

LIST OF FORMS TO BE READ AND RETURNED

- ☐ This Parent Packet Checklist
- ☐ Contract Agreement (only parent info portion, filled out with me)
- ☐ Contracted Schedule Form (leave blank, filled out with me)
- ☐ Enrollment Form & Enrollment Form Cont.
- ☐ Copy of Your Child's Immunization Record
- ☐ Parent Notification of Additional Children in Care (LIC9150)
- ☐ Consent for Emergency Medical Treatment (LIC627)
- ☐ Identification and Emergency Information (LIC700)
- ☐ Notification of Parent's Rights (LIC995A) **sign & return bottom portion*
- ☐ Caregiver Background Check Process (LIC995E) **yours to keep*
- ☐ Family Child Care Consumer Awareness Information (LIC9212) **yours to keep*
- ☐ Effects of Lead Exposure **yours to keep*
- ☐ Permission for Application of Topical Products Form
- ☐ Permission to Photograph Form
- ☐ Permission to Transport in Private Vehicle Form
- ☐ Permission to Attend Off Property Field Trips Form
- ☐ Parent Withdrawal Form ** yours to keep for withdrawal notice*
- ☐ Custody/Court Order if Any
- ☐ Payment of First Weeks' Tuition
- ☐ Payment of Security Fee Equivalent to One-Weeks' Tuition
- ☐ Payment of "Spot Held" Weeks
- ☐ Payment of Registration Fee
- ☐ Signed Back Page of Parent Handbook

Additional Forms "As Needed" Only (Return if Applicable to Your Child)

- ☐ Consent for Administration of Medications and Medication Chart (LIC9221)
- ☐ Medication Request for Child Care Provider **for me along with LIC9221*
- ☐ Nebulizer Care Consent/Verification (LIC9166)
- ☐ Blood Glucose Testing Consent/Verification (LIC 9222)
- ☐ Acknowledgement of Receipt of Licensing Reports (LIC9224) **for viewing only do not sign*
- ☐ Ouch Report **for viewing only, this form will be sent home for minor injury notification*

PARENT PROVIDED SUPPLY LIST

- ☐ Toilet Hygiene Wipes
- ☐ Sunscreen (unopened)
- ☐ 1-2 Full changes of clothing to keep in cubby
- ☐ Light jacket/sweater
- ☐ Proper shoes for outside time



Full and Part Time Tuition is:

- Charged as a flat weekly rate
- Same schedule each week
- Due Fridays no later than 5:00 p.m.
- Based on enrollment not attendance

Tuition Includes:

- * Meals Served: two snacks & lunch
- * Daily activities and enrichments
- * Preschool curriculum
- * Small provider/child ratio

**Green Sprouts Family Childcare
Provider-Parent/Guardian Child Care Contract**

The following contracted agreement is made between:

Mother/Legal Guardian

Home Phone

Work Phone

Home Address

E-mail Address

Employer's Name and Address

Cell Phone

and

1.

Father/Legal Guardian

Home Phone

Work Phone

Home Address

E-mail Address

Employer's Name and Address

Cell Phone

and

2.

Child Care Provider

Work Phone

Address

Cell Phone

E-mail Address

for the care of:

3.

Child's Name/Date of Birth

Child's Name/Date of Birth

Basic Rates and Payment Policies:

Fees Due Upon Sign Up:

Sign-up fees are due the day the contract is officially signed by both the parent/guardian and the provider. These fees are to officially enroll your child and put him/her on the roster. Sign up fees are not the same as weekly tuition. These fees are due up front with the contract. Until both are successfully submitted, spot holding fees may apply. Sign-up fees:

- First week tuition
- Last week tuition (security fee)
- Any applicable spot holding fees
- Registration fee (\$25)

The tuition fee shall be \$_____ per week. **This is due every Friday, no later than 5:00pm.** Fees are based on enrollment, not attendance.

Contracted care shall be provided from _____ AM to _____ PM on these days: (Circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Overtime Rates:

1. For the purpose of this agreement, overtime will be considered as drop-off before _____ AM and pick-up after _____ PM.
2. If the parent/legal guardian makes prior arrangements with the provider, the child may stay over-time at the following rate: \$10 per half-hour.
3. If the parent/legal guardian has **not** informed the provider that he/she will be arriving earlier or later than the agreed-upon times, the following rate will be charged: \$15 for the first ten minutes and \$1 per minute thereafter.

Rates Regarding Holidays, Vacations, and Other Absences:

1. The following are paid vs unpaid closure dates. They correspond to my local school district calendar. Closure dates will be observed according to the same schedule.

Paid Closure Dates: (you are charged)

*MLKJ Day	*Washington's Day	*Memorial Day	*Lincoln's Day
*4 th of July	*Labor Day	*Veterans Day	*Indigenous Peoples Day

Unpaid Closure Dates: (you are not charged)

*Spring Break	*Winter Break	*Thanksgiving Break
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2. Charges for a **child's absence** are as follows: each child will be granted 5 days per calendar year of non-payment for absences due to illness or family emergency. These days cannot be used for vacation.
3. Charges related to the **provider's illness** or other family emergencies that prohibit care will be as follows: No charge. These days will be credited to the client's account on the next invoice.
4. Charges related to the **provider's scheduled vacations** are as follows: No charge.
5. Charges related to the **parent/legal guardian's scheduled vacations** are as follows: Parent will pay regular weekly tuition rate for any vacation absences. Payment is due before vacation begins. The provider and the parent/legal guardian will each give a *minimum* of 2 weeks' advance notice of scheduled vacation or other leave.
6. Other: Any time a closure is required due to loss of power or water, state shut downs etc. full tuition rates apply. These are unforeseen circumstances and are not days given discounted rates.

Other Fees:

1. **Non-refundable** registration fee for paperwork/child's binder due upon signing this contract: \$25
Paid Not Paid
2. One-week **non-refundable** advance security fee to be used for your child's final week of care. Due upon signing this contract: \$ _____
Paid Not Paid

3. **Non-refundable** tuition fees for enrollment prior to attendance: \$ _____ (no personal checks)
Paid Not Paid
4. First week' **non-refundable** tuition of: \$ _____ is due upon signing this contract.
Paid Not Paid
5. **Late Tuition Fees:** An immediate fee of \$20 will be applied to tuition if paid after 5:00pm on Friday. An additional \$10 per day will be added until late fees are paid in full. This includes weekends. All payments and fees are due upon your child's next day of care. Failure to provide payment in full will result in suspension of care. If care is suspended for non-payment, additional fees are incurred daily.
6. **Returned Check/Non-Sufficient Funds Fees:** A returned check fee of \$35 will apply to cancelled or returned checks as well as stopped payments. If additional fees are incurred to the provider for these reasons, that amount will also be placed on your account.
7. **Rate Increases:** It is at my discretion that rates may be increased yearly on January 1st. An increase will be by no more than 2.5% based on the Federal Cost of Living Increase.

Specific Policy Agreements:

1. **Illness Policy/Symptoms of Exclusion:** Parent/legal guardian understands that if a child exhibits any of the symptoms outlined in the illness policy or "symptoms of exclusion" the parent/legal guardian will exclude the child from care until the child has been symptom and medication free for 24 hours.
2. **Immunizations:** All children must have their immunizations up to date before enrollment. The parent/legal guardian is responsible for providing a copy of immunization records for the provider to keep on file. An updated copy must be provided each time the child receives a new immunization. Children who receive a new immunization must be excluded from care for **24 hours**.
3. **Trial Period:** The first **two weeks** of care are considered a trial period for **both** parties. If at any time or for any reason, either party would like to terminate care, no written notice is required. **No refunds** will be given during this time frame, regardless of which party chooses to terminate care. Failure of the child to attend without notice will be considered a client termination of this contract.
4. **Client Termination:** After the initial two-week trial period, the client is required to complete and return a Parent Withdrawal Form with a minimum of **one weeks'** notice in order to end this contract. Payment is required for the final week of care whether the child attends care or not. The one-week security fee will be used to pay for this final week of care willing that proper, written notice was submitted to the provider.
5. **Provider Termination:** As the provider, I may terminate the contract at any time without giving any notice.
6. **Parent Handbook:** By signing this contract the parent/legal guardian indicates they have read and will abide by all policies and procedures contained within the parent handbook.
7. **Early Drop-Off/Early Pick-up:** Early drop-off will result in **extra fees**. Early pick-up does not affect tuition. Clients who pick-up **before** their contracted pick-up time, are still required to pay the full weekly tuition. Tuition is based on enrollment, not attendance.

8. **Transportation:** Parent/Legal Guardian has read and fully agrees to emergency transportation policies. Parent gives permission to transport his/her child in provider's personal vehicle in the event of emergency or evacuation.

Care for: _____ Will begin on: ____/____/____

Total Fees Paid Today: \$ _____. For the Following: _____

Signatures:

By signing this contract, the parent/legal guardian agrees to abide by the written policies of the provider in both this contract and in the parent handbook. The provider may amend the policies by giving the parent/legal guardian a copy of the new or changed policies at least two weeks before they go into effect.

Provider's Signature _____ Date: ____/____/____

Mother/Legal Guardian's Signature _____ Date: ____/____/____

Father/Legal Guardian's Signature _____ Date: ____/____/____

Contracted Schedule Form

☐ New Client
☐ Modifying Schedule

Child Enrolled

Date of Birth

____/____/____

Days:

Hours:

____ Full-Time

____ Part-Time

- ☐ Monday _____
- ☐ Tuesday _____
- ☐ Wednesday _____
- ☐ Thursday _____
- ☐ Friday _____

Rate: \$_____ per week

Additional hours added will be at: \$_____ per 30 minutes

Additional days added will be billed at: \$_____ per day

Payment is due weekly on _____ no later than _____ a.m./p.m.

One-Week Security Fee:

Amount Required: _____

Amount Already Paid: _____

\$ _____ paid on Date: _____ Balance: _____ _____ Security Fee Paid in Full

\$ _____ paid on Date: _____ Balance: _____

\$ _____ paid on Date: _____ Balance: _____

Contracted Schedules

*Late arrivals do not allow for late pick-ups.

*Clients are required to adhere to their contracted schedule.

*Any drop-offs before or pick-ups after your scheduled times will be billed accordingly.

Client Signature: _____

Date: ____/____/____

Client Signature: _____

Date: ____/____/____

Provider Signature: _____

Date: ____/____/____

Green Sprouts Family Childcare
Enrollment Form Continued

Child Information:

Child's Age _____

Child's Nick Name _____

Service Information:

Beginning date of care: ____/____/____

Hours: _____ a.m. to _____ p.m.

Days of Care: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Child's Health Information: (A copy of your child's current immunizations must be provided.)

Doctor's Name _____ Doctor's Phone Number _____

Doctor's Office Address _____

Dentist's Name _____ Dentist's Phone Number _____

Dentist's Office Address _____

Are your child's immunizations up to date? **YES** **NO** (please attach a copy of immunizations. This should include the signature of the nurse or doctor who administered medications.)

Does your child have any known allergies? _____

Are you concerned that your child may be prone to any type of allergies? **YES** **NO**

Describe: _____

Does your child have any medical conditions which I should be made aware of? _____

Has your child had the following childhood illness: (please circle)

Croup	Chickenpox (Varicella)	Cold Sores	Fifth Disease
Hand, Foot, Mouth	Head Lice	Influenza	Pink Eye
RSV	Roseola	Shingles	Strep Throat
Asthma	Bronchitis	Pneumonia	Diabetes

Does your child have issues with any of the following? (please circle)

Constipation	Convulsions	Diarrhea	Fainting Spells
Frequent Colds	Ear Infections	Food Intolerance	Febrile Seizure
Urinary Problems	Skin Rashes	Worms	Heart Disease

Has your child ever had any of the following infectious diseases? (please circle)

Hepatitis A	Hepatitis B	HIV/AIDS	Impetigo
Mono	Measles	Mumps	Whooping Cough
RSV	Rotavirus	Tuberculosis	West Nile
Rubella	Polio	Scarlett Fever	German Measles

Does your child have any speech, hearing or visual problems I should be aware of? _____

Does your child have any physical limitations or restrictions I should be aware of? _____

About Your Child

Has your child ever been in child care before? **YES** **NO**

What type? (center, family grandma etc.) _____

Why are you looking for childcare? _____

How does your child feel about being away from mommy/daddy during daycare hours? _____

Are there any recent events your child has been exposed to (death, divorce, new sibling, a move etc.) that you feel I should be informed about? _____

What does discipline look like at home? _____

In a few words, how would you describe your child's temperament? Are they easy going, hard to please, demanding, shy, aggressive, happy, tearful etc.? _____

How well does your child get along with other children? _____

What makes your child angry or upset? _____

What is the best way I can comfort your child when he/she is upset? _____

What things make your child most happy? _____

Does your child have a special security item like a favorite stuffed toy, blanket or pacifier? _____

What are some of your child's favorite foods?

Breakfast: _____

Snacks: _____

Lunch: _____

When are your child's usual nap times? _____

Where does your child sleep for naps and bedtime? In a crib, pack-n-play, bed etc.? _____

When does your child go to bed at night and wake up in the morning? _____

Does your child sleep through the night? **YES** **NO**

Can your child indicate bathroom needs? **YES** **NO** If so, how is this communicated? _____

Is your child: **In Diapers**

Toilet Training

Fully Toilet Trained

Are there any siblings in your child's home/family?

Name _____ Age _____

Name _____ Age _____

What language(s) are spoken at home? _____

What are some of your child's favorite inside/outside activities, toys, games etc.? _____

My child is afraid of: _____

Important people your child has regular contact with:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name: _____ Relationship _____

Is there anything else you would like to share with me regarding your child, in order for me to help him/her feel more comfortable or have the best days possible at daycare? _____

Any special concerns: _____

Enrollment Form

Child Information			
First Name	Last	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Check Any That Apply <input type="checkbox"/> Handicapped <input type="checkbox"/> Migrant <input type="checkbox"/> Child has a special diet			
Height:		Eye Color:	
Weight:		Hair Color:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			

Mother/Guarduan #1 Information			
First Name	Last	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Occupation	Employer		
Work Address			
City	State	ZIP	
Home Phone	Work Phone	Cell Phone	
Email			

Father/Guarduan #2 Information			
First Name	Last	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Occupation	Employer		
Work Address			
City	State	ZIP	
Home Phone	Work Phone	Cell Phone	
Email			

Emergency Contacts			
#1 First Name	Last	Relationship	
Home Phone	Work Phone	Cell Phone	
#2 First Name	Last	Relationship	
Home Phone	Work Phone	Cell Phone	

Enrollment Form

Child's Medical Information						
Physician Name					Phone Number	
Clinic Name				Address		
Insurance Company					Group Number	
<input type="checkbox"/> If unavailable, another licensed physician may treat the child						
Dentist Name					Phone Number	
Clinic Name				Address		
Insurance Company					Group Number	
<input type="checkbox"/> If unavailable, another licensed physician may treat the child						
Immunizations						
	Date	Date	Date	Date	Date	Date
DTP						
MMR						
Polio						
Hib						
Varicella						
HBV						
PCV						

DTP = Diphtheria, Tetanus, Pertussus Vaccine

MMR = Measles, mumps, Rubella vaccine

Polio = Oral polio vaccine

Hib = Haemophilus influenza type B Vaccine

Varicella = Chicken Pox vaccine

HBV = Hepatitis B virus vaccine

PCV (Prevnar) = Pneumococcal Conjugate

COPY of California School Immunization Record

All children must have their immunizations up to date before entering the daycare. Please provide a copy of immunizations with returned forms for me to keep on file. An updated copy must be provided each time your child receives a new immunization. Copies must include the nurse or doctor signature who administered the medication.

**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.

10434 Tomel Court Santee CA 92071

(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.**

**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

()

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					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
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
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**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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**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: Community Care Licensing Division
Licensing Office Address: 7575 Metropolitan Dr. San Diego CA 92108
Licensing Office Telephone #: (619) 767-2300
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.

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)

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://ccld.ca.gov/contact.htm>.



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE U.S.

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes).*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water**
Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their [website](http://www.epa.gov) or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as

stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP), Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's [website](http://www.cdph.ca.gov), or call them at (510) 620-5500.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

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FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION

Family Child Care (FCC) is provided by the home of a licensed provider for up to eight children with one adult or up to 14 children with one adult and one assistant. FCC homes provide a home like setting. Making sure that the licensed FCC homes are providing safe care is the job of the licensing agency, the parents and the provider.

HEALTH and SAFETY CHECKLIST

You should check for basic health and safety practices in the home. Your FCC Provider, by state law and regulation, must do the following:

- ☐ Get a license from the local licensing agency.
- ☐ Provide care to no more than eight children (with no more than two children under age 2) or 14 children with an assistant (with no more than 3 children under age 2).
- ☐ Make sure the home has heat in cold weather and is cool in hot weather.
- ☐ Keep detergents and cleaning products out of children's reach.
- ☐ Make sure swimming pools are fenced or have a pool cover.
- ☐ Baby gates must block stairs in facilities when children less than five years old are in care.
- ☐ Store guns, other weapons, and poisons in locked areas.
- ☐ Have an emergency plan in case of fire or earthquake.
- ☐ Keep an emergency information card on every child in care.
- ☐ Keep a fire extinguisher and working smoke alarm in the FCC home.
- ☐ Provide a smoke free environment.
- ☐ Not use baby walkers, bouncers or similar items.

WHAT SHOULD THE FAMILY CHILD CARE HOME PROVIDE?

You should get answers to these questions before placing your child in the home:

- Is the home clean and safe?
- Are there enough toys and games?
- How will my child be disciplined? (**Spanking, hitting, slapping, shaking and so forth are not permitted in licensed homes.**)
- What meals will my child be given?
- How will the food I bring be stored and prepared?
- Is there enough room (*indoor and outdoor*) for my child to play?
- What activities are planned for my child?
- How will my child be cared for when he or she gets sick?
- How many other children will be in care?
- What ages are the other children?
- What are the sleeping/napping/rest arrangements?
- How will I find out if my child is hurt or injured while in care?

DISCUSS THE FOLLOWING WITH THE PROVIDER:

- **Setting times** for arrival and pickup.
- **Bringing items** from home (*food, toys, change of diapers, change of clothes, toothbrush, infant furniture, and so forth*).
- **Providing instructions** for giving medicines or special food.
- **Providing telephone numbers** for home, work, spouse's work, doctor and neighbor.
- **Providing a list of names** and telephone numbers of people who may pick up your child.

GOOD CHILD CARE INCLUDES THESE THINGS:

- **A provider** who provides warm and loving care and guidance for your child, and who works with you and your family to make sure your child grows and learns in the best way possible.
- **A home** that keeps your child safe, secure, and healthy.
- **Activities** that help your child grow mentally, physically, socially and emotionally.
- **Your involvement** in your child's care.

WHAT ARE PARENTS' RESPONSIBILITIES?

The California Department of Social Services licenses homes to provide child care, and wants you to understand the licensing laws and the ways in which you can check the quality of care your child receives.

WHAT SHOULD PARENTS DO?

- **Ask** to see the FCC home license. Homes caring for children from more than one family must be licensed.
- **Check** the condition of the FCC home frequently. Parents have the legal right to "drop in" at any time care is being provided.
- **Know** your rights as a parent by reading and keeping the Notification of Parents' Rights form.
- **Make sure** the Parents' Rights Poster is displayed in the home.
- **Watch** how your child acts in the home.
- **Listen** to what your child tells you about the care received in the home.
- **Talk** with the provider about any problems. Inform the provider of anything in the home which could hurt your child.
- **Call or write** the licensing agency if the provider fails to fix a hazard or if you believe your child has been harmed while in the provider's care. (See "How to file a complaint")
- **Ask** to see the licensing reports on file in the home.
- **Call or visit** the licensing office and ask to look at your provider's licensing file
- **Ask** if there are any adults in the home that have a criminal background.

PARENTS OF BABIES SHOULD ENSURE THAT:

- The baby receives **good nutrition** and is fed at the proper times.
- **A stimulating environment** is provided.
- The provider gives **emotional support**, and holds the child regularly.
- The provider cares for **no more than four babies**.
- Babies are **placed on their backs** when put down to sleep or nap.

HOW TO FILE A COMPLAINT ABOUT A FAMILY CHILD CARE HOME

COMPLAINT PROCESS

1. If you think a FCC provider is breaking the licensing laws, you may file a complaint with the local licensing office. You can find the address and telephone number in the following ways:
 - the provider's license
 - your copy of the Parents' Rights Notification form
 - the telephone book under:

**STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING**

OR

**COUNTY OF _____
WELFARE OR SOCIAL SERVICES DEPARTMENT
CHILD CARE LICENSING**

- The California Department of Social Services Community Care Licensing Division's website at www.cclid.ca.gov
2. Call or write your local licensing office and explain your complaint. Your name will remain anonymous unless you give us permission to use it. You will be notified of the results when the investigation is done.
 3. If you believe your child is being physically or sexually abused, you should also report it to your local Police Department or Sheriff's Department.
 4. Contact the local licensing office about any issues or questions you may have.
 5. To learn more about the Child Care Licensing program and services, please visit our website. There you will find child care licensing updates, regulations, and information about the child care advocate program.

WHEN YOU REPORT SUSPECTED VIOLATIONS YOU NOT ONLY PROTECT YOUR CHILD BUT ALSO PERFORM A SERVICE TO YOUR COMMUNITY.

WHAT THE LICENSING AGENCY DOES

- Visits each FCC home before issuing a license to operate.
- Does criminal background checks and child abuse index checks on all adults in the home.
- Requires tuberculosis (TB) tests of providers.
- Investigates complaints.
- Makes unannounced visits to the FCC home.
- Denies applications and revokes licenses when necessary.

Green Sprouts Family Childcare
Authorization for the Application of Topical Products

Child's Name _____

I give permission for the childcare provider Jody L. Green at Green Sprouts Family Childcare to
(Provider's Name)

apply topical products to my child whether daycare provided or parent provided.

YES	NO	Sunscreen
YES	NO	Hand Sanitizer
YES	NO	Insect Repellent
YES	NO	Diaper Rash Ointment/Cream
YES	NO	Baby Powder
YES	NO	Neosporin/Antibacterial Ointment
YES	NO	Other _____

This authorization will remain in effect until a new authorization is signed.

(Parent Signature)

Date: ____/____/____



EMERGENCY TRANSPORTATION PERMISSION FORM

I, the Parent/Legal Guardian of _____
(Child's Name)

grant permission for Jody Green to leave the property at 10434 Tomel
(Provider's Name)

Court Santee, CA 92071 with _____ in her private vehicle in the event of an emergency situation or evacuation. This signed permission form is limited to emergency transport only. Permission is given in order to protect the life and safety of my own child or other children in care at the time. I understand that transportation requires no prior notice and I will be contacted immediately once a safe destination has been reached. I have been informed the provider is properly licensed in the state of California and is fully insured to transport my child. If emergency travel takes place, safety seats/ devices will be used at all times.

Parent Signature : _____

Date: ____/____/____

Parent Signature : _____

Date: ____/____/____



Green Sprouts Family Childcare
Permission to Photograph

I,

(parent's or guardian's name)

give permission for Jody Green of Green Sprouts Family Childcare to photograph my child,

(child's name)
for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Share photographs in parent app group photos		
Display in Green Sprouts scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on Green Sprouts website		
Use still photos in promotional materials/ads		
Videos:		
Home security cameras (front door & driveway real time monitoring. Not for distribution)		
Display videos on Green Sprouts website		
Use video in promotional materials		
Social Media:		
Green Sprouts Facebook Page		
Yelp		
Google Business Page		
Digital Ads for Enrollment		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment and once unenrolled, it is my responsibility to give notice to terminate permissions.

Signed:

(parent or guardian signature, and date)



Green Sprouts Family Childcare
Parent Withdrawal Form

Date: ____/____/____

I _____ will be withdrawing my child/children _____
(Print Parent Name) (Child/Children's Name)

from Green Sprouts Family Childcare. My child/children's last day of child care will be on ____/____/____

Please accept this as my ONE-WEEK NOTICE for withdrawal of my child/children as required by my Parent-
Provider Contract Agreement.

Reason(s) for leaving: (circle all that apply)

Moving

Child Aging Out

Challenging Behavior

Rates are too High

Policy Issues

Change in Child Care Needs

Other (please explain) _____

To help me serve my clients better and continue growing, please answer the following:

Would you refer me? **YES** **NO**, why not: _____

Would you enroll again? **YES** **NO**, why not: _____

Comments or suggestions: _____

Parent Signature: _____ Date: ____/____/____

Provider Signature: _____ Date: ____/____/____

_____ I have received ALL my child's personal belongings.
(Initials)

Green Sprouts Family Childcare Parent Withdrawal Form

As a reminder:

- Parent Withdrawal Forms are to be filled out in pen only.
- This Parent Withdrawal Form is required to be filled out and submitted with a minimum of one-weeks' notice in order for a client to withdraw and cancel our contract agreement.
- Parent Withdrawal Forms are accepted only during regular OPEN business hours.
- Parent Withdrawal Forms will be not be accepted or valid on days that the daycare is closed due to holidays, illness or the provider's vacation.
- Parent Withdrawal Forms are to be accompanied by any final payment(s) IN FULL such as child care and penalty fees (if any.)
- The one- week security deposit paid upon enrollment, will be used toward paying for your child's final week of childcare providing proper one-week notice is given to the provider.
- Should notice fail to be submitted one-week prior to withdrawal, client forfeits the security fee and payment for your child's final week of care is due immediately.
- The final week of care is due in full whether your child attends daycare or not.

Child Care Provider Use Only

One-weeks' Notice	* GIVEN	* NOT GIVEN
Deposit used for last week	* APPLIED	* NOT APPLIED
Amount Still Owed	N/A	\$_____ DATE PAID: ____/____/____
Refund Owed (if any)	N/A	PAID \$_____ DATE: ____/____/____



ACKNOWLEDGEMENT OF RECEIPT COMPLIANCE OF PARENT HANDBOOK

I _____ (Parent(s) / Guardian Name) have received and read in its entirety the Green Sprouts Family Childcare Parent Handbook.

I understand the policies and procedures given to me and agree to adhere to **all** daycare policies and procedures.

Please note: Green Sprouts Family Childcare policies and procedures are subject to change in order to reflect the needs of the program, children and families I serve.

I Jody Green, reserve the right to make changes or modifications at any time to policies or procedures. Modifications will also be made when required by state licensing agencies. I will inform parents of changes taking place in a timely fashion.

Signature (Parent/ Guardian Name) _____ Date _____

Signature (Parent/ Guardian Name) _____ Date _____

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
-------	------

Medication Request for Child Care Provider

Part 1. Physician's Orders for Prescription Medication

Name of child _____

Medication _____

Condition for which prescribed _____

Dosage _____

Time of administration _____

Dates of administration (check one box and fill in the information):

- ☐ For _____ (number of) days, starting immediately.
- ☐ From _____ until _____ (insert dates)
- ☐ Administer the medication as directed until it runs out.

Possible side effects _____

Other notes: _____

(Continue on the back of this form if necessary.)

Physician's signature _____ Date _____

Physician's address _____

Physician's phone number _____

Part 2. Parent/Guardian's Request to Administer Prescription Medication

I, _____, parent/guardian of the above child, request that
_____, child care provider, administer the above medication to
my child as prescribed above by the child's physician.

Parent or legal guardian's signature

Date of signature

Parent or legal guardian's signature

Date of signature

**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 _____,
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at _____,
(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

**BLOOD GLUCOSE TESTING CONSENT/VERIFICATION
CHILD CARE FACILITIES**

This form may be used to show compliance with Health and Safety Code Section 1596.797 before a child care licensee or staff person performs blood glucose testing on a child in care diagnosed with diabetes. 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 performs blood glucose testing on the child.***

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

who work(s) at _____,
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to perform blood glucose testing on my child, _____, and to contact my child's health
(PRINT NAME OF CHILD)
care provider.

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to perform blood glucose testing on 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:

- The blood glucose test must be approved by the Federal Food and Drug Administration.
- Specific written directions for performing blood glucose testing in accordance with the physician's prescription.
- Potential side effects and expected response.
- 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

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of _____, currently attending or newly enrolled at _____ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- ☐ Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: _____

- ☐ Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: _____

- ☐ Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: _____

- ☐ As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE DOCUMENTS RECEIVED:



OUCH REPORT

Child's Name _____ Date: ____/____/____ Time: ____ : ____ a.m. p.m.

Description of Incident _____

Type of Injury _____

Play Equipment or Other Items Involved _____

First Aid Administered _____ Other Treatment _____

Was This Reported to Parents? YES____ NO____ Time ____ : ____ a.m. p.m.

Was Physician Contacted? YES____ NO____ Time ____ : ____ a.m. p.m.

Witnesses: _____

Follow/Up Comments: _____

Parent/Guardian Informed of Accident/Injury

(Parent/Guardian Signature) (Date)

(Provider Signature) (Date)



Area of Injury Marked

Keep me home if . . .

I'm vomiting

I have a rash or skin infection

I have diarrhea

I have an eye infection

I have a bad cough or sore throat

I'm just not feeling very good

I have a fever



Two or more times in 24 hours.

Body rash or skin infection especially with a fever or itching.

More than one loose stool within 24 hours.

Thick mucus or puss draining from the eye.

Cough that won't stop or sore throat with fever or swollen glands.

Unusually tired, pale, lack of appetite, confused or cranky.

Temperature of 100 degrees(F) or more (taken under the arm).

When your child is sick:

1. Have plans for back up child care.
2. Tell your child care provider what is wrong with your child even if the child stays home.