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**CHEERFUL HELPERS CHILD AND FAMILY STUDY CENTER**

**1986 W. JEFFERSON BLVD., LOS ANGELES, CALIFORNIA 90018**

**PHONE: (213) 387 - 7252**

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**PARENT ORIENTATION HANDBOOK**

**Cheerful Helpers School  
BEIG  
Social Skills Training Group**

**2023 - 2024**

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**CHEERFUL HELPERS CHILD & FAMILY STUDY CENTER STAFF**

Reyna Alvarez, Administrative Coordinator

Erin Angle, BA, Special Education Teacher

Angel Carillo, BA, Special Education Teacher

Alyssa Fye, SLP, Speech Therapist

Etta Iannaccone, OTD, OTR/L, Occupational Therapist

Christina Mojica, SLP, Speech Therapist

Rebeca Quinto, MA, Education Coordinator/ Special Education Teacher

Janet Upjohn, LCSW, Executive Director

Richard Vieville, LMFT, Clinician

Sam Zarate, Program Coordinator

Jaclyn Zeccola, Ph.D., Clinical Director

**TO CONTACT STAFF LISTED ABOVE DIRECTLY VIA E-MAIL:  
firstname.lastname@cheerfulhelpers.org**

## **INTRODUCTION**

Established in 1958, the Cheerful Helpers Child and Family Study Center offers services to families with young children who are having difficulties with language development, motor planning, self-regulation and socialization, in family oriented intervention programs.

### **MISSION STATEMENT**

We provide hope to families and their young children experiencing significant developmental, social and emotional challenges. In a safe, warm setting, we offer a unique collaborative, educational and therapeutic approach, empowering the entire family to achieve their potential for life-long growth.

### **PHILOSOPHY STATEMENT**

We strive to maintain an environment that is respectful and supportive of each child's developmental accomplishments, emotional resilience and autonomy. The Center combines compatible theories of children's psychological cognitive development with attention to individual differences and family processes.

### **THE PROGRAMS**

**The Cheerful Helpers School** is a preschool through 1<sup>st</sup> grade, *ages 3 to 10 years*, with, high-functioning autism, attachment disorders, developmental delays, and processing, learning and emotional difficulties. The relationship-based approach is accomplished through a challenging and highly individualized combination of educational, sensory integration, speech and language, psychodynamic and family systems interventions.

The children attend school five days per week, in small language-rich groups, with a high 1:2-staff: student ratio. ALL parents participate in a very active family program which focuses on issues at home, in the community and at school and includes both parent counseling and a weekly parent group.

The major goals of the program are to help children manage their emotions, communicate effectively in words, relate in a pleasurable way with both parents and peers and experience the social-emotional growth that will help them to learn in a group setting, to be productive and to have mutually satisfying relationships.

The School is both a highly qualified Private School - and - a Nonpublic School (NPS).

### **The Brief Evaluation and Intervention Group**

The BEIG program is designed for parents and their children ages 2 – 6 years, who are having difficulties such as impulsivity, limited attention span, separation anxiety, power struggles, relationship difficulties and/or delays in communication or play.

The children are seen with their parents in small playgroups twice a week, and, once a week in individual family sessions during this short-term intensive early intervention program.

The focus is on expanding language, play and parenting skills. A defining feature of this program is the ongoing observation and dialogue between clinicians and parents throughout the process of assessment, intervention and referral.

This program, which is vendored through Regional Centers, may be funded for eligible clients. Parents must either obtain written authorization from Regional Center or pay privately.

### **The Social Skills Training Group**

This open-ended group focuses on children, ages 3 - 10 years and their relationships with peers and family. The children meet twice a week in a small playgroup, and the parents meet once a week for a psycho-educational support group.

Children typically attend this socialization group while remaining enrolled in a school program. The major goals are to help children manage difficult emotions, communicate effectively, relate in a pleasurable way to other children, and learn to play. The child's increasing abilities to regulate emotions and interact positively with others become the tools for success in school and the larger community.

This program, which is vendored through Regional Centers, may be funded for eligible clients. Parents must obtain either written authorization from Regional Center or pay privately.

### **Clinical Training Program**

Cheerful Helpers offers a clinical internship for early childhood and mental health professionals, graduate students and postgraduate students seeking intensive training in therapeutic intervention with young children and their families.

The training program began at Cedars-Sinai in 1966, and was initially funded with a grant from the National Institute of Mental Health. For over 60 years, we have provided early intervention, preschool services and professional training to the greater Los Angeles community; ultimately contributing to best practices in education and counseling services for young children and their families throughout the nation.

**We welcome you to the  
Cheerful Helpers Child and Family Study Center**  
[www.cheerfulhelpers.org](http://www.cheerfulhelpers.org)

*We look forward to partnering with you on behalf of  
your child and family.*

*We are a multidisciplinary team who value all perspectives.  
We work collaboratively with you and each other in  
sharing information on behalf  
of your child's growth and development.*

*In the following pages we have described how our programs work and what  
we know to be important to communicate.*

*Please let us know what else might be important to add and feel  
free to raise any questions you may have  
via email, phone or a meeting.*

## **ORGANIZING PRINCIPLES**

We believe each child and each family to be unique with different ideas and needs. However, what all parents have in common is a deep concern for their child, and a deep distress when their child's personality and behavior are not developing as expected. Children with special needs often experience a decrease in self-esteem that affects how they relate to others. Our role is one of helping children develop a more genuine sense of self. By staying affectively attuned to each child, the staff promotes language development that encourages the intentional expression of thoughts and ideas that increases the capacity for self-regulation.

By helping parents track and support their child's developmental accomplishments, emotional resilience is enhanced and autonomy is fostered. When all of this occurs in an integrated fashion, the child's ability to learn, to absorb new information, and form reciprocal relationships improves.

Our experience has taught us that it is rarely possible to define a single or exact cause of a child's challenges. Typically, they result from some combination of biological, communication and/or relationship issues within the family. Attachment difficulties increase when even the simplest interactions between parent and child become conflict-laden. We know that whatever the relational challenge may be, a frequent result in families is a confusion of feelings and a build-up of anger and resentment. For these reasons we strongly urge both parents of each child to commit to working with our staff to better understand their child's developmental needs and difficulties. A deeper understanding and clearer perspective benefits everyone. We recognize that this places both time and emotional demands on parents. We have seen, however, that when this commitment occurs, progress in the child is likely to follow. We hope to help each family in our program discover constructive ways to deal with their individual struggles.

## **PROGRAM GOALS and SCHEDULES**

### **We seek to help your child to:**

- Begin developing a secure sense of self and relationships with others.
- Master the complex feelings of separation.
- Become aware of inner feelings such as hurt, anger, jealousy, fear, frustration and sadness, in order to acknowledge, tolerate, and ascribe language to them. This leads to greater self-regulation.
- Develop the capacity for self-reflection in order to improve problemsolving and coping skills.
- Communicate with adults and peers in meaningful, constructive ways.
- Find pleasure in play, both when alone and with other children.
- Have mutually gratifying experiences in relationships with family members and peers.
- Begin to master learning and/or academic skills that are appropriate for his/her level of cognitive development.

### **We seek to help you to:**

- Gain a better understanding of your child's gifts and challenges; and improve relationships and communication within your family.

### **B.E.I.G. Groups meet for an hour and a half 2xwk + 1xwk Family Session (exact times and days to be determined by group leaders)**

#### **Social Skills Training Groups:**

School based group meets Tuesdays and Thursdays 12:30pm – 2:00pm

Community/Alumni Social Skills meets Fridays 4:00pm – 5:30pm

#### **Cheerful Helpers School**

Preschool - Kindergarten meets 8:30am – 12:30pm Mondays thru Fridays (ages 3 – 7)

1<sup>st</sup> grade – 7:45am – 12:30pm Mondays thru Fridays (ages 6 – 10)

\*age in school programs is based on academic ability not age

*\*schedule of daily activities is attached\**

### **ADMISSION THERAPEUTIC SCHOOL FOR PK – FIRST GRADE (CHPS):**

1. **Admission Criteria-CHPS:** The child will be considered appropriate for admission to CHPS if the following exist:
  - Age 3-10 with emotional and/or processing problems, which interfere with their ability to learn and develop in a less restrictive environment.
  - At least average intellectual abilities
  - Problems include but no limited to:
    - a. Attachment/relationship disorders
    - b. Mood/regulatory disorders
    - c. Multi-system developmental disorders
    - d. High functioning autism

- e. Processing problems/learning disabilities
- Parents are willing and able to participate in family treatment program, which includes: weekly parent group and weekly family therapy session.

2. **Excuslinary Criteria – CHPS:**

Significant communication, motor and/or cognitive problems, which severely limit child's ability to participate and use group process to reach goals.

3. Continued **Stay Criteria** – CHPS:

The child and family are working toward treatment goals, not yet met.

4. **Discharge Criteria** – CHPS:

Child has met IEP goals and/or reached 11<sup>th</sup> birthday by end of school year.

**BRIEF EVALUATION AND INTERVENTION GROUP (BEIG):**

1. **Admission Criteria – BEIG:**

- Ages 2-6
- Emotional or social problems, including but not limited to:
  - a. Attachment/relationship difficulties
  - b. Regulatory Problems
  - c. Impulsivity or distractibility
  - d. Separation anxiety or power struggles
  - e. Delays in communication or play
  - f. Parent willing and able to participate in twice weekly group and a weekly home visit.

2. **Exclusionary Criteria – BEIG:**

- Significant communication, motor and/or cognitive problems, which severely limit patient's ability to participate and use group process to reach goals.

3. **Continued Stay Criteria – BEIG:**

4. Patient and family working toward treatment goals, not yet met. The child is assessed and reassessed on a regular basis to determine the appropriateness of continued treatment.

5. **Discharge Criteria – BEIG:**

- At end of the program, child has met treatment goals and/or referrals is made for more individual or specialized treatment.



### **Positive Behavior Interventions**

The Cheerful Helpers clinical team is trained annually by Handle with Care in crisis intervention and emergency procedures related to appropriate behavior management strategies. This training focuses on verbal de-escalation techniques to support and regulate students. The training includes teaching safe holds, to be used in extreme situations, for children who are acting out physically and their safety or the safety of others is threatened. These physically holds are designed specifically for young children and are used as a last resort. These trainings focus on positive behavior interventions and at no time will Corporal Punishment be deemed an acceptable intervention. In the event that an emergency occurs agency will complete a BER and inform parents.

### **NONPUBLIC SCHOOL FUNDING AND THE IEP PROCESS**

#### **Nonpublic School Funding:**

The Cheerful Helpers Therapeutic School is a fully certified Nonpublic School partially supported by philanthropic donations, private payment and contracts with local school districts under Public Law 94-142. This law provides federal money to school districts that may fund a nonpublic school if it is decided that the public school's programs are not appropriate for a particular child. The school district develops an Individualized Education Plan (I.E.P.) with the parents, which determines eligibility for special education and ancillary services, including the possibility of attendance at a nonpublic school. Public funding is a matter between a child's parents and their school district; Cheerful Helpers is not involved in this decision making process.

#### **The I.E.P.:**

When a student is funded, an I.E.P. is held annually to review the goals and objectives that best facilitate your child's progressive developmental and educational needs. Every three years, the district's school psychologist provides a more comprehensive assessment of your child's progress. Again, a meeting is held and the goals and objectives are appropriately adjusted. A parent, whose child is funded, can call an I.E.P. at any time to request a change or an addition to services by contacting Jaclyn Zeccola, Clinical Director at (213) 387 – 7252.

#### **Other Services:**

**Adjunctive Services:** In addition to the school program, some children may be eligible for other designated services. These services are typically determined through a collaborative process with the parents, teacher, family therapist, and Clinical Director (with school district representatives when the child is entitled to NPS funding). The services available under the umbrella of the Cheerful Helpers School include speech therapy, family therapy/parent counseling, individual child/play therapy, occupational therapy and behavior intervention services. Each child will have the services that best facilitates their own growth and development.

**Outside Therapists:** Some children will have services in addition to those based at our center. As parents, it is important for you to communicate that the Cheerful Helpers team welcomes the collaborative exchange of information with outside therapists. Meeting together as a complete treatment team minimizes misunderstandings and facilitates treatment goals.

We may only share information with your explicit written authorization. Please be sure to sign consent forms through your assigned family therapist for the exchange of information with each of your child's outside therapists.

## **PROGRAM DETAILS**

### **Parent Involvement:**

The Cheerful Helpers program is based on family involvement. Parents are expected to participate with their family therapist, their child's teacher/group leader and other staff members on the treatment team. The staff attempts to be sensitive to parents' scheduling needs and commuting challenges. Similarly, staff time is closely scheduled and a commitment to appointments is expected.

### **Your Family:**

Cheerful Helpers programs stress the importance of a child's development within her/his family. It is valuable to know how families function in terms of their roles and rules, values, expressions of affection and other feelings, discipline, limit setting and strategies for conflict resolution. We also pay particular attention to important life events within the family, such as major illnesses, losses, comings and goings of family and caregivers and extended separations from one or both parents.

### **Psycho-Educational Parent Support Group:**

Parent group meetings are held on a regular basis (weekly in the school and social skills groups; twice weekly in BEIG). Participation in the parent group offers an opportunity for parents to learn from and support one another. Regular attendance in the parent group permits continuity from week-to-week and permits parents to reflect on their child's progress, as well as their own.

### **Classroom Observations:**

Periodically, there is the opportunity for classroom observation. This is an opportunity for parents to get a glimpse of their child interacting with peers and staff in classroom activities. The group leader provides narration and clarification during these observations and in discussion that follows. This helps to provide a context for understanding the observational "snap shots" as they are seen. Observations occur only with an authorized and informed staff member present.

### **Confidentiality and Exchange of Information:**

- Confidentiality is a vital, respectful and mandated part of our team process. Cheerful Helpers insures private and confidential communication during the IEP Process.
- Confidential information discussed during therapy, including that of a minor child, is kept strictly confidential within the treatment team.
- The following exceptions are mandated by law: when you authorize, in writing, the release or exchange of information with a specific outside person or agency – and: by court order or when there is a reasonable suspicion of child, spousal or elder abuse or neglect and/or when there is a belief that someone is in danger of harming himself or someone else.

## **Grievance Policy**

- For Regional Center Consumer appeals procedure questions parents should contact Department of Developmental Services web site page [www.dds.ca.gov/complaints](http://www.dds.ca.gov/complaints) or call 916-654-1987
- Concerns that Cheerful Helpers is not following state or federal laws or regulations related to the Individuals with Disabilities Education Act (IDEA), may file a formal complaint with the California Department of Education (CDE) <https://www.cde.ca.gov/sp/se/qa/documents/sedcomplaintform.pdf>
- The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers (or marriage and family therapists) You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

## **Observations and Filming:**

- From time to time, we film classroom and child therapy sessions (not family therapy or parent groups). These are reviewed by staff as vehicles for learning and tracking the developmental progress of the children –or- for parent observation-only.
- Parents sign a consent form during their initial registration covering this aspect of the program. The confidentiality of these recordings is carefully maintained.
- No confidential information is shared during any observations other than with members of the treatment team. All observations are done in the company of a staff member who is obligated to maintain confidentiality, unless otherwise authorized in writing by a specific family for a particular observation.

## **Contact with your child's teacher/group leader:**

Contact with your child's teacher/group leader are encouraged. E-mails alerting the staff to changes, struggles, and even triumphs in your family help us to support your child's mastery of their experiences and associated feelings.

Informal conversations with the staff are discouraged. Your e-mail messages are always welcome.

## **Treatment Team:**

The family therapist, together with the child's teacher or group leader and selected treatment team members who may be involved with the child or family, will meet with each set of parents (quarterly in the school; mid and end of program in BEIG) to review current status and progress and re-set goals.

Additional meetings may be scheduled on an as-needed basis.

## **Additional Services:**

In addition to our group programs, the Center also offers speech, occupational, individual and family counseling services.

**Attendance:**

Consistent and predictable attendance helps children master their experience. Arriving on time is extremely important. This helps to establish a smooth routine for all of the children and creates the potential for a positive group experience. The child who arrives late has a greater struggle in becoming a group member.

As with timely arrival, regular attendance permits the child to participate fully in the program and fosters meaningful and reliable peer relationships.

It is equally important to pick up your child on time. Children become anxious when parents fail to arrive on time and are not present to receive them. Parents are responsible for making these arrangements. The complex traffic problems of Los Angeles require parents to plan ahead so that drop-off and pick-up can be smoothly coordinated.

**Sign In/Sign Out Procedures:**

Upon arrival each day at the program, a parent must sign the child in to the program with the parent's full signature on the Sign In/Sign Out Sheet. Again, at the end of the program each day, a parent must sign the child out of the program with the parent's full signature on the Sign In/Sign Out Sheet.

**Absences:**

Parents are expected to assume responsibility for informing the teacher/group leader and the family therapist of anticipated absences. When these are unpredictable, as with illness, the contact you student's teacher and the Clinical Director soon as possible.

**Transportation:**

Cheerful Helpers does NOT provide transportation for children.

**Vacations and Holidays:**

Families attending the Cheerful Helpers Programs are strongly urged to plan their vacations to coincide with the program calendar you receive. A calendar and holiday schedule will be provided at the beginning of each program/school year to allow for long-range family plans to be made.

**Please Note:**

- Every day a child is absent results in a loss of continuity for the child and the group.
- Parents are financially responsible for every program/school day - whether or not their child is in attendance.
- Public funding is only provided when child is in attendance.
- Remember: we staff for full participation.

**Nutrition:**

**Snack** is served at 10:00 a.m. in the school program. Snack is provided by the school.

Snack items provided include:

Water

Cheese sticks

Corn chips

Fruit

**School children only** should bring a light, nutritious lunch from home each day. We ask that you send safe and child-manageable containers. Please **DO NOT SEND** cake, cookies and/or candy. Lunch is meant to be an experience of autonomy (choices), socialization (conversation), and nutrition (healthy).

**Child Safety:**

Children will only be released to parents or someone designated, in writing, by the parents. Any parental designee must first have a face-to-face introduction by the parent to the teacher, group leader and/or Director. If this face-to-face introduction isn't possible we ask that parents provide information including a picture of the designee's drivers license. This process must occur prior to the child being picked up. Policy dictates that any time a child leaves school or any program session, a family member, or authorized designee as described above, must accompany them.

*\*No child may ever be left unattended\**

**Clothing:**

Please dress your child in comfortably fitting shoes and clothing which can be easily laundered. Shoes should be closed toe with non-skid soles (no sandals) to allow for safe, free-play.

A complete change of clothing, including shoes, socks, and underwear should be kept in your child's cubby.

**Holiday Celebrations:**

Holidays are not celebrated in our programs; they are acknowledged in a non-conventional manner. The children might create projects and discuss their family's traditions. We will give them the opportunities to anticipate and reflect, promoting and respecting their genuine feelings.

Birthdays are celebrated **at school with parents** to coordinate with the teacher at least one week in advance.

It would be of utmost importance to include **ALL** children in your child's class/group in birthday celebrations held outside of school.

**Health Policies and Emergency Plans**

**Prior to Admission:**

All families are required to submit the following completed forms:

- CHPS Client Information Consent for Treatment
- LIC 627– Consent for Emergency Medical Treatment (signed by parent)
- LIC 700 – Identification and Emergency Information (completed by parents)
- LIC 701 – Physicians Report Child Care Centers (completed & signed by personal M.D.)
- LIC 702 – Child’s Pre-Admission Health History (completed by parents)

**Health Policies:**

Because colds, flu and illnesses are so easily communicated between young children, the Center has established the following policies:

We ask that everyone practice frequent handwashing, blowing noses into tissues, and covering mouths when coughing or sneezing. Hand sanitizer is available in the office and classrooms for convenient and frequent use.

**Illnesses:** When your child is sick we ask that you keep him/her at home, get a medical evaluation and bring a doctor’s note clearing child to return to school.

**Fevers:** A child with a fever of 100.4 or higher needs to be kept at home for a minimum of 24 hours after his/her temperature has returned to normal.

**Vomiting or Diarrhea:** Children should be kept at home until 24hrs after the last episode.

**Pink Eye:** Conjunctivitis is highly contagious. Children need to see the doctor and bring a clearance note to return to school/group.

**Medication:** If your child requires medication during the school day parents are required to speak to the Jaclyn Zeccola, Clinical Coordinator and review and follow Cheerful Helpers policy for distribution of medication.

If your child has an allergy or illness that may necessitate a staff member administering an EpiPen, staff is trained in First Aid and is capable of administering this intervention.

**Sore Throats, Coughs, Colds:** With mild symptoms, no fever, and no other symptoms or change in behaviors children may attend school/group. When these symptoms are accompanied by headache, stomach ache, phlegm, trouble breathing, swallowing or participating in the activities in a school day, we recommend that children see their doctor and bring a note stating they may attend school.

**Communicable Diseases:** Any communicable diseases such as chicken pox, lice, etc., should be reported to our staff immediately so that other parents may be informed and necessary precautions may be taken.

**During School Hours:** If a child becomes sick during school hours, the student is isolated in the main office and parents/guardians are called. The office is equipped with

a pad so the student may lie down while waiting to be picked up.

**Emergencies and Injuries:** If a child is seriously injured while at our Center, parents or their designees will be immediately notified. In the event that emergent medical care is needed, the child will be taken to Children’s Hospital of Los Angeles on Sunset and Vermont. In the event that emergent dental care is needed, the child will be taken to their individual dentist.

In the event of a minor injury, school staff will attend to your child and will notify parents at the time of pick-up. Be sure to keep your child’s Emergency Information Card with personal contacts up-to-date - and an Emergency Medical Consent Form on file.

**Emergency Packs:**

Please bring a three-day emergency pack with comforting and comfortable things your child might need. This includes a transitional object, a photo of your family, sweat shirt and sweat pants, tee-shirt, and three-day supply of underwear and medications in original bottles with doctor prescribed instructions. On the outside of the pack please attach a card that includes emergency contacts, including one out-of-state. Our pantry contains a 3-day supply of non-perishable food, water, juice and other emergency supplies.

In the unlikely event of a necessary evacuation we will relocate to the Holy Name of Jesus Catholic Church – 1977 West Jefferson Blvd., Los Angeles, CA 90018.

*\*Please review our Emergency Plan Attached \**



**Cheerful Helpers Child and Family Study Center**

Dear Cheerful Helpers Families,

Cheerful Helpers is committed to providing a safe and secure learning environment for its children. To ensure we are prepared for an emergency with the proper trainings and policies and procedures in place please be aware of the following:

- All clinical staff members received annual training from Handle with Care, leaning de-escalation techniques and, when needed safe holding techniques for young children.
- All clinical staff members maintain current CPR and First Aid trainings.
- Cheerful Helpers has onsite emergency provisions for up to 30 people for 3 days.
- Los Angeles has an efficient emergency alert system and will contact us in the event of an emergency.
- Cheerful Helpers' students routinely practice earthquake and fire safety drills.

In the event of an emergency we will shelter in place unless directed by city officials to leave. Cheerful Helpers campus relocation information will be posted on the front door and on the back gate. Families will be notified by text or phone call if we are relocated. Our designated safe, off campus area is:

- Holy Name of Jesus Catholic Church – 1977 West Jefferson Blvd., L.A., CA 90018

What you can do:

- Supply an individual emergency supply backpack (specifics are in parent handbook)
- Review and practice emergency/fire drills in your home
- Make sure you have adequate supplies (water, food, first aid kit, etc.) in your car and at home.
- Attend training in CPR and First Aid
- Register your phone with the Los Angeles emergency alert system <http://www.lacounty.gov/emergency/alert-la>

[www.cheerfulhelpers.org](http://www.cheerfulhelpers.org)

1986 W. Jefferson Blvd., Los Angeles, California 90018



## Classroom Emergency Plan

In the event of an emergency keep calm. If there is a **fire** you should **evacuate** the building as **quickly** as safely as possible. In the event of an **earthquake** you should **take cover until the shaking stops**.

- The classroom teacher will take the lead role with the students.
- The classroom helper will gather emergency kit.
- Additional therapists will help in managing the students.

### Fire:

1. **Classroom Helper** - retrieve emergency backpack containing:
  - Children's walking rope
  - Rosters and emergency information numbers
  - Classroom emergency plan
  - Basic survival supplies
  - Shelter information for parents
  - Tape
2. **Teacher** – Take lead on walking rope and Classroom Helper and therapist will help students take their place on the line. Classroom Helper will take last place on line and therapist will walk along side the rope.

### In the event of a fire

**Erin's classroom (PS)** – line children up at classroom door.  
Children exit to the play yard.

**Rebeca's classroom (SA)** - line children up at classroom door.  
Children exit to the play yard

3. **Therapist** will open back gate to parking lot and then to play area where children will congregate until the all clear is given.
4. Emergency toys – will be brought out from shed by **Therapist** to distract children until further direction is given.
5. In the event that the play yard is not deemed safe, children and staff will congregate Holy Name of Jesus Catholic Church – 1977 West Jefferson Blvd., L.A., CA90018
6. **Classroom Helper** will complete roll call of students and staff using roster from emergency supply box.

## **Earthquake:**

All **Staff** members will direct children under tables until shaking stops. Children should be directed to move as little as possible and to cover their heads with their hands. Once the **teacher** has indicated it is safe to leave the building we will follow our classroom emergency plan.

1. **Classroom Helper** - retrieve emergency backpack containing:
  - Children's walking rope
  - Rosters and emergency information numbers
  - Classroom emergency plan
  - Basic survival supplies
  - Shelter information for parents
  - Tape
2. **Teacher** – Take lead on walking rope and Classroom Helper and therapist will help students take their place on the line. Classroom Helper will take last place on line and therapist will walk alongside the rope.

### **In the event of an Earthquake**

**Erin's classroom (PS)** – line children up at classroom door.  
Children exit to the play yard.

**Rebeca's classroom (SA)** - line children up at classroom door.  
Children exit to the play yard

3. In the event that the play yard is not deemed safe, children and staff will congregate Holy Name of Jesus Catholic Church – 1977 West Jefferson Blvd., L.A., CA 90018
4. Once children are settled, **Classroom Helper** will complete roll call of students and staff using roster from emergency supply box.

## **BEIG**

BEIG groups will follow the same procedures depending on location of the group.

For BEIG groups taking place in the classroom please adhere to the following **fire** policy:

1. **Assistant therapist\*** - retrieve emergency backpack containing:
  - a. Children's walking rope
  - b. Rosters and emergency information numbers
  - c. Classroom emergency plan
  - d. Basic survival supplies
  - e. Shelter information for parents
  - f. Tape
  
2. **Lead therapist\*** – line children up at classroom door. Take lead on walking rope and assistant therapist and intern\* will help students take their place on the line. Assistant Therapist will take last place on line and intern will walk alongside the rope.

### **In the event of a fire**

**BEIG** – Children will line up at the classroom door. They will exit to the play yard

### **In the event of an Earthquake**

All **Staff** members will direct children under tables until shaking stops. Children should be directed to move as little as possible and to cover their heads with their hands. Once the **teacher** has indicated it is safe to leave the building we will follow our classroom emergency plan.

Children line up at the classroom door. They will exit through the door and out to the play yard.

3. In the event that the play yard is not deemed safe, children and staff will congregate Holy Name of Jesus Catholic Church – 1977 West Jefferson Blvd., L.A., CA90018
  
4. Once children are settled, **Assistant Therapist** will complete roll call of students and staff using roster from emergency supply box.

## **Lock-down Procedures**

**Policy:** Cheerful Helpers is committed to providing a safe and secure learning environment for its children. When an event on or near a campus occurs that requires the agency to initiate a lockdown, staff members are to follow the guidelines below.

**Guidelines:** local law enforcement, or the Clinical Director/designee may initiate a lockdown when gunfire or a threat of violence is identified and it is necessary to shield children from gunfire or prevent the perpetrator(s) from entering any occupied campus areas.

During a lockdown, all children are to remain in the classrooms or designated area.

1. **Child and Staff** will congregate in the playroom with all doors and windows locked until further instructions are given by the Clinical Director /designee or law enforcement.
2. All exterior entrances to the agency are locked and no visitors other than appropriate law enforcement or other emergency personnel are allowed on campus.
3. **Administrative Coordinator or Designee** - will call LAPD, Regional Center Community Services [\(213\) 744-7000](tel:2137447000) and coordinate safety plan.
4. **Clinical Director** will call parents sharing a prepared and consistent message.
5. Staff member assigned to oversight will, when safe to do so, ensure the perimeter gates are secured and that all children, staff and visitors are safely secured behind locked doors.
  - Using rosters from emergency packs, teachers, will account for all students and staff
6. Once **Administrative Coordinator or Designee** receives the all clear from the LAPD parents will be called and directed to a safe pickup area.

If initiating a rapid RELOCATION for an active shooter on campus, the following actions are recommended:

1. Encourage students and staff to quickly relocate by any safe and available exit. If locating off campus students should be directed to Holy Name of Jesus Catholic Church – 1977 West Jefferson Blvd., L.A., CA 90018
2. **Administrative Coordinator or Designee**, working with LAPD, will update and inform police on decision to leave campus.

3. All available staff members will calm students and create a perimeter to separate the school population from others who may be present.
4. Upon arrival at safe location, staff member assigned to oversight, will account for children and staff.
5. Clinical Director will call parents sharing a prepared and consistent message.
6. Once **Administrative Coordinator or Designee** receives the all clear from the LAPD parents will be called and directed to a safe pickup area.

Revised: 7-30-23

## 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](http://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



## 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](http://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>.



## **Attachments**

- CHPS Client Information consent for treatment
- LIC 627 - Consent for Emergency Medical Treatment
- LIC 700 - Identification and Emergency Information
- LIC 701 - Physician's Report
- LIC 702 - Child's Pre-Admission Health History – Parent's Report
- Pre-K weekly schedule
- Kindergarten weekly schedule
- 1<sup>st</sup> grade weekly schedule



**CLIENT INFORMATION**  
**CONSENT FOR**  
**TREATMENT**

Consent for Treatment:

As parent or guardian of \_\_\_\_\_ I voluntarily consent to allow the staff of Cheerful Helpers Child & Family Study Center to provide the following services outlined below. These services have been explained to me and I have been informed of my right to terminate any and all services at the time of my choosing.

Initial approved services:

<i>School Tuition</i>			
	<b>Education</b>	\$170./day	\$34,000.
	<b>Family Program</b> ◆Parent Counseling (2x/month) ◆Parent Group (1x/week)		\$ 5,500.
		<b><u>Total School Tuition</u></b>	<b>\$39,500.</b>
<i>Additional Services optional</i>			
	<b>Counseling</b>	<b>\$100./session</b>	
	<b>Speech &amp; Language Therapy</b>	<b>\$120./session</b>	
	<b>Occupational Therapy</b>	<b>\$130./session</b>	
	<b>1:1 Support</b>	<b>\$40./hour</b>	
	<b>Brief Evaluation and Intervention Group (BEIG)</b>	<b>\$90./ (45min.)session x 75 sessions</b>	<b><u>TOTAL</u> \$6,750.</b>
	<b>Social Skills Training Group</b>	<b>\$95./ (45min.)session x 69 sessions</b>	<b><u>TOTAL</u> \$6,555.</b>
	<b>Summer Camp</b>	<b>\$175./ (45min.)session x 10 sessions</b>	<b><u>TOTAL</u> \$1,750.</b>



### Financial Agreement:

I agree that in return for services rendered, I am individually responsible to pay the fees identified according to this agreement and signed at time of intake. I agree to pay these fees at onset of treatment unless another financial payment plan is attached and signed by both an authorized representative of Cheerful Helpers and myself.

Billing has been explained to me and Cheerful Helpers bills are submitted on the 5<sup>th</sup> of each month with payment due by the 15<sup>th</sup>.

I understand that Cheerful Helpers is not responsible for funding expected or promised by any insurance company or public entity such as regional centers or school districts. Therefore, I assume sole responsibility for payment and understand that should my account become delinquent I will be charged interest and all collection expenses.

Finally, I understand that Cheerful Helpers is not a provider with any insurance company. I understand that while Cheerful Helpers can provide me with copies of bills paid by me and the required diagnosis when appropriate; Cheerful Helpers assumes no responsibility for reimbursements I and/or my child, may or may not be eligible for via any private or public source, including health - mental health- insurance.

### Release of Information

I understand and agree to the following: Confidential information discussed during therapy, including that of a minor child, is kept strictly confidential within the treatment team, with the following exceptions:

1. When I give specific consent for the release of information.
2. When the therapist is ordered by the court to release information.
3. When there is a reasonable suspicion of child, spousal or elder abuse or neglect.
4. When the therapist believes that the client or another is in danger of harming himself or someone else.

I understand and agree that when my child is funded for treatment through either school district or regional center: Any information related to my child, as required in school district or regional center contracts, will be shared with my child's school district or regional center according to the laws governing such contracts.

### Training Center

I understand and accept that Cheerful Helpers Child & Family Study Center is a training center. As such there may be teachers and mental health professionals in training working with my child, under the direct supervision of a credentialed and/or licensed professional, in accordance with professional regulations governing trainees and interns-in-training.

Grievances

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers (or marriage and family therapists) You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

For Regional Center Consumer appeals procedure questions:

Department of Developmental Services web site page [www.dds.ca.gov/complaints](http://www.dds.ca.gov/complaints)

Department of Developmental Services telephone number: 916-654-1987

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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

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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.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

# 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?

CALLEMERGENCY 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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# 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)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ 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/ [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.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_



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**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.

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

**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:**

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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*
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PARENT'S EVALUATION OF CHILD'S HEALTH
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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?
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REASON FOR REQUESTING DAY CARE PLACEMENT
------------------------------------------

PARENT'S SIGNATURE	DATE
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