

LaVonda's Crayon Box

Parent Handbook

Early drop off Any care needed prior to my normal opening time will need be scheduled at least by the Friday prior to the week care is needed. As a result there will be a charge of \$5.00 per 15 minutes (or part of) for care prior to normal opening time. Payment for this additional time is due by the Friday prior to the week care is scheduled. This fee is non-refundable. This includes if you decide not to bring the child early.

Termination: Parent/Guardian will give two weeks written notice, and two weeks full payment to terminate your child's enrollment in child care regardless as to whether your child is present (with the exception of the trial period). If two weeks notice is not given, you are still financially obligated for the two weeks of child care fees and late payments; two weeks full payment still applies when notice is given in conjunction with provider's vacation.

Trial Period: There is a trial period of 4 weeks from the date childcare begins . If the childcare arrangements is not mutually satisfactory, either party can terminate this agreement with a 1(one) day notice for any reason— any monies already paid are non refundable.

A Few Final Thoughts:

As a parent in my childcare, please...

Take an interest in your child's activities and development at childcare, share your child's habits, fears, and concerns with me;

Read all correspondence given to you and those posted. Promptly sign and return those forms needing to be signed;

Remember that you are responsible for your child while on my premises so please remain in complete contact with your child during that time;

Call us anytime! Your concerns and feedback are important to me.

Signature of Parent/Guardian: _____ Date: _____

Signature of Childcare Provider: _____ Date: _____

FACILITY COPY

LaVonda's Crayon Box

Parent Handbook

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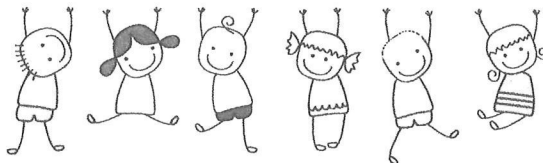
Signature of Parent/Guardian: _____ Date: _____

Signature of Childcare Provider: _____ Date: _____

PARENT COPY

LaVonda's Crayon Box Childcare

Parental Agreements



LaVonda's Crayon Box Childcare (Name of Facility), agrees to provide childcare for

_____ (Name(s) of Child(ren))

on _____ through _____ (Days of Week) from _____ a.m. to _____ p.m.
_____ (Month/Year) to _____ (Month/Year)

My child will participate in the following meal plan (check applicable meals and snacks):

☐ Breakfast

☐ Evening Snack

☐ Morning Snack

☐ Dinner

☐ Lunch Afternoon Snack

☐ Bedtime Snack

☐ N/A - I, _____ (relation to child) _____ will be responsible for providing food for my child(ren) on a daily basis.

Under **NO** circumstances will any medication be dispensed to any child(ren).

_____ parent initial

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

_____ parent initial

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

_____ parent initial

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

_____ parent initial

LaVonda 's Crayon Box Childcare, agrees to obtain written authorization from me (parent) before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

_____ parent initial

I authorize the LaVonda's Crayon Box Childcare to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures of the providing facility.

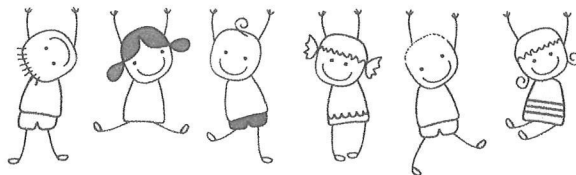
Signed: _____ Date: _____ (Parent/Guardian)
)

Signed: _____ Date: _____ (Provider)

LaVonda's Crayon Box Childcare

Parent / Provider Contract

Dellyon Robinson, Licensed Provider



Child(ren): _____

- I have read the LaVonda's Crayon Box Childcare Handbook and agree to comply with all policies and procedures.
- I have read the LaVonda's Crayon Box Childcare Handbook and agree to comply with all policies and procedures except as noted below and discussed with provider:

My typical hours are:

Monday _____ am/pm to _____ am/pm
Tuesday _____ am/pm to _____ am/pm
Wednesday _____ am/pm to _____ am/pm
Thursday _____ am/pm to _____ am/pm
Friday _____ am/pm to _____ am/pm

Average Weekly Hours: _____

_____ Private

_____ Program _____ Out of Pocket

Therefore my weekly flat rate is \$_____ and is due at drop off on my last day of attendance each week. I understand that a \$25.00 late fee will be added, per child in addition to an additional \$10 fee for each day thereafter payment is delayed.

Parent Signature _____ Date _____

Provider Signature _____ Date _____

**AFFIDAVIT REGARDING LIABILITY INSURANCE
FOR FAMILY CHILD CARE HOME****SECTION A:**

I/We, the parent(s)/guardian(s) of _____, (Child's Name)

acknowledge that _____, (Licensee's Name)

the licensee of _____, (Name of Family Child Care Home)

has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.

I/We, the parent(s)/guardian(s) of _____, (Child's Name)

acknowledge that _____, (Licensee's Name)

the licensee of _____, (Name of Family Child Care Home)

LaVonda's Crayon Box
825 52ND STREET
OAKLAND, CA, 94608
LIC# 013423020

has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

Signature of Parent(s)/Guardian(s)

Date

NOTE: The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.

Employer Work Address _____

Work Phone _____ Cell Phone _____

Should mailings be sent to this household also?

☐ Yes ☐ No

Additional Comments & Information for Provider :

Emergency Contacts and Authorized Pickups

1st Contact/Pickup

Last Name _____ First Name _____ M.I. _____

Relationship to child _____ Home Phone: _____ Cell: _____

☐ Able to pick up all children in the family ☐ Not able to pick up the following children:

2nd Contact/Pickup

Last Name _____ First Name _____ M.I. _____

Relationship to child _____ Home Phone: _____ Cell: _____

☐ Able to pick up all children in the family ☐ Not able to pick up the following children:

3rd Contact/Pickup

Last Name _____ First Name _____ M.I. _____

Relationship to child _____ Home Phone: _____ Cell: _____

☐ Able to pick up all children in the family ☐ Not able to pick up the following children:

Additional Comments & Information for Provider :

Signature (parent one) _____ **Date:** _____

Parent / Guardian

Signature (parent two-optional) _____ **Date:** _____

Parent / Guardian

**PARENT NOTIFICATION
ADDITIONAL CHILDREN IN CARE**

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

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

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

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

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

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

(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

(DATE)

(CHILD'S NAME)

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

**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 WHATEVER
NAME
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

()

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

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Child Care Centers Or Family Child Care Homes**

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FACILITY NAME
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NAME
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

()

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

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

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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

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

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

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

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

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

Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____

Date _____

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

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

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)

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

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

DATE OF ADMISSION	DATE LEFT
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