

Acknowledgment

I as the parent/guardian of _____, have
(Please print student's full legal name)

received and read the following documents at the time of my child's admission to Trinity

Lutheran Preschool:

- 1) Parent's Rights (criminal record exemption)
- 2) Parent's Rights (notification Lic 995)
- 3) Personal Rights (Lic 613)
- 4) Parent Handbook
- 5) Admission Agreement:
 - a) An admission is granted on a "first come, first served" basis. As space is available they may enroll any time during the calendar year.
 - b) Each parent and child is required to visit the school before admission to determine whether the child is ready and to ensure his feeling of security. There will be a 6-week trial period upon enrollment. If the child is not adjusting to school within that time the child will be asked to stop attending and try again at a later date.
 - c) Upon reaching the limited number of students the school is licensed for, a wait list will be maintained.
 - d) Children must be enrolled in a regularly scheduled session and may attend only on the days and times for which enrolled. Exceptions to this will be made if prior arrangements are made with the director and the fee schedule is adhered to.
 - e) No child who meets all enrollment qualification will be denied admission based on sex, race, color, or national origin.
 - f) A physician's report (Lic 701) signed by a physician or physician's assistant must be on file prior to enrollment. Documentation must include current immunizations for the age of the child.

I understand the licensing agency has the right to interview children or staff and to inspect and audit the facility or children's records without prior consent. The licensing agency has the right to observe the physical condition of any child(ren), including conditions which could indicate abuse, neglect or inappropriate placement, and have a licensed medical professional physically examine the child(ren).

X

X

Parent/Guardian Signature

Date: ____/____/____

Facility Representative 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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP	
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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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"/> Asthma <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Hay Fever		<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Mumps		<input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Ten-Day Measles (Rubeola) <input type="checkbox"/> Three-Day Measles (Rubella)	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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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

()

LIC 627 (9/08) (CONFIDENTIAL)

TRINITY LUTHERAN SCHOOL STUDENT RELEASE FORM FOR PRINT AND AUDIO VISUAL MATERIAL

We are proud of our students, teachers, and school in general and like to share their accomplishments with others. This includes information in written and audio visual form. We have school brochures, a website, promotional materials, and access to local newspapers and television stations that are all available to the community at large. We would like to include your student in these materials if the opportunity arises. It is our practice to only use first names (and often no name at all) with information that is accompanied by a photo or other visual media.

I give permission to include my child _____ in the
aforementioned materials. *(Please print student's name)*

X

Parent/Guardian Signature

Date: ____/____/____

Pick Up Agreement

Be on time! (for drop off and pick up)

Your child, _____ is scheduled for classes on: M _____ T _____ W _____ Th _____ F _____

(Check all that apply)

Their arrival time is _____:_____. Their pick up time is _____:_____.

There is a 10-minute grace period for pick up. After the 10-minute grace period, you will be charged \$1.00 per minute until your arrival. This is according to the **clock we use in the preschool**. Payment is expected on that day.

You have one "free pass" on being late for pick up! You will be charged upon your "free pass" late arrival a rate of \$4.00 billed on the quarterly hour. This extra amount should be included in your next month's tuition payment.

If you need or want a different pick up time than is stated above, you must make prior arrangements (prior to the start of their class) with the director. A billing of \$4.00 billed on the quarter hour must be included in the next available tuition payment.

If someone else is dropping off or picking up your child, please advise them of the correct times, and instruct them on sign out procedures.

Children should remain with their class until they are dismissed by name. We call out children's names as we see that their "rides" has arrived. After children are dismissed, it is important for the person responsible for them to watch them and their siblings. It is not ok to run around or continue "school activities" as we have other classes going on, coming in or we need to set up for the following day. Be courteous, sensitive, and respectful to what's going on.

I understand and agree to the above procedures.

X

Parent/Guardian Signature

Date: ____/____/____

Student Profile

The following is based on the information in the Cynthia Ulrich Tobias's book The Way They Learn, published by Focus on the Family. It is designed to be a guide for parents in describing each child's strengths and preferences to a teacher. Remember, you are not necessarily asking for special treatment for your child, and you are certainly not suggesting that the teacher or caregiver compromise standards or excuse your child from meeting fundamental academic outcomes. You are sharing what you know about your child and asking the teacher for insights that may aid you in helping your child understand, appreciate, and cope with demands that may or may not match his/her natural learning style.

You should fill out the following as you carefully observe and talk to your child.

Child's Name _____ Date ____/____/____

1) Environmental Preferences (How Does He/She Concentrate?)

a. Seems most alert during which time(s) of the day?

When concentrating, even at play, _____ some sort of food/drink.
(needs or doesn't need)

2) Modalities (How Does He/She Remember?)

a. Is successful most often when he/she can: **(choose one)**

_____ repeat words aloud, or turn information into a song or rhyme

_____ see a picture of what is meant, draw or cut out pictures, or use colorful folders, stickers, etc, to organize toys or materials

_____ keep on the move; take frequent breaks; work in spurts of great energy; shift position often

3) Cognitive Style (How Does He/She Interact with Information?)

a. When listening to information or directions, he/she usually seems to: **(choose one)**

_____ get the gist of things; understand the main idea

_____ remember specific details; repeat things word for word

b. When being read to, he/she often: **(choose one)**

_____ doesn't mind if the story is abbreviated or paraphrased; tends to prefer stories that hold a great deal of personal interest

_____ wants to hear every word; no variation from the original story; tends to prefer subjects that can increase knowledge

c. When playing or creating, he/she usually: **(choose one)**

_____ prefers a variety of projects in process simultaneously; may spread materials out over several different work areas.

_____ prefers to complete one project at a time; works best with a structured schedule; needs a clear efficient work space; needs to break larger

projects into manageable parts

4) Mind Styles (How Does He/She Communicate What He/She Knows?)

a. On a day-to-day basis, he/she prefers: **(choose one)**

- _____ having a parent or teacher provide predictable plans and routines
- _____ understanding the purpose for and having time to complete the schedules and routines
- _____ knowing and doing what will make everyone else happy
- _____ doing what the inspiration of the moment dictates

b. When it comes to responding to authority figures, he/she seems to need: **(choose one)**

- _____ clear and specific rules and expectations
- _____ confidence in the ability and position of the authority figure
- _____ reassurance of love and personal worth despite making a mistake
- _____ to feel that the person in authority respects and seeks input on the issues

5) Strengths and Preferences

a. Which of the following are your child's favorite types of free time activities?
(check all that apply)

- | | |
|--|---------------------------------|
| _____ blocks | _____ computer |
| _____ legos/other construction materials | _____ puzzles |
| _____ television/Movies | _____ books |
| _____ alphabet Blocks/Manipulative Letters | _____ nature/science activities |
| _____ drawing, coloring, art materials | _____ outdoor play |
| _____ lacing/sewing cards, string beads | _____ sports |
| _____ sandbox | _____ role-playing |
| _____ other: _____ | |

b. My child's favorite toys are: _____

c. Most often, my child prefers to play: **(choose one)**

- _____ alone
- _____ with other children
- _____ with adults

Summary

1) I would consider the following to be among my child's greatest strengths:

2) I feel my child needs encouragement in the following areas:

3) My goals for my child's school year include:

4) Here is what I feel is most important for you as a teacher to know about my child:

5) Does your child dress/undress himself/herself? _____

6) Does your child know any other children at the preschool? _____

7) What makes your child frustrated? _____

8) How does he/she react when frustrated or upset? _____

9) List anyways in which your family lifestyle may have significant influences on your child's behavior: _____

All About Me

Please fill this form out for your child:

- 1) My full name is: _____
 - 2) The name I go by is: _____
 - 3) My birthday is: _____
 - 4) My home address is: _____
 - 5) My phone number is: _____
 - 6) My Mom's name is: _____
 - 7) My Mom's cellphone number is: _____
 - 8) My Dad's name is: _____
 - 9) My Dad's cellphone number is: _____
 - 10) My siblings names and ages are: _____

 - 11) My allergies are: _____
-
-

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: State of CA, Dept. of Social Services, Community Care Licensing

Licensing Office Address: 6500 Hollister Avenue Suite 200, Goleta, CA 93117

Licensing Office Telephone #: (805) 562-0400

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.

Trinity Lutheran Preschool

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

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:

State of California Department of Social Services

NAME

Community Care Licensing

ADDRESS

6500 Hollister Avenue, Suite 200

CITY

Goleta, CA

ZIP CODE

93117

AREA CODE/TELEPHONE NUMBER

(805) 562-0400

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)

Trinity Lutheran Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

940 Creston Road, Paso Robles, CA 93446

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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)

Trinity Lutheran Preschool. This Child Care Center/School provides a program which extends
(NAME OF CHILD CARE CENTER/SCHOOL)

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

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- _____ Communicable TB disease not present.

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

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature: _____

Physician Physician's Assistant Nurse Practitioner

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://cclld.ca.gov/contact.htm>.