

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

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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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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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Mission Viejo Christian Kids Club

FACILITY NAME

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

. THIS CARE MAY BE GIVEN UNDER

NAME _____

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

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE _____

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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:					
<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<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?		HOW MANY IN LAST YEAR?		LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
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		WHAT ARE USUAL EATING HOURS?	
		LUNCH		BREAKFAST _____	
		DINNER		LUNCH _____	
				DINNER _____	
ANY FOOD DISLIKES?			ANY EATING PROBLEMS?		
IS CHILD TOILET TRAINED?*		IF YES, AT WHAT STAGE?*		WHAT IS USUAL TIME?*	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
WORD USED FOR "BOWEL MOVEMENT"*		ARE BOWEL MOVEMENTS REGULAR?*		WORD USED FOR URINATION*	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
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)?	
<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?	
<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?					
REASON FOR REQUESTING DAY CARE PLACEMENT					

PARENT'S SIGNATURE

DATE

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: 750 The City Drive, Suite 250, Orange, CA 92868
Licensing Office Telephone #: (714) 703-2800
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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

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

Mission Viejo Christian Kids Club

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:

NAME

Community Care Licensing

ADDRESS

750 The City Drive, Suite 250

CITY

Orange, CA

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

(714) 703-2800

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 THE NAME OF THE FACILITY)

Mission Viejo Christian Kids Club

(PRINT THE ADDRESS OF THE FACILITY)

27192 Jeronimo Road, Mission Viejo, CA 92692

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

Mission Viejo Christian Church ("the Church") has put in place preventative measures to reduce the spread of COVID-19; however, the Church cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Church or Church-related activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Church or Church-related activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Church or Church-related activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Church employees, volunteers, and Church-related activity participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Church or participation in Church-related activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Church, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Church-related activity.

I understand and agree that the law of the State of California will apply to this Waiver of Liability.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS
WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND
WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Signature: _____ Date: _____
Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver of Liability.

Signature: _____ Date: _____
Name (printed): _____

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of _____, currently attending or newly enrolled at
Mission Viejo Christian Kids Club 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: 9/5/2019

- ☐ 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:

FACILITY EVALUATION REPORT

FACILITY NAME:	MISSION VIEJO CHRISTIAN KIDS CLUB	FACILITY NUMBER:	300613936
ADMINISTRATOR:	SWEETSER, JOHN	FACILITY TYPE:	840
ADDRESS:	27192 JERONIMO ROAD	TELEPHONE:	(949) 465-1954
CITY:	MISSION VIEJO	STATE:	CA
CAPACITY:	175	ZIP CODE:	92692
TYPE OF VISIT:	Case Management - Incident	CENSUS:	8
MET WITH:	Director	UNANNOUNCED	
		DATE:	09/05/2019
		TIME BEGAN:	07:45 AM
		TIME COMPLETED:	09:30 AM

NARRATIVE

1 Licensing Program Analyst (LPA) Mahnaz (Nancy) Malek conducted a follow-up Case Management
2 Inspection to address the Injury/Unusual Incident report submitted to the Regional Office on 07/24/19.
3 According to the Licensee an Irvine Police Officer disclosed the police department had an open investigation
4 with regards to inappropriate behavior by Staff #1 towards Child #1. Staff #1 was arrested by Irvine Police
5 Department; subsequently Licensee terminated Staff #1. LPA met with Executive Pastor, Brian Eaves. The
6 director, John Sweetser arrived later. There were 8 children with 2 staff whom were transported to be dropped
7 off at elementary school. A review of Staff records on this date indicated that all facility Staff or other
8 individuals who required caregiver background checks have received criminal record and Child abuse index
9 clearances or exemptions. The Investigation Bureau conducted the investigation and Investigator, Ernestina
10 Bellucco interviewed staff, day care children and obtained police report. Investigator interviewed (6) Staff
11 members whom had no knowledge of the inappropriate behavior of Staff #1. Investigator interviewed (5)
12 day-care children whom made no disclosures. The Irvine Police Department's reports indicate Child #1
13 disclosed that Staff #1 had Child #1 perform inappropriate touching to Staff #1. The report reveals Staff #1
14 admitted to the inappropriately touching with Child #1 and disclosed there was a second victim, Child #2. The
15 report indicates Child #2 did not disclose any inappropriate touching to or from Staff #1. Based on Child #1's
16 disclosure and Staff's #1 admission, the facility is being cited under California Code of Regulations, Title 22,
17 Division 12, on the attached LIC 809D for the deficiency section 101223(a)(1) under personal rights. An
18 Immediate Civil Penalty is being assessed today in the amount of \$500. Civil Penalty determination is
19 pending. Notice of Site Visit was posted. The notice of site visit must be posted for 30 consecutive days.
20 Failure to post will result in civil penalties of \$100. The licensee was provided a copy of their appeal right (LIC
21 9058) and their signature on this form acknowledges receipt of these rights. First level appeal is to Regional
22 Manager; address is above on the report. Upon receipt, licensee shall post and provide copies of this report to
23 parents/Guardians of Children in care and to parents/guardians of Children newly enrolled at the facility during
24 the next 12 months. Licensee may use LIC 9224. A copy of acknowledgement form signed by the Child's
25 representative shall be kept on each Child's file. Exit interview was conducted.

SUPERVISOR'S NAME: Patricia Magana**TELEPHONE:** (714) 703-2821**LICENSING EVALUATOR NAME:** Mahnaz Malek**TELEPHONE:** (714) 292-9851**LICENSING EVALUATOR SIGNATURE:***m. malek***DATE:** 09/05/2019

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:*John F. Sweetser***DATE:** 09/05/2019

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 750 THE CITY DRIVE, SUITE 250
ORANGE, CA 92868**FACILITY NAME:** MISSION VIEJO CHRISTIAN KIDS CLUB**FACILITY NUMBER:** 300613936**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/05/2019

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/05/2019 Section Cited CCR 101223(a)(1)	<p>1 101223 (a)(1) Personal Rights: (a)The licensee 2 shall ensure that each child is accorded the 3 following personal rights: (1) To be accorded 4 dignity in his/her personal relationships with 5 staff and other persons. This requirement is not 6 met as evidenced by: One child disclosing to 7 parent and police of</p> <p>8 Staff #1 being inappropriate while on field trip. 9 Staff #1 admitted to the police of 10 inappropriately touching two children while in 11 care. The licensee failed to meet this section of 12 the regulations. This poses an immediate risk 13 to personal rights of children in care. A \$500.00 14 Civil Penalty is being issued today.Civil Penalty determination is pending.</p>	<p>1 The director stated they terminated the staff 2 when they found out about the incident. The 3 director would review the personal rights of 4 children the section of the regulations of Title 5 22 with all the staff. The director will send the 6 statement with staffs' names and signatures 7 acknowledging being aware of personal rights</p> <p>8 of children. The plan of correction is due by 9 9/5/2019 to our office. Also provided was 10 information about the E-Learning Modules 11 available at https://cclld.childcarevideos.org 12 including informational video regarding 13 personal rights of children to share with staff. 14</p>
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Patricia Magana**TELEPHONE:** (714) 703-2821**LICENSING EVALUATOR NAME:** Mahnaz Malek**TELEPHONE:** (714) 292-9851**LICENSING EVALUATOR SIGNATURE:***M. Malek***DATE:** 09/05/2019

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:*Don F. Suter***DATE:** 09/05/2019**This Notice must be posted for 30 days**

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of _____, currently attending or newly enrolled at Mission Viejo Christian Kids Club 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: 09/18/2019

- ☐ 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:

NONCOMPLIANCE CONFERENCE SUMMARY

NAME AND ADDRESS OF FACILITY:
MISSION VIEJO CHRISTIAN KIDS CLUB
27192 JERONIMO ROAD
MISSION VIEJO, CA 92692

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
300613936	03/26/1993	175	3	840

LICENSEE NAME(S):

FIRST CHRISTIAN CHURCH OF MISSION VIEJO

NAME AND FACILITY NUMBER OF OTHER COMMUNITY CARE, CHILD DAY CARE, RESIDENTIAL CARE
FACILITIES FOR THE ELDERLY, OR HEALTH FACILITIES LICENSED TO OR OWNED BY APPLICANT(S)
WITHIN THE LAST FIVE YEARS.

	FACILITY NAME	FACILITY NUMBER
A.	Mission Viejo Christian Preschool	300600670
B.		
C.		
D.		
E.		
F.		

DATE OF CONFERENCE:	LICENSING PROGRAM ANALYST:	LICENSING PROGRAM MANAGER:
09/18/2019	Mahnaz Malek	Patricia Magana

Present at meeting:NAME

John Sweetser
Rina Lopez
Patricia Magana
Mahnaz (Nancy) Malek

TITLE

Director
Licensing Program Manager
Licensing Program Manager
Licensing Program Analyst

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 2**

NAME AND ADDRESS OF FACILITY:

MISSION VIEJO CHRISTIAN KIDS CLUB
27192 JERONIMO ROAD
MISSION VIEJO, CA 92692

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
300613936	03/26/1993	175	3	840

LICENSEE NAME(S):

FIRST CHRISTIAN CHURCH OF MISSION VIEJO

This Noncompliance Conference was called to discuss the following issues or deficiencies:

1 On 9/5/2019 Type A citation, 101223 (a)(1) Personal Rights: One child disclosing to parent and police of Staff
2 #1 being inappropriate while on field trip. Staff #1 admitted to the police of inappropriately touching two children
3 while in care. A \$500.00 Civil Penalty has been issued on 9/5/2019. Civil Penalty determination is pending.
4

5 On 2/7/2019 Type B citation, Health and Safety Code 1596.8662 Mandated Reporter Training: by reviewing
6 5 staff files, none of the staff had the mandated reporter training certificate on file.
7

8 On 1/25/2017 Type B citation, Health and Safety Code 1596.622 Staffs' Immunization: Some employees
9 have no proof of MMR, Pertussis, and immunization against influenza. There were no records of statement of
10 declining the Flu vaccine on file either.
11

12 On 1/25/2017 Type B citation, Health and Safety Code 101226.e(A)(1) Health Related Services- Label for
13 prescribed inhaler medication was missing.
14

15 On 1/25/2017 Type B citation, Section 101226(e)(6) Health related Services: . One Epiphen medication was
16 expired on 11/2016
17

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20 Continued on page 3
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LICENSEE SIGNATURE

DATE:

09/18/2019

MANAGER SIGNATURE:

DATE:

09/18/2019

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 3**

NAME AND ADDRESS OF FACILITY:

MISSION VIEJO CHRISTIAN KIDS CLUB
27192 JERONIMO ROAD
MISSION VIEJO, CA 92692

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
300613936	03/26/1993	175	3	840

LICENSEE NAME(S):

FIRST CHRISTIAN CHURCH OF MISSION VIEJO

Licensee agreed to do the following in order to bring the facility into compliance no later than the following dates:

1 The facility representative stated that they will ensure compliance with Title 22 Regulations personal rights of
2 children. The director stated the facility reviewed the personal rights of children section 101223 with all the staff
3 whose their signatures show acknowledging it on 9/5/2019.

4 The director stated they have done more training than before for staff after the recent incident. They have also
5 reduced the number of children to a small group with staff for better supervision for the daily activities.

6 The director was asked to send a written plan for future staffs' supervision in transporting the children and other
7 activities. The written plan will be sent to our office by the due date of 9/30/2019.

8
9 The facility representative stated that they will ensure compliance with Title 22 regarding mandated reporter
10 training and they make sure all staff have the certificates on file.

11
12
13 The facility representatives stated that they will ensure compliance with Title 22 Regulations regarding the staffs'
14 immunization for MMR, Pertussis and Flu vaccines.

15
16 The facility representatives stated that they will ensure compliance with Title 22 Regulations regarding meeting
17 the requirements for medication expiration dates and label on the medication.

18
19 The facility representative was advised to review the Department's Child Care Video Series at
20 <https://cclld.childcarevideos.org/> including Children's Personal Rights in Child Care Centers.

21
22 The facility representative was advised to refer to safe sleep regulations in childcare and lead poisoning facts on
23 our website at www.cclld.ca.gov

24
25 The facility representatives were also advised to check the Department's website www.cclld.ca.gov for any
26 updates on a quarterly basis and ensure compliance with California Code Title 22 Regulations.

27
28 Continued on page 4

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31
32

LICENSEE SIGNATURE

DATE:



09/18/2019

MANAGER SIGNATURE:

DATE:



09/18/2019

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 4**

NAME AND ADDRESS OF FACILITY:

MISSION VIEJO CHRISTIAN KIDS CLUB
27192 JERONIMO ROAD
MISSION VIEJO, CA 92692

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
300613936	03/26/1993	175	3	840

LICENSEE NAME(S):

FIRST CHRISTIAN CHURCH OF MISSION VIEJO

Licensee has been advised that failure to complete the above agreed upon actions by the dates will result in this Department taking the following action(s):

- 1 Increased unannounced visits to the facility will be conducted by Community Care Licensing for one year to monitor compliance.

3

- 4 If subsequent repeated violations are cited in the future and the Department determines that the facility has violated the law/regulations or is inadequately implementing the approved plans to remedy the facility's noncompliance, the Department, in its discretion, will seek formal legal action.

7

- 8 Upon receipt of this report pertaining to a conference conducted by a local Licensing Agency in which issues of non-compliance are discussed, the Licensee must:

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- 11 1) provide copies of this Non-Compliance Summary to parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months from today's date.

- 13 The Acknowledgment of receipt form (LIC 9224) shall be given to and signed by each parent with copies maintained in each child's file.

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- 16 2) Obtain signature and date from the child's parent/guardian on the Acknowledgement of Receipt of Licensing Reports LIC 9224. A copy of the LIC 9224 was provided.

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- 19 3) Keep a record immediately upon receipt of the completed and signed LIC 9224 acknowledging receipt of this report in the child's file.

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- 23 Facility representatives were advised that a copy of the Non-Compliance Conference report will be forwarded to the resource and referral (R&R) agency per an agreement between CDSS and the R&R network.

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- 27 This report ends here.

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☐ A detailed letter regarding this conference will be mailed to the licensee within 5 calendar days.

LICENSEE SIGNATURE

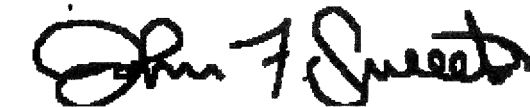
DATE:



09/18/2019

MANAGER SIGNATURE:

DATE:



09/18/2019