



AFTER SCHOOL PROGRAM CHECKLIST

Please initial next to the number to indicate that you've read and agree to comply with each policy.

1. _____ After School Program Child Information Form (The Children's Trust)
2. _____ After School Program Child Information Form (Town of Cutler Bay)
3. _____ After School Program General Agreement/Release
4. _____ Attendance Policy
5. _____ Authorization for Photography/Video
6. _____ Authorization for Release of Information
7. _____ Client Confidentiality Policy
8. _____ COVID 19 Plan
9. _____ Emergency Medical Authorization
10. _____ Getting In, Getting Out; Distracted Adult
11. _____ Getting to Know Me
12. _____ Influenza Virus
13. _____ Information on Reporting About Children with Disabilities
14. _____ Know Your Child Care Facility
15. _____ Late Pick Up Policy
16. _____ Participant Registration Requirements
17. _____ Permission to Transport
18. _____ Policies and Procedures Handbook
19. _____ Statement of Purpose for Collection of Social Security Numbers

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



REGISTRATION FORM

Child's Last Name _____ First Name _____ Middle Initial _____

Child's Date of Birth (MM/DD/YYYY) Child's Gender Male Female

Medical Conditions: _____

Street Address: _____

City: _____ Zip Code: _____

Child's Current School _____ Child's Current Grade

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Primary Phone Other Phone

Emergency Contact and Authorized Pick-up

Name _____ Primary Phone: _____

Other Phone: _____

Name _____ Primary Phone: _____

Other Phone: _____

Name _____ Primary Phone: _____

Other Phone: _____

Initial each line below.

_____ Your child will not be released to anyone under the age of 18 years old.

_____ A late pick-up fee of \$1.00 per minute will be charged for pick up after 6:01 p.m.

_____ Registration fee is \$100 per child, per school year (non-refundable)

_____ Monthly fee is \$50 per child (September 2023– May 2024) fees are not refundable for missed days or absence.

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children's Trust provide funding for the program.

Parent/Guardian Signature: _____ Date: _____



GENERAL AGREEMENT / RELEASE

I, _____, (print name) do hereby:

1. Assume all risk of possible damage or injury through my child’s participation in Town of Cutler Bay recreational programs.
2. Agree to compensate the Town of Cutler Bay for any repair and/or replacement costs for damages to the facility or equipment because of my child’s misuse of the equipment.
3. Agree to indemnify and hold harmless the Town of Cutler Bay and/or its departments, agents or employees from any and all liability, claims, suits, losses, damages including attorney’s fees at the trial and appellate court level, paralegal fees and investigative costs for injury to person or property arising out of my child’s participation in the requested program.
4. Understand and agree to abide by all applicable rules and regulations as set forth by the Parks and Recreation department. I further understand that my child may be suspended/expelled from the program, and I may forfeit my child’s participation if my child fails to abide by these rules and regulations or any other reasonable request from the Town of Cutler Bay staff.
5. Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility”,
6. Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the Town of Cutler Bay.
7. I have received the brochure on “Influenza Virus, The Flu, A Guide to Parents”.

Your signature below indicates that the above information is correct and that you have received and understand the rules and regulations governing this program.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Parks & Recreation Official: _____ Title: _____ Date: _____



CHILD/YOUTH PARTICIPANT INFORMATION FORM

Child/Youth Last Name _____ First _____ Middle Name _____

Child/Youth's Date of Birth (MM/DD/YYYY) ____/____/____

Child/Youth Gender Female Male Non-binary/Gender non-conforming Transgender Other

Street Address _____ City _____ ZIP Code _____

Caregiver Last Name _____ First _____ Caregiver Phone Number (____) ____ - ____

Is this a cell/mobile phone? Yes No Caregiver Email address _____

Caregiver preferred language for contact (Please select only one): English Spanish Haitian Creole

(Optional) Youth Phone Number (____) ____ - ____ (if provided) Is this a cell/mobile phone? Yes No

(Optional) Youth Email address _____

Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with services, and to make you aware of other Trust-funded programs, initiatives and events that may interest you.

What is the child/youth's current grade level? (For summer, select the last grade completed - Please select only one):

Pre-K Kindergarten Grade 1st-12th (specify) _____

Attending College Child under 5 not in school Not in school

Miami-Dade County Public Schools ID # _____ No M-DCPS ID #

ALL STUDENTS ATTENDING PUBLIC OR CHARTER SCHOOLS MUST HAVE A SCHOOL ID # ENTERED.

Child/Youth's current school or college _____

What is the child/youth's preferred language for contact? (Please select only one)

English Spanish Haitian Creole

What language(s) does the child/youth feel comfortable communicating in? (Select all that apply)

English Spanish Haitian Creole Portuguese French Other: _____

Child/Youth Ethnicity

Is the child/youth Hispanic or Latina/o/x? Yes No

Is the child/youth Haitian? Yes No

Child/Youth Race (Please select only one):

American Indian or Alaskan Asian Black or African American Pacific Islander White

Biracial or Multiracial Prefer to self-describe _____

We want to get to know your child better so that we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways in which your child communicates? (Mark all that apply)

- Speaks and is easily understood
- Speaks but is difficult to understand
- Uses communication devices like pictures or a board
- Uses gestures or expressions like pointing, pulling, smiling, frowning, or blinking
- Uses sign language
- Uses sounds that are not words like laughing, crying, or grunting

What, if any, help does your child/youth receive at this time? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Behavioral therapy or services | <input type="checkbox"/> Physical therapy (PT) |
| <input type="checkbox"/> Counseling for emotional concerns | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> Speech/language therapy |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> None of the above |

What conditions does your child/youth have that are expected to last for a year or more? (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Problems with aggression or temper |
| <input type="checkbox"/> Developmental delay (only if under age 5) | <input type="checkbox"/> Problems with attention and hyperactivity (ADHD) |
| <input type="checkbox"/> Intellectual/developmental disability (over age 5) | <input type="checkbox"/> Problems with depression or anxiety |
| <input type="checkbox"/> Hearing impairment or deaf | <input type="checkbox"/> Speech or language condition |
| <input type="checkbox"/> Learning disability (school age) | <input type="checkbox"/> Visual impairment or blind |
| <input type="checkbox"/> Medical condition or illness | <input type="checkbox"/> Other condition lasting one year or more (please specify): |
| <input type="checkbox"/> Physical disability or impairment | _____ |
| | <input type="checkbox"/> No condition lasting one year or more |

If you marked "No condition lasting one year or more" on the previous question, please skip the next two questions and sign below. If you marked any other answer on the question above, please answer the remaining questions and sign below.

Do any of the conditions noted make it harder for your child/youth to do things that others of the same age can do?

- Yes No

To support your child/youth's successful participation in this program, in what areas might they need extra assistance?

- No specific help needed
- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
 - Sports or physical activities like running or other gross motor tasks
 - Managing feelings and behavior
 - Academic, learning or reading activities
 - Adapting activities to consider a visual or hearing impairment
 - Using assistive device(s) like a wheelchair, crutches, brace, or walker
 - Personal services like help with feeding, toileting, or changing clothes
 - Other _____

Please tell us anything else you think it is important for us to know about your child/youth:

*If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org.
For special needs resources for your child/youth, visit www.advocacynetwork.org or
www.thechildrenstrust.org/content/children-disabilities.*

As part of my child's voluntary participation in this program, I give my permission for the information collected through this program to be submitted to The Children's Trust for program evaluation and quality purposes. The Children's Trust provides funding for the program to operate and follows strict data privacy protections for the information collected (for example, following the Family Educational Rights and Privacy Act/FERPA guidelines).

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____

Referred From: _____



EMERGENCY MEDICAL AUTHORIZATION

The following is the Cutler Ridge Park After School Program Emergency Medical policy and procedures for addressing emergency medical situations.

The following steps will be taken by park staff in the event of injuries:

Non-Life-threatening injuries:

1. Assist or bring the injured child to the park office or first-aid room at the pool.
2. Notify a staff member that is first-aid certified to administer the appropriate first-aid treatment as necessitated by the injury.
3. Notify parent/guardian and supervisor of incident.
4. Complete accident/incident report.
5. Send copy of incident report for major accident to The Children’s Trust.

Life-threatening injuries:

6. 911 will be called immediately.
7. Find a staff member that is CPR and first-aid certified for “first responder” treatment.
8. Notify parent/guardian (in their absence, notify the first person listed on the child’s “Emergency Contact and Authorized Pick-Up List”).
9. Notify supervisor.
10. Meet Fire Rescue or Police Officer in the park parking lot and direct them to the injured child.
11. Complete accident/incident report.
12. Send copy of incident report for major accident to The Children’s Trust.

I, _____, the parent/guardian of _____
(Print parent/guardian name) *(Print child’s name)*

do hereby authorize the Town of Cutler Bay to provide for emergency medical treatment as indicated above for:

(Print child's name)

(Parent/Guardian Signature)

(Date)

(Date)



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____, hereby authorize and give consent to the staff of Town of Cutler Bay and The Children's Trust of Miami-Dade County and/or its funded service providers as follows:

I hereby:

consent and authorize **OR** **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Town of Cutler Bay and The Children's Trust and its funded service providers.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Town of Cutler Bay and The Children's Trust of Miami-Dade County and its staff, funded service providers, employees, agents, affiliates and board members.



AUTHORIZATION FOR RELEASE OF INFORMATION

Note: The Town of Cutler Bay partners with various agencies in order to provide the highest quality of service to participants of our Youth Programs. This form allows the Town to exchange information with our partners that is relevant to the delivery of service such as contact information and disclosed medical conditions (allergies, physical limitations, differing learning abilities, etc.). We will not disclose any information without the parent/guardian's authorization to release.

I, _____, hereby AUTHORIZE the Town of Cutler Bay to Release/Exchange information with the following partners associated with the **Paint with Faith** (1260 NW 196th Terrace, Miami, FL 33169 | Phone: 305-781-0991) and **Short Chef** (3133 SW 13th Street, Miami, FL 33145 | Phone: 305-761-1452).

CLIENT INFORMATION

(First Name) (Middle Initial) (Last Name)

SPECIFIC INFORMATION TO BE RELEASED

Contact Information Progress Reports Demographics Other: _____

Please DO NOT Share the following information: _____

I understand that the specific information to be released may include, but is not limited to; history and/or treatment protected under the Privacy Act. I authorize the release of this information and understand that this authorization expires six months from date of signature, unless I specify otherwise or revoke it with a written and dated notice prior to the release of this information.

The above has been fully explained to me and I understand it.

(Parent/Guardian Signature) (Signature of Witness)

(Date) (Date)

Town of Cutler Bay, Confidential 8/31/2020



PARTICIPANT REGISTRATION REQUIREMENTS

1. All participants must have registration forms from The Children's Trust (TCT) and the Town of Cutler Bay completed and signed by a parent/guardian prior to joining the After School Program/Summer Camp. This program is funded in part by The Children's Trust. Demographic information collected from the registration form and other required assessments will be added to TCT information systems. These tracking systems are for information purposes only to account for youth being supported with grant funding.
2. All of the information required by the Children's Trust and Town of Cutler Bay must be completed prior to the child participating in any After School/Summer Program activities.
3. If all information is not provided within one week of the child's registration, the parent/guardian will be asked to remove their child from the program until such time as the required information is made available.
4. Once each participant's required registration information is complete, the information will be entered into The Children's Trust and Town of Cutler Bay information tracking system.
5. When a child's information changes, it is the responsibility of the parent/guardian to inform the After School/Summer Program staff so that the changes may be made in the appropriate tracking system(s).

I, _____, have reviewed the above stated requirements, and would like to enroll my child in the Town of Cutler Bay After School and/or Summer Program. I understand that this program is partially funded by The Children's Trust. I also understand that my child's demographic information and assessments required by The Children's Trust will be entered into the appropriate funding agency's information tracking system, and may be accessed at any time by The Children's Trust.

(Parent/Guardian's Signature)

(Printed Name of Child)

(Date)

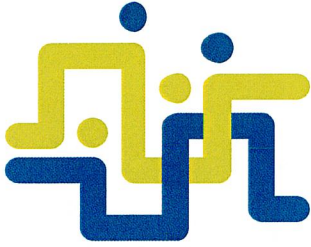


PERMISSION TO TRANSPORT

I, _____, the parent or guardian of _____ grant permission for my child to be transported in a motor vehicle hired by Town of Cutler Bay, approved bus service, or a program van driven by a Town of Cutler Bay employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and /or other adult staff members or volunteers. I agree on behalf of myself, child named herein, and our heirs, successors and assigns to hold harmless and defend Town of Cutler Bay, agents and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child being transported by Town of Cutler Bay employees or an approved bus service.

I have read this entire waiver and permission form, and fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Signature: _____ Date: _____



The Advocacy Network on Disabilities

“Getting to Know Me”

Child's Name _____

D.O.B. _____ Date _____

We want to get to know your child better so that we can provide the best possible educational experience. No one knows your child better than you. Tell us more about your child.

1. We want to know about your child's favorite/least favorite toys/activities/rewards:

Favorite

Least favorite

2. What calms your child and what upsets your child?

Calms

Upsets

3. How does your child communicate?

- Verbally
- With vocalizations
- Other (please specify) _____
- Through gestures (i.e., pointing, pulling, blinking)
- With communication devices (i.e., pictures)
- American Sign Language (ASL)

4. What services does your child receive?

- Speech/Language Therapy
- Mental Health Counseling
- Behavioral
- Occupational Therapy
- Physical Therapy
- None

May we contact your service provider to better support your child? Yes No (Signed authorization form required)

5. Does your child require assistive devices or equipment? (i.e., braces, walker, wheelchair, communication device, insulin, nebulizer)

Yes No If yes, please describe _____

6. Do you suspect your child has a hearing or vision problem? Yes No

If yes, please describe _____

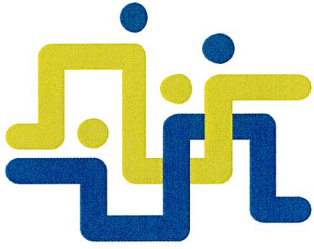
7. Which statement best describes your child's ability to move from one activity to another?

- Easily moves from one activity to the other
- Needs assistance to move from one activity to the other

Please explain _____

8. Does your child play/interact best (please check all that apply):

- Independently
- With another child
- With adults
- Small group
- Large group
- Indoor
- Outdoor
- Additional comments: _____



**The Advocacy
Network on
Disabilities**

“Getting to Know Me”

Child's Name _____

D.O.B. _____ Date _____

9. Do any of the following bother your child?

- Noise Texture (i.e., sand, water) Lights Touch (i.e., hugs)
 Smells Other _____

10. Does your child wander, run away or bolt? Yes No

If yes, what situations precede this behavior? _____

11. Is your child able to do the following activities by him/herself?

- | | | | |
|----------------|--|--------------------|--|
| Use the toilet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Walk/move about | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eat | <input type="checkbox"/> Yes <input type="checkbox"/> No | Wash his/her hands | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If no, please describe what assistance is needed: _____

12. Does your child take medication? Yes No

Medication side effects staff should be aware of: _____

Is there anything else you would like to share about your child (i.e., allergies, diet, seizures, nosebleeds)?

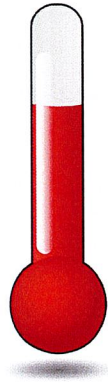


FACTS ABOUT HEATSTROKE:

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.



ATTENDANCE POLICY

Town of Cutler Bay, Cutler Ridge Park has established an attendance requirement for the After School Program. Each participant must follow the attendance policy which mandates that children attend at least 85 percent of the days that the After School Program is available, or a minimum of four days per week. If you know in advance that your child will be absent on any given day, please notify the park office (by phone at 305-233-5472 or by fax at 305-233-5457), so that unnecessary time is not spent searching for your child.

In addition, it is important that once a child arrives at the park he/she is able to devote at least two hours per day to program activities such as homework, reading, fitness, social skill building and more. Please do not use the After School Program as a short-term “babysitting” service or alternative to picking your child up at school. If, in the sole opinion of the After School Program staff, your child is not spending adequate time on program activities, your child may be asked to leave the program in order to make room for a child who is in greater need of the services being offered by the program.

It is very important that all parents follow the attendance policy, so that each child may receive the full benefits that the After School Program has to offer.



BEHAVIOR POLICY

RULES (for participants):

1. Keep your hands and feet to yourself. No fighting or bullying. Do not touch other people or their belongings.
2. No stealing.
3. No lying
4. No cursing, swearing or name calling.
5. No cheating.
6. No running inside.
7. No yelling inside.
8. Wait your turn in the game room.
9. No eating or drinking inside unless you have permission.
10. If someone is bothering you tell a counselor.
11. If you need help with something (homework, game) ask a counselor.
12. Treat people the way you want to be treated.
13. Ask for permission to go to the bathroom or get water.
14. No cell phones during homework time.

WARNINGS:

1. Ask the child to stop. Explain to him/her what they are doing wrong.
2. Speak to the child in private. Explain to him/her what they are doing wrong.

CONSEQUENCES:

1. Timeout-Place child in timeout. Explain to him/her what they did wrong.
2. Bring child to a Supervisor.
3. Talk to parent.
4. If behavior problem continues child will be suspended from the program for three days.
5. If behavior problem continues child will be suspended from the program for one week.
6. If behavior problem continues after one week suspension, Child will be expelled from the program.
7. In extreme cases such as fighting or if a child is uncontrollable bring them to a supervisor immediately, a call to the parent will be made and a three day suspension will be given to the child.
8. Children shall not be subjected to discipline which is severe, humiliating, or frightening.
9. Discipline shall not be associated with food, rest, or toileting.
10. Spanking or any other form of physical punishment is prohibited.
11. Children may not be denied active play as a consequence of misbehavior.



CLIENT CONFIDENTIALITY POLICY

The Town of Cutler Bay's records, including all information gathered in conjunction with the operation of the After School Program at Cutler Ridge Park, are governed by the State of Florida's "Public Records Law," Chapter 119 of the Florida Statutes. A copy of Chapter 119 is available in the Parks and Recreation Department office (10100 SW 200 Street, Cutler Bay, FL 33189) and in the Town Clerk's office in Town Hall (10720 Caribbean Blvd., Suite 105, Cutler Bay, FL 33189).

Section 119.071 (5) (c) specifically provides for the exemption of disclosure of certain information as follows:

Any information that would identify or help to locate a child who participates in government-sponsored recreation programs or camps or the parents or guardians of such child, including, but not limited to, the name, home address, telephone number, social security number, or photograph of the child; the names and locations of schools attended by such child; and the names, home addresses, and social security numbers of parents or guardians of such child is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Information made exempt pursuant to this paragraph may be disclosed by court order upon a showing of good cause. This exemption applies to records held before, on, or after the effective date of this exemption.



LATE PICK-UP POLICY

1. The After School Program ends at 6:00pm Monday through Friday. There is a late fee of \$1 per minute after 6:01pm.
2. Your child will not be left unattended. A staff member will stay until your child is picked up.
3. If you know you are going to be late, please call the park at (305) 233-5472 and let the staff know.
4. It is the parent's responsibility to synchronize their watches with the Recreation Center's clock.
5. When a child is not picked up by 6:00 pm, Park staff will attempt to contact the child's parents to determine their estimated time of arrival.
 - A. In the event that a parent cannot be contacted, Park staff will attempt to contact the first person indicated on the "Emergency Contact and Authorized Pick-Up" list on the child's registration form to pick up the child.
 - B. Additional calls will be made to those listed on the "Emergency Contact and Authorized Pick-Up" list until someone is contacted who can pick up the child.
 - C. If no one is able to pick up the child by 6:30 pm, a call will be placed to the Cutler Bay Police Department for assistance in making sure the child is escorted home safely.
6. Chronic lateness will result in your child's expulsion from the program.



COVID-19 PLAN

The Coronavirus pandemic (COVID-19) created a global response to the way human beings interact with one another. This response has revolutionized the ways in which we travel, socialize, exercise and even learn. The Town of Cutler Bay (the "Town") has taken an extensive list of precautionary measures to ensure that our Team is compliant with State and Local mandates regarding COVID-19 in Town Parks and Facilities. Offering this program and related services during the pandemic has taken a lot of planning, intensive training and insurmountable dedication from our Staff to provide the safest environment for the community and our Program participants.

The Town has a great Team of committed, caring and skilled employees that will create an amazing experience for the community, while following guidelines and recommendations from the Centers for Disease Control and Prevention (CDC) to provide the safest environment for participants of the Program.

Rules & Guidelines

In response to the global pandemic, guidelines and procedures along with safety protocols have been put into place to protect employees, children, and their families from the spread of COVID-19. Please read this plan thoroughly so you and your family understand all the rules and guidelines prior to attending the After School Program. As more information becomes available certain protocols outlined in the plan may be modified or changed. We appreciate your support as we continue to get through this together.

The Town of Cutler Bay program will be following the CDC guidelines and suggested protocols to keep everyone safe. We understand some may not agree with the CDC protocols and understand that it is your decision to register your child knowing the safety measures that have been implemented.

Healthy Hygiene

Please be sure to do your part as it is important to take daily preventive actions that limit the spread of COVID-19. The CDC recommends the following:

- Wash hands often with soap and water for at least twenty (20) seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least sixty percent (60%) alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home if you are sick.
- Avoid close contact with people who are sick.
- Put distance between yourself and other people (at least 6-feet). This will be referred to as physical or social distancing.
- Cover your mouth and nose with a cloth face covering when around others.
- Remember to cover coughs and sneezes with a tissue or use the inside of your elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least twenty (20) seconds.
- Clean and disinfect frequently touched surfaces.



Face Coverings

The Florida Department of Health defines a face covering as a material that covers the nose and mouth (mask). The CDC recommends that face coverings should be worn by employees and children. We do understand that face coverings may be challenging for children (especially younger children) to wear in all-day settings, however, we encourage masks to be worn while in the Program.

Cleaning and Disinfecting

Employees will routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched along with objects/surfaces not ordinarily cleaned daily such as, but not limited to, doorknobs, light switches, classroom sink handles, countertops, desks, chairs, cubbies, and any restroom toilet/sink handles and dryers that are not touchless. All rooms within the facility will be cleaned, sanitized, and disinfected several times a day.

Ventilation

In order to minimize the possibility for airborne infection to occur and spread, the Town is committed to adhering to principles of air movement and ventilation by re-checking the effective operation of all facilities to ensure a safe environment for everyone.

Food Service, Snacks and Water Bottles

Disposable items are preferred. Sharing of foods and utensils is prohibited. Individually packed snacks will be provided to Program participants.

It's important that all employees and children stay hydrated. Please send your child to the Program with a closed-top water bottle that has first and last name written on it, every day. Town facilities have bottle refill stations to refill the water bottle throughout the day.

Health Screenings

Anyone that may appear to have symptoms of a contagious disease, illness, or injury that might require medical attention will be denied entry to the Program and facility. Please understand that this is for the safety of everyone, so please stay home if you are sick.

Preparing for When Someone Gets Sick

Employees and children should not come to the Program if they are sick. The CDC advises that employees and children with COVID-19 who experienced symptoms or those who DID NOT have COVID-19 symptoms but tested positive should not return until they have met the CDC's criteria to discontinue home isolation.

Please notify Elizabeth Deveaux, Youth Program Administrator via email to edeveaux@cutlerbay-fl.gov immediately if your child (or a close family member) has COVID-19 symptoms, tests positive for COVID-19, or has been exposed to someone with symptoms or a confirmed or suspected case.

As much as we have restructured the Program to incorporate all the CDC's recommended safety protocols to provide a low-risk environment for employees and children, the Town has implemented safety procedures for everyone in the event someone is sick or experiences COVID-19 symptoms (such as fever, cough, or shortness of breath) during the Program. These procedures include isolating the participant with adult supervision and notifying their parent/guardian to safely transport home or to a healthcare facility.



Non COVID-19 Sickness or Illness

If a child becomes sick during Program hours, a parent/guardian or authorized adult will be notified immediately. Please notify Elizabeth Deveaux, Youth Program Coordinator via email to edeveaux@cutlerbay-fl.gov if your child has been recently ill and/or if your child's activities need to be restricted due to illness.

Children may not attend the Program if they have symptoms of a suspected communicable disease, including without limitation:

- Chickenpox
- Chills
- Cough
- Dehydration Symptoms
- Diarrhea
- Difficulty breathing/shortness of breath
- Discharge from eyes, nose or ears
- Fever of 100.4 degrees or more
- Fifth's Disease
- Hand Foot and Mouth Disease
- Head lice
- Herpes Simplex
- Impetigo
- Influenza
- Loss of taste or smell
- Measles
- Meningitis
- Mumps
- Muscle Pain
- Open, exposed lesions
- Pink Eye
- Ringworm
- Rubella
- Severe Coughing or difficulty breathing
- Stiff neck
- Sore/Strep throat
- Unusually dark urine or gray or white stool
- Yellow skin or eyes
- Any COVID-19 Symptoms or exposure, or other unusual signs or symptoms of illness

Your child should not return to the Program without medical authorization or until the signs and symptoms of the disease or illness are no longer present. A doctor's note is required up-on returning to the Program.

Telephone Usage

In case of an emergency, please call the Town, Cutler Ridge Park at (305) 233-5472. A parent, guardian, or emergency contact will be called if an emergency should arise or if your child becomes ill.



INFORMATION ON REPORTING ABOUT CHILDREN WITH DISABILITIES

DEFINITION

The Children's Trust Board of Directors defines children with disabilities as:

Children who currently have a physical, emotional, developmental, behavioral, or chronic medical condition or delay. These children experience impairment in their sensory, cognitive, motor, emotional, or behavioral functioning, which requires support, ongoing intervention, or accommodation provided by others in order to participate in an age-appropriate fashion in education, social activity, or physical activity in an appropriate environment.

INFORMATION TO BE COLLECTED AND REPORTED

The Child Information Form posted on The Trust website is intended to assist providers in collecting meaningful information about how to better serve children with disabilities in all its funded programs. This includes information about a child's primary method of communication, as well as specialized supports and services the child is receiving and/or needs to fully and meaningfully participate in the program. This information is reported in The Trust's electronic reporting system along with other demographics. See page 3 of this document for detailed guidance on how to report the information.

CONDITIONS

The Children's Trust uses the following categories to track different conditions experienced by children with disabilities. When entering information into The Trust electronic reporting system, if you indicate that a child has a condition expected to last for a year or more, you must also choose at least one of the following. A child may have more than one condition; please indicate all that apply.

- **Physical Disability or Impairment:** Conditions that substantially limit one or more basic physical activity, such as walking, climbing stairs, reaching, lifting, or carrying (for example cerebral palsy).
- **Medical Condition or Illness:** An ongoing health condition that affects a child's ability to participate in at least one program activity. Examples include seizure disorders, asthma, diabetes, sickle cell anemia, cystic fibrosis, cancer, and HIV/AIDS. Children with chronic medical conditions may be ill or well at any given time, but they are always living with the condition.
- **Hearing Impairment or Deaf:** A full or partial decrease in the ability to detect or understand sounds (sometimes referred to as deaf or hard-of-hearing).
- **Visual Impairment or Blind:** Limited or lack of ability to see visual images (sometimes referred to as blind or legally blind).
- **Speech or Language Condition:** Children with speech/language impairments experience difficulties that persist beyond early childhood in at least one of the following areas: speech or language processing, speech or language production, and language use.
- **Autism Spectrum Disorders (ASD):** A general term widely used to refer to Autism, Asperger's Syndrome, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), which are typified, in varying degrees, by difficulties with social interaction, verbal and nonverbal communication, and repetitive behaviors or interests.
- **Developmental Delay** (applies only to children through age 5): Refers to a child whose development lags significantly behind established typical ranges for his or her age in areas that include speech/communication, self-help, cognitive, physical, and/or social/emotional development.

- **Learning disability (if school-age):** This may include learning disabilities, which involve a discrepancy between achievement and intellectual ability in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, and mathematical reasoning.
- **Problems with Attention or Hyperactivity (ADHD/ADD):** Attention Deficit Hyperactivity Disorder is characterized by an individual having difficulty focusing on a task and maintaining concentration, being overly active and/or having difficulty with impulse control.
- **Problems with Depression or Anxiety:** Depression refers to a condition characterized by feelings of sadness, despair, and discouragement. Anxiety is characterized by nervousness, fear, apprehension, and worrying.
- **Problems with Aggression or Temper:** Aggression is a form of behavior designed to hurt someone else, either emotionally or physically. It is often accompanied by quick or intense feelings of anger.
- **Intellectual/Developmental Disability** (applies only to children over age 5): Refers to limitations both in intellectual functioning and the ability to independently conduct activities of daily living.

OTHER PRIORITY POPULATIONS

While The Children's Trust is focused on supporting all children in our community, one of our guiding principles specifies that we target early intervention and prevention services to our most vulnerable children, families and neighborhoods. In addition to children with disabilities and special health and mental health care needs, some other vulnerable populations include children of migrant parents and children involved in the dependency and/or delinquency systems.

DEFINITIONS

- **Children involved in the dependency system:** Children involved with DCF, Our Kids, full case management agencies, dependency and/or family courts.
- **Children involved in the delinquency system:** Children involved with the Department of Juvenile Justice (DJJ), Juvenile Services Department, and/or diversion/Civil Citation programs.



**STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY
NUMBERS FROM PARTICIPANTS IN PROGRAMS FUNDED BY THE
CHILDREN'S TRUST**

Florida Law requires The Children's Trust of Miami-Dade to state in writing the purposes for which it collects social security numbers to provide a copy of that statement of purpose to individuals from whom it collects social security numbers. Since this program is funded in whole or in part by The Children's Trust, this agency may share with the Children's Trust the social security number of an individual child or youth who participates in the program of service. This document signifies notice to you that the social security number of the program participant may be provided to The Children's Trust.

The Children's Trust of Miami-Dade collects the social security numbers of child participants of funded programs and services for the following purposes:

- To research, track and measure the impact of The Children's Trust's funded programs and services so that these programs and services may be maintained and improved in the future (individual identifying information will not be disclosed).
- To identify and match individuals and data within and among various systems and other agencies for research purposes.

The Children's Trust does not collect social security numbers for adult participants.

The Children's Trust of Miami Dade
3150 SW 3 Avenue (Coral Way)
Miami, Florida 33129
305-571-5700
www.thechildrenstrust.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



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: C11MD2768
License Issued on 06/01/2023
License Expires on 05/31/2024
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATORY
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.

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

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 number 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.
- Equip 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.



Getting **In**; Getting **Out**...

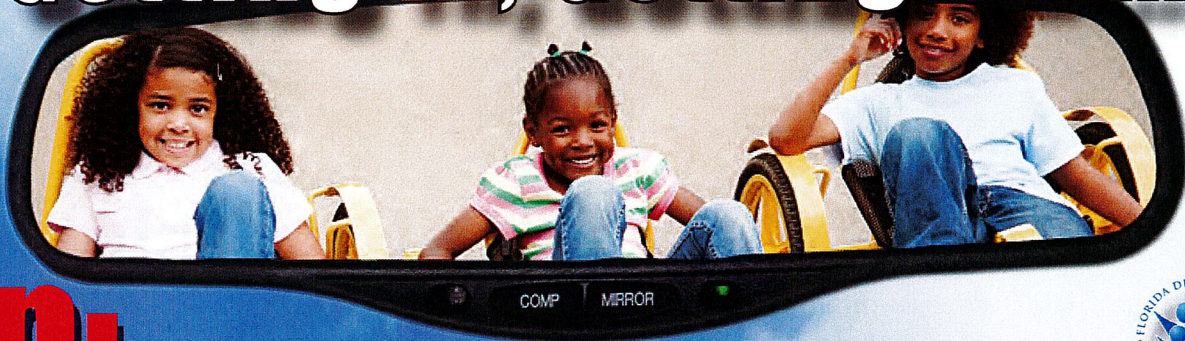


Out: Check the Back Seat

- 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

Getting **In**; Getting **Out**...



In: Check Behind The Car

- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE,** walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

Developed by:
PREVENTION UNIT
Office of Family and
Community Services



Town of Cutler Bay Parks & Recreation

AFTER SCHOOL PROGRAM

HANDBOOK



LETTER

from the

Youth Program
Administrator

Dear Parent/Guardian,

We extend a warm welcome to you and your child in joining us at our 2023-24 After School Program.

Made possible through in part by the funding from The Children's Trust. This K-5 program provides academic assistance, literacy development, social skills training, and physical fitness in an environment where children can safely explore, discover, and grow.

To make this the best experience for everyone, we ask that you please read this handbook thoroughly so that you understand all the rules and guidelines for this program. We have a great team of committed, caring and skilled employees that are ready to create an amazing experience for your child.

If you have any questions or concerns, please feel free to contact me via email at edeveaux@cutlerbay-fl.gov or at (305) 233-5472.

We look forward to a wonderful school year with your children.

Attentively,

Elizabeth Deveaux

Youth Program Administrator

TABLE OF CONTENTS

ABOUT THE TOWN’S YOUTH PROGRAMS..... 4

ATTENDANCE5

PARENT DROP-OFF/PICK-UP POLICY.....5

BEHAVIOR MANAGEMENT POLICY PART I..... 6

CLIENT CONFIDENTIALITY 7

EMERGENCY MEDICAL POLICY AND PROCEDURES 7

CHILD ILLNESS PROCEDURE 8

MEDICINE DISPENSING POLICY..... 9

MOBILE PHONE POLICY10

ABOUT THE TOWN'S YOUTH PROGRAMS

The Town's Parks & Recreation Department offers three programs on a yearly basis where participants receive academic assistance, literacy development, social skills training, and physical fitness in an environment where they can safely explore, discover, create, and grow.

These programs serve approximately 240 children in grades K-8 and are funded in part by The Children's Trust. Our programs include:

- **After-School Program** (*ages 6-12*): The Town has successfully operated the After-School program since 2009. The program offers recreational and evidenced based activities to assist youth aged 5-12 in improving academically, developing appropriate social skills and adopting an active lifestyle.
- **Careers in STEM Summer Camp** (*grades 6-8*): Through the support of The Children's Trust, our FREE Careers in STEM Summer Camp hosts children entering grades 6 through 8 (middle school). During this six-week summer camp, participants learn to build and program a robot while discovering the world of robotics and engineering. Participants also have the potential to earn an Introduction to Robotics Certification from Carnegie Mellon University's Robotics Academy. The program ends with a Robotics Exhibition, where participants display their robotic creations. Additional enrichment activities include educational field trips, career exploration, group STEM activities and presentations, and fitness and nutrition education. Program registration typically opens around April.
- **Summer Camp** (*ages 6-12*): This eight-week Summer Camp for youth ages 6-12 is broken down into two-week sessions. Campers enjoy swimming lessons, arts & crafts, fitness activities, indoor and outdoor activities, weekly field trips, and much more. Program registration typically opens around April.

ATTENDANCE

It is very important that all parents follow the attendance policy, so that each child may receive the full benefits that the Youth Program has to offer.

The Town of Cutler Bay has established an attendance requirement for the grant funded after-school and summer camp programs. Each participant must follow the attendance policy which mandates that **children attend at least 85 percent of the days that the Program is available, or a minimum of four days per week**. If you know in advance that your child will be absent on any given day, please notify the program office as soon as possible.

If, in the sole opinion of the Town's Program Staff, your child is not spending adequate time on program activities, your child may be asked to leave the program to make room for a child who is in greater need of the services being offered by the program.

PARENT DROP-OFF/PICK-UP POLICY

The Town of Cutler Bay does not provide daily transportation to and from the After School Program. Please follow the general operating hours for your child's program to ensure that the child is never left unattended.

Drop-Off Policy

- Please inform the Town on how your child will arrive to the program.
- Do not drop your child off before the posted program hours.
- Please ensure that your child arrives to the program as close to the start time as possible.

Pick-Up/Late Pick-Up

- Please arrange to have your child picked up at the end of the program.
- Your child will not be left unattended. A staff member will stay until your child is picked up
- If you know you are going to be late, please call the program office to let staff know.
- When a child is not picked up at the end of the program, Park staff will attempt to contact the child's parents to determine their estimated time of arrival.
- If a parent cannot be contacted, Park staff will attempt to contact the first person indicated on the "Emergency Contact and Authorized Pick-Up" list on the child's registration form to pick up the child. Additional calls will be made to those listed on the "Emergency Contact and Authorized Pick-Up" list until someone is contacted who can pick up the child.
- If no one can pick up the child after 30 minutes from the end of the program, a call will be placed to the Cutler Bay Police Department for assistance in making sure the child is escorted home safely.
- Chronic lateness will result in your child's expulsion from the program.

BEHAVIOR MANAGEMENT POLICY PART I

The Town's staff will use positive behavior management techniques that are developmentally appropriate and adhere to the Town's core values of leading by example, honesty, courtesy and respect, and continuous improvement. We abide by the following guidelines:

Behavior Management Techniques

Town Staff will:

- Involve the children in the development of the "house rules."
- Maintain consistent behavior expectations and reinforce Core Values
- Guide children by setting clear, consistent, fair limits for program behavior.
- Use natural and logical consequences.
- Redirect children to a more acceptable behavior or activity.
- Use positive reinforcement, including a positive behavior recognition program.
- Make eye contact and listen when children talk about their feelings and frustrations.
- Guide children to resolve their own conflicts using conflict resolution skills.
- Use effective praise that is immediate, sincere, and specific.
- Modify and structure the environment to attempt to prevent problems before they occur.

Discipline Action Steps

Town Staff will utilize the following behavior management guidelines:

Warnings:

1. Ask the child to stop. Explain to him/her what they are doing wrong.
2. Speak to the child in private. Explain to him/her what they are doing wrong.

Consequences:

1. Personal Time—Remove child from situation for up to five minutes. Explain to him/her what they did wrong.
2. Bring child to a supervisor.
3. Verbal and/or written communication to parent/guardian regarding child's behavior
4. If behavior problem continues child will be suspended from the program for three days
5. If behavior problem continues child will be suspended from the program for one week
6. If behavior problem continues after one-week suspension, Child will be expelled from the program.
7. In extreme cases such as fighting or if a child is uncontrollable, bring them to a supervisor immediately, a call to the parent will be made and a three-day suspension will be given to the child.
8. Children shall not be subjected to discipline, which is severe, humiliating, or frightening

-
9. Discipline shall not be associated with food, rest, or toileting.
 10. Spanking or any other form of physical punishment is prohibited.
 11. Children may not be denied active play because of misbehavior.

CLIENT CONFIDENTIALITY

State of Florida Public Records Law:

The Town of Cutler Bay's records, including all information gathered in conjunction with the operation of the Town's Youth Programs, are governed by the State of Florida's "Public Records Law," Chapter 119 of the Florida Statutes. A copy of Chapter 119 is available in the Town Clerk's office in Town Hall (10720 Caribbean Blvd., Suite 105, Cutler Bay, FL 33189) and in the Parks and Recreation Department office (10720 Caribbean Blvd., Suite 225, Cutler Bay, FL 33189).

Section 119.071 (5) (c) specifically provides for the exemption of disclosure of certain information as follows:

Any information that would identify or help to locate a child who participates in government-sponsored recreation programs or camps or the parents or guardians of such child, including, but not limited to, the name, home address, telephone number, social security number, or photograph of the child; the names and locations of schools attended by such child; and the names, home addresses, and social security numbers of parents or guardians of such child is exempt from s. 119.07(1) and s. 24(a), Article I of the State Constitution. Information made exempt pursuant to this paragraph may be disclosed by court order upon a showing of good cause. This exemption applies to records held before, on, or after the effective date of this exemption.

The Town of Cutler Bay partners with various agencies to provide the highest quality of service to participants of our Youth Programs. This form allows the Town to exchange information with our partners that is relevant to the delivery of service such as contact information and disclosed medical conditions (allergies, physical limitations, differing learning abilities, etc.). We will not disclose any information without the parent/guardian's authorization to release that is enclosed in the intake package. Parents/Guardians have the right to refuse authorization. This will not inhibit the child from participating in the program but may limit his/her ability to participate in the services provided by our partners. For more information about what will be shared, contact the Youth Program Coordinator.

EMERGENCY MEDICAL POLICY AND PROCEDURES

The following is the Town of Cutler Bay Youth Programs' Emergency Medical Policy and Procedures for addressing emergency medical situations.

In the event of injury or a medical emergency, the following steps will be taken by Town staff:

Non-Life-Threatening Injuries:

- Assist or bring the injured child to an isolated area/first aid room.
- Notify a staff member that is first-aid certified to administer the appropriate first-aid treatment as necessitated by the injury.
- Notify parent/guardian and supervisor of incident.
- Complete accident/incident report
- Maintain a copy of the incident report on file. For major injuries, send a copy to partnering funding agency (i.e., The Children’s Trust, Florida Department of Juvenile Justice)

Life-Threatening Injuries:

- 911 will be called immediately.
- Find a staff member that is CPR and first-aid certified for “first responder” treatment.
- Notify parent/guardian (in their absence, notify the first person listed on the child’s “Emergency Contact and Authorized Pick-Up List”)
- Notify supervisor.
- Meet Fire Rescue or Police Officer in the park parking lot and direct them to the injured child.
- Complete accident/incident report
- Maintain a copy of the incident report on file. Send a copy to partnering funding agency (i.e., The Children’s Trust, Florida Department of Juvenile Justice)

CHILD ILLNESS PROCEDURE

1. Children are observed daily for signs of illness that may be contagious.
2. Any child suspected of being contagious will be removed from his/her group and kept in the lobby on the sofa (in plain view of the front desk) until picked up. Parents will be notified based on the severity of the signs/symptoms of the suspected illness. Staff suspected of being contagious will be sent home.
3. Children suspected of being contagious will not be permitted to return without medical release or until signs of the illness are no longer present.
4. Signs of suspected contagiousness include the following:
 - Severe coughing causing redness in the face.
 - Difficult or rapid breathing (during non-strenuous activities)
 - Stiff neck (without recent physical activity)
 - Diarrhea
 - Fever
 - Pink eye (conjunctivitis)
 - Exposed open sores.
 - Yellowish skin or eyes
 - Head lice (a child with head lice will not be allowed to return until verifiable treatment has occurred)
5. Town Staff will contact the parents of children suspected of being contagious and will check on the progress of the child until the child is picked up.

-
6. Town Staff will not be responsible for administering any medication to the children in the Youth Program. Should the child become unable to administer emergency medications, only then will Town staff administer medications such as an epi-pen to prevent further reactions or injury.

MEDICINE DISPENSING POLICY

There are two categories that prescription medications are classified as relates to their management and policy at Cutler Bay parks:

1. Prescription medications that must be taken at a specific time on a prescribed basis.
2. Medications that must be administered in the event of a severe allergic reaction.

Policy:

It is the policy of the Town of Cutler Bay that **we do not store, hold, assist with, or administer any prescription medications** to program participants.

Rationale:

There are issues such as the availability of medication when a child needs it—a child may leave on a field trip and leave medication behind; the staff person on duty may not have a key or have access to medication when a child needs it; medication may be accidentally mishandled or misplaced. Some medications need to be kept refrigerated, and we do not necessarily have the capacity to store medications.

Policy:

We don't permit program participants to bring medications to camp or take medication during camp hours. If a child must take medications on a regularly scheduled basis or specific time, parents are encouraged to visit camp and administer medications to their child.

Rationale:

The job descriptions for Town Staff do not require training in administering medications. To avoid the possibility that medications may not be administered properly or that medications may be rendered unusable (accidentally spilled, dropped, etc.), the Town will not store or handle prescription medications.

If a child is required to carry an epi-pen or other emergency medication used for severe allergic reactions, we have the following practice and policy:

1. Proper storage and administering of any emergency medications are the responsibility of the child. Participants are permitted to carry epi-pens with them if parents have shown staff proof of prescriptions. Should the child become unable to administer emergency medications, only then will Town staff administer medications such as an epi-pen to prevent further reactions or injury.

2. If emergency medications need to be refrigerated, it shall be the responsibility of the parent to supply an insulated, soft sided lunch box with cold packs to always keep medication cold and in the child's possession.
3. Children will be discouraged from trading meals at lunchtime.
4. The Town does not allow any home-made treats, snacks, etc. for birthday parties. Such snacks will be limited to store-bought cupcakes, etc. if they wish to have a birthday party for their child at camp.
5. Staff will be made aware of dietary allergies and restrictions for campers under their supervision, and whenever possible, be aware of the symptoms of food allergies, should a child have a reaction.
6. The Town does not provide medical personnel during program activities.

MOBILE PHONE POLICY

The Town recognizes that mobile phones have become a common tool for communication. Students' use of mobile phones during program hours creates major distractions to the learning environment. The mobile phones are also vulnerable to theft.

Students can have mobile phones; however, phones must be turned off and stored out of sight during program hours. Phones may not be used to talk, take pictures, play games, record, or text during program hours.

If a student violates the mobile phone policy, the Town will enforce the following consequences:

- **First Infraction:** The student's mobile phone will be taken away by Town Staff and returned to the student at the end of the day as they leave the program site. Confiscated mobile phones and electronic devices will not be returned to the students under any circumstances prior to them leaving the program site for the day.
- **Second Infraction:** The student's mobile phone taken away by Town Staff and placed at the front desk until a parent comes to retrieve it at the time that they pick the student up for the day.
- **Third Infraction:** The student will no longer be allowed to bring a mobile phone to the youth program or will be removed from the youth program.

Join the Town of Cutler Bay e-mail list by signing up at
www.cutlerbay-fl.gov/subscribe



*(Or scan here to sign
up for our emails)*



   Follow us on social media @townofcutlerbay

Cutler Ridge Park | 10100 SW 200th St, Cutler Bay, FL 33189
(305) 233-5472 | www.cutlerbay-fl.gov