



Bellevue Elementary School

22736 Kuien Mill Road

Sonora, CA 95370

(209) 586-5510

Dear Parents and Guardians,

Thank you for your interest in Bellevue Preschool. In this packet you will find various documents concerning eligibility requirements for our state funded preschool. There are certain income restrictions and guidelines that each household must meet before we can enroll your child. The state mandate sees guidelines and it is our responsibility to see that we serve those children who qualify first. Children are served on a first come, first serve basis with priority going to those who meet the state eligibility requirements. If you have questions please feel free to contact me, phone number and or email provided below for your reference.

I genuinely look forward to meeting you and your child. We are excited about our adventurous and fun upcoming 2024/2025 school year in our Bellevue Preschool Program.

Sincerely,

Kim Angel

Director

209-586-5510, extension 302

kangel@mybellevue.org

PRESCHOOL ENROLLMENT APPOINTMENT REQUIREMENTS:

Below you will find our *requirements to meet for enrollment processes*.

PLEASE NOTE: We should NOT meet for enrollment unless you have the ALL the required documents to submit. Please call or email me if you do not have everything by the time we are scheduled to meet.

Below are the documentation items that need to be submitted at the time of our enrollment appointment.

1. **Office Birth Records:** for ALL children that reside in the home, or an official document that states parent's names and all children residing in the home under 18 years of age, or permitted to be 18 if still enrolled in high school.
2. **Official Vaccination Record:** potential preschooler's immunizations MUST be submitted.
3. **Proof of Residency** (utility bill, dated letter from landlord).
4. If you work for an employer, we will need the last month's (30 days) consecutive paycheck stubs. **DO NOT BRING COPIES – ORIGINALS ACCEPTED ONLY PLEASE.** If both parents are employed, they both must submit all income.
5. If you are self-employed, we will need a variety of sources to verify income: A letter from the source(s) of income (including the amounts they paid you), most recent signed and completed tax return, or other business ledgers, receipts, or business logs. If both parents are self-employed, they must submit all income.
6. **Child support payments** must be submitted. If there is nothing official, both parents must write letters stating the amount received for the last 30 days.
7. If the child is under services from Child Protective Services (CPS), At-Risk of Abuse, Neglect, Exploitation, Homelessness, Cash Aid, official documentation must also be submitted.
8. **All None-Wage Income:** Survivor Benefits, Unemployment Compensation, Portion of Student Grants or Scholarships (not used for educational purposes, or other enterprise for gain) must also be submitted.

COMMUNITY RESOURCES REQUEST

If you do NOT wish to receive information regarding community services, please check box below:

No Information Requested

Check each box that pertains to information you would like to receive:

<input type="checkbox"/>	Emergency Medical Care
<input type="checkbox"/>	Medical Care
<input type="checkbox"/>	Labor and Delivery
<input type="checkbox"/>	Prenatal Care
<input type="checkbox"/>	Breastfeeding
<input type="checkbox"/>	Health Services
<input type="checkbox"/>	In-Home Care
<input type="checkbox"/>	Dental Care
<input type="checkbox"/>	Services and Support for Special Needs Children
<input type="checkbox"/>	Parenting Classes and Support
<input type="checkbox"/>	Child Care Services
<input type="checkbox"/>	Drug, Alcohol, and Tobacco Programs
<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Food Programs
<input type="checkbox"/>	Finances
<input type="checkbox"/>	Families in Transition Services
<input type="checkbox"/>	Transportation Services
<input type="checkbox"/>	Legal Aid
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____

Please PRINT Name: _____

Please SIGN Name: _____

Date: _____

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

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE ()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	STATE	ZIP
HOME ADDRESS					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					BUSINESS 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
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

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

CHILD'S NAME	SEX	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
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

ILLNESS	DATES	ILLNESS	DATES	ILLNESS	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? YES NO HOW MANY IN LAST YEAR? _____ LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF _____

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

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

DIET PATTERN: (What does child usually eat for these meals?)

BREAKFAST	WHAT ARE USUAL EATING HOURS?
LUNCH	BREAKFAST _____
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
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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

Belleview State Preschool 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

()

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)

Belleview School- Preschool, This Child Care Center/School provides a program which extends from 08 : 00
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 11:30 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)	/ /	/ /			
(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.

Due within 30 days of enrollment.

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

BELLEVIEW ELEMENTARY SCHOOL PRESCHOOL PROGRAM

PARENT AUTHORIZATION FORM

CHILD'S NAME: _____

FIELD TRIPS:

I/We hereby authorize the **Bellevue Preschool Program** to take my/our child on field trips or walks to places of interest and educational value. We authorize our child to ride the school bus.

Signature of Parent/Guardian

Date

PHOTOS:

I/We authorize the **Bellevue Preschool Program** to take photos or video of my child during the normal activities of the program and to release photos for use in news articles concerning the program which my child participates for publication. Video may be used only as a resource for parents and teachers to observe skills and or behaviors.

Signature of Parent/Guardian

Date

PARENT CONTACT LIST:

I/We authorize the **Bellevue Preschool Program** to include my/our name, email, or phone number(s) on a list that will be made available to all *current* parents in the program for communication and organizational purposes related to planning for activities and announcements related to the program.

Signature of Parent/Guardian

Date

HEALTH SCREENINGS:

I/We authorize the Bellevue Preschool Program to have my child screened for hearing, social/emotional health and speech/language by county specialists when teachers give a referral to do so. I understand that I will be notified of this process and will be asked to fill out forms what will help in the evaluation of the screening.

Signature of Parent/Guardian

Date

PARENT A:

STATEMENT OF RELEASE – AUTHORIZING EMPLOYER CONTACT

- By filling in the information below, you are giving Belleview State Preschool the right to contact your employer to verify your employment.
- EACH parent who is employed MUST fill out this form separately.

Parent's Name: _____

Name of Employer: _____

Address of Employer: _____

Employer Phone Number: _____

Employee Signature: _____ Date: _____

**Belleview Preschool
Hours of Operation:
8:00 am - 11:30 am**

PARENT B:

STATEMENT OF RELEASE – AUTHORIZING EMPLOYER CONTACT

- By filling in the information below, you are giving Belleview State Preschool the right to contact your employer to verify your employment.
- EACH parent who is employed MUST fill out this form separately.

Parent's Name: _____

Name of Employer: _____

Address of Employer: _____

Employer Phone Number: _____

Employee Signature: _____ Date: _____

Belleview Preschool
Hours of Operation:
8:00 am - 11:30 am

PARENT A:

STATEMENT OF FACT

- Use this form ONLY when no other source of documentation is provided by the parent or guardian.
- EACH parent who is employed MUST fill out this form separately.

1. Parent/Guardian Name: _____

2. Complete the statement below:

For the Month of _____, 20____, my income amount was \$_____.

3. If there is another explanation of income, please explain below:

PERJURY STATEMENT:

I, _____, the parent/guardian of _____, declare that the above information is true and correct to the best of my knowledge. It is understood that providing misleading, inaccurate or untruthful information will result in termination of preschool services at Belleview Preschool.

Signature of Parent/Guardian

Date

Signature of Belleview Preschool Director

Date

PARENT B:

STATEMENT OF FACT

- Use this form ONLY when no other source of documentation is provided by the parent or guardian.
- EACH parent who is employed MUST fill out this form separately.

1. Parent/Guardian Name: _____

2. Complete the statement below:

For the Month of _____, 20____, my income amount was \$_____.

3. If there is another explanation of income, please explain below:

PERJURY STATEMENT:

I, _____, the parent/guardian of _____, declare that the above information is true and correct to the best of my knowledge. It is understood that providing misleading, inaccurate or untruthful information will result in termination of preschool services at Belleview Preschool.

Signature of Parent/Guardian

Date

Signature of Belleview Preschool Director

Date

HOME LANGUAGE SURVEY
ENGLISH VERSION

Name of Student: _____ Surname / Last Name _____ First Given Name _____ Second Given Name _____

School: _____ Age: _____ Grade Level: _____ Teacher Name: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian _____ Date

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: Community Care Licensing

Licensing Office Address: 2525 Natomas Park Dr., Suite 250
Sacramento, CA 95833

Licensing Office Telephone #: **916.263.5744**

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 985 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

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

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

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

Community Care Licensing

ADDRESS

2525 Natomas Park Dr. Suite 250

CITY

Sacramento , CA

ZIP CODE

95833

AREA CODE/TELEPHONE NUMBER

916.263.5744

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)

Bellevue Preschool

(PRINT THE ADDRESS OF THE FACILITY)

22736 Kuien Mill Rd. Sonora, CA 95370

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Parents Keep

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/docs/maps/state.htm>

POTENTIAL SOURCES OF LEAD

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

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick.

Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.



OPTIONS FOR LEAD TESTING



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

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clppb, or call them at (510) 620-5600.

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

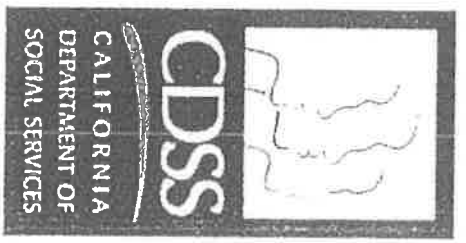
1/2019

You Keep

EFFECTS OF LEAD EXPOSURE

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

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



LEAD POISONING FACTS

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

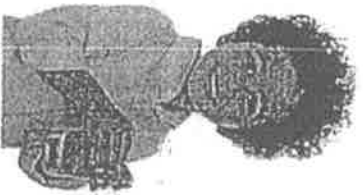
IN THE US:

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



LEAD IN TAP WATER

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



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;

- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**

Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*

- **Use only cold tap water for cooking, drinking, or baby formula (if used)**

If water needs to be heated, use cold water and heat on stove or in microwave.

- **Care for your plumbing**

Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

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

WARNING!

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



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

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.

