



Mack Family Daycare

11916 Orchard Ave.
Los Angeles, CA 90044
(323) 331-5995
mackdaycare@gmail.com
mackdaycare.com

Owner: Lakeisha Mack

License #: 197492937

Thank you for choosing ***Mack Family Day Care***.

Your child deserves the best possible childcare available.

I, Lakeisha Mack, pledge to focus on creating a positive and healthy atmosphere to stimulate your child's growth and development. I encourage parents to drop by the facility at any time, to ensure that all of your child's needs are being met.

My job is to ensure that you are completely satisfied with my services.

My Goals and Philosophy

- That each child be treated as an individual, with love and respect.
- Health, Safety and Education are given top priority on a daily basis to each child.
- To help each child reach their mental, emotional, social and physical development potential.
- Daily open communication between myself and the parent in order to provide the highest level of care for the child.

My Qualifications

- Toddler/Preschool Daycare experience
- Daycare Management
- Over 60 units of Early Childhood Education
- Child CPR and First Aid trained and Certified
- Health and Nutrition Certified
- Crisis Prevention Intervention (CPI) Certified
- Individuals with Disabilities and Special Needs
- References available upon request



Health History of Child

Which of the following illnesses has your child had and at what age?

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Regular Measles (Rubeola) _____

German (3-day) Measles (Rubella) _____

Other (specify): _____

Has your child ever been hurt in a serious accident? Yes _____ No _____

If yes, please explain: _____

Does your child have frequent colds? Please explain: _____

Tonsillitis? _____ Earaches? _____

Stomachaches? _____

Does your child vomit easily? _____

Does your child run high fevers easily? _____

Has your child had any serious accidents? Please explain: _____

Does your child have any allergies? _____

If so, how do they usually manifest themselves? _____

Asthma _____ Hay Fever _____ Hives _____ Other _____

Do you know the cause of the allergy? _____

Does your child have any other problems that I should be aware of? _____

Has your child ever been to a dentist? _____ If so, when? _____

Has your child had a hearing test? _____ If so, when? _____

Has he or she had a vision test? _____ If so, when? _____

Does your child wear corrective shoes? _____

Comments: _____

Parent - Provider Transportation Agreement

Child Care Program: **Mack Family Daycare**

I, _____, give permission for my child care provider, or any approved
(Name of parent)
employee of the above program, to transport my child(ren) _____
(Name(s) of child(ren))
for the following reasons (check all that apply):

_____	Field trips
_____	Library
_____	Excursions to the park
_____	Emergency purposes
_____	Any reason deemed necessary by the program

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.

(Parent or Guardian)

(Date)

(Provider/Director)

(Date)

**Permission to Receive Emergency Medical Care
Away from the Family Day Care Premises**

Name of Provider: _____

Name of Child: _____

The undersigned, who are the parents or legal guardians of the above-named child, hereby authorize the above-named family day care Provider, into whose care said child has been entrusted, do consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said child. This will be done under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. The undersigned also do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said child by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the above-named Provider to have the above-named child released into his or her custody or that of an authorized representative, should hospital care no longer be required.

This form is valid ONLY in an extreme EMERGENCY, when said parents or guardians cannot be or are unable to be contacted.

Dated: _____
(Parent or legal Guardian)

Dated: _____
(Parent or legal Guardian)

Witness: _____ Date _____

Insurance Information:

Name of Company: _____

Policy Number: _____

Name of Policy Holder: _____

Is this child insured by this policy? Yes _____ No _____

Type of Policy: _____

Day Care Policies

1. Breakfast, lunch and two snacks will be served by the provider.
2. Please bring your own diapers, bottles, pacifiers and blankets for nap time.
3. There is no other adult besides myself who will be working with the children.
4. Items included in the program:
 - Morning preschool program including music, language arts, math and Science, stories, arts, crafts and physical activity
 - Outdoor play area, slides and etc.
 - Puzzles, work papers, coloring
 - Breakfast is served between 8:00 am – 9:00 am
 - Lunch is served between 11:30 am – 12:30 pm
 - Nap time 12:30pm – 1:30pm
 - Snacks are served at 10:00 am and 2:00 pm
5. Payments are to be made in cash or money order
6. Discipline policy:
 - Rules are established and clearly communicated to the child.
 - If a rule is disobeyed, the child is reminded to obey the rule.
 - Time Out when necessary
7. Rules for children:
 - No Hitting or biting other children
 - Get along with other children and share toys
 - Listen and follow directions
 - Obey the adults who work at the daycare
8. Health screening policy is enforced to protect the health and well-being of all the children.
Please do not bring your child if he/she has the following symptoms:
 - vomiting or diarrhea
 - cough (wet, wheezy with mucus)
 - throat and neck infection
 - eye redness, discharge, or yellowness
 - skin rashes, spots, eruptions, ringworms and etc.
 - bloody discharge, or from nose or ears
 - temperature over 100 degrees

Signature _____ Date _____

Mack Family Day Care

Illness Policy

When children arrive at the daycare, they must be in good health and free from symptoms of contagious diseases. If not, the child must be refused admittance to the daycare, according to State law.

Symptoms of contagious diseases can be, but are not limited to: earache, running nose, irritability, vomiting, swollen glands, fever, diarrhea, loss of appetite, headache, rash, cough, sore throat, red or running eyes, or unusual drowsiness.

Children with the following symptoms will not be admitted for care: a fever over 100 degrees (within the last 24 hours), more than three bouts of diarrhea, undiagnosed rash, or a running pink eye. The child must be capable of participating in the daily schedule.

If a child should become ill while in my care:

- 1. The child will be isolated in a comfortable and visible area.**
- 2. The parent will be notified immediately to pick up the child.**
- 3. The child must be picked up within two hours.**

I understand the terms of this policy, and I agree to meet the standards as described above.

Signature _____ Date _____

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: CULVER CITY CHILD CARE REGIONAL OFFICE

Licensing Office Address: 6167 Bristol Pkwy #400, Culver City, CA 90230

Licensing Office Telephone #: (310) 337- 4335

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____

MACK FAMILY CHILD CARE HOME
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

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

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

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

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN:

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

()

()

For Preschoolers and School-age Children:

Is your child right or left-handed? _____

What time does your child usually eat breakfast? _____ Lunch? _____ dinner? _____

Eating problems? _____ Vegetarian? _____

Other dietary restrictions: _____

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

Does your child sleep well? _____

What are your child's favorite indoor play activities? _____

Outdoor play activities? _____

Does your child like to play with water? _____ Go barefoot? _____

Does your child have any special fears that you are aware of? Please explain:

Does your child have any speech problems? Please explain: _____

Does your child have any other problems that I should be aware of? _____

What method of discipline is used is used in your home? _____

What is your child's usual reaction to discipline? _____

How would you describe your child's personality? _____

Reporting Child Abuse Information

To Parents and Guardians of children enrolled in my family day care program:

I want you to know that I am very sensitive to everyone's concerns about the increase in reported child physical and sexual abuse and neglect. Your child will be watched very carefully while at my home. I will take every necessary precaution that I know to make sure that your child is never abused or neglected while here. If you have any questions or concerns, please do not hesitate to discuss your concerns with me right away.

Please note that I am mandated under California law to report any signs of abuse or neglect that I might see while your child is in my care. Any suspicions or concerns that I might have regarding your child must be reported.

If you believe a child is being neglected or abused then call 1 (800) 540-4000, Department of Children and Family Services. This number can be utilized 24 hours a day.

Sincerely,

**Lakeisha Mack
Owner**

Signature _____ Date _____

**AFFIDAVIT REGARDING LIABILITY INSURANCE
FOR FAMILY CHILD CARE HOME****SECTION A:**

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)

acknowledge that _____,
(Licensee's Name)

the licensee of _____,
(Name of Family Child Care Home)

has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)

acknowledge that _____,
(Licensee's Name)

the licensee of _____,
(Name of Family Child Care Home)

has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association, and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

Signature of Parent(s)/Guardian(s)

Date

NOTE: The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.