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:

Department of Social Services, Community Care Licensing Division
☐ Los Angeles Northwest Regional Office
   6167 Bristol Parkway, Suite 400
   Culver City, CA 90230
   (310) 337-4333
☐ Los Angeles East Regional Office
   1000 Corporate Center Drive, Suite 200B
   Monterey Park, CA 91754
   (323) 981-3350

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: PLACE IN CHILD’S FILE
Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) (PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

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

LIC 013A (6/03)
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.

   Department of Social Services, Community Care Licensing Division
   □ Los Angeles Northwest Regional Office
   6167 Britol Parkway, Suite 400
   Culver City, CA 90230
   (310) 337-4333
   □ Los Angeles East Regional Office
   1000 Corporate Center Drive, Suite 200B
   Monterey Park, CA 91754
   (323) 981-3350

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

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

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

__________________________________________
Name of Child Care Center

__________________________________________
Signature (Parent/Authorized Representative)

__________________________________________
Date

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

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

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ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of ________________________________, currently attending or newly enrolled at ________________________________ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

☐ Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

   Date(s) of licensing report(s) provided: ________________________________

☐ Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

   Date of document provided: ________________________________

☐ Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

   Date of document provided: ________________________________

☐ As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE: ________________________________  DATE DOCUMENTS RECEIVED: ________________________________
Dear Parent/Guardian:

Our program annually notifies parents/guardians of their rights to services and programs offered through the Early Childhood Education Division. You must sign a notification form and return it to your children's schools acknowledging that you have been informed of your rights.

Please read the Information for Parents and return the signed form below to the school. Your signature does not constitute consent to take part in any particular program.

LOS ANGELES UNIFIED SCHOOL DISTRICT

RECEIPT OF ANNUAL NOTIFICATION OF INFORMATION FOR PARENTS

I acknowledge, with my signature below, the receipt of the required annual notification of parent/student rights on behalf of my son/daughter.

Please PRINT the name, birth date and grade of your child.

STUDENT'S NAME:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Birthdate</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Initial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent/Guardian

Signature of Student (Grades 6-12)
INFORMATION RELEASE FORM

Under Federal and State law, school districts may share student directory information with authorized individuals, organizations and/or officials. Pursuant to California Education Code section 49073, LAUSD has identified the categories of information listed below as directory information that may be released to the officials and organizations named below. Parents of students 17 years or younger and adult students 18 years or older may request the school principal limit the release of directory information or not release directory information at all. The request to withhold the student directory information is applicable only to the current school year.

INFORMATION RELEASE FORM

PLEASE READ AND COMPLETE THE INFORMATION RELEASE FROM BELOW AND RETURN IT TO YOUR SCHOOL PRINCIPAL. UNLESS THIS FORM IS RETURNED, YOUR STUDENT’S INFORMATION MAY BE RELEASED AS INDICATED.

LOS ANGELES UNIFIED SCHOOL DISTRICT

PARENT STUDENT HANDBOOK

SCHOOL NAME: ___________________________ DATE: ___________________________

STUDENT NAME: ___________________________
(Please Print)

Date of Birth: ___________________________
Grade: ___________________________

Address: ___________________________
City: ___________________________
Zip Code: ___________________________

Telephone Number: ___________________________
Record Room: ___________________________

STUDENT DIRECTORY INFORMATION

☐ 1. I do not wish to have any directory information released to any individual or organization.

☐ 2. I request to withhold the directory information according to the box(es) I check below:

<table>
<thead>
<tr>
<th>DO NOT RELEASE</th>
<th>DO NOT RELEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTA</td>
<td>Name</td>
</tr>
<tr>
<td>HEALTH DEPT.</td>
<td>2. Address</td>
</tr>
<tr>
<td>ELECTED OFFICIALS</td>
<td>3. Telephone Number</td>
</tr>
<tr>
<td>DEFCC</td>
<td>4. Date of Birth</td>
</tr>
<tr>
<td>DEPT. OF MENTAL HEALTH</td>
<td>5. Dates of Attendance</td>
</tr>
<tr>
<td>PROBATION DEPT.</td>
<td>6. Previous School(s)</td>
</tr>
</tbody>
</table>

NEWS MEDIA RELEASE OF INFORMATION

☐ My child may be interviewed, photographed, or filmed by members of the news media.

☐ My child may not be interviewed, photographed, or filmed by members of the news media.

__________________________  ___________________________
Signature of Parent/Guardian (if student is under 18)  Signature of Student (if student is 18 or older)
Los Angeles Unified School District

ANNUAL PESTICIDE USE NOTIFICATION

The District has adopted an Integrated Pest Management (IPM) policy. This policy includes notifying parents/guardians of pesticide use. During the school year, it may be necessary to apply pesticides at your child's school to avoid serious health problems posed by pests and/or maintain the integrity of a structure. However, should you feel that your child's or your (for school staff) health and/or behavior could be influenced by exposure to pesticide products, you are notified as follows:

- An application of products on the Approved List may be applied during the school year (see attached list of pesticide products that have been approved for use at District sites).
- In the event the use of a product is required that is not on the Approved List, you will be notified 72 hours in advance. (Exception: Emergency circumstances that warrant an immediate response).
- Additional information regarding pesticide products, including those on the District's Approved List, is available online at http://www.cdpr.ca.gov

Please complete, detach and return the form below to the school's main office, indicating whether you wish to be pre-notified each time a pesticide is scheduled to be used at the school.

--------------------------------------------------Cut here and return if applicable-----------------------------------------

PARENT/GUARDIAN REQUEST FOR NOTIFICATION

I  would like to be pre-notified every time a pesticide application is to take place at my child's school (i.e., in addition to annual notification). I understand that the notification will be sent home with my child, or provided to me as a school staff member at least 72 hours before application. (Exception: Emergency circumstances that warrant an immediate response).

I do not need to be notified every time a pesticide is to take place at the school. I understand that I will receive an annual notification in the Parent Student Handbook, or by other means, of pesticides approved for use at schools.

Child's name (print): ____________________________________________
Room Number: __________________________________________
School: __________________________________________
Name of parent/guardian (print): ____________________________
Signature of parent/guardian: ____________________________ Date: __________

Note to Site Administrator

File the original in the Main Office. If the above "I would like to be pre-notified" box is checked, forward a copy of this notice via school mail to Pest Management Department as soon as they are received from the parents and staff.

Maintenance and Operations Central 3 and Special Services
1240 S. Naomi Ave., Los Angeles, CA 90021
Attn.: Adrian Saldivar
ETHNICITY/RACE IDENTIFICATION OF STUDENTS

Beginning with the 2009-2010 school year, the District is required to collect race and ethnicity data on all new enrolling students using a two-part question. The first part of the question asks whether or not the student is Hispanic or Latino. The second part of the question asks the respondent to select one or more races for the student.

If you wish to change the ethnic and race category for your child, please complete the form below and return it to your child’s school.

COMPLETE, SIGN AND RETURN THIS PORTION TO YOUR CHILD’S SCHOOL

LOS ANGELES UNIFIED SCHOOL DISTRICT

PARENT STUDENT HANDBOOK

ETHNICITY/RACE IDENTIFICATION OF STUDENTS FORM

SCHOOL NAME: ___________________________ DATE: ____________

STUDENT NAME (Please Print) ___________________________ Date of Birth: ____________ Grade: ______

Address: ______________________________________________________________________________________

City: ___________________________ Zip Code ______

Telephone Number: ___________________________ Record Room: ___________________________

STEP 1

Is the student’s ethnicity Hispanic/Latino? ☐ Yes ☐ No

If “YES” is checked, continue to Step 3 if applicable; if “NO” is checked continue to Step 2 then Step 3 if applicable.

STEP 2

What is the primary race of the student? (Select one)

☐ African American or Black

☐ American Indian or Alaskan Native

Asian

☐ Asian Indian

☐ Cambodian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Japanese

☐ Laotian

☐ Vietnamese

Native Hawaiian or Pacific Islander

☐ Guamanian

☐ Hawaiian

☐ Samoan

☐ Tahitian

☐ Other Pacific Islander

☐ White

STEP 3

What is the primary race of the student? (Select one)

☐ African American or Black

☐ American Indian or Alaskan Native

Asian

☐ Asian Indian

☐ Cambodian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Japanese

☐ Laotian

☐ Vietnamese

Native Hawaiian or Pacific Islander

☐ Guamanian

☐ Hawaiian

☐ Samoan

☐ Tahitian

☐ Other Pacific Islander

☐ White

Signature of Parent/Guardian (if student is under 18) ____________________________________________

Signature of Student (if student is 18 or older) ____________________________________________
Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print)  2. Birthdate (please print)

3. Name of Parent (please print)

a. I, as a parent of guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as “Recordings”), for the purposes stated or related to the above.

b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil’s parent or guardian.

c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney’s fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apartment Number)


10. Telephone

11. Principal

12. School

Granting of permission is voluntary. Please return completed form to school.

Approved as to form by the Office of the General Counsel.

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information