

CHILD CARE CENTER OPERATIONS & RECORD KEEPING ORIENTATION

*Community Care Licensing
Regional Office Address (insert here)
Regional Office Phone/Fax Number
(insert here)*



Welcome & Opening

- **Introductions**
- **Emergency Exits**
- **Housekeeping Items**
- **Breaks**



Orientation Overview



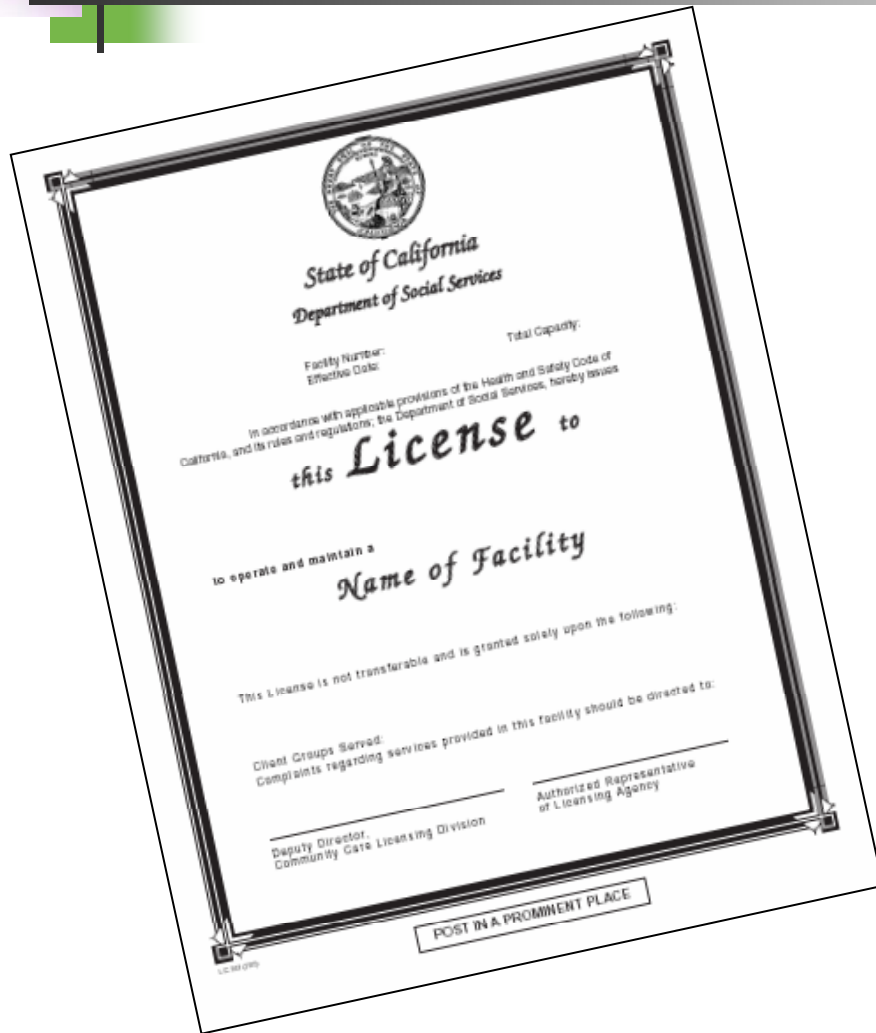
- **Required for all applicants and directors**
- **Review day to day operations of the facility**
- **Review forms**
- **Review criminal record clearances**

Licensee Accountability



- **Care & Supervision of the children**
 - **Visual supervision at all times**
- **Licensee is responsible for the overall operation and maintenance of facility**

Limitations of the License



Operate the facility within the terms and conditions of the License (age; Capacity; ambulatory status) at all times

Inspection Authority

Licensing Agency has the authority to:

- **Inspect facilities that provide care and supervision**
- **Interview Children**
- **Interview Staff**
- **Review Records**



Types of Licensing Visits

- Prelicensing
- Random Visits
- Complaint
 - Within 10 days of receipt
- Plan of Correction
- Case Management



Evaluation Process

Once licensed, the facility:

- **Must be in compliance**
 - **If violations of laws or regulations are found, citations are issued.**
 - **Plans of correction are developed**
 - **Civil penalties may be assessed**



Complaint Investigations

- **Complaint findings:**
 - **Substantiated**
 - **Inconclusive**
 - **Unfounded**
- **Special Investigators**



Violation Types



- **Type A violations – Direct and immediate risk to the health, safety or personal rights of children**
- **Type B violations – Potential risk to the health, safety or personal rights of children**



Posting Notices of Deficiencies

- **The licensee must post for 30 days**
 - Any Facility Evaluation Report (LIC 809) when there is a **Type A deficiency**
 - The LIC 809 documenting a completed plan of correction
 - Any Complaint Investigation Report (LIC 9099) documenting findings of a substantiated complaint for a **Type A violation**
- **The licensee may**
 - Post the Proof of Correction(s), LIC 9098

Civil Penalties



- **Unlicensed operation (\$200 per day)**
- **Lack of criminal record clearances (\$100 per day up to 30 days)**
- **No facility association–transfer request (\$100 up to 30 days)**
- **Failure to meet Plan of Correction date (\$50 per day)**
- **Progressive penalties (immediate \$150 + up to \$150 per day)**
- **Failure to post a Notice of Site Visit (\$100)**
- **Failure to post Type A violations (\$100)**
- **Failure to post verification of correction of Type A violations (\$100)**
- **Violations which result in injury, illness or death (immediate \$150 per day)**

Fees

- **Application fees**
- **Annual fees**
- **Change of location (50% of the application fee)**
- **Change in capacity (\$25)**
- **Late annual fees (additional 50% of the annual fee)**
- **Probationary facilities pay increased fees**





Program Types

- **Infant Program: Birth to 24 months**
 - **Toddler Option: 18-30 months**
- **Preschool Program: 2 years to entry into 1st Grade**
 - **Toddler Option: 18-30 months**
- **School Age Program: Enrolled in Kindergarten or above**
 - **Minimum age is 4 years 9 months**
- **Mildly III Program**

Each program must be physically separate

Preschool Teacher Qualifications

- **12 core semester units**
 - **Child Development**
 - **Child, Family & Community**
 - **Curriculum (age appropriate)**

- **6 months experience working in a Child Care Center**
 - **Minimum 3 hours per day for 50 days in 6 months**

Alternatives

- **Child Development Associate Credential with appropriate age endorsement & 6 months experience**

- **Child Development Associate Teacher Permit/Teacher Permit/Master Teacher Permit**

www.ctc.ca.gov



Teacher Qualifications Cont.

■ Infant Teacher

- **12 core semester units**
 - **3 semester units related to infant care**
- **6 months experience in a Child Care Center with children under age 5 years**

■ School Age Teacher

- **Meets preschool teacher requirements**
- **Can substitute certain other college units and experience with older children**



Qualifications Cont.

■ **Partially Qualified Teacher**

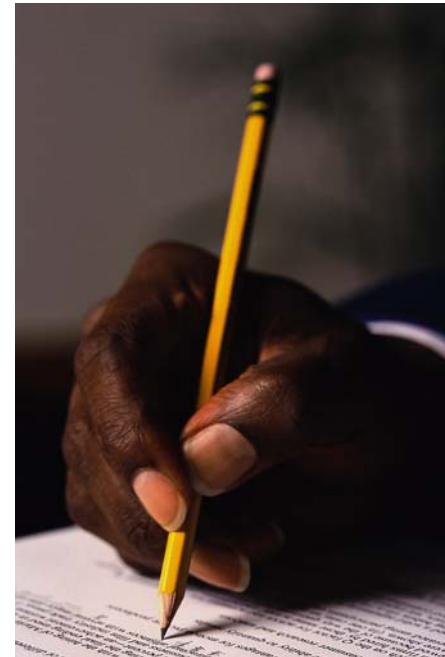
- **6 completed semester units of early childhood education and**
- **Enrolled in at least 2 semester units at a college until fully qualified**

■ **Partially Qualified Infant Teacher**

- **3 completed semester units of early childhood education and**
- **3 completed semester units of infant care and**
- **Enrolled in at least 2 semester units at a college until fully qualified**

Qualifications Cont.

- **Partially Qualified Infant Teacher**
 - **3 completed semester units of early childhood education and**
 - **3 completed semester units of infant care and**
 - **Enrolled in at least 2 semester units at a college until fully qualified**



Qualifications Cont.



■ Aide

- No units required
- 18 years, High School Graduate or enrolled in a ROP at an accredited High School

Preschool Director Qualifications

- 12 core semester units
- 3 semester units in Administration or Staff Relations
- 4 years teaching experience in a supervised group Child Care Center

Alternatives

- AA degree in child development, 3 units
Administration & 2 years teaching experience
- BA degree in child development, 3 units
Administration & 1 year teaching experience
- Child Development Site Supervisor Permit or Program Director Permit

www.ctc.ca.gov



Director Qualifications Cont.

■ Infant Director

- 12 core semester units
 - 3 semester units in Infant Care
- 3 semester units in Administration
- 4 years teaching experience with children under age 5 years

■ School Age Director

- Meets the preschool director's requirements
- Substitute certain alternative coursework and experience

Staff — Infant Ratios

- 1 teacher : 4 infants
- 1 fully qualified teacher and 2 aides : 12 infants
- Aides must work under the direct supervision of a fully qualified teacher



Staff — Toddler Option Ratios



- **1 teacher : 6 toddlers**
- **1 fully qualified teacher and 1 aide : 12 toddlers**

Staff — Preschool Ratios

- 1 teacher : 12 children,
or
- 1 teacher and 1 aide : 15
children, or
- 1 fully qualified teacher
and 1 aide (with 6
semester units) : 18
children



Staff — School Age Ratios



- **1 teacher : 14 children**
- **1 teacher and 1 aide : 28 children**

Napping Ratios

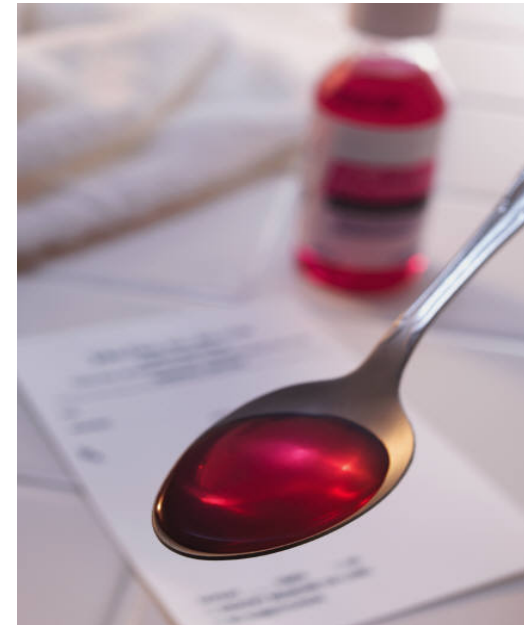
- **Preschool Program**
 - 1 teacher or 1 aide : 24 napping children
- **Infant Program**
 - 1 teacher or 1 aide : 12 napping children

Other teachers/aides must be on site to meet the overall ratio when children are awake



Health Related Services

- Report injuries or illness to parents
- Make prompt arrangements for emergency medical treatment
- Properly store, log, and handle all medications
- Maintain first aid supplies



- Provide isolation area and bathroom for sick child

Food Service

- **Maintain current menus**
 - **Post 1 week in advance**
 - **Retain for 30 days**
- **Provide sufficient food**
- **Protect foods from contamination, pests, toxins, cleansers, etc.**
- **Ensure food preparation areas include hot & cold running water, refrigeration, and food storage**



Sign In & Sign Out

- **Child must be signed in or out each time he/she arrives and departs the center**
- **Full legal signature required of responsible person**
- **Available for review for 30 days**



Indoor Space



- Facility must be clean, safe, sanitary and in good repair
- Hazardous materials must be inaccessible
- Storage areas for poisons must be locked
- Drinking water available in each classroom

Outdoor Space

- **Drinking water readily available**
- **Cushioning material under and around play equipment**
- **Shaded rest area**
- **4 foot fence around playground perimeter**
- **Separation of programs**



Fixtures, Furniture, Equipment & Supplies

- Comfortable temperature
- Adequate lighting
- Appropriate storage and disposal of solid waste
 - Trash cans with tight-fitting lids
- Sufficient and varied age appropriate toys and equipment
- No blocked exits



Activities & Napping

- Quiet and active play provided
- Opportunity provided to nap or rest
 - Cots or mats (3/4" thick) provided
 - Sufficient walk space between cots or mats
 - Clean sheets and blankets
 - Bedding stored individually



Requirements for Infant Programs

- For children under 24 months of age
- All infants shall be under visual supervision and observation at all times



Infant Needs & Services Plan

- **Develop with parent prior to attendance**
- **Include instructions on feeding, toilet-training and any special needs or allergies**
- **Sign and update at least quarterly or as often as needed**



Infant Food Service

- **Infants held during feeding if unable to sit unassisted**
- **No propped bottles**
- **Separate food preparation and diapering area**
- **Formulas & food properly stored and prepared**
- **Bottles and food containers labeled with child's name and current date**
- **Bottles and nipples sterilized**



Infant Care Personal Services

- Infant kept clean and dry at all times
- Soiled clothing and diapers placed in airtight container
- Changing table and pad disinfected after each use



Infant Care General Sanitation



- **Caregiver washes hands**
 - **Before feeding**
 - **After diapering**
 - **Liquid or powdered soap**
 - **Disposable paper towels**
- **Floors cleaned daily**
- **Toys and bedding washed and sanitized daily**



Infant Equipment and Supplies

- **Baby walkers and bouncers prohibited**
- **Changing table:**
 - **Within arms reach of a sink**
 - **Washable padded surface at least 1” thick**
 - **Raised sides at least 3” high**
 - **Cleaned and disinfected properly after every use**

Items not permitted in licensed Child Care Facilities:



Infant Bouncers



Baby walkers



Johnny Jumpers

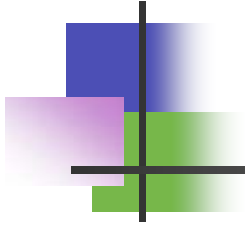


Saucer chairs

Infant Napping Equipment & Area

- **Separate crib area required**
 - 4-foot tall partition between crib area and activity space
- **Napping equipment for each infant**
 - **Cribs for children not able to climb out**
 - Vinyl or washable mattress cover
 - **Mats or cots for older infants**





Break Time!

Mandated Reporter

- Licensees and employees must complete and retain a required reporting form
- Report suspected child abuse incidents promptly to:
 - Child Abuse Hotline
 - Law Enforcement
 - Licensing Agency



Other Reporting Requirements



- **Director Changes**
 - **Notify Licensing with required paperwork within 10 days**
- **Structural or Physical Changes**

Unusual Incident Reporting Requirements

- **Licensee/Director must report:**
 - **Injury requiring medical attention**
 - **Unusual incident, such as a child missing for any reason, explosions, fire, etc.**
 - **Death of a child for any reason**
 - **Epidemics**

- **Contact Regional Office within 1 business day and submit a written report within 7 days**

Unusual Incident Report (LIC 624)

STATE OF DELAWARE, HEALTH SERVICES SERVICES DIVISION
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS: NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY. SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE. RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY: _____ HEALTH PLAN/INSURER: _____ SUPERVISOR/STAFF: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

TYPE OF INCIDENT

<input type="checkbox"/> Unsubstantiated Absence	<input type="checkbox"/> Alleged Client Abuse	<input type="checkbox"/> Rape	<input type="checkbox"/> Injury-Accident	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Aggressive Act/Self	<input type="checkbox"/> Sexual	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Injury-Unknown	<input type="checkbox"/> Other Sexual Incident
<input type="checkbox"/> Aggressive Act/Another Client	<input type="checkbox"/> Physical	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Injury-Unknown-Other Client	<input type="checkbox"/> Theft
<input type="checkbox"/> Aggressive Act/Staff	<input type="checkbox"/> Psychological	<input type="checkbox"/> Other	<input type="checkbox"/> Seizure/Seizure episode	<input type="checkbox"/> Fire
<input type="checkbox"/> Aggressive Act/Family/Visitors	<input type="checkbox"/> Financial	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Fire	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Alleged Violation of Rights	<input type="checkbox"/> Neglect	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Other (explain): _____	

DESCRIBE NATURE OF INCIDENT (PLACE DATE, TIME, LOCATION, PERSONNEL INVOLVED, NATURE OF INCIDENT, AND HOW CLIENTS WERE AFFECTED), INCLUDING ANY ACTIONS.

LIC 624 (REV. 10/99) **OVER**

MEDICAL TREATMENT NECESSARY? YES NO IF YES, GIVE NATURE OF TREATMENT: _____

TREATMENT PROVIDED: _____ ADMINISTERED BY: _____
 FOLLOW UP TREATMENT, IF ANY: _____

NOTICE TO LICENSING AGENCY BY FORM OR TELEPHONE: _____

NAME OF ATTENDING PHYSICIAN: _____

REPORT SUBMITTED BY:	NAME AND TITLE:	DATE:
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE:	DATE:

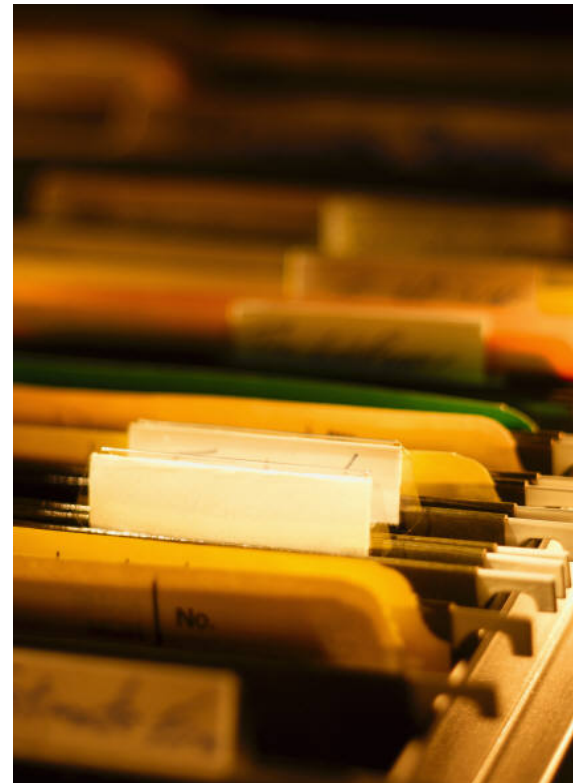
AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

<input type="checkbox"/> LICENSING _____	<input type="checkbox"/> ADULT/CHILD PROTECTIVE SERVICES _____
<input type="checkbox"/> LONG TERM CARE OMBUDSMAN _____	<input type="checkbox"/> PARENT/GUARDIAN/CONSERVATOR _____
<input type="checkbox"/> LAW ENFORCEMENT _____	<input type="checkbox"/> PLACEMENT AGENCY _____

Front Back

Personnel Records

- **Readily available for review by Licensing**
- **Maintain complete and current records**
- **Keep records for 3 years after termination**



Personnel Records Required for All Staff

- **Personnel Record (LIC 501)**
- **Health Screening Report (LIC 503)**
- **Criminal Record Statement (LIC 508)**
- **Notice of Employee Rights (LIC 9052)**
- **Reporting requirements for suspected child abuse (LIC 9108)**
- **Criminal record clearance information**
- **Transcripts & letters of experience**
- **15 Hours of Health & Safety Training**
- **Appropriate driver's license for person(s), transporting children**

Health Screening Report (LIC 503)

Within 1 year prior to
initial hire

Negative TB test
or chest x-ray

Performed and signed
by qualified physician
or physician's
representative

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

HEALTH SCREENING REPORT - FACILITY PERSONNEL

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

A health screening, by or under the direction of a physician must have been performed not more than one year prior to employment or within seven (7) days after employment.

FACILITY NAME: _____
FACILITY ADDRESS: _____

PERSON'S NAME: _____ TITLE: _____

POSITION TITLE: _____ TYPE OF FACILITY: _____ WORK DAYS PER WEEK: _____ WORK HOURS PER DAY: _____

DUTY STATEMENT: _____

TYPES OF PERSONS SERVED (Check appropriate items)

Infants Adults Developmentally Disabled Physically Handicapped
 Children Elderly Mentally Disordered Drug/Alcohol Addiction
 Other (specify): _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT, LICENSEE OR EMPLOYEE: _____ ADDRESS: _____ DATE: _____

NOTE TO PHYSICIAN: Personnel in Residential Care Facilities for the Elderly, Community Care or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.

INDICATION OF GENERAL HEALTH: _____

INDICATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE DUTY STATEMENT: _____

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL: _____

DATE OF THE TEST: _____ POSITIVE _____ NEGATIVE _____ (CHECK ONE)

DATE OF HEALTH SCREENING: _____ NAME OF PHYSICIAN/PHYSICIAN'S NAME: _____ DATE: _____

HEALTH SCREENING BY (ORIGINAL SIGNATURE): _____ TELEPHONE # _____ DATE: _____

DC 100 (06/05) (09/06) (P) (REVISED)

Notice of Employee Rights (LIC 9052)

Top portion given to employee

Retain signed acknowledgement of receipt in employee's file

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE EMPLOYEE RIGHTS

Instructions:

This form is intended to meet the requirements of Health and Safety Code Sections 1596.881 and 1596.882 which require that employees be informed of their rights, at the time of employment, to filing complaints against their employer for violating any licensing law or regulation. The child care facility licensee is required to give the employee this form, to have the employee complete and detach the bottom of the form, and to maintain the signed acknowledgement of receipt of the form in the employee's file.

No employer shall discharge, demote, suspend or threaten to discharge, demote or suspend, or in any manner discriminate against any employee for taking any of the following actions:

1. Making an oral or written complaint against the employer to the California Department of Social Services or other agency having statutory responsibility for enforcement of the law or to the employer or representative of the employer for the violation of any licensing law or other laws (including but not limited to laws relating to child abuse, staff-child ratios, etc.).
2. Instituting or causing to be instituted any proceeding against the employer regarding the violation of any licensing law or other laws.
3. Is, or will be, a witness or testifier in a proceeding regarding the violation of any licensing law or other law.
4. Refusing to perform work that is in violation of a licensing law or regulation after notifying the employer of the violation.

Pursuant to Health and Safety Code Section 1596.882, an employee alleging the violation by the employer of any action described above shall do the following:

1. Present the employer with a claim alleging violation of the employee's rights within 45 days after the discharge, demotion, suspension or threat thereof or for discriminating against the employee for taking such action.
2. File a claim with the Division of Labor Standards Enforcement no later than 90 days after the employer takes any of the above described actions against the employee.

Upon receipt of the employee's complaint, the Division of Labor Standards Enforcement shall do whatever investigation it deems appropriate to resolve the complaint. If it is determined that the employer has violated the employee's rights, the Division of Labor Standards Enforcement shall take action against the employer in any appropriate court. The court shall have jurisdiction of any action taken as well as to issue restraining orders and any other appropriate relief, including rehiring and reinstatement of the employee to his or her former position with backpay and benefits.

Within 30 days of receipt of a complaint from an employee as outlined above, the Division of Labor Standards Enforcement shall review the facts of the complaint and set either a hearing date or notify the employee and the employer of its decision. Where necessary, the Division of Labor Standards Enforcement shall begin the appropriate court action to enforce the decision.

Except for any grievance procedure or arbitration or hearing that is available to the employee pursuant to a collective bargaining agreement, Section 1596.882 is the exclusive means for presenting claims.

To file a claim with the Division of Labor Standards Enforcement, check the white pages of the local telephone directory under State Government Offices, California State of, Industrial relations Department, Labor Standards Enforcement-Working Conditions, for the local telephone number and address of the nearest office, or contact the headquarters office at P.O. Box 603, San Francisco, CA 94101, telephone (415) 703-4810.

(Detach Here)

(This form is to be retained in the employee's file)

EMPLOYEE RIGHTS

This is to acknowledge that I _____ (PLEASE PRINT NAME OF EMPLOYEE) have received a copy of "EMPLOYEE RIGHTS" from my employer _____ (PLEASE PRINT NAME OF EMPLOYER), who is the _____ (PLEASE PRINT NAME OF FACILITY) or authorized representative of _____ (PLEASE PRINT NAME OF FACILITY)

(SIGNATURE OF EMPLOYEE)

(DATE)

LIC 9052 (01/00)

Criminal Record Statement (LIC 508)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California? YES NO

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney handled for you);
4. You had no jail time, the sentence was only fines or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

LIC508 (1/02) REQUIRED FORM - NO CHANGE PERMITTED

I. Instructions to Respondents:

If you have been convicted of a crime in California or from another state or in federal court, provide the following information:

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed)

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (PL 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

Statement Acknowledging Requirement to Report Suspected Child Abuse

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME _____

POSITION _____

FACILITY NUMBER _____

California law REQUIRES certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, YOU are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observed a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

LIC 9108 (3/05)

PAGE 1 OF 2

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9] The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail, a fine of \$1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

SIGNATURE _____

DATE _____

(LIC 9108)

LIC 9108 (3/05)

PAGE 2 OF 2

Personnel Report

PERSONNEL REPORT

INSTRUCTIONS: *This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensee if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.*

NAME OF FACILITY	FACILITY TYPE	FACILITY NUMBER
PREPARED BY	DATE	

A. STAFF SUBJECT TO CRIMINAL BACKGROUND CHECK REQUIREMENTS: The following staff members are subject to a criminal background check pursuant to Sections 1522, 1568.09, 1569.17 and 1596.671 of the Health and Safety Code. A California background clearance or a criminal record exemption shall be obtained prior to employment, residence or initial presence in the facility.

NAME	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY			SPECIFY DAYS AND HOURS ON DUTY			SPECIFY DAYS AND HOURS ON DUTY		
			DAYS	FROM	TO	DAYS	FROM	TO	DAYS	FROM	TO
Licensee/Administrator											

Front

(LIC 500)

Personnel Report Cont.

B. STAFF EXEMPT FROM CRIMINAL BACKGROUND CHECK REQUIREMENTS: The following are believed exempt from criminal background check requirements pursuant to Sections 1522, 1568.09, 1569.17 and 1596.871 of the Health and Safety Code. The licensee or designated representative shall sign below to verify that he or she believes the indicated persons are exempt from criminal background check requirements pursuant to statute.

Signature _____ Date _____

NAME	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY			SPECIFY DAYS AND HOURS ON DUTY			SPECIFY DAYS AND HOURS ON DUTY		
			DAYS	FROM	TO	DAYS	FROM	TO	DAYS	FROM	TO

Back

(LIC 500)

Criminal Record Clearances



- All employees must submit fingerprints for DOJ, FBI & CAIC prior to work
- Livescan method used
- DOJ clearance obtained prior to contact with children
- Any prior criminal history will require additional review by the Department



Criminal Record Clearance Transfer Process

- **Verify all existing criminal record clearances with Regional Office**
- **Submit all transfer requests with photo I. D. to the Regional Office prior to employment**
 - **CAIC may need to be updated if cleared prior to January 1, 1999**
- **Exemptions transferred directly through CBCB and completed prior to employment**

Criminal Record Exemptions

- **Criminal record exemptions may be granted by the Department**
 - **Many crimes are not exemptible**
- **Exemption process is lengthy**
- **Granted criminal record exemptions are public information**





Civil Penalties for Criminal Record Clearances

- **An immediate civil penalty will be charged:**
 - **For fingerprints not submitted prior to presence at the facility**
 - **For lack of DOJ clearance or CDSS Exemption**
 - **For clearances not associated with the Center**

*The civil penalty may range from
\$100 to \$3000 per person*

Request for Livescan Service (LIC 9163)

ORI# is:
CCLD A0448

Enter facility number

Complete form prior
to calling Livescan
Service for an
appointment

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
REQUEST FOR LIVE SCAN SERVICE		ORIGINAL - Live Scan Operator	
Applicant Submission		COPY - Applicant	
1. ORI: (Check <input checked="" type="checkbox"/> one) Code assigned by DOJ			
		<input type="checkbox"/> CCLD A0448	<input type="checkbox"/> Trustline A1157
2. Type of Appointment: (Check <input checked="" type="checkbox"/> one)			
		<input type="checkbox"/> Employment	<input type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer
3. Job Title or Type of License, Certification or Permit:			
4. Agency Address Set Contributing Agency:			
CA Dept of Social Services		03502	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
744	"P" Street	This is not a Live Scan Site. Call 1-800-315-4507.	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
Sacramento,	CA	95814	() N/A
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: (Please print) _____			
LAST	FIRST	MI	
AKA's: _____			
LAST	FIRST	CDL No. _____	
DOB: _____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <u> BIL </u> _____
		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____		WT: _____	Misc. No.: _____
		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID:	
EYE Color: _____		HAIR Color: _____	
Home Address: (All applicants must complete)			
POB: _____			
STREET OR PO BOX			
OC: _____			
CITY, STATE AND ZIP CODE			
6. Facility Number: _____			
		Level of Service <input type="checkbox"/> DOJ <input type="checkbox"/> FBI	
If resubmission (select R2), list Original ATI No. _____			
7. NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
Employer Name _____			
Street No. _____		Street or PO Box _____	
		Mail Code (five digit code assigned by DOJ)	
City _____	State _____	Zip Code _____	Agency Telephone No. (Optional) _____
8.			
Live Scan Transaction Completed By: _____			
		Name of Operator _____	
		Date _____	
Transmitting Agency _____		LSID# _____	ATI No. _____
		Amount Collected/Billed _____	

Criminal Background Transfer Request (LIC 9182)

Submit with photo I. D. prior to initial contact with children

Signature of Licensee Representative

PLEASE TYPE OR PRINT LEGIBLY		DATE:
CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST		
Active criminal record clearances may be transferred from one state licensed facility to another by a license applicant or licensee. Clearances cannot be transferred from a state licensed facility to a county licensed facility, or from county to state. The transfer request must be submitted to the Department before the individual who is the subject of the transfer has client contact or the facility will be in violation of the law and subject to a \$100 civil penalty.		
The license applicant or licensee who is seeking the transfer must verify the individual's identity and include a copy of the person's driver's license or a valid photo identification issued by the California Department of Motor Vehicles or by another state or the United States government if the person is not a California resident. Additionally, a Child Abuse Central Index (CACI) check must be submitted if the transfer is to a facility serving children and the individual has not previously submitted a CACI check or the date of the previous CACI inquiry was made prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee. <i>Note: This transfer request is for clearances only. Contact your licensing office for information about exemption transfers.</i>		
PLEASE TRANSFER THE CRIMINAL RECORD CLEARANCE FOR THE FOLLOWING INDIVIDUAL:		
LAST NAME	FIRST NAME	MIDDLE INITIAL
CA DRIVER'S LICENSE #/OR ID #:	DOB:	
LICENSING INFORMATION SYSTEM ID#:	SSN: (OPTIONAL)	
FROM THE FOLLOWING FACILITY:		
NAME OF FACILITY:		FACILITY NUMBER:
STREET ADDRESS:		
CITY	STATE	ZIP CODE:
TO THE FOLLOWING FACILITY: <input type="checkbox"/> PLEASE ALSO KEEP THIS INDIVIDUAL ASSOCIATED WITH ABOVE FACILITY.		
NAME OF FACILITY:	Transferee Association Type	
FACILITY NUMBER:	DATE OF EMPLOYMENT:	<input type="checkbox"/> Facility Administrator
STREET ADDRESS:		<input type="checkbox"/> Corporation Board Member
CITY	STATE	ZIP CODE:
		<input type="checkbox"/> Employee
		<input type="checkbox"/> Certified Home
		<input type="checkbox"/> Licensee/Applicant
		<input type="checkbox"/> Non-client Adult Resident
		<input type="checkbox"/> Partnership Member
		<input type="checkbox"/> Spouse of Licensee
I certify I have verified the above individual's identity and have enclosed a copy of individual's photo I.D.		Title (licensee, administrator, director)
Signature		
FOR DISTRICT OFFICE USE ONLY		
DATE OF TRANSFER ENTRY:	INITIAL OF PERSON ENTERING TRANSFER:	
FILE IN NEWLY ASSOCIATED FACILITY FILE		

Criminal Record Exemption Transfer Request (LIC 9188)

- Submit with photo I. D. to Caregiver Background Check Bureau:
 - 744 P Street, M-S 19-62
Sacramento, CA 96814
Fax: (916) 274-6205

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION	
CRIMINAL RECORD EXEMPTION TRANSFER REQUEST			
<p>Active criminal record exemptions may be transferred from one state licensed facility to another by a license applicant or licensee. Exemptions cannot be transferred from a state licensed facility to a county licensed facility or from county to state. The transfer must be approved by the Department before the individual who is the subject of the transfer has client contact or the facility will be in violation of the law and subject to a \$100 civil penalty.</p> <p>The license applicant or licensee who is seeking the exemption transfer must verify the individual's identity and include a copy of the person's driver's license or a valid photo identification issued by the California Department of Motor Vehicles or by another state or the United States government if the person is not a California resident. Additionally, a Child Abuse Central Index (CACI) check must be submitted if the exemption transfer is to a facility serving children and the individual has not previously submitted a CACI check or the date of the previous CACI inquiry was prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee.</p>			
PLEASE TYPE OR PRINT LEGIBLY		DATE:	
PLEASE TRANSFER THE CRIMINAL RECORD EXEMPTION FOR:			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
CA DRIVER'S LICENSE # or ID #:			DOB:
LICENSING INFORMATION SYSTEM ID #:			SSN: (OPTIONAL)
FROM THE FOLLOWING FACILITY:			
NAME OF FACILITY:		FACILITY NUMBER:	
STREET ADDRESS:			
CITY		STATE	ZIP CODE
TO THE FOLLOWING FACILITY:			
NAME OF FACILITY:		Transferee Association Type	
FACILITY NUMBER:	DATE OF EMPLOYMENT:	<input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee	
STREET ADDRESS:		Title (licensee, administrator, director)	
CITY		STATE	ZIP CODE
Signature			
FOR DISTRICT OFFICE USE ONLY			
DATE OF EXEMPTION TRANSFER ENTRY:		INITIAL OF PERSON ENTERING TRANSFER:	
FILE IN NEWLY ASSOCIATED FACILITY FILE			
<small>LIC 9188 (9/03)</small>			

Trustline Criminal Background Transfer Request (TLR 3)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**TRUSTLINE TO COMMUNITY CARE LICENSING
CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST**

ATTN: CAREGIVER BACKGROUND CHECK BUREAU(CBCB)

A COPY OF ONE OF THE FOLLOWING IDENTIFICATION CARDS MUST BE SUBMITTED WITH THIS TRANSFER REQUEST:

- California Drivers License
- California I.D. Card
- Alien Registration Card or
- A numbered picture I.D. issued from a state other than California

PLEASE TYPE OR PRINT LEGIBLY DATE:

PLEASE ASSOCIATE THE FOLLOWING TRUSTLINE REGISTRANT:

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS: CITY STATE ZIP CODE:

CA DRIVER'S LICENSE #: DOB:

TRUSTLINE REGISTRANT ID#: SSN: (OPTIONAL)

TO THE FOLLOWING LICENSED FACILITY:

NAME OF FACILITY: FACILITY NUMBER:

STREET ADDRESS: CITY STATE ZIP CODE:

TRANSFEREE ASSOCIATION TYPE

Facility Administrator
 Corporation Board Member
 Employee
 Certified Home
 Licensee/Applicant
 Non-client Adult Resident
 Partnership member
 Spouse of Licensee

I declare under penalty of perjury that the information provided on this application is true and correct. I understand that any false statements may result in the denial or revocation of my license and/or TrustLine Registration.

SIGNATURE TITLE (APPLICANT, LICENSEE, ADMINISTRATOR, DIRECTOR)

FOR LICENSING USE ONLY

CII Cleared? YES NO
 FBI Cleared? YES NO
 CACI Cleared? YES NO

CBCB OR COUNTY EMPLOYEE SIGNATURE DATE

COUNTY LICENSING OFFICES CAN VERIFY THE STATUS OF TRUSTLINE REGISTRANTS BY CALLING.

(916) 274-6285

TLR 3 (8/01)

For individuals who have clearances through the Trustline Registry

Children's Records

- Readily available to Licensing
- Separate, complete and current for each child
- Kept confidential
- Current facility roster
- Maintained for 3 years after termination





Required Children's Records

- Personal Rights (LIC 613)
- Consent for Medical Treatment (LIC 627)
- Identification & Emergency Information (LIC 700)
- Child's Physician's Report (LIC 701) if not enrolled in a public or private elementary school
- Child's Preadmission Health History (LIC 702)
- Parents' Rights (LIC 995)
 - Caregiver Background Check Process (LIC 995E)
- Admission Agreement
- Needs & Services Plan for infants and special needs children

Personal Rights (LIC 613)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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): _____

LIC 613A (8/03)

Top portion provided to parent

Retain signed acknowledgement of receipt in child's file

Parents' Rights Notification (LIC 995) Background Check Process (LIC 995E)

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**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 with respect to any retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit or take your child from the child care center, provided you have shown a certified copy of your order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.
Licensing Office Name: _____
Licensing Office Address: _____
Licensing Office Telephone #: _____
7. Be informed by the licensee, on request, of the name and type of association to the child care center for any applicant who has been granted a criminal record exemption, and that the name of the person may 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 PPOSES A RISK TO CHILDREN IN CARE.

LIC 995 (8/02) (Detach Here - Give Upper Portion to Parents)

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

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

Name of Child Care Center

Signature (Parent/Authorized Representative) _____ Date _____

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

LIC 995 (8/02)

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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 ensure 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. 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, sex offense, kidnapping, crime of a child violence or molestation against children **cannot by law obtain an exemption to work or live in or 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 state 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 times there were, how long ago the crime happened and whether the person has been arrested for what they told us.

The person who needs an 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.ca.gov/RegionalOf_1829.htm

LIC 995 E (8/02)

Parents keep top portion of form
provide parents exemption process information

Identification & Emergency Information (LIC 700)

- Separate form for each child, including siblings
- Update form when child's emergency information changes

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: ()
TELEPHONE: LAST	NUMBER		FIRST	BUSINESS TELEPHONE: ()
HOME ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
				HOME TELEPHONE: ()
TELEPHONE: LAST	NUMBER		FIRST	BUSINESS TELEPHONE: ()
HOME ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
				HOME TELEPHONE: ()
TELEPHONE: LAST	NUMBER		FIRST	BUSINESS TELEPHONE: ()
HOME ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
				HOME TELEPHONE: ()
TELEPHONE: LAST	NUMBER		FIRST	BUSINESS TELEPHONE: ()
HOME ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
				HOME TELEPHONE: ()
TELEPHONE: LAST	NUMBER		FIRST	BUSINESS TELEPHONE: ()
HOME ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
				HOME TELEPHONE: ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN: NAME	ADDRESS	TELEPHONE: ()
DENTIST: NAME	ADDRESS	TELEPHONE: ()

IF PHYSICIAN/ DENTIST IS CALLED, WHAT ACTION SHOULD BE TAKEN?
 CALL LOCAL 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

THE CHILD WILL BE CALLED FOR: _____

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE: _____ DATE: _____

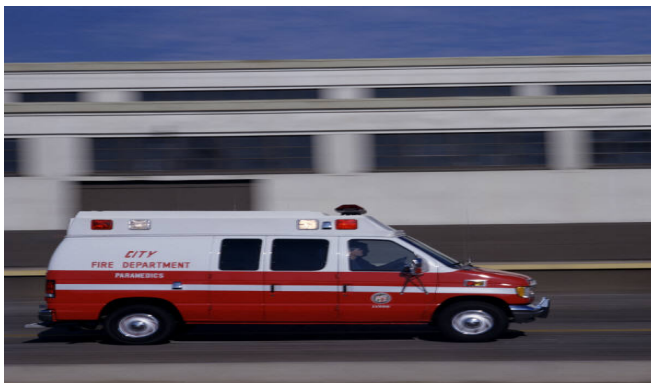
TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMINISTRATION: _____ DATE LEFT: _____

LIC 700 (04-2007) (04/03) (CONFIDENTIAL)

Consent for Medical Treatment (LIC 627)

- Allows staff to seek emergency medical treatment for the child
- Form should be readily available



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**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 PRESCRIBED BY A FULLY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR _____ 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: _____

TELE ADDRESS _____

TELE PHONE () _____ HOME PHONE () _____

LIC 627 (09/1) (CONFIDENTIAL)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**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 PRESCRIBED BY A FULLY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR _____ 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: _____

TELE ADDRESS _____

TELE PHONE () _____ HOME PHONE () _____

LIC 627 (09/1) (CONFIDENTIAL)

Physician's Report (LIC 701)

No older than 1 year from child's first day of admission

Immunizations must be current

TB risk screening

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____, is being studied for readiness to enter _____ (NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____: _____ (NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m., _____ days a week.

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

(SIGNATURE OF PARENT, GUARDIAN OR CHILD'S AUTHORIZED REPRESENTATIVE) (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 DIET/OTHER 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
POLO (DPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTaP (DIPHTHERIA, TETANUS AND ACCELLARANTOXINS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HEB (HEPATITIS B) (HAGBOPHILUS 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

LIC 701 (01/01) (02/02/04)

Child's Preadmission Health History (LIC 702)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSURE

CHILD'S PREAMMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME: _____ SEX: _____ BIRTH DATE: _____
 FATHER'S NAME: _____ DOES FATHER LIVE WITH/NEAR CHILD? _____
 MOTHER'S NAME: _____ DOES MOTHER LIVE WITH/NEAR CHILD? _____
 HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? _____ DATE OF LAST PHYSICAL OR DENTAL EXAMINATION: _____

DEVELOPMENTAL HISTORY (For infants and preschool-age children only)
 INDICATOR* _____ BEHAVIOR _____ RECEPTIVE LANGUAGE* _____ MONTHS _____ TOILET TRAINING STARTED AT* _____ MONTHS _____

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

ILLNESSES	DATES	ILLNESSES	DATES	ILLNESSES	DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Polio/myelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubella)	
<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 COLIC? YES NO NEURAMA IN LAST YEAR? _____ LIST ANY ALLERGIES SWIFT 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? _____ BREAST? _____ BOTTLE FEED? _____
 FEEDING: (What does child usually eat for these meals?)
 BREAKFAST: _____ WHAT ARE USUAL EATING HOURS?
 LUNCH: _____ BREAKFAST: _____
 DINNER: _____ DINNER: _____

ANY FOOD OR DRUG INTOL? _____ ANY EATING PROBLEMS? _____

IS CHILD TOILET TRAINED? YES NO IF YES AT WHAT STAGE? _____ ARE TOILET MOVEMENTS REGULAR? YES NO WHAT IS USUAL TIME? _____
 WORDS USED FOR "NOISEL MOVEMENT"? _____ WORDS 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 PRESCRIPTION DRUGS? YES NO IF YES, WHAT ARE ANY SIDE EFFECTS?
 DOES CHILD USE ANY SPECIAL DEVICES? YES NO IF YES, WHAT KIND? _____ DOES CHILD USE ANY SPECIAL DEVICES (AT ALL)? YES NO IF YES, WHAT KIND? _____

PARENT'S EVALUATION OF CHILD'S PERSONALITY: _____

WHO 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 THAT WE SHOULD BE AWARE OF? _____

HOW IS THE PARENT/CAREGIVER FEELING ABOUT THE CHILD? _____

REASON FOR REQUESTING DAY CARE PLACEMENT: _____

PARENT'S SIGNATURE: _____ DATE: _____

LIC 702 (7/98) (CONFIDENTIAL)

- Parent's report of child's health history
- Required for all programs

Admission Agreement

- Required for every child's file
- Copy provided to parent
- Signed and dated within 7 days of enrollment by parent/guardian & facility representative
- Licensee to comply with agreement



Parent Notification Requirements



- **No later than the next business day or next day child is in care, provide parents with copies of:**
 - **Licensing documents regarding a Non-Compliance Conference**
 - **Summary of Charges once an Accusation is served to revoke the license**
 - **Type A Deficiencies**
- **Obtain parental signature and date on LIC 9224 or other written statement as receipt**
- **Keep a record in the child's file**



Parent Notification Requirements (continued)

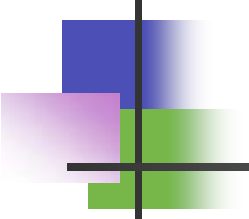
- **When you enroll a new child, provide parents copies of the following items received during the prior 12 months:**
 - **Licensing documents regarding Non-Compliance Conference**
 - **Summary of Charges once an Accusation is served to revoke the license**
 - **Type A Deficiencies**
- **Obtain parental signature and date on LIC 9224 or other written statement as receipt**
- **Keep a record in the child's file**
- **Failure to comply with this will result in a citation**



Documents to be Posted

- Facility License in public area
- Notice of Site Visit (LIC 9213) and Type A deficiencies
 - Maintain for 30 days
- Plan of Corrections of Type A deficiencies
 - Maintain for 30 days
- Emergency Disaster Plan (LIC 610)
- Earthquake Preparedness Check List (LIC 9148)
- Parents' Rights Poster (PUB 393)
- Personal Rights (LIC 613A)
- Child Car Seat Law (PUB 269)
- Menus
- Activity Schedule
- Sudden Infant Death Syndrome Poster (recommended)
- Shaken Baby Syndrome Poster (recommended)
- Granted Waivers (available for review)

WHAT IS SIDS?



Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant under one year of age which is only determined after the completion of an autopsy, a death scene investigation, and a review of the case history.

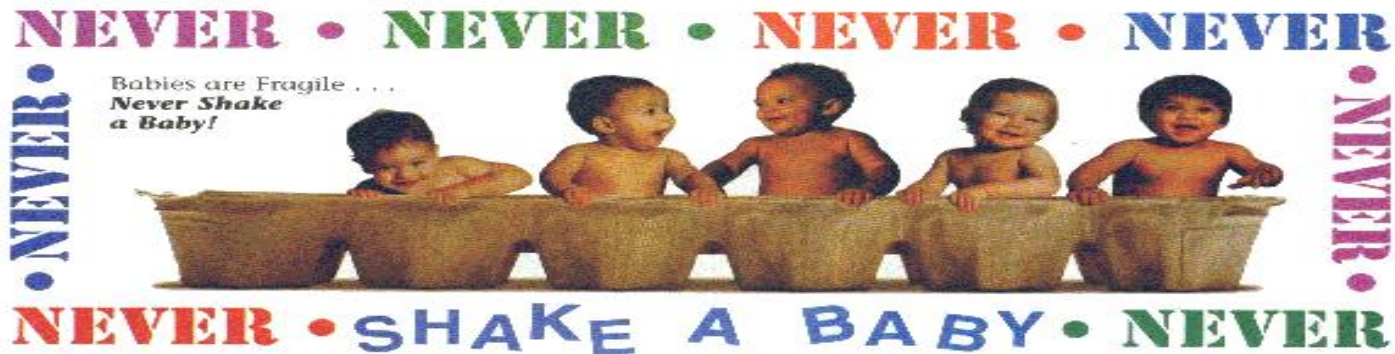
One of the most important things you can do to help reduce the risk of SIDS is to put the healthy baby on his or her back.

What can you do to help reduce the risk of SIDS?

- Make sure infants sleep on a firm mattress or other firm surface
- Babies should be kept warm, but they should not be allowed to get too warm
- Create a smoke-free zone around the infants
- If the baby seems sick, inform the parents to contact their doctor right away

If you have any more questions, please call (800)369-SIDS

Just Remember... BACK TO SLEEP!



Shaken Baby Syndrome

Shaken baby/infant syndrome occurs when adults, frustrated and angry with children, shake them strenuously AND CAN CAUSE serious injury such as:

Spinal injury/paralysis, blindness or other eye trauma, seizures, delay in normal development - impaired motor and sensory skills,

broken bones, dislocations, and retardation...to name a few.









How do you prevent Shaken Baby Syndrome?

You never shake a baby!

Effective 1/1/05, changes to the California CPS Law will cite the parent/guardian for each child who is not properly restrained in the rear seat unless the child is 6 years or older, or weighs 60 pounds or more. You may be fined for violating the California Child Passenger Safety Law.

CALIFORNIA Child Passenger Safety Law

4 STEPS FOR KIDS

1	INFANTS		rear facing seats in the back seat from birth to at least one year old and at least 20 pounds.		INFANT
2	TODDLERS		forward facing seats in the back seat from age one and 20 pounds to about age four and 40 pounds.		TODDLER
3	PRE-SCHOOL		booster seats in the back seat for children over 40 pounds to at least age six or 60 pounds.		BOOSTER
4	CHILDREN		safety belts for children who are at least six years old or weigh at least 60 pounds.*		SAFETY BELT

A child may **NOT** ride in the front seat with an active passenger airbag if:

- Under one year of age
- Weighs less than 20 pounds
- Riding in rear-facing CPRS

Exceptions:

- Your vehicle has no rear seats
- Rear seats are side facing jump seats
- The child restraint system cannot be properly installed in the rear seat
- Children under age 12 occupy all rear seats
- Medical reason requires that a child not be restrained in the back seat

Things to Remember

- Maintain licensing reports and substantiated complaints for 3 years
- Licensing reports readily available to parents upon their request





Applicant/Licensee Rights

Applicants/Licensees have the following rights:

- to require licensing field staff to identify themselves.
- to be advised of the type of visit
- to be treated as a professional with dignity and respect.
- to receive a signed report at the exit interview

**Please refer to the Regulations for complete list of Applicant/Licensee Rights*

Who can you call with questions?

- Your local Community Care Licensing Office
 - Your Assigned Analyst or Duty Officer
Regional Office Address (insert here)
Regional Office Phone/Fax Number (insert here)
- Your local Resource & Referral Agency
www.rrnetwork.org

Thank you for attending!

