Paula Tannen Preschool - Soille San Diego Hebrew Day School

2017-2018

ADMISSION AGREEMENT:

_____ _____

Child's Name Date of Birth

RETURNING children: Please fill out forms 1 – 10 & 16-17

NEW children: Please fill out all forms 1 through 17

****ALL CHILDREN MUST SUBMIT A CURRENT COPY OF THEIR IMMUNIZATION CARD****

1. Family Current Information Form
2. Identification and Emergency Information Form (LIC700)
3. Consent For Medical Treatment Form (LIC627)
4. Authorization For Sign In and Sign Out Form
5. Trip Release Form
6. School Directory Permission Form
7. Permission to be in Publications Form
8. Five Star Therapy Waiver
9. Acknowledgement of Receipt of Licensing Report (LIC9224)
10. Sunscreen Permission to Apply
11. Child's Pre-Admission Health Evaluation – Physician Form (LIC701)
12. Child's Pre-Admission Health Evaluation – Parent Form (LIC702)
13. Signed Personal Rights Form (LIC613A)
14. Signed Parents Rights Form (LIC995)
15. Caregiver Background Check Process (LIC995E)
16. Earthquake Kit Form **(All Children)**
17. Supplies Form **(All Children)**

I have complied with the admission agreement by filling out and returning the licensing papers listed.

_____ _____

Parent's Signature Date

Accepted By: _____

3630 Afton Road
San Diego, California 92123
Tel: 858-569-4800 Fax: 858-279-3389

Paula Tannen Preschool

PLEASE FILL OUT YOUR CURRENT INFORMATION
THANK YOU!

Child's Name: _____ Date of Birth:_____

Hebrew Name (write it in Hebrew please) _____

LIST ANY ALLERGIES:_____

MOTHER"S Name: _____ FATHER'S Name: _____

Address: _____ Address: _____
(Include Zip) (If different)
_____ _____

Home Phone #: _____ Home Phone #: _____

Work Phone #:_____ Work Phone #:_____

Cell Phone #:_____ Cell Phone #:_____

Emergency Contact (other than parents):_____

Phone #: _____

Mother's E-Mail Address: _____

Father's E-Mail Address: _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

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

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
( )

Paula Tannen Preschool
Soille San Diego Hebrew Day School
2017/2018

Authorization for Sign In and Sign Out

To Whom It May Concern:

I _____, parent or legal guardian

of_____, give permission for my child to be signed in to school and signed out (taken out) of school by the following:

_____ _____
Please Print Please Print

_____ _____
Please Print Please Print

_____ _____
Please Print Please Print

I am aware that the authorized person must sign my child in or out of school and must be sure that the teacher or director is aware of the arrival and/or departure of my child.

_____ _____
Signature Date

3630 Afton Road
San Diego, CA 92123
Phone: 858-569-4800 Fax: 858-279-3389

Paula Tannen Preschool
Soille San Diego Hebrew Day School
2017/2018

Permission Slip for Field Trips:

During the school year, our students will be taking educational and fun field trips to places in and around San Diego. These field trips are planned to provide each child with valuable learning experiences.

I hereby give my permission for _____ to participate in all Paula Tannen Preschool field trips unless otherwise specified in writing.

In addition to this form, parents will need to sign a permission slip for each trip we will be taking. This assures you that you are aware of the place and time of each trip.

_____ _____
Parent's Signature Date

In an emergency please call:

_____ _____
Name & Relationship to child Phone

_____ _____
Name & Relationship to child Phone

3630 Afton Road
San Diego, CA 92123
Phone: 858-569-4800 Fax: 858-279-3389

Soille San Diego Hebrew Day School
Paula Tannen Preschool

3630 Afton Road, San Diego, California, 92123
(858) 279-3300 · (858) 569-4800 · Fax: (858) 279-3389

Dear Parents,

The California Health and Safety Code, section 1597.07, requires that each Community Care Licensed Child Care Center licensee "provide all parents, at the consent of the parents involved, a list of parents of the children served by the facility."

You have the option of being included in the directory list and can request a copy whether you are in it or not. Each center is to inform you of this requirement and provide the licensing agency proof that you have been properly informed.

Please complete below and return it to the director or designated person at the childcare program you are attending.

_____ I/We do not wish our information to be included in the directory

_____ I/We wish our information to be included in the directory

Please include the following information in the directory:

Name: _____

Address: _____

City: _____ CA. Zip _____

Phone #s: _____

E-Mail: _____

_____ Please provide me with a copy of the directory.

_____ _____

Parent's Signature Date

Paula Tannen Preschool
Soille San Diego Hebrew Day School
2017/2018

Permission to be in Publications

My child _____, may be in any appropriate photo that will advertise the Paula Tannen Preschool and Soille San Diego Hebrew Day School. I understand these photos may be in a Jewish Newspaper, The Union Tribune, The Kolenu (the school newsletter), a brochure advertising the Soille Hebrew Day School and/or on our website at www.hebrewday.org

_____ _____

Signature Date

3630 Afton Road
San Diego, CA 92123
Phone: 858-569-4800 Fax: 858-279-3389

Stars Infant program

CONSENT FOR EVALUATION/ASSESSMENT

Childs Name:_____ D.O.B_____

I,_____ give permission to Stars Infant Program to evaluate/assess the above named child to determine the present level of development for appropriate program planning and be able to provide a written report of the progress of the childs development to the San Diego Regional Center.

This evaluation/ assessment of your child may include, but is not limited to the following:
Parent Observation and Report
Review of health and medical information
Measaurement of your childs development in the following five areas:

- Cognitive
- Physical Motors (gross and fine)
- Communication (receptive and expressive)
- Social and Emotional
- Self-Help

The evaluation/ assesment team will use two or more of the following procedures/tools:
Collateral Information (diagnostic and developmental information)

- Parent Information
- Child observation
- Hawaii Early Learning Profile (HELP)
- Infant-Toddler Developmental Assesment (IDA)
- Battelle Developmental Inventory 2nd edition (BDI2)

Parent/ Guardian:_____ Date_____

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of _____ , currently attending or newly enrolled at Soille San Diego Hebrew Day School 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: 05/25/2017

☐ 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:

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child: _____
(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at:

_____
(name of child care program)

to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

❑ ___ I do not know of any allergies my child has to sunscreen.

❑ ___ My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen:

_____

_____

❑ ___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.

❑ ___ I have provided the following brand/type of sunscreen for use for my child:

_____

_____

❑ ___ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

_____

Parent/Guardian's Name: _____ **Date:** _____

Parent/Guardian's Signature: _____

Health Care Provider's Signature (*optional*): _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!

Adapted from the *California Early Childhood Sun Protection Curriculum* (1998-Revised) from the Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. • http://www.dhs.ca.gov/cpns/skin/skin_resources.html

SUN-SMART POLICY FOR CHILD CARE PROGRAMS

Our Sun-Smart policy has been developed to ensure that all children and staff participating in this program are protected from skin damage caused by the harmful UVB and UVA rays of the sun. This policy will be implemented throughout the year, but with particular emphasis from March through October.

Sun-Smart strategies:

1. Encourage staff and children to wear hats with wide brims that protect their face, neck and ears whenever they are outside.
2. Encourage staff and children to wear sun-protective clothing (i.e., tightly woven, loose-fitting, full length, light-colored and light-weight) when temperatures are reasonable.
3. Encourage staff to wear sunglasses that block 100 percent of UVA and UVB rays (broad spectrum) whenever they are outside.
4. Provide sufficient areas of shelter and/or trees providing shade on the play yard.
5. Encourage children to seek and use available areas of shade for outdoor play activities.
6. Schedule excursions and all outdoor activities *before* 10 a.m. and *after* 4 p.m. (10 a.m. to 3 p.m. during the winter months) whenever possible. The availability of shade will be considered when planning excursions and outdoor activities during these times.
7. Children will be hydrated and encouraged to drink water before and during prolonged physical outdoor activities in warm weather.
8. Staff and parents/guardians will model sun safety behaviors by:
   Wearing appropriate hats and clothing when outdoors.
   Using broad spectrum SPF 15 or higher sunscreen for skin protection.
   Seeking shade whenever possible.
9. Provide broad spectrum SPF 15 or higher (and *paba* and *alcohol* free, if possible) sunscreen for staff and children to use on exposed skin, except eyelids, 30 minutes before exposure to the sun and every two hours while in the sun, unless parent/guardian provides their own sunscreen for their child.
10. Parents/guardians will complete and sign the *Parent/Guardian's Permission to Apply Sunscreen to His/Her Child* (see reverse) and it shall remain on file at the program.
11. Include learning about the skin and ways to protect the skin from the UV rays of the sun into the program's curriculum and daily routines.
12. The *Sun-Smart Policy* will be reinforced in positive ways through parent newsletters, staff memos, bulletin boards and meetings. Signage shall be posted that reminds staff, parents and children to practice sun safety.
13. Staff and parents will be provided with educational materials and resources on sun safety and protection.

When enrolling their child, parents/guardians will be:

1. Informed of the program's *Sun-Smart Policy.*
2. Asked to provide a suitable hat for their child's use when outdoors in the care setting.
3. Required to provide permission for staff to apply sunscreen (and *optional*: health care provider's signature included on consent form).
4. Asked to provide a broad spectrum SPF 15 or higher sunscreen if their child is allergic to the program's offered brand/type.
5. Encouraged to practice *Sun-Smart* behaviors themselves.

RECOMMENDED STANDARD/OPTIONAL: Every child should have on file a standing order from their health care provider for the use of sunscreen (nonprescription medication) in the care setting, in addition to the parental consent to have sunscreen applied[1].

[1] American Academy of Pediatrics and American Public Health Association, (2002). *Caring for our children: National health and safety standards: Guidelines for out-of-home child care programs.* Second Edition. Elk Grove Village, IL.

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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

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.

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

STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH _____
DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

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

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)

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.

   Licensing Office Name: _____

   Licensing Office Address: _____

   Licensing Office Telephone #: _____

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.***

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

LIC 995 (9/08) (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 "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.***

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

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

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

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is **http://ccld.ca.gov/contact.htm**.

Paula Tannen Preschool
Soille San Diego Hebrew Day School
2017/2018

SCHOOL EARTHQUAKE KIT FORM

We have re-evaluated our emergency earthquake procedures and therefore are no longer obtaining earthquake supplies from an outside vendor.

All emergency first aid materials will be supplied by the school. We are requesting that parents send the following items for each student, in a gallon zip lock bag, labeled with your child's name on the outside with a permanent marker.

3-4 Cliff Bars
1 16.9 oz. bottle of water
2 20oz. bottles of Gatorade or similar beverage
optional: fruit cups or tuna in self opening packages
A note to your child may also be included. (In times of stress children appreciate communication from their parents.

Cliff Bars are high in protein and carbohydrates. They come in a variety of flavors. Gatorade type drinks provide calories and electrolytes. If your child has specific food allergies please send in appropriate foods that are high in protein and carbohydrates. For example, each Cliff Bar has approximately 250 calories. Granola bars are much lower in calories and protein and will not provide enough nutrition for an entire day in the case of an emergency.

These bags must be brought in by the first day of school. They will be kept in the classroom until the end of the year and returned if unused.

3630 Afton Road
San Diego, CA 92123
Phone: 858-569-4800 Fax: 858-279-3389

PAULA TANNEN PRESCHOOL

SUPPLIES LIST

2017/2018

Roly Polys, Frogs, Dragonflies, & Hummingbirds

1. ☐ All Required Licensing Forms
2. ☐ Extra clothing **(LABELED)** (from the list in the preschool handbook)
3. ☐ Diapers (if necessary)
4. ☐ 1 package of wipes- (**Everybody**)
5. ☐ Sunscreen - **LABELED WITH CHILD'S NAME**
6. ☐ 3 Boxes of Kleenex
7. ☐ 4 Rolls of Paper Towels
8. ☐ 2 Containers of Lysol or Clorox Wipes (78 wet wipes minimum per container)
9. ☐ $30.00 (cash please directly to preschool office- for prints and special activities)
10. ☐ Crib sheet and small blanket (for nap) **LABELED**
11. ☐ 1 package of one gallon Ziploc bags
12. ☐ 1 package of sandwich size Ziploc bags
13. ☐ 180 pennies for Tzedakah
14. ☐ 1 Box of Band-Aids ☺