

Working Parent Name: _____ Student(s) Name: _____



Tustin Community Preschool
Returning Working Parent Checklist 2022-2023

returning working parents only need underlined/highlighted items

Please print single-sided. Thank you!

For Each Working Parent's File:

- _____ #1W Standards of Conduct Policy for Working Parents
- _____ #2W Statement Acknowledging Requirement to Report Suspected Child Abuse
- _____ #3W Health Screening Report; Date of screening: _____ (good for 2 years)
_____ and TB Test; Date of test: _____ (good for 4 years)

Working Parent's Vaccination Requirements:

- _____ **Influenza** (dated between Aug 1, 2022 and Dec 1, 2022 [proof of this requirement may be submitted after packet deadline due to date restrictions]; *alternatively, submit a declination-form #5W*)
- _____ Pertussis
- _____ Measles (or proof of birth before 1957)
- _____ #8W Covid Acknowledgment
- _____ #9W Live Scan Fingerprinting Form Copy/Receipt
- _____ #10W **Criminal Record Statement**
- _____ #11W **Copy of Valid Identification** (please cut and tape to form); Expiration: _____
- _____ #12 **Primary Working Parent Survey (google form)**, for your class VP, use link or scan the QR code:



*The Student Admissions Packet and at least 1 Working Parent Packet need to be returned **fully** completed by **June 1, 2022**.*



HEALTH SCREENING REPORT - FACILITY PERSONNEL

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

A health screening, by or under the direction of a physician must have been performed not more than one year prior to employment or within seven (7) days after employment.

FACILITY NAME	TUSTIN COMMUNITY PRESCHOOL
FACILITY ADDRESS	225 W MAIN ST, TUSTIN CA 92780

PERSON'S NAME	AGE		
POSITION TITLE	TYPE OF FACILITY	WORK DAYS PER WEEK	WORK HOURS PER DAY
Parent Classroom Volunteer	Preschool	1	3.5

DUTY STATEMENT
assist in the supervision of preschool children, clean and organize facility, facilitate activities for students

TYPES OF PERSONS SERVED (Check appropriate items)

- Infants Adults Developmentally Disabled Physically Handicapped
 Children Elderly Mentally Disordered Drug/Alcohol Addiction
 Other (specify) _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT/LICENSEE OR EMPLOYEE	ADDRESS	DATE

NOTE TO PHYSICIAN: Personnel in Residential Care Facilities for the Elderly, Community Care or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.

EVALUATION OF GENERAL HEALTH

EVALUATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE ABOVE DUTY STATEMENT

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL

DATE OF T.B. TEST	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	ACTION TAKEN (IF POSITIVE)
DATE OF HEALTH SCREENING	NAME OF PHYSICIAN (PHYSICIAN'S STAMP)	DATE
HEALTH SCREENING BY: (ORIGINAL SIGNATURE)	TELEPHONE #	DATE

2022-2023

Declination Of Influenza Vaccination

Tustin Community Preschool has recommended that I receive the influenza vaccination. However, I am choosing to decline the influenza vaccination.

Signature: _____ Date: _____

Name (print) _____

Class: _____

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

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

How the Exemption Request is Reviewed

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

The person who needs the exemption must provide information about:

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

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

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

How to Obtain More Information

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

CRIMINAL RECORD STATEMENT & OUT-OF-STATE DISCLOSURE

State law requires that persons associated with licensed care facilities, Home Care Aide Registry or TrustLine Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California? YES NO

You do not need to disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military, or jurisdiction outside of U.S.? YES NO

You do not need to disclose convictions that were a result of one's status as a victim of human trafficking and that were dismissed pursuant to Penal Code Section 1203.49, nor any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7. However, you are required to disclose convictions that were dismissed pursuant to Penal Code Section 1203.4(a).

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

For Foster Family Homes, Certified Family Homes, and Resource Families only:

Have you ever been arrested for a crime against a child or for spousal or cohabitant abuse? YES NO

For Children's Residential Facilities:

Have you lived in a state other than California within the last five years? YES NO

If yes, list each state below and then complete an LIC 198B for each state:

You must check yes to the corresponding question(s) above to report every conviction (including reckless and drunk driving convictions) you have on your record, even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time, or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT REPORT ON THIS FORM BY CHECKING YES, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY.

If you move or change your mailing address, you must send your updated information to the Caregiver Background Check Bureau within 10 days to:

Caregiver Background Check Bureau
744 P Street, M/S T9-15-62
Sacramento, CA 95814

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY/ORGANIZATION/AGENCY NAME:	FACILITY/ORGANIZATION NUMBER:
Tustin Community Preschool	300600989

YOUR NAME (print clearly):

YOUR ADDRESS (street, city, state, zip):

SOCIAL SECURITY NUMBER: (See Privacy Statement on Page 3):	DRIVER'S LICENSE NUMBER/STATE:	DATE OF BIRTH:
SIGNATURE:	DATE:	

Instructions to Licensees:

If the person discloses that they have ever been convicted of a crime, maintain this form in your facility/organization personnel file and send a copy to your Licensed Program Analyst (LPA) or assigned analyst.

Instructions to Regional Offices and Foster Family Agencies:

If 'Yes' is indicated in any box above, forward a copy of this completed form (and the LIC 198B, as applicable) to the Caregiver Background Check Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

If 'No' is indicated above in all boxes, keep this completed form in the facility file.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

With the exception of Foster Family Homes, Certified Family Homes, Small Family Childcare Homes, and Resource Family Approval Homes, the Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

11W

Copy of valid identification

-affix copy here-