



Parent Handbook

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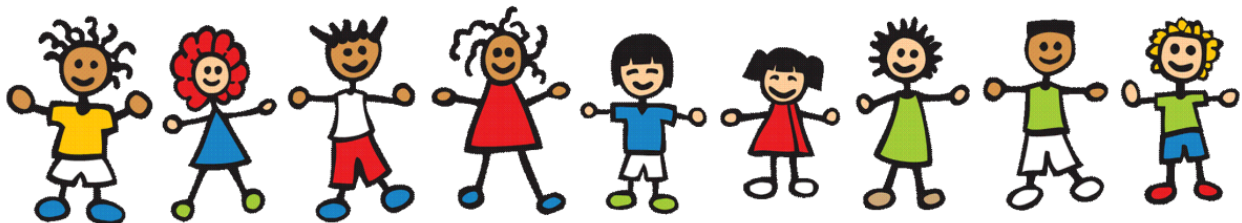


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Hello, Let Me Introduce Myself

My name is Robin Faden, I'm excited for us to get to know each other, please allow me to tell you a little bit about myself and my goals for Robin's Nest Kid-care.

Robin's Nest Kid-care was a dream of mine as far back as I can remember. Children have always been my passion. Being able to watch them learn, grow and experience new things is fulfilling and rewarding for me. I thank you for allowing me an opportunity to be part of your child's life.

It all began at Chatsworth High School in 1987. I chose "careers with children" as an elective in 10th grade and fell in love with working with kids. Since then, I have worked in a variety of preschool environments. I've learned a lot about what works and what doesn't work and applied this knowledge to my own business.

My special training in early childhood education includes:

- *CD30 Human Development
- *CD40 Child/Family/Community
- *CD54 Literature with Children
- *CD41 Early Childhood Programs
- *CD52 Art in Early Childhood
- *CD32 Child Nutrition/Health/Safety
- *CD38 Practicum 1-ECE Observation
- *CD36 Equity Issues in ECE

I am certified in First-Aid, Adult, Child, and Infant CPR and keep my skills updated every year.

My philosophy of child care is to provide a safe, loving, gentle, and warm environment for young children. All children deserve to be treated with respect and without bias. Children need to be provided with developmentally appropriate activities, including:

- * Language and Literacy
- * Dramatic play and Art
- * Science/Math/Logical thought
- * Music and Movement
- * Group and Quiet Time
- * Physical Development

Children need to feel comfortable and safe enough in his/her environment to freely learn how to problem solve and make choices.

Welcome Parents

Starting your child in a new environment can be strenuous not only on Children, but on Parents! The below list helps ensure a smooth transition:

1. All forms must be turned in on, or before your child's start date.
2. Please sign your child In and Out *daily*.
3. Provide your child with a blanket for nap time.
4. Bedding is sent home on the last day of each week for cleaning and must be returned on the first day of the following week.
5. Please provide your child a full change of clothes that are seasonally appropriate. During warmer weather, please include water-play clothes, and sunblock. **Please be sure to label all items. We are not responsible for unlabeled and lost items.**
6. Information for parents is communicated via boards, emails and folders – please keep up to date
7. We are always available for you to discuss challenges, concerns and/or issues.

Separation from the Parent

The process of separation from the parent as a child enters and attends school is one of the most important accomplishments for a toddler/preschool child. At each age level a child will react differently. As children mature, they begin to identify themselves as independent personalities.

In separating from a Parent, your child is learning:

- * To develop an interest in the activities of the school
- * To feel comfortable with others at school
- * To understand that his/her parent will come back and pick him/her up
- * To understand that parents often must concentrate on their own interests and duties which are separate from a child?

It's important to point out that sooner or later after the initial successful adjustment at school is made; all children want to explore the limits of "not going to school". This period usually lasts only a short time. When this occurs, here are some suggestions, which may help you handle the situation:

- * Place an emphasis on what the child will do at school rather than what your activities will be.
- * Ensure the child is involved in a specific activity or in the hand of the teacher before you leave.
- * Tell the child you are leaving. Avoid prolonged goodbyes.
- * Ask the teacher for help. We expect the crying and usually the tears are for the parent's benefit.

Robins Nest Tuition Rates as of 2025

Full Day Schedule = 10 hours
 Half-Day Schedule = 4 hours

ALL RATES ARE BASED ON ENROLLMENT, NOT ATTENDANCE

If your child is absent for any reason, we do not offer refunds.

This includes all non operational days.

Regular fees, even if your child is sick or on vacation, must be paid to keep his/her place.

In the case of a natural disaster, pandemic, or any unforeseeable occurrence, Robin's Nest is requesting weekly payment regardless if the child is present or not.

Weekly Child Care Rate

Infant-2 Years	Full Time Only \$300	
Two to Five	Full Day	Half Day
Five Days	\$280.00	\$235.00
Three Days	\$245.00	\$210.00
Two Days	\$220.00	\$180.00
6 years and older	Full Day Five and up \$220.00	Half Day Five and up \$165.00
Drop In	\$20 Per Hour	
Annual Registration \$225.00		Summer Camp Fee \$225

*Tuition rates will increase annually. Parents will be given at least a thirty-days notice. Payment is due every Monday Morning by check, cash, or Venmo.

If payment is not received by the end of the day, you must pay on the following **Tuesday**, by **cash only**.

Late Fee Policy

Parents must pay on time, consistently. Robin's Nest Kid-care is open from 7:30 a.m. until 6:30 p.m. Monday through Friday. We ask that Parents arrive no later than 6:25 p.m. to pick up your child/children. **Children must be signed out by 6:30 p.m.** A charge will be assessed for children picked up after 6:30 p.m.

- * If Parents are late, a \$10.00 Late Fee will be charged for the first Five minutes. Beginning at 6:36 p.m., the fee will be \$1.00 for each minute thereafter.
- * The time is kept according to the clock on the classroom wall.
- * A bill will be generated the next morning. Parents must pay this bill within two days after the late pick up. This payment will be accepted in Cash only.
- * If the problem is excessive, you'll be removed from the program.

Signing In and Out

To protect the children, signing in and out on a daily basis is mandatory. It also facilitates communication between Parents and Caregivers.

- * Children must be signed in each morning; signed out each evening by their parents or previously authorized adults. Parents are required to sign both their first and last names.
- * The caregiver who accepts the child from the parent at morning sign in inspects the child to make sure the child has no visible signs of illness. If the caregiver is unsure if the child is ill, they will ask the parent to determine if anything unusual, i.e., changes in sleeping or eating routines.
- * The child will be released only to someone who is specifically authorized **in writing** on the child's **Identification and Emergency Information Form**.
- * If a person who is not listed on the Identification and Emergency Information form will be picking up the child, the parent **must** provide a written authorization in advance. In case of an extreme emergency whereas the parent is unable to provide written authorization, the parent may call and provide the name of the person who will be picking up the child. We will ask for the social security number and the mother's maiden name of the parent who is calling. This procedure will confirm that the person calling is the parent. The person picking up the child will be required to show a photo identification to remove the child from the center.
- * If the caregiver does not recognize the person picking up the child, or if someone is picking up a child for the first time, the caregiver is required to ask for photo identification and verify the information with the child's file.

We apologize for any inconveniences these policies may cause. We assure you it's for the best interest and safety of your child.

Holiday Schedule

Tuition is due for all Holidays & Breaks

Tuition is based on enrollment, **NOT** attendance

September	Labor Day
November	Veterans Day Thanksgiving- Thursday and Friday
December	Christmas (Including day before & after)
January	New Year's Day Martin Luther King Jr. Day
February	Presidents Day
May	Memorial Day
July	Independence Day
Winter Break	One week TBD
Summer Break	One week TBD
Floating holiday	2 days if needed TBD

Water Play/Messy Activities Information

All children at Robin's Nest Kid-care will be given opportunities to participate in water play/messy activities. These sensory motor learning experiences promote cognitive development, fine and gross motor development and social emotional development. These activities may include but are not limited to: water play, mud play, play dough, finger painting, shaving cream, various goops, etc.

1. These activities may take place daily.
2. Suitable clothes **must** be worn (such as aprons, swimsuits, etc.) However, this is no guarantee that clothing will be protected from staining while children are engaged in the messy activities. Water shoes or old tennis shoes are mandatory for the children's safety while participating in water play outside.
3. Children will make the decision to participate or not.

***Please note that our normal daily activities can be very messy, so please send your child to school each day in clothing that is suitable for active play.**

A Child's Play

At Robin's Nest, we play A-LOT! During this time they are:

- *Meeting and interacting with friends
- *Looking at books
- *Exploring how things work
- *Playing with toys
- *Listening to music
- *Sharing
- *Having different experiences in a mostly child group situation
- *Developing and expanding their language abilities
- *Having creative art experiences
- *Learning to share an adult's attention
- *Learning social skills by playing games and interacting with friends
- *Building with materials that may not be available at home
- *Using "messy" art materials in a space provided for experimentation
- *Becoming independent
- *Comparing and contrasting different experiences
- *Learning from others while broadening their own horizons

What looks like play is really hard work!

A Balanced Approach

Our balanced curriculum at Robin's Nest Kid-care includes multicultural teaching methods which support a child's developing identity and respect for differences. This curriculum incorporates an understanding of people with disabilities, gender differences, race, and family lifestyles. Children will have opportunities for developing skills to deal with the hurtful impact of prejudice on themselves and others around them.

This is not a "stand alone" curriculum but one that will be constantly evolving. Caregivers will always be prepared to discuss biases and stereotypes and will be prepared to discuss them appropriately with children as children begin to ask questions based on their own feelings and experiences.

We will introduce different cultural information on a regular basis through books, flannel board stories, music, language, dolls, and games that reflect our different cultures. For example, we might have an event for the Chinese New Year, and through this event, children may come to know more about the Chinese culture. We might welcome parents of Chinese descent to share important parts of their culture with us, perhaps by having them share traditions or food with the children. The most crucial and important part of the balanced approach is that children are made aware of various cultural practices, not simply on a single day dedicated to a party or celebration, but on an ongoing basis.

We collaborate with parents to provide the most enriching balanced experience for children, and appreciate any additional information that may be shared by parents.

Emergency Information

Policy

The licensing agency within the State of California requires that certain health and safety guidelines be followed at childcare centers. There are emergency information forms which are required to be on file for every child before, or on the first day of his/her enrollment so that information is readily available.

Procedure

1. Parents must complete the following forms which is part of the registration packets
 - A. Identification and Emergency Information form which provides emergency telephone numbers and identifies people who are authorized to pick up the child. Parents will provide an out of state telephone contact number, to be used in case of major disaster to facilitate communication.
 - B. Consent for Medical Treatment form which authorizes the staff to obtain any emergency treatment when it is deemed necessary.
2. It is the responsibility of the parent to advise us when there are changes in any information.
3. In case of injury to a child, other than a minor injury, a staff member trained and certified in first aid and CPR will assess the injury. If the injury appears serious, the caregiver will call 911. While this list should not be considered all-inclusive, the following conditions require emergency treatment:
 - *Absence of or difficulty breathing
 - *No palpable pulse
 - *Loss of consciousness
 - *Signs of shock (paleness, sweating, and weak pulse)
 - *Cuts with uncontrollable bleeding
 - *Paralysis or inability to move body parts
 - *Ingestion of chemicals, poisons, or foreign objects
 - *Unresolved choking
 - *Seizure activity
 - *Burns
4. A caregiver certified in CPR and first aid will administer the appropriate treatment while waiting for paramedics
5. Precautions will be used always by caregivers when dealing with any injury involving blood. Disposable gloves will be worn before coming into contact with any blood or tissue discharges. Any blood which may have spilled will be cleaned and thoroughly washed off and the area will be treated with a bleach solution. Any blood which spilled on the carpet will be sanitized with an appropriate germicide. Hands will be washed thoroughly after coming into contact with blood.

(Continued on Next Page)

Emergency Information (Continued)

6. Parents or any other authorized adult will be contacted immediately so they may go with the child in the ambulance if one is required; or they can transport the child themselves if an ambulance is not required (a non-emergency) but medical treatment is warranted. Staff members will not transport children personally to a medical facility. If no one named on the Identification and Emergency Information form is available to take the child for medical treatment. The caregiver will call 911 for an ambulance to take the child to an appropriate medical facility. The caregiver will then accompany the child in the ambulance to the medical treatment facility along with the child's file.

Health Policy (Updated Sept 2020)

Robin's Nest is a 'well-baby' daycare. Per State Licensing and CDC regulations, should your child become ill with the following symptoms, he/she MUST stay home, as to not infect other children and staff.

If your child has any of the following symptoms while in our care, for the safety of the other children we'll isolate them to a designated area within the facility until they're picked up. If your child is ill with any of these symptoms, they'll need to stay home for 72 hours once they are FREE of symptom without the assistance of medication.

*Fever of 99 degrees or above

*Cough

*Shortness of breath or difficulty breathing

*Fatigue

*Muscle or body aches

*Headache

*New loss of taste or smell

*Sore throat

*Congestion or runny nose (see "allergy related" notes below)

*Nausea, Vomiting, Diarrhea

*Rash or skin infection (eg. Poison oak with drainage, impetigo, ringworm, head lice) or communicable disease (measles, rosella, rubella, mumps or chicken pox)

Robin's Nest COVID-19 / Pandemic Policy
(Based on 2020)

Dear Parents,

Due to the recent challenges with Covid, I want to be sure everyone is clear on our policies at Robin's Nest.

Please review carefully, **sign, and return:**

Should your child have A fever of 99 or above they must stay home for 3 days fever free without any fever reducing medication to ensure they do not have Covid. (Covid test is suggested)

If you or any members of your family have tested positive, or been around someone who has tested positive, everyone impacted is required by CDC to self quarantine for 14 days.

To ensure everyone's safety, should any sign of Covid-19 symptoms occur in your child, or immediate family please get tested and remain home until a negative result has come back.

If anyone is tested positive with no symptoms/ person being asymptomatic, proof of a negative test within 1 week will be mandatory to return *to school* . ***I will need to have this on file for everyone impacted.***

Please refer to this list of some symptoms:

- * Fever of 99 degrees or above
- * Cough
- * Shortness of breath
- * Fatigue
- * Muscle or body aches
- * Headache
- * New loss of taste or smell
- * Sore throat
- * Congestion or runny nose
- * Nausea, vomiting, diarrhea

Tuition **will** be due per usual should we need to quarantine due to Covid or any other time your child misses school. A friendly reminder, tuition covers your spot, not attendance.

(Continued)

Robin's Nest COVID-19 / Pandemic Policy (Continued)

Should a quarantined situation last longer than 14 days, I'll reassess tuition expectations.

Should the State mandate another complete shut down, \$50 per week tuition, per child will be required to save your spot.

To Withdraw a child, as always, we require 30 days notice in writing.

Due to the Covid19 pandemic, it is crucial that your child be picked up within ½ hour. Please have a backup guardian whom you or I may contact if your place of work is out of ½ hour radius from our facility.

****Allergy related symptoms****

We understand that a mild cough and runny nose are symptoms for allergy sufferers. Due to the new guidelines implemented by the CDC and State Licensing, We'll need a doctor's note accompanied with a history of child's allergies and action plan (eg. Medication) that is put in place.

It's mandatory to communicate ANY symptoms your child experiences, even if you feel it is minimal.

****It will be at our discretion as to whether a child may or may not remain our care if they show any signs of illness. This supersedes Doctor's notices.****

It's of vital importance to strictly adhere to the sick policy. If you administer medication before sending your child to school, you must report this to me/staff and the reasons for giving your child medication. If they're not well enough to attend without the assistance of medication (except allergy medicine) then they should not be present around other children, staff or myself.

Colds, flu and other contagious diseases seem to occur frequently and spread easily among young children. To help protect your own child's health and to minimize the possibility of contagion at school, **please keep your child at home** if you observe any of the following symptoms:

- *Vomiting two or more times in 24 hours.
- *A rash, lice or nits.
- *An infection. (Yellow pus or mucus draining from the eye).
- *A fever 99 degrees or more. Even if only teething.
- *Diarrhea, Three or more times in 24 hours.
- *Nasal discharge that is green or yellow.
- *Productive cough
- *Severe sore throat

Health Policy Acknowledgement Form

(please Sign & Date)

If these symptoms of possibly contagious conditions are observed in your child during the day, you will be called to come pick up your child immediately.

Your child must stay home until symptom free without medication for 24 hours.

This helps ensure that the illness has actually passed and your child will be healthy to resume school activities.

Tuition is still due if your child is Sick.

(please sign/date below for record keeping purposes)

I have read and understand my responsibilities as summarized in the above pages - covering all Health Policies.

Parent Signature

Date

Withdrawing a Child

The Director (Robin Faden) must be given **four weeks written notice in advance of the withdrawal of a child from the program.** (i.e., notice must be given on the Monday of the final four-week duration or the Friday prior to the four-week duration.) At that time a postdated check or a money order will be required for your child's last two weeks of tuition.

To help ensure Robin's Nest is a good fit for you and your child, the first 30 days are considered a trial period. A child may be withdrawn without advanced notice within the first 30 days.

Process of Withdrawing a Child:

There are additional circumstances which will require a parent to withdraw a child. These circumstances include, but are not limited to, the following:

- A. Parents fail to comply with the policies of the Robin's Nest Kid-care or fail to comply with the requirements and/or regulations of the Department of Social Services
- B. A child appears to present a danger to himself/herself, other children attending the center, staff, or any other people at the center.
- C. Parents present a danger to children, staff, or any other people at the center, or are physically or verbally abusive.

(please sign/date below for record keeping purposes)

I have read and understand my responsibilities as summarized in the health policy.

Parent Signature

Date

Parent Involvement

- Parents are the most significant adults in a child's life, it is our goal to have parents actively involved to enrich the strength and quality of the program.
- Parents participate through a variety of formats, from informal communication at pick-up and drop-off time to formal parent conferences.

The following avenues have been created to keep parents informed about Robin's Nest Kid-care and to offer opportunities for input:

***Daily notes to parents (when appropriate)**

***Parent bulletin displays containing messages about classroom activities**

***Weekly activity plans**

***Emails**

***Private Robin's Nest Facebook Page**

Other Parent involvement opportunities may include, but is not limited to:

*Reading stories at circle time

*Doing favorite activity with the children

*Taking and reading parent notices

*Sharing a family holiday activity

*Cooking or baking a special snack with the children

Discipline of Children

Policy

Disciplining children is an ongoing process. The process is to guide and direct children so that they may learn to develop control and management of their own behavior. Disciplining children includes redirection, setting of clearly defined limits, and consistency. Discipline of children should always be preventive in nature. If the physical, emotional, cognitive and social needs of the child are met, the need for discipline is greatly reduced. Robin's Nest Kid-care has been designed with all of those needs taken in mind.

Procedure

1. Caregivers will guide the children in developing self-control. They will provide alternatives to unacceptable behavior rather than just expressing a verbal "no."
2. Caregivers will set clear limits about what behavior is acceptable and will show and state verbally that physically aggressive behavior toward other children or staff is unacceptable.
3. Caregivers will never direct criticism at a child; rather the caregivers will direct suggestions for modification toward the behavior.
4. Caregivers will clearly explain to the child, in terms the child will understand and in a positive manner, what the caregivers expects the appropriate behavior to be. The rules and the consequences of breaking the rules will be clearly stated.
5. Caregivers will observe interaction between children and determine whether the caregivers need to intervene. Children at times can resolve the conflicts on their own.
6. If children are not able to resolve conflict on their own, the caregivers will help by offering suggestions for solutions to the conflict.
7. If disciplinary action is required the following may occur:
 - a) Removal of the child from the situation.
 - b) Show the child a positive alternative to their actions and involve children in the "rule making" to develop a sense of responsibility.
 - c) If the child continues to display aggressive/hurtful/behaviors-i.e. constant biting or hitting, the caregivers will discuss with the child's parents.

Biting Information and Policy

Biting is common among young children. It occurs at a certain stage of a child's development. Children bite for many reasons. They bite when they are teething, they bite out of frustration, and they bite for pleasure (a way of showing affection). Biting is a natural part of a child's growth. As caregivers we help the children redirect their negative biting experiences and make them positive learning experiences. We take biting very seriously at Robin's Nest Kid-care and will take all measures to alleviate it. We take time to observe the child and to understand why the behavior is occurring, so that we may handle it in the most appropriate manner.

When a child is bitten, the following procedures will be followed:

1. Immediate attention will be given to the child who was bitten. The bite will be cleaned with soap and water, and ice may be applied for swelling.
2. If the skin has been broken, the parent will be notified immediately. If not, the parent will be notified in the manner that is routine for accidents.
3. Immediately after the bitten child has been cared for, the caregivers will attend to the child who bit in the following manner:

*We will firmly let the child know that biting is not allowed.

*We will be at the child's level and look directly into the child's eyes.

*We will encourage the child to use his/her words to express him/herself.

*If the child has a need to bite (teething, frustration, or language, etc.) we will give the child a biting toy. Otherwise, redirect the behavior.

*If the biting incident escalates, we will initiate a parent conference to determine the most effective techniques for reducing the behavior.

*It is our policy not to disclose the name of the child who has done the biting.

Authorization for Video & Photographs

(please complete information below for record keeping purposes)

I hereby give permission for the image of my child, _____
(Child's full name)

to appear on our Facebook page, website and/or videos and photographs captured at Robin's Nest Kid-care.

I also grant permission for these recording and/or photographs to be reproduced and distributed to families of the other children appearing in the recordings and/or photographs at Robin's Nest Kid-care. I give permission for a copy of the recordings and/or photographs to be retained by staff in a secure and private manner. I understand and agree that these recordings and/or photographs are for the personal use of the families and Robin's Nest Kid-care

Parent's name

Parent's signature

Date

Parent Handbook Acknowledgement & Agreement Form

(please complete information below for record keeping purposes)

I have read and understand my responsibilities as summarized in the **Parent Handbook**.

I hereby understand the following:

- *I agree with the policies, procedures, and practices of Robin's Nest Kid-care;
- *I will abide by the policies, procedures, and practices of Robin's Nest Kid-care
- *I will comply with the requirements and regulations mandated by State Licensing, as enforced by Robin's Nest Kid-care.

I understand that Robin's Nest Kid-care has the right to change the policies, procedures, and practices as stated in the Parent Handbook at any time without advance notice and I will be notified in writing of any significant policy changes.

Child's Full Name

(Please Print) Name of Parent(s) / Guardian(s)

Signature of Parent(s) / Guardian(s)

Date

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
 AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date
Authorized Representative's Name (Primary Contact)		Phone Number
Authorized Representative's Name (Secondary Contact)		Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in: <input type="checkbox"/> Crib <input type="checkbox"/> Play Yard <input type="checkbox"/> Other (Specify) _____	What are the Infant's usual sleeping hours? _____ _____
What is the infant's average length of the Infant's nap(s) during the day time? _____ minutes _____ hours	Does the infant use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes If yes , brand: _____

SECTION C: INFANT'S ABILITY TO ROLL

My child, _____ is able to roll from their back to their stomach and stomach to their back beginning _____ / _____ / _____.

Authorized Representative Signature	Date
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SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date
Authorized Representative Signature (To be completed no later than the next business day following observation)	Date

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? Yes No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature

Date

AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME

SECTION A:

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)

acknowledge that _____,
(Licensee's Name)

the licensee of _____,
(Name of Family Child Care Home)

has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)

acknowledge that Robin Faden _____,
(Licensee's Name)

the licensee of Robins Nest Kidcare _____,
(Name of Family Child Care Home)

has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association, and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

Signature of Parent(s)/Guardian(s)

Date

NOTE: The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: El Segundo Child Care Office
 Licensing Office Address: 300 Continental Blvd. 290A
 Licensing Office Telephone #: 844-538-8766

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee, Robins Nest
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)

**NEBULIZER CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES**

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. **A separate form must be filled out for each person who administers inhaled medication to the child.**

I, _____, give my consent for Robin Faden,
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at Robins Nest 19715 Vintage St Chatsworth CA 91311,
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer inhaled medication to my child, _____, and to contact my child's health care
provider. (PRINT NAME OF CHILD)

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER



California Pre-Kindergarten and School Immunization Record

Staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

Pupil Name (Last, First, Middle):	Statewide Student Identifier (SSID):	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Name of Parent/Guardian (Last, First):	Birthdate (Month/Day/Year):	Gender:	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: ____ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: ____ yrs.	Age: ____ yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: ____ mo.					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Guidance For Completing Form CDPH 286

Review the pupil's immunization record for admission to:

- Pre-kindergarten (child care or preschool);
- Transitional kindergarten/kindergarten through 12th grade (TK/K-12);
- (Or advancement to) 7th grade.

1. **Complete the pupil's identification section.** The Statewide Student Identifier (SSID) is a 10-digit number assigned to TK/K-12 public school pupils by the California Department of Education.
2. **Complete the vaccine and dose section** using information from the pupil's immunization record provided by a parent or guardian, prior school, or an immunization registry.
 - a. Record the date (month/day/year) of each dose the pupil has received, even if the pupil has an exemption to one or more required vaccines. Any vaccine given four or fewer days prior to the minimum required age is valid.
 - b. Check the Permanent Medical Exemption (PME) box(es) for vaccines that are permanently exempt for medical reasons. If all vaccines are exempted, then fill in the date for "Date Requirements Met" in the appropriate row in the Status of Requirements section. This date is usually the date records are determined to be complete. File the medical exemption form specifying the exempted immunization(s) in the pupil's record.
3. **Complete the appropriate row in the Status of Requirements section.**
 - a. Enter the initials of the staff reviewing the pupil's record.
 - b. If the pupil meets admission requirements, check the designated box and enter the date under "Date Requirements Met." This date is usually the date records are determined to be complete.
 - c. If the pupil does not have all required doses but is not due for any doses at the time of admission, check the "Missing Doses Not Currently Due—Conditional" box and fill in the "Follow-up Date(s)" space. Review records at least every 30 days. Once the pupil meets all admission requirements, fill in the date for "Date Requirements Met."
 - d. If the pupil has a Temporary Medical Exemption, check the designated box and write the expiration date in the "Follow-up Date(s)" space. Once the pupil meets all admission requirements, fill in the date for the "Date Requirements Met."
 - e. If the pupil is due for doses and subject to exclusion, check the "Missing Doses Are Overdue—Needs Doses Now" box and fill in the "Follow-up Date(s)" space.

- f. If the pupil does not have all required immunizations and does not meet criteria for conditional admission (including a temporary medical exemption) and is:

- **IEP:** Accessing special education services required by the pupil's individualized education program, or
- **IND:** Enrolled in an independent study program and does not receive classroom-based instruction, or
- **Home:** Enrolled in a home-based private school

Then, using the codes above, check the appropriate box under "Other" and fill in the date for "Date Requirements Met."

Maintain a roster of all pupils who are unimmunized for immediate identification in case of disease outbreak or exposure in the community.

TRANSFER PUPILS

Transferring from a school in-state or another state: Review the immunization information and supporting documentation for exemptions included in the pupil's record or other immunization record, verifying the pupil has met immunization requirements for the pupil's age/grade. If the pupil has a Permanent Medical Exemption (PME), then add the pupil's name to your facility's roster of unimmunized pupils.

Transferring from your school: Provide this form or an equivalent immunization record as specified in 17 CCR section 6070(b) and any exemption documentation as part of the pupil's record.

If a pupil transfers from one school to another within California, the pupil's record shall be transferred by the former school no later than 10 school days following the date of request from the school where the pupil intends to enroll (California Education Code section 49068).

Foster children: California law requires schools to immediately enroll foster children transferring to their school even if the child is unable to produce immunization records normally required for school entry. Within two business days of the foster child's request for enrollment, the educational liaison for the new school shall contact the school last attended to obtain all records. The educational liaison for the school last attended shall provide all records to the new school within two business days of receiving the request (California Education Code section 48853.5(f)(8)(C)).

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

PARENT NOTIFICATION ADDITIONAL CHILDREN IN CARE

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby notified that: *(Check one)*

I am licensed as a Small Family Child Care Home and may provide care for more than six and up to eight children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than two infants are in care.

I am licensed as a Large Family Child Care Home, and with an assistant provider, may provide care for more than 12 and up to 14 children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than three infants are in care.

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

RECEIPT OF PARENT NOTIFICATION (Facility Copy) Additional Children in Care

I, _____, acknowledge receipt of the notification that this Small Family Child Care Home may be providing care for more than six and up to eight children, or that this Large Family Child Care Home may be providing care for more than 12 and up to 14 children in accordance with Health and Safety Code Sections 1597.44 and 1597.465.

(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

(DATE)

(CHILD'S NAME)

**Maintain the completed and signed bottom half of this form in the child's record
and provide the completed top half of this form to the child's parent or authorized representative.**