

BRITISH DAYCARE ACADEMY. PROVIDER-PARENT CONTRACT.

43299 VIA SABINO TEMECULA CA 92592. 760-504-3679 .

I am a Professional Child Care Provider. My goal is to provide your child with a clean, safe, comfortable environment where they can play and learn with guidance and loving care while you are at work or attending school. In order to make our relationship as enjoyable as possible the following are some mutual beneficial requirements that are necessary to assure that there are no misunderstandings between either party, that each party is aware of the requirements, and that these requirements are carried out in a businesslike manner. Please pick up your child after you finish work, *If you need to run errands there will be a fee for extra hours outside your contracted time.*

Payment obligation is based on the hours you agreed to use child care, NOT on actual hours of attendance. Payment is due if you have agreed to use certain blocks of time whether or not the child actually attends during those hours.

I agree to enroll my child _____ in the British Daycare Academy beginning on _____.

Care will begin at ____ o'clock and end at ____ o'clock on the following days.

The charge for the child is \$_____ per week. Overtime charges are \$10.00 per half hour or part thereof.

Payment is due on Friday MORNING for the following week. There will be a \$10 cash late fee, if not paid by the last day of the child's week

PART TIME AND DROP IN CARE

Payment is due on the MORNING of the last day of care for the FOLLOWING week. For example if you attend Mon-Wed, your payment is due on Wednesday morning and will be deposited on Friday evening with the rest of the checks, thus I make only one trip to the bank.

Over 20 hours a week is considered full time.

If you are part time you are paying only for your scheduled days, if you need to switch days on occasion, that day will be considered extra.

I charge the first and last weeks payment at the beginning of the contract, and a \$50 a year fee for arts and crafts supplies, Once the child is one year old. Fee due every January.

FEES AND ABSENCE POLICY

Fees are due on Friday morning for the following week's attendance, this ensures that

I only need to make one trip to the bank and gives me the weekend to make the deposit.

Weekly fees include all sick days, statutory holidays and vacation time - these are paid days. *Refunds and credits will not be given for days where your child does not attend.*

Full time and part time fees are based on booked days, not attendance, therefore parents are responsible for fees whether child attends or not. (This includes sick days, statutory holidays and vacation time)

A fee of \$25.00 will be charged for all NSF checks. There is an extra fee of \$5.00 per child for the first five minutes that a child is picked up late and \$1 per minute thereafter.

This fee also applies if your child is dropped off earlier than your contracted time, without prior approval.

Late arrival does not allow late pick-up.

I close at 4.30 and often have things I need to do before businesses close at 6pm , I also have things I need to do for my family. If you know you are going to be late, a phone call is appreciated. Please bear in mind that I don't have a lunch time to run errands, so I need to care take of things once I close. Each individual has contracted hours and the child should be picked up and dropped off between those hours. Many times I have to be somewhere before 5pm.

PICKUP/DROP OFF TIMES AND PAYMENT

I provide childcare from Monday to Friday during your contracted working hours. We will figure your hours plus fair commute time and this will become your "scheduled hours".

HOURS OF OPERATION 7AM - 4.15 PM

Parent Vacations

Please notify me as at least 2 weeks in advance when you plan to take vacations. I expect full payment for all days and hours your child is normally scheduled to be here. Payment is due prior to your vacation. Even while you are on vacation I am still holding your child's space.

My vacation and personal time.

I will take two weeks paid vacation per year.

I will also allow myself 5 days or 60 hours of paid personal time, this will be used as necessary for occasions such as doctor, dental appointments. I will also have 5 days sick time in the event that I am too sick to work. I will schedule any appointments at a time which will inconvenience as few families as possible.

It is the parent's responsibility to provide a substitute to care for their child when I cannot provide care. I will notify parents of my vacation dates at least two weeks prior to my vacation.

Parents must have a back up provider.

Bereavement time will be 1 week paid for immediate family members and two days paid for other family members. Parents will be responsible for finding alternate care

Holidays

The following are paid days that BDCA will be closed.

New Years Day

Martin Luther King Day

President's day

Memorial Day

July 4th

Labor Day

Veterans Day

Thanksgiving and the following day.

Christmas Eve closed until Jan 2nd

These are considered paid holidays. If a holiday should fall on a Saturday the holiday will then be observed on the previous Friday and if on a Sunday the following Monday will be observed

Naps

All children under the age of six will lay down for a short rest or sleep period. Please try to explain this to your child. Please do not ask me to keep your child awake all day, the children need this time to rest. This is my time to re-charge, plan programming and do paperwork. Please provide a blanket for your child, provider will send it home on Friday to be washed, please return clean on Monday.

Emergency Closures

In the event of closure such as wildfires, earthquake, flood etc, full payment is due.

Sick policy

I am paid even if your child is absent from daycare due to an illness This applies to full and part time.

If your child is ill, they **should not** be brought to daycare.

Illness is defined as:

1. A fever over 100 degrees
2. Nausea or vomiting 2 or more occasions in 24 hrs
3. Diarrhea 3 or more watery stools in 24 hrs
4. Rash or infection of the skin which has not been seen by a Dr.
5. Pink eye, until 24 hr of antibiotic treatment

Please keep your child home if they had a fever the night before or through the night.

If your child becomes ill during the day, I will notify you, and will expect your child to be picked up as soon as possible.

If your child will be missing day care due to illness, please notify me by phone in the morning or previous evening.

Supplies

Parents are responsible for diapers, wipes, sunscreen, diaper cream, formula, baby food and soiled clothing. Please leave an extra set of clothes for your child, we will be getting messy-painting etc, so send your children in "play clothes" please. Also a sippy cup or bottle should be left, so I always have an individual cup for each child.

Trial period:

I feel very strongly that the parents should feel 100% comfortable with the care that their child is receiving from me. The first (2) weeks that any child attends my daycare will be a trial period. If during this time either the parents or myself feel that the arrangement is not working out to the best interest of the child or the parties involved, either party may dissolve the agreement without hard feelings and other arrangements can be found.

Termination of services:

It is my hope that parents will feel comfortable communicating with me on the care of their child and any concerns that they may have. If after all is said and done, it is desired

to terminate services; **I require at least a two weeks notice. In the event a parent does not provide a two weeks notice, they will still be required to pay me for the two weeks that their child would have been in my care.**

. This agreement will take effect on April 2023 and will remain in effect until a change is made in writing At which time it will be reviewed and updated.

I have received a copy of this contract _____(initial).

I agree to abide by the current childcare regulations _____ (initial).

(Parent's signature) (Date)

(Provider's signature) (Date)

Drivers License number _____

. Sample of our daily schedule

7am – 8.30 Arrival time

8:30 - 9:00 Breakfast

9:30 - 10.30 Outside play

10.30 -11:00 Snack

11:00 –12.00 Arts and crafts. Motion and movement

12:00 - 12:30 Lunch

1:00 - 3.00 Nap/quiet time

3:00 - 3.15 Snack

3.15 - 4:00 free play and prepare to go home

I try to serve healthy snacks and include lots of fruit and veggies, please inform me if your child has any allergies.

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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:

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)

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://cclid.ca.gov/contact.htm>.

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.

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.

IMPORTANT INFORMATION FOR PARENTS

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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://cclد.ca.gov/contact.htm>.

**FAMILY CHILD CARE HOME
NOTIFICATION OF PARENTS' RIGHTS****PARENTS' RIGHTS**

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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

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

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

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents))

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

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

Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

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

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

LIC 995A (8/08)

**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 |
|-------------------|-----------|

NEBULIZER CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. ***A separate form must be filled out for each person who administers inhaled medication to the child.***

I, _____, give my consent for _____,
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at _____,
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer inhaled medication to my child, _____, and to contact my child's health care
provider. (PRINT NAME OF CHILD)

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

PARENT NOTIFICATION ADDITIONAL CHILDREN IN CARE

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

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

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

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

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

(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

(DATE)

(CHILD'S NAME)

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

CONSENT FOR EMERGENCY MEDICAL TREATMENT-

Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER

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 | |
| () | | () | |

AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME

SECTION A:

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)
acknowledge that _____,
(Licensee's Name)
the licensee of _____,
(Name of Family Child Care Home)
has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

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

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

Signature of Parent(s)/Guardian(s)

Date

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