

Westside Family Daycare LLC DBA Parker & Dumlao Family Childcare

Policy Contract

Please read the attached pages completely.

Then sign and return to us as soon as possible.

WWW.THEWESTSIDEDAYCARE.COM

INFO@THEWESTSIDEDAYCARE.COM

424-313-2324

LICENSE # 197495295

Enrollment Requirements

Parents must provide the following:

- Complete state-required enrollment forms
- A record of age-required immunizations or catch up schedule.
- Signed policies, schedule, payment contract and payment.

Hours of Operation

Daycare is open Monday through Friday. The earliest arrival time is 6:30 am.

If you arrive before your arranged time, daycare will not be open.

If you are going to be late or absent, please let us know. Daycare is closed at 5:00 pm. If your child is picked up after 5:00 pm, there will be a \$3.00 late fee for each additional minute of care added to your next payment, or it can be paid upon arrival.

Child Care Rates

FULL-TIME

Under 2 Years
\$450 PER WEEK

2+ Years
\$400 PER WEEK

PART-TIME

<25 Hours Weekly
\$300 PER WEEK

DROP-IN MIN.

(UP TO 4 HOURS): \$60

- \$10 PER HOUR FOR EACH ADDITIONAL HOUR UNTIL FULL DAILY RATE IS REACHED

LATE PICK UP: \$3.00 / MINUTE ~ ARRANGED LATE PICK UP: \$25/HOUR

AFTER SCHOOL CARE: \$40

Note – Rates may change from time-to-time. Notice of any change in rates or other terms will be provided *in writing* four (4) weeks in advance.

I HAVE READ AND AGREE TO THESE POLICIES AND PROCEDURES.

(PLEASE INITIAL) _____ DATE: _____

Saving a Spot

To save a spot you will need to pay a non-refundable holding fee equal to half of your weekly rate. If you are saving the spot more than two weeks in advance, you must also pay half of the weekly rate until the first day of care. Your first two-week payment is due the Friday before your start date. All payments are non-refundable.

Payment Policies

Payments are due two weeks in advance, every other Friday, by 10:00 am. Any payment received after 10:00 am must include a \$10.00 late fee for each day that the payment was late. We accept cash, check and Zelle. There is a \$40 fee for any returned checks. Your rate is based on the number of days you have arranged for child care.

Paid Holidays

NEW YEARS DAY	M.L.K. JR. DAY	PRESIDENTS DAY	MEMORIAL DAY
4TH OF JULY	LABOR DAY	COLUMBUS DAY	VETERANS DAY
THANKSGIVING	CHRISTMAS EVE	CHRISTMAS DAY	NEW YEARS EVE

I HAVE READ AND AGREE TO THESE POLICIES AND PROCEDURES.

(PLEASE INITIAL) _____ DATE: _____

Provider Vacation Days & Jury Duty

We have ten vacation days per year. Your full rate is due in advance. We will give at least thirty days notice, but we usually give notice months in advance.

We have one paid day for jury duty.

Please have a plan in place so you will not have to worry at the last minute. It is your responsibility to check with family members, local providers, or daycare centers to make a backup daycare plan.

Early Closings & Provider Illness

If we need to make an appointment, we may need to close as early as 2:00 pm (up to 8 times/year). We will give you at least 3-days' notice.

If we need to close due to illness, we will inform you as soon as we know that we'll need to close daycare.

We have one paid sick day per year.

Bereavement Time

We may take four days paid leave in the event that we lose a family member in death.

Parent Vacation Days

Let us know the dates that your child will not be in attendance. Your weekly rate will be due as usual to save their spot while they are absent.

Clothing

If you send your child in fancy clothes, there is no guarantee they will stay clean. Please send your child in play clothes.

Meals and Snacks

Healthy meals and snacks will be provided. Their first snack will be around 9:00 am. Lunch is at 12:00 pm and the last snack is after nap time. You may send food or snacks from home if you prefer.

I HAVE READ AND AGREE TO THESE POLICIES AND PROCEDURES.

(PLEASE INITIAL) _____ DATE: _____

Toys

We provide plenty of toys for all the children. Because of problems with children bringing dangerous toys that could cause choking, not sharing their toys or losing toys, your child may not bring any toys from home except for security reasons during their first week.

Illness

You must keep your child home if you or they have these symptoms: **runny nose, cough, 99° fever or higher, vomiting, diarrhea, breathing issues, pink eye, or if they just don't seem like themselves.** We have the responsibility of keeping our home as healthy as possible for all of the children attending. If they have these symptoms, they will be sent home regardless of any opinions about whether they are contagious or not, so please keep this in mind as you assess your child's symptoms. It will be very inconvenient for you to have to come right back to pick them up. If your child is at daycare and becomes ill, you must pick up your child immediately. Your child will need to stay home the following day and be at least 24 hours fever free before returning to daycare. Your full weekly rate is due even if your child is absent.

First Aid / Injuries

If your child is injured during daycare, we will notify you and use first aid. We are required to take CPR & First Aid every two years.

Diaper Changing and Potty Training

Children will have their diapers changed as needed, approximately every two to three hours. Inform us if a rash or any other problem occurs. We always have diaper rash cream on hand. No pull-ups are allowed unless potty training.

Children who are potty training should wear pull-ups with velcro sides - no diapers, as well as clothes that make the process easier. Clothes should be easy to remove - no overalls, no dresses. Do not send your child in underwear until they are accident free for 2 weeks.

Please bring extra clothes for your child while he/she is potty training.

I HAVE READ AND AGREE TO THESE POLICIES AND PROCEDURES.

(PLEASE INITIAL) _____ DATE: _____

Guidance

Children are gently redirected when there is a conflict. If a problem persists, we will notify you so we can try to remedy the situation. Any physical aggression or biting might result in termination.

Mandated Reporter

We are a mandated reporter so if we suspect any child abuse or neglect, we are required by law to report it. We are required to complete "Mandated Reporter Training" every two years.

Termination of Care

Two-weeks' notice is required if your child will be permanently removed from care. You must pay the full rate for any payment due within these two weeks, even if your child does not attend.

If you do not pay what is owed, there will be a fee of \$10 per day added to the amount owed until paid.

We do not expect to terminate the care of any child, but if we need to terminate for any reason, you will be given two weeks' notice.

Care will be terminated immediately if: you do not pay for services, you ignore these policies, we feel uncomfortable caring for your child for any reason, or your child is a risk or causes harm to us or the other children. Biting: your child will be terminated after the second bite.

I HAVE READ AND AGREE TO THESE POLICIES AND PROCEDURES.
(PLEASE INITIAL) _____ DATE: _____

Parent-Provider Relationship

Parent-provider relationships work best when trust and appreciation are shown on the part of both the parent and the provider. A positive attitude contributes to an easier transition for everyone. Displaying trust and appreciation benefits your child as they imitate your example. We understand that it is difficult to be away from your child and assure you that we have your child's best interests in mind while in our care. Contact us with any concerns and we will do our best to address them.

Additional Information

- You are free to call or text at any time while your child is here.
- Contact us about any changes in your child's life that might affect your child so that we can give your child extra attention.
- No smoking is allowed in our home or yard at any time.
- Let us know if your address or telephone numbers change.

Agreement to Policies Stated in Westside Family Daycare's Child Care Policy Contract

I _____, the parent/guardian of _____, have read the Policies and Procedures set by Westside Family Daycare LLC DBA Parker & Dumlao Family Childcare for the care of my child.

I understand this is a legally binding contract.

Signature: _____ Date: _____

**Westside Family Daycare LLC
DBA Parker & Dumlao Family Childcare
License # 197495295**

PAYMENT CONTRACT

Your childcare payment is due in advance to save the spot (We cannot hold a spot without payment), then every other Friday. We accept Cash, Check or Zelle. There will be a \$40 fee for any returned checks.

If less childcare is needed, a new contract needs to be signed. We will need 30 days' notice of the change; otherwise, this rate will be due regardless of the time your child is left in our care.

Two weeks' notice is required if your child is to be permanently removed from our care. You must pay the full rate for any payment due during those two weeks, even if your child is not in our care. *This may mean paying for an extra week.*

Daycare opens at the earliest contracted arrival time. **If you show up earlier than arranged, daycare will be closed.** We plan our mornings based on your arrival time, so if you are going to arrive later than 10 minutes, *you need to let us know in advance, before your scheduled arrival time.* Communication in the morning is very important. We want to make sure that we're here and available for you.

Daycare closes at 5:00PM. After 5:00PM, there is a \$3.00 fee for each minute you are late. Late fees can be paid in cash upon arrival or added to your next payment.

I, _____, agree to pay the amount of \$_____ per week, for the care of my child(ren)_____. I understand that all payments are due two weeks in advance and are *non-refundable*. This includes any payments I have made in advance to hold my child's spot. I will give the required notice if my child is to be removed from care.

_____	_____	_____
Print Parent Name	Parent Signature	Date
_____	_____	_____
Darren Parker	Ma Victoria Parker	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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BIRTHDATE
					BUSINESS TELEPHONE ()
HOME ADDRESS					HOME TELEPHONE ()
					BUSINESS TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					HOME TELEPHONE ()
					BUSINESS TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD					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 ()

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

PERSONS WHO WILL BE CALLED FOR

NATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name:	EL SEGUNDO CHILD CARE REGIONAL OFFICE
Licensing Office Address:	300 CONTINENTAL BLVD. STE. 290A EL SEGUNDO, CA 90245
Licensing Office Telephone #:	424-301-3077 TO FILE A COMPLAINT CALL 1-844-538-8766
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

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

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

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

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

I, the parent/authorized representative of _____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. Parker & Dumlao Family Childcare
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

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://ccid.ca.gov/contact.htm>.

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.

If You **SEE** Something, **SAY** Something

To report a complaint or concern
regarding any licensed care facility,
contact the Hotline at:

1-844-LET-US-NO
(1-844-538-8766)

IN THE EVENT OF AN EMERGENCY
CALL 9-1-1

You may also contact us at LetUsNo@dss.ca.gov
or by mail:



California Department of Social Services
Community Care Licensing Division
Centralized Complaint and Information Bureau
744 P Street
Sacramento, CA 95814

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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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*
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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
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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.

10756 National Pl Los Angeles, CA 90034

(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

EL SEGUNDO CHILD CARE REGIONAL OFFICE

ADDRESS

300 CONTINENTAL BLVD. STE. 290A

CITY

EL SEGUNDO

ZIP CODE

90245

AREA CODE/TELEPHONE NUMBER

1-844-538-8766

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)

Parker & Dumlao Family Childcare

(PRINT THE ADDRESS OF THE FACILITY)

10756 National PI Los Angeles, CA 90034

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



California Pre-Kindergarten and School Immunization Record

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

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

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

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

Guidance For Completing Form CDPH 286

Review the pupil's immunization record for admission to:

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

1. **Complete the pupil's identification section.** The Statewide Student Identifier (SSID) is a 10-digit number assigned to TK/K-12 public school pupils by the California Department of Education.

2. **Complete the vaccine and dose section** using information from the pupil's immunization record provided by a parent or guardian, prior school, or an immunization registry.

- Record the date (month/day/year) of each dose the pupil has received, even if the pupil has an exemption to one or more required vaccines. Any vaccine given four or fewer days prior to the minimum required age is valid.
- Check the Permanent Medical Exemption (PME) box(es) for vaccines that are permanently exempt for medical reasons. If all vaccines are exempted, then fill in the date for "Date Requirements Met" in the appropriate row in the Status of Requirements section. This date is usually the date records are determined to be complete. File the medical exemption form specifying the exempted immunization(s) in the pupil's record.

3. **Complete the appropriate row in the Status of Requirements section.**

- Enter the initials of the staff reviewing the pupil's record.
- If the pupil meets admission requirements, check the designated box and enter the date under "Date Requirements Met." This date is usually the date records are determined to be complete.
- If the pupil does not have all required doses but is not due for any doses at the time of admission, check the "Missing Doses Not Currently Due—Conditional" box and fill in the "Follow-up Date(s)" space. Review records at least every 30 days. Once the pupil meets all admission requirements, fill in the date for "Date Requirements Met."
- If the pupil has a Temporary Medical Exemption, check the designated box and write the expiration date in the "Follow-up Date(s)" space. Once the pupil meets all admission requirements, fill in the date for the "Date Requirements Met."
- If the pupil is due for doses and subject to exclusion, check the "Missing Doses Are Overdue—Needs Doses Now" box and fill in the "Follow-up Date(s)" space.

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

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

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

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

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

TRANSFER PUPILS

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

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

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

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

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of _____, currently attending or newly enrolled at
Parker & Dumlao Family Childcare 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: _____

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

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

SECTION B: SLEEPING ENVIRONMENT INFORMATION

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

SECTION C: INFANT'S ABILITY TO ROLL

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

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

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

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

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? Yes No

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

The following shall be included with the medical exemption:

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

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

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

Authorized Representative Signature

Date

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

CHILD CARE CENTER NAME: Westside Family Daycare LLC DBA Parker & Dumlao Family Childcare	LICENSE NUMBER: 197495295	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

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

STAFF	DATE
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Dear Parent,

Please turn in this form on your child's first day.



Child's Name _____

Please list your child's favorite...

Breakfast food _____

Lunch food _____

Snack food _____

Song _____

Books _____

Videos _____

Toy or stuffed animal _____

Cartoon character _____

Game _____

Inside activity _____

Outside activity _____

If my child has trouble falling asleep I usually: _____

My child is afraid of: _____

Other people who have regular contact and are involved with my child's care (grandparents, step parents, siblings, friends, etc.)...

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other)...

Child Care Drop Off and Pick Up Schedule

Daycare opens at the earliest scheduled drop off on that particular day, and closes at the latest scheduled pick up on that particular day.

The earliest time you can schedule to drop off is **6:30** am, and the latest time you can schedule to pick up is 5:00 pm.

Parent's Name: _____

Child's Name: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off:					
Pick Up:					

Parent Signature: _____

Provider Signature: _____

Date: ____ / ____ / ____

If you have the earliest scheduled drop off time for the day, and you arrive earlier than scheduled, I may not be home or awake.

If you are going to drop off earlier than the scheduled time, please call or text the day before: **424-313-2324**

If you are going to pick up earlier or later than scheduled, please let me know as soon as possible.