

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

WHAT ARE PARENTS' RESPONSIBILITIES?

The California Department of Social Services licenses homes to provide child care, and wants you to understand the licensing laws and the ways in which you can check the quality of care your child receives.

WHAT SHOULD PARENTS DO?

- Ask to see the FCC home license. Homes caring for children from more than one family must be licensed.
- Check the condition of the FCC home frequently. Parents have the legal right to "drop in" at any time care is being provided.
- Know your rights as a parent by reading and keeping the Notification of Parents' Rights form.
- Make sure the Parents' Rights Poster is displayed in the home.
- Watch how your child acts in the home.
- Listen to what your child tells you about the care received in the home.
- Talk with the provider about any problems. Inform the provider of anything in the home which could hurt your child.
- Call or write the licensing agency if the provider fails to fix a hazard or if you believe your child has been harmed while in the provider's care. (See "How to file a complaint")
- Ask to see the licensing reports on file in the home.
- Call or visit the licensing office and ask to look at your provider's licensing file
- Ask if there are any adults in the home that have a criminal background.

PARENTS OF BABIES SHOULD ENSURE THAT:

- The baby receives good nutrition and is fed at the proper times.
- A stimulating environment is provided.
- The provider gives emotional support, and holds the child regularly.
- The provider cares for no more than four babies.
- Babies are placed on their backs when put down to sleep or nap.

HOW TO FILE A COMPLAINT ABOUT A FAMILY CHILD CARE HOME

COMPLAINT PROCESS

1. If you think a FCC provider is breaking the licensing laws, you may file a complaint with the local licensing office. You can find the address and telephone number in the following ways:
 - the provider's license
 - your copy of the Parents' Rights Notification form
 - the telephone book under:

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

OR

COUNTY OF _____
WELFARE OR SOCIAL SERVICES DEPARTMENT
CHILD CARE LICENSING

- The California Department of Social Services Community Care Licensing Division's website at www.cclid.ca.gov
2. Call or write your local licensing office and explain your complaint. Your name will remain anonymous unless you give us permission to use it. You will be notified of the results when the investigation is done.
 3. If you believe your child is being physically or sexually abused, you should also report it to your local Police Department or Sheriff's Department.
 4. Contact the local licensing office about any issues or questions you may have.
 5. To learn more about the Child Care Licensing program and services, please visit our website. There you will find child care licensing updates, regulations, and information about the child care advocate program.

WHEN YOU REPORT SUSPECTED VIOLATIONS YOU NOT ONLY PROTECT YOUR CHILD BUT ALSO PERFORM A SERVICE TO YOUR COMMUNITY.

WHAT THE LICENSING AGENCY DOES

- Visits each FCC home before issuing a license to operate.
- Does criminal background checks and child abuse index checks on all adults in the home.
- Requires tuberculosis (TB) tests of providers.
- Investigates complaints.
- Makes unannounced visits to the FCC home.
- Denies applications and revokes licenses when necessary.

**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

()

**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 Regional Office

Licensing Office Address:

2525 Natomas Park Dr. STE 250, Sacramento

Licensing Office Telephone #:

916-425-5935

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. American River Montessori

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

LIC 995A (8/08)

**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.

401 Mormon st, Folsom CA, 95630

(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.

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.

Photo/Video Release

I hereby grant to American River Montessori full and complete rights to the use of my my and my child's image and voice (still photograph, audio, or video recording), with or without the use of my name, in school and electronic publications or productions promoting the school and/or its programs. This release is given without any charge to or any remuneration from American River Montessori.

I hereby release and agree to hold American River Montessori free and harmless from any claims of copyright, libel, slander, invasion or violation of privacy or other similar rights that I may hold or assert.

- ☐ I agree to the photo/video consent above.
- ☐ I do not agree to the photo/video consent above.

Participant(s) Name(s): _____

Signature: _____

(Note: If age 17 or under, parent/guardian signature required)

Date: _____

Name of Signor if Different from Participant: _____

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)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (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

Please provide your name, your child's name and preferred method of communication to receive our online intake form.

Name:

Child's name:

Email:

Mobile phone number:

Please provide your name, your child's name and preferred method of communication to receive our online intake form.

Name:

Child's name:

Email:

Mobile phone number:

Please provide your name, your child's name and preferred method of communication to receive our online intake form.

Name:

Child's name:

Email:

Mobile phone number:

Student ID Number _____
(Required)

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M ☐ F ☐ Birthdate _____ Place of Birth _____
Name of Parent or Guardian _____ Address _____
Telephone _____ City _____ ZIP _____
Daytime _____ Nighttime _____
Race/Ethnicity:
☐ White, not Hispanic
☐ Hispanic
☐ Black
☐ Other _____

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IVP)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /			
HIB MENINGITIS (Required for preschool) (Haemophilus B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (Chickenpox)	/ /	/ /			

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression
	<input type="checkbox"/> PPD-Mantoux	/ /	/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux	/ /	/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Neg

*If required for school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY (Necessary if, skin test positive.)
Film date: ____/____/____ Impression ☐ normal ☐ abnormal
Person is free of communicable tuberculosis: ☐ yes ☐ no

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES
IMMUNIZATION BRANCH

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunization and transcribed it accurately: Date: ____/____/____
Staff _____

Signature _____
Record presented was:
☐ Yellow California Imm. Record
☐ Out-of-state school record
☐ Other immunization record
Specify: _____

II. STATUS OF REQUIREMENTS

☐ A. All requirements are met.
Date: ____/____/____
☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:
☐ C. Medical Reasons—Permanent
☐ D. Medical Reasons—Temporary
☐ E. Personal Beliefs

E-91 CODE
0 - Incomplete
1 - Complete
3 - Personal
4 - Medical

Check on your Immunization Following Roster.
Submit corrected E-91 when status changes.

Intake Form

3. What are your hopes for your child?

4. What are your child's strengths?

5. Do you experience any challenges with your child? If so, what are they?

6. Does anything worry you about your child entering preschool?

7. What, in your opinion, makes an early education program high quality? (What distinguishes a very good preschool from a mediocre or poor preschool?) What specifically were you looking for in a preschool program? Which of these qualities would you say are **essential** for a preschool program to have?

8. Does the child sleep in the same room/bed as the parents?

9. How do family members calm an upset child?

10. For what behaviors are children punished or disciplined?

11. What is the family's response to disobedience and aggression?

12. What form does the discipline take?

13. Who takes responsibility for discipline?

14. Is religion or spirituality important in your family? How?

15. Who is most responsible - the family or the preschool - to prepare the child for kindergarten?

16. How do you feel when your child is injured? How do you react when your child is injured by the other child?