



7127 N. PINE ISLAND ROAD  
TAMARAC, FL 33321  
954.746.KIDS  
WWW.ALLSPORTSKIDS.COM  
ELC Provider Number: #23548

# AFTER SCHOOL FOR SCHOOL AGED CHILDREN 2026-2027

THE AIMS OF THE PROGRAM IS TO KEEP KIDS ACTIVE BOTH PHYSICALLY & MENTALLY THROUGH INSTRUCTIONAL SPORTS ACTIVITIES.

NAME OF CHILD(REN) \_\_\_\_\_ AGE(S) \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ DAY PHONE # \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ DAY PHONE # \_\_\_\_\_

MOTHER EMAIL \_\_\_\_\_ FATHER EMAIL \_\_\_\_\_

HOW DID YOU HEAR ABOUT ALL SPORTS? \_\_\_\_\_

PLEASE CHECK (✓) THE PROGRAM YOUR CHILD WILL BE ENROLLED IN:

ARE YOU ELC  OR PRIVATE PAYER

**OPTION 1 - PLUS PROGRAM**

- HALF DAY CARE- AFTER 2PM
- INCLUDES DAYS OFF & EARLY RELEASE DAYS
- INCLUDES PICK UP FROM SCHOOL
- FREE FOOD INCLUDED
- HOMEWORK ASSISTANCE PROVIDED
- SPORTS/CHEER PROGRAM
- \$115 PER WEEK

**OPTION 2 - BASIC PROGRAM**

- HALF DAY CARE- AFTER 2PM
- INCLUDES PICK UP FROM SCHOOL
- FREE FOOD INCLUDED
- HOMEWORK ASSISTANCE PROVIDED
- SPORTS/CHEER PROGRAM
- \$110 PER WEEK  
*This rate does not cover early release days, and school days off, as well as camps.*
- **ESE/SPECIAL NEEDS: \$250 PER WEEK**  
*(project activities, registration and application fees not included)*

**OPTION 3**

- SCHOOL DAYS OFF - 7AM-7PM
- FREE FOOD INCLUDED
- \$50 PER DAY

**OPTION 4**

- HALF DAY CARE- AFTER 2PM
- INCLUDES PICK UP FROM SCHOOL
- FREE FOOD INCLUDED
- \$40 PER DAY

**OPTION 5 - EARLY RELEASE**

- INCLUDES PICK UP FROM SCHOOL
- FREE FOOD INCLUDED
- \$45 PER DAY

**OPTION 6 - FULL TIME CARE 7AM-7PM**

- WINTER BREAK (\$50 per day)
- SUMMER CAMP (\$185 per week)
- SPRING BREAK (\$185 per week)

TRANSPORTATION IS INCLUDED.  
IF YOU ARE ELC CLIENT, THERE WILL BE ADDITIONAL FEES (CO-PAY,  
DIFFERENCE BETWEEN PRIVATE PAID AND ELC REIMBURSEMENT).  
PRICES SUBJECT TO CHANGE



# POLICIES

## REGISTRATION POLICY:

At registration, a \$70 non-refundable fee + two weeks tuition (first and last) per child is due. Second child, same family will receive a 10% discount on tuition. Each additional child of the same family will receive a 10% discount on tuition. Registration must be paid each time you register your child (after school, summer camp, winter break, spring break).

INITIALS \_\_\_\_\_

## TUITION POLICY:

All tuition must be kept current and must be paid prior to your child's attendance. Tuition is due on Monday of each week as the Centre is completely dependent upon the tuition payments for its operation. A \$40 late fee will be added to your account if payment is not received by the end of Tuesday, and an additional \$5 each day after. If payment is not made by the end of the week, arrangements must be made before your child may return to the Center. Late tuition may result in your child's suspension from the program. Returned checks will be charged an additional fee of \$50. If a child withdraws from the program for any reason a written notice of two weeks must be given. No vacation time is given to the plus or basic program. Therefore Tuition is due regardless of the child attendance.

INITIALS \_\_\_\_\_

## REFUND POLICY:

Registration fees, tuition fees, and supplies fees will not be refunded. All tuitions are based upon the total yearly cost of the program. The weekly fee is a breakdown of this yearly cost to facilitate parent payment. It is understood that the full tuition will be charged each week whether or not my child is in attendance, regardless of scheduled school closings, as indicated in our early calendar, severe weather conditions (hurricanes), vacations and or illness. There are no exemptions to this policy. No refunds will be given for registration fees, and for days absent.

INITIALS \_\_\_\_\_

## PERSONAL BELONGINGS:

All Sports, and their employees, are not accountable for children's personal belongings, including electronics.

INITIALS \_\_\_\_\_

## DAMAGE TO ALL SPORTS EQUIPMENT

If you child intentionally breaks All Sports equipment, parent or guardian may be asked to pay for the damage caused to the equipment.

INITIALS \_\_\_\_\_

## ATTENDANCE/SIGN IN PROCEDURES

Attendance is taken daily and recorded in the attendance/bus route sheets by All Sports staff. If a student does not report to the program, or the parent or guardian has not notified his/her absence to all sports, the parent, guardian or emergency contact will be notified to verify the student's absence. If a student is not going to attend the program for any reason, it is the parent's responsibility to inform the administrator by calling All Sports and leaving a message prior to the program's start



## POLICIES CONT'D

time. These procedures are in place to ensure the safety of all students attending the program, and prevent unnecessary delays in All Sports bus routes. Consistently failing to personally notify the administrator of your child's absence may result in the student being dismissed from the program. Parents or guardians whose children are registered under the daily program are responsible to call All Sports if they want their children to be picked.

INITIALS\_\_\_\_\_

### DISMISSAL/SIGN OUT PROCEDURES

Students may be signed out of the program to leave for the day only by those persons indicated on the registration form as having authorization to do so and producing a photo ID for verification. If for some reasons a person who is not listed as authorized on the authorization form needs to pick-up the student, the registering parent must call and give the alternate's name to the Administrator. The parent will identify himself or herself on the phone to the Administrator by using the password system. Students may be signed out of the program by an authorized person for a designated period of time and return at a later time to rejoin their groups. This privilege will only be allowed once daily, and should be abused. Students may not sign themselves out and walk/ride back home. The person signing a student out must sign legibly and note the time on the sign out log. Parents/guardians must wait at the sign out desk for the child and directly supervise their exit from the facility. Every effort will be made by the staff to make the pick-up process timely. Please stay in the sign out desk area; parents or guardians are not allowed to go beyond this point.

INITIALS\_\_\_\_\_

### DISCIPLINE

All students attending the program are expected to follow the "Code of Student Conduct" for Broward County Public Schools (BCPS), and SBBC Anti-Bullying Policy 5.9 Inappropriate behaviors, including but not limited to, bullying and cyberbullying, are not acceptable. Students who cannot follow the daily acceptable behaviors will be placed on a behavior plan. The consequences for misbehaviors will vary from a time out, missing an activity, suspension, or being exited from the program. If a student's behavior endangers or injures another individual, the student may be immediately exited from the program. Students, who have been suspended from the program due to behavior, may not attend until the Director or the person in charge has had a conference with the student and parent. Fees will not be refunded for absences due to suspension. After three referral incidents, of which the parent has been notified, a student may be asked to leave the program. Students suspended from school may not attend the program during their suspension. Fees paid for those days will not be refunded.

INITIALS\_\_\_\_\_

### DURATION OF THE PROGRAM

Our program duration for each is from 7AM to 7PM per day.

INITIALS\_\_\_\_\_



## POLICIES CONT'D

### LATE PICK-UP POLICY

All Sports closes at 7 pm. Late pick-up will result in the following penalties:

Pick-up between 7:01 - 7:10 pm: \$5  
7:11 - 7:20 pm: \$10 (total \$15)  
7:21 - 7:30 pm: \$20 (total \$35)  
7:31 - 8:00 pm: \$25 (total \$60)

\*All Fees are due at the time of pick-up\*

After 8 pm All Sports will be forced to contact the proper authorities. INITIALS \_\_\_\_\_

### COLLECTION:

In the event that there is a breach of the contract, the responsible party whose name is signed below, agrees to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

INITIALS \_\_\_\_\_

I agree to abide by all the rules of the program as detailed in this registration form.  
I have read the above terms and agree to the condition.

RESPONSIBLE PARTY \_\_\_\_\_ DATE \_\_\_\_\_

For further information on our program and policies, please consult our parents' handbook available online.



# PICK UP LIST

FOR YOUR CHILD'S SAFETY, HE OR SHE WILL ONLY BE RELEASED TO A PARENT OR OTHER PERSONS LISTED ON THIS PICK UP FORM. **NO EXCEPTIONS WILL BE MADE.**

Anyone removing a child from All Sports will be asked to show I.D. such as a Florida driver's license. Permanent changes or additions to this list must be made in person and only by the registering parent or parents. You may add as many name as you wish to this form.

CHILD(REN) NAME(S): \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

**NOTE: PLEASE PICK A PASSWORD YOU WILL REMEMBER TO BE USED FOR THE PURPOSE OF PHONE IDENTIFICATION (DO NOT GIVE OUT YOUR PASSWORD, IT IS NOT CONSIDERED A FORM OF I.D. OR FOR THE PURPOSE OF PICK UP. IT IS STRICTLY FOR ALL SPORTS TO IDENTIFY A CHILD'S PARENT ON THE PHONE.)**

PASSWORD: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



# RELEASE OF LIABILITY

CHILD(REN)'S FULL NAME \_\_\_\_\_

SCHOOL CHILD(REN) ATTEND: \_\_\_\_\_

In consideration of (child's name) \_\_\_\_\_, my minor child/ward being allowed to participate in all ways in the All Sports program related to events activities, clinics, field trips, practices, competitions and classes the undersigned acknowledges appreciates and agrees that:

I understand by taking part in this or any sports I dance I cheerleading program there is a possibility of injury or sickness to my daughter/son therefore with this knowledge I give permission for my child to participate fully in all the programs at All Sports and due hereby grant authorization of treatment to my child should she/ he become injured or ill.

I for myself, my spouse, my child, agree to hold harmless All Sports of Pine Islands LLC, All Sports (DBA), All Sports Kids, JLP Education and Athletics Inc, their respective officers, directors, employees, agents, contractors, subsidiaries, affiliates, and parent companies for any injury occurred as a result of my child's participation in the All Sports programs, even if it shown that they are negligent.

For myself, my spouse and child I knowingly and freely assume all risk both known and unknown, even if arising from the negligence or the releases or others, and assume full responsibility for my child's participation.

I willingly agree to comply with the programs stated and customary terms and conditions for participation. If I observe any unusual significant concerns in my child's readiness for participation and I or in the program itself I will remove my child from participation and bring such to the attention of the director immediately.

I give All Sports the right to film, photograph, or video tape my child for any reproductions associated or in any way connected with said television or film event in particular reproduction for use in any form of advertisement for All Sports promotional purpose.

I have read this release of liability and assumption of risk agreement, and fully understand its terms and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without an inducement.

MY CHILD(REN) \_\_\_\_\_,

**DOES                      DOES NOT**  
(please circle one)

**HAVE PERMISSION TO BE TRANSPORTED BY ALL SPORT'S  
ON FIELD TRIPS AND/OR FOR AFTER SCHOOL PICK UP.**

PARENT/GUARDIAN \_\_\_\_\_

HEALTH INSURANCE CO. NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



# MEDICAL RELEASE FORM

Child's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ D.O.B. \_\_\_\_\_ M F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Add'l Emergency Contact \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Date of Last Physical Exam \_\_\_\_\_ Do You Carry Family Medical/Hospital Insurance? Yes No  
Carrier \_\_\_\_\_ Policy\* \_\_\_\_\_ Group # \_\_\_\_\_

## HEALTH HISTORY Check and give appropriate dates when applicable.

Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_ Heart Defect/Disease \_\_\_\_\_  
Bleeding/Clotting disorder \_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions \_\_\_\_\_ Asthma (on Inhaler?) \_\_\_\_\_

## ALLERGIES Check all that apply

Penicillin \_\_\_\_\_ Insect stings \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Hay fever \_\_\_\_\_  
Food Allergies (list foods) \_\_\_\_\_  
Other (please describe) \_\_\_\_\_

## Immunization Record required if child is not registered in a Broward County Public School

Broward County School \_\_\_\_\_ Immunization Records Provided \_\_\_\_\_

## MEDICAL INFORMATION

Operations or Serious Injuries \_\_\_\_\_  
Chronic or Recurring Illness or Medical Condition(s) \_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_  
Current Medication(s) \_\_\_\_\_

**RELEASE** This statement must be signed for attendance. This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities as noted.

## PARENT AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

In the event of any extreme medical situation, as deemed necessary by the Owner and/or Director, paramedics or medical personnel will be notified immediately to escalate medical attention for the child. All efforts will be made to notify the parents or guardians. HOSPITAL INSURANCE

1. Upon immediate need for medical attention for your child, the undersigned gives consent to any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to \_\_\_\_\_ (child's name) upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.
2. All Sports will not be held responsible for any medical expenses due to an emergency
3. The undersigned further authorized All Sports to have \_\_\_\_\_ (child's name) released into the custody of its representative, should hospital care no longer be required.
4. The undersigned further authorizes All Sports staff and/or director to perform CPR/First Aid on \_\_\_\_\_ (child's name) in the event of an emergency.

MEDICAL AUTHORIZATION FOR \_\_\_\_\_ (CHILD'S NAME)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_





## Field Trip Permission Form

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_

Location: \_\_\_\_\_

Mode of Transportation:  Bus

Special Notes or Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Please note: Your child may only attend this field trip if both the payment has been received and this permission form is signed and returned by the deadline.

### Parent/Guardian Authorization

I give permission for my child, \_\_\_\_\_, to attend the above-mentioned field trip with JLP Inspiring Minds Academy. I understand that school staff will take every reasonable precaution to ensure my child's safety. In case of emergency, I authorize the school staff to seek medical treatment if I cannot be reached.

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part One  
Student File**



**SWIM Central Water Safety Education Questionnaire**

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email (optional)** \_\_\_\_\_

*Your information is for the use of the Broward County Swim Central Program.*

1. How would you rate your own swimming ability?

- Unable to swim
- Can swim a little, but NOT comfortable in deep water
- Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- Yes
- No, check all the reasons below that apply:
  - Do not know how to find information about swim lessons
  - Transportation problems
  - Swim lessons are not important
  - Lessons are too expensive
  - Schedule of lessons not convenient
  - We are too busy
  - Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- Yes
- No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- Yes
- No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- Yes, visit [Water SMART Broward Swim Instruction](#) for details.
- No

**PART ONE FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for Child Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

**Facility Name:** \_\_\_\_\_ **Facility License #:** \_\_\_\_\_

**Documentation of the original form via fax or mail is required, indicate below:**

**Date form faxed:** \_\_\_\_\_ **or, date mailed:** \_\_\_\_\_

Fax: 954.357.8077  
SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

**Form and educational handout for parent distribution can be downloaded:** [Water SMART Broward](#)

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



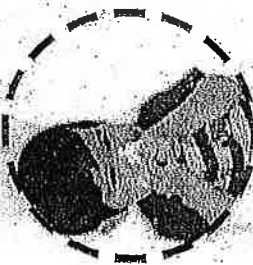
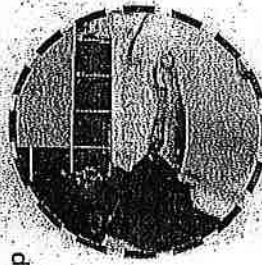
## How can I protect my child from the flu?

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/>

## 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](http://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: 50131

License Issued on 01/01/2021

License Expires on 12/31/2021

For more information regarding the compliance history of this child care provider, please visit:

[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 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](http://MyFLFamilies.com/ChildCare)

# Getting In; Getting Out...



## OUT Check the Back Seat

- In just 10 MINUTES, a car's temperature can increase by 19°
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911** IF YOU SEE ANY **CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop; your lunch).

Developed by:  
**PREVENTION UNIT**  
Office of Family and  
Community Services



*for please sign*

# Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

## Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

\*\* If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE\*\*

X \_\_\_\_\_  
please sign