

CHILD DEVELOPMENT CHILD FILE CHECKLIST/ORDER

CHILD'S NAME: _____ CASE #: _____

I. APPLICATION FOR CHILDCARE SERVICE/NOAs

- a. Notice of Action-CD7617 *(signed by Site Supervisor/Administrator)*
- b. Confidential Application for Child Development Services and Certification of Eligibility - CD9600
- c. Child Care Data Collection -CD9600A
- d. Income Calculation Worksheet

II. FAMILY ELIGIBILITY DOCUMENTATION *(forms in this section are as applicable)*

- a. Verification of Employment Form
- b. Certification of Self-Employment
- c. Verification of Seeking Employment Form
- d. Income Information
 - i. Paycheck stubs
 - ii. Self-Certification Application for Cash Only
 - iii. Proof of Cash Aid (Cal-WORKs/TANF)
 - iv. Other: _____
- e. Training Verification - CD9605 *(if applicable)*
- f. Student Agreement *(if applicable)*
- g. Statement of Incapacity - CD9606 *(if applicable)*
- h. Proof of Address *(copy of a current bill/rent receipt/lease agreement)*
- i. Valid Picture I.D. parent/legal guardian

III. FILE ORDER, DOCUMENT REQUEST, CASE NOTES, ETC.

- a. File Order/Checklist Sheet
- b. Document Request Form
- c. DRDP-R (Only Place in File at Termination)
- d. Observations (Only Place in File at Termination)
- e. Parent Conference (Only Place in File at Termination)
- f. Parent Interview
- g. Health and Social Services *(referral sheet) (signed by Site Supervisor/Administrator)*
- h. Receipt of WIC Information
- i. Miscellaneous
- j. Case Notes Sheet

IV. AGENCY AGREEMENTS/ACKNOWLEDGEMENTS

- a. Admission Agreement *(signed by Site Supervisor/Administrator)*
- b. Certificate of Contracted Hours *(signed by Site Supervisor/Administrator)*
- c. Declaration of Original Documentation *(signed by Site Supervisor/Administrator)*
- d. Receipt of Parent Handbook *(signed by Site Supervisor/Administrator)*
- e. Statement of Acceptance of Regulations
- f. Consent Form *(signed by Site Supervisor/Administrator)*

V. CHILD(REN)'S EMERGENCY INFORMATION

- a. IEP/IFSP *(for special needs children only)*
- b. Birth Certificate(s)
- c. Immunization Record
- d. California Immunization Record *(blue card) (signed by Site Supervisor/Administrator)*
- e. Copy of Enrolled Child's Medical Insurance Card *(if applicable)*

VI. EMERGENCY INFORMATION

- a. Physician's Report - LIC701
- b. Parent's Report/Child's Preadmission Health History - LIC702
- c. Personal Rights - LIC613A
- d. Notification of Parents' Rights - LIC995
- e. Consent for Emergency Medical Treatment - LIC627
- f. Emergency and Identification Information - CD9607
- g. Identification and Emergency Information Child Care/Family Child Care Homes - LIC700
- h. Acknowledgement of Receipt of Licensing Report - LIC 9224 *(if applicable)*



REQUEST FOR REQUIRED DOCUMENTS
Pre-Enrollment

501 S. Boyle Avenue
Los Angeles, CA 90003
323-780-8900

Date: ___/___/___

Parent's Name: _____

Child's Name: _____

Parent's Address: _____

City, State Zip Code: _____

Dear _____

REQUESTED DOCUMENTATION:

INCOME

- 1 month of the most recent paycheck stubs (if paid by company check)
Tax Returns
Cash-Only Self Certification form
Verification of Monetary Support form
Verification of Benefits for TANF
Verification of Child Support
Verification of Foster Care/ Kin Gap payments
Self-Certification of No Income form
Other:

ELIGIBILITY

- Employment Verification form
Training Verification form
Student Agreement form
Statement of Incapacity
Proof of Child Protection Order/ Court Order Regarding Child Custody
Statement of Seeking Employment
Records of Foster Care Placement
Rental Receipts or Rental Agreement (for both parent)
Utility Bills (for both parents)
Valid CA Driver's License/ Identification Card

OTHER REQUIRED DOCUMENTATION

- Copy of Medi-Cal card(s) for:
Copy of Child's Updated Immunization Record for child on the program
Copy of Official Birth Certificate(s) for:
Statement of Acceptance of Regulations
Parent Receipt of Handbook
Fraudulent Information Guideline
Consent Form
Parent's Questionnaire
Parent/Child Interview
Consent for Emergency Medical Treatment (LIC 627)
Identification & Emergency Information (LIC 700)
Health & Social Services Form
Personal Rights (LIC 613A)
Parent's Rights (LIC 995)
Emergency & Identification Information Form(CD9607)
Parent's Health Report (LIC 701)
Physician's Health Report (LIC 702)
Other:

If you have any question, please free to contact the agency at telephone #: 323-780-8900

We value your interest in our program and look forward to providing you and your child with excellent care!
Thank you for your cooperation.



Self-Certification Application for Cash Only

I _____, certify that I am currently being paid cash only.
(Parent's Name)

In the amount of \$ _____ every:

Day _____ Week _____ Bi-monthly _____ Semi-Monthly _____ Monthly _____

Name of Employer: _____

Date Hired: _____

Type of Work: _____

Please enter the actual hours worked per day.

Mon _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
(Example: 8:30 – 5:00)

Total Income for preceding month: _____

- ____ 1. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.
- ____ 2. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services.
- ____ 3. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, or others as necessary for the administration of the program.
- ____ 4. I understand that if the agency denies this application for services, I have the right to appeal.

Print Name

Signature

Date

Parent Interview

1. What is your (parent) name?
2. What is your child's name?
3. Describe your child:
4. Does the child have a habit of biting, scratching or harming others?
5. Do you have any behavior concerns in regards to your child?
6. How do you deal with your child's misbehavior?
7. What is the child's favorite food?
8. Tell us about child's feeding (use of spoon/fork/cup etc.) habits:
9. What is your child's favorite game/toy & color?
10. Things your child does not like:
11. Is your child toilet/potty trained?
12. Tell us about child's toileting/restroom habits:
13. How independent is your child?
14. Please tell me about your child's strengths:
15. Please tell me how your child behaves in public places:
16. How does your child behave when he meets a new person?
17. How does your child get along with adults?
18. How does your child get along with siblings?

19. How does your child get along with other children?
20. Tell us about child's dressing & grooming (brushing teeth/ bathing) habits?
21. What primary language is spoken at home?
22. Are there any other languages your child is exposed to? Yes_ No_

If yes, please explain:

23. What is the importance of education?
24. What role of parents in a child's education?
25. Do you have any questions for us?



HEALTH AND SOCIAL SERVICES
 (v) Services needed
 (Check all that apply)

- | | | | |
|---|--------------------------------------|--|---|
| Health Services: | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible future | <input type="checkbox"/> Has Health Services |
| Counseling Services | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Mental Health Insurance |
| Dental Services | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Dental Services |
| Emergency Food Services | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Emergency food info. |
| Housing Assistance | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Housing info. |
| Legal Services | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible future | <input type="checkbox"/> Has Legal Services Info. (Divorce, Child custody Child support, etc.) |
| Immunizations | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Immunization Info. |
| immigration Services | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Immigration Info. |
| DCFS/Social Services | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has DCFS/Social Services Info. |
| Alcohol/Drug | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Alcohol/Drug Treatment/Prevention |
| Child Care | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Child Care Info. |
| Parent Education | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Parenting Info. |
| ESL/Spanish Literacy | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Literacy Info. |
| Developmental Services/ | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Developmental Disabilities /Special Education Info. (Speech, Vision, Auditory, Mobility) |
| Mentoring Services | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Mentoring Info. |
| Youth Employment | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Youth Employment Info. |
| Handicapped Services | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Handicapped Services Info. |
| Education Services (GED, Vocational, College) | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Education Info. |
| Gang Prevention | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Gang Prevention Info. |
| Personal Finance/Credit | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Personal Finance Info. |
| Counseling | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Job Info. |
| Job Training/Placement | <input type="checkbox"/> Immediately | <input type="checkbox"/> Possible Future | <input type="checkbox"/> Has Job Info. |

I _____ give my consent to release my information to a resource/referral agency.
 Parent Name

Parent Signature: _____

Date: _____

Staff Name: _____

Staff Signature: _____

Date: _____



Receipt of WIC Information

This is to verify that I received information on the WIC (Women, Infants Children) program.

Recibo de Información de WIC

Esta forma es para verificar que yo he recibido información sobre el programa de WIC.

Signature of Parent/Guardian
Firma del Padre/Tutor Legal

Date
Fecha

Signature of Staff
Firma de personal de la Agencia

Date
Fecha

CHILD'S NAME _____
NOMBRE DE EL NIÑO(A)



CERTIFICATE OF CONTRACTED HOURS

I. Child's Name: _____ Start Date: _____	Family Case #: _____ Programs: <u>CSPP - Part Day</u>
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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Actual Hours Per Day:						Total Hours Per
Total Hours Per Day:						

III. Notes

This Certificate of Contracted Hours is issued to provide specific information regarding the approved contract hours during my child's enrollment with PUENTE Learning Center. The contract hours are established and strictly enforced to ensure that my child's needs are addressed and the agency is in daily compliance with California Community Care Licensing regulations for staff/child ratios. A detailed explanation of the policy regarding contracted hours of enrollment/attendance and the enforcement of this policy is contained in the Parent Handbook.

I understand that the hours listed above are the contracted hours that my child has been approved for child care services. I further acknowledge that I have read/will read the policy of PUENTE Learning Center in regards to contract hours and hereby agree to comply with the policy as outlined in the Parent Handbook. Failure to do so may result in the termination of my child from PUENTE Learning Center.

Parent/Guardian's Signature

____/____/____
Date

Site Supervisor's Signature

____/____/____
Date



FOR OFFICE USE ONLY

DECLARATION OF ORIGINAL DOCUMENTATION

I certify that I viewed the original income documentation to verify the income of

_____ and _____
Name of Parent/Guardian A Name of Parent/Guardian B

I have attached a copy of the original to this application. *(See section II)*

Signature of Agency Representative

Date



Admission Agreement

- A. Preschool Program agrees to assist with the following services for your child:**
1. Early Childhood Education, Developmental Assessments, and an Individualized Plan
 2. Medical, Dental, Mental Health Services, Social Services, and Nutritional Services
 3. Parent Involvement and Parent Education Services
 4. Individualized Education Plan and Special Services for children with disabilities
- B. The Department of Licensing Agency shall have the authority:**
1. To interview children or staff to inspect and audit child of facility records without prior consent.
 2. To observe the physical condition of the child/children, including conditions that could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child/children.
- C. The preschool parent/guardian agrees as follows:**
1. To make sure the child attends school five days a week.
 2. To report absences of the child to the preschool office when the absences occur.
(Excessive unexcused absences may result in the child being dropped from the program.)
 3. To inform the preschool office if planning to withdraw from the program.
 4. To comply with all busing requirements (if applicable).
 5. To abide the rules of the preschool program.
 6. To provide evidence of up-to-date immunizations from doctor or clinic upon enrollment.
 7. To provide evidence of a complete physical exam.
 8. To participate in required parent trainings and parent and child activities.
- D. PUENTE Preschool is a program funded by the State of California and does not require fees for services rendered.**



ACKNOWLEDGEMENT OF ADMISSION OF AGREEMENT

I, the parent/guardian of _____, enrolled at
PUENTE Learning Center State Preschool, have received a copy of the Admission Agreement.

Signature of Parent/Guardian

Date



STATEMENT OF ACCEPTANCE OF REGULATIONS

This is to certify that I/We have read this information carefully and I/We understand and agree to abide by the Rules and Regulations of the Admission's Agreement issued by PUENTE Learning Center.

DECLARACIÓN DE ACEPTACIÓN DE REGLAS

Este documento es para certificar que Yo/Nosotros hemos leído esta información con cuidado y entendemos y aceptamos acatar las Normas y Reglas del Acuerdo de Admisiones con los Centros del Desarrollo de PUENTE Learning Center.

Parent/Guardian Signature

Firma de Padre/Tutor Legal

Date

Fecha



CONSENT FORM

ENROLLMENT

I consent to the enrollment of my child _____ at PUENTE Learning Center. I agree that PUENTE Learning Center shall not be responsible in case of sickness, or injury of this child while in attendance at PUENTE Learning Center facility or in transit to and from the facility. I understand that PUENTE Learning Center employees are mandated reporters, which requires them to report suspected child abuse to an appropriate agency.

MEDICAL EMERGENCY

I agree that in case of an accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.

PUBLICITY

I give consent for my child to be photographed during the course of the year for various publications issued under the direction of PUENTE Learning Center I also give permission for any videotapes, audiotapes or photographs to be broadcast or otherwise publicly disseminated.

SPECIAL SERVICES

I the legal guardian give consent for my child to participate in enriching supportive services offered by PUENTE Learning Center. which may include, yet are not limited to, assessments, social skills enhancement groups, counseling, speech and language therapy, resource therapy, and case management. I understand that at the time of the scheduled service, I may be asked to sign additional consent forms for these services.

FEE

I agree to pay the fee (if applicable) in advance and understand that failure to pay set fee can lead to termination of child development services. I also agree to carry out all the rules and regulations of PUENTE Learning Center

Signature of Parent/Guardian

Relationship to Child

Date

Signature of Site Supervisor

Title

Date

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)
PUENTE LEARNING CENTER, This Child Care Center/School provides a program which extends from 8 : 00
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to 4:00 a.m./p.m., 5 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: _____
other: _____

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: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

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/AS 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
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

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
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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?
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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*
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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
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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:

MONTEREY PARK REGIONAL OFFICE

NAME

Regional Manager, Bertha Manzanares

ADDRESS

1000 Corporate Center Dr., Suite 200B

CITY

Monterey Park

ZIP CODE

91754

AREA CODE/TELEPHONE NUMBER

(323) 981-3350

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)

PUENTE LEARNING CENTER

(PRINT THE ADDRESS OF THE FACILITY)

501 S. BOYLE AVE., LOS ANGELES CA 90033

(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: MONTEREY PARK REGIONAL OFFICE

Licensing Office Address: 1000 Corporate Center Dr., Suite 200B, Monterey Park, 91754

Licensing Office Telephone #: (323) 981-3350

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 996 (8/09)

(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.

PUENTE LEARNING CENTER

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

LIC 996 (8/09)

Emergency and Identification Information

I. Family Information

Child's name (Last, First, Middle): _____ Birth Date: _____

Mother's name: _____

Father's name: _____

Child's Address: _____ Phone: _____

Mother's business address: _____ Phone: _____

Father's business address: _____ Phone: _____

II. Names of Persons Authorized to Take Child from the Facility (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

III. Additional Persons Who May Be Called In an Emergency to Take Child from the Facility

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

IV. Physician to Be Called In an Emergency

Name _____ Telephone _____

Address _____

V. Medi-Cal Number _____ **Medical Insurance** _____

Insurance Number _____

VI. Allergies or Other Medical Limitations _____

VII. Permission for Medical Treatment Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature _____ Date _____
Parent or Guardian

**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