIGADOS A REPORTAR CUANDO HAYA “CAUSA RAZONABLE PARA SOSPECHAR O CREER “QUE EL NINO A SIDO ABUSADO”, ASI MISMO, SI UN PADRE TRAE A SU HIJO/S AL CENTRO Y HAY INDICACIONES DE ABUSO INFANTIL, EL PADRE DEBE ADVERTIR AL PERSONAL LA CAUSA DEL PROBLEMA.

El Programa de KIDCO CHILD CARE, INC., trabaja conjuntamente con las leyes federales de Estado de la Florida en cuanto a Abuso Y Negligencia se refiere, a fin de asegurar que al reportar, el niño será protegido y la familia recibirá los servicios necesarios.

Los empleados de KIDCO tienen la responsabilidad de cooperar con el Fla. Department of Children and Familias (DCF) local, cuyos oficiales deben visitar el centro con el fin de investigar la sospecha de Abuso Infantil y Negligencia.

YO HE LEIDO Y ENTENDIDO LOS REQUISITOS, ARRIBA INDICADOS SOBRE LA SOSPECHA DE ABUSO INFANTIL Y NEGLIGENCIA.

(Firma del padre)

(Firma del Trabajador)

(Fecha)

(Fecha)

FORM DISTRIBUTION:
Copy: Parent, Family folder

