

Site Visit Monitoring Form

PROGRAM

Date of Monitoring _____

Arrival Time _____

Departure Time _____

ROOM	<input type="text"/>	TIME	<input type="text"/>	# of CHILDREN	<input type="text"/>
Staff Name(s)	_____	Learning Centers Present?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	Materials Adequate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:	_____	Area Orderly?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Current Appropriate Lesson Plans Posted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Schedule Posted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

ROOM	<input type="text"/>	TIME	<input type="text"/>	# of CHILDREN	<input type="text"/>
Staff Name(s)	_____	Learning Centers Present?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	Materials Adequate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:	_____	Area Orderly?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Current Appropriate Lesson Plans Posted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments:	_____	Area Orderly?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Current Appropriate Lesson Plans Posted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Schedule Posted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reason for Visit:

Monitor Name _____

Comments:

Director Name _____

Director Onsite? Yes No

Site Visit Monitoring Form

DCF LICENSING ADULT / CHILD RATIOS

per 65C-22.001(4)(a)(b) & 402.3.5(4)(a)(b)

Licensed Age Groups	Adult/Child Ratio
0-12 months	1:4
1 year	1:6
2 years	1:11
3 years	1:15
4 years	1:20
5 and up	1:25

IF RATIO VIOLATION SUSPECTED:

- Ask staff, volunteers, and children to stop where they are.
- Record the following information:
 1. Date
 2. Time of discovery
 3. Teacher names
 4. Volunteer names
 5. Child names and ages
 6. Posted room capacity
 7. Room identifier
 8. Time corrected

ADULT/CHILD RATIO FOR FAMILY DAY CARE HOME

per s. 402.302(7), Florida Statute

NOTE: Children under 13 years related to the provider must be included in the ratio.

A. MAXIMUM TOTAL OF 4 CHILDREN BIRTH - 12 MONTHS OF AGE.

B. MAXIMUM OF 3 CHILDREN, BIRTH - 12 MONTHS OLD AND OLDER, FOR A MAXIMUM OF 6 CHILDREN.

C. A MAXIMUM TOTAL OF 6 PRESCHOOL CHILDREN IF ALL ARE OLDER THAN 12 MONTHS OF AGE.

D. A MAXIMUM TOTAL OF 10 CHILDREN IF NO MORE THAN 5 CHILDREN ARE PRESCHOOL AGE AND OF THOSE 5, NO MORE THAN 2 ARE UNDER 12 MONTHS OF AGE.

TOTAL	INFANT (0-12 Months)	PRESCHOOL (13 Months - 5 Yrs)	SCHOOL AGE (K & older)
4	4	0	0
6	3	3	0
6	3	2	1
6	3	1	2
6	3	0	3
6	2	4	0
6	1	5	0
6	0	6	0
10	2	3	5
10	2	2	6
10	2	1	7
10	2	0	8
10	1	4	5
10	1	3	6
10	1	2	7
10	1	1	8
10	1	0	9
10	0	5	5
10	0	4	6
10	0	3	7
10	0	2	8
10	0	1	9
10	0	0	10

IT IS THE PROVIDER'S RESPONSIBILITY TO BE IN COMPLIANCE WITH ONE OF THE ABOVE RATIOS AT ALL TIMES.