LLESA Children's Center

REGISTRATION PACKET

Welcome to the LLESA Children's Center! We are pleased you have decided to join the Premier Child Care for Laboratory Employees.

In this packet you will find the following forms:

- Admission Agreement
- Service Agreement
- Permission to Participate in Center Activities and to receive Emergency Medical Care
- Financial Agreement
- Automatic Checking Account Debit Form
- Identification and Emergency Information
- Personal Child History
- Sleep Plan (for infants)
- Caregiver Background Check Process
- Parents' Rights
- Personal Rights
- Physician's Pre-Admission Report
- Photo Permission
- Ointment Use Permission
- COVID-19 Waiver
- LVJUSD Waiver

The Application for Enrollment Form must be completed to be placed on the Waiting List (see Parent Handbook for more information).

At the time an opening is offered and accepted, your first month's tuition must be paid in full to secure the opening. The remaining forms must be completed and submitted **prior** to your child's first day of attendance at the Center. Due to state licensing regulations, your child will not be allowed to start at the Children's Center until all enrollment paperwork is turned in and filled out completely.

In completing these forms, please keep in mind that the questions we have asked are for the purpose of helping us to protect, care for, and give appropriate guidance to the child you are entrusting to us.

LLESA CHILDREN'S CENTER
License #010210116, 010210117, & 010212904
1399 Almond Ave
Livermore, CA 94551-9900
(925) 424-0507
FAX (925) 606-1785
E-Mail: info@llesacc.org

LLESA Children's Center

LLESA Children's Center
2026 Tuition Schedule

Effective October 1, 2026

Classroom	Full Time	3 Days/Wk	2 Days/Wk	Daily Rate*
Infant (0–18 months)	$2,872	$2,160	$1,553	$194
Toddler (18–36 months)	$2,469	$1,821	$1,276	$160
Preschool (30–48 months)	$1,691	$1,217	$809	$102
Pre-K (48+ months)	$1,454	$1,058	$700	$88
School Age – Year Round	$711	$511	$350	$44
School Age – Summer*	$3,519	$2,558	$1,824	$84

* **Daily Rate:** Extra day rate.

* **Summer Program:** Cost of the 10–11 week Summer Program, based on the Livermore School District schedule. **Payable in 3 installments.**

LATE PICK UP (beyond contract times) **$25.00** for 1st 15 min or fraction thereof

$1.00 per minute afterwards

The monthly School Age fee is averaged out for the entire year. This fee includes all day childcare on district-wide Livermore Public School Release Days during the school year and all-day care during the summer months. We will consider opening for other school release days with a minimum of 5 children in attendance. The School Age Summer Only rate is for those children who attend for the summer months only.

The Center observes the same holiday schedule as LLNL and also closes one day per calendar year for a staff workday (usually, but not always, the Friday before Labor Day.)

For all families, payment of tuition fees is made via Automatic Checking Account Debit to be debited on or near the 1st of each month. If parents prefer to pay by Paper check (including checks automatically sent by a bank) there will be a $10.00 handling fee per check. This fee will be waived for extra day payments, partial month payments, i.e. first and last month tuition and field trip fees. Paper Check tuition payments received after the fifth day are considered late and are subject to a late fee assessment of $25.00.

All payments are required in advance of your child's attendance.

Families needing to withdraw their child/ren from the Children's Center must notify the Center in writing one month in advance of withdrawal or payment in lieu of notice will be required. Additionally, families must give one month notice upon submitting any care change requests.

Part-time rates are prorated according to the full-time monthly rate plus an additional 20% surcharge (Part-time is Two or Three full days per week).

Family vacation time taken during the year is not refundable.

Our tuition rates are subject to change with 30 days notice.

LLESA Children's Center

IDENTIFICATION AND EMERGENCY INFORMATION

Date _____

Child's Name _____ Nickname _____ Home Phone _____
Street Address _____ Date of Birth _____
City State Zip _____ Place of Birth _____

If Elementary School Aged: Name of School _____ Grade _____

Father/Co-Parent/Guardian Name _____ Home Phone _____
Address (if different from child's) _____ Work Phone _____
Cell Phone _____

Employer/Dept./Div. _____ Pager _____
Occupation/Job Title _____ Email _____

Mother/Co-Parent/Guardian Name _____ Home Phone _____
Address (if different from child's) _____ Work Phone _____
Cell Phone _____

Employer/Dept./Div. _____ Pager _____
Occupation/Job Title _____ Email _____

Child's **Physician** _____ Phone _____
Child's **Dentist** _____ Phone _____

PERSONS (OTHER THAN PARENTS) AUTHORIZED TO PICK UP AND TO BE CALLED IN CASE OF EMERGENCY

Be sure to include someone who will usually know your whereabouts

(UNDER NO CIRCUMSTANCES WILL YOUR CHILD BE RELEASED TO ANY ONE NOT KNOWN TO THE CHILDREN'S CENTER WITHOUT AUTHORIZATION FROM A PARENT OR GUARDIAN)

Name _____ Relationship to child _____
Address _____ Phone (Home) _____
Authorized to pick up child ☐ Yes ☐ No (Work) _____

Name _____ Relationship to child _____
Address _____ Phone (Home) _____
Authorized to pick up child ☐ Yes ☐ No (Work) _____

Name _____ Relationship to child _____
Address _____ Phone (Home) _____
Authorized to pick up child ☐ Yes ☐ No (Work) _____

Name _____ Relationship to child _____
Address _____ Phone (Home) _____
Authorized to pick up child ☐ Yes ☐ No (Work) _____

Name _____ Relationship to child _____
Address _____ Phone (Home) _____
Authorized to pick up child ☐ Yes ☐ No (Work) _____

ADMISSION AGREEMENT

The LLESA Children's Center provides year-round, quality childcare to the children of LLNL and long-term Contract Employees of LLNL. Our hours are: Infant and Toddler Rooms & Preschool Rooms 7:00 a.m. to 5:45 p.m., Kindergarten After School 12:00 – 5:55, 1st Grade - 12 Yrs Old After school 2:00 – 5:55, School Age (K-12 Yrs Old) Summer 7:00 – 5:45. In all of our programs a full day may not exceed 9 1/2 hours per day unless prior Director Approval is obtained. An additional fee may be assessed.

In our School Age Program (Kindergarten to 12 Yrs Old) there is occasionally a need to operate a full day during the school year because of School Release Days (i.e., Teacher Workdays, Winter Break). On those days, we will operate from 7:00 a.m. to 5:45 p.m.

Our Tuition Rates are included in our Parent Handbook. We will give at least 30 calendar day's prior written notice to the parents of any basic rate change. Payment of tuition fees for all parents is made via Automatic Checking Account Debit. We will refund tuition to any employee, except for School Age summer only enrollment, whose child is leaving the Children's Center, after the required one month written notice period. Children enrolled in our School Age program for summer only care is required to enroll for the entire summer.

As we are a Licensed Child Care Facility, there will be periodic unannounced visits by the Licensing Agency throughout the year. They have the authority to interview the children and staff and to inspect and audit the children's and facility records without prior consent. The Licensing Agency also has the authority to have a licensed medical professional physically examine the child(ren) if they see indications of abuse, neglect, or inappropriate placement. Licensing also requires that all enrollment forms must be turned in to the Children's Center prior to the child's first day of attendance.

Also, in accordance with licensing regulations: 1) All families must schedule a pre-enrollment interview with the Center Director to determine appropriateness of placement, 2)All parents will be informed of their parent rights and their child's personal rights, 3)All parents must sign their child in and out each day, using their full legal signature, and 4)A Needs and Services Plan for each child under the age of 2 will be written and discussed between the parents and staff on a quarterly basis.

This agreement may be terminated either by the parents giving us at least a one month written notice of withdrawal (except School Age summer only care enrollees, who are required to pay tuition for the entire summer) or by the Children's Center Director if conditions warrant it.

Please sign and date the form below and return it to the Children's Center when your child(ren) has been enrolled in the Center.

I have read and hereby agree to abide by the LLESA Children's Center Admission Agreement.

Father/Co-Parent/Legal Guardian _____ Date _____

Mother/Co-Parent/Legal Guardian _____ Date _____

Authorized Signature (Children's Center Use) _____ Date _____

SERVICE AGREEMENT

Please read the following agreement carefully, fill out your child's name and attendance information, sign at the bottom, and return it to the Center prior to your child's first day of school.

It is my responsibility to read and comply with the LLESA Children's Center Parent Handbook.

I hereby agree to notify the Center in writing at least one month in advance of my child's withdrawal or pay the difference. Any care change requests must also be submitted at least one month in advance.

For School Age summer only enrollees: I hereby agree to enroll for the entire summer months (starting the Monday after school is released and continuing until the first day of the new school year according to the Livermore School District Calendar). I further agree to pay the tuition for the entire summer whether my child attends or not. I understand that I will be billed for 10-11 weeks of care (depending on the Livermore School Calendar) payable in three installments with the first installment due when the space is accepted.

It is my responsibility to notify the Children's Center by 8:00 a.m. if my child will be absent or late to the Children's Center on any given day.

I also understand that my child may participate in the program for a maximum of 9 1/2 hours per day and that I may not bring my child earlier nor pick up later than my Service Agreement Contract Times. The Director must approve any additional time needed and additional fees may be assessed. **The latest pickup time is 5:45 p.m. for the Infant & Toddler Programs, 2's, Preschool & PreK Programs, and 5:55 p.m. for the School Age Program during academic days (5:45 p.m. during summer).**

Child's Hours (9.5 hours per day maximum):

Child's Name _____

I will bring my child at _____

and pick up at _____

on the following days of the week:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Signed: _____ Date: _____
Father/Co-Parent/Legal Guardian

Signed: _____ Date: _____
Mother/Co-Parent/Legal Guardian

Children's Center Use Only:

Authorized Signature _____ Date Received _____

PERMISSION TO PARTICIPATE IN CHILDRENS CENTER ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

Child's Name _____

I hereby give consent for my child to use all of the play equipment and participate in all of the activities of the LLESA Children's Center.

I hereby give consent for my child to leave the Children's Center under the supervision of a staff member for neighborhood walks.

I hereby give consent for my child to be included in evaluations and pictures/videos connected with the Children's Center program.

I hereby give consent to the LLESA Children's Center to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O.), or Dentist (D.D.S.) for my child (named above). This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child.

I am aware that NO MEDICAL INSURANCE IS PROVIDED by the LLESA Children's Center.

Initial _____

The Children's Center will not be responsible for anything that may happen as a result of false information given by the parent or guardian. Also the Children's Center **WILL NOT** assume responsibility for a child who has not been signed in when s/he arrives for the day or who has been signed out.

Signed: _____ Date: _____

Parent/Co-Parent/Legal Guardian

FINANCIAL AGREEMENT

Childcare tuition is due on the first of the month. The LLESA Children's Center collects tuition via Automatic Checking Account Debit or Credit/Debit Card Charge (fees apply for credit/debit only). The charge is made on the first of the month or shortly thereafter.

For all Families: I hereby agree to utilize the Automatic Checking Account Debit System or Credit/ Debit Card Charge (fees apply for credit/debit only) to cover monthly tuition. I understand that I am responsible for updating any Checking Account or Card changes as soon as they occur. I will fill out and return to the Children's Center a Automated Payment Processing From. The Children's Center will start the debits according to the information on my form. If my monthly tuition decreases, the Children's Center will automatically make the change. If my monthly tuition increases, I will need to submit a new form to the Children's Center office.

Fees: I understand the following payment fees:

* Credit/Debit Cards: 2.7% fee charged per transaction

* $23.50 charge for any declined automatic debit transactions

*$45 returned check fee for any initial deposit checks that bounce

For School Age summer only enrollees: I hereby agree to enroll for the entire summer months (starting the Monday after school is released and continuing until the first day of the new school year according to the Livermore School District Calendar). I further agree to pay the tuition for the entire summer whether my child attends or not. I understand that I will be billed for 10-11 weeks of care (depending on the Livermore School Calendar) payable in three installments with the first installment due when the space is accepted

For all Parents: I hereby agree to notify the Children's Center, in writing, at least one month in advance of my child's withdrawal or pay the difference.

Responsible Party: Please indicate which person will be solely responsible for tuition. It is acceptable, in the case of divorced parents for example, to have tuition payments received from more than one source, however only one person may be designated as the responsible party for tuition. This person is the one we would go to if any source of tuition is late and they would be responsible to pay all portions of the tuition to continue enrollment.

Responsible Party: _____ **(signature of responsible party only)**

_____ **(please print name)**

STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

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

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

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ 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
LUNCH
DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH_____
DINNER

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:
☐ YES ☐ NO		☐ YES ☐ 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:
☐ YES ☐ NO		☐ YES ☐ 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

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)

LLESA Children's Center . This Child Care Center/School provides a program which extends from 7:00
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 5:30/45/55 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 (HAEMOPHILUS B) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
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 ■ I 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

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: 1515 Clay Street, Suite 1102 Oakland, CA 94612

   Licensing Office Telephone #: (510) 622-2602 To File a Complaint Call 1-888-538-8766
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.

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' R I G H T S

(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.

LLESA Children's 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

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:

TO FILE A COMPLAINT CALL 1-844-538-8766

NAME

Community Care Licensing/BARO

ADDRESS

1515 Clay Street, Suite 1102

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Oakland	94612-1413	510) 622-2602

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 NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
LLESA Children's Center	1399 Almond Ave Pod J

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

LLESA Children's Center

Photo Policy

It is the policy of the LLESA Children's Center to allow photographs and video footage of students to be used in Center produced materials including, but not limited to the website, brochures, posters, other printed materials, newsletters, newspaper articles, classroom display, and television programming.

1. Any photos taken by the staff for classroom display purposes will only show the children's first name.
2. Photos may be taken by the staff for inclusion in children's individual files.
3. The Children's Center may allow photos to be published in the Center Newsletters and email correspondence with other Children's Center families.
4. The Children's Center may distribute video or photo images of group events such as Halloween, the Multicultural Luncheon, Classroom events, etc., to Center families, for private family use only.**
5. Photos / video taken by parents are only for family use and will never be passed on to the media without prior permission from the Children's Center.**
6. Children's Center photos cannot be sold or published.
7. Tripods or monopods are not allowed in any indoor buildings.
8. Families are not permitted to interfere with the daily classroom routine in order to take the photos and are asked to minimize photo taking to occasional visits.
9. Families may not disrupt the children or staff or in any way while taking personal photos.

**Please be aware that Children's Center families do take pictures of their children and classmates, and while we do not give permission to distribute these photos, we cannot monitor what families do with them – this includes social media and distribution via email.

Child's Name: _____

☐ **I hereby give permission** to use my child's photograph, image, and work products for the LLESA Children's Center publications (brochures, flyers, posters, newsletters, etc.) and website.

☐ **I hereby deny permission and request that the LLESA Children's Center <u>NOT</u>** use my child's photograph, image, and work products for the LLESA Children's Center publications (brochures, flyers, posters, newsletters, etc.) and website.

I understand that this will begin from the day my child starts the Children's Center and remain in effect until my child leaves the Children's Center.

_____

Parent/Guardian Name (Print)

_____

Parent/Guardian Signature Date

LLESA Children's Center

Ointment Use Permission Form

The Children's Center staff purchase ointments and certain products that are used on the children. The teachers will occasionally apply diapering ointments such as Desitin for the comfort of the child, Neosporin to a cut or scrape, Kirkland Baby Wipes for hand wiping and diapering, and sunscreen for outdoor play.

For your child's optimum health and safety the teaching staff will need to be aware of any allergies your child may have to these items or if families would prefer them not to be used for their child. Families are also welcome to bring their own supplies for their child as long as approved per Licensing.

Please fill out the Ointment Use Permission Form below and submit it to the teaching staff as soon as possible.

Thanks for your help and cooperation!

Ointment Use Permission Form

I give the LLESA Children's Center permission to apply the items listed below to my child (please check below).

Child's Name _____

☐ Desitin, A&D and Aquaphor

☐ Kirkland or similar unscented Baby Wipes

☐ Coppertone Water Babies Sunscreen

Parent's Signature _____

Date _____

Automated Payment Processing

Procare SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) LLESA Children's Center / Laboratory Family Services to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

*** NOTE: All credit/debit card transactions will be charged a 2.7% fee per transaction.***

SECTION B (Bank Account)

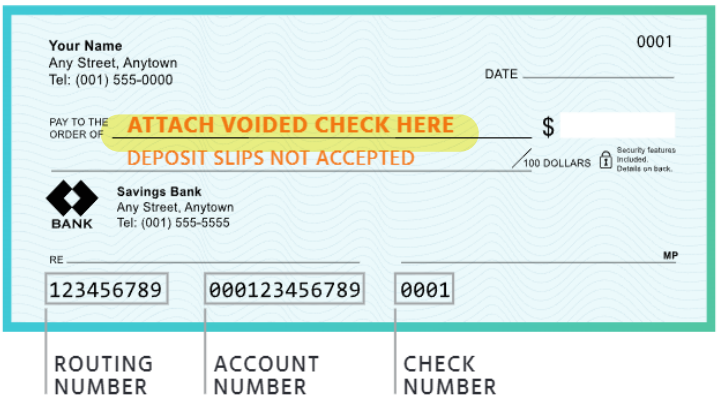
Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____



***Please attach a voided check for ACH payments.**

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

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LLESA Children's Center

INFANT NEEDS & SERVICES PLAN
Initial Orientation Visit

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

Section 1 –family input at orientation visit & family signs/dates at bottom

Feeding Schedule

- Types of food and liquid:
- Amount and how often:
- Dietary restrictions and allergies if any:

Diapering / Toileting Schedule

- Type of diaper used:
- How often child is changed:

Sleeping Patterns

- How often does child nap:
- How does child go to sleep:

Special Considerations – list any services your infant needs that are different from those provided by the center's normal program

Family Goals for Child:

Section 2 – primary teacher observation, input, and goals & sign at bottom of form

Teacher's Goals for Child:

Our immediate goal is for us to get to know your child and his/her family, for your child and his/her family to get to know us, and for everyone to feel safe and secure within the Infant Classroom environment. Welcome to our program ☺

Parent's Signature:	**Date:**
Primary Teacher's Signature:	**Date:**
Program Director's Signature:	**Date:**

Note: Infant/Toddler Needs & Services Plans are updated at least quarterly as required by state licensing requirements

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date

Authorized Representative's Name (Primary Contact)	Phone Number

Authorized Representative's Name (Secondary Contact)	Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in:

☐ Crib ☐ Play Yard ☐ Other (Specify) _____

What are the Infant's usual sleeping hours?

_____ _____

_____ _____

What is the infant's average length of the Infant's nap(s) during the day time?

_____ minutes _____ hours

Does the infant use a pacifier?

☐ Yes ☐ No ☐ Sometimes

If yes, brand: _____

SECTION C: INFANT'S ABILITY TO ROLL

My child, _____ is able to roll from their back to their stomach and stomach to their back beginning _____/ _____/ _____ .

Authorized Representative Signature	Date

SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date

Authorized Representative Signature (To be completed no later than the next business day following observation)	Date

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? ☐ Yes ☐ No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature	Date

LLESA Children's Center

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

In March of 2020, the World Health Organization ("WHO") had declared a worldwide pandemic due to COVID-19, a novel coronavirus. COVID-19 is extremely contagious and is believed to spread mainlyfrom person-to-person contact. In response to the outbreak of COVID-19, federal, state, and local governments and federal and state health agencies urge social distancing and have, in many locations, prohibited groups of people from congregating together. As of 2022, the LLESA Children's Center will continue to follow all California State Licensing and Alameda County Health Department guidelines with regards to the COVID-19 virus.

While the LLESA Children's Center (referred to herein as "Children's Center"), an Essential Business as defined under the California and Alameda County Health Department, has taken certain steps to implement preventative measuresdesigned with the goal of reducing the spread of COVID-19, Children's Center cannot guarantee that you, your child(ren), and your family will not becomeinfected with COVID-19. Attending the Children's Center could increase the risk that you, yourchild(ren), and your family contract COVID-19. The Children's Center is committed tomaintaining standards that comply with, and in some instances exceed, the guidelines issuedwithin the California State Licensing and Alameda County Health Department for childcare providers.

By reviewing and signing this Assumption of Risk and Waiver of Liability, you are acknowledging that you understand the highly contagious nature of COVID-19 and that you voluntarily assume the risk that you, your child(ren), and your family may be infected by or exposed to COVID-19 by attending the Children's Center, and that such infection or exposure may result in injuries including, but not limited to: personal injury, illness, permanent disabilities, death, damages, losses, liabilities, and expenses (collectively, "Injuries"). You understand and acknowledge that the risk of becoming exposed to or infected by COVID-19at the Children's Center may be caused by the omissions, actions, and negligence of yourselfand other individuals, including, but not limited to the affiliates, shareholders, directors, officers, employees, volunteers, and other attendees and their respective families of the Children's Center.

You also agree, represent, and warrant that you will comply with the Children's Center current policy in relation to quarantining if identified as a close contact of an infected person. And, neither you nor your child(ren) attending the Children's Center shall visit the Children's Center if you or your child(ren): (i) experience any symptoms of COVID-19, including, but notlimited to, fever, cough, or shortness of breath; or (ii) have a suspected or confirmed case ofCOVID-19. You agree to immediately notify the Children's Center if you, your child(ren), or

LLESA CHILDREN'S CENTER
License #010210116, 010210117, & 010212904
1399 Almond Avenue
Livermore, CA 94551-9900
(925) 424-0507
FAX (925) 606-1785
E-Mail: info@llesacc.org

LLESA Children's Center

any person within your household experiences any of the aforementioned COVID-19 symptoms or has a confirmed diagnosis of COVID-19 if your child(ren) has continued attending the Children's Center. Should you breach any of these representations andwarranties made to the Children's Center, you agree to indemnify and save and hold harmless the Children's Center, its affiliates, shareholders, directors, officers, employees, volunteers and agents from any and all loss, liability, damages, or costs that they may incur as a result of your breach.

You hereby voluntarily agree to assume all the aforementioned risks and agree to accept soleresponsibility for any and all Injuries that you, your child(ren), and your family may experienceor incur in connection with your child(ren)'s attendance and participation in the Children's Center and Children's Center programming ("Claims"). This Assumption of Risk and Waiver of Liability shall include any and all Claims based on the omissions, actions, and negligence of shareholders, directors, officers, employees, volunteers, and other attendees and their respective families of the Children's Center, regardless of whether any infection or exposure to COVID-19 occurs before, during, or after attendance at the Children's Center.

On your behalf, and on behalf of your child(ren) and your family, you hereby release, covenantnot to sue, discharge, and hold harmless the Children's Center and all of its affiliates, shareholders, directors, officers, employees, volunteers, agents, and representatives of andfrom any and all Claims, including all costs, expenses, damages, and liabilities arising out ofor relating thereto. You understand and are aware that by agreeing to this Assumption of Riskand Waiver of Liability, you are giving up all legal rights, including the right to recover damages in case of any Injuries or Claims. You also understand that this Assumption of Riskand Waiver of Liability is made on behalf of your minor child(ren) and you represent and warrant to the Children's Center that you have full legal authority on behalf of such child(ren).

[Signature Page Follows]

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I have read and understand the terms of this **ASSUMPTION OF RISK AND WAIVER OF LIABILITY** and hereby agree to its terms.

PLEASE PRINT: Child's Name_____

* If more than one child is enrolled at LLESA Children's Center, please execute an Assumption of Risk and Waiver of Liability for each child.*

Address _____

Father/Co-Parent/Legal Guardian_____**Date:**_____

PLEASE PRINT: Father/Co-Parent/Legal Guardian _____

Mother/Co-Parent/Legal Guardian_____**Date:**_____

PLEASE PRINT: Mother/Co-Parent/Legal Guardian _____

Children's Center Use Only:

LLESA Authorized Signature_____**Date:**_____

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ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PARTICIPANT NAME: _____

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a legally binding document.

If Participant is under the age of 18, this form must be signed by Participant's parent or legal guardian on Page 2.

I understand and acknowledge that participation in the Livermore Laboratory Employee Services Association (the "Program") involves inherent risks of injury, illness, death, and property damage. These risks may arise from, but are not limited to, physical activity, contact with other participants, condition of the premises, equipment or facilities, or other circumstances related to the use or occupancy of property owned or operated by the Livermore Valley Joint Unified School District ("District") and leased to Livermore Laboratory Employee Services Association (the "Premises").

In consideration for being permitted to participate in the Program, I agree to release, indemnify, defend, and hold harmless the District from any and all claims of liability for death, personal injury, or damage of any kind that arise out of or relate to my participation in the Program or my presence on or use of the Premises.

This release and indemnification does not apply to claims resulting solely from the gross negligence or willful misconduct of the District or persons acting under its explicit direction or control.

My signature acknowledges that I have read the above waiver, and I agree and accept all terms and conditions set forth herein.

Emergency Contact Name: _____

Emergency Contact Telephone Number: _____

In signing the Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Date: _____

Participant Signature: _____

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN'S AUTHORIZATION AGREEMENT

I certify that I am the parent or legal guardian of the above-named Participant. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the Participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation, and I hereby give my consent to participation by my dependent. I further agree to release, hold harmless, indemnify, and defend the Livermore Valley Joint Unified School District from and against all claims, demands or suits that my dependent has or may have that arise out of or relate to their participation in the Program presence on or use of the Premises.

Date: _____

Parent or Guardian Name: _____

Name of Participant Minor: _____

Parent or Guardian Signature: _____

LFS v. 1

LLESA Children's Center

Dear New Families,

Welcome to the LLESA Children's Center! Our program uses the Ages & Stages Questionnaire (ASQ-3 & ASQ-Social Emotional) developmental screening tool which allows us to gain detailed information about your child from their most important expert – you! The information that families provide will help us better understand your child's unique development and needs while in our program.

The ASQ-3 and ASQ-SE is specifically tailored to each child's age and stage of development. The information you supply will help reveal your child's strengths, uncover any areas of concern, and determine if there are community resources or services that may be useful for your child or your family. This information will also assist the teaching staff to best meet the group and individual needs of children in each classroom and promote good communication between our families and teachers.

The Children's Center implements the ASQ series a few times per year for each child as follows:

- At program entry,
- Prior to spring conferences for 2's through Pre K Classrooms
- At classroom transitions
- On an as needed basis throughout their enrollment in the program

Please access the ASQ-3 & ASQ-SE tools from the following links https://www.asqonline.com/family/786e24 and https://www.asqonline.com/family/fe8666 then have fun completing them with your child! We will prompt our families for future ASQ completions.

Thanks for sharing about your child with us and we look forward to our continued partnership at the LLESA Children's Center!

Dear parent/guardian,

LLESA Children's Center is pleased to offer **MyProcare**, a free online portal for you to access account information. MyProcare is safe, secure and created with your convenience in mind.

Your login will be available after the 1st day your child starts at the center.

Here's how to login! :

1. Go to MyProcare.com.

2. Enter your email address (the email you have on file with LLESA Children's Center) and choose ***Go***.

3. Enter the confirmation code sent to your email, choose a password, and press ***Go***.

4. Then you may:
    a. View your child's schedule, immunizations and contacts.
    b. View your account balance and monthly statements. *(Monthly statements will be available after the 1st of every month.)*

If you need any assistance, please feel free to contact Rachael Yamaoka- Office Manager at ryamaoka@llesacc.org.

Thank you!

LLESA Children's Center and MyProcare

LLESA Children's Center

1399 Almond Ave, Livermore, CA 94550 | (925) 424-0507

Contactless Sign In/Out System

Dear Parents,

The LLESA Children's Center uses a contactless system to check children in and out of the program. This system will helps avoid any wait when signing your child(ren) in and out and will also help our directors and staff see attendance updates for all classrooms in real time.

How will I use the App?

Though the app offers several features for parents and staff, **we ONLY use the sign in and out feature for attendance purposes.**

The Children's Center uses a **QR code** method. Each classroom will have a QR code posted. Parents w ill use their personal cell phones to open the Procare app, scan the code and check their child(ren) in or out.

**Please note: School Age Children are allowed to be checked in/out by the School Age Teacher. Parents will still need to use this QR method upon pick-up.*

How do I get the app?

Before your start date, you will receive an email invitation from Procare with a unique 10-digit code and instructions on how to download and log into the app. **Please be sure to sign up before your child's first day so that you can easily drop-off / pick-up on that day.**

Please see below instructions on use of the check in system for parents & authorized pick-up persons:

Parents:

- Download the Procare Parent Engagement App
- Once at the center, open the app and click the "QR code symbol" in the upper right, which will open the camera
- Point the camera at the QR code posted in the classroom
- The code will scan and you will be prompted to sign in/out your child(ren)
- Click "Sign in" or "Sign out" as appropriate

Authorized Pick Up Persons:

*(Authorized Pick-Up Persons: refers only to contacts that are on your child's emergency pick-up list, filled out at enrollment.)**

- Open the camera on your phone
- Point the camera at the QR code posted in the classroom
- The code will scan and you will be prompted to visit a URL
- Once at the website, you will be prompted to enter your personal PIN # (provided by the front office)
- After entering the PIN #, you will be prompted to sign-in/out the child(ren)
- Click "Sign in" or "Sign out" as appropriate

**Authorized Pick-Up Persons will have to check in with the office prior to dropping off/picking up a child for the first time. They will receive their personal PIN number to complete the sign-in/out process. Once they have checked in with the office, their PIN # will remain the same each time they come to the Children's Center.*

If you need any assistance with this process, please feel free to contact Rachael Yamaoka (Office Manager) at 925-424-0507 or ryamaoka@llesacc.org. We appreciate your cooperation!

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

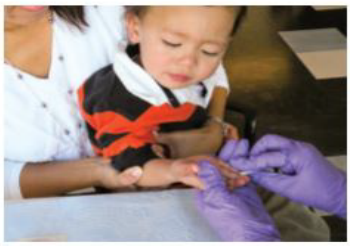
POTENTIAL SOURCES OF LEAD

- 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

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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.