

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

**WHEN LIFE
HAPPENS...
DON'T BE A
DISTRACTED
ADULT**





Distraction 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.



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.



Hotline Leadership Team

Kimberly Barrett, Hotline Director
Chris Compton, Hotline Deputy Director
Amy Andrews, Systems Manager
Paul Berryman, Business Manager
Nana Gatlin, Human Resource Manager
Hank Lech, Quality Assurance Manager
Mike Mathews, I.T. Manager
Tiffany McGee, Crime Intelligence Manager
Travis Paulk, Terminal Agency Coordinator
Robert Yeager, Call Center/Policy Manager
Zandra Odum, Call Center Manager
Robert Schendowich, Hotline Specialist

Community Services



There are several different ways the Hotline provides direct volunteer services to the community: Tours, Shadowing, Community Training and Job Fairs.

Both community shadowing and trainings allow everyday citizens and mandatory reporters the opportunity to gain insight into how reports are assessed. In addition they learn vital statutory information about what Hotline counselors need to process and complete reports and other tasks.

Tours of the Hotline and job fairs provide the public a brief outlook regarding the type of people the Hotline hires and the technology that is used to process calls. A wide array of individuals ranging from attorneys and case managers to reporters and legislators visit the Hotline to learn how we operate.

Community Referrals

Agency for Health Care Administration (AHCA):

1-888-419-3456 Accepts complaints concerning HMO's and Home Health Care Services as well as quality of care issues.

Domestic Violence Hotline:

1-800-500-1119 Provides referrals for shelters and crisis counseling.

Food Stamps, Medicaid, and AFDC Access:

1-866-762-2237. Answers questions about food stamps, Medicaid, and AFDC. Also refers callers with complaints concerning anyone misusing AFDC for food stamps in Florida to the Fraud Hotline.

Elder Helpline:

1-800-955-8771. Provides information regarding elder services within each Florida County

Advocacy Center for Persons with Disabilities:

1-800-342-0823 Advocates for persons with a mental illness or a developmental disability by monitoring facilities and accepting complaints or rights violations.

County Referrals:

(211) Provides referrals concerning low income housing, emergency food, financial assistance and available counseling services.

Day Care Licensing:

Accepts complaints regarding child day care facilities.

Long Term Care Ombudsman:

Advocates for people who live in nursing homes, assisted living facilities and adult family care homes:
1-888-831-0404

CINS/FINS:

Children in Need of Services/ Family in Need of Services. Not-for-Profit statewide association representing agencies which serve homeless, runaway and troubled youth ages 10 to 17 and their families.

Elder Abuse Reporting:

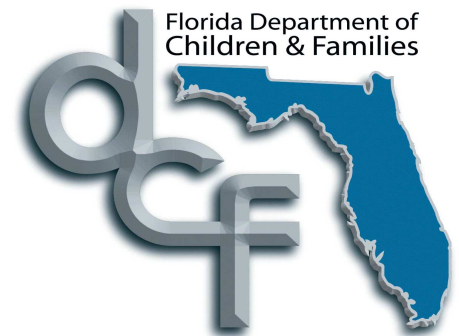
1-800-677-1116 (All States)

Child Abuse Reporting:

1-800-422-4453 (All States)

Sheriff's Office:

For non-jurisdiction calls



"To help protect children and vulnerable adults from abuse, neglect, abandonment, and exploitation."

1317 Winewood Boulevard
Tallahassee, Florida 32399
Main Office- (850)487-6100

REPORTING

Phone: 1-800-962-2873

TTY: 1-800-453-5145

Fax: 1-800-914-0004

Web: <https://abuse-report-bc.dcf.state.fl.us/AbuseWebReport/AddReporterinfo.aspx>

Who We Are



The **Florida Abuse Hotline** serves as the central reporting center for allegations of abuse, neglect, and/or exploitation for all children and vulnerable adults in Florida.

The Hotline receives calls, faxes, and web based reports from citizens and professionals. The Hotline assesses the information provided by the caller and determines if the information meets Florida statutory criteria Ch. 39 and 415 to initiate an investigation conduct by the Department of Children and Families.

When parents can't, don't or won't protect their children, the Department of Children & Families steps in to help, providing a full spectrum of services, from parenting classes and respite care to transportation and child care. The goal of the Department is to keep children safe within their own families when possible.



Crime Intelligence Unit

In conjunction with, the Florida Abuse Hotline, the **Crime Intelligence Unit** (CIU) was created on July 1, 2005. CIU has several distinct functions and responsibilities with the main function of being a centrally located computerized criminal history information center for all circuits in the State of Florida.

To ensure accountability and consistency, the CIU is responsible for providing timely and efficient criminal background checks for the Department of Children and Families' child/adult protective investigators and community based care workers.

Even though we are a non criminal justice agency, we are allowed to search criminal history information per Florida Statute 943.045. Through Florida Department of Law Enforcement Criminal Justice Agency User Agreement, the CIU has direct access to obtain criminal history information from FCIC, NCIC, and DJJ databases.

These criminal history checks are used for investigative purposes and non-licensed placements only. The information provides the child/adult investigators, community based care and service providers with any knowledge of potentially hazardous situations, threatened harm and criminal history of the subjects in the abuse reports to protect the investigators and Florida's most vulnerable citizens.

Upon investigation and placement purposes, the CIU receives requests for criminal history checks from field staff via phone (Helpline) and fax. Faxes are for recheck requests only.

Important Stats

How many contacts we received in total (Annual).

- Received: 433,395
- Answered: 407,058
- Abandoned: 26,337

What percentage of those calls were reports.

- 71.4% of answered calls resulted in a report

How many of the reports were child reports.

- Out of all the reports we took, 81.4% were child reports and 18.6% were adult reports

Number of death reports we took.

- 197 adult death reports
- 462 child death reports

Percentage of calls that came from mandated reporters.

- 49.16%

How many immediate reports we received.

- 15% are immediate reports

How many 24 hour reports.

- 86% are 24 hour reports

How many in-home reports taken.

- 97%

How many institutional reports.

- 3%

Number of calls received by CIU.

- Received 123,665

Number of calls to CIU planned for emergency placement.

- 11,203 planned placements

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Centers for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



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THE FLU

A Guide for Parents



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 settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



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.

For additional helpful information about the dangers of the flu and how to protect your child, visit: www.cdc.gov/flu/ or 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 your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

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, you should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.



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KNOW YOUR CHILD CARE FACILITY

Know Your Child Care Facility - 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 practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (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.

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

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.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped 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.



To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873

It is NOT Safe

to put anything in your baby's bed, such as sheepskins, stuffed animals, baby positioners, crib wedges, comforters, pillows, heavy blankets, or bumper pads.

It is NOT safe

to smoke around your baby or in a room where your baby spends time.

It is NOT safe

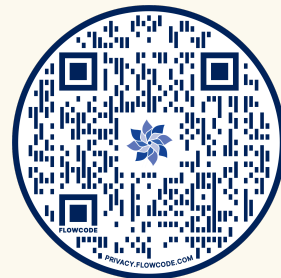
to let your baby sleep on an adult bed, air mattress, beanbag, reclining chair, sofa, waterbed, or on any furniture not made for babies.

SLEEPING WITH YOUR BABY IS DANGEROUS

Even if your baby is breastfed and you don't smoke, drink alcohol, or use drugs or other medications, sleeping with your baby still increases your baby's risk of suffocation or strangulation while sleeping. The only way to protect your baby from higher risk is to have your baby sleep in a crib.

VISIT WWW.OUNCE.ORG/SAFE_SLEEP.HTML

for more information and tips on helping babies fall asleep and stay asleep in their own safe space.



Scan with your smartphone's camera for more information.

SAFE SLEEP

FOR YOUR

BABY



HELPING

YOU REDUCE THE RISK OF SLEEP-RELATED DEATH

"The safest place for an infant to sleep alone is in a crib, in the parents' room, for the first year of life."

THE AMERICAN ACADEMY OF PEDIATRICS



There are some things parents can do to lower the risk of sleep-related death of an infant. Some parents believe sleeping with their baby will protect the baby from harm, **but sleeping with a baby is dangerous and actually raises the risk of infant death.**

Important Information

Consider these facts before you decide where your baby will sleep:

- Suffocation and strangulation in an adult bed is the leading cause of injury-related death for infants under one year of age in the state of Florida.
- The risk of sleeping-related infant death is 40 times higher for babies who sleep in adult beds compared to babies who sleep in their own cribs.

KEEP YOUR BABY SAFE DURING SLEEP

To lower the risk of sleep-related death and suffocation and keep your baby safe while he or she sleeps, it is important to:

- Make sure baby's crib, bassinet, cradle, or portable crib is undamaged and meets current Consumer Product Safety Commission standards. (www.cpsc.gov).
- **Put baby's crib, cradle, or bassinet close to parent or caregiver's bed for the first year of life.**
- **Place your baby face up to sleep; sleeping on the stomach or side increases the risk of suffocation.**
- Tell everyone who takes care of baby about how to keep your baby safe during sleep.
- Make sure the baby's mattress is firm and fits snugly in its frame.
- Make sure the baby's sheet fits tightly around the mattress and use only the mattress that comes with the crib.
- Keep the baby's sleeping area away from all loose strings (e.g., blind cords, electrical cords, and clothing)
- Offer your baby a pacifier (never a bottle) when placing your baby down to sleep. The pacifier should not be put back into the baby's mouth if it is spit out during sleep. If the baby does not want the pacifier, do not force it and never do anything to hold it in place. If breastfeeding, do not use a pacifier until the baby is one month old.
- Respond to your baby's cries during the night.
- Keep the room temperature of your baby's sleeping area comfortable for a lightly clothed adult to keep baby from getting overheated.
- Always hold the bottle when feeding your baby, since propping a bottle can cause the baby to choke and possibly die.
- Hang baby's mobile out of baby's reach and remove it once baby learns to sit up.
- Lower the baby's mattress when your baby learns to sit, and again when they learn to stand to prevent baby from falling out of the crib.