



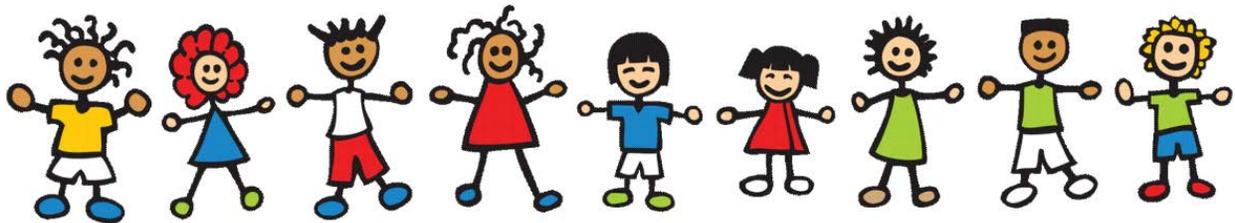
# Parent Handbook

(8/2016)

[www.RobinsNestKidCare.com](http://www.RobinsNestKidCare.com)

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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 10<sup>th</sup> 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 you help ensure a smooth transition.

- \* All forms must be turned in on, or before your child's start date.
- \* Please sign your child In and Out daily.
- \* Provide your child with a blanket for nap time. If your child has a special sleep item, this may also be included. **Robin's Nest Kid-care is not responsible for toys brought from home.**
- \* 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.
- \* 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.**
- \* Information for parents is communicated via boards, emails and folders – please keep up to date
- \* 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.
- \* See that the child is involved in a specific activity or with a 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.

## Weekly Tuition Rates

(as of 8/2016)

**Full Day Schedule: 7:30 a.m. to 6:30 p.m.**

(10 Hours max per day)

**Half Day Schedule: 8:00 a.m. to 12:00 p.m.**

**Tuition is due on all Holidays and Sick days**

<u>Infants Three Months to Two Years</u>	<u>Full Day</u>	<u>Half Day</u>
Five Days.....	\$215.00	\$185.00
Three Days M-W-F.....	\$160.00	\$140.00
Two Days.....	\$155.00	\$150.00
One Day.....	\$65.00	\$50.00
<u>Two Years to Three Years Old</u>	<u>Full Day</u>	<u>Half Day</u>
Five Days.....	\$205.00	\$175.00
Three Days.....	\$175.00	\$155.00
Two Days.....	\$150.00	\$145.00
<u>Three Years to Five Years Old</u>	<u>Full Day</u>	<u>Half Day</u>
Five Days.....	\$175.00	\$145.00
Three Days M-W-F.....	\$145.00	\$125.00
Two Days.....	\$120.00	\$115.00
One Day.....	\$50.00	\$45.00
<u>All Additional Days</u> .....	\$65.00	\$50.00
After School Care for Children 5+	\$350 per month	

**New Student Registration Fee is \$200 (nonrefundable)**

**Annual Registration Fee is \$150 (nonrefundable)**

Should tuition change, parents will be given at least a thirty-days notice. Your tuition payment is due every **Monday Morning** by check, cash, or credit card. You may pre-pay in advance for the entire month.

### Late Fee Policy

Parents must consistently be on time. 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 their 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.

### Fees Policies

- \* If Parents are late, a \$10.00 **Late Fee** will be charged for the first 5 minutes. At 6:36pm the fee will be \$1.00 for each minute thereafter.
- \* The time is kept according to the clock within the Daycare.
- \* 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 our 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.*

## 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 multi-cultural 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.

**Holiday Schedule 2016-2017**  
**Tuition *is* due during all Holiday breaks.**

<b>September</b>	Labor Day
<b>November</b>	Veteran's Day Thanksgiving 24 <sup>th</sup> and 25 <sup>th</sup>
<b>December</b>	December 24-26
<b>January</b>	New Year's Day 1 <sup>st</sup> Winter Holiday One Week TBD
<b>February</b>	Presidents Day
<b>May</b>	Memorial Day
<b>July</b>	Independence Day
<b>Summer</b>	Summer Break One Week TBD

## **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.
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

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

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.**

Thank You for your cooperation

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(please sign/date below for record keeping purposes)

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

---

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.

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(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**

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 Agreement Form**

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 requirement 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.

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Child's Full Name

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Name of Parent/Guardian (please print)

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Signature of Parent/Guardian

Date

# Family History Questionnaire

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Nickname \_\_\_\_\_ Ethnic/Cultural Heritage \_\_\_\_\_

Email Addresses of Parents/Guardians): \_\_\_\_\_  
\_\_\_\_\_

Instagram/Facebook/Social Media Names (to tag in our social media pages)  
\_\_\_\_\_  
\_\_\_\_\_

## **Father**

Father's Name \_\_\_\_\_ Age \_\_\_\_\_

Father's Social Security Number \_\_\_\_\_

Father's Driver's License \_\_\_\_\_

Business phone\_ (\_\_\_\_) \_\_\_\_\_ Cell \_\_ ( ) \_\_\_\_\_ Home\_ (\_\_\_\_) \_\_\_\_\_

Business address \_\_\_\_\_

Occupation \_\_\_\_\_

Does Father live in-home with child? Yes / No

## **Mother**

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_

Mother's Social Security Number \_\_\_\_\_

Mother's Drivers License \_\_\_\_\_

Business phone\_ (\_\_\_\_) \_\_\_\_\_ Cell \_\_ ( ) \_\_\_\_\_ Home\_ (\_\_\_\_) \_\_\_\_\_

Business address \_\_\_\_\_

Occupation \_\_\_\_\_

Does Mother live in home with child? \_\_\_\_\_

Marital Status of parents \_\_\_\_\_

Custody/Visiting Arrangements \_\_\_\_\_

Is there a Step-Parent? \_\_\_\_\_ If so please name \_\_\_\_\_

## **Siblings of enrolled child**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

(continued)

Additional members in household (include relationship and age) \_\_\_\_\_

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Please tell us any additional information about your family that you think we should be aware of (I.E., adoption, parent separation, or divorce, custody or parent visitation arrangements, death in the family, etc.)

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Please list an out of state phone number of a family member or friend. This is to contact in case of emergency or disaster (i.e., earthquake, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone number \_\_\_\_\_ State \_\_\_\_\_

**Previous Child Care/School Experiences**

Please tell us about other school or child care experiences your child has had:(i.e., family day care, relative care in the home, or outside of home, child care center, part time programs, etc.):

<u>Type of experience</u> (Please include name of any school)	<u>Dates</u> (From/To)	<u>Child's Response</u> (Favorable/Non-favorable)
--	---------------------------	--

_____	_____	_____
_____	_____	_____

Does your child watch television? What program and how often?

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Does your child have a place to play outside? What outdoor activities does your child enjoy?

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What is your child's reaction to new or different situations or people?

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How do you approach setting limits or disciplining your child?

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Does your child have any allergies, dietary restrictions, or preferences?

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Please list any other information you think we should be aware of:

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# PHYSICIAN'S REPORT—CHILD CARE CENTERS

## (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

### PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

### PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

## 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.**

**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

# 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  
( )

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE \_\_\_\_\_ 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
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	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 CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT