



Coastside Children's Programs

Health and Safety Packet

Not currently enrolled at CCP

Please return via email or deliver to the Admin
Office

The office is open by appointment only, email is
preferred.

225 Cabrillo Hwy S Suite 208D, Half Moon Bay, CA 94019

Email: yesenia@coastsidechildren.org

Phone: 650-726-7413

2/2/2023

ADMISSIONS POLICY AND AGREEMENT

One of the most important components of our Child Care Program is you! It is because we believe that parents/guardians are an important part of our team that we encourage parent participation through volunteerism and parent meetings. Parent meetings in particular are useful forums to communicate ideas and information regarding Center programs. Your involvement and input are greatly valued, and you are always welcome in the Centers!



PLEASE READ THE FOLLOWING CONDITIONS OF ADMISSIONS AND SIGN BELOW:

I understand that the following procedures are required as conditions of enrollment in Coastside Children's Programs' Child Care Centers:

1. I understand that CCP is taking all necessary precautions to ensure the health and safety of children and staff during the COVID-19 pandemic. I understand enrollment and participation during the COVID-19 pandemic is at our own risk.
2. Sign-In and Sign-Out must be completed DAILY. My full signature and note of time drop-off and pick-up of my child is required for every day my child is enrolled in the Center. This is a binding legal contract with CCP.
3. If my child will be absent from the Center for ANY reason, I will call and notify the Center of the absence.
4. If my child is absent for more than 3 days due to illness, a doctor's note may be required before s/he is allowed to return to the Center.
5. I have read and completed all Enrollment packet documents and have returned them to the Site Director or an Assistant Director.
6. I am responsible for providing the Center with any changes to my child's Emergency Contact Information (phone numbers, addresses, doctor, etc).
7. The Department of Social Services/Community Care Licensing has the right to visit and inspect any child's file and to talk to children at any time to ensure the health and safety of all children.
8. I have completed and signed a Contract for Services for my child, and understand the basic services, payment provisions and other requirements as stated. Or, I understand that as a drop-in family that our space is not guaranteed unless we have put together a Contract for Services for my child.
9. The Centers are open from 7:30 am to 5:30 pm, Monday – Friday. I am expected to drop off and pick up my child(ren) within my contracted hours/days.

Good and frequent communication between you and the Center staff is important for your child's health, happiness and positive development – as well as your feelings of well being while you are away from your child! Please share your reservations, suggestions, etc. with us.

We hope you and your child enjoy your time with Coastside Children's Programs. Thank you for participating in our program!

Parent/Legal Guardian Signature

Date

Coastside Children's Programs is in compliance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and the Rehabilitation Act of 1973, and does not discriminate on the basis of race, religion, color, national origin, sex, mental or physical handicaps, marital status, sexual preference, age, ancestry or political affiliation in any of its programs or activities. Inquiries regarding these policies may be directed to Coastside Children's Programs, 225 Cabrillo Hwy S. Suite 208D, Half Moon Bay, CA 94019 (650-726-7413).

Required Licensing Form

TERMINATION OF SERVICES School Age

CCP strives to maintain a safe and nurturing group environment for children. The behavior of any child can impact that sense of safety and nurturance for any other child. Children are expected to conduct themselves in such a manner that they and their classmates will gain the most from their CCP experience. CCP provides many opportunities for children to develop respect for others and the ability to work, and learn together. CCP follows the same policies as the CUSD (California Educational Code 48900 & 48915) pertaining to Suspensions and or Expulsions.



Therefore, CCP reserves the right to determine if a child needs to be suspended or expelled from the program if in our best judgment we deem the child's behavior "unacceptable." Typically this means that the child is a danger to himself/herself or others with the supervision that we typically provide in our group settings.

For your information, the California Educational Code 48900, Grounds for Suspension or Expulsion, has been summarized below:

- a. Caused or attempted to cause or threatened to cause, physical harm. Willfully used force or violence upon another person.
- b. Possessed, sold, or furnished any firearm, knife, explosive or other dangerous objects.
- c. Possessed, used, sold, furnished, or under the influence of any controlled substances, an alcoholic beverage, or intoxicant.
- d. Offered, arranged, or negotiated to sell a substance represented to be a controlled substance, but which was not such.
- e. Committed or attempted to commit robbery or extortion.
- f. Caused or attempted to cause damage to school (CCP) property or private property.
- g. Stole or attempted to steal school (CCP) property or private property.
- h. Possessed or used tobacco in any form.
- i. Committed an obscene act or engaged in habitual profanity or vulgarity.
- j. Possessed, offered, arranged or negotiated to sell any drug paraphernalia.
- k. Disrupted school activities of defiled valid authority of any school (CCP) staff member.
- l. Knowingly received stolen school (CCP) or private property.
- m. Possessed an imitation firearm.
- n. Committed or attempted to commit sexual assault and /or sexual battery.
- o. Harassed, threatened, or intimidated a pupil who is a complaining witness in a school (CCP) disciplinary proceeding.
- p. Committed sexual harassment
- q. Caused, attempted to cause, threatened to cause, or participated in an act of hate violence.
- r. Harassed threatened or intimidated a pupil or group of pupils.

Education Code 48915 Expulsion Mandatory or Quasi-Mandatory (with particular circumstances)

1. Caused serious physical injury to another person, except in self-defense.
2. Possession of any knife, explosive or other dangerous object of no reasonable use to the pupil.
Possession of any controlled substance, except for first offence for the possession of not more than one ounce of marijuana.

3. Robbery or extortion
4. Assault of battery upon any school employee.
 - a. Possessed, sold, or otherwise furnished a firearm.
 - b. Brandished a knife at another person.
 - c. Sold any controlled substance.
 - d. Committed or attempted to commit sexual assault of sexual battery.

Parents should expect to be notified during any day in which, in our judgment, a child creates a dangerous or abusive situation for children and teachers. The child must be removed for the rest of that day, possibly longer, depending upon the nature of the situation. In the event of our calling for temporary removal, we will inform the parents of the duration of suspension or of the conditions for return.

Under ordinary circumstances, we strive to notify parents early if we see challenging behaviors, discuss a plan of correction with them, and if the problem repeats we will notify them in writing of the need to remove the child from our program. If circumstances permit, in our judgment, we will give them sufficient notice to make alternative arrangements unless there is an immediate risk to teachers/children in the class. We generally do not seek to end a child's participation unless the child's behavior becomes a persistent problem for them and others (or escalates out of control consistently) that is not manageable within our ordinary program resources and format.

We reserve the right to temporarily or permanently expel a child for disciplinary reasons without notice, especially under abusive, threatening, or dangerous circumstances, if in our judgment one of these conditions exist. In such a case tuition will NOT be refunded.

Other situations that may result in immediate service termination other than what was stated above is a follows:

- Physical violence or threat of physical violence by the parent/guardian to the staff, children or other parents/guardians.
- Parent/guardian habitual use of profanity, vulgarity, obscenity, or racial and other discriminatory remarks.
- Continued disregard for policies governing the use of the building and equipment.
- Falsification of information.
- Chronic late pick-ups.
- Failure to pay tuition and/or penalty fees (according to our contract).
- Children who, at no fault of their own, have extraordinary needs that CCP is unable to accommodate within our program(s) (such as one on one support)

Note: A parent/guardian who has had child care services terminated may not re-enroll the child(ren) again for a minimum of six months. CCP reserves the right to refuse services or to accept an application for re-enrollment.

Parent/Guardian Signature

Date

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/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'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/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
-----------------------------------------------------------	------

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

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

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

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

_____ 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
NAME

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

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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

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

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

	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 IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
------------------------------------------------------------------------------------------	------------------------	---------------------------------------------

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

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

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
---------------------------------	--------------------------

PARENT'S EVALUATION OF CHILD'S HEALTH

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

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

PERSONAL RIGHTS

Child Care Centers

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

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

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

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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

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

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

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

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

SIGNATURE FORM



I give the following people permission to pick up my child from the center. Signatures may be collected upon first pick up; authorized persons will also be required to show a valid picture I.D.

Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person

Child's Name (Please Print)	
Parent's Name (Please Print)	
Parent's Signature	Date

PUBLIC RELATIONS RELEASE

Coastside Children’s Programs regularly takes photos and videos of the children for various reasons: decoration for classrooms, keepsakes for children/families, newsletters, advertisements, and marketing for the agency.



We can only use your child’s image if we have permission from you. Please indicate below if you do or do not authorize the use of images of your child for purposes other than center-based purposes (Facebook posts, newsletters, fundraising, and marketing). This authorization stands until the child is no longer enrolled in a CCP program or a written notice of change is received by CCP.

Yes, I authorize Coastside Children’s Programs to use **videos and photos** of my child for marketing/advertising/fundraising/publicity purposes showing our program activities and partners such as The Big Lift, The HEAL Project, Yoga, etc.

No, I do not allow Coastside Children’s Programs to use **videos or photos** of my child for marketing/advertising/publicity purposes showing our program activities and partners such as The Big Lift, The HEAL Project, Yoga, etc.

Child’s Name (Please Print)	
Parent’s Name (Please Print)	
Parent’s Signature	Date

FIELD TRIP AUTHORIZATION – Local Walking Field Trips



Coastside Children's Programs frequently involves walking field trips that can sometimes be spontaneous. These field trips are local and are traveled to by walking. For walking trips a notice will be left at the center with the trip destination, route taken, an expected return time, and teacher contact number. Other field trips through public transportation, chartered bus, or car will have their own separate authorization forms. This authorization stands until the child is no longer enrolled with CCP or a written notice of change is received by CCP.

I give my permission for my child,

First Name	Last Name
------------	-----------

to participate in the walking field trips planned by the center, both scheduled and spontaneous.

Parent/Guardian Name	
Parent/Guardian Signature	Date

Family Handbook Acknowledgement



I have received a copy of the Family Handbook.

I have read and will adhere to Coastside Children's Programs policies and procedures regarding my child/s enrollment and participation. You may also access the Family Handbook on the CCP website at the following link:

<http://www.coastsidechildren.org/enrollment.html>

Child's Name (Please Print)	
Parent's Name (Please Print)	
Parent's Signature	Date