Kids Corner
Preschool & Childcare

First Day Checklist

We are so excited to have your family as part of the Kids Corner Learning Center family!

Your enrollment packet will be due no later than your child's first day. You will have 30 days from your child's first day of enrollment to provide your child's up-to date. Immunization record and Physician's Report (LIC 701) signed by your child's pediatrician.

For your child's first day, please provide the following:

- A Water bottle to stay at school
- 2 pairs of extra clothes- 2 shirts, 2 bottoms, 2 pairs of underwear, 2 pairs of socks
- A small backpack to transport items to and from school
- Alight jacket to stay at school
- Ahat and sunscreen for hot days
- Diapers, wipes, rash cream
- Breast milk/Formula milk
- Solid Food

Please make sure that ALL items are labeled with your child's name or initials. Extra clothes

should be in a freezer size clear zip-lock bag with your child's name also on the bag.

You will provide 2 snacks and 1 lunch if your child is full day or 1 snack and 1 lunch if your child is half day. We recommend a thermos-style lunch tin to keep food warm. Please provide a lunch box with your child's name. We ask that no valuable personal items such as toys, iPad, etc. be brought to school other than on "share day".

Kids' Corner Learning Center will not be responsible for any lost items. Thank

you and welcome to Kids Corner!!

Kids Corner
Preschool & Childcare

Dear Families,

We thank you for your support and understanding of our efforts to keep our community safe.

Please initial the following guidelines and return this form to the school by January 03, 2026.

_____I understand that according to the California Department of Public Health the following are symptoms that may be related to COVID-19 — fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

_____I understand that Kids Corner Learning Center may refuse attendance if my child shows any symptoms at drop-off.

_____I understand that if my child develops any symptoms while in care at Kids Corner Learning Center, my child will be sent home and must be picked up within one hour of being contacted.

_____I understand that Kids Corner Learning Center may contact those on our Emergency Contact List/Authorized Pick-Up List to pick up my child, if they cannot reach a parent or guardian.

_____I understand that my child cannot attend Kids Corner Learning Center for the duration of the quarantine period determined by the Director in accordance with local Public Health Departments and Department of Social Services – Community Care Licensing.

_____I understand that each case is treated individually, and the Director will seek guidance from local Public Health Departments and Department of Social Services – Community Care Licensing to determine next steps.

_____I understand that at this time Kids Corner Learning Center is limiting exposure (unless arranged with the Director) and that pick-up and drop-off will be at the front door of our facility.

_____I understand that I must provide a thermos-style lunch container to keep my child's lunch warm and that staff will not be allowed to warm up food for my child during lunchtime.

_____I understand that edible "treats" for my child's birthday/last day are not allowed to be distributed at this time.

_____I understand that I must provide a water bottle to remain at school that will be washed daily on site.

_____I understand that personal toys/loveys will not be permitted at this time. If a child requires one for naptime, it will be kept in my child's cubby and only allowed at naptime.

_____I understand that I am responsible for securing care for my child(ren) during the duration of the shut-down and that Kids Corner Learning Center is not responsible for finding care for my child during shut-down.

_____I understand that any financial obligations will be treated on a case-by-case basis and may only be discussed with the Director and will be kept confidential.

Print Parent's Name: _____

Parent's Signature: _____Date: _____

Child's Name: _____

Enrollment Agreement

KIDS CORNER RESERVES THE RIGHT TO MODIFY THIS AGREEMENT BY GIVING/POSTING A WRITTEN 30 DAY NOTICE OF THE MODIFICATIONS.

I HAVE READ AND FULLY UNDERSTAND THE PARENT'S HANDBOOK AND ENROLLMENT AGREEMENT AND HAVE RECEIVED A COPY OF KIDS CORNER PARENTS HANDBOOK AND ENROLLMENT AGREEMENT. | UNDERSTAND AND AGREE TO ADHERE TO ALL OF KIDS CORNER POLICIES AND POLICIES AND PROCEDURES GOVERNED AND REQUIRED BY THE STATE OF CALIFORNIA AND COMMUNITY CARE LICENSING. | AGREE TO PAY ANY AND ALL OUTSTANDING BALANCES AT THE TIME OF WITHDRAWL OR THE ACCOUNT MAY BE REFERRED TO A COLLECTION AGENCY OR DIRECTLY TO SMALL CLAIMS COURT.

KIDS CORNER REQUIRES A 60 DAY WRITTEN NOTICE OR FULL MONTH PAYMENT IN LIEU OF NOTICEPRIOR TO YOUR CHILD LEAVING OUR PROGRAM.

I AGREE TO PAY § _____PER MONTH FOR THE _____DAY PROGRAM

ENROLLMENT/START DATE _____

CHILD'S FULL NAME _____

PARENT/GUARDIAN_____

APPROVED BY

PARENT/GAURDIAN (SIGNATURE)_____DATE._____

APPROVED BY

KIDS CORNER LEARNING CENTER _____DATE_____

KIDS CORNER LEARNING CENTER

Parent Handbook & Enrollment Agreement



Kids Corner

Preschool & Childcare

716 APPIAN WAY
EL SOBRANTE, CA 94806
WWW.KIDSCORNERPRESCHOOL.ORG
(510) 758-5532

Parent Handbook and Enrollment Agreement

Welcome!

Welcome to Kids Corner Learning Center!

We're excited you've decided to join the Kids Corner Learning Center (Kids' Corner) family. Within this handbook and agreement, you'll find information regarding our program policies and procedures, instructions for establishing your online account, and much more. If at any time, you're confused or unclear about any of the information found within this handbook or agreement, please reconnect with the director.

1st Day of School

Parents are welcome to stay for an extra 5 minutes on their child's first day. After that, we ask that you hug and kiss your child goodbye, ensure them you will be back and exit the facility (smiling). Children will typically calm down within a minute of parents leaving. Should your child have a more difficult time during the transition, we will contact you.

30 Day Observation Period

Kids' Corner accepts each child/family on a 30-day trial basis. It is vital that our program adequately meets the needs of your family and your child(ren) and provide a safe and productive environment fostering growth and development.

Within the first 30 days we'll assess your child, confirm that we have the right resources to support them, and diligently work to ensure a smooth transition into our facility. If we find that we are unable to meet the needs of your family or child, we'll immediately let you know and work to determine strategies to close observed gaps. If we're still unsuccessful, we'll schedule a parent/team conference and determine next steps. This is at center's discretion, not parents.

Change of Fees & Tuition Policy

We reserve the right to change established fees and tuition schedules at any time provided that any such changes are communicated to families one month prior to the change taking effect. Personal Information & Confidentiality

Personal information about children and families is strictly confidential. Please do not ask us to reveal information about other children's health history and other family information will help provide the best care for your child. You must reveal pertinent information as required by state law, which are the forms you filled out when your child first started with the program. Upon enrollment, we take a picture of each child. This image is used for internal purposes and for easy identification on our allergies and food restrictions list.

Enrollment Fees and Tuition Schedule

Registration Fee & Initial Service Deposit

Upon registration we require a $150 per child registration fee + last month's tuition deposit. The registration fee is assessed and applied to the students account on January 1st of each year thereafter. The deposit, a full month's tuition, goes towards the last month of care and is active provided a 45-day written notice of termination is provided. If a written 45-day notice is not provided, the parent may be liable to pay full tuition and lose their tuition deposit. These fees are non-refundable.

Materials/Art Fee

This fee supports each child's art and materials fee for the year. Art and creativity are a large part of play-based curriculum. The materials fee is an annual fee of $200, due every January, or at enrollment.

Monthly Tuition

Monthly tuition is due by the 1st of each month and is considered late by the 3rd calendar day. Tuition is encouraged to be paid on Bright wheel but can be paid in person by check or money order. No cash accepted. See the Tuition and Fee Schedule for details on your tuition rate and fees. Childs name required in memo section of check.

Non-Potty-Trained Fee

A fee of $100 is added to monthly tuition for children not potty trained and is included within the monthly tuition invoice.

Extended Care Fees

Extended care fees for morning and evening care are added to monthly tuition invoices. See the Tuition and Fee Schedule for details on your tuition rate and fees.

Late Tuition Payment Fees

A late payment fee of $40 is automatically applied to your students' accounts for tuition and fee payments made after the 3rd and 18th of the months. Non payments after two days will cause a suspension in care.

Returned Check/ACH Fee

A fee of $35 is assessed and applied to the students account for each returned check payment. In addition to the returned check fee, a late payment fee will also be applied in this instance.

Illness, Absences, Vacations, Holidays & School Closures

Absences

When your child is unable to attend a regularly scheduled school day, please notify Kids Corner as soon as possible. Please note there will be no reduction in tuition fees for days missed, and no switching days for part-time students.

Symptoms requiring the child to stay home from school or requiring removal of the child from preschool:

- Fever (children must be fever free for 48 hours before returning)
- Lice
- Pink Eye/goopy mucus eye/Conjunctivitis (must be on medication 24 hours)
- Thick/colored/gunky mucus (requiring wiping every 5 minutes or less)
- Nagging and/or deep cough
- Hand, Foot and Mouth Infection (blisters fully dried out)
- Diarrhea
- Vomiting due to illness
- Ringworm
- Rash
- COVID

If you are not sure whether to bring your child to school, please give us call. Allergy related symptoms are non-communicable and do not require exclusion. It is Kids Corners' discretion to allow a child back after illness, regardless of a doctor's note.

Vacations

If your family is planning an extended vacation or absence from the program, please provide advanced notice. Vacations or extended absences do not reduce monthly tuition rates as tuition holds the student's space within the program.

Holidays

Kids' Corner observes all federal holidays. The campus calendar can be accessed online and attached at the back of this packet.

School Closures

Each year we plan professional development and training days, in addition to holiday breaks and closing the school early (minimum days) for special events. Please see the attached calendar with planned professional development days, school breaks and minimum days planned for the coming year.*You can access the current year calendar online at **www.kidscornerpreschool.org/preschool-calendar**

Emergency Closure

There are days that are out of our hands, and we must close due to emergencies. These days include (but are not limited to): power outages, fire/bad air quality days (over 180), major earthquakes (we will stay closed until center can be inspected), CDC recommendations such as COVID pandemics.

Birthdays and Holiday Celebrations

We are happy to celebrate holidays and students' birthdays; if you would like to bring special treats for the class, please let us know in advance. Please note that we are a nut-free school. No cake or cupcakes, talk with your teacher about fun alternatives! You may bring in a special food item for your child if they have special dietary needs. This way all children can be included in special activities. It is important that your child have a good breakfast before coming to school. They will be learning and playing, which takes a lot of energy. We want the children to be ready to have fun and thrive in their learning and socializing. Breakfast is not provided at school.

Toys

We ask that children DO NOT bring toys from home. The only time toys are permitted at school will be for "Show and Tell" scheduled days. The teachers will notify parents of these days in advance. When toys are brought in for such scheduled days, there will be a designated are for keeping toys until sharing time begins. We are NOT responsible for lost toys.

Clothing, Personal Belongings & Supplies

Each child is provided with a cubby, and we ask that when your child enters the program, we place their items in their cubby. We request that all children maintain an extra set of clothing in their cubby. Be sure to place your child's name on their clothing and any items brought to school. If your child feels the need to bring something that comforts them, we place that item in their cubby until needed.

School Rules

All children are asked to comply with the following school rules for the safety and well-being of all:

- There will be no running permitted.
- Children may not open doors, climb wall at sign in and NOT permitted in kitchen.
- Hitting, pushing, biting, grabbing, kicking, spitting, scratching or pinching other children/adults will not be allowed. Excluded for toddlers, teachers will monitor and redirect those children

Biting

In order to maintain a safe environment for all our students we have established the following procedure to manage and control biting (understanding that biting is common behavior in toddlers):

- First time = warning, parents are informed, and the incident will be discussed,
- 2nd time = 1 day suspension from school,
- 3rd time = may lead to dismissal or termination of contract from preschool.
- No standing or climbing on chairs or tables.
- There will be no disrespectful language.
- As stated above in the Positive Reinforcement section, if rules are not followed and the child
- does not respond to the above techniques, we will hold a conference with the parents. Respectful behavior of parents entering building. Foul language, threats, and confrontation
- with staff ARE grounds for immediate dismissal.

Please support us in following these rules by reminding your child to be safe and respectful.

Water Play in the summer

Teachers and Staff will notify you in advance of scheduled days.

Communications

Bright wheel & Parent/Teacher Conferences. Monthly school and classroom communications are provided via and can be found on our website. We also use Bright wheel, a mobile application to log attendance, share milestones keeping parents up to date on daily interactions and make monthly payments. In addition to Bright wheel, we hold parent teacher conferences once per year to review development milestones and review each student's progress within our program. Parents may request additional meetings as needed. See the Hi Mama for Parents' instructions for setting up your account.

Safety and Fire Drills

Fire drills are practiced so the children have a sense of what to do if there is a fire. They will be taught where to go, what to do, and what to do in case of any emergency. In doing so, it gives us the security that the children know the sound of an alarm and how to respond. In case of a disaster, please refer to our relocation sites handed out at enrollment and posted on the Parent Info Board in the lobby of the school.

PLEASE INFORM THE SCHOOL OF ANY CHANGES IN PHONE NUMBERS, EMAIL ADDRESSES, HOME ADDRESSES AND ANY EMERGENCY CONTACTS.

Daily Schedule

Al children enjoy a structured schedule that allows for flexibility. A schedule helps the day flow more smoothly and allows the children to anticipate coming events, and aids in achieving a variety of goals. We will adhere to our schedule to the best of our ability, keeping in mind that anything can happen when children are involved. There will be times when we have to make adjustments to the schedule. Please see the Daily Schedule for your classroom/program in your welcome package, or online. We ask that all students arrive no later than 9am M-F. This helps manage teacher/student rations and daily programming when we have an accurate count of children for the day.

Parent Volunteers

On occasion teachers request Parent volunteer. When the need arises, usually for campus/class events or parties/celebrations, your teacher will notify you and post a parent volunteer sign-up sheet.

Conditions of Termination & Unenrollment Policy
Conditions of Termination

- Kids' Corner has the right to terminate an enrollment agreement and ask a parent to withdraw if any of the following (but not limited to) occur:
- failure to pay,
- lack of parental cooperation,
- Respectful behavior of parents entering building. Foul language, threats, and confrontation with staff ARE grounds for immediate dismissal,
- child does not adjust to the preschool after a reasonable amount of time (Or All depends on severity of situation)
- physical or verbal abuse of any person or property,
- our inability to meet the child's needs,
- lack of compliance with the Admission Agreement/Parent Handbook regulations,
- The safety of all students is important to us, and consequences for a "biter" will be enforced.

Unenrollment

Families are required to provide 60 days' written notice of plans to unenroll in our services. Upon receipt of notification, we will provide confirmation of receipt and summary of account balances through the final day of services.

Admission Policies and Procedures

Open & Non-Discriminatory Eligibility: Admission is open to children aged 6 weeks to 24 months without discrimination on the basis of race, religion, national origin, ancestry, disability, or family structure, subject to licensed classroom capacity and space availability.

Pre-Enrollment Tour & Intake Conference: Prospective families must complete a guided in-person tour of our facility with the Facility Director, review program policies, and participate in an initial intake and Needs and Services conference prior to the child's first day.

Mandatory Licensing & Health Documentation: Before a child may attend, parents/guardians must submit a complete enrollment packet containing all required CDSS licensing forms, including Identification and Emergency Information (LIC 700), Physician's Report (LIC 701), Child's Preadmission Health History (LIC 702), signed Personal Rights (LIC 613A), Safe Sleep Acknowledgment (LIC 9108), and the Individual Infant Sleeping Plan / Needs and Service Plan (LIC 9227).

Immunization Compliance (California SB 277): State law requires verified proof of all age-appropriate immunizations—including DTaP/Pertussis, Polio, Hib, Hepatitis B, Pneumococcal (PCV), MMR, and Varicella—prior to admission unless a valid medical exemption issued through CAIR-ME is on file.

Child Care Enrollment Agreement & 30-Day Rate Notice: Each family executes an individualized Child Care Enrollment Agreement specifying the designated Payor, Payee, weekly schedule, basic monthly tuition, and supplementary fees. In compliance with California Health and Safety Code, written notice is given at least thirty (30) calendar days before any change in basic rates or program policies.

Discipline Policies

Foundational Philosophy of Guidance: At Kids Corner Learning Center, discipline is viewed as teaching, guiding, and supporting young children as they begin to understand boundaries, emotions, and social interactions—never as punishment.

Consistent & Respectful Boundaries: Teachers establish calm, predictable routines and age-appropriate classroom expectations so infants and toddlers feel safe and understand how to interact gently with peers and materials.

Strict Prohibition of Harmful Practices: In strict compliance with California Title 22, Section 101223, no staff member, volunteer, or parent on site may ever use physical punishment, verbal intimidation, humiliation, or deprivation of basic needs (food, water, rest, or toileting) as a form of discipline.

Child Care Program Description

Full-Day / Half-Day Early Care & Education: Kids Corner Learning Center provides comprehensive, full-day, center-based care designed to nurture infants in a safe, clean, and stimulating developmental setting.

Core Daily Services: Our program encompasses continuous visual and auditory supervision, individualized bottle and meal feedings, safe sleep monitoring, hourly diapering and toilet-learning support, sensory-rich curriculum activities, and ongoing developmental milestone observations.

Title 22 Staffing Ratios & Qualified Educators: All classrooms are staffed by qualified early childhood educators who meet or exceed Title 22 education, background clearance (LIC 999), and Pediatric CPR/First Aid requirements. Ratio is strictly maintained at 1 teacher/aide per 4 infants (1:4) .

Statement of Philosophy

Relationship-Centered Attachment: We believe infants thrive when they form secure, trusting relationships with consistent caregivers who respond promptly and warmly to their physical and emotional cues.

Respect for Each Child's Individuality: Every child is a capable learner with a unique temperament, family culture, and developmental timeline. Our educators honor each child's individuality rather than forcing uniform expectations.

Primary Caregiving Model: Each infant is paired with a primary caregiver who takes responsibility for daily routines, communication with parents, and tracking developmental progress, ensuring emotional continuity.

Purpose

Nurturing Whole-Child Development: Our purpose is to lay a strong, healthy foundation across all developmental domains—physical, cognitive, social-emotional, and language during the critical first three years of life.

Supporting Working Families: We strive to serve as a reliable, transparent partner to parents and guardians by delivering high-quality care, clear daily feedback, and peace of mind throughout the workday.

Goals

Emotional Security & Trust: Create a calm, responsive classroom atmosphere where children feel deeply safe, comforted when distressed, and confident to explore their surroundings.

Motor, Sensory & Language Growth: Foster progressive gross and fine motor coordination, sensory integration, early vocabulary acquisition, and positive peer curiosity through purposeful daily play.

Collaborative Home-School Partnership: Ensure seamless alignment between home and center routines through open-door access, daily written/digital logs, and scheduled parent-teacher conferences.

Program Method

Sensory Input & Discovery: Infants and toddlers explore a rich variety of safe, non-toxic natural textures, soft fabrics, mirrors, gentle sounds, and spatial movement opportunities designed to stimulate neural pathways.

Outdoor Exploration: Children enjoy daily outdoor time in a dedicated, securely fenced infant yard featuring shaded sensory paths, soft surfaces, low climbing structures, and fresh-air exploration.

Music and Silly Songs: Daily rhythmic play, singing, fingerplays, nursery rhymes, and gentle movement songs build auditory discrimination, memory, and early speech patterns.

Art Exploration: Older infants participate in process-oriented, taste-safe, non-toxic tactile art (such as finger painting, water painting, and dough play) focused on sensory discovery rather than finished products.

Language and Reading: Educators engage in continuous verbal narration, responsive back-and-forth vocal turn-taking, interactive board-book reading, and sign/gestural communication scaffolding.

Category of Ages

Infant Care Component (6 to 24 Months): Our dedicated Infant Room serves infants from 6 weeks to 18 months of age, providing a shoe-free, floor-level exploration tailored to non-mobile infants, crawlers, and early walkers.

Exclusive Component Licensing: Kids Corner Learning Center is licensed by CDSS exclusively for Infant and Preschool components and does not operate school-age or other care programs.

Supplementary Services

Emergency & Supplemental Nut-Free Snacks: While parents provide daily lunches, snacks, and infant milk/formula, the center maintains a stocked on-site inventory of nutritious, nut-free backup snacks (such as whole-grain crackers, applesauce cups, fruit purees, and water).

Zero-Cost Supplemental Snack Provision: If a parent forgets to pack food or a child remains hungry after finishing their meal from home, staff verify the child's allergy profile on file and promptly provide a supplemental snack at no extra charge.

Optional Extended Care & Enrichment: Optional supplementary services such as extended after-hours care or special on-site developmental workshops are clearly itemized in the Child Care Enrollment Agreement.

Field Trips

No Off-Site Motor Vehicle Field Trips: To ensure the highest level of safety and Title 22 compliance, the Infant Program does not conduct off-site field trips involving vehicles, buses, or public transit.

On-Site Stroller Walks & Perimeter Excursions: All outdoor excursions occur strictly within the secured, fenced premises of Kids Corner Learning Center or via supervised pedestrian stroller walks along safe on-site pathways, with prior written parental consent signed upon enrollment.

Infant Care and Supervision

Continuous Visual & Auditory Supervision: Infants are supervised by sight and sound at all times—whether awake on the floor, seated in highchairs, being diapered, or sleeping in cribs. Staff remain physically present in the crib area whenever any infant is asleep.

Individualized Biological Schedules: Infants under 12 months follow their own biological rhythms for feeding, sleeping, diapering, and wakeful play rather than a rigid group timetable, guided by their LIC 9227 plan.

Hourly Diapering & Hygiene Standards: Diapers are checked at least once every hour and changed immediately when wet or soiled. Staff wear single-use gloves, follow strict handwashing steps, and disinfect changing tables with EPA-registered solutions after every change.

Shoe-Free Infant Environment: To keep floor surfaces sanitary for crawling infants, the Infant Room is a strict shoe-free zone; all adults must remove shoes or wear clean disposable shoe covers before entering.

Safe Sleep (LIC 9227)

Back-to-Sleep Mandate: Every infant under 12 months is placed completely flat on their back to sleep for every nap, unless a signed medical exemption from a licensed physician is on file.

Independent Rolling Procedure: If an infant rolls onto their stomach independently during sleep, staff gently return the infant to their back until the infant demonstrates consistent bilateral rolling (front-to-back and back-to-front), documented in writing on Form LIC 9227.

Bare Crib & Safe Sleepwear Rules: Cribs must remain completely free of bumper pads, loose blankets, pillows, quilts, comforters, wedges, sleep positioners, or stuffed toys. Infant heads remain uncovered at all times; fitted wearable sleep sacks without swaddles or loose fabric may be used.

Mandatory Licensing Forms (LIC 9108 & LIC 9227): Parents review and sign Form LIC 9108 (Statement of Acknowledgment of Infant Sleep Regulation) and Form LIC 9227 prior to enrollment to confirm mutual adherence to California safe sleep regulations.

Individual Sleeping Plan

Joint Pre-Enrollment Plan Creation: Before an infant's first day of care, parents/guardians and center staff jointly complete and sign the Individual Infant Sleeping Plan / Infant Needs and Service Plan (Form LIC 9227).

Specific Sleep & Comfort Details: The plan records the infant's typical nap windows, preferred soothing methods, approved sleepwear/pacifier use, and current rolling capability.

Mandatory Three-Month Review & Update: Form LIC 9227 is maintained in the child's active file and must be formally reviewed and updated with the parent's signature at least once every three (3) months, or immediately whenever the child's sleeping or feeding patterns change.

Napping Equipment

Individual Safety-Certified Cribs (Infants): Each enrolled infant is assigned a dedicated, CPSC-compliant crib equipped with a firm, tight-fitting mattress and a clean fitted sheet washed regularly and immediately whenever soiled.

Sanitized Low Floor Cots (Toddlers): Between 12 and 13 months of age, as developmentally appropriate and documented with parent consent, children transition from cribs to individual, sanitized low floor cots spaced safely apart for afternoon rest.

Prohibition of Restrictive Sleep Gear: Infants are never permitted to sleep in car seats, strollers, swings, bouncers, or highchairs. If an infant arrives asleep in a car seat or falls asleep in a stroller, staff immediately transfer them to their assigned crib.

Food Storage

Strict Nut-Free Facility Policy: Kids Corner Learning Center is a 100% nut-free environment. Peanuts, tree nuts, nut butters, and nut oils are strictly prohibited anywhere on campus.

Refrigeration & Freezer Storage Limits: Prepared infant formula and fresh expressed breast milk are immediately refrigerated at or below 40°F and stored for no longer than 48 hours. Frozen breast milk is kept in our dedicated freezer for up to 2 weeks.

Permanent Labeling, Safe Warming & Two-Hour Discard Rule: All bottles, milk bags, and food containers must arrive labeled in permanent ink with the child's full legal name and date. Bottles are warmed exclusively in warm-water baths (microwaves are never used), and any unfinished milk or formula is discarded within two (2) hours from the start of feeding.

Items to Bring

Daily Feeding & Hydration Supplies: Pre-measured, clearly labeled bottles of breast milk or formula for the day, labeled lunches and snacks packed in insulated bags with ice packs, and labeled spill-proof cups for children 12 months and older.

Diapering & Spare Clothing: An adequate supply of disposable diapers (cloth diapers are not permitted), fragrance-free wipes, diaper ointment (accompanied by a signed LIC 9221), and 2 to 3 complete sets of seasonal spare clothes in labeled zip-top bags.

Rest & Comfort Items: A labeled wearable sleep sack for infants, a fitted cot sheet and light blanket for toddlers (12+ months), and a plain pacifier without clips, cords, or plush attachments if needed for soothing.

Sleep Log

Mandatory 15-Minute Physical Checks: Staff physically check every sleeping infant at least once every 15 minutes and immediately record the check on the classroom Sleep Log.

Detailed Observation Entries: Each log entry documents the exact time of observation, the infant's sleep position, breathing rhythm, skin color, and skin temperature, as well as the exact time the infant fell asleep and woke up.

Sign-In and Sign-Out Time of Arrival and Departure

Daily Legal Sign-In & Sign-Out Requirement: California Title 22 regulations mandate that an authorized adult (at least 18 years old with valid government-issued photo ID) sign the child in upon arrival and sign the child out upon departure every day.

Full Legal Signature & Exact Timestamp: The authorized adult must write their full legal signature (initials are not acceptable under licensing rules) alongside the exact minute of arrival and departure on the center's attendance register.

Authorized Release & Late Pick-Up Policy: Children are released exclusively to adults designated on Form LIC 700. Pick-ups occurring after 6.30 PM incur a supplementary late fee of $1.00 per minute.

Medication Policy / IMS Plan

Prescription & Over-the-Counter Medication Requirements: Staff administer medication only when accompanied by a signed Parent Consent for Administration of Medications (Form LIC 9221), written physician instructions (required for OTC medications or non-standard dosing), and the medication in its original, unexpired pharmacy-labeled container.

Incidental Medical Services (IMS) Plan: Children who require specialized medical care—such as epinephrine auto-injectors (EpiPens) for severe allergies, asthma inhalers/nebulizers, or blood glucose monitoring—must have a written Incidental Medical Services (IMS) Plan developed with their licensed physician, signed by the parent/guardian, and approved by the Facility Director before attendance.

Secure Storage & Administration Log: All medications and IMS supplies are stored in a locked cabinet out of children's reach while remaining rapidly accessible to trained staff. Every

administration is recorded in a permanent medication log with date, time, dose, and staff signature.

Services Provided During Medical / Dental Emergency

Immediate Pediatric First Aid & 911 Activation: All infant and toddler staff hold current Pediatric CPR and Pediatric First Aid certifications. In any medical or dental emergency, staff provide immediate first aid and call 911 / Emergency Medical Services (EMS) whenever urgent or life-threatening care is needed.

Parent Notification & Hospital Accompaniment: Staff immediately contact parents/guardians and emergency contacts listed on Form LIC 700. If ambulance transport is required prior to a parent's arrival, a designated staff member accompanies the child to the hospital emergency room with the child's signed LIC 700 medical release.

Dental Trauma & Emergency Disaster Readiness: For dental injuries, staff control bleeding and preserve any displaced tooth in milk or saline while contacting parents immediately. The center maintains a state-approved Emergency Disaster Plan (Form LIC 610) and conducts monthly evacuation drills.

Rest / Relaxation Area for Quiet Activity if Unable to Sleep

No Forced Sleep or Confinement: Children are never forced to sleep, nor are they required to remain confined in a crib or on a cot once awake.

Supervised Quiet Relaxation Zone: Any child who does not fall asleep after 20 to 30 minutes of quiet rest, or who wakes early from naptime, is transitioned to a separate, staff-supervised quiet relaxation area furnished with soft cushions, board books, sensory puzzles, and quiet fine-motor toys so sleeping peers remain undisturbed.

Hours of Operation (Matching LIC 200A)

Licensed Operating Hours: Kids Corner Learning Center operates Monday through Friday, from 6.30 AM to 6.30 PM, matching the exact schedule approved on our Application for a Child Care Center License (Form LIC 200A).

Holidays & Scheduled Closures: The facility is closed on major federal holidays and designated staff training days as outlined in the annual family calendar distributed at enrollment.

Criteria for Determining Appropriate Placement Given Child's Needs

Developmental & Physiological Assessment: Classroom placement the Infant Room (6–24 months) is evaluated based on chronological age, independent mobility (crawling vs. steady walking), feeding readiness (bottle vs. cup/table foods), nap transitions, and self-regulation skills.

Collaborative Parent & Director Decision: Placement and transition timing are determined jointly with parents/guardians during the Needs and Services Plan (LIC 9227) review to ensure the classroom environment, ratios, and routines best support the individual child.

Required LIC Forms and Numbers

Official CDSS Licensing Documentation: To maintain full compliance with CDSS Community Care Licensing Division standards, Kids Corner Learning Center maintains the following official LIC forms on file for facility licensing, staff qualification, and child enrollment:

Form Number	Official CDSS Form Title & Regulatory Purpose
LIC 200A	Application for a Child Care Center License (establishes licensed capacity, ages, and hours of operation)
LIC 215	Application for a Child Day Care Facility License
LIC 308	Designation of Facility Director
LIC 309	Administrative Organization
LIC 401	Monthly Operating Statement
LIC 403	Balance Sheet / Financial Evaluation
LIC 404	Personnel Record
LIC 500	Personnel Report
LIC 501	Personnel Health Screening Report
LIC 503	Health Screening Undertaking
LIC 610	Emergency Disaster Plan
LIC 613A	Personal Rights (Child Care Centers)
LIC 700	Identification and Emergency Information
LIC 701	Physician's Report (Child's Pre-Admission Health Evaluation)

LIC 702	Child's Preadmission Health History (Parent's Report)
LIC 999	Criminal Record Statement
LIC 9054	Local Fire Inspection Authority Consultation
LIC 9108	Statement of Acknowledgment of Infant Sleep Regulation
LIC 9221	Parent Consent for Administration of Medications
LIC 9227	Individual Infant Sleeping Plan / Infant Needs and Service Plan

Types of Discipline and Conditions Under Which Used

Approved Positive Guidance Techniques: Educators exclusively use constructive, developmentally appropriate guidance methods, including warm verbal redirection, modeling gentle touch, offering simple acceptable choices, adjusting classroom space/toys, and natural/logical consequences.

Conditions Under Which Guidance Is Used: These supportive interventions are applied when an infant or toddler displays frustration, overstimulation, biting, hitting, or unsafe climbing—helping the child calm down and learn safe social behaviors without shame.

Prohibited Disciplinary Actions (Title 22, Section 101223): Corporal or physical punishment (spanking, shaking, pinching, forceful grabbing), verbal abuse, ridicule, humiliation, withholding meals, snacks, or rest, and confining a child in a crib, highchair, or playpen as punishment are strictly forbidden at all times.

Personal Rights

Statutory Child Rights (Title 22, Section 101223): Every child in our care is protected by California Personal Rights regulations, guaranteeing dignity in personal relationships, safe and healthful accommodations, freedom from corporal or unusual punishment, freedom from intimidation or humiliation, and adequate food, rest, and personal care.

Parent Notification & Form LIC 613A: Upon admission, parents/guardians receive, review, and sign Form LIC 613A (Personal Rights — Child Care Centers), and an official notice of Personal Rights is permanently posted in the facility.

Provisions for Contacts / Conferences with Parent

Daily Written & Digital Communication: At pick-up each day, parents receive a detailed daily report documenting exact feeding times and amounts, diaper checks/changes, 15-minute sleep log intervals, mood, and curriculum highlights.

Bi-Annual & On-Request Conferences: Formal parent-teacher conferences are scheduled twice a year (every six months) to discuss developmental milestones and update the child's care plan. Additional conferences may be requested by parents or the Facility Director at any time.

Statutory Open-Door Visitation Right: Under California law, parents/guardians have the right to enter and inspect the licensed child care facility without advance notice during operating hours whenever their child is in care.

Grounds for Dismissal / Removal

Unresolved Tuition or Fee Delinquency: Failure to pay monthly tuition or agreed supplementary fees following written notice and a reasonable grace period.

Repeated Parent Non-Compliance or Unsafe Conduct: Persistent refusal by a parent/guardian to comply with mandatory licensing rules (such as daily full-signature sign-in/sign-out, immunization mandates, nut-free restrictions, or safe sleep policies) or threatening/abusive conduct toward staff, children, or other families.

Unmet Medical or Behavioral Needs Exceeding Program Scope: When a child's medical, developmental, or behavioral needs create an ongoing safety hazard or require dedicated one-on-one care beyond our licensed staffing ratios, following documented parent conferences, individualized support strategies, and reasonable accommodation efforts.

Sample Daily Schedule (Infants Classroom)

Infants under 12 months follow their individualized biological schedules as documented on Form LIC 9227. Children in our Toddler Classroom follow a predictable, flexible daily rhythm:

Time Range	Designated Daily Activity
6:30 AM – 8:00 AM	Facility Opens, Arrival & Health Check, Child-Initiated Indoor Play, Breakfast
8:00 AM – 10:30 AM	Circle Time, Music, Silly Songs, Sensory Art Exploration, Morning Snack
10:30 AM – 11:15 AM	Outdoor Discovery, Gross Motor Play, Nature Exploration

11:15 AM – 12:00 PM	Handwashing, Hygiene, Lunchtime
12:00 PM – 2:30 PM	Rest and Nap Period (Quiet relaxation area activities provided for non-sleepers)
2:30 PM – 3:00 PM	Wake-Up, Diapering/Toileting, Quiet Indoor Centers
3:00 PM – 3:30 PM	Afternoon Snack, Storytelling, Language & Vocabulary Building
3:30 PM – 4:30 PM	Afternoon Outdoor Exploration and Movement Games
4:30 PM – 5:30 PM	Indoor Free Choice, Fine Motor Toys, Music
5:30 PM – 6:30 PM	Departure, Daily Log Review, Parent Connections, Facility Closes.

Parent Handbook Receipt & Policy Acknowledgment

Please review, complete, sign, and return this acknowledgment page to the Facility Director prior to your child's first day of attendance.

☐ I acknowledge receipt of the Kids Corner Learning Center Infant care Program Parent Handbook and agree to comply with all operational policies, hours of operation, sign-in/sign-out mandates, food storage/nut-free rules, and supplemental snack procedures.

☐ I acknowledge receipt and execution of the Child Care Enrollment Agreement detailing basic tuition rates, supplementary fees, and mandatory 30-day written notice for rate or policy modifications.

☐ I acknowledge that an Individual Infant Sleeping Plan / Infant Needs and Service Plan (LIC 9227) must be completed prior to attendance and reviewed/updated at least once every three (3) months.

☐ I have received, reviewed, and signed copies of the CDSS Child's Personal Rights (LIC 613A) and Statement of Acknowledgment of Infant Sleep Regulation (LIC 9108).

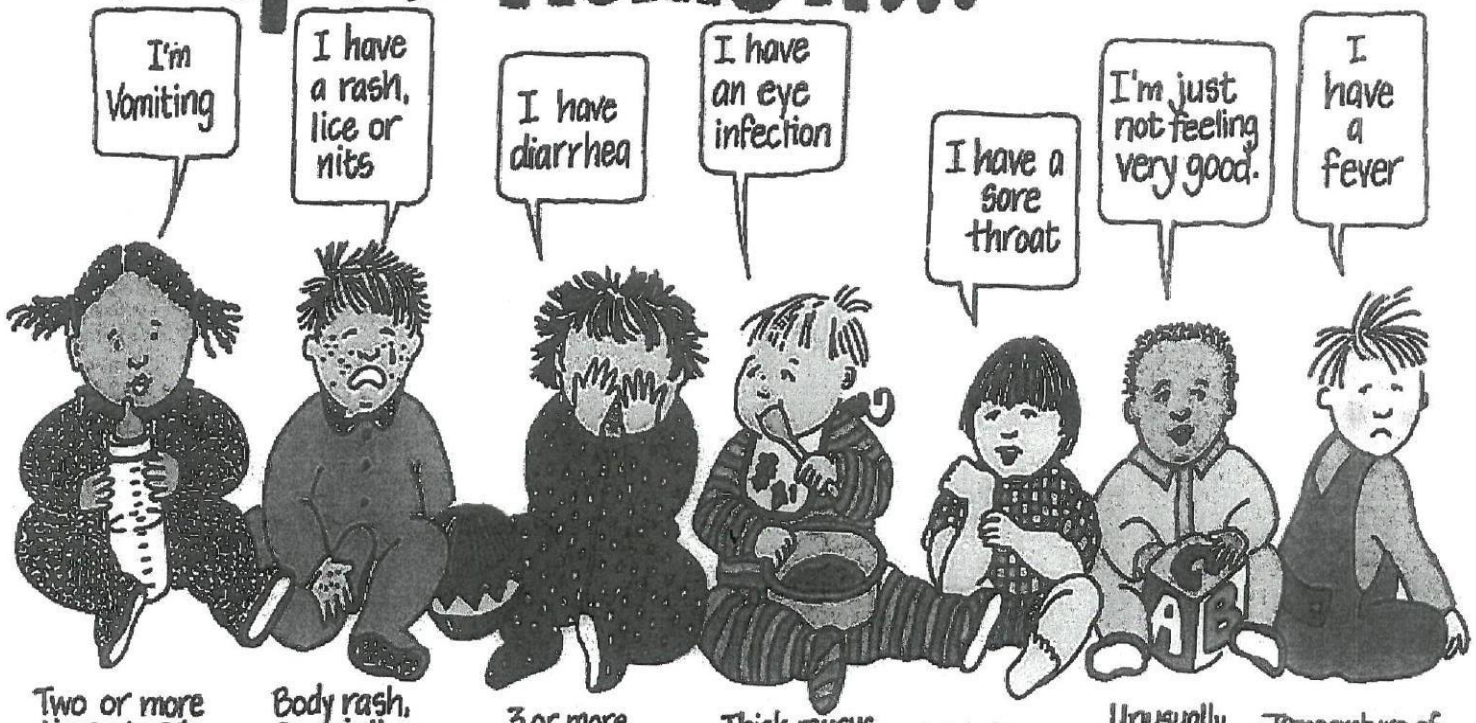
Child's Full Name: _____ Child's Date of Birth: _____

Parent / Legal Guardian Name: _____ Relationship to Child: _____

Parent / Legal Guardian Signature: _____ Date Signed: _____

Facility Director Signature: _____ Date Signed: _____

Keep Me Home If...



When Your Child is Sick:

1. Have plans for back up child care.
2. Tell your caregiver what is wrong with your child, even if your child stays home.

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
  Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
  If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
  Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water**
  Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their website or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website, or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

PUB 515 10/2019

Kids Corner
Preschool & Childcare

2026 School Calendar

January 01 & 02, 2026	Closed- New Year's Day
January 19, 2026	Closed- Martin Luther King's Day
February 16, 2026	Closed Presidents Day
April 17, 2026	Closed- Non- Student Day- Staff Development Day
May 25, 2026	Closed- Memorial Day
June 19, 2026	Closed- Juneteenth
July 03. 2026	Closed- Non- Student Day- Staff Development Day
July 31st, 2026	Closed - Graduation Day
September 07, 2026	Closed- Labor Day
October 12, 2026	Closed- Columbus Day
October 30, 2026	12:00 PM, Dismissal (Halloween)
November 11, 2026	Closed- Veteran's Day
November 26 & 27, 2026	Closed- Thanksgiving Break
Dec 23rd 2026 _ Jan 01st 2027	Closed- Winter Break

- **Kids' Corner can add closures and/ or modify dates and schedules with 30 days' notice**
- **Preschool** Graduation** TBD**
- **Teacher/Parents conference (2 times /Year) ***TBD**
- **Fire drill/ Earthquake drill (2 times / Year) ***TBD**



Dear Parents,

We using bright wheel, a tool for classroom management, communication, photos, videos, online bill pay, and much more. Bright wheel is the industry leader in early education, proven to save time for staff, allowing measurably more time with students, while also delivering much better experience for parents.

Easy steps to follow:

1. Create a free bright wheel account. When you receive an invitation via email or text, please create a free parent account using either the web or mobile app. Make sure to use the same email address or cell phone number that the invitation was sent to. Here is a quick video overview.
2. Confirm your child's profile. You will see your child's profile after you create an account - you can confirm information such as birthday, allergies, and additional contacts. If you do not see your child's profile, please contact us with the email address or phone number you used to sign up. You will not see updates within bright wheel until we start to use it regularly.
3. Set your account preferences. You can adjust your notification preferences within your profile settings on the app.
4. Add your payment information. Bright wheel offers secure, automated online payments that save time for us and gives you advanced tools and reporting. Please add your payment information.

We're excited to be adding this state-of-the-art system and hope you enjoy it!

Best,

Kids Corner Learning Center

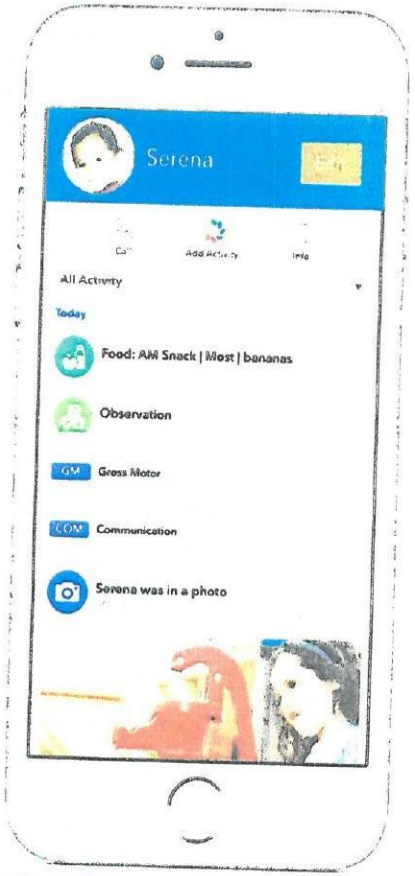
Introducing brightwheel

Never Miss a Moment!

Brightwheel is an all-in-one app where you can stay connected to your child throughout the day. Get real-time updates on your phone and tablet so you never miss a moment!

Features You'll Love:

- Personalized "News Feed" of your child with photos, videos, and daily activities
- Digital check-in with real-time notifications
- Milestones and learning updates from your child's teacher
- Secure and private direct messaging
- Secure, automated payments
- Easy sharing with other family members



Our Trusted Partner

Brightwheel is the leading app for early-childhood education, trusted by thousands of schools throughout the country. The app was featured on the TV show Shark Tank for its impressive functionality, easy-to-use features, and deep commitment to the needs of schools and families. We're proud to partner with brightwheel as part of our ongoing effort to provide a world-class experience to you–our families.

Parents ♥ brightwheel



★★★★★

My son just started daycare and I was so nervous, but being able to see the pictures and different notes about him from the teacher and being able to message the teacher gives me peace of mind! I love it!!



★★★★★

I love using brightwheel. I am able to feel close to my child while I'm work, and keep up with what she's doing through her day. It's also a quick and effective way to communicate with her teachers. HIGHLY RECOMMEND!

Getting Started with brightwheel

1. Download the brightwheel App

The brightwheel app can be downloaded on your iPhone, iPad, or Android phone or tablet. Simply search for "brightwheel" in the Apple App Store or Google Play Store.

You can also access brightwheel from your computer by going to www.mybrightwheel.com

Sign Up

2. Sign Up for a Parent Account

Click "Sign Up" and create a Parent Account using an email address or cell phone number. If you received an invitation, please use the same email or phone number to which it was delivered.

3. Link Your brightwheel Account to Your Child

Go to "My Children" to find your child's profile. If your child is not there, enter the 10-digit code that was given to you. If you're having trouble, let us know and we can help!

4. Update Your Profile

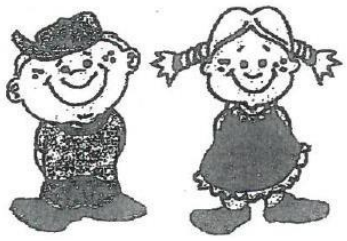
Add more information about you and your child! Here's a list of things we recommend you add:

- ✓ Profile photo of your child
- ✓ Details on your child's favorite activities, allergies, etc.
- ✓ Emergency Contact information
- ✓ Approved Pickup information
- ✓ Additional family members



We're excited to be able to offer this service to you and hope that you enjoy it. If you have any questions or concerns, please let us know!

ALL ABOUT YOUR CHILD



Child's Full Name: _____

Nickname: _____

I have _____brother(s) and _____sister(s). Their name(s) and age(s) are:

_____

_____

Has your child been in daycare before? Yes □ No □

If yes, name of provider/center:

_____

Provider/Center address/Phone number:

_____

Dates care was provided, from:

_____

Reason care was terminated: _____

Eating Habits

Does your child have a special diet?

_____

Are there any foods that should not be served to your child? Yes □ No □

If yes, please list the food and the reason:

_____

_____

Your child's favorite foods: _____

Least favorite foods: _____

Does your child eat independently? Yes □ No □

For infants, what formula brand do you use?

_____

Does your child require

□ Bottle □ Sippy cup □ Highchair □ Booster seat

Sleeping Habits

Does your child have a regular bedtime schedule? Yes □ No □

What time does your child usually go to bed at night?

_____

What time does your child usually wake up?

_____

Does your child nap during the day? Yes □ No □

If yes, what time(s)? _____

Health Concerns

Does your child have any known health concerns? Yes □ No □

If yes, please describe: _____

Does your child take any medications on a regular basis? Yes □ No □

If yes, list the medications and dosage:

_____

Are there any hearing or vision problems? Yes □ No □

If yes, please describe: _____

Does your child have any known allergies? Yes □ No □

If yes, list the allergy and how it is dealt with:

_____

List any communicable diseases your child has had:

_____

Seasonal allergies: _____

Other: _____

Behavior

How do you handle your child's discipline at home?

_____

What methods work best for guiding your child?

_____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS NUMBER STREET	CITY	STATE	ZIP	BIRTHDATE
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

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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

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

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

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

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

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

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

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

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

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☑ Physician ☑ Physician's Assistant ☑ Nurse Practitioner

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.

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ **Sex:** M ☐ F ☐ **Birthdate** _____ **Place of Birth** _____

Name of Parent or Guardian _____

Race/Ethnicity:
☐ White, not Hispanic
☐ Hispanic
☐ Black
☐ Other: _____

Address _____

Telephone _____ (Daytime) (Nighttime) **City** _____ **ZIP** _____

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)						
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)						
MMR (Measles, mumps, and rubella)						
HIB (Required only for child care and preschool)						
HEPATITIS B						
VARICELLA (Chickenpox)						
HEPATITIS A (Not required)						

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression
	☐ PPD-Mantoux ☐ Other				☐ Pos ☐ Neg
	☐ PPD-Mantoux ☐ Other				☐ Pos ☐ Neg

*If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY (Necessary if skin test positive)

Film date: _____ Impression: ☐ normal ☐ abnormal

Person is free of communicable tuberculosis: ☐ yes ☐ no

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date _____

Staff Signature _____

Record Presented was:
☐ Yellow California Immunization Record
☐ Out-of-state school record
☐ Other immunization record
Specify: _____

II. STATUS OF REQUIREMENTS

☐ A. All Requirements are met.
Date _____

☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:
☐ C. Medical Reasons—Permanent
☐ D. Medical Reasons—Temporary
☐ E. Personal Beliefs

III. 7th GRADE ENTRY

☐ A. All Requirements are met.
_____ Name _____ Date

☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.
_____ Name _____ Date

STATE OF CALIFORNIA–DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION BRANCH

CDPH 286 (1/14)

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K–12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
   A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
   B. If the child has met all immunization requirements, check box A and write in date.
   C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
   D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
   E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must present documentation consistent with Health and Safety Code Section 120365, including documentation of all other required immunizations the child has received. All requirements are met; check box A and box E.*

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____ Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?)		WHAT ARE USUAL EATING HOURS?
	BREAKFAST	BREAKFAST _____
	LUNCH	LUNCH _____
	DINNER	DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

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

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

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

Kids Corner Learning Center 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 FOLLOWNG MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

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:

C.D.S.C.L.D Community Care Lic. Div
1515 Clay St, Suite 1102
Oakland, CA 94612
(510) 622-2602

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)
Kids Corner Learning Center	716 Appian Way, El Sobrante, CA 94803

(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: Dept. Of Social Services Community Care Lic. Division

   Licensing Office Address: 1515 Clay Street, Suite 1102

   Licensing Office Telephone #: 510-662-2602

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.

Kids Corner Learning 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.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov LIC 995 (9/08)c vcvcvvccvccv v

Child Contact Information

Kids Corner Learning Center

Child's Full Name: _____

Date of Birth: _____

Age: _____

Address: _____

Home Phone: _____

Mother Information

Mother: _____

Work Phone: _____

Cell Phone: _____

Father Information

Father: _____

Work Phone: _____

Cell Phone: _____

Emergency Contacts (List 2)

Name & Phone #1: _____

Name & Phone #2: _____

Mom Email: _____

Dad Email: _____

List any special problems

(Ex. Surgeries, allergies, and communicable diseases child has had, etc.)

_____

_____

Parent Signature: _____

Date: _____

Kids Corner Learning Center

In/Out Policy

When entering Kids Corner Learning Center you must use a code for our entrance door. The code will be given upon your first day of enrollment. For confidentiality, do not give out the code to anyone.

Upon entering, all children must be signed in. You must sign in using your first and last name on the appropriate date and time.

Children must remain with you in the entrance area. Children are not allowed to open and close the entrance and exit doors.

Upon exiting our school you must sign your child out using your full signature and time on the appropriate date. When exiting, only parents can open/close the exit doors. Only your child may accompany you. Please remember to secure all the doors behind you as you leave.

Releasing students to someone other than a parent will require prior notice via Brightwheel. The person picking up your child must present a photo ID to staff and sign the child out. There is a late fee of $1.00 per minute payable to the closing staff member. All fees must be paid no later than the following day. There will be a late fee of $5.00 per day added to your account for any unpaid late pick-up fees.

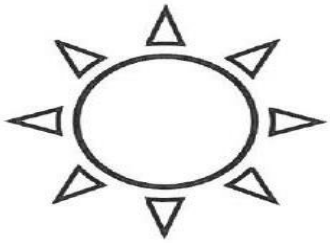
Sign in and out are required by law. Kids Corner can be fined $500 per missed signature. As the parent's responsibility to sign child in and out, any missed signature fine Kids Corner is given will be parent's responsibility to pay.

I, the parent/guardian of _____,

have read the Kids Corner Learning Center's In/Out Policy and agree to adhere to all rules.

Parent/Guardian Signature: _____

Date: _____



Kids Corner Learning Center

Sunscreen Permission Form (Ages 3 and Up)

Date: _____

Child: _____

As the parent or guardian of the child named above, I give permission for all staff of Kids Corner to apply sunscreen SPF 50 or higher to my child when he or she is engaging in outdoor activities, especially during the months of April thru October.

I understand that sunscreen may be applied to the exposed skin including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. All sunblock will be lotion only (no spray), Target or Water Babies brand.

If your child is allergic, we ask that you provide their own bottle, labeled.

(Check one)

☼I will provide sunblock for my child

☼My child can have sunblock provided by Kids Corner

Parent Name: _____

Signature: _____

ALLERGY / SPECIAL DIETARY NEEDS FORM

Food allergies are posted in the kitchen and in each classroom for teacher and parent reference. This list is helpful when planning snacks and cooking activities. Please list any allergies for your child.

Child's Name: _____

Best Contact Number: _____

Food Allergies: ☐YES ☐NO

If Yes, Food Allergy: _____

Reaction: _____

Plan of Action (Epi Pen, Benadryl, etc.): _____

Special Dietary Needs: ☐NONE

Vegetarian: ☐YES ☐NO

Other: _____

Environmental Allergies

Reaction: _____

Severity: _____

Plan of Action: _____

Medical Allergies

Reaction: _____

Severity: _____

Plan of Action: _____



Permission to Photograph

Child's Name:	
Child Care Provider:	

For the following purposes:

Still Photographs

Personal scrapbook	Grant ☐ Decline ☐
Photos to current clients	Grant ☐ Decline ☐
Facility scrapbook/bulletin board	Grant ☐ Decline ☐
Childcare website	Grant ☐ Decline ☐
Childcare Facebook page	Grant ☐ Decline ☐
Other	Grant ☐ Decline ☐

Videos

Video to current parents	Grant ☐ Decline ☐
YouTube promotional video	Grant ☐ Decline ☐
Other	Grant ☐ Decline ☐

*Only first names or initials may appear online.

I understand this permission remains active until I update it.

Parent/Guardian Signature:	
Date:	



Peanut / Nut Allergy Notification Letter

Dear Parents,

This letter is to inform you that a student in our school has a severe food allergy to peanuts/nuts. It is extremely important that there is strict avoidance of these foods in order to prevent a life-threatening allergic reaction. We are asking for your help to provide the student with a safe school environment.

Any exposure to peanuts/nuts may cause a life-threatening reaction requiring immediate medical treatment. To reduce the chance of this occurring, we ask that you DO NOT send any peanut or nut-containing products to school with your child that will be eaten in the classroom.

If your child has eaten peanuts/nuts before coming to school, please ensure your child's hands and face have been thoroughly washed before entering the school.

We appreciate your support with these procedures. Please complete and return this form so we are certain you have received this important information. If you have any questions, please contact me.

Pujan Bista

Parent Acknowledgment

I have read and understand the peanut/nut-free classroom procedures.

I agree to do my part in keeping the classroom peanut/nut free.

Child's Name: _____

Parent's Signature: _____

Date: _____

Exclusion for Illness Policy in the Preschool Setting

Keeping children healthy is a partnership between parents, school, children, and the medical provider. Only a few illnesses require exclusion of sick children to ensure protection of other children and staff.

Understand the Reasons to Exclude a Child

1. The illness prevents the child from participating comfortably in routine activities.

2. The illness requires more care than the preschool staff can provide without compromising the health and safety of the other children.

3. The illness is any of the specifically diagnosed conditions listed below.

Symptoms that Require Exclusion of a Child

• Fever along with behavior change or other signs of illness (sore throat, rash, vomiting, diarrhea, earache, etc.). Fever is defined as: underarm temperature 100°F or greater, oral temperature 101°F or greater, or rectal 102°F or greater. Oral temperatures should not be taken on children younger than four years old.

• Diarrhea – runny, watery, or bloody stools.

• Vomiting – more than once in a 24-hour period.

• Body rash with fever; sore throat with fever and swollen glands.

• Eye discharge – thick mucus or pus draining from the eye, or pink eye.

• Hand, Foot, and Mouth Disease – a viral infection causing mouth ulcers and blisters on hands and feet. Requires doctor's release to return to school.

• Head lice or nits (eggs).

• Severe coughing – child gets red/blue in the face or makes a high-pitched whooping sound.

• Yellow skin or eyes.

• Child is irritable, continuously crying, or requires more attention than staff can provide without compromising the health and safety of other children.

Parent / Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Consent Form

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

☐ I have read the information provided about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.

Parent's or guardian's signature: _____

Date: _____

Child's name: _____

Child's date of birth: _____

If child was born 3 or more weeks prematurely, # of weeks premature:

_____

Child's primary physician: _____