

# A Typical Day



## Time



## Activity



## Goal

8:00 - 9:00

A.M. Greetings, arrival, health check, inside play, (puzzles, books, dramatic play)

Self-esteem, social development  
responsibility, discovery, exploration

9:00 - 10:00

Bilingual, circle time, story time, (names colors, letters, number recognition)  
arts & crafts time

Cognitive development, language  
development, math & science concepts,  
listening, responding, small muscle  
development & creativity

10:00 - 10:15

Wash hands, snack & Group time, potty time

Nutrition, manners, social development.

10:15 - 11:30

Indoor Play, directed play, puzzles,  
games, music, dance

Responsibility, large muscle development  
sensory development, self control

11:30 - 12:00

Wash hands , lunch

Nutrition, family dining & manners

1:00 - 3:00

Potty, nap time

Resting, body + brain refreshing recharge.

3:00

Snack time

Nutrition, group time, socialization,  
self help skills

3:00 - 4:30

Free choice

Creativity, emotional development,  
self expression

4:30 - 5:00

Wash hands, potty time, perparation for  
departure

Physical growth, independence  
self expression





## **Policy and Procedures**

### **Requirements:**

Before your child may enter the daycare, he/she must be walking and in good health. The following forms must be fully complete for enrollment:

1. Identification and Emergency Information
2. Child's Preadmission Health History - Parents' Report
3. Physician's Report - *to be completed by physician*
4. Immunization Records
5. Consent for Emergency Medical Treatment
6. Parents' Rights
7. Personal Rights
8. Affidavit Regarding Liability Insurance
9. Nebulizer Care Consent/Verification (*if necessary*)
10. Acknowledgement of Receipt of Licensing Reports
11. Permission to Photograph

Please let the daycare provider know of any changes in information.

### **Pick up and drop off:**

The only persons allowed to pick up your child are those listed on the identification and emergency form. If a parent wishes for someone else to pick up their child, they must write down all the required information on the facility's pick up authorization in advance. Whoever is allowed to pick up their child must present a valid driver's license or I.D.

### **Injuries (minor):**

Minor cuts, scrapes, and bruises are inevitable when children play. If your child should get hurt, the daycare provider will communicate with you and will send a picture.

### **Medication:**

Medication can be administered by the daycare provider once permission from the parents has been granted. Please fill out the medication sheet if your child needs medication.

### **Toys from home:**

Children are allowed to bring one toy from home every Friday for share day. Please make sure that the toy has your child's name written on it. A keepsake or expensive toy would not be a good idea, as the daycare will not be responsible for it.

### **Naptime:**

Children will be taking a nap every day. Please provide a small blanket, a small pillow, and a stuffed animal for your child (if they sleep with one). All these items can be packed into a standard size pillow case with your child's name on it. Beddings will be sent home every Friday for washing.

**Clothing:**

Please dress your child comfortably. Expect your child to come home messy! Please provide a set or two of extra clothes that will be kept in your child's cubby. Please label all clothing with your child's name on the tag if possible.

**Diapers:**

Parents must provide diapers and wipes.

**Holidays:**

We are closed on the following holidays:

New Year's Eve and New Year's Day  
Martin Luther King Jr Day  
Presidents Day  
Easter Monday  
Memorial Day  
4th of July  
Juneteenth  
Labor Day  
Indigenous People's Day  
Halloween day: close at 3:00pm  
Thanksgiving Thursday and Friday  
Christmas: December 24-26

If any holiday falls on the weekend we will be closed the same day as the federal government. No credits in tuition or make-up days are available for regular scheduled holidays.

**Vacation:**

If you plan to vacation, half tuition is required during this period to save your child's space. Please notify your daycare provider at least one week in advance before your vacation. If extended vacations are taken, the student may re-enroll based upon availability.

**Daycare provider vacation:**

Ruiz Family Child Care closes for one week during the summertime for vacation. This usually takes place the last week of July.

**Communication:**

An open communication between parents and the daycare provider is very important. Parents will be informed of the latest announcements concerning the daycare facility through notices posted on the parent bulletin board and social media. Your daycare provider will let you know how your child's day was. If you have any questions or concerns about your child's growth and development, please let your provider know.



**Emergency:**

In case there is any type of urgent medical accident, we are required to call 911. Parents will be responsible for the costs.

**Sick Children:**

If your child is ill, please do not bring them to school. It poses the hazards of infecting other children. The following criteria will be used to determine whether your child is too ill to attend the family daycare:

1. Oral temperature of 100 degrees or greater.
2. Vomiting (2 or more episodes within 24 hours).
3. Unidentified rash or severe itching.

## **Parent's Manual**

Ruiz Family Child Care policies and information are printed in this manual. This manual is given to each family upon enrollment. If you have any questions or concerns, please don't hesitate to ask.

### **Your Child's Work**

Please check your child's creative and academic work every day. Their work represents a very serious effort on their part. They get very excited when completing a task and want to share it with you. All notes and work are in the parent's mail slots.

### **Absence policy for monthly payments**

A reasonable amount of time for absences is considered when determining the tuition rate. Because of fixed costs, no credit can be allowed for absences due to illness.

### **Absences due to illness for weekly payment**

A reasonable amount of time for illness is considered when determining the tuition rates and no adjustments can be made on absence(s) for the first week. If, however, your child should be absent for more than a week due to an extended illness, no tuition charge is made for the second week and consecutive weeks with a valid physician's report.

### **Withdrawal from Ruiz Family Child Care**

If you wish to terminate your child's enrollment, you must give two weeks notice or pay two weeks tuition in lieu of notice..

If your child is absent for more than two weeks without notifying the school, we will assume that you have dropped-out of the program and offer your child's place to another family on the waiting list. This means that we may not be able to guarantee a space for your child if you wish to return. If you choose to return and owe a balance, you must pay any unpaid balances and a registration fee before your child may return to school.



Cell # Mother \_\_\_\_\_

Cell # Father \_\_\_\_\_

E-Mail 1 \_\_\_\_\_

E-Mail 2 \_\_\_\_\_

**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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BIRTHDATE
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					HOME TELEPHONE ( )
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					HOME TELEPHONE ( )
LAST NAME					MIDDLE
FIRST					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 \_\_\_\_\_



**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
MOTHER'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*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<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

FOOD DISLIKES?		ANY EATING PROBLEMS?	
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*	

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



# 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. to \_\_\_\_\_ p.m., \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

### SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- \_\_\_\_ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner



## CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Ruiz Family Child Care  
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

NAME

. THIS CARE MAY BE GIVEN UNDER

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )



## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

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

Licensing Office Name: Los Angeles Child Care East Office  
 Licensing Office Address: 1000 Corporate Center Dr., Ste. 200B, Monterey Park, CA  
 Licensing Office Telephone #: (323) 981- 3350

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](http://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](http://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:

Department of Social Services

NAME

Community Care Licensing Division L.A. Child Care East

ADDRESS

1000 Corporate Center Drive, Suite 200-B

CITY

Monterey Park, CA

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)

Rviz Family Child Care

(PRINT THE ADDRESS OF THE FACILITY)

1430 Lucile Ave LA, CA 90026

(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, 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://ccl.dss.cahwnet.gov/RegionalOf\\_1829.htm](http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm)



**AFFIDAVIT REGARDING LIABILITY INSURANCE  
FOR FAMILY CHILD CARE HOME****SECTION A:**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Child's Name)

acknowledge that Erika Ruiz \_\_\_\_\_,  
(Licensee's Name)

the licensee of Ruiz Family Child Care #198021165 \_\_\_\_\_,  
(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.



**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



**ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS**

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I, as the parent/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at \_\_\_\_\_ 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: \_\_\_\_\_

- ☐ 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: \_\_\_\_\_



### **Permission to Photograph and Social Media**

*Ruiz Family Child Care uses instagram (@ruizfamilychildcare) to post videos and pictures of students throughout the day for updates, and communicate with parents. If you do not want your child to be posted on social media, let us know and that is not a problem. If you have any other questions or concerns please don't hesitate to ask.*

The facility has my permission to take pictures of my child for arts and crafts, and for posting on social media including instagram and facebook.

My Child:

DOB:

Parental Signature:

Date: