



OFFICE OF THE DIRECTOR

UCSD EARLY CHILDHOOD EDUCATION CENTER
9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0962
(858) 552-2500
FAX (858) 552-2517

**EARLY CHILDHOOD EDUCATION CENTER
FAMILY ORIENTATION**

Welcome!

Attached is your enrollment packet and family information.

In developing this packet we have attempted to give you all the information and resources available to assist you in making your child's transition to early childhood education a pleasant and rewarding one. All forms need to be completed, returned to the office with your non-refundable enrollment fee, and audited by the Enrollment Coordinator before our child's first day of enrollment. You have within thirty (30) days after the first day to turn in the Physician's Report.

Our mission is to provide a high quality early childhood program for the children of University of California, San Diego students, staff and faculty through an enriched diverse environment. Our program cannot succeed without the support of interested parents and we value your input and experience. We encourage participation!

If you have any questions or concerns during your child's enrollment, feel free to contact us. We will do our best to address your concerns and meet your family's needs. We hope your family's experience here is a pleasant and enriching one.

KATHRYN OWEN
Director
Program Director

FAMILY ORIENTATION – LICENSING CHECKLIST OF ITEMS TO BE RETAINED IN CHILD’S FILE

<input type="checkbox"/>	Identification and Emergency Information – Child Care Centers (LIC 700)	Retain
<input type="checkbox"/>	Child’s Preadmission Health History – Parents’ Report (LIC 702)	Retain
<input type="checkbox"/>	Physician’s Report (Child’s Pre-Admission Health Evaluation) (Form 701)	Retain
<input type="checkbox"/>	Parent’s Guide to Immunization Requirements Immunization Clinic Schedules	To Family
<input type="checkbox"/>	Consent for Emergency Medical Treatment (Form 627)	Retain
<input type="checkbox"/>	Written statement from family exempting child from medical assessment, immunizations, and treatment because of adherence to a religious faith that practices healing by prayer or other spiritual means; or physician’s statement that immunization is not indicated.	Retain (if applicable)
<input type="checkbox"/>	California School Immunization Records for non-school-age children (“blue cards”, PM 286)	Retain Copy Return original to Family
<input type="checkbox"/>	Family Handbook Acknowledgement of Receipt Admission/Enrollment Agreement (Contract of Membership)	Retain
<input type="checkbox"/>	Tuition Agreement & Acknowledgement 30 Notice of Intent to Remove Child Policy Acknowledgement	Retain Original Copy to Family
<input type="checkbox"/>	Emergency Management Plan & Acknowledgement of Receipt	Retain Original Copy to Family
<input type="checkbox"/>	Notification of Parents’ Rights Acknowledgement of Receipt (LIC 995)	Retain Original Copy to Family
<input type="checkbox"/>	Caregiver Background Check Process (995E)	To Family
<input type="checkbox"/>	Acknowledgement of Receipt of Personal Rights (Form 613(a))	Retain Original Copy to Family
<input type="checkbox"/>	Sexual Abuse Prevention Pamphlet	To Family
<input type="checkbox"/>	Acknowledgement of Receipt of Sexual Abuse Prevention Pamphlet	Retain
<input type="checkbox"/>	Parent/Guardian Affiliation & Invoicing Information	Retain
<input type="checkbox"/>	Child Care Food Program Eligibility Application (CNFDD 3101)	Retain
<input type="checkbox"/>	Your Child’s Comfort List	To Family
<input type="checkbox"/>	Child Release Form	Retain
<input type="checkbox"/>	Family’s Infant Diapering/Toileting/Feeding Procedures	Retain
<input type="checkbox"/>	Human Development Program/ECEC – Human Development Cooperation Agreement	Retain
<input type="checkbox"/>	Permission to Photograph & Video	Retain
<input type="checkbox"/>	Acknowledgement of Receipt ECEC Holiday Calendar & Acknowledgement of Receipt	Retain Original Copy to Family
<input type="checkbox"/>	Acknowledgement of Receipt 5 Week Menu Sample & Food Program Participation	Retain Original Copy to Family
<input type="checkbox"/>	Questionnaire About Your Child	Retain
<input type="checkbox"/>	Medical Statement for Allergies	Retain
<input type="checkbox"/>	Emergency & Medical Data (3 ORIGINALS)	Retain
<input type="checkbox"/>	Request for Family Photograph	Retain
<input type="checkbox"/>	Nebulizer Care Consent/Verification	Retain (if applicable)
<input type="checkbox"/>	Low/No Cost Health Care Pamphlet	To Family
<input type="checkbox"/>	Permission to Apply Sunscreen	Retain

Additional Documentation to be retained in Child’s File		
<input type="checkbox"/>	Documentation of unusual behavior or signs of illness	
<input type="checkbox"/>	Unusual Incident/Injury Report (LIC 624)	
<input type="checkbox"/>	Updated Child Release Form	

Note: All licensing forms can be downloaded from the DSS web-site
http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm
Forms are located under “L”

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()	

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN:

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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

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

PAST ILLNESSES-Check illnesses that child has had and specific approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<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 A 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 those meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?

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 MEDICATIONS?	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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**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 _____: _____
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:
	Other:

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				
	1 st	2 nd	3 rd	4 th	5 th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DPT/DTaP/ DT/Td <small>(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTEHRIA ONLY)</small>	/ /	/ /	/ /	/ /	/ /
MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small>	/ /	/ /			
<small>(REQUIRED FOR CHILD CARE ONLY)</small> HIB MENINGITIS <small>(HAEMOPHILUS B)</small>	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA <small>(CHICKENPOX)</small>	/ /	/ /			

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

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.

Parent's Guide to Immunization Requirements

According to the California School Immunization Law, children must have their required immunizations (shots) *before* they can attend school or child care.

Please use this schedule to see if your child has all the required shots:

If your child is this age:	He/she must have these shots:
2 - 3 months	1 Polio, 1 DTaP, 1 Hib, 1 Hep B
4 - 5 months	2 Polio, 2 DTaP, 2 Hib, 2 Hep B
6 - 14 months	3 DTaP 2 Polio, 2 Hib, 2 Hep B
15 - 17 months	3 Polio, 3 DTaP 2 Hep B At least 1 Hib must be given on or after the first birthday* 1 MMR must be given on or after the first birthday*
18 months - 4 years	4 DTaP 3 Polio, 3 Hep B At least 1 Hib must be given on or after the first birthday* 1 MMR must be given on or after the first birthday* 1 Varicella ¹
Kindergarten	5 DTaP ² 4 Polio ³ 3 Hep B 2 MMR both must be given on or after the first birthday* 1 Varicella ¹
7 th Grade	4 DTaP, DTP, Td, or DT ⁴ 4 Polio ⁵ 3 Hep B ⁶ 2 MMR both must be given on or after the first birthday* 1 Varicella ^{**1} [1 Td booster ⁷]

*Effective June 2002, while receipt of the dose on/after the birthday indicated remains the standard, receipt of the dose up to and including 4 days before the birthday will satisfy the school and child care immunization entry requirement – known as the “4-day birthday grace period.”

**Required for children not enrolled in California schools before July 1, 2001 – applies to all kindergarten entrants plus out-of-state entrants into grades 1-12. 1 dose of varicella vaccine required if immunized before age 13; 2 doses needed if vaccine received after the 13th birthday.

¹ Physician-documented varicella (chickenpox) disease history on immunization record also meets the varicella requirement.

² 4 doses meet the requirement for ages 4-8 years if at least 1 was given on or after the fourth¹ birthday.

³ 3 doses meet the requirement for ages 4-8 years if at least 1 was given on or after the fourth¹ birthday.

⁴ 3 doses meet the requirement for ages 7-17 years if at least 1 was given on or after the second¹ birthday.

⁵ 3 doses meet the requirement for ages 7-17 years if at least 1 was given on or after the second¹ birthday.

⁶ 2 doses of adult (Recombivax) formulation hepatitis B vaccine along with provider documentation that the adult formulation hepatitis B vaccine was used for BOTH doses (and both doses were received at ages 11-15 years) will also fulfill the 7th grade requirement.

⁷ 1 Td booster is recommended but not required.

The California School Immunization Law allows a child to be exempt from the immunization requirements for personal beliefs or medical reasons. Ask your school or child care provider for details.

County of San Diego - Health and Human Services Agency - Immunization Program

For more information: www.immunization-sd.org

HHSA/IZ130EG(8/02)

Health & Human Services Agency
Immunization Clinic Schedules

schedules subject to change

SAN DIEGO CITY

East City (619) 229-5400	Central Region Public Health Center 5202 University Avenue	Monday Thursday 4th & 5th Wed. of the month	8:30 - 11:00 & 1:00 - 4:00 8:30 - 11:00 & 1:00 - 4:00 8:30 - 11:00 & 1:00 - 4:00
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NORTHERN CITY OF SD

Clairemont (858) 490-4400	Clairemont Community Service Center 4731 Clairemont Drive at Lakehurst Drive (inside Clairemont Square - next to recycling center)	1st Friday of the month	2:00 - 4:00 p.m.
Mira Mesa (858) 490-4400	Mira Mesa WIC Office 10737 Camino Ruiz, Suite 135	3rd Thursday of the month	10:00 - 12:00 noon
Pacific Beach (858) 490-4400	North Central Public Health Center 2440 Grand Avenue	Monday thru Friday	8:00 - 11:00 & 1:00 - 4:00

SOUTH COUNTY

Chula Vista (619) 409-3110	South Region Public Health Center 690 Oxford Street (behind Costco)	Mon., Wed., Thurs. & Fri. Tuesday	8:30 a.m. - 4:00 p.m. 10:30 a.m. - 6:00 p.m.
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EAST COUNTY

El Cajon (619) 441-6500	East Region Public Health Center 855 E. Madison Avenue	Mon., Tues., Wed. & Fri. Thursday	8:00 - 11:00 & 1:00 - 4:00 1:00 - 4:00 p.m.
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NORTH COUNTY

Escondido (760) 740-4000	North Inland Public Health Center 606 East Valley Parkway	Every Monday Friday	8:00 - 11:00 & 1:00 - 5:00 8:00 - 11:00 & 1:00 - 4:00
Fallbrook (760) 967-4401	Fallbrook Public Health Office 130 E. Alvarado	2nd Monday of the month	8:30 - 11:00 & 1:00 - 4:00
Oceanside (760) 967-4401	North Coastal Public Health Center 104 S. Barnes Street	1st, 3rd, 4th & 5th Monday 1st, 3rd, & 5th Tuesday 2nd Tuesday of the month 4th Tuesday of the month 1st, 3rd, 4th & 5th Thursday of the month and every Friday	8:00 - 4:00 p.m. 8:00 - 4:00 p.m. 8:00 - 11:00 1:00 - 4:00 p.m. 8:00 - 4:00 p.m.
Ramona (760) 740-4000	Ramona Public Health Office 1521 Main Street	2nd & 4th Wednesday	1:00 - 3:00 p.m.
Rancho Peñasquitos (760) 740-4000	New Hope Church 10330 Carmel Mountain Road	3rd Wednesday of the month	8:30 - 11:00 a.m.
Solana Beach (760) 967-4401	Solana Beach Presbyterian Church 120 Stevens Avenue	2nd Tuesday of the month	1:30 - 5:00 p.m.

Persons not seen by clinic closing time will need to return another day.

For information regarding TB skin testing, please call (619) 692-5565

For the most updated version of this document call (619) 692-8661

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

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

()

()

LIC 627 (ENG/SP) 5-01) (CONFIDENTIAL)

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

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

()

()

LIC 627 (ENG/SP) 5-01) (CONFIDENTIAL)

FAMILY HANDBOOK

ACKNOWLEDGEMENT OF RECEIPT

(To be retained in child's file)

I have received the latest edition of the UCSD Early Childhood Education Center's Family Handbook. I agree to review and familiarize myself with its contents, policies and procedures and be responsible for the information contained therein.

Signature

Date

ADMISSION/ENROLLMENT AGREEMENT

(Contract of Membership)

I have received the Family Handbook and have read and understand the Standing Rules of Order contained therein. As the parent/guardian/authorized representative of

(CHILD'S NAME) _____,

I agree to comply with the Standing Rules of Order of the Association of University of California, San Diego Early Childhood Education Center Parents for as long as my child is enrolled. I also agree to:

- ✓ Adhere to current fee schedules and procedures.
- ✓ Participate in at least one fundraising event per year.
- ✓ Comply with the policies set forth in the Family Handbook.

I understand that failure to comply with the above may result in the termination of my child(ren)'s eligibility to attend the UCSD Early Childhood Education Center.

Signature of Parent/Guardian/Authorized Representative

Date

Signature of Parent/Guardian/Authorized Representative

Date

TUITION AGREEMENT & ACKNOWLEDGEMENT

This space opens on _____. Your billing will begin on this date.

Your child(ren) will be in classroom(s) _____.

Your monthly tuition fee will be \$_____. **Please attach your check, made payable to the U. C. Regents, in the sum of \$60.00 representing your non-refundable enrollment fee (not applicable for subsidized program).**

I acknowledge that I have received a copy of this Tuition Agreement.

Signature

Date

30 DAY NOTICE OF INTENT TO REMOVE CHILD

ACKNOWLEDGEMENT

(To be retained in child's file)

I hereby acknowledge that I have been advised that the Center requires a written and dated 30-day notice, delivered to the ECEC Administrative Office, of my/our intent to remove my/our child(ren) from the Center. This notice is required so that your child(ren)'s position may be filled and the Center does not suffer any loss of income. Please use the form provided by the office so that the Center remains in compliance with Audit Guidelines.

Signature

Date

EMERGENCY MANAGEMENT PLAN

INTRODUCTION

This Plan has been written to prepare the UCSD Early Childhood Education Center (ECEC) for a major earthquake or other disaster, including fires, flooding, explosions, or violent individuals. *In any type of emergency situation, you should attempt to implement as much of the plan as is relevant and useful.*

All staff, volunteers, parents, and guests of the Center are expected to comply with the Plan. You should study this Plan so that you understand how it fits in with your personal emergency plan and with the campuswide emergency plan. Emergency drills are held regularly at the Center.

The priorities contained in UCSD's campuswide emergency plan have been adopted by ECEC. Those priorities are:

- 1. Save Lives**
- 2. Protect University Property**
- 3. Restore Operations**
- 4. Meet Community Needs**

WHO DO I CALL?

You can call our cellular phone number at (619) 988-7890.

WHERE DO I PARK?

The Early Childhood Education Center will be evacuated to the field just East of the Center. Please park in the East lot of the apartment complex (see map attached).

(DO NOT PARK IN FRONT OF THE ECEC BUILDING AS IT IS RESERVED FOR EMERGENCY VEHICLES.)

WHERE CAN I FIND MY CHILD?

Everyone will be evacuated to the field just East of the Center (see map attached). You can walk down the utility road from the parking lot to meet us. If this area is unsafe due to the nature of the emergency, our second site will be the parking lot on the South end of the ECEC complex that is provided for the Housing Office for the Mesa Residential Apartments.

If Regents Road or Miramar Road are not accessible to vehicular traffic you can park by Thornton Hospital and walk across the canyon (via the bicycle path) to meet your child(ren).

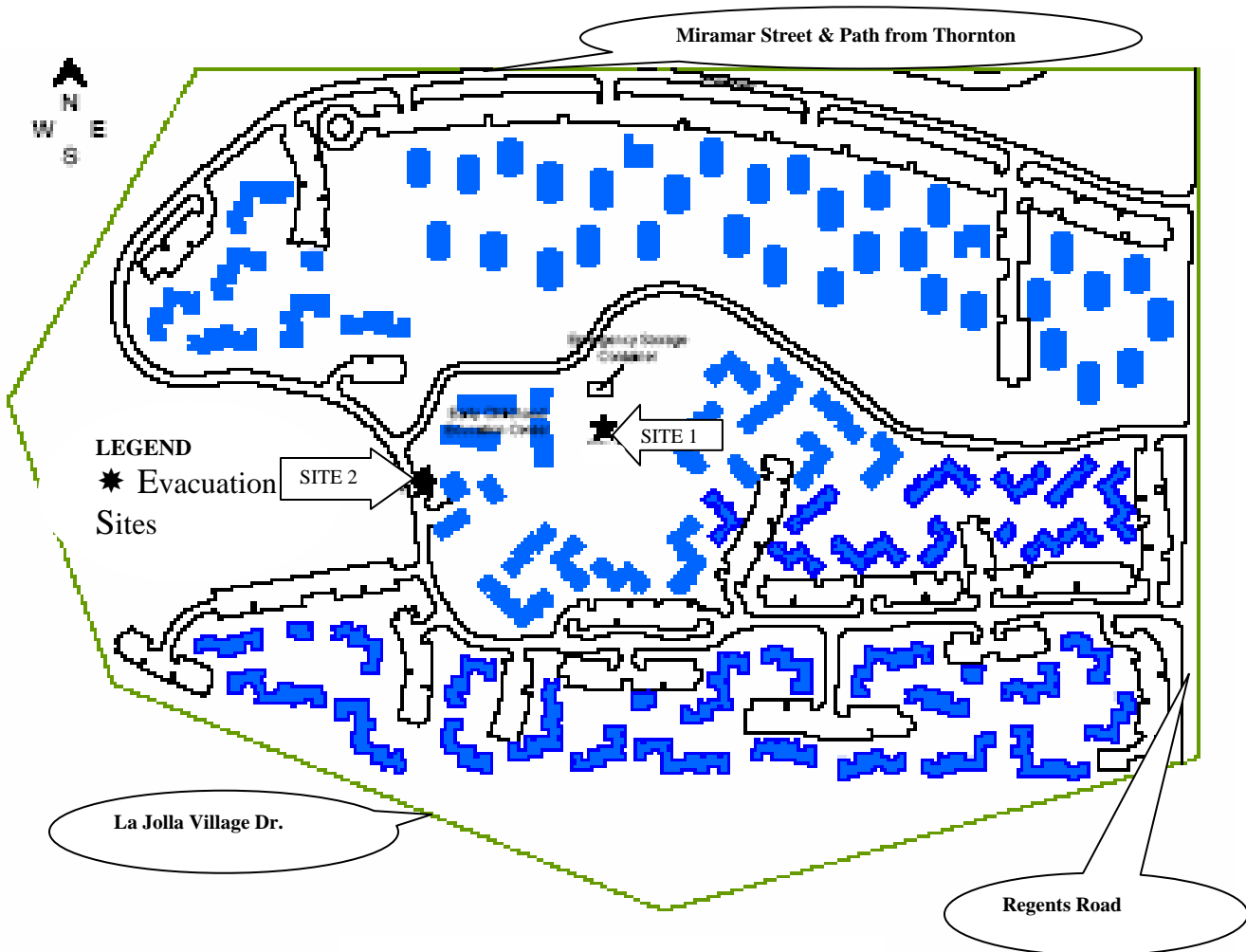
After an assessment team has declared the facility safe we will re-enter the building. In this case you may meet your child(ren) in his/her classroom. ***(PLEASE MAKE SURE YOU SIGN YOUR CHILD OUT BEFORE YOU LEAVE.)***

WHAT IF MY CHILD IS INJURED?

All ECEC staff are trained in infant/child first aid/CPR. In the event of serious injury your child will be transported to Thornton Hospital.

HOW WILL YOU CARE FOR MY CHILD?

Our Center has enough supplies to care for the children and staff for 3 days. Our classroom supplies include: food, water, blankets, tents, diapers, toys, children's books, porta-potties, first aid supplies, light sticks, flashlights, radios, batteries, and much more. Many other useful supplies, including food, water, blankets and tools are located in the main storage bin located in the park at the east end of the Center.



UCSD EARLY CHILDHOOD EDUCATION CENTER

ACKNOWLEDGEMENT OF RECEIPT
 (To be retained in child's file)

By signature below I acknowledge that I have received a copy of the Emergency Management Plan.

Signature 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, Suite 110,
 San Diego, CA 92108
 Licensing Office Telephone #: (619) 767-2227

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.

LIC 995 (ENG/SP) (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.

UCSD EARLY CHILDHOOD EDUCATION CENTER

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 (ENG/SP) (8/02)

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://cclid.ca.gov/docs/maps/state.htm>

PERSONAL RIGHTS**Child Care Facilities**

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

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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
7575 Metropolitan Drive, Suite 110
San Diego, CA 92108
(619) 767-2227

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILDS 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)

UCSD Early Childhood Education Center

(PRINT THE ADDRESS OF THE FACILITY)

9224 Regents Road, La Jolla, CA 92037

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

SEXUAL ABUSE PREVENTION

What is Sexual Abuse?

The sexual abuse of a child occurs whenever any person forces, tricks, or threatens a child in order to have sexual contact with him or her. This contact can include such “non touching” behaviors as an adult exposing himself or asking a child to look at pornographic material. It includes behaviors ranging from the sexual handling of a child (fondling), to actual genital contact, to intercourse, to violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy the adult’s sexual needs or desires.

Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on. He said, “Doesn’t that look like fun?” I didn’t think so but I said “Yes”.

Who gets sexually abused?

Any child of any age is a potential victim of sexual abuse.

Some important facts to keep in mind...

- Although the majority of adults do not sexually assault children, *most sexual abuse occurs with an adult the child knows and trusts.*
- Most sexual abuse goes unreported and undetected.
- Although we do not have exact numbers, some studies have found that one out of every four girls and one of every ten boys become victims of child sexual abuse by the age of eighteen.
- Children often keep sexual abuse a secret.

Children may keep a sexual assault a secret, for many children, especially very young children are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place...

- Nightmares and sleep disturbances
- Bedwetting
- Fear of certain places or certain people (*such as a day care center or a friend*)
- Loss of appetite
- Clinging to a parent more than usual

What can you do to prevent sexual abuse?

- You teach your children many safety rules. You tell them to look both ways before crossing the street, what to do when they get hurt, not to talk to strangers and so on. Discussions relating to sexual abuse prevention can be included in this normal teaching process. Your children need not be made afraid or suspicious of all adults in order to accomplish this. You don’t even have to talk to young children about sex if you don’t want to. Simply make your children aware that if someone touches them or does anything that makes them uncomfortable, they should report it to you or another adult they trust. You can teach your children they have the right to say, “NO” if asked to do something that makes them uncomfortable, even if the person who asks is a relative or close friend. Use words your children understand. Let them know that they can come to you to talk about anything that’s upsetting to them. Answer any questions your children may have and be calm and matter-of-fact.

- Behaving as a younger child (such as older child sucking his or her thumb)
- Unexplained changes in behavior at school, daycare or in relation with peers
- Withdrawal
- Acting out the abuse with dolls, friends or through drawings
- Excessive masturbation

Keep in mind that although these are the most common signs of sexual abuse, there may be other causes for these changes. However, sexual abuse should not be ruled out as a possibility. They may fear rejection, blame, punishment, or abandonment; they may think people won’t believe them. Boys are less likely to report an abuse than girls are. *The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.*

How can you determine if sexual abuse has taken place?

First and foremost, if your children confide that they have been sexually assaulted, believe them! Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically.

Often there is no physical evidence a child has been molested. Fondling, involvement in child pornography and oral sex usually present no physical signs of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence:

- A discharge from the vaginal area or penis
- Injury to the genitals or anus
- Pain, itching, or bleeding in the genital or anal area
- Discomfort in walking or sitting
- The discovery of a sexually transmitted disease

Other things parents can do to lessen the risk of sexual abuse

- Know where your children are and what they are doing.
- Know who is with your children. Get to know any adults or older children that have regular contact with your child.
- Check out fully any babysitters or day care providers. Ask for references and then check them. Do not use child care settings which prohibit drop-in visiting. Visit your child's day care facility frequently and observe the daily activities.
- Talk with your children about the day's activities. Be observant of anything that they say or do that seems out of the ordinary.

“Uncle Bill takes me lots of places and buys me ice cream and stuff. But sometimes I don't feel good when he makes me touch his thing. I want to tell mom, but I'm scared she'd get mad.”

What if you discover your child has been sexually abused?

Children's reactions to being sexually abused differ greatly from child to child because of the child's age, his or her personality, the nature of the offense, the offenders relationship to the child, and adult reactions to the discovery of the abuse; often they are confused or frightened by what they have encountered.

You as a parent, play an important part in how the abuse will affect your child both in the short and long term. The following are some suggestions if you discover your child has been sexually abused...

- Believe your child; reinforce the fact he or she is not to blame for what happened.
- Immediately report the abuse to the proper authorities. “*See contacts and services*”.
- Assure your child that you still love him or her.
- Allow your child to talk about the incident(s), but do not pressure him or her to do so.
- Let your child know that he or she will be protected from further assault. Protection for your child should be your first concern.
- Seek medical care if you suspect any sexual abuse may have occurred. Although children are rarely seriously damaged physically by sex offenders, internal injury may have occurred and the risk of sexually transmitted disease must be considered. Discuss any possible medical complications with your physician.
- Be aware of your own feelings concerning the abuse. Although you may have many feelings including shock, anger and disbelief, make sure your child understands your feelings are not aimed at him or her.

Just Sexual Abuse?

Be aware of other forms of abuse, especially if your child is left in the care of others. Make it a habit to examine your child's body. (*This can be done in a casual manner while dressing or bathing.*) Question any unusual marks, bruises, burns, welts, etc.

SEXUAL ABUSE PREVENTION

ACKNOWLEDGEMENT OF RECEIPT

(To be retained in child's file)

By signature below I acknowledge that I have received a copy of the Sexual Abuse Prevention pamphlet, a guide to the understanding of sexual abuse.

Signature

Date

PARENT/GUARDIAN AFFILIATION & INVOICING INFORMATION
(To be retained in child's file)

For purposes of usage surveys and daytime contacts, please indicate the campus department and mail code or company with which you are affiliated.

Mother is (Circle one):	Faculty	Staff	Student	Other
			<input type="checkbox"/> Graduate	<input type="checkbox"/> Undergrad

Department: Mail Code: Occupation:

Name of Company:

Father is (Circle one)	Faculty	Staff	Student	Other
			<input type="checkbox"/> Graduate	<input type="checkbox"/> Undergrad

Department: Mail Code: Occupation:

Name of Company:

In order to simplify the task of billing the large number of people we serve, we are asking you to please complete the bottom portion of this page. If you are a UCSD affiliate, invoices must be in the name of the person affiliated with the University. If you are not a UCSD affiliate please fill in the information for the person who will be responsible for the tuition payments. Please inform us of any changes in your affiliation status, address or phone number and include your **zip code and social security number**. All of these items are required by the university's accounting office. Your cooperation is appreciated.

Full name of person to be invoiced:

Address (Number, Street, and Apartment)

City, State, Zip Code

Telephone Number (daytime)

Social Security Number

Email address

**CENTER ELIGIBILITY APPLICATION
CHILD CARE FOOD PROGRAM
(INSTRUCTIONS ON BACK)**

PART 1 FOR ALL HOUSEHOLDS:

Children's Name: _____ Age: _____ Birth date: _____
 Last First M.I.
 Check box _____ Age: _____ Birth date: _____
 if Foster Child: _____
 _____ Age: _____ Birth date: _____
 _____ Age: _____ Birth date: _____

(NOTE: LIST ONLY ONE FOSTER CHILD PER APPLICATION FORM (CNFDD 3101))

**PART 2A FOR HOUSEHOLDS RECEIVING FOOD STAMPS, CalWORKs OR FDPIR BENEFITS:
Complete Part 2A and Part 3. DO NOT COMPLETE PART 2B.**

Food stamp case number: _____ CalWORKs identification number: _____
 FDPIR identification number: _____

PART 2B ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete Part 2B and Part 3.

Current Income/Monthly (Monthly Income Conversion: Weekly X 4.33, Every 2 Weeks X 2.15, Twice A Month X 2)				
Names of All Household Members (Do not include children listed above.)	Job 1 - Earnings from Work (See Back Page)	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, *Social Security	Earnings from 2 nd Job or any Other Income
	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
6	\$	\$	\$	\$

PART 2C FOSTER CHILD: Complete Part 2C and Part 3. LIST ONLY ONE FOSTER CHILD PER APPLICATION FORM CNFDD 3101) Foster child's total monthly income: \$ _____

PART 3 SIGNATURE: An adult household member must sign the statement before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, CalWORKs, or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of adult: _____ Social security number: _____
 If NO Social security number check box NONE []

Printed name of adult: _____ Date signed: _____

Home telephone _____ Work telephone _____ Home address _____ Zip code _____

PART 4 RACIAL/ETHNIC IDENTITY: Identification of children is voluntary.

American Indian or Alaska Native [] Asian [] Black [] Hispanic or Latino [] Native Hawaiian or Other Pacific Islander [] White []

PART 5 FOR SPONSOR USE ONLY: CERTIFICATION

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2 (Not if annual income)

Total household income: _____ Household size: _____

\$

FREE: _____ REDUCED-PRICE: _____ BASE: _____

Sponsor Representative Signature: _____ Date: _____

Recertify Date: _____ Free: _____ Reduced-price: _____ Base: _____

Recertify only with the issuance of a new eligibility scale or with the reporting of updated eligibility information. Applications are valid for only 12 months from the original certification date, not the new recertify date.

CENTER ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the *Child Care Food Program Center Eligibility Application* using the instructions below. Sign the application and return it to the sponsoring organization. Call the sponsor if you need help: #

PART I - PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS TO COMPLETE THIS PART.

Print the names of children enrolled in the center. (Check box if a foster child. List only one foster child per form.)

PART 2A - HOUSEHOLDS RECEIVING FOOD STAMPS, CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY FOR KIDS (CalWORKs) OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE PART 2A & PART 3.

- (1) List your current food stamp case number or your CalWORKs or FDPIR identification number for the participant. **Do not complete Part 2B.**
- (2) An adult household member must sign the statement in Part 3.

PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE PART 2B AND PART 3.

- (1) Write the names of everyone in your household.
- (2) Write the amount of income (before taxes or anything else is taken out), received last month for each household member, **and** where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
- (3) Parent/guardian or another adult household member must sign and give his/her social security number in Part 3.

PART 2C - FOSTER CHILD: COMPLETE PART 2C AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED FOR CARE.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All Center Eligibility Applications must have the signature of an adult household member.
- (2) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, check box "none." If you listed a food stamp, CalWORKs, or FDPIR number or if the application is for a foster child, a social security number is not needed.

"Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, CalWORKs, or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, contacting a food stamp, CalWORKs, or FDPIR office to determine current certification for receipt of food stamps, CalWORKs, or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported."

PART 4 - RACIAL/ETHNIC IDENTITY: IDENTIFICATION OF CHILDREN IS VOLUNTARY.

You are not required to complete this section to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

PART 5 - FOR SPONSOR USE ONLY: It is the sponsor's responsibility to complete Part 5.

NOTE - UPDATING THE FORM: You must update the form if any family member becomes unemployed, whenever household income increases by \$50.00 per month, or \$600.00 per year or more, when the number of household members decreases, or when CalWORKs, FDPIR, or Food Stamp benefits are terminated.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tip, Strike benefits, Unemployment compensation, Worker's compensation, Net income from self-owned business, day care, farm, or other

Welfare/Child Support/Alimony

Public assistance payments, Welfare payments, Alimony/child support payments

Foster Child's Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use and earning from other than occasional or part-time employment. **DO NOT** COUNT funds from welfare agency for shelter, care, etc.

Pensions/Retirement/Social Security

Pensions, Retirement income, Veteran's payments, Social Security, * **Supplemental Security Income (\$10.00 may be deducted from SSI check amounts as the Food Stamp equivalency).**

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (Base housing, clothing, food, medical care, etc.)

Other Income

Disability benefits, Cash withdrawn from savings, Interest/Dividends, Income from trusts/investments, Regular contributions from persons not living in household, Net royalties/annuities/net rental income, or any other income

YOUR CHILD'S COMFORT LIST

To make your child's first day of attendance at the Center an easy transition, we have prepared the following list of things to do or bring:

1. Bring a change of clothes labeled with your child's name.
2. If your child is still wearing diapers you will need to bring disposable diapers and wipes.
3. If he/she is in the process of potty training, you will need to bring 3 sets of extra clothing including socks and an extra pair of shoes. (*NO training or plastic pants, no dresses, overalls, belts, suspenders or snapped t-shirts*). See Family Handbook for complete Toilet Learning Procedure.
4. If your child has a security object, you may want to consider bringing it, at least for the first week or so; however, it is our policy to discourage bringing "hype toys" (such as Power Rangers), expensive or breakable toys as the Center is not responsible for lost, broken or stolen toys. Please consult the lead teacher of your child's program before leaving anything at the Center.
5. If your child still uses a bottle at nap time, please bring a *plastic* bottle filled with whatever beverage your child is used to. Also please bring a blanket labeled with your child's name for his/her use at nap time.
6. If your child is on medication, please bring the medication if it will need to be administered during the day. Make sure you sign the medication release form in your child's classroom otherwise the Center's staff is not authorized to administer it. A Physician's note with specific instructions must accompany all medication explaining how it is to be administered (i.e. amount, time, etc.). All medications are required to be in their original containers and cannot be administered to siblings. See Family Handbook for complete policy.
7. Be sure to fill out the section on the ***Questionnaire About Your Child*** form that indicates any additional information that the teacher should know, **especially relating to allergies**.
8. Before your child can start, the attached enrollment packet must be completed. Please pay special attention to the following items as they are often overlooked:
 - (A) All immunizations must be up to date.
 - (B) All parents must meet with the Director before the child's first day. You n call 552-2500 to schedule an appointment.
 - (C) All 3 copies of the Emergency & Medical data forms must have original signatures.
 - (D) The non-refundable \$60.00 enrollment fee is due at the time you turn in your child's enrollment packet (not applicable for subsidized program).
9. The Center is open for business at 7:30 a.m. and requires that your child be picked up by 5:00 p.m. There is an After Hours Program that runs from 5:00 p.m. to 6:00 p.m. (by the clock in the classroom) and a fee of \$3.50 per child is charged for use of that service. Families who do not pick up their child(ren) by 6:00 p.m. will be fined \$10.00 for every fifteen minutes; therefore, there will be a \$10.00 per child charge even if you are one minute late in picking up your child(ren). See Family Handbook.

If you have any questions about the curriculum, the lead teacher of your child's program is

_____ and the room number is _____. Please feel free to contact the office at (858) 552-2500 with any other questions you may have.

CHILD RELEASE FORM

Please list below persons allowed to sign out and pick up your child(ren) from the UCSD Early Childhood Education Center located at: 9224 Regents Road, La Jolla CA 92037.

Please Print

Name _____ Relationship to Child _____
(Same as on ID)

Name _____ Relationship to Child _____
(Same as on ID)

Name _____ Relationship to Child _____
(Same as on ID)

Name _____ Relationship to Child _____
(Same as on ID)

Name _____ Relationship to Child _____
(Same as on ID)

NOTE: Please notify persons responsible for picking up your child that they will be required to produce identification at time of pick up.

UCSD EARLY CHILDHOOD EDUCATION CENTER

STUDENT CLASS SCHEDULE

Name of Student Parent(s)

Please fill out the class schedule below so that we can locate you in case of illness or injury of your child.

Also list times you are usually at the library, lab, or other locations you may be reached outside of class hours.

These schedules will be resubmitted each quarter. This schedule is for _____ quarter.

Day/Time	Course	Building/Room #	Phone #, if any
Day/Time	Course	Building/Room #	Phone #, if any

FAMILY'S INFANT DIAPERING/TOILETING/FEEDING PROCEDURES

Child's Name _____

Diapering Procedure (Include type of diaper, cleanser (wipes), and any ointments used):

Toileting/Potty Training Procedure (Please read section in Family Handbook on toilet learning procedures):

Feeding Procedure (Please describe your child's ability to feed him/herself, and also list any food allergies):

Parent/Guardian/Authorized Representative Signature

Date

**HUMAN DEVELOPMENT PROGRAM/ECEC
COOPERATION AGREEMENT**

Dear Parents:

Each quarter, the Early Childhood Education Center cooperates with the UCSD Human Development Program, providing an opportunity for those students to observe children in their regular day. From this “in the field” research, students establish a project. Typical project topics include:

- Gender and Play
- Socialization
- Cultural Differences
- Effects of a Group Care Environment

Each group of HDP students attends an ECEC orientation, and must have a current TB clearance before they begin observations in individual classrooms.

HUMAN DEVELOPMENT STUDENTS ARE NEVER ALONE WITH CHILDREN

We believe it is important to provide such an opportunity to HDP students. By signing below, you agree for your child possibly to be included in the group of children being observed. Questions or concerns may be addressed to the ECEC Director.

I agree that my child _____ participate in his/her normal daily activities with the understanding that he/she may be part of a group observation. I understand that all observation will take place in the normal day to day activities at the center.

Signature

Date

PERMISSION TO PHOTOGRAPH & VIDEO

I hereby give permission for my child (NAME) _____,

to be photographed and/or videotaped at the University of California, San Diego Early Childhood Education Center (ECEC). It is my understanding that all images will be used only for ECEC program enrichment activities, Center marketing, or for private use of the family of the child(ren) being photographed/videoed. I further understand that any images taken at the ECEC by either myself or other parties are not to be used other than stated above without my express written permission.

Reasons for photography and/or videotaping at the ECEC include, but are not limited to:

- ✓ Children's cubbies
- ✓ Field trips
- ✓ Special events
- ✓ Birthday celebrations
- ✓ Multi-cultural events
- ✓ Picture books for children
- ✓ Enhancement of children's cognitive development

Signature

Date

Signature

Date

I do not wish to have my child(ren)'s picture to be taken for any reason.

ECEC 2005 HOLIDAY CALENDAR

Day of Week	Date	Holiday
Thursday/Friday	December 30-31 st	New Year's Holidays
Monday	January 17 th	Martin Luther King Day
Monday	February 21 st	President's Day
Friday	March 25 th	Cesar Chavez Day
Monday	May 30 th	Memorial Day
Monday	July 4 th	Independence Day
Monday	September 5 th	Labor Day
Thursday	November 10 th	Staff Development Day
Friday	November 11 th	Veteran's Day
Thursday/Friday	November 24-25 th	Thanksgiving Holidays
Thursday/Friday	December 23-24 th	Christmas Holidays
Thursday/Friday	December 30-31 st	New Year's Holidays

ECEC HOLIDAY CALENDAR

ACKNOWLEDGEMENT OF RECEIPT

(To be retained in child's file)

By signature below I acknowledge that I have received a copy of UCSD ECEC's holiday calendar.

Signature

Date

5 WEEK MENU SAMPLE

UCSD EARLY CHILDHOOD EDUCATION CENTER

3/28-4/1	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Cereal Diced pears	Orange muffins Diced peaches	Cereal Banana	Biscuits Diced pears	Blueberry muffins Mandarin oranges
Lunch	Cheese sandwich Peas Mandarin oranges	Chicken rice casserole Diced cantaloupe Steamed broccoli	Macaroni & cheese Green beans Applesauce	Chili vegetable Corn Diced cantaloupe Wheat Rolls	Rotelli w/turkey meat sauce Diced honeydew melon
Snack	Wheat rolls Fruit cocktail (no grapes)	Flour tortillas Diced honeydew melon	Wheat rolls Orange wedge	Assorted crackers Pineapple tidbits	Corn muffins Bananas
4/4-4/8	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Zucchini muffins Crushed pineapple	Cereal Diced honeydew	Banana muffins Mandarin oranges	Cereal Cantaloupe	Bran muffins Bananas
Lunch	Egg salad sandwich on wheat bread Diced pears Green beans	BBQ chicken Wheat bread Corn Diced peaches	Macaroni & cheese Broccoli buds Diced pears	Turkey meat loaf Mashed potatoes Fruit cocktail Wheat bread	Turkey spaghetti casserole Diced honeydew Green beans Wheat bread
Snack	Graham crackers Applesauce	Wheat rolls Pineapple tidbits	Biscuit Bananas	Flour tortillas Watermelon	Bread sticks Pineapple tidbits
4/11-4/15	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Cereal Diced pears	Mini bagels Diced cantaloupe	Cereal Diced pears	Banana muffins Mandarin oranges	Zucchini muffins Fresh cut fruit (no grapes)
Lunch	Turkey sandwich on wheat bread Mixed vegetables Pineapple tidbits	Chicken rice casserole Steamed broccoli Bananas	Tuna sandwich on wheat bread Peas & carrots Diced peaches	BBQ chicken Corn Wheat bread Cantaloupe	Bean burrito Green beans Diced peaches
Snack	Biscuit Mandarin oranges	Flour tortillas Fruit cocktail (no grapes)	Breadsticks Applesauce	Biscuit Peaches	Crackers Bananas
4/18-4/22	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Bran muffins Diced pears	Cereal Diced peaches	Orange muffins Bananas	Cereal Diced cantaloupe	Corn muffins Mandarin oranges
Lunch	Turkey sandwich on wheat bread Pineapple tidbits Green beans (cold)	English muffin pizza cheese Peas & carrots Fruit cocktail (no grapes)	Chicken stew Diced honeydew Wheat rolls	Macaroni & cheese Steamed broccoli Diced peaches	Turkey enchilada Peas Bananas
Snack	Graham crackers Mandarin oranges	Wheat bread Applesauce	Flour tortillas Cheese sticks	Wheat rolls Fruit cocktail	Crackers Watermelon
4/25-4/29	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Cereal Diced peaches	Mini-bagels Diced cantaloupe	Cereal Banana	Bran muffins Diced pears	Zucchini muffins Mandarin oranges
Lunch	Turkey sandwich on wheat bread Crushed pineapple Green beans	Chicken & rice casserole Steamed broccoli Bananas	Spaghetti w/turkey meat sauce Peas Fresh orange wedge	BBQ chicken Wheat bread Corn Applesauce	English muffin pizza cheese Mixed vegetables Diced pears
Snack	Wheat rolls Fruit cocktail (no grapes)	Graham crackers Applesauce	Wheat bread Pineapple tidbits	Flour tortillas Diced honeydew	Corn muffins Bananas

- Milk is provided with each meal
 - All vegetables are steamed for infants and toddlers
- The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs.

**5 WEEK MENU SAMPLE & FOOD PROGRAM PARTICIPATION
ACKNOWLEDGEMENT**

ACKNOWLEDGEMENT OF RECEIPT

(To be updated annually and retained in child's file)

My child is enrolled full-time, during the Center's hours of operation from 7:30 am to 5:00 pm, Monday through Friday. I understand that each day my child will participate in the California Department of Education's Child and Adult Food Program and will receive those meals listed on the attached sample menu. Only those foods appearing on the sample menu will be served, however, actual menus for a particular day may be shuffled depending on the availability of certain foods.

By signature below I acknowledge that I have received a 5 Week Cycle Menu sample and understand my child, as a full-time enrollee, will be a recipient of these meals.

Signature

Date

UCSD EARLY CHILDHOOD EDUCATION CENTER

QUESTIONNAIRE ABOUT YOUR CHILD

State regulations require that a personal interview be conducted with parents. Parents have the right not to respond to questions.

Child's Name	Child's Place of Birth		Birthdate
Names of other children in the family		Sex	Age
Languages spoken in the home			
Yes/No Questions	Yes	No	Comments
Would you like your child to be called by his/her nickname?			If so, what is the name?
Has your child ever attended another preschool, Headstart, or day care center?			If so, where?
Has your child learned to do the following things without help?			
Take care of all/some toilet needs?			
Speak clearly enough that strangers can understand?			
Awaken self to go to the bathroom?			
Take care of and replace own toys and equipment?			
Respects rights and property of others?			
Express self with words instead of physical force?			
Any special circumstances surrounding pregnancy or birth?			
Does a child have a close relationship with any relatives outside the home?			If so, whom?
Are there any things your child really dislikes having done to him/her?			If so, what?
Are most of the child's friends his/her own age, same sex?			

Yes/No Questions	Yes	No	Comments
Are there any holidays your child cannot take part in because of religious or family/cultural tradition?			
Are there any family/cultural traditions and holidays you might like to share with the children at the Center?			
What are the child's responsibilities in the home (for example: such chores as feeding pets, emptying trash)?			
How do you feel a child should behave?			
What do you feel is the best thing about your child's behavior at home?			
What have you found is the best way to get your child to do what you want him/her to do?			
What methods do you use to discipline your child?			
What methods do you prefer at the Center?			
How do you handle:			
Aggression?			
Punishment?			
Toilet training?			
Sex roles?			
Curiosity about sex?			
Going barefoot?			
Racial concerns?			
When did your child begin playing with other children?			
Does your child like playing with a group of children, or just one or two?			
If your child has a choice, will he/she spend his/her free time alone or with friends?			
What is your child's favorite activity?			
How does your child appear to feel about adults, children the same age, or younger children?			
What are some of your child's skills (for example: singing, swimming)?			

What would you like your child to get from this experience at the UCSD Early Childhood Education Center?

Are you interested in arranging group cooperative baby-sitting occasionally so that you could have free time of your own?

Tell us anything about your child we should know in order to better meet his/her needs:

Do you or does any member of your family have a special need, disability, or handicap for which additional accommodation is needed? If so, please describe:

Does the current facility provide for those needs? If not, please let us know how we can better serve your family:

Are there any foods your child cannot eat due to allergies or religious/cultural tradition? If yes, please have your physician complete the Medical Statement form following. ***If any food restriction appears at a later time, it is imperative that you inform the administrative office; the staff will in turn inform the kitchen and classroom staff and place the information in your child's permanent file.***

Other comments:

MEDICAL STATEMENT

FOR

PARTICIPANTS WITH ALLERGIES/CHRONIC DISEASES

Other medical personnel may complete this form (dietitian, speech pathologist, occupational therapist), but a physician must sign in agreement as to what is written. For purposes of this program, a 'recognized medical authority' means a licensed physician, nurse or physician's assistant.

Name of Participant	Age
<i>Parent Name</i>	<i>Telephone</i>

Agency	
<i>Site</i>	<i>Telephone</i>

Food Allergy/Chronic Disease:

Diet Prescription and/or Texture Modification: (Please describe in detail to ensure proper implementation and compliance.)

Indicate texture: *Regular* *Chopped* *Ground* *Pureed*

Foods to be Omitted and Substitutions: (Please list specific foods to be omitted and suggest substitutions. You may use the back of this form to attach a sheet with additional information.)

Foods to be Omitted	Suggested Substitutions

Signature of Preparer	Printed Name	Telephone ()	Date ()
Signature of Recognized Medical Authority	Printed Name	Telephone ()	Date ()

EMERGENCY & MEDICAL DATA

CHILD'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE:	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					TELEPHONE ()
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
FATHER'S EMPLOYER					BUSINESS TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BUSINESS EMAIL ADDRESS
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S EMPLOYER					BUSINESS TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BUSINESS EMAIL ADDRESS
RESPONSIBLE GUARDIAN'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
					HOME TELEPHONE ()

A. I authorize the following ADDITIONAL PERSON to be called IN AN EMERGENCY or other situation requiring removal of my child from the Center:

NAME	Home # ()	Business # ()	RELATIONSHIP/OTHER INFORMATION

B. MEDICAL AUTHORIZATION

In case of fever and accompanying discomfort, I authorize the staff of the Early Childhood Education Center to administer Tylenol to my child in the appropriate dosage until I or an authorized person from above can be located to take my child from the Center. This authorization is valid as long as my child is enrolled at the Center.

C. CONSENT FOR ACCESS TO PHYSICIAN'S RECORD

Name of Physician:

Telephone #:

I authorize the following individuals to exchange health information regarding my above mentioned child. This includes access to information from my child's medical records that are pertinent to my child's health and safety. I understand that information in my child's record will not be released to individuals not listed below without my specific written consent.

My child's caregiver: UCSD Early Childhood Education Center

Other Staff/Consultant: _____

Address: 9500 Gilman Drive, Mail Code 0962

La Jolla, CA 92093-0962

Telephone: (858) 534-2768

D. MEDICAL INFORMATION AND RELEASE CARD

Allergies?

Epilepsy?

Blackouts?

Severe bleeding?

I, the undersigned parent of the above named minor, do hereby consent to an x-ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital services rendered to said minor under general or specific instructions of the above named physician or the doctor on duty at the emergency room at Thornton Hospital whether such treatment is rendered at the office of said physician or at a licensed hospital. It is understood that the consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage persons at the UCSD Early Childhood Education Center into whose custody the minor is entrusted and said physician to exercise their best judgment as to necessary diagnosis or treatment. Consent is also given to those persons into whose custody the minor is entrusted to administer emergency first aid.

I AUTHORIZE CONSENT TO THE ABOVE SECTIONS A, B, C, D:

Signature of Parent/Guardian/Authorized Representative

Date

PLEASE FILL OUT ALL 3 COPIES WITH ORIGINAL SIGNATURES ON EACH PAGE

EMERGENCY & MEDICAL DATA

CHILD'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE:	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					TELEPHONE ()
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
FATHER'S EMPLOYER					BUSINESS TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BUSINESS EMAIL ADDRESS
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S EMPLOYER					BUSINESS TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BUSINESS EMAIL ADDRESS
RESPONSIBLE GUARDIAN'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
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EMERGENCY & MEDICAL DATA

CHILD'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE:	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					TELEPHONE ()
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
FATHER'S EMPLOYER					BUSINESS TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BUSINESS EMAIL ADDRESS
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S EMPLOYER					BUSINESS TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BUSINESS EMAIL ADDRESS
RESPONSIBLE GUARDIAN'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME EMAIL ADDRESS					
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Signature of Parent/Guardian/Authorized Representative

Date

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Request for Family Photograph

Please include a family photograph as part of your enrollment packet. There are two purposes for this request. One is to tighten up on security by giving the teachers and substitutes a reference to identify family members during pick-up times; the other is to ease any separation anxiety your child may have. Having your smiling faces in the classroom gives a sense of warmth and creates a sense of community as other parents reference the photos and identify each other.

**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 UCSD Early Childhood Education Center, 9500 Gilman Drive, Mail Code 0908, La Jolla, CA 92093-0908.
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

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

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 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 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

Do Your Children Have Quality Health Care Coverage?



San Diego Kids Health Assurance Network (SD-KHAN) provides information and referral services to help you find quality medical and dental insurance coverage for your children (ages 0 through 20).

- Your children may qualify for no cost or low cost health insurance even if you work, own a house, or have a two-person income.
- Eligibility depends upon family size and annual income (Example: A family of 4 can earn up to \$55,200).
- These quality health programs include: Healthy Families, Kaiser Cares for Kids, and more.

CAN YOU AFFORD THIS CARE?

YES YOU CAN. Cost may range from \$0 to \$15 per month depending on your income and family size.

SD-KHAN is a community collaboration with the County of San Diego, Health and Human Services Agency, hospitals, health plans, schools, community-based organizations, faith entities and businesses.

CALL SD-KHAN TODAY

1-800-675-2229

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SD-KHAN is a community collaboration with the County of San Diego, Health and Human Services Agency, hospitals, health plans, schools, community-based organizations, faith entities and businesses.

CALL SD-KHAN TODAY

1-800-675-2229

PERMISSION TO APPLY SUNSCREEN

CHILD'S NAME: _____

As the parent/guardian/legal representative of the above child I recognize that too much sunlight may increase my child's risk of getting skin cancer. Therefore I give my permission for staff at the UCSD Early Childhood Education Center to apply a sunscreen product of SPF-15 or higher on my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, bare shoulders, arms and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child.

- DO NOT** apply any sunscreen to my child
- My child has allergies to sunscreen
- My child **DOES NOT** have allergies to sunscreen
- I will apply sunscreen before arrival or upon arrival at the Center and do not wish the Center Staff apply sunscreen to my child
- I request Center Staff apply sunscreen to my child
- I have provided the following brand/type of sunscreen for use on my child

My child is allergic to some sunscreens. Please only use the following brand and type.

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

ADDITIONAL FORMS FOR SUBSIDIZED ENROLLMENT

PARENT – CHECKLIST

Document Name

<input type="checkbox"/>	10 Best Interest Day Receipt Acknowledgement of Receipt	Retain Copy to family
<input type="checkbox"/>	Reporting Changes in Family Situation	Retain
<input type="checkbox"/>	Certification of Eligibility (Form 9600)	Retain
<input type="checkbox"/>	Training Verification (Form 9605)	Retain
<input type="checkbox"/>	Income Verification	Retain
<input type="checkbox"/>	Parent's Responsibilities	Retain Copy to family
<input type="checkbox"/>	Privacy Notice and Consent Form	Retain
<input type="checkbox"/>	State Fraud Guidelines	To Family



OFFICE OF THE DIRECTOR

UCSD EARLY CHILDHOOD EDUCATION CENTER
9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0962
(858) 552-2500
FAX (858) 552-2517

DATE: April 11, 2005
TO: Subsidized Parents
FROM: Batya Essinger/Enrollment Outreach Coordinator
RE: **“Ten (10) Best Interest Days”**

Each subsidized child is allowed “ten (10) best interest days” absence from the UCSD Early Childhood Education Center (ECEC) in any contract period. The parent(s) of the child may choose how and when to avail themselves of these ten (10) days. This includes vacation and best interest days from the center for any other reason the family deems appropriate or that meets the family’s needs for the child.

There are no limits on “sick” days. Each absence, however, must be “excused” and documented by the parents, in writing, by signing the attendance sheet and noting on it the specific illness that caused the absence (e.g. cold, cough, fever, flu, etc.) Excused absences may also include family emergencies (i.e., family health and safety issues, natural/man-made disasters or visitation/custody rights.)

UCSD ECEC loses funding for each absence that is “unexcused”, so please be considerate and sign the attendance sheet with the complete and proper information. The attendance sheet will be returned to you for completion of the necessary information if you have not done so. This information is a requirement of the California Department of Education, Child Development Division, State contract.

Five (5) working days of unexcused absences will generate a Notice of Action and termination of the program.

Thank you for your cooperation in this matter.

Kathryn Owen
Program Director

Copy Received: _____

Parent/Guardian/Authorized Representative Signature



OFFICE OF THE DIRECTOR

UCSD EARLY CHILDHOOD EDUCATION CENTER
9500 GILMAN DRIVE
LA JOLLA, CALIFORNIA 92093-0962
(858) 552-2500
FAX (858) 552-2517

REPORTING CHANGES IN FAMILY SITUATION

In order to remain in compliance with state regulations that guide UCSD Early Childhood Education Center, the Center **must** be notified of any changes in your family affecting eligibility for services. A partial list of changes of which UCSD Early Childhood Education Center **must** be notified immediately, is as follows:

- ☞ Change of marital status
- ☞ Change in family size
- ☞ Change in income
- ☞ Dropping classes (if a student)
- ☞ Change of name, and/or address, and/or phone number
- ☞ Change of employer, employment, work hours, or location
- ☞ Change of employment status (i.e. discharge, layoff, or quit)
- ☞ No longer working for any reason

If any change occurs which could affect eligibility for child care assistance, please contact your caseworker.

FAILURE TO REPORT CHANGES WITHIN 5 DAYS OF CHANGE MAY RESULT IN TERMINATION OF YOUR PARTICIPATION IN THE SUBSIDIZED CHILD CARE PROGRAM.

Your signature below indicates that you are aware of your responsibility to notify UCSD Early Childhood Education Center of any changes, including but not limited to, those listed above.

Parent/Guardian Signature

Date _____

Agency Representative

Date _____

**CONFIDENTIAL APPLICATION FOR
CHILD DEVELOPMENT SERVICES AND
CERTIFICATION OF ELIGIBILITY
CD 9600 Page 1 (REV. 03/03)**

Agency Name: _____
Family Identification/Case No.: _____
Initial Subsidized Service Date: _____
Type of Application: (Check one) Initial <input type="checkbox"/> Recertification <input type="checkbox"/>

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. Eligibility is determined on the basis of need for child development services and either CalWORKs status or adjusted gross monthly income in relation to family size. This form must be completed by an agency representative in consultation with the family. Refer to the instructions for the completion of this form.

SECTION I. FAMILY IDENTIFICATION: If you are a single parent/caretaker, check this box <input type="checkbox"/> See Instructions, Section I				
Name of Parent/Caretaker: Full name including middle initial A	SSN - parent A * See instructions	Sex	Phone No. (Home)	Phone No. (Work/School)
Name of Parent/Caretaker: Full name including middle initial B		Sex	Phone No. (Home)	Phone No. (Work/School)
Street Address	City	State	Zip	FIPS Code

SECTION II. FAMILY ELIGIBILITY AND REASON FOR NEEDING SERVICE

A. Family Eligibility Status (Check as many as apply)

<input type="checkbox"/> Protective Services (Attach Documentation)	<input type="checkbox"/> Income Eligible (Attach Documentation)	<input type="checkbox"/> Homeless (Attach documentation)	<input type="checkbox"/> Severely Handicapped programs (GHAN)
---	---	--	---

B. Reason for Needing Service. Indicate all reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above. Attach documentation. (This section does not apply to State Preschool programs--GPPE or Severely Handicapped Programs--GHAN).

Parent/Caretaker	Reason for Needing Service	Parent/Caretaker	Reason for Needing Service	Parent/Caretaker	Stages 1, 2, and 3 CalWORKs recipients only
	Child referred for protective services because of neglect, abuse, or exploitation, or risk thereof		Education or training		CalWORKs Activities Date family became ineligible for aid:
	Parent/Caretaker incapacitated due to medical or psychiatric special needs		Actively seeking employment		Diversion Date: _____
	Working		Seeking permanent housing		Record date of entry into each stage: Stage 1 _____ Stage 2 _____ Stage 3 _____

C. Employment/Training Information - Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach Documentation)

Parent Caretaker	Employer/School	Street Address	City	Zip				
A								
A								
Days and Working/ Training Hours:	From: To:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Parent/Caretaker	Employer/School	Street Address	City	Zip				
B								
B								
Days and Working/ Training Hours:	From: To:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

SECTION III. FAMILY ADJUSTED GROSS MONTHLY INCOME AND SIZE

A. Family Monthly Income – Family's adjusted monthly income from all sources (Attach verification and documentation) \$ _____ C. Family size (Refer to "Funding Terms and Conditions" for instructions on calculating family size.) _____
 B. Family Income Sources (Check all that apply - Do not count the grey shaded areas in Section III. A. above) **Black shaded boxes for CalWORKs recipients only.**

<input type="checkbox"/> Employment including self-employment	<input type="checkbox"/> Other federal cash income programs (such as SSI)
<input type="checkbox"/> Child Support	<input type="checkbox"/> Housing voucher or cash assistance
<input type="checkbox"/> Cash or other assistance under Title IV of the Social Security Act (TANF)	<input type="checkbox"/> Assistance under the Food Stamps Act of 1977
<input type="checkbox"/> State-only alien and two-parent programs for CalWORKs recipients	<input type="checkbox"/> Other

Section III B. is for federal data collection purposes only and does not need to be completed prior to the provision of child care services.

CONFIDENTIAL APPLICATION FOR CHILD DEVELOPMENT SERVICES AND CERTIFICATION OF ELIGIBILITY
 CD 9600 Page 2 (REV. 03/03)

SECTION IV. DATA ON CHILDREN - List all children residing in the home and counted in the family size

Complete for all children residing in the home			Complete only for children served by your agency				For children enrolled in more than one program or site, use additional lines as needed														
(1) FULL NAME OF CHILD INCLUDING MIDDLE INITIAL	(2) SEX		(3) BIRTH DATE	(4) ADJUSTMENT FACTOR CODE	(5) E T H N I C I T Y	(6) R A C E	(7) NATIVE LANGUAGE		(8) PROGRAM CODE	(9) TYPE OF CARE CODE	(10) HOURS OF CARE PER DAY										
	M	F	MM/DD /YYYY				Language Code	Is child limited English proficient?			M	T	W	TH	F	SAT	SUN				
											S										
											Provider/Site Name:	V									
											S										
											Provider/Site Name:	V									
											S										
											Provider/Site Name:	V									
											S										
											Provider/Site Name:	V									
											S										
											Provider/Site Name:	V									
											S										
											Provider/Site Name:	V									

SECTION V. CERTIFICATION AND SIGNATURE OF PARENT/CARETAKER

<p>I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, or others as necessary for the administration of the program. I understand that if the agency denies this application for services, I have the right to appeal.</p>	<p>I understand that I must renew my eligibility at least once per year (at least once every six months for protective services children). I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form. I understand that this certification is not complete until all documentation is submitted and this form has been reviewed, signed, and dated by an agency representative and signed and dated by me.</p>
SIGNATURE _____ DATE _____	RELATIONSHIP TO CHILD: <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: PLEASE DESCRIBE _____

SECTION VI. FAMILY FEE (See fee schedule)

Type of Fee	Full Time	Part Time
A. Daily fee (if any)		
B. Hourly fee (if any)		

SECTION VII. For Office Use Only (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative)

ELIGIBILITY STATUS <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of subsidized service	Last date of enrollment
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE		TITLE	Telephone Number	Date
SIGNATURE OF SUPERVISOR (Optional)		TITLE	Telephone Number	Date

Instructions for Completing Form CD 9600: Confidential Application for Child Development Services and Certification of Eligibility

A CD 9600 (or documentation containing the same information) must be completed and signed by the parent and an agency representative before the child enters the child development program. The certification must be renewed at least once per year (at least once every six months for protective service's children). Families must notify the agency immediately if there are changes in their family status, family size, income, residence, or need for child care. If such changes occur, agency staff must update the certification. Notification of changes, except residence, are not required for Preschool (GPRE) or Severely Handicapped (GHAN) programs.

All certification forms and documentation must be maintained in the family file.

SSN COLLECTION CONSENT

Form CD 9600A, Child Care Data Collection/Privacy Notice and Consent Form must be completed and signed by all heads of households in all CDE funded programs. If the head of household gives consent to use their SSN, the SSN should be inserted on the CD 9600. If the head of household does not give consent, leave the SSN space blank on the CD 9600. In "family of one" situations the SSN will not be collected; therefore, completion of the CD 9600A is not required. When completed, attach the CD 9600A to the CD 9600.

- * The social security number is to be listed only for heads of households who have given consent on form CD 9600A. In all cases, a CD 9600A must be completed and signed by the head of household and attached to the CD 9600. In "family of one" situations, no SSN is required and no CD 9600A will be completed.

AGENCY NAME: Insert the name of the agency providing/funding child care services in this space.

FAMILY IDENTIFICATION/CASE NO.: This is an optional field and can be used if the agency assigns an identification or case number to each family.

INITIAL SUBSIDIZED SERVICE DATE: This is the earliest month and year that the child(ren), as listed on this CD 9600, first started receiving subsidized child care services from your agency. Every CD 9600 must have a month and year entered in this field. This information is for data reporting purposes. If there is a break of three or more months, enter the month child care resumed. If there is a break of less than three months (vacation, for example), enter the original date assistance began, not the date it resumed.

TYPE OF APPLICATION: Check the box after the word "Initial" if this is the first application taken by the agency named on this CD 9600. Check the box after the word "Recertification" if this is the second or later application taken by the agency listed on this CD 9600.

SECTION I. FAMILY IDENTIFICATION

Note: If family size includes more than two adults, complete Sections I, II and III of a second CD 9600 and attach it to the complete CD 9600. You may also use a second CD 9600 to record additional employers or training institutions for the parents listed under A and B in Section I.

If the child lives with only one parent/caretaker who is legally/financially responsible for the child, check the box on the line next to SECTION I.

A. Information on Parent/Caretaker A. For the first adult living in the same household as the child(ren), complete all items in Section I. A. including address information. For the purposes of these instructions and the certification of eligibility, a parent/caretaker shall be a person who has responsibility for the child. Thus, "parent/caretaker" could refer, for example, to a biological parent, a stepparent, a grandparent, a foster or adoptive parent, or a legal guardian. SSN-See above.

FIPS Code. See the "FIPS Codes" section in these instructions to determine the FIPS Code that identifies the state and county where the parent/caretaker lives.

B. Information on Parent/Caretaker B. If a second parent/caretaker lives in the same household as the child and is included in the calculation of family size, complete all items in Section I. B.

SECTION II. FAMILY ELIGIBILITY AND REASON FOR NEEDING SERVICE

A. Family Eligibility Status. Check all eligibility categories for which the family qualifies.

B. Reason for Needing Service. For each parent/caretaker or other adult included in the family size, note with an "A" or "B" all of the reasons for needing services and attach the appropriate documentation. Identify the main reason for needing service with an asterisk if there is more than one reason. Do not complete this Section for GPRE or GHAN.

CalWORKs recipients only:

This box is to be completed for **all** CalWORKs recipients receiving services in Stages 1, 2, or 3.

- If a parent/caretaker is completing CalWORKs activities, enter "A" and/or "B" in the box labeled "CalWORKs Activities".
- If a parent/caretaker has received a diversion payment, enter "A" and/or "B" in the box labeled "Diversion".
- In the box labeled "Record date of entry into each stage" enter the initial date of entry into each stage.
- For Stage I or II families no longer eligible for CalWORKs aid, enter the date the family became ineligible for aid in the box labeled "Date family became ineligible for aid."

C. Employment/Training Information. For each parent/caretaker, enter the name and address of the employer or the institution of training or education, as appropriate. Do not complete this Section for GPRE or GHAN.

Days and Working/Training hours. Note the beginning and ending hours for each day that the parent is employed or in a training program.

SECTION III. FAMILY ADJUSTED GROSS MONTHLY INCOME AND SIZE

A. Family monthly income. Enter the family's total adjusted gross monthly income from all sources. All income must be verified.

B. Family Income Sources. Check each box to identify all sources of family income. These include sources of income that are not counted for eligibility determinations.

- The black shaded boxes are to be completed for CalWORKs recipients only. County Welfare Departments will identify whether a CalWORKs recipient is receiving CalWORKs benefits under the State-only alien program or the State-only two-parent program. These two programs count toward TANF MOE.
- The gray shaded boxes are not to be counted in the family's total adjusted monthly income.

**Instructions for Completing Form CD 9600:
Confidential Application for Child Development Services and Certification of Eligibility**

SECTION III. FAMILY ADJUSTED GROSS MONTHLY INCOME AND SIZE (Continued)

Section III. B. is for federal data collection purposes and does not need to be completed prior to the provision of child care services.

C. **Family Size.** Enter the total family size, including (1) all parent(s)/caretaker(s) listed on the CD 9600, (2) all children named in Section V, (3) any adult listed on a second CD 9600, and (4) any children listed on a second CD 9600.

SECTION IV. DATA ON CHILDREN

Note: Complete columns 1 and 3 of this section for all children eighteen and under residing in the household. If needed, use a second CD 9600 to record more children.

1. **Name of Child.** List all children residing in the household, eighteen and under, related by blood, marriage or adoption to the parent(s)/caretaker(s) of the child(ren) being served.
2. **Sex.** Check the appropriate box in column 2 for each child receiving care through this certification.
3. **Birth date.** In column 3 enter the birth dates of all children listed in column 1 following this format: month/day/year.
4. **Adjustment Factor Code.** See the "Adjustment Factor Codes" section in these instructions to determine the adjustment factor code that should be entered in column 4. If no adjustment factor used, leave blank.
5. **Ethnicity.** Enter a "Y" if the child is Hispanic or Latino. Otherwise, enter an "N".
6. **Race:** See the "Race Codes" section in these instructions to determine the race code(s) that should be entered in column 6. At least one code must be entered, but you may enter all codes that apply for each child.
7. **Native Language.** See the "Native Language Codes" section in these instructions to determine the native language code that should be entered in column 7. Use only those native language codes provided. Report the child's primary language. Indicate whether or not the child is limited English proficient with a check mark in column 7. This column must be completed if you claim LEP reimbursement for this child.
8. **Program Code.** See the "Program Codes" section in these instructions to determine the program code(s) that should be entered in column 8. Enter one code per line for each child receiving child care services through this certification. If the child(ren) is enrolled in more than one program or with more than one provider, use additional lines to record this information in columns 8 and 9 for each child.

9. **Type of Care and Relationship to Child.** See the "Type of Care Codes" section in these instructions to determine the type of care code(s) that should be entered in column 9. Enter the provider or site name in the space provided.

10. **Hours of Care Per Day.** Enter the amount of child development services needed each day in column 9. Use the upper line (marked "S") to indicate the amount of care needed during the school session; use the lower line (marked "V") to indicate the amount of time needed during vacations. For preschool-age children, use only the upper line to record the amount of care needed.

Note: For families whose schedules vary, enter the average enrollment hours needed for child care services each day. Attach a detailed schedule to reflect this average enrollment over a one-month period.

SECTION V. CERTIFICATION AND SIGNATURE OF PARENT/CARETAKER

Read and explain the conditions of eligibility and need to the parent/caretaker and make sure he or she understands them before signing the application. Before the agency representative signs the form, the parent/caretaker completing the application must sign and date the form and indicate his or her relationship to the child.

SECTION VI. FAMILY FEE

- A. **Daily Fee.** Consult the fee schedule issued by the Child Development Division and enter the correct fee for the family size (Section III. C.) family income (Section III. A.), and amount of care required (Section IV, Column 10).
- B. **Hourly Fee.** If you do not collect hourly fees, leave this area blank.

SECTION VII. For Office Use Only

The agency representative must complete the items in this section. The certification is not complete until it is signed and dated by the agency representative.

The "Signature of Supervisor" is an optional field and is not required.

COMPLETING THE FORM

Follow these procedures once you have completed the family's certification:

- A. File the completed form in the family file.
- B. If the family has a new or updated certification, add it to the family file. Do not remove the earlier applications.

**Instructions for Completing Form CD 9600:
Confidential Application for Child Development Services and Certification of Eligibility**

SECTION I. FAMILY IDENTIFICATION

Federal Information Processing Standards (FIPS) Codes

The FIPS code consists of a state code, which is a two-digit number, and a county code, which is a three-digit number. The codes are California - 06, Arizona - 04, Nevada - 32 and Oregon - 41.

California County Codes are as follows:

001 Alameda	041 Marin	081 San Mateo
003 Alpine	043 Mariposa	083 Santa Barbara
005 Amador	045 Mendocino	085 Santa Clara
007 Butte	047 Merced	087 Santa Cruz
009 Calaveras	049 Modoc	089 Shasta
011 Colusa	051 Mono	091 Sierra
013 Contra Costa	053 Monterey	093 Siskiyou
015 Del Norte	055 Napa	095 Solano
017 El Dorado	057 Nevada	097 Sonoma
019 Fresno	059 Orange	099 Stanislaus
021 Glenn	061 Placer	101 Sutter
023 Humboldt	063 Plumas	103 Tehama
025 Imperial	065 Riverside	105 Trinity
027 Inyo	067 Sacramento	107 Tulare
029 Kern	069 San Benito	109 Tuolumne
031 Kings	071 San Bernardino	111 Ventura
033 Lake	073 San Diego	113 Yolo
035 Lassen	075 San Francisco	115 Yuba
037 Los Angeles	077 San Joaquin	
039 Madera	079 San Luis Obispo	

If the family resides outside of California, list the state code only.

SECTION IV. DATA ON CHILDREN

Column 4: Adjustment Factor Codes

21 Infant	24 Severely Disabled
22 Exceptional Needs	25 Limited English Proficient (LEP)
23 Child Protective Svcs.	27 Toddler

Column 6: Race Codes

1 American Indian or Alaskan Native	2 Asian
3 Black or African American	4 Native Hawaiian or Other Pacific Islander
5 Caucasian	

Column 7: Native Language Codes

11 Arabic	24 Hungarian	06 Portuguese
12 Armenian	25 Ilocano	28 Punjabi
42 Assyrian	26 Indonesian	29 Russian
13 Burmese	27 Italian	45 Rumanian
03 Cantonese	08 Japanese	30 Samoan
36 Cebuano (Visayan)	09 Khmer (Cambodian)	31 Serbian
54 Chaldean	50 Khmu	52 Serbo-Croatian
20 Chamorro (Guamanian)	04 Korean	01 Spanish
	51 Kurdish	46 Taiwanese
		32 Thai

39 Chaozhou (Chaochow)	47 Lahu	53 Toishanese
	10 Lao	34 Tongan

Column 7: Native Language Codes (Continued)

14 Croatian	07 Mandarin (Putonghua)	33 Turkish
15 Dutch	48 Marshalllese	38 Ukrainian
00 English	44 Mien	35 Urdu
16 Farsi (Persian)	49 Mixteco	02 Vietnamese
17 French	88 Native American Languages of China	55 Other Languages of the Philippines
18 German	40 Pashto	66 Other Languages of the Philippines
19 Greek	05 Pilipino (Tagalog)	99 Other non-English
43 Gujarati	41 Polish	
21 Hebrew		
22 Hindi		
23 Hmong		

Column 8: Program Codes (Contract Prefix)

GPPE:	State Preschool
GCTR:	General Child Care
GHUD:	HUD Child Care
GWAP:	Full Day Preschool Wrap Around
GFCC:	Family Child Care Home
GMIG:	Migrant Child Care
GCAM:	Campus Child Care (With Match)
GHAN:	Handicapped Child Care
GLTK:	School Age Community Child Care (Latchkey)
GAPP:	Alternative Payment
GCPS:	Child Protective Services
G2AP:	CalWORKs Stage II
G3TO:	CalWORKs Stage III Set-Aside, Timing Off
FAPP:	Child Care & Development Fund (CCDF) Alternative Payment
FMAP:	Migrant Alternative Payment Program
FCPS:	CCDF Child Protective Services
F2AP:	CCDF Alternative Payment Stage II
F3TO:	CCDF Alternative Payment Stage III
FCTR:	CCDF Center Based
FFCC:	CCDF Family Child Care Homes
FHUD:	CCDF HUD Child Care

Column 9: Type of Care Codes

02	Licensed family child care home
03	Licensed large family child care home
04	Licensed center-based care
05	License-exempt in-home (child's) care provided by a relative
06	License-exempt in-home (child's) care provided by a non-relative
07	License-exempt care provided outside child's home by a relative
08	License-exempt care provided outside child's home by a non-relative
11	License-exempt center-based care

NOTE: When applicable, this form is to be completed and used with form CD 9600
Please print or type information.

TRAINING VERIFICATION – PARENT OR CARETAKER ATTENDING SCHOOL OR RECEIVING TRAINING

cd-9605 (09/01)

DATE

INSTRUCTIONS

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Complete all information requested.
2. When completed, take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.
4. Return this form within two weeks to the agency that will provide the child development services.

AGENCY

UCSD Early Childhood Education Center

PARENT OR CARETAKERS NAME (last, first, middle)

TELEPHONE NO.

()

STREET ADDRESS

CITY

ZIP CODE

TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED

TELEPHONE NO.

()

STREET ADDRESS

CITY

ZIP CODE

DATE THIS TERM BEGAN

DATE THIS TERM ENDS

ANTICIPATED COMPLETION DATE FOR
TRAINING/EDUCATION

PROFESSIONAL OR VOCATIONAL GOALS

CLASS SCHEDULE (if applicable)

	DAY	TIME	ROOM NO.	COURSE NAME	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SIGNATURE OF PARENT OR CARETAKER

DATE

SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION

DATE

INCOME VERIFICATION

Name(s) of child(ren) to be served:

1)	2)
3)	4)

Other children in household:

1)	2)
----	----

Name of Parent(s) receiving income:

1)	2)
----	----

Other adults in household:

Total number of people in household:

Gross Income:

List specific name and amount of *each source* – include loans, grants, Federal Work Study, Alimony/child support, AFDC, outside jobs, etc.): **

INCOME SOURCE (NAME)	AMOUNT/Month
1)	
2)	
3)	
4)	
5)	

Please attach proof for each source of income: check stubs, award letters, Federal Income Tax Return, etc.

I attest the information above is correct and complete. I have listed all sources of income and/or other financial assistance. (Please see State Fraud Guidelines attached.)

Parent Signature	Date
Witness	Date

PARENT RESPONSIBILITIES

As a parent enrolled in the State Department of Education subsidy program, you are responsible for the following items:

- Signing your child in and out each day. Providing specific explanations for absences according to numbered excuses on your child’s sign in form.
- Notify the office within 10 days of any change in your income, family size, employment, student status or any other circumstances that may affect your eligibility.
- If a student, every quarter, you must provide the Enrollment Coordinator with Training Verifications, scheduled time of classes including study-time and grades after courses are completed.
- Contact the office to renew your contract before the expiration date. Your SDE contract expires on _____.

NOTIFYING THE OFFICE IN WRITING FOR ANY PLANNED EXTENDED ABSENCES. IF AN EXTENDED ABSENCE IS UNPLANNED, PLEASE NOTIFY THE OFFICE AS SOON AS POSSIBLE.

I, *(please print)* _____, have read and understand these responsibilities and agree to adhere to them during my child’s enrollment at the UCSD Early Childhood Education Center. I understand that failure to fulfill these responsibilities may adversely affect my subsidy contract with the State Department of Education and result in termination of my child care service at UCSD ECEC.

_____ Date _____
Signature of Parent/Guardian

CHILD CARE DATA COLLECTION PRIVACY NOTICE AND CONSENT FORM

The U.C. Department of Health and Human Services (HHS) is gathering information about families that receive child care assistance. The information will be reported to the California Department of Education (CDE), and then to HHS. The information will be used for research on the status of child care in the United States, and will provide valuable data for those developing child care programs and policies at the state and local, as well as national level.

All of the information HHS receives about your family and others will be summed up and reported to Congress every two years. No person or family will be individually identified in reports made to Congress or to the public. All information CDE receives about your family and others will be summed up, and no person or family will be individually identified in reports made to the Legislature, other governmental agencies or the public.

To ensure that children and families receiving child care services are counted only once, HHS and CDE are requesting the social security number of the head of the family unit receiving child care assistance. If you do not wish to give your social security number for this purpose, you may still receive child care assistance. Social security numbers will help us meet HHS reporting requests and state requirements for program statistics. Authority to ask for your social security number for this purpose is in Section 98.7(a)(13) of Title 45 of the Code of Federal Regulations, *Education Code Section 8261.5*, and Section 18070 of Title 5 of the California Code of Federal Regulations. Your decision to provide your social security number is voluntary.

I have been informed of the way my social security number will be used. I understand that if I do not wish to give my number, I can still receive child care assistance.

- YES, my social security number may be used ____ - ____ - _____
- NO, I do not wish my social security number be used for this purpose ____ - ____ - _____

Signature of Head of Household

Date _____

TYPE OR PRINT NAME

If you would like a copy of this form, please ask.

STATE FRAUD GUIDELINES

Child Development Division

**MANAGEMENT ADVISORY
No. 94-07 (rc)
July 1994**

“Fraud” is defined in Section 1709 of the Civil Code as:

One who willfully deceives another with intent to induce him to alter his position to his injury or risk, is liable for any damage which he hereby suffers.

“Deceit” is defined in Section 1710 of the Civil Code as:

A deceit, within the meaning of the last section is either:

1. The suggestion, as a fact, of that which is not true, by one who does not believe it to be true;
2. The assertion, as a fact, of that which is not true, by one who has no reasonable ground for believing it to be true;
3. The suppression of a fact, by one who is bound to disclose it, or who gives information of other facts which are likely to mislead for want of communication of that fact; or
4. A promise, made without any intention of performing it.