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'sName)

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.

Child Health & Nutrition Program

FY 2006 - 2007

1035 Detroit Ave. #200 • Concord, CA 94518 • (925) 676-6117 • FAX (925) 676-5829 www.cocokids.org

ENROLLMENT FORM

The parent or guardian must complete and sign this form in ink and return it to the child care provider prior to the child being placed on the Child Care Food Program.

PART I – PARTICIPATION	
Provider Name	Provider Number

I wish to enroll my child in the Child Care Food Program. I understand that the CCFP is funded by the United States Department of Agriculture and reimburses child care providers for serving nutritious, well-balanced meals to children while in their care. I understand that meals will be provided at no extra charge to me, nor will I be required to bring food items to supplement the meals reimbursed under the Child Care Food Program.

PARENTS: Please complete the following information:

Name of Child – List one only (PRINT CLEARLY)		Birthdate	Sex		Hours in care		Enrollment Date
Last	First		M	F	IN	OUT	
			☐	☐			

☑ DAYS IN ATTENDANCE: M ☐ T ☐ W ☐ TH ☐ F ☐ SA ☐ SU ☐

☑ MEALS TO BE SERVED: Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐

If I need to be contacted by phone to update and/or verify this information, I would prefer being called:

______at home, or ______ at work. Time:______

PART II – PARENT/GUARDIAN CERTIFICATION

All children in attendance will be offered the same meals at no separate charge with no physical segregation or other discrimination because of race, color, national origin, age, gender, religion, disability, or political beliefs. If you believe you have been treated unfairly, write immediately to: Administrator, Food and Nutrition Services, 3101 Park Center Drive, Alexandria, VA 22302

Parent/Guardian Name (PRINT CLEARLY)	Date	Home Telephone #	Work Telephone #

Address Street	City	State	Zip

Parent Signature

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. If you decline to provide this information, it will in no way affect your children's eligibility to participate. This information is being collected only to assure each child receives CCFP on a fair basis.

☐ American Indian Alaska Native	☐ Asian or Pacific Islander	☐ Black-not of Hispanic Origin	☐ Hispanic	☐ White-not of Hispanic Origin

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME		DOES FATHER LIVE IN HOME WITH CHILD?
MOTHER'S NAME		DOES MOTHER 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

PARENT NOTIFICATION

ADDITIONAL CHILDREN IN CARE

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

☐ I am licensed as a Small Family Child Care Home and may provide care for a maximum of 8 children when one child is enrolled in and attending 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, may provide care for a maximum of 14 children when one child is enrolled in and attending 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

I acknowledge receipt of the notification that this Family Child Care Home will/may be providing care to 8 or 14 children.

______________________________ ________________
(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE) (DATE)

____
(CHILD'S NAME)

Maintain this signed receipt in each child's file.

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 (12/06) (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

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)

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 NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
MOTHER'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 OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

Tiny Hands Tiny Feet Daycare/Preschool

PERMISSION TO PHOTOGRAPH

____I/We hereby give permission to Melissa Alvarado/Tiny Hands Tiny Feet Daycare Preschool to photograph my/our child.

____I/We do not want my/our child photographed.

____I/We hereby give permission for Melissa Alvarado/Tiny Hands Tiny Feet Daycare/Preschool to use my/our child's photograph on the Tiny Hands Tiny Feet Daycare website and/or any flyers, newsletters, brochures, or any other publication relative to Tiny Hands Tiny Feet Daycare/Preschool.

____I/We do not want my/our child to be included on the website, flyers, newsletters, brochures, and/or any other publication relative to Tiny Hands Tiny Feet Daycare/Preschool.

Child's Name________________

Parent Signature_________________________

Date____________