

CHRISTIAN FAMILY CHILDCARE DBA  
**TRE'S SAFE HAVEN CHILDCARE**



# CHILD ENROLLMENT FORM

## CHILD'S INFORMATION

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Home Address: Street, City, State, ZIP \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### Parent/Guardian 1:

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: *(If different from child's)* \_\_\_\_\_

### Parent/Guardian 2 (if applicable):

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: *(If different from child's)* \_\_\_\_\_

## EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIANS):

### Emergency Contact 1:

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact 2:

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

CHRISTIAN FAMILY CHILDCARE DBA  
TRE'S SAFE HAVEN CHILDCARE



# MEDICAL CONSENT FORM

## MEDICAL INFORMATION

### Child's Primary Physician:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Health Insurance Provider:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number (if applicable): \_\_\_\_\_

### Medical Conditions:

List any chronic conditions, allergies, or special medical needs: \_\_\_\_\_

### Medications:

List any medications the child is currently taking: \_\_\_\_\_

### Allergies:

List any known allergies (food, medication, environmental): \_\_\_\_\_

## EMERGENCY CONTACTS

### Primary Emergency Contact:

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Secondary Emergency Contact:

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

- ☐ I, the undersigned parent/guardian of [Child's Name], hereby give my consent to the daycare provider and its staff to administer or seek necessary emergency medical treatment, including transportation to a medical facility, in the event that I cannot be reached. I understand that this consent includes the administration of first aid and CPR by the daycare staff, as well as treatment by a licensed physician, dentist, or other medical professionals as deemed necessary.

### Parent/Guardian Signature:

Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CONSENT FOR MEDICATION ADMINISTRATION

- ☐ I, the undersigned parent/guardian, give permission for the daycare staff to administer the following medications to my child as needed:

### Medication Name:

Dosage: \_\_\_\_\_

Time to Administer: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

- ☐ I understand that all medications must be provided in their original packaging and clearly labeled with my child's name and dosage instructions.

### Parent/Guardian Signature:

Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ACKNOWLEDGMENT OF RESPONSIBILITY

- ☐ I acknowledge that the daycare provider will make every effort to contact me in the event of a medical emergency involving my child. I understand that the daycare staff will not be held liable for any unforeseen medical treatment provided under this consent.

### Parent/Guardian Signature:

Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CHRISTIAN FAMILY CHILDCARE DBA  
TRE'S SAFE HAVEN CHILDCARE



# EMERGENCY INFORMATION

## CHILD'S INFORMATION

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: Street, City, State, ZIP \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### Parent/Guardian 1:

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: *(If different from child's)* \_\_\_\_\_

### Parent/Guardian 2 (if applicable):

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: *(If different from child's)* \_\_\_\_\_

## EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIANS):

(Please list at least two individuals who can be contacted in an emergency if parents/guardians are unavailable)

### Emergency Contact 1:

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact 2:

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## AUTHORIZED PICK-UP PERSONS

(Individuals authorized to pick up your child from daycare)

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## MEDICAL INFORMATION

Pediatrician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## MEDICAL CONDITIONS, ALLERGIES, AND DIETARY RESTRICTIONS

Allergies: \_\_\_\_\_ Reactions: \_\_\_\_\_

Medications Required: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Allergies: \_\_\_\_\_ Reactions: \_\_\_\_\_

Medications Required: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I authorize the daycare to seek emergency medical treatment for my child if necessary and if the parent/guardian or emergency contacts cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ADDITIONAL EMERGENCY INFORMATION

Preferred Hospital: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Any Additional Information We Should Know: \_\_\_\_\_

\_\_\_\_\_

## ACKNOWLEDGMENT AND AGREEMENT

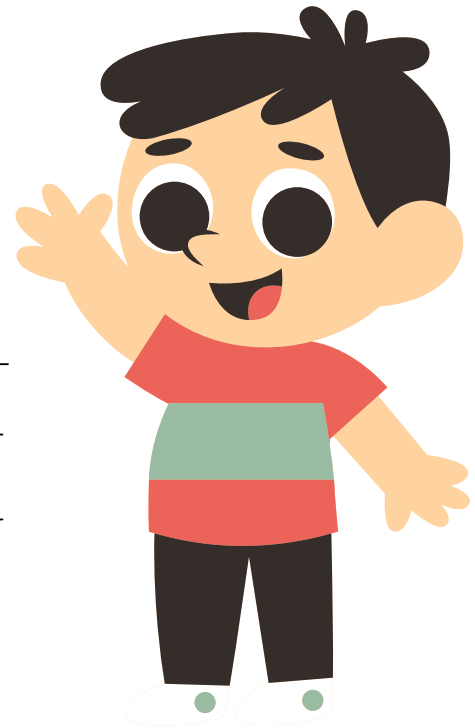
I confirm that the above information is accurate and up-to-date. I agree to inform the daycare of any changes in the information provided.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CHRISTIAN FAMILY CHILDCARE DBA  
TRE'S SAFE HAVEN CHILDCARE

# ALL ABOUT MY CHILD



## CHILD'S INFORMATION

Child's Full Name \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

## DAYCARE EXPERIENCE

Is this your child's first time in daycare? ☐ Yes ☐ No

If no, why did you change daycare providers? \_\_\_\_\_

\_\_\_\_\_

## DAILY ROUTINES

Nap Time Routine (e.g., preferred time, comfort items): \_\_\_\_\_

Meal Preferences (e.g., favorite foods, dietary restrictions): \_\_\_\_\_

Toileting/Diapering Routine: \_\_\_\_\_

## HEALTH INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Health Concerns: \_\_\_\_\_

## BEHAVIOR AND PERSONALITY

Favorite Activities/Toys: \_\_\_\_\_

Comforting Techniques: \_\_\_\_\_

Any Fears or Dislikes: \_\_\_\_\_

## ADDITIONAL INFORMATION

Anything else we should know to help care for your child? \_\_\_\_\_

\_\_\_\_\_

CHRISTIAN FAMILY CHILDCARE DBA  
TRE'S SAFE HAVEN CHILDCARE



# PHOTO RELEASE FORM

Daycare Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

## PERMISSION TO USE PHOTOGRAPHS

☐ I, the undersigned parent/guardian of [Child's Name], hereby grant permission to TRE's Safe Haven ChildCare to photograph and/or video record my child during daycare activities. I understand that these images may be used for the following purposes:

- Daycare's Website and Social Media: Photos may be posted on the daycare's official website, Facebook, Instagram, or other social media platforms.
- Promotional Materials: Photos may be used in brochures, flyers, posters, and other marketing materials to promote the daycare.
- Classroom Displays: Photos may be displayed within the daycare facility for educational or decorative purposes.
- Newsletters: Photos may be included in newsletters distributed to parents/guardians of children attending the daycare.

## CONSENT OPTIONS

Please indicate your consent by checking the appropriate box:

☐ **Full Consent:** I consent to the use of my child's photographs and videos for all of the purposes listed above.

☐ **Limited Consent:** I consent to the use of my child's photographs and videos for the following specific purposes (please check all that apply):

- ☐ Daycare's Website and Social Media
- ☐ Promotional Materials
- ☐ Classroom Displays
- ☐ Newsletters

☐ **No Consent:** I do not consent to the use of my child's photographs or videos for any purpose.





## **DURATION OF CONSENT**

This consent is valid from the date of signing until TRE's Safe Haven ChildCare receives a written notice of withdrawal of consent from the undersigned.

## **ACKNOWLEDGMENT AND RELEASE**

- ☐ I understand that my child's name or personal identifying information will not be included in any photo or video materials without additional explicit consent. I acknowledge that I will not receive any compensation for the use of these photographs or videos and release TRE's Safe Haven ChildCare from any claims or liability related to the use of these images.

### **Parent/Guardian Signature:**

Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CHRISTIAN FAMILY CHILDCARE DBA  
TRE'S SAFE HAVEN CHILDCARE



# ALLERGY LIST FORM

Daycare Name: \_\_\_\_\_

Date: \_\_\_\_\_

## CHILD INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## ALLERGY DETAILS

### Type of Allergy:

☐ Food Allergy    ☐ Environmental Allergy    ☐ Medication Allergy    ☐ Other: \_\_\_\_\_

Specific Allergen(s): \_\_\_\_\_

Symptoms of Exposure: \_\_\_\_\_

Severity of Reaction:    ☐ Mild    ☐ Moderate    ☐ Severe

## EMERGENCY ACTION PLAN:

Medication Required:    ☐ Yes    ☐ No    Medication Name (if applicable): \_\_\_\_\_

Medication Name (if applicable): \_\_\_\_\_

## Steps to Take in Case of Exposure:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is an EpiPen Required?    ☐ Yes    ☐ No

## Location of Medication (if stored at daycare):

☐ Classroom    ☐ Office    ☐ Other: \_\_\_\_\_

CONSENT FOR EMERGENCY MEDICAL TREATMENT-

Child Care Centers Or Family Child Care Homes

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

Christian Family Childcare dba TRE's Safe Haven

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

NAME

. THIS CARE MAY BE GIVEN UNDER

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

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL      ☐ OTHER    EXPLAIN: \_\_\_\_\_

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

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

## 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: CDSS/Community Care Licensing Division  
Licensing Office Address: 3737 Main Street, Suite 700, Riverside, CA 92501  
Licensing Office Telephone #: (951) 782-4200 MON-FRI 8:00AM - 5:00PM
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](http://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. Christian Family Childcare dba T.R.E. Safe Haven C  
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](http://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://ccld.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](http://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.



# 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.

<b>Pupil Name</b> (Last, First, Middle):	<b>Statewide Student Identifier</b> (SSID):	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Race:</b> <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
<b>Name of Parent/Guardian</b> (Last, First):	<b>Birthdate</b> (Month/Day/Year):	<b>Gender:</b>	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>		
IPV / OPV (Polio)			Age: ____ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: ____ yrs.	Age: ____ yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 <sup>th</sup> 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 <sup>th</sup> Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 <sup>th</sup> grade advancement and 7 <sup>th</sup> –12 <sup>th</sup> grade admission.

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

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

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

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

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

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

### TRANSFER PUPILS

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

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

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

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

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

## PARENT NOTIFICATION ADDITIONAL CHILDREN IN CARE

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

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

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

**53229 Bonica St. Lake Elsinore, CA 92532**

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

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

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

\_\_\_\_\_  
(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(CHILD'S NAME)

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

# PERSONAL RIGHTS

## Child Care Centers

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

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

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

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

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

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

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

---

I, as the parent/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at Christian Family CC dba TRE Safe Haver 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:

---