



OFFICE OF THE DIRECTOR

EARLY CARE & EDUCATION
9500 GILMAN DRIVE #0962
LA JOLLA, CALIFORNIA 92093-0962
(858) 246-0900
FAX (858) 246-0921

**EARLY CHILDHOOD EDUCATION CENTER
FAMILY ORIENTATION**

Welcome!

Attached is your enrollment packet and family information.

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

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

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

Matthew Proctor
Director, Early Care and Education
UC San Diego

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

<input type="checkbox"/>	Identification and Emergency Information – Child Care Centers (LIC 700)	Retain
<input type="checkbox"/>	Emergency & Medical Data (2 pages), ECEC Emergency Contact Information	Retain
<input type="checkbox"/>	COVID-19 Public Health Safety Agreement	Retain
<input type="checkbox"/>	Child’s Preadmission Health History – Parents’ Report (LIC 702)	Retain
<input type="checkbox"/>	Physician’s Report - Child’s Pre-Admission Health Evaluation (LIC 701)	Retain
<input type="checkbox"/>	Parent’s Guide to Immunization Requirements Immunization Clinic Schedules	To Family
<input type="checkbox"/>	Consent for Emergency Medical Treatment (LIC 627)	Retain
<input type="checkbox"/>	Parent Consent for Administration of Medications and Medication Chart (LIC 9221)	Retain (if
<input type="checkbox"/>	Written statement from licensed physician (M.D. or D.O.) for medical exemption to required immunizations	Retain (if applicable)
<input type="checkbox"/>	California School Immunization Records for non-school-age children (“blue cards”, PM 286)	Retain Original Copy to Family
<input type="checkbox"/>	Family Handbook Acknowledgement of Receipt Admission/Enrollment Agreement (Contract of Membership)	Retain
<input type="checkbox"/>	Tuition Agreement & Acknowledgement – Payment of \$100.00 enrollment fee 30-Day Withdrawal Notice & Acknowledgement	Retain Original Copy to Family
<input type="checkbox"/>	Emergency Management Plan & Acknowledgement of Receipt	Retain Original Copy to Family
<input type="checkbox"/>	Notification of Parents’ Rights Acknowledgement of Receipt (LIC 995)	Retain Original Copy to Family
<input type="checkbox"/>	Caregiver Background Check Process (LIC 995F)	To Family
<input type="checkbox"/>	Acknowledgement of Receipt of Personal Rights (LIC 613A)	Retain Original Copy to Family
<input type="checkbox"/>	Child Abuse Prevention Pamphlet	To Family
<input type="checkbox"/>	Acknowledgement of Receipt of Child Abuse Prevention Pamphlet	Retain
<input type="checkbox"/>	Parent/Guardian Affiliation & Invoicing Information, Access Card Agreement	Retain
<input type="checkbox"/>	Your Child’s Comfort List	To Family
<input type="checkbox"/>	Questionnaire About Your Child (3 pages)	Retain
<input type="checkbox"/>	Family’s Infant Diapering/Toileting/Feeding Procedures	Retain
<input type="checkbox"/>	Request for Special Meals and/or Accommodations	Retain
<input type="checkbox"/>	Permission to Apply Sunscreen	Retain
<input type="checkbox"/>	Nebulizer Care Consent/Verification (LIC 9166)	Retain
<input type="checkbox"/>	Human Development Program/ECEC – Cooperation Agreement	Retain
<input type="checkbox"/>	Permission to Photograph & Video	Retain
<input type="checkbox"/>	Request for Family Photograph	Retain
<input type="checkbox"/>	Acknowledgement of Receipt ECEC Holiday Calendar	Retain Original Copy to Family
<input type="checkbox"/>	5 Week Sample Menu	To Family
<input type="checkbox"/>	Acknowledgement of Receipt of 5 Week Menu Sample & Food Program Participation and Procure Agreement	Retain
Additional Documentation to be retained in Child’s File		
<input type="checkbox"/>	Documentation of unusual behavior or signs of illness	
<input type="checkbox"/>	Unusual Incident/Injury Report (LIC 624)	

Note: All licensing forms can be downloaded from the DSS web-site <http://www.dss.cahwnet.gov/cdssweb/PG166.htm#lic>
Forms are located under “L”

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

To Be Completed by Parent or Authorized Representative

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

EMERGENCY & MEDICAL DATA

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

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

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

B. MEDICAL AUTHORIZATION

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

C. CONSENT FOR ACCESS TO PHYSICIAN'S RECORD

Name of Physician:

Telephone #:

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

My child's caregiver: UCSD Early Childhood Education Center

Other Staff/Consultant: _____

Address: 9500 Gilman Drive, Mail Code 0962

La Jolla, CA 92093-0962

Telephone: (858) 534-2768

D. MEDICAL INFORMATION AND RELEASE CARD

Allergies?

Epilepsy?

Blackouts?

Severe bleeding?

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

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

Signature of Parent/Legal Guardian

Date

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

ECEC Emergency Contact Information

(Please fill out all fields)

Child's Name: _____ D.O.B. _____

Legal Guardian #1 Name: _____

Telephone Numbers: Home _____ Work: _____

Legal Guardian #2 Name: _____

Telephone Numbers: Home _____ Work: _____

Emergency Contacts (to whom child may be released if legal guardian is unavailable)

Name #1 _____

Telephone Numbers: Home _____ Work: _____

Name #2 _____

Telephone Numbers: Home _____ Work: _____

Child's Usual Source of Medical Care

Name: _____

Address: _____

Telephone Number: _____

Child's Health Insurance Plan: _____ ID# _____

Subscriber's Name(on insurance card) _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergencies:

Transport Arrangement in an Emergency Situation

Ambulance service: _____ Child will be taken to : _____

Parent/Legal Guardian Consent and Agreement for Emergencies:

As a parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above **to act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: _____ Parent/Legal Guardian's Signature #1 _____

Date: _____ Parent/Legal Guardian's Signature #2 _____

California Child Care Health Program

UC San Diego: ECEC/MCDC 12/14/2010

UC San Diego

Early Care and Education

COVID-19 Public Health Safety Program Attendance Acknowledgement & Disclosure

Parent/Legal Guardian Version

- Any child exhibiting any signs of illness will not be admitted.

Parents/Legal Guardians agree not to bring any child to UC San Diego's Early Care and Education facility if their child or any member of the child's household exhibits any signs of illness.

- Any child that develops signs of illness during the day will be sent home. Child will be isolated and parents agree to pick up their child within 30 minutes.
- Symptoms include but are not limited to:
 - Fever of 100.0 degrees Fahrenheit or higher
 - Cough
 - Sore throat
 - Congestion/runny nose
 - Nausea/vomiting
 - Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected, so please take them seriously. Your child will need to be symptom free without any medications for 24 hours before returning to the center.

- Parents/Legal Guardians agree to candidly and fully report signs and symptoms listed above.
- Children's temperatures will be taken at drop-off for a morning health check.
- Children over 2 years of age will be **required** to wear a mask/face covering provided by parents/guardians while in the facility, excluding meal and rest times.
- Children will be required to wash hands per CDC guidelines with soap and running water for at least 20 seconds, upon arrival, after meals, restroom use, touching mouth or nose, entry to the classroom and at transitions throughout the day.
- Drop off will occur between the hours of 7:30 am and 9:00 am. Parents must arrive by 5:00 pm for pick up. **There will be a fine of \$10 for every 10-minute increment past 5:00 pm.**

- Drop off and pick up will take place in front of your child's classroom. Parents are expected to practice social distancing whenever possible, and parents and visitors may not enter the classroom.
- Parents are required to wear mask/face covering during drop off and pick up *at all times*.
- Parents must apply sunscreen to their child prior to arriving at school, and provide a new, unopened sunscreen on the first day, so that teachers can reapply during the day.
- Families are expected to comply with all state, county and local stay at home orders, as well as University and CDC guidelines to limit their child's exposure.
- Families shall immediately notify UC San Diego Early Care and Education administration if they become aware of any persons with whom they or their child has come in contact with, or exhibit any of the above symptoms, have been advised to self-isolate, quarantine, or have tested positive for COVID-19.
- Families shall immediately notify UC San Diego Early Care and Education administration if anyone from their place of employment is presumed positive or tested positive for COVID-19, whether they have had direct contact with that person or not.
- I understand that while present in the facility each day my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices can eliminate the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

● **COVID-19 WARNING**, The University of California San Diego's Early Care and Education program necessarily involves multiple people congregating in a single space, which may present a risk of exposure to the COVID-19 virus, a virus that can cause serious illness and death.

● **WAIVER OF CLAIMS**, Parent/Guardian waives the right to any claim against University related to or arising from the acquisition of or exposure to any infectious disease, including but not limited to acquisition of or exposure to any infectious disease by Parent/Guardian's child.

● **LIMITATION OF LIABILITY**, Neither University, nor any of its campuses or medical centers, nor any of its employees or agents shall be liable for any claims of loss, expense, or damage to Parent/Guardian or Child(ren) of Parent/Guardian relating to the acquisition of or exposure to any infectious disease.

● **NO WARRANTY**, UNIVERSITY MAKES NO WARRANTY WITH RESPECT TO THE SAFETY OF THE EARLY CARE AND EDUCATION FACILITIES WITH REGARD TO ANY INFECTIOUS DISEASE

I, _____, certify that I have read, understand and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by UC San Diego Early Care and Education could result in termination of services. I acknowledge that care for my child could be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family members to COVID-19.

Parent/Guardian Signature

Date

Childcare Guide for COVID-19 Isolation and Exposure

May 23, 2022
1:32 pm

If An Attendee...

- **Has one or more symptoms** that are consistent with COVID-19 (fever, 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 and/or diarrhea) **or tests positive for COVID-19, the child must isolate.**
 - If not already done, testing should be done immediately if the symptoms are not otherwise explained by a documented chronic illness.
 - The attendee can return on day 6 from start of symptom onset (use collection date if no symptoms) as long as the child is fever free and other symptoms improving. Day 0 is the day of symptom onset or collection date if no symptoms, and day 1 is the next day.
 - Antigen testing on day 5 prior to return to childcare is recommended, especially for those who are not able to or are too young to mask.
 - If the case is tested on day 5 and continues to test positive, isolation should continue until either a negative test is obtained or 10-full days have passed since symptom onset (use collection date if no symptoms) and the child is fever free with other symptoms improving. If fever is present, isolation should continue until fever is resolved.
 - Exception: If symptoms are followed with a negative molecular test or 2 negative antigen tests, and in the absence of any positive test, the child may return once fever free for 24 hours (without fever reducing medication) and with other symptoms improving. Initial negative tests (molecular or antigen) must be collected after symptom onset, and second antigen tests must be collected at least 12 hours after the previous negative antigen.
- **Has been identified as a close contact or a member of an exposed group and does not have symptoms, quarantine** may be considered due to exposure, including staying home for 5-10 full days following last date of exposure to a positive case OR providers may consider permitting asymptomatic exposed children to continue to attend care.
 - Testing is recommended immediately, as well as on day 5 following last date of exposure. Those within 90 days of a previous infection do not need to test if asymptomatic. Day 0 is the last date of exposure, and day 1 is the next day.
 - Members of an exposed group should be monitored for symptoms daily. If symptoms occur or the attendee tests positive for COVID-19, they should follow the above guidance for isolation.
 - Emphasis should be placed on all exposed children 2 years and older to wear an appropriate well-fitted mask around others through day 10, especially if remaining at care.
 - Providers may allow asymptomatic exposed children to remain at care regardless of vaccination status, age, or location of exposure. If the provider chooses to exclude exposed contacts, return on day 6 is permitted as long as no symptoms have developed and no positive test has resulted.

If a Worker

- **Has tested positive and does not have symptoms, use the Asymptomatic Positive Tree for Workers**
- **Has symptoms, use the Symptom and Isolation Tree for Workers**
- **Is identified as a close contact or member of an exposed group and does not have symptoms, use the Close Contact and Exposure Tree for Childcare Workers**

Asymptomatic Positive Tree for Childcare Workers

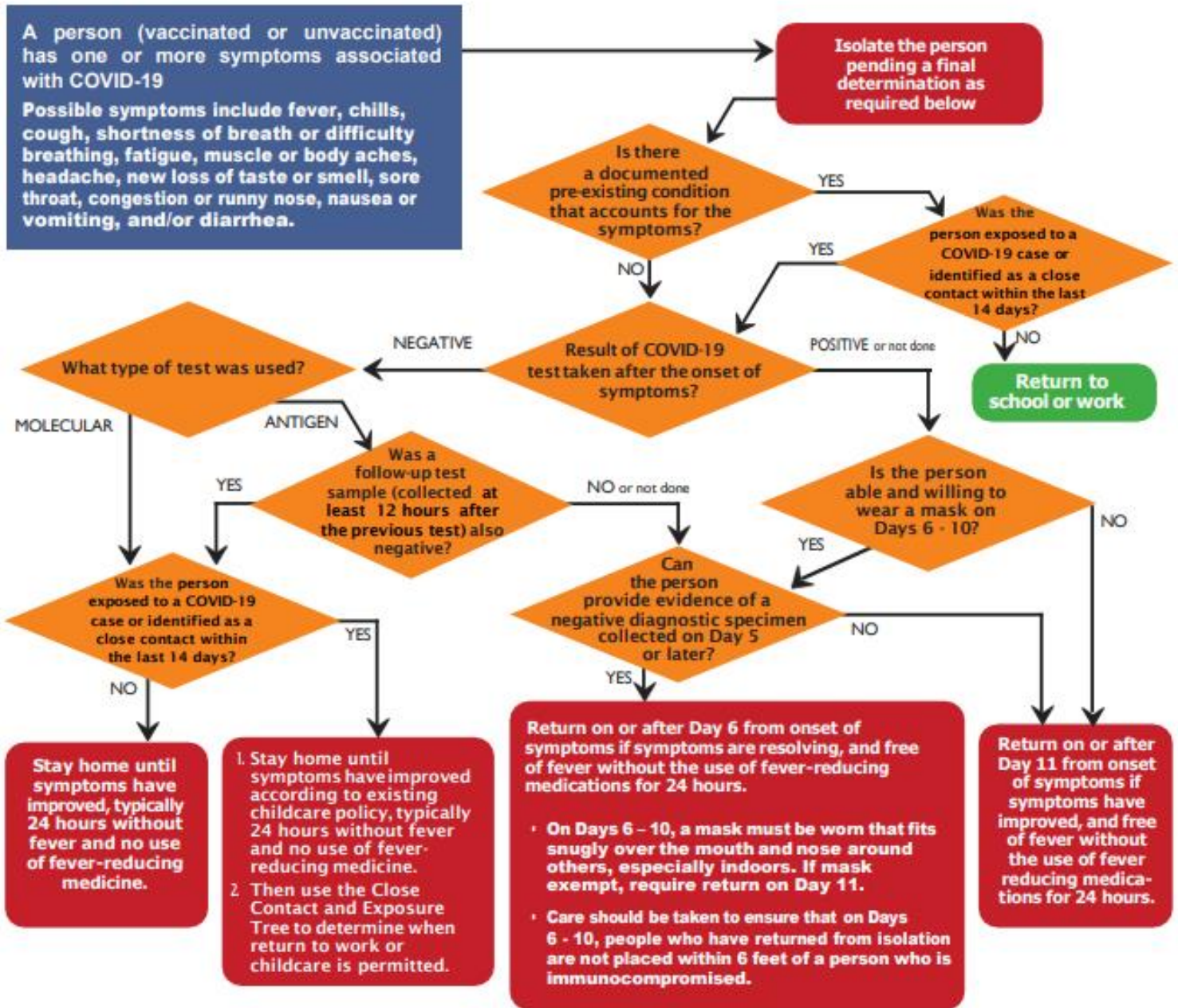
A person (vaccinated or unvaccinated) has tested positive for COVID-19 using any test type and does not have symptoms
Confirmation testing is not recommended



Isolate at home for 5 days from the date on which the first sample was collected.

- Return on or after Day 6 with evidence that a diagnostic sample collected on or after Day 5 is negative.
- On Days 6 – 10, a mask must be worn around others that fits snugly over the mouth and nose, especially indoors.
- If unable or unwilling to test or mask as required, return on Day 11.
- If symptoms develop, isolate immediately and follow the *Symptom and Isolation Tree*.

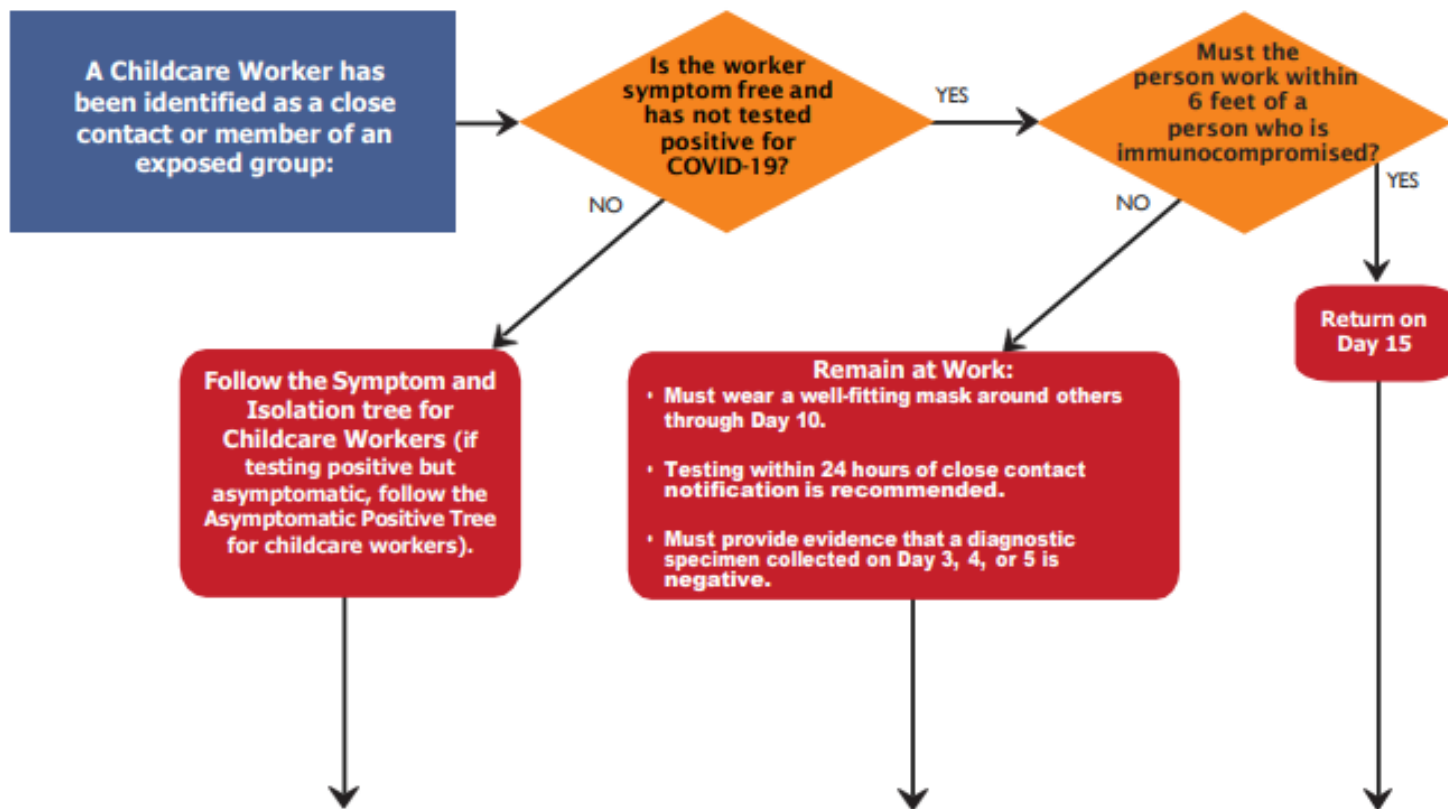
Symptom and Isolation Tree for Childcare Workers



Other Notes on Isolation for Workers:

- Persons returning to work prior to day 11 must wear a well-fitting mask and maintain distance from others to the maximum extent possible through day 10.
- Those returning from isolation must be fever free for 24 hours prior to return (without having to take fever reducing medication) and other symptoms must be improving.
- A negative test on day 5 or later is required for early release from isolation. This result must be received prior to returning to work anytime between days 6-10 (before day 11). If the person is unwilling or unable to adhere to the testing requirement, or any other requirement, the person must be excluded for a full 10-days.

Close Contact and Exposure Tree for Childcare Workers



Household Exposures: If the close contact occurred with a COVID-19 positive household member, day 1 of the quarantine is the day after the COVID positive household member's isolation is complete or effective home isolation has begun. If testing is required for the exposed individual, guidance for testing also follows the same timeline. See Decision Tree FAQs answer No. 4 for additional information on ongoing exposures.

Other Notes on Quarantine for Workers:

- **Persons remaining at work must be symptom free. If symptoms develop, or if the individual tests positive, they should immediately isolate and follow the appropriate isolation tree for workers.**
- **Exposed workers must wear a well-fitting mask around others for 10 days following their last exposure, especially in indoor settings. Workers should also maintain distance from others to the maximum extent possible through day 10.**
- **Exposed workers must provide a negative test on day 3, 4, or 5 to remain at work. Those within 90 days of a prior infection do not need to test unless symptomatic.**
- **If the person is unwilling or unable to adhere to the testing requirement, or any other requirement, the person must be excluded for a full 10-days after last exposure to the infectious case. Additionally, the facility may choose to issue stricter requirements for workers, including a standard 5-10 day quarantine period for any exposed worker.**

Test Types By Situation

Situation	Appropriate Test Types
Post-exposure & close contact testing	<ul style="list-style-type: none"> • Antigen • PCR or other NAAT
Return from isolation before Day 11	<ul style="list-style-type: none"> • Antigen is recommended because it is less likely to detect the virus beyond a person's contagious period. • PCR or other NAAT are acceptable.
Person with symptoms	<ul style="list-style-type: none"> • Antigen is acceptable, but if a person with symptoms receives a negative result from the initial antigen test, confirmation with another test (PCR, antigen, or other NAAT) is necessary to accept the negative result if seeking return prior to day 6. If any prior positive result is received, a minimum 5 day isolation period is still required. • PCR, antigen, or other NAAT. Antigen testing is preferred for those within 90 days of previous positive test.
At-Home Testing	
<p>Childcares should use one or more means described in the Over-The-Counter Tests Guidance to verify the results on tests administered at home. See the FAQ section, answer #10, for specific recommendations.</p>	

Frequently Asked Questions

1. What is the difference between **quarantine** and **isolation**?

Quarantine: People who have been identified as having been in close contact with or exposed to someone with COVID-19 may be required to quarantine away from others because they may become infected with COVID-19 from 2 to 14 days following their last contact with a person who had COVID-19, though this risk decreases after day 5.

- When calculating quarantine period, last date of contact with or exposure to the positive case is day "0"

Isolation: People who have one or more of the symptoms associated with COVID-19 and/or have lab confirmed COVID-19 are required to isolate away from others while they may be contagious with COVID-19. A person:

- With symptoms is contagious from 2 days before their symptoms began to 5 - 10 days after.
- Who has tested positive and does not have symptoms is considered contagious from 2 days before the date their first positive test sample was collected to 5 - 10 days after, if they remain asymptomatic.
- Who tested positive while they were asymptomatic, and develops symptoms later, is considered contagious from 2 days before the first positive test sample was collected to 5 - 10 days after symptoms began.
- Likelihood of contagious infection being present decreases after day 5, especially if a negative antigen test result is obtained.
- When calculating isolation period, date of symptom onset or test collection date (if no symptoms) is day "0"

2. What counts as a **close contact** or **exposure**?

A "close contact" is a person who has contact with a COVID-19 positive person that occurs anywhere between 2 days before the positive person's symptoms began (or, for asymptomatic cases, 2 days prior to test specimen collection), and until the positive person is no longer required to be isolated, and where they:

1. Were within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period; or
2. Had unprotected contact with the body fluids and/or secretions (including, but not limited to, being coughed on or sneezed on, sharing utensils, or drinking out of the same container) of a COVID-19 positive person.

Per CDPH, in childcare settings where it may be difficult to identify individual contacts, all those in a shared indoor airspace for at least 15 minutes with an infectious person may be considered exposed.

3. Who may be **exempt from quarantine**?

Providers may consider permitting exposed children or workers *without symptoms* to continue to attend care or remain at work as long as they remain symptom free. Specific testing and masking requirements pertain to workers (see worker tree above). If symptoms occur in anyone (attendee or worker) following exposure (even people who are fully vaccinated, and those who have already had COVID-19 in the preceding 90 days), they are required to isolate immediately and test.

Frequently Asked Questions continued . . .

4. **How long do I have to quarantine if a member of my household is COVID positive?**

Providers may still consider permitting exposed, asymptomatic workers or attendees to remain at work or care even if the exposure is from a member of the same household, though these cases are generally considered to have higher risk of transmission and exposed persons should be extra vigilant in taking recommended precautions.

If not permitted to remain at work or care, and there is ongoing exposure to a positive case, such as a household contact, and the case and contact continue to share a home, the close contact's quarantine will begin once the positive case's isolation period has ended. Typically, this is a period of 10-20 days (5-10 day isolation period + 5-10 day quarantine, with the last day of isolation being the contact's last day of exposure). If the positive case meets all criteria to end isolation on day 6, day 5 can be used as the contact's last day of exposure. If the contact qualifies for a 5 day quarantine period, the period may be as short as a 10-day period (5 day isolation period + 5 day quarantine period). If the COVID-19 positive person is not able to isolate in a separate residence, the county's [home isolation instructions \(translations\)](#) describe the specific requirements for isolation in a home occupied by others. If the person is able to comply with these instructions, quarantine of close contacts can begin when the COVID-19 positive person begins isolation. If a close contact with ongoing exposure starts exhibiting symptoms but does not test positive for COVID-19 or does not test, they must finish out the remainder of their quarantine period (either 5 or 10-days from the **last** date of exposure). If the close contacts test positive for COVID-19, then the isolation and symptom guidance should be followed.

5. **Does the K-12 guidance apply to childcare settings serving preschool age children on school campuses?**

No, CDPH has published guidance for each sector, K-12 in conjunction with Department of Education and Early Childhood Education in conjunction with Community Care Licensing. As K-12 and ECE serve different populations and have different methods of instruction, different precautions are needed in the ECE setting. The Childcare Decision Tree is based on the CDPH Child Care Providers and Programs guidance, Cal/OSHA Emergency Temporary Standards, the local public health orders, pertinent executive orders, and answers received directly from the CDPH. CDPH has allowed for childcare facilities serving school age children (typically TK and up) and located on K-12 campuses, to follow K-12 guidance. It is anticipated more changes will follow over time. Preschools on K-12 campuses must continue to follow this childcare guidance.

6. **Is contact tracing required for attendees and staff in outdoor childcare settings?**

Based on guidance from the CDPH, not all encounters in outdoor settings need to be identified by schools for individual contact tracing. Focus on encounters that are indoors, in enclosed outdoor spaces (e.g. 3+ sided tents), and with the people the individual normally associates with, including prolonged time spent in close proximity outside.

7. **How should childcare manage eating, drinking, and nap time for attendees who return from isolation or quarantine before Day 11?**

Children who return from isolation or quarantine before Day 11 should wear a mask that fits snugly over their nose and mouth around others, especially in indoor settings, on Days 6 – 10 from the onset of their symptoms or last date of exposure. Childcares should make arrangements for attendees to eat and drink outside with physical distancing. Physical distancing should be implemented during nap time since masks are not worn during this time.

8. **When does it make sense to confirm an antigen test with another test?**

When the person's symptoms don't match the antigen test results.

- A symptomatic person with a negative antigen test should isolate until confirmatory results are available.

9. **What type of test can be used to confirm an initial negative antigen test for a symptomatic individual?**

A follow up molecular (PCR or other NAAT) or antigen test is acceptable to confirm the negative results. An antibody test is not acceptable. The follow up confirmatory test must be collected at least 12 hours after the initial negative antigen test, and must also show a negative result.

Frequently Asked Questions continued . . .

10. Can home testing be used to satisfy testing requirements?

The CDPH Over-The-Counter (OTC) testing guidance allows at-home tests to be used to end isolation and quarantine, and encourages childcare to establish requirements for verification of the test results for attendees. The guidance suggests:

- Use of a digital (app-based) platform for test verification, which often includes scanning barcodes; these are available for certain brands of self-tests.
- Having parents write the name and date of the child that was tested on the test card results and requiring them to send a picture of the card to the request return.
- Create an attestation form and require signature declaring that the test specimen was obtained from the individual represented on the form, including the date the specimen was collected, and that the test was processed according to the test kit instructions.
- For workers, a COVID-19 test may be both self-administered and self-read only if another means of independent verification of the results can be provided (e.g. a time-stamped photograph of the results).

11. What are the requirements if a person tests positive but has no symptoms?

If the person remains asymptomatic, they are required to self-isolate for at least 5 days past the date on which the positive test was collected. Attendees can return after day 5 if symptoms have not developed. A test is recommended for attendees on day 5, and masking should be actively encouraged for children 2 years and older through Day 10. To return to work the staff member must provide a negative test collected on day 5 or later if returning prior to day 11. The worker must also wear a mask that fits snugly over their nose and mouth (indoors and within 6 feet of others outdoors) on Days 6 - 10. If the worker is unable or unwilling to do this, they must remain in isolation through Day 10.

12. What changes to masking guidance were implemented on March 12th, 2022?

As of March 12th, 2022 masking is no longer required indoors in childcare settings for day-to-day operations. This guidance applies to children, staff, and visitors. However, CDPH still strongly recommends that masking is used indoors for the childcare setting, especially for those with recent COVID-19 symptoms, diagnosis, or exposure. Cal/OSHA still requires staff who have tested positive for COVID-19, or who have been exposed to COVID-19, to mask through day 10. Each facility may choose to set their own masking policy, including stricter requirements. Per CDPH [Guidance for Face Coverings \(ca.gov\)](#) masks, especially those that offer the best fit and filtration (e.g. N95s, KN95s, KF94s), remain a critical component of our multi-level approach for protection against COVID-19 infection," though "vaccines remain the ultimate exit strategy out of the COVID-19 pandemic." CDPH [Guidance for Child Care Providers and Programs](#) states that "promoting vaccination, including boosters, among all eligible individuals can help child care programs protect staff and children in their care, as well as their families."

13. What is the recommended guidance for an individual who develops symptoms, but is within 90 days of a previous COVID-19 infection?

Regardless of previous infection or vaccination status, anyone who develops otherwise unexplained symptoms consistent with COVID-19 should isolate and seek testing. Antigen testing is preferred for those who are symptomatic and within 90 days of previous infection (potential reinfections) because it is less likely to detect the virus if the individual is no longer contagious to others, while molecular testing may remain resulting positive for some months after initial infection. If antigen testing is positive, or in the absence of a test result, the person should isolate for 5 full days past onset of symptoms, and until fever free with other symptoms improving. If antigen testing is negative and symptoms are not due to chronic illness, it may be necessary to seek a medical provider's evaluation prior to returning to care or work.

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

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

DATES		DATES		DATES	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

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

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

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

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

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

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE DATE

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)

UCSD Early Childhood and Education Center. This Child Care Center/School provides a program which extends from 07 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 5:00 a.m./p.m. , 5 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: _____ Date of Physical Exam: _____
 Address: _____ Date This Form Completed: _____
 Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

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

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

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR PRE-KINDERGARTEN (CHILD CARE)



Starting July 1, 2019

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2-3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months-5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hep B = hepatitis B vaccine
Varicella = chickenpox vaccine

Hib = Haemophilus influenzae, type B vaccine
MMR = measles, mumps, and rubella vaccine



**LIVE WELL
SAN DIEGO**

**County of San Diego Public Health Centers
Immunization Clinic Schedules**
The clinic hours below are subject to change.
A limited number of people will be seen each day.

Online appointments available at some locations. Visit: <https://onlineappts.hhsa-sdcountv.org/>.

SAN DIEGO CITY

City Heights (619) 229-5400	Central Region Public Health Center 5202 University Ave., 92105	Mon. Thurs.	8:30-11 a.m. & 1-4 p.m. 8:30-11 a.m. & 1-4 p.m.
Southeast City (619) 595-4452	VIP Trailer 3177A Oceanview Blvd., 92113	Mon.-Fri.	8-11 a.m. & 1-3 p.m.

NORTHERN SAN DIEGO CITY

Kearny Mesa (858) 573-7300	North Central Public Health Center 5055 Ruffin Rd., 92123 Located at the North Central Regional Center	Mon.-Fri. 2 nd Thurs.	8:30-11 a.m. & 1-4 p.m. 1-4 p.m.
-------------------------------	---	---	--

SOUTH COUNTY

Chula Vista (619) 409-3110	South Region Public Health Center 690 Oxford St., 91911 Behind WalMart	Mon.-Wed. & Fri Thurs.	8 a.m.-4 p.m. 8 a.m.-12 p.m.
-------------------------------	--	---------------------------	---------------------------------

EAST COUNTY

El Cajon (619) 441-6500	East Region Public Health Center 367 N. Magnolia Ave., Ste. 101, 92020	Mon.-Wed. & Fri Thurs.	8:30-11 a.m. & 1-4 p.m. 1-4 p.m.
----------------------------	---	---------------------------	--

NORTH COUNTY

Escondido (760) 740-3000	North Inland Public Health Center 649 W. Mission Ave., Suite 2, 92025	Mon. & Fri.	8-11 a.m. & 1-4 p.m.
Fallbrook (760) 967-4401	Fallbrook Public Health Office 202 W. College Ave., 92028	2 nd Mon. of the month & (3 rd & 4 th Tues. of the month by appt. only; call 760-967-4401)	11 a.m.-5 p.m.
Oceanside (760) 967-4401	North Coastal Public Health Center 104 S. Barnes St., 92054	Mon., Tues., Thurs. & Fri. Wed.	8 a.m.-4:30 p.m. 8-11 a.m.
Ramona (760) 740-3000	Ramona Public Health Office 1521 Main St., 92065	2 nd Wed. of the month	1-3 p.m.
Rancho Penasquitos (760) 740-3000	New Hope Church 10330 Carmel Mountain Rd., 92129	3 rd Wed. of the month	8:30-11 a.m.
Solana Beach (760) 967-4401	Solana Beach Presbyterian Church 120 Stevens Ave., 92075	2 nd Tues. of the month	1-5 p.m.

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

For immunization information, please visit our website at www.sdiz.org or call 211.

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

()

Parent Consent for Administration of Medications and Medication Chart

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

The undersigned as parent or legal guardian of the above named child, a minor, hereby authorizes UC San Diego Early Childhood Education Center and/or Mesa Child Development Center (lic #s 372006398, 372006399) to administer medication to the above child under the following conditions:

Name of Medication: _____

Method by which to be given: Oral _____ Topical _____ Injection _____

Frequency: _____ and/or at the following times: _____

For treatment of: _____

Prescribed by (physician) : _____ Phone: (____) _____

Storage/special instructions: _____

Possible side effects to be aware of: _____

These instructions take effect on: _____ and continue until _____

I agree to inform ECEC/MCDC of any changes in the above and new authorization completed.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Staff Signature: _____

*** **Important** Before agreeing to give medication, use the medication checklist below. **All** items must be checked **YES** in order for the center to administer the medication per CA State Licensing Regulations.

Checklist for giving Medications _____

Does the container show?

- | | |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Child's name | <input type="checkbox"/> YES <input type="checkbox"/> NO Pharmacy Name (except OTC) |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Name of Medication | <input type="checkbox"/> YES <input type="checkbox"/> NO How long to give medication |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Name of prescribing physician | <input type="checkbox"/> YES <input type="checkbox"/> NO Special storage (if needed) |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Times to administer | <input type="checkbox"/> YES <input type="checkbox"/> NO Childproof cap? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Amount given per dose | <input type="checkbox"/> YES <input type="checkbox"/> NO Original Container |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Method of administration | <input type="checkbox"/> YES <input type="checkbox"/> NO Are all contents uniform? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Expiration date for contents | |

UC SAN DIEGO EARLY CHILDHOOD EDUCATION CENTER

FAMILY HANDBOOK

ACKNOWLEDGEMENT OF RECEIPT

(To be retained in child's file)

I have received the latest edition of the UC San Diego Early Childhood Education Center's Family Handbook. I agree to review and familiarize myself with its contents, policies and procedures and be responsible for the information contained therein. If a discrepancy exists between the Handbook and any legal mandate, the legal mandate will take precedence.

Signature of Parent/Legal Guardian

Date

UC SAN DIEGO EARLY CHILDHOOD EDUCATION CENTER

ADMISSION/ENROLLMENT AGREEMENT

(Contract of Membership)

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

(CHILD'S NAME) _____,

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

I also agree to:

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

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

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardia

UC SAN DIEGO EARLY CHILDHOOD EDUCATION CENTER

TUITION AGREEMENT & ACKNOWLEDGEMENT

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

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

Your monthly tuition fee will be \$_____. **Please attach your check, made payable to the U.C. Regents, in the sum of \$100.00 representing your non-refundable curriculum/sheeting fee.**

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

Signature

Date

UC SAN DIEGO EARLY CHILDHOOD EDUCATION CENTER

**30 DAY WITHDRAWAL NOTICE
(Intent to Remove Child)**

ACKNOWLEDGEMENT

(To be retained in child's file)

I hereby acknowledge that I have been advised that the Center requires that a signed and dated 30-Day Withdrawal Notice form be delivered to the ECEC Administrative Office indicating our intent to remove our child(ren) from the Center. This Notice is required so that the Center can remain in compliance with UC San Diego Audit Guidelines and also enables your child(ren)s classroom slots be filled by those on the Center's Waitlists and thus avoid any loss of income to the Center.

Administration Office staff can also provide a copy of this 30-Day Withdrawal Notice form for your convenience in complying with this Notice provision.

Signature

Date

UC San Diego Early Childhood Education Center

**30-DAY WITHDRAWAL NOTICE
(REQUIRED: Refer to Family Handbook)**

I, _____ parent/legal guardian of
_____ (child), do hereby give my official 30-day notice of
intent to withdraw my child from the UC San Diego Early Childhood Education Center Rm ____.

My child's last day will be _____ (date). I understand that my billing
will continue for one month from the date this 30-Day Withdrawal Notice is received and
acknowledged by the ECEC administrative staff, as indicated from signatures below.

Reason for Leaving:

My New Forwarding Address:

Signature (Parent/Legal Guardian)

*I do hereby acknowledge receipt of this 30-Day Withdrawal Notice this _____ day of
_____ 20__.*

Signature of ECEC Director/Business Manager/Authorized Representative

*Please complete Exit Questionnaire on page 2 of this 30-Day Withdrawal Notice.
(Original to ECEC/Copy for parent/guardian/authorized representative)*

(OVER)
EXIT QUESTIONNAIRE

EXIT QUESTIONNAIRE

What is your overall feeling of the ECEC?

What could we have done differently to better serve your needs?

Are there any areas in which you feel ECEC could improve (e.g. curriculum, administration, parent involvement, etc.)?

If you had the opportunity or need in the future, would you use the services ECEC provides?

Yes No

Please indicate why you **would**, or **wouldn't** use our services again.

Would you recommend our program to others?

Yes No

Your comments will help us to improve our program, please share both your compliments and concerns.~ Thank you

EMERGENCY MANAGEMENT PLAN

INTRODUCTION

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

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

The priorities contained in campus-wide emergency plan have been adopted by ECEC. Those priorities are:

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

WHO DO I CALL?

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

WHERE DO I PARK?

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

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

WHERE CAN I FIND MY CHILD?

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

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

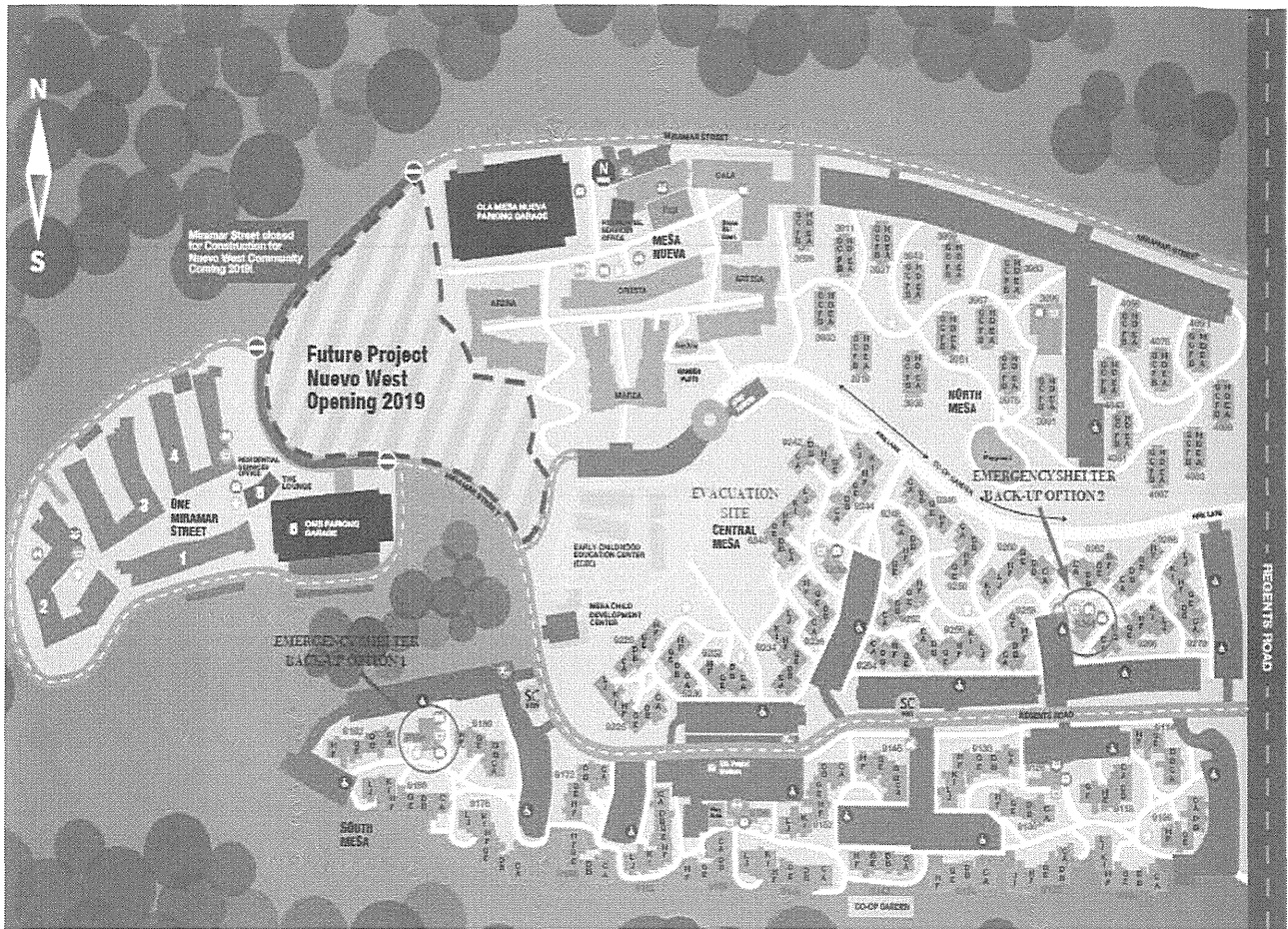
After an assessment team has declared the facility safe we will re-enter the building. In this case you may meet your child(ren) in his/her classroom. ***(PLEASE MAKE SURE YOU SIGN YOUR CHILD OUT BEFORE YOU LEAVE)***

WHAT IF MY CHILD IS INJURED?

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

HOW WILL YOU CARE FOR MY CHILD?

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



UC SAN DIEGO EARLY CHILDHOOD EDUCATION CENTER

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

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

 Signature

 Date

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: Mission Valley Child Care Licensing

Licensing Office Address: 7575 Metropolitan Dr. Suite 110, San Diego 92108

Licensing Office Telephone #: 619-767-2200

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

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

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

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.

UC San Diego Early Childhood Education Center
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

IMPORTANT INFORMATION

CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are **nonexemptible and if you were convicted of one of them, by law you will never be allowed in a facility.**

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will **not** be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cclid.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.

PERSONAL RIGHTS**Child Care Centers**

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

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

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

NAME		
Mission Valley Child Care Licensing		
ADDRESS		
7575 Metropolitan Dr. Suite 110		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Diego	92108	(619) 767-2200

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

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

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
UC San Diego Early Childhood Education Center	9224 Regents Rd., La Jolla, CA 92037
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD ABUSE PREVENTION

ACKNOWLEDGEMENT OF RECEIPT

(To be retained in child's file)

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

Signature

Date

PARENT/GUARDIAN AFFILIATION & INVOICING INFORMATION

(To be retained in child's file)

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

Mother/Guardian 1 is (Please Check one):

- Faculty
- Staff
- Graduate Student
- Undergraduate Student
- Other(Please Describe): _____

Department: _____

Mail Code: _____

Occupation: _____

Name of Company: _____

Father/Guardian 2 is (Please Check one):

- Faculty
- Staff
- Graduate Student
- Undergraduate Student
- Other(Please Describe): _____

Department: _____

Mail Code: _____

Occupation: _____

Name of Company: _____

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

Full name of person to be invoiced: _____

Address (Number, Street, and Apartment): _____

City, State, Zip Code: _____

Telephone Number (daytime): _____

Date of Birth: _____

Email address: _____

UC San Diego ECEC Access Card Agreement

To ensure the safety of the students and staff at ECEC, an electronic key card system has been put in place and doors will remain closed during school hours.

UC San Diego affiliates are asked to provide the 6-digit code on the back of their One Card or Health IDs (see images below for reference). Any non-UC San Diego affiliate will be programmed and assigned a proxy card free of charge.

Additional proxy cards can be provided upon request for a **\$5 deposit** and will be refunded upon return (families with 2 affiliates need to pay the deposit to request any number of proxy cards, families with 1 affiliate need to pay for the 2nd and after cards, community families need to pay for the 3rd and after cards). In addition, there will be a **\$5 fee** for replacement of lost and stolen proxy cards or proxy cards that are not returned after a withdrawal. In addition, there will be a **\$5 fee** for replacement of lost and stolen proxy cards or proxy cards that are not returned after a withdrawal.

Please mark one:

UC San Diego Affiliate Non-UC San Diego Affiliate

Parent 1 Name: _____

Parent 1 Signature: _____

Date: _____

(Admin use only) One Card/Proxy ID Number: _____

Please mark one:

UC San Diego Affiliate Non-UC San Diego Affiliate

Parent 2 Name: _____

Parent 2 Signature: _____

Date: _____

(Admin use only) One Card/Proxy ID Number: _____

UC San Diego ECEC Access Card Agreement



6-digit code for programming key card access



YOUR CHILD'S COMFORT LIST

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

1. Bring a change of clothes labeled with your child's name.
2. If your child is still wearing diapers you will need to bring disposable diapers and wipes.
3. If he/she is in the process of potty training, you will need to bring 3 sets of extra clothing including socks and an extra pair of shoes. (*NO training or plastic pants, no dresses, belts, suspenders or snapped t-shirts*). See Family Handbook for complete Toilet Learning Procedure.
4. If your child has a security object, you may want to consider bringing it, at least for the first week or so; however, it is our policy to discourage bringing "hype toys" (such as Power Rangers), expensive or breakable toys as the Center is not responsible for lost, broken or stolen toys. Please consult the lead teacher of your child's program before leaving anything at the Center.
5. Please bring a blanket labeled with your child's name for his/her use at nap time.
6. If your child is on medication, please bring the medication if it will need to be administered during the day. Make sure you sign the medication release form in your child's classroom otherwise the Center's staff is not authorized to administer it. A Physician's note with specific instructions must accompany all medication explaining how it is to be administered (i.e. amount, time, etc.). All medications are required to be in their original containers and cannot be administered to siblings. See Family Handbook for complete policy.
7. Be sure to fill out the section on the **Questionnaire About Your Child** form that indicates any additional information that the teacher should know, **especially relating to allergies**.
8. If your child has any allergies or medical condition(s) that requires a special meal or accommodations, fill out the **Request for Special Meals and/or Accommodations** form; if your child **does not** require any meal accommodations, please indicate 'not-applicable', sign and return this form.
9. Before your child can start, the attached enrollment packet must be completed. Please pay special attention to the following items as they are often overlooked:
 - (A) All immunizations must be up to date (see Parent's Guide to Immunization Requirements)
 - (B) All parents have the opportunity to talk with the Director before the child's first day. You can call 246-0900 to schedule an appointment or phone conference.
 - (C) All 3 copies of the Emergency & Medical data forms must have original signatures.
 - (D) The non-refundable \$100.00 enrollment fee is due at the time you turn in your child's enrollment packet (not applicable for subsidized program).
10. The Center is open for business at 7:30 a.m. and requires that your child be picked up by 5:00 p.m. Families who do not pick up their child(ren) by 5:00 p.m. will be fined \$10.00 for every ten minutes; therefore, there will be a \$10.00 per child charge even if you are one minute late in picking up your child(ren). See Family Handbook.

If you have any questions about the curriculum, the lead teacher of your child's program is _____ and the room number is _____. Please feel free to contact the office at (858) 246-0900 with any other questions you may have.

EARLY CHILDHOOD EDUCATION CENTER

QUESTIONNAIRE ABOUT YOUR CHILD

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

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

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

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

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

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

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

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

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

Other comments:

FAMILY'S INFANT DIAPERING/TOILETING/FEEDING PROCEDURES

Child's Name _____

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

Toileting/Potty Training Procedure (Please read section in Family Handbook section on Toilet Learning Procedures):

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

Parent/Legal Guardian Signature

Date



REQUEST FOR SPECIAL MEALS and/or ACCOMMODATIONS

Print Name of Child	DOB	Site Name Early Childhood Education Center
Print Name of Parent/Guardian	Telephone (Parent/Guardian)	Site Phone (858) 246-0900

**COMPLETE THIS SECTION IF SPECIAL MEAL REQUEST IS FOR MEDICAL REASON(S):
MEDICAL AUTHORITY'S SIGNATURE IS REQUIRED**

Medical condition or disability requiring a special meal or accommodation:

Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation.)

Foods to AVOID:

- Fluid milk only
- Foods containing milk products (macaroni & cheese, yogurt)
- Cooked eggs (i.e. scrambled, hardboiled)
- Foods containing egg products (i.e., pancakes, egg noodles)
- Soy products
- Nuts
- Other: _____

Foods OK for consumption if containing:

- Milk products (macaroni & cheese, yogurt)
- Cooked eggs (i.e., scrambled, hardboiled)
- Egg products (i.e., pancakes, egg noodles)
- Soy products
- Nuts
- Other: _____

Foods to be OMITTED:

Suggest food SUBSTITUTIONS:

Indicate Texture: Regular Chopped Ground Puréed

Adaptive equipment:

Signature of Preparer*	Print Name	Telephone ()	Date / /
Signature of Medical Authority*	Print Name	Telephone ()	Date / /



***Medical authority's signature is required for participants with a medically prescribed diet.**



**COMPLETE THIS SECTION IF SPECIAL MEAL REQUEST IS FOR NON-MEDICAL REASON(S):
MEDICAL AUTHORITY'S SIGNATURE IS NOT REQUIRED**

Foods to be omitted due to the following reasons:

- Vegan**
 Vegetarian
 Religious Practice

Foods to be omitted:

Suggested substitutions:

Signature of Parent/Guardian:	Print Name	Telephone ()	Date / /
Signature of ECEC Staff:	Print Name	Telephone ()	Date / /

PERMISSION TO APPLY SUNSCREEN

CHILD'S NAME: _____

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

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

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

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

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

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

**NEBULIZER CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES**

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. **A separate form must be filled out for each person who administers inhaled medication to the child.**

I, _____, give my consent for _____,
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at UC San Diego Early Childhood Education Center,
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

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

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

**HUMAN DEVELOPMENTAL SCIENCES/ECEC
COOPERATION AGREEMENT**

Dear Parents,

Each quarter, the Early Childhood Education Center & Mesa Child Development Center cooperates with the UC San Diego Human Developmental Sciences, providing an opportunity for those students to observe children in their regular day. From this “in the field” research, students establish a project.

Typical project topics include:

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

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

Human Development Students are never alone with children.

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

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

Parent/Legal Guardian Signature

Date

PERMISSION TO PHOTOGRAPH & VIDEO

I hereby give permission for my child(ren) _____, to participate in observational studies and to be photographed and/or videotaped at the University of California San Diego Early Childhood Education Center (ECEC) during the regular course of program activities. It is my understanding that all images will be used only for ECEC education and research purposes approved by the Director, program enrichment activities, Center marketing, or for private use of the family of the child(ren) being photographed/videoed. I further understand that any images taken at the ECEC by either myself or other parties are not to be used other than stated above without express written permission and that my child's identity will not be disclosed.

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

- Children's cubbies
- Field trips
- Special events
- Birthday celebrations
- Multi-cultural events
- Picture books for children
- Enhancement of children's cognitive development
- DRDP Portfolios
- Research and/or teaching purposes

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

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

Request for Family Photograph

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

UC SAN DIEGO EARLY CHILDHOOD EDUCATION CENTER

ECEC/MCDC 2022-2023 HOLIDAY CALENDAR

Day of Week	Date	Holiday
Monday	July 4 th , 2022	Independence Day
Friday	September 2 nd , 2022	ECEC Staff Development Day
Monday	September 5 th , 2022	Labor Day
Friday	November 11 th , 2022	Veteran's Day
Thursday- Friday	November 24 th -25 th , 2022	Thanksgiving Day
Friday-Monday	December 23 rd , 2022– January 2 nd , 2023	Winter Closure (subject to change based on University Winter Closure)
Monday	January 16 th , 2023	Martin Luther King Day
Monday	February 20 th , 2023	President's Day
Thursday	March 30 th , 2023	ECEC Staff Development Day
Friday	March 31 st , 2023	Cesar Chavez Day
Monday	May 29 th , 2023	Memorial Day
Monday	June 19 th , 2023	Juneteenth Holiday

DETACH HERE

ACKNOWLEDGEMENT OF RECEIPT

(To be retained in child's file)

Child(ren)'s Name: _____ Room (s): _____

By signature below I acknowledge that I have received a copy of UC San Diego ECEC's 2022-2023 Holiday calendar.

Parent/Legal Guardian Signature

Date

5 WEEK MENU SAMPLE & SNACK PARTICIPATION ACKNOWLEDGEMENT

ACKNOWLEDGEMENT OF RECEIPT

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

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

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

Signature

Date

PROCARE AGREEMENT

Please provide UCSD ECEC's administration with your permission to sign in and out on your behalf with our app Procare shall there be problems with WIFI that prevent attendance from going through. This app is also provided as a service to all parents/guardians/authorized representatives to give up-to-date information on happenings at the Center you might need to be apprised of, calendaring items, and/or special events occurring in your child's room.

I grant UCSD ECEC's staff permission to sign in and out on my behalf using ProCare.

Parent/Guardian Name & Email address (Please print)

Parent/Guardian Name & Email address (Please print)

Parent/Guardian Name & Email address (Please print)