

# The Learning Tree Philosophy

The Learning Tree means caring for children...

The Learning Tree is a child care center with outstanding facilities and programs that assist in the development of preschool children. At The Learning Tree we supply a wide range of materials and experiences which encourage children to choose and explore at their own pace. The program is structured for guidance and success and easily adapts to each child's individual needs. We help your child develop confidence, independence, and security by providing an accepting and creative environment. Parents are always welcome to come and observe our caring staff and stimulating activities. We are dedicated to providing the enriched environment your child needs to learn and grow.



34050 Paseo Padre Parkway  
Fremont, California 94555  
510-791-6161

The Learning Tree means growing children...

Growing Bodies: The Learning Tree offers a variety of constructive areas to explore. We provide a wide range of activities that assist in gross motor as well as fine motor development. Climbing, sliding, building, painting, cutting, doing puzzles and many more activities help children to grow.

Growing Feelings: The Learning Tree knows that a young child develops sensitivity, self-motivation, creativity, and confidence when involved consistently in happy and successful experiences. All experiences are geared toward success and appropriate to each child's age and abilities. We help children to grow socially and emotionally.

Growing Friendships: The Learning Tree is aware that children mature as individuals and also as members of a group. Our warm and understanding teachers guide your child in sharing space, materials, playthings, attention, and affection. Getting along happily and successfully in a group of children is an important way to grow.

The Learning Tree means serving families...

The Learning Tree staff members have specialized training in Early Childhood Development and are highly qualified to teach preschool children. Feel free to get to know the teachers and keep communication going. They are there to help you as well as your child with any concerns.

The Learning Tree presents materials and experiences that encourage children to explore numbers, letters, colors, shapes, and many other basic concepts at their own pace. Our curriculum is based on monthly themes that keep children stimulated and interested in learning and growing.

The Learning Tree services...

Hours: 7:00am-6:00pm

Monday -Friday

Meals: Morning snack and afternoon snack.

Ages: 2 years and fully toilet trained to 6 years





# Admission Agreement

## Part Time

34050 Paseo Padre Pkwy.  
Fremont, CA 94555  
(510) 791-6161

[www.learningtreepreschool.net](http://www.learningtreepreschool.net)

**1. Basic Services:** The Learning Tree offers a part time program from 7:00AM to 12:45PM Monday - Friday. Morning snack and afternoon snack are provided. Children 2 years old and fully toilet trained through 6 years old are accepted.(or \$50 training fee per week)

**Optional Services:** The Learning Tree may offer optional programs for an additional fee. Parents will be notified of program selection and fee charges when they become available. i.e. Dance class or Basketball.

**2. Payment of Fees:** I agree to pay in advance on Monday of each week a fee of **\$281** for the care of \_\_\_\_\_ . Should the fee become delinquent by at least (1) week, immediate withdrawal of my child will be required. I understand that a \$25 returned check fee will be charged if my check is returned. I also understand that if 2 checks have been returned, I will be required to make cash payments thereafter. Any credit remaining on your child's account will be refunded at the time of withdrawal. Written notification will be given 30 days in advance of any change to the fees. I further understand that switching from full to part or part to full time must be requested in writing and approved by the office with at least a week notice.

**3. Arrival Time:** I understand my child will not be accepted at the school after **10:00 A.M.** unless there is a doctor/dentist excuse or special circumstance, in which the school has been notified of in advance.

#### **4. Absentee/Vacation Policy:**

(a) I understand that if my child is absent, I will still be required to pay the full weekly fee of **\$281**

(b) I understand that if my child is absent the whole week (Monday through Friday) I will be required to pay one-half (1/2) of the weekly fee. Fees are charged by the week, daily fees are not available.

(c) I understand that if space is available, I will be able to withdraw my child and pay the nonrefundable \$200 re-enrollment fee if my child is out for **4 weeks or more**. Spaces are not guaranteed after the **4 week period and will depend on availability**. Advance written notice is required for vacation so that the proper fee may be charged.

(d) I understand that if my child is repeatedly unsuccessful during rest period we will be offered the 5 half day program.

**5. Registration Fee and 30-Day Trial:** I acknowledge that there is a **non-refundable \$200** registration fee for my child. This fee may include reserving a position on the waiting list for future enrollment. To ensure that The Learning Tree is the right learning environment for my child, **I understand that a 30-day trial period is in place**. If, during this trial, it is determined by The Learning Tree or my family that this is not the ideal fit for my child, half of the registration fee will be refunded upon withdrawal. A new registration fee will be required for re-enrollment if my child returns at a later date.

**6. Late Charges:** I understand that if my child remains at the school past the scheduled closing (6:00 P.M.), I will be charged **\$1 for every minute**. This fee will be **paid immediately to the**

**teacher on duty and is not part of the weekly tuition. Continued late pick up for AM children will result in the charges being switched to full time.**

**7. Withdrawal:** If you no longer need child care at The Learning Tree, **we require that you provide two weeks written notice.** Our staff recognizes that not every situation is appropriate for every child. If, for any reason, this program does not meet a particular child's needs, the parent and/or program may choose to terminate the arrangement on a time line that is in the child's best interest. **Please see office with any enrollment or scheduling concerns or emergencies.**

**8. Termination of Contract:** The child's adjustment to The Learning Tree program and the appropriateness of our program for an individual child may cause concern for the child's well-being. If the program staff does not feel that it is meeting the child's needs, we reserve the right to terminate the care arrangement on a time line that is in the child's best interest. Other reasons which may result in the termination of a specific care arrangement are as follows:

(a) Non-payment for child care services and/or lack of adherence to our tuition payment policies. If a child is absent for two consecutive weeks and the appropriate fee as specified under "Absentee Policy" has not been paid, the child will automatically be discharged from the school. In order to re-register, the balance must be cleared and another registration fee paid.

(b) Parent has not cooperated with staff regarding the child's behavior guidance.

(c) Child exhibits unimproved disruptive behavior and or/ special needs that are not possible to meet at this school. In this case, the program staff will make every effort to involve the parents, and possible other resource persons (as appropriate), in order to decide together on the best course of action for this child, prior to any termination.

**9. Rights of Community Care Licensing:** In accordance with Health and Safety Code Section 1596.852, any duly authorized officer, employee, or agent of Community Care Licensing may, upon presentation of proper identification, enter and inspect the facility, request interviews with any child or staff member, or examine all records relating to the operation of the facility.

**10. Photographs:** I understand and give permission for my child's photograph to be taken and used at The Learning Tree for a variety of purposes including recognition games, activity displays, open house, bulletin boards, circle time, and publicity. Parents may not post pictures of other children without permission. **If you would like to exempt your child from having photos taken please sign here \_\_\_\_\_.**

**11. Holidays:** I understand that The Learning Tree will observe the following legal holidays and Teacher Work Day during which the school will be closed. **I also understand that I will not be able to switch from full time to part time based on these scheduled days off.**

New Year's Day	Independence Day	Thanksgiving Day
Martin Luther King Day	Teacher Work Day	Friday after Thanksgiving
President's Day	(Friday before Labor Day)	Christmas Eve Christmas Day
Memorial Day Juneteenth	Labor Day Veterans Day	

I further understand that no credit will be given for the above holidays or Teacher Work Day.

**12. Sick Policy:** I understand when my child is sick, he/she is required to stay home. Children with fevers, vomiting, or diarrhea need to stay at home until illness/ symptoms have been gone for a full 24 hours. No fever reducing medications allowed.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Date \_\_\_\_\_ Learning Tree Representative \_\_\_\_\_



# The Learning Tree

## Admission Agreement

### -Part Time-

## Parent copy

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Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date \_\_\_\_\_ Learning Tree Representative \_\_\_\_\_



# Enrollment Form

Date of Enrollment: \_\_\_\_\_ Classroom: \_\_\_\_\_  
Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Child's Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Employed at \_\_\_\_\_ City \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Employed at \_\_\_\_\_ City \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_

Parents Marital Status (Circle one): Married    Single    Separated    Divorced    Partners

The Child will be released only to the person(s) signing this application, or to the following person(s):

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Medical Authorization and General Permission

(a) In the event that I cannot be reached at the time of illness or accident, or if the emergency is such that time does not permit such contact, you are hereby authorized to contact the physician listed below. If the named physician cannot be reached, permission is hereby granted to you, to call a licensed physician of your own selection.

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Medical Number \_\_\_\_\_

(b) I understand that my child will not be admitted to The Learning Tree until a complete medical form is on file, and if my child appears to be ill he/she will not be admitted to the Learning Tree. If the illness is contagious, I will notify the director.

(c) I further understand that if my child appears to be ill at The Learning Tree, the child shall be isolated from the other children and given staff supervision until arrangements can be made for his/her removal. I will be notified and expected to pick up my sick child immediately.

(d) I further understand that prescription medication and special medical procedures shall be administered by your staff only on the written dated and signed request of a licensed physician. The medicine shall be in its original container.

(e) I understand that any child may attend The Learning Tree regardless of race, creed, religious or ethnic background. Our curriculum includes various holiday celebrations

(f) I have read and understand all the information presented in The Learning Tree Admission Agreement and Parent Handbook. If I did not understand a point, I have asked The Learning Tree staff for clarification.

I hereby release, indemnify, and hold you, your agents, and employees harmless from any and all claims damages, or other liabilities for injuries to damage by my child which are not a result of negligence by The Learning Tree, its agents and employees.

Date \_\_\_\_\_ Parent signature \_\_\_\_\_

Date \_\_\_\_\_ Parent signature \_\_\_\_\_

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

1. Enter and inspect the child care center 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 child care center, 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 child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

**Community Care Licensing**  
**Bay Area Regional Office**

Licensing Office Name: \_\_\_\_\_

**1515 Clay Street, Ste#1102**

Licensing Office Address: \_\_\_\_\_

**Oakland, CA 94612-1469**

Licensing Office Telephone #: \_\_\_\_\_

**(510) 622-2602**

7. Be informed by the licensee, upon request, of the name and type of association to the child care center 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.
8. Receive, from the licensee, the Caregiver Background Check Process form.

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

LIC 995 (ENG/SP) (8/02)

(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 "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

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

LIC 995 (ENG/SP) (8/02)

# 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 <b>Community Care Licensing- Bay Area District Office</b>		
ADDRESS <b>200 Webster Street, Suite 100</b>		
CITY <b>Oakland, Ca</b>	ZIP CODE <b>94607-4108</b>	AREA CODE/TELEPHONE NUMBER <b>510-286-7062</b>

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) <b>The Learning Tree</b>	(PRINT THE ADDRESS OF THE FACILITY) <b>34050 Paseo Padre Parkway, Fremont CA 94555</b>
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)



## 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://cclid.ca.gov/contact.htm>

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

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

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

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

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

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

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

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

Problems of which you should be aware:

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

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

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

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

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

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

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

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

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

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

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

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

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

Physician: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

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

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

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

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps	
		<input type="checkbox"/> Poliomyelitis	
		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
		<input type="checkbox"/> Three-Day Measles (Rubella)	

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
--	------------------------	---

**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?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

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

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
--------------------	------

# 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

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

**Please fill out and sign the highlighted sections  
and return only the first page to the office**

**ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS**

I, as the parent/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at  
The Learning Tree Preschool \_\_\_\_\_ 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: Today's date: \_\_\_\_\_

- 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:



**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b> LEARNING TREE, THE	<b>FACILITY NUMBER:</b> 013418973
<b>ADMINISTRATOR:</b> COLGAN, JENNA	<b>FACILITY TYPE:</b> 850
<b>ADDRESS:</b> 34050 PASEO PADRE PKWY	<b>TELEPHONE:</b> (510) 791-6161
<b>CITY:</b> FREMONT	<b>ZIP CODE:</b> 94555
<b>CAPACITY:</b> 104	<b>STATE:</b> CA
<b>TOTAL ENROLLED CHILDREN:</b> 104	<b>CENSUS:</b> 34
<b>TYPE OF VISIT:</b> Case Management	<b>UNANNOUNCED</b>
<b>MET WITH:</b> Katelyn Kelly	<b>DATE:</b> 02/21/2024
	<b>TIME BEGAN:</b> 09:20 AM
	<b>TIME COMPLETED:</b> 01:10 PM

**NARRATIVE**

1 On 02/21/2024 Licensing Program Analyst (LPA) Jaleesa Jackson conducted an unannounced case  
2 management deficiencies visit. LPA met with Assistant Director Katelyn Kelly. Present for the inspection were  
3 8 staff and 34 preschool age children and 3 toddlers in care.  
4  
5 At 10:20AM LPA toured the facility with the Assistant Director. LPA observed a volunteer with 7 children  
6 without a fully qualified teacher in the room. LPA informed Assistant Director that all volunteers need to be  
7 under the direct supervision of fully qualified teacher and can not be with them alone. The director  
8 immediately placed a qualified teacher in the room with the volunteer.  
9  
10 See 809-D for deficiencies cited during today's inspection.  
11  
12 Director was informed of this on report dated 02/21/2024 that copies need to be provided to parents/guardians  
13 of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the  
14 next 12 months. LIC 9224 Acknowledgement of Receipt of Licensing Reports should be signed by guardians  
15 and placed in each child's file.  
16  
17 Exit interview conducted with Assistant Director Katelyn Kelly and appeal rights provided.  
18  
19  
20  
21  
22  
23  
24  
25

<b>SUPERVISOR'S NAME:</b> Jason Jang	<b>TELEPHONE:</b> (510) 622-2631
<b>LICENSING EVALUATOR NAME:</b> Jaleesa Jackson	<b>TELEPHONE:</b> (510) 368-0021
<b>LICENSING EVALUATOR SIGNATURE:</b> 	<b>DATE:</b> 02/21/2024

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> 	<b>DATE:</b> 02/21/2024
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This report must be available at Child Care and Group Home facilities for public review for 3 years.

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: LEARNING TREE, THE  
DEFICIENCY INFORMATION FOR THIS PAGE:

Deficiency Type POC Due Date / Section Number	DEFICIENCIES
Type A 02/22/2024 Section Cited HSC 1596.871(b)(1)(D)(i)	1 A volunteer providing time-limited specialized
	2 services shall be exempt from the requirements
	3 of this subdivision if this person is directly
	4 supervised by the licensee or a facility
	5 employee with a criminal record clearance...
	6 the volunteer is not left alone with children in
	7 care.
	8 This requirement is not met as evidenced by:
	9 Based on interview and record review, the
	10 licensee did not comply with the section cited
	11 above as the facility did not report an usual
	12 incident where a child required medical
	13 treatment.
	14
1	
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Failure to correct the cited deficiency(ies), on or before  
a civil penalty assessment.

SUPERVISOR'S NAME: Jason Jang  
LICENSING EVALUATOR NAME: Jaleesa Jackson  
LICENSING EVALUATOR SIGNATURE:

I acknowledge receipt of this form and understand  
FACILITY REPRESENTATIVE SIGNATURE:

This Notice must be posted for 30 days

**FACILITY EVALUATION REPORT**

FACILITY NAME: LEARNING TREE, THE  
ADMINISTRATOR: COLGAN, JENNA  
ADDRESS: 34050 PASEO PADRE PKWY  
CITY: FREMONT STATE: C  
CAPACITY: 104 TOTAL ENROLLED CHILDREN: CENSUS:  
104  
TYPE OF VISIT: Case Management UNANNOU:  
MET WITH: Kateiyn Keily

**NARRATIVE**

1 On 02/21/2024 Licensing Program Analyst (LPA) Jaleesa Jack  
2 management deficiencies visit. LPA met with Assistant Directo  
3 8 staff and 34 preschool age children and 3 toddlers in care.  
4  
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6 without a fully qualified teacher in the room. LPA informed Assi  
7 under the direct supervision of fully qualified teacher and can n  
8 immediately placed a qualified teacher in the room with the vol  
9  
10 See 809-D for deficiencies cited during today's inspection.  
11  
12 Director was informed of this on report dated 02/21/2024 that cc  
13 of children in care at the facility and to parents/guardians of child  
14 next 12 months. LIC 9224 Acknowledgement of Receipt of Licen  
15 and placed in each child's file.  
16  
17 Exit interview conducted with Assistant Director Katelyn Kelly and  
18  
19  
20  
21  
22  
23  
24  
25

SUPERVISOR'S NAME: Jason Jang

LICENSING EVALUATOR NAME: Jaleesa Jackson

LICENSING EVALUATOR SIGNATURE:



I acknowledge receipt of this form and understand my licensing appo

FACILITY REPRESENTATIVE SIGNATURE:



This report must be available at Child Care and Group Home facilities f

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: LEARNING TREE, THE  
 DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 013418973  
 VISIT DATE: 02/21/2024

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/22/2024 Section Cited HSC 1596.871(b)(1)(D)(i)	1 A volunteer providing time-limited specialized 2 services shall be exempt from the requirements 3 of this subdivision if this person is directly 4 supervised by the licensee or a facility 5 employee with a criminal record clearance... 6 the volunteer is not left alone with children in 7 care.	1 The Director immediately placed a staff 2 member in the room with the volunteer.
	8 This requirement is not met as evidenced by: 9 Based on interview and record review, the 10 licensee did not comply with the section cited 11 above as the facility did not report an usual 12 incident where a child required medical 13 treatment.	
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
6	6	
7	7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Jason Jang

TELEPHONE: (510) 622-2631

LICENSING EVALUATOR NAME: Jaleesa Jackson

TELEPHONE: (510) 368-0021

LICENSING EVALUATOR SIGNATURE:



DATE: 02/21/2024

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/21/2024

This Notice must be posted for 30 days

OAKLAND SOUTH CC RO  
1515 CLAY STREET STE 1102  
OAKLAND, CA 94612



02/21/2024

LEARNING TREE, THE  
013418973  
34050 PASEO PADRE PKWY  
FREMONT, CA 94555

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 02/21/2024, have been cleared:

Section Cited: 1596.871(b)(1)(D)(i)	Date Due: 02/22/2024	
<b>Plan of Correction:</b> The Director immediately placed a staff member in the room with the volunteer	<b>Corrections:</b> Cleared By Visit Director immediately put teacher in room with volunteer	<b>Clearance Date:</b> 02/21/2024

LICENSING EVALUATOR NAME: Jaleesa Jackson

TELEPHONE: (510) 368-0021

LICENSING EVALUATOR SIGNATURE:

A handwritten signature in black ink, appearing to be 'Jaleesa Jackson', is written over a horizontal line.

DATE: 02/21/2024

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Cleared POC Letter (FAS) - (04/05)