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
( )	( )

CHILD INTRODUCTION FORM

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating _____

Sleeping _____

Toileting _____

Daily Activities _____

_____

Fears _____

Likes _____

Dislikes _____

Habits _____

Favorites _____

Tell me a little about where your child is developmentally

_____

_____

_____

What other information should I know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. I am better able to help your child when you inform me of situations and/or events that might influence his/her overall behavior such as:

- Divorce.
- Separation from a relative or friend.
- Death of a relative or friend.

Knowing about these transitional times allows me to give special attention, understanding, and care. The information you give me will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?

_____

_____

TATE OF CALIFORNIA
EALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

DENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

HILD'S NAME	LAST	MIDDLE	FIRST		SEX	TELEPHONE ( )
DDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
ATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ( )
OME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
OTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ( )
OME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
ERSON 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

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: CCLD

   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.

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Parental Notification of CACFP Participation

The Family Child Care provider you have selected to care for your child(ren) is participating on the United States Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP). As a participant on this program, the provider will serve meals to the children in their care that meet the USDA Meal Pattern Guidelines. You should feel free to discuss with the provider the menus for the meals that they are serving to your children. For your information, the USDA Meal Pattern requirements for children 1 to 12 years of age is provided below.

USDA Meal Patterns For Children 1 to 12 Years Old Participating On The CACFP

Breakfast

- ***Milk***
- ***Vegetable, Fruit or 100% Juice***
- ***Grains or Bread:*** (Whole grain or enriched): Same as Lunch or Supper

AM, PM or Late Night Supplement (Only two of the four components listed are required to be served for a snack.)

- ***Milk***
- ***Vegetable, Fruit or 100% Juice***
- ***Grains or Bread:*** (Whole grain or enriched): Same as Lunch or Supper
- ***Meat and Meat Alternates*** Same as Lunch or Supper

USDA also specifies Meal Patterns for Infants, up to the age of one year. You should discuss infant feeding with your provider if your child is under one year of age.

Lunch or Supper

- ***Milk***
- ***A Vegetable or Fruit*** (Two Different Kinds)
- ***Grains or Bread*** (Whole grain or enriched): Bread
  OR cornbread, rolls, muffins or biscuits
  OR cooked cereal, pasta, noodle products
  OR cooked cereal grains
- ***Meat and Meat Alternates:***
  Lean Meat, fish, or poultry
  OR cheese
  OR egg
  OR yogurt, plain or flavored, sweetened or unsweetened
  OR cooked dry beans or peas
  OR peanut butter, reduced fat peanut butter soy-nut butter, or other nut or seed butters
  OR an equivalent quantity of any combination of the above meat or meat alternates

Sponsoring Agency Contact Information

Your child care provider participates on the CACFP under the supervision of a CACFP Family Child Care Home (FCCH) sponsoring organization. As a parent, if you have questions about the CACFP food service operation in your child's FCCH, you should first ask those questions to your provider. If you have questions your provider is unable to answer, you can contact the sponsoring organization. Your provider is participating on the CACFP with the sponsor shown below:

FRAMAX - Child Care Food Program
715 G Street, Modesto, CA 95354
(209) 578-4792 or (800) 755-4792

In California, CACFP is administered by the California Department of Education (CDE). CDE is responsible to ensure sponsors and providers are operating CACFP in accordance with all federal and state guidelines. If you have questions or concerns that you feel require additional clarification you can contact CDE at the address shown to the right.:

California Department of Education
NSD - Community Nutrition Program Unit
Attention—Day Care Home Manager
1430 N Street, Suite 1500
Sacramento, CA 95814
Phone: (800) 952-5609

Women, Infants and Children (WIC) Supplemental Nutrition Program

WIC is a federally funded health and nutrition program for; 1.) Women who are pregnant, breastfeeding, or just had a baby, 2.) Children under 5 years of age (including foster children), and 3.) families with low to medium income. WIC has local offices all over California.
For more information or to see if you qualify you can call **(888) WIC-WORKS** or check it out on-line at **http://www.cdph.ca.gov/programs/wicworks/Pages/AboutWICandHowtoApply.aspx**

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

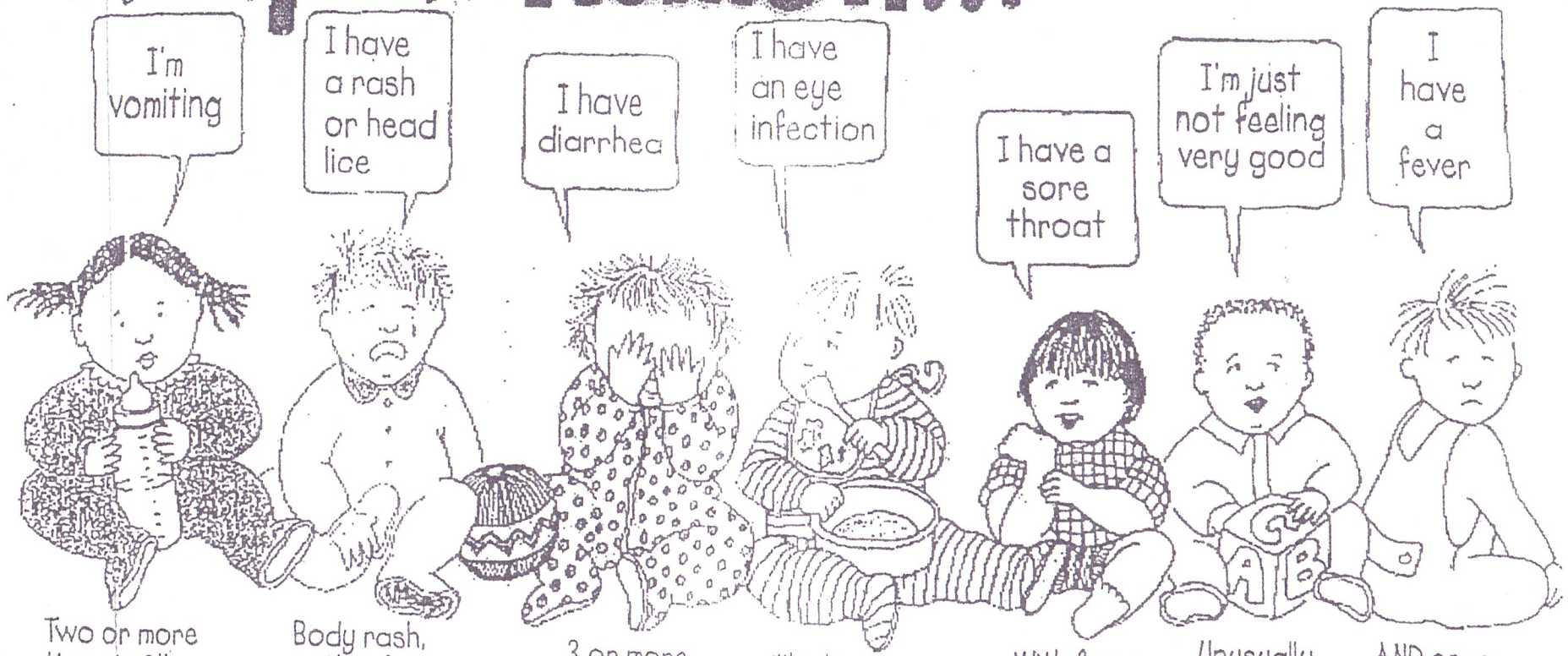
The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

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.**

Keep Me Home If...



Two or more times in 24 hours.

Body rash, with a fever or itching, or head lice

3 or more watery stools in 24 hours.

Thick mucus or pus draining from the eye.

With fever or swollen glands.

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

AND sore throat or rash, vomiting, diarrhea, earache, or just not feeling good.

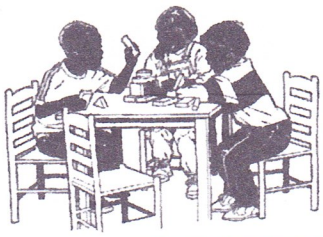
Seattle-King County Department of Public Health

California Childcare Health Program • *Healthline* 800-333-3212

When Your Child is Sick:

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

Community Care Licensing



FAMILY CHILD CARE HOME

NOTIFICATION OF PARENTS' RIGHTS

THIS NOTICE MUST BE POSTED IN A PROMINENT, PUBLICLY ACCESSIBLE AREA OF THE FAMILY CHILD CARE HOME

AS A PARENT/AUTHORIZED REPRESENTATIVE, YOU HAVE A 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 names of any person not allowed in the family child care home while children are present. (NOTE: This 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.
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.
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10. Be informed, by the licensee, that the facility has or does not have liability insurance that covers injury to clients due to the negligence of the licensee or employees of the facility.

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Licensing Office Name: CCLD

Licensing Office Address: _____

_____

Licensing Office Telephone Number: _____