



**2023 - 2024**  
**ADMISSION AGREEMENT**  
**Preschool**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

**Children will not be admitted without all necessary forms submitted  
including UPDATED immunizations.**

**NEW** children: Please submit ALL forms.

**RETURNING** children: Please submit forms not in bold.

- Admission Agreement
- Parent Licensing Compliance Contract
- Family Current Information Form
- Identification and Emergency Information Form (LIC700)
- Consent for Medical Treatment Form (LIC627)
- Authorization for Sign In and Sign Out Form
- Permission Slip for Field Trip
- School Directory Permission Form
- Permission to be in Publications Form
- Sunscreen Permission to Apply
- Supplies Form: \$50 fee for supplies, prints, special projects, & earthquake kit
- Copy of Current Immunization Card
- **Child's Pre-Admission Health Evaluation – Physician Form (LIC701)**
- **Child's Pre-Admission Health Evaluation – Parent Form (LIC702)**
- **Signed Personal Rights Form (LIC613A)**
- **Signed Parents Rights Form (LIC995)**
- **Caregiver Background Check Process (LIC995E)**

I have complied with the admission agreement by filling out and returning the licensing papers listed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Accepted By: \_\_\_\_\_

3630 Afton Road  
San Diego, California 92123  
Tel: 858-569-4800 Fax: 858-279-3389



**2023 - 2024**

## **Parent Licensing Compliance Contract**

I \_\_\_\_\_ will return to school **within 30 minutes** of being notified that my child is sick, injured, or if he/she has not been signed in/out. Methods of acceptable communication may be a phone message, text, or email. Failure to uphold this contract may result in a fine, termination of a child's participation in the program, or notifying a governmental office of failure to comply.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, have read the San Diego Hebrew Day ECC handbook and will comply with all of the policies and procedures set forth.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**2023 - 2024**

**CURRENT INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew Name (write it in Hebrew please) \_\_\_\_\_

LIST ANY ALLERGIES: \_\_\_\_\_

MOTHER'S Name: \_\_\_\_\_

FATHER'S Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include Zip)

Address: \_\_\_\_\_  
(If different)

Home Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

Emergency Contact's Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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

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

San Diego Hebrew Day Pr eschool 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

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

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

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

( )

\_\_\_\_\_  
WORK PHONE

( )



**2023 - 2024**

**Authorization for Sign In and Sign Out**

To Whom It May Concern:

I \_\_\_\_\_, parent or legal guardian  
of \_\_\_\_\_, give permission for my child to be  
signed in to school and signed out (taken out) of school by the following:

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Please Print

I am aware that the authorized person must sign my child in or out of  
school and must be sure that the teacher or director is aware of the  
arrival and/or departure of my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**2023 - 2024**

**Permission Slip for Field Trips**

During the school year, our students will be taking educational and fun field trips to places in and around San Diego. These field trips are planned to provide each child with valuable learning experiences.

I hereby give my permission for \_\_\_\_\_  
to participate in all Hebrew Day Early Childhood Center field trips unless  
otherwise specified in writing.

In addition to this form, parents will need to sign a permission slip for each trip we  
will be taking. This assures you that you are aware of the place and time of each  
trip.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

In an emergency, please call:

\_\_\_\_\_  
Name & Relationship to child

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name & Relationship to child

\_\_\_\_\_  
Phone



## 2023 - 2024 School Directory Permission Form

Dear Parents,

The California Health and Safety Code, section 1597.07, requires that each Community Care Licensed Child Care Center licensee “provide all parents, at the consent of the parents involved, a list of parents of the children served by the facility.”

You have the option of being included in the directory list and can request a copy whether you are in it or not. Each center is to inform you of this requirement and provide the licensing agency proof that you have been properly informed.

Please complete below and return it to the Director or designated person at the childcare program you are attending.

\_\_\_\_\_ I/We do not want our information to be included in the directory

\_\_\_\_\_ I/We want our information to be included in the directory

Please include the following information in the directory:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ CA. Zip \_\_\_\_\_

Phone #s: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent's Signature

Date

\_\_\_\_\_

\_\_\_\_\_





**2023 - 2024**

**Permission to be in Publications**

My child, \_\_\_\_\_ may be in any appropriate Hebrew Day ECC photos of students during their activities within the premises. In this regard, we seek your consent for the publishing or use of photos in which your child may be included.

I agree that my child's photo can be used in: (Please check all that apply)

- ☐ Bulletin boards and classroom communication groups
- ☐ Marketing or advertising for our school
- ☐ Posted on our Facebook/Instagram page or school website
- ☐ Within the walls of the school premises.

Should you decided to take back your authorization later on, you may do so by writing to us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3630 Afton Road  
San Diego, CA 92123  
Phone: 858-569-4800 Fax: 858-279-3389

## PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

I will apply sunscreen on my child, \_\_\_\_\_, before they arrive at school each morning.  
Additionally, I give permission for the staff at:

\_\_\_\_\_  
(name of child care program)

to re-apply a sunscreen in the afternoon. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* the applicable information regarding my choice in brand/type and use of sunscreen for my child:

☐ \_\_\_\_\_ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.

☐ \_\_\_\_\_ I have provided the following brand/type of sunscreen for use for my child:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

Health Care Provider's Signature (*optional*): \_\_\_\_\_

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!**

Adapted from the *California Early Childhood Sun Protection Curriculum* (1998-Revised) from the  
Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. • [http://www.dhs.ca.gov/cpns/skin/skin\\_resources.html](http://www.dhs.ca.gov/cpns/skin/skin_resources.html)

California Childcare Health Program (CCHP) 7/16 cchp.ucsf.edu



## **Supply List**

### **2023 - 2024**

- ☐ All Required Licensing Forms
- ☐ Extra clothing **(LABELED)** (from the list in the preschool handbook)
- ☐ Bedding- small blanket & sheet for cot (for nap) **LABELED**
- ☐ Sunscreen – **LABELED WITH CHILD’S NAME**
- ☐ 180 pennies for Tzedakah
- ☐ \$50 cash (**For parent convenience, we collect a fee for supplies, prints, special projects, and earthquake kit.**)

**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)

\_\_\_\_\_  
(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

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
  - \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
  - \* Live in out-of-home placements.
  - \* Have, or are suspected to have, HIV infection.
  - \* Live with an adult with HIV seropositivity.
  - \* Live with an adult who has been incarcerated in the last five years.
  - \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
  - \* Have abnormalities on chest X-ray suggestive of TB.
  - \* Have clinical evidence of TB.
- 

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

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

<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 LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR “BOWEL MOVEMENT”*	WORD USED FOR URINATION*
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PARENT’S EVALUATION OF CHILD’S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

**Community Care Licensing**

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

7575 Metropolitan Drive #110

San Diego, CA

92108

619-767-2200

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)

San Diego Hebrew Day Early Childhood Center

3630 Afton Drive San Diego CA 92123

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 7575 Metropolitan Drive Ste 110

Licensing Office Telephone#: 619-767-2200

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

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

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

uc 995 (9/08)

Detach Here - Give Upper Portion to Parents

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

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

San Diego Hebrew Day ECC

Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

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

**For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**



# IMPORTANT INFORMATION FOR PARENTS

## CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot 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://cclg.ca.gov/contact.htm>.