SDSU Children’s Center
2016-17 Funding Policy & Procedures
Funding Orientation
Introductions & Welcome

Office Supervisor: Barbara Bowen
Assistant Director: Sara Sanders
General Information

• Direct all funding questions to Barbara or Sara Sanders who have the most knowledge and the ability to assist you.
• Ask Master Teachers about classroom protocol
• Ask any of the classroom teaching team questions about your child’s day.
• Ask Ms. Laurie, Center Food Program Supervisor, questions about your child’s nutrition while at school.

There are two sets of paperwork for new families:

**SET # 1** Funding Paperwork that is e-mailed to you by the Front Desk and should be completed before your certification appointment. You must complete all paperwork required and bring it to your certification appointment. Your appointment will be cancelled if you do not complete all forms as requested. Do not bring children to your certification appointment. This certification appointment happens first before you meet to complete your classroom paperwork.

**SET #2** Classroom Enrollment Paperwork that your Cottage Enrollment Supervisor will e-mail to you or direct you to find on the Center website. A meeting to meet the Cottage Supervisor as well as the Master Teacher in your child’s classroom must be arranged

1. There are three appointments for new families receiving funding, first is an orientation meeting for all families who will receive funding, one to certify your need and eligibility, the last to enroll in the classroom, meet your child’s teachers and tour the classroom.
Need for Care

• Our funding is only available to SDSU student parents.
• Class time. One hour for every hour a parent is in class during the time your child attends. Class time is not given for night classes or for times that your child is not at the center.
• On-line and hybrid classes are given class time as one hour per week per unit.
• Study time. Parent must request study time which is limited
• Work hours during the time your child attends the center.
Need for Care
(Continued)

• If requested, reasonable/limited travel time is available.
• Special arrangements can be made for a parent looking for work. There is additional documentation required. If you fall into this category, please make an appointment to review requirements.
• Limited sleep time for parents working nights is available. If you feel you need this, please ask during your appointment.
• Need due to an incapacitated parent, must be documented by a Physician or qualified health professional is an option. Appropriate forms are available to help you document a need of this type. Please make an appointment to discuss the process in more detail.
Eligibility & Family Size

- Bring reliable documentation indicating the relationship of the child to the parent and any children counted in the family size. This documentation must also include the birthdate(s) of all children in the family.

Documentation may include the following:

a) Birth Certificates  
b) Court orders regarding child custody  
c) Adoption documents  
d) Records of Foster Care placements  
e) School or medical records  
f) County welfare department reports  
g) Other reliable documentation
Family Size (Cont.)

• In one parent families, the absence of the other parent shall be documented by providing one or more of the following:
  a) Records of marriage, divorce, domestic partnership or legal separation
  b) Court-ordered child custody arrangements
  c) Reliable evidence that the parent signing the application is receiving child support payments from that person, has filed for child support with the appropriate local agency, or has executed documents with that agency declining to file for child support.
  d) Rental receipts or agreements, contracts, utility bills or other documents for the residence of the family indicating that the parent is the responsible party.
  e) Any other documentation, including a self-declaration to confirm the presence or absence of a parent of a child in the family.
Income Verification

• Income. Must meet the CDE guidelines for gross monthly income by family size.
• Please provide documentation of all forms of income for the household including but not limited to:
  A. One month's worth of your most recent and consecutive paystubs for all working parents in household. If paid monthly please include two months worth of paystubs. Families with true variable income may need to provide 3 or more months of documented income to demonstrate eligibility in meeting income guidelines.
  B. Financial Aid award letter for all student parents in household.
  C. Child support documentation.
  D. Cash Aid Notice of Action
  E. Unemployment documentation
  F. Social Security Income
  G. Assistance from family members other than in-kind (living at home e.g.)
  H. Documentation of any & all additional forms of income not mentioned here.
Family Fees/Income Continued

- Family fees may be required and are determined by family size, income and monthly schedule.
- All family fees are due in advance of services provided.
- In some cases a credit may be applied for fees paid to other service providers should you need care on days/hour not available and weekends or evenings when the Center is closed.
- Receipt is required and credit is given toward partial pay fees. Parent will still need to pay in advance each month.
- No family fee is charged when receiving CalWORKs cash aid.
- Payment agreements may be arranged for late payments in some circumstances.
Policies & Procedures

• Attendance
  A. Contracted Schedule of Hours
    1. Use your scheduled hours or you may loose them.
    2. If child is absent or sent home sick, please fill out an Absence/Schedule Variance form.
    3. Also document other reasons such as Doctor’s appointments, best interest days, by completing an Absence/Schedule Variance form. Bring documentation for absence whenever possible.
    4. You may change your schedule. Changes must be approved by your Supervising Teacher and not exceed your approved number of hours for care.
    5. Remember: if you are continuously late dropping off or pick up early, you will be asked to reduce your hours of care as your schedule would be reflecting lack of need for longer hours. You would then be required to meet with the Center Director or Assistant Director to discuss a schedule change that better meets your needs.
Policies & Procedures (cont.)

• Signing In & Out

1) Two step process
   a) Computer Sign In/Out with Pin
      i. Helps staff track your attendance
      iii. If missed, you can write time on clipboard at front desk
   b) Classroom Sign in/out sheet
      i. This is the official sign in/out
      ii. Must be real times
      iii. Must have full signatures – MANDATORY
      iv. Signature should not change or be abbreviated in anyway
Consequences of Missing Signatures

- Signatures are required by licensing, the food program and many of the governing agencies that visit our Center. These agencies check to see if the children present are signed in whenever they visit.
- If you miss a signature on a day, we have to document the missing signature and we may not be paid for that day.
- After one missed signature in a fiscal year (July 1 through June 30) you will receive a warning.
- After two missing signatures in a fiscal year (July 1 through June 30) you will receive a second warning and you must meet with the Director or Assistant Director.
- After three missing signatures in a fiscal year parents need to meet with the Director or Assistant Director and you may be dropped from the funded program.
- We also use the sign in sheets for fire drills and emergency evacuations so signing in and out is also a safety issue.
- Missing signatures are also a licensing violation. The center can be cited and fined.
- Most missed days for signatures are the last day of a month, the day of a parent meeting or parent teacher conference, and the last day of a semester or last day before a holiday.
Scheduling

• Available space
  A. Approved by Supervising Teacher
  B. In most cases schedule (Days) from semester to semester stay the same days unless parent requests a change and the space is available to make that change. Families must meet eligibility and need for all days scheduled from one semester to the next.
  C. Make sure to request changes to Supervising Teachers early.

• Schedules:
  A. Monday – Friday
  B. Tuesday & Thursday
  C. Monday, Wednesday & Friday
  D. Alternative schedule, and part day schedules are very rare and only granted for a semester at a time. Must be approved by Supervising Teacher and Director
  E. Full Days are defined as 6.5 hours per day or more and we do not enroll part day schedules in most cases.
Semesters

• Funding Program is generally for Fall and Spring semesters
• Limited Term Service Breaks – Winter break, spring break, summer. Other breaks are granted on a case by case basis in the best interest of the family/child and are rare. Such breaks must be approved in advance by the Center Director.
• Attendance is not guaranteed for these breaks-only when funding and space are available and attendance has been pre-approved by both the Supervising Teacher and your funding consultant.
• Request attendance over breaks with Supervising Teachers early
• Summer requests are taken in April
  1. Programs extending into summer (teaching credential) or requiring summer school have priority
  2. Currently enrolled families who will be students taking summer school at SDSU are next.
  3. If spots are limited the families with lowest incomes will have priority
• Funding paperwork needs to be completed for each semester
Policy on Excused Absences

- Families whose fees are paid either in full or partially from the contracts we have with the State Department of Education are allowed excused absences for the following:

1. Family Emergency – Parent or primary caregiver is unable to bring the child to school due to one of the following reasons:
   a) Death of someone in the immediate family
      2. Copy of obituary or program from services or other like items for documentation
      3. Must okay absences with instructors and maintain student enrollment at SDSU
   b) Hospitalization of someone in the immediate family
   c) Illness or accident that requires child or parent to go the doctor immediately
   d) Incident that involves a police action
   e) Earthquake or other natural disaster
   f) Unexpected transportation issues, i.e. dead battery. A long term
      a) permanent solution should be found back and forth to school and cannot be a long term
      excuse.
   a) Parent must explain Family Emergency otherwise it cannot be excused

2. Illness or quarantine of the child or parent (illness of sibling is not excused).

3. Court ordered visitations
   a) Copy of Court order required
Policy on Unexcused Absences

The following are unexcused absences:

- Failure to submit required documentation for absences
- Child out of class without notification to Center within 3 days of last day of attendance. Parent should call in to the center each absent day.
- Woke up late, running late
- Child did not want to go to school
- The goal is to provide care when families truly need us and maximize the number of families we serve each semester. A family may be terminated for having more than 3 unexcused absences in one fiscal year. Unexcused absences are not reimbursed by CDE and may leave funding unused. Thank you for limiting these absences and helping us serve as many children as possible each semester.
Best Interest Days

4. Best interest of the child must be requested by the parent – due to the busy schedules of student parents we allow limited time off for the following reasons:

a) Limited to 10 days per fiscal year (July 1 – June 30)
b) Special time for a child to be with the parent
c) Special time for a child to be with another member of his/her family such as grandparents or non-custodial spouse
d) Vacation time
e) Leaving early or dropping off late, to spend quality time with your child and/or in the best interest of your child, can be counted as partial use of a best interest day if documented & indicated by parent on Absence Schedule Variance Form. Be clear in your written documents.
f) Religious activities
g) Fill out Absence/Schedule Variance form for all Best Interest Days.
h) If more than 10 Best Interest Days are used the child will be dropped from the funded program.
TERMINATION OF FUNDING

Enrollment may be terminated by the Director for the following reasons:

• 1) Repeated late payment or non-payment of child care fees.

• 2) Students must make satisfactory progress in their training program to maintain their funding eligibility.

• 3) Failure to comply with policies and procedures set forth in the Children’s Center Family Handbook.

• 4) Failure of child and/or family to work within program philosophy and/or guidelines established by Center staff.

• 5) Failure to submit re-enrollment and other required forms by the established deadlines.

• 6) Child’s behavior is considered to be dangerous to the health and safety of self, other children, or staff.

• 7) Repeatedly picking-up the child later than the specified child care contract especially when picking up after the center is closed.

• 8) Child’s needs are unable to be met by the Center’s programming.

• 9) Child’s absence for more than ten (10) days of enrollment period without the office being notified of the nature of the absence within the first ten (10) days of absenteeism.

• 10) Three (3) days of missed signatures or more than Three (3) unexcused absences in one fiscal year.

The Director shall meet with parents to discuss problems that may lead to termination of enrollment. If a resolution cannot be reached, the Director will give parents written notice terminating enrollment at least fourteen calendar days in advance of the effective date of termination. Hearing and Grievance Procedures are available from the Director upon request which describes parent’s rights and responsibilities if their child’s enrollment is terminated.
ABSENT/SCHEDULE VARIANCE FORM

*Please Print Information*

*Attention: If you have a Doctor’s Note, please attach it to this sheet.
In Addition to the note, you must fill out this sheet. Thank you.

Date(s) of Schedule Variance(s): ___________________________
Please Circle One:  
- Absent  
- Early Pick-Up  
- Early Drop-Off  
- Late Arrival  
- Late Pick-Up  

Child’s Name (First and Last Name): ___________________________
Parent’s Name (First and Last Name): ___________________________
Classroom: ___________________________
Reason/Explanation (please be specific):

☐ Best Interest Day
Other: ___________________________

Parent Signature: ___________________________

****************************Office Use Only****************************

☐ Parent phoned  
Staff Signature: ___________________________

Comments: ______________________________________________
_________________________________________________________
_________________________________________________________

• Complete for Absences and Best Interest Days and other excusable reasons such as Dr. Appointments
• Please fill out even when your child is sent home ill
• Turn in then next day you return to the center
• You should fill out these forms without being reminded.
• Office staff will send you a notice by time-key, email, or parent file to notify you of missing form
• Make sure we have current email on file
• Please fill out form as soon as possible
• Have front desk copy if you would like to have proof that you turned forms in.
• We can make copies of Doctor’s notes for you.
• May call front desk to fill out form for you will need to sign it the next time you are back at the Center.
Paperwork Review

• ONLY 10 FORMS
  a) Not all forms need to be filled out by all families
  b) Some families will need to fill out double forms if there are two students in the family or if both parents are working
  c) Funding forms (except for the Contract Schedule of Hours) do not need to be duplicated for multiple children

• Training Verification
  a) Required for all student parents in household
  b) A training verification form needs to be filled out for each institution a student attends

• Allowable Schedule Worksheet
  a) Required for all parents in household
  b) In two-parent households the parent with the least allowable hours is the allowable hours for the child.

• Additional Study Hours Verification
  a) On a case by case bases
  b) Not all students will need this form for any or all classes
  c) Must have a significant/compelling reason to be approved. Being a student parent is not a valid reason
  d) Professor or instructor must sign Extra Study Hours Form

• Class Hours Required Verification
  a) For Class hours that are required but not listed or listed as arranged on the web-portal
  b) For use for internships
  c) Not all students will need this form
  d) Student will need to have professor or instructor complete form and send by email or fax back to the center. Form cannot be delivered by the student since it has to be independently verified.
Paperwork Review (Continued)

- **Work Schedule Verification Form**
  a) Required for all working parents in household
  b) Anytime a parent’s work schedule changes and new Work Schedule Verification needs to be turned in.
  c) Parent submits form to employer and they must return it by email or fax prior to funding appointment. Form cannot be delivered by the student since it must be independently verified.

- **Release of Information Form**
  a) Required for all parents in household
  b) Used to verify work schedule and possibly other need for care documentation.

- **Privacy Notice and Consent Form CD9600A**
  a) This form is a CDE form that asks permission to use your social security number on reports sent to the state.
  b) You are not required to disclose your social security number. There is no penalty if you mark ‘no’ but everyone must fill out the form.

- **Funding Policy Contract**
  a) Basic overview of funding rules
  b) Please note the location of the Parent Handbook online for further information.
  c) If there are two parents in the household, both parents need to initial by each item

- **Self Declaration Statement**
  a) Not all families will need this form
  b) Use this form to explain or notify the center of a change
  c) May be used to declare in-kind income such as room and board or cash from parents

- **Contract Schedule of Hours**
  a) Fill out a schedule for each child
  b) Only use days that the Supervising Teacher has approved
  c) Schedules must be approved by Supervising Teacher and must not exceed allowable hours.
Training Verification Form

- Attach Web-portal printout
- Fill in personal and school information
- Include anticipated completion date for training/education
- Please indicate your ultimate job goal in the professional or vocational goal section. This is not a degree goal.
- Fill out class schedule from web-portal using the abbreviated class name, i.e. Bio 101
- Date and sign the form
- SDSU students do not need to have the registrar stamp this form
- For classes taken at other institutions, their registrar may need to stamp this form but most institutions will not be able to until the class/term has started. Fill out and copy form, attach institutions ‘web-portal’ and bring in unstamped copy of form for your funding appointment. Turn in stamped form as soon as possible.

### INSTRUCTIONS

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Complete all information requested.
2. When completed, take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.
4. Return this form within two weeks to the agency that will provide the child development services.

### AGENCY

Associated Student's SDSU Children's Center

### TRAINING/EDUCATION INFORMATION

<table>
<thead>
<tr>
<th>NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED</th>
<th>TELEPHONE NO.</th>
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<tr>
<td>SDSU</td>
<td>(619) 594-5200</td>
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<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>ZIP CODE</th>
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<tr>
<td>5500 Campanile Drive</td>
<td>San Diego, CA</td>
<td>92182</td>
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### CLASS SCHEDULE (if applicable)

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<th>DAY</th>
<th>TIME</th>
<th>ROOM NO.</th>
<th>COURSE NAME</th>
<th>UNITS</th>
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<tr>
<td>MWF</td>
<td>12:00-12:50</td>
<td>AL 102</td>
<td>BIO 101</td>
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<td>TTh</td>
<td>9:30-10:45</td>
<td>NH 100</td>
<td>SOC 445</td>
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Signature of Parent or Caretaker

Signature and Stamp of Registrar of School/Organization
ALLOWABLE SCHEDULE WORKSHEET FOR FUNDED FAMILIES

Child(ren) Name(s): ____________________  Class: ________  Parent’s Name: ____________________  Parent’s Signature: ____________________

1. **Class Hours:** One hour per hour of class time while child is in child care.
   Hours of class usually translates to one hour per unit. List all classes but please make additional notes for lab, internships or other classes that class times are greater than one hour per unit. 
   Further documentation is required for classes that do not list class times on the web portal print out.

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<th>Class/Units</th>
<th>Times</th>
<th>Days</th>
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   Total units ____________________  Total Class Hours ________________

2. **Class Hours:** Class time while child is not in child care.
   Hours of class usually translates to one hour per unit. List all classes but please make additional notes for lab, internships or other classes that class times are greater than one hour per unit.

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<th>Class/Units</th>
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   Total units taken when Children’s Center is closed ____________________

3. **☐ Please check if Parent Requests Study Hours:** Up to two* hours per unit per week of study time is allowed per class if requested by parent. Need for additional hours for study time must be requested by the parent and documented by filling out an Extra Study Hours Form signed by the instructor/professor to approve extra hours up to 3 hours per unit per week. Physical Education classes may require syllabus and/or instructor documentation to show the need for study time, otherwise PE class study times may not be granted.

   Total units ____________________  X * ____________________  =  ____________________  Study Hours ________________

4. **Work hours while your child is at the center:** List your work schedule and separate out travel time (limited) if needed. A work schedule Verification form must also be filled out and signed by your employer.

   **☐ Please check if Travel Time is requested by parent** (limited) ____________________

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<th>Monday</th>
<th>Tuesday</th>
<th>Work Hours</th>
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<td>Wednesday</td>
<td>Thursday</td>
<td>Travel Time</td>
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<td>Friday</td>
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<td>Total Hrs Allowable for care ________________</td>
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   **Your child cannot be scheduled any more hours than the Total Hours Allowable for the parent with the least allowable hours.**

   Notes: Adjustments/ Schedule changes need to be made if your class or work schedule changes during the semester. School and/or work schedules for both parents living in the household must be submitted.
• Parents need to request study time by checking the box on the Allowable Hours Form
• By requesting study time you are allowed 2 hours per unit per week
• On-line classes – same
• Additional study hours are very unusual & are approved on a case by case basis. You must have a compelling reason to request extra study hours and have professors sign an Additional Study Hours Form.
• Maximum study hours are 3 hours per unit per week.

Dear Professor/Instructor,

The Associated Students Children Center at San Diego State University is providing subsidized care for the child or children of the student listed below. Our program is funded through the California State Department of Education, Child Development Division and we are required to independently verify the student parent and/or other parent’s work and or school schedule in order to assess their need for childcare. The state allows two hours of study time per unit, per week if requested by the student parent. However, on a case by case basis, with verification from the instructor and a compelling reason or basis for the extra hour per unit per week for a specific class, extra study hours may be granted to the parent if approved by the provider.

Student Name: ____________________________________________________________

Instructor/Professor Name: __________________________________________________
Title: ________________________________________________________________

Phone: __________________________ Email: __________________________

Course: __________________________ Semester/Year: __________________________
Units: __________________________

Basis/Reason for requesting extra study hours: __________________________________________

______________________________________________________________

By signing below, this verifies that the given course, per instructor approval, requires at least one additional hour for study time per unit per week for the student listed above for the basis/reason listed above, allowing a total of three hours per unit per week. Please feel free to add to or comment on the basis/reason for requesting extra study hours above and/or on the back of this form.

Instructor’s/Supervisor’s Comments: __________________________________________

________________________________________

Supervisor/Instructor Signature: __________________________ Print Name: __________________________________________

*Note: Since this information needs to be independently verified, it can only be accepted if faxed or emailed back to the center. The student cannot hand deliver this form to the Children’s Center or it will require further documentation.
CLASS HOURS

• Everyone may not need this form.
• It is used to document hours required for a class that are not listed on your web-portal printout.
• Additional required Lab Hours
• Additional required volunteer hours
• Arranged hours for a class
• Form must be filled out and returned to center by email or fax by the professor or instructor
# Work Verifications

Each working parent in household needs to complete this form

- Re-submit anytime your work schedule changes within 5 working days
- If you change jobs you must submit this form within 5 working days
- Variable schedules need to work with your funding advisor for verification
- Employer will need to fill out and fax or email form back to the center prior to funding/scheduling appointment.

Form must be independently verified so the student cannot deliver completed form back to center.

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**AUTHORIZATION TO VERIFY EMPLOYMENT INFORMATION**

Dear Employer:

The SDSU Children Center at San Diego State University is providing subsidized care for the child or children of your employee listed below. Our program is funded through the California State Department of Education, Child Development Division and we are required to independently verify the student parent and/or other parent’s work and/or school schedule including Internship hours, Student Teaching and Volunteer/Lab hours in order to assess their need for childcare. We appreciate your cooperation and ask you to please verify the schedule of your employee listed below and fax or email back this form. The student/employee’s signature on this form authorizes a representative of the A.S. SDSU Children’s Center to contact the instructor, supervisor, and/or employer to verify the information below.

**Employee’s Name:**

By signing below, the employee allows you to release information about his/her employment schedule, pay frequency, pay rate, and employment status.

**Employee’s Signature:**

Date:________________________________________

**Employer to fill out section below:**

**Business Name:**

**Business Address:**

**Street Name**

**City, State**

**Zip**

**Business Hours of Operation:**

**Supervisor/Contact Person:**

**Title:**

**Email:**

**Phone:**

**Fax:**

Pay Schedule (circle one): Bi-Weekly  Semi-Monthly Monthly  Weekly  Unpaid  Other: ________

Work Schedule:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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This work schedule should be in effect until (Date): ________________________________

All Information supplied by Employee/Student verified from above: _____________________

Any Employer’s Comments: ________________________________________________________

Supervisor/Instructor Signature: ____________________________________________

Print Name: __________________________

*Note: Since this information needs to be independently verified, it can only be accepted if faxed or emailed back to the center by the employer. The student cannot hand deliver this form to the Children’s Center or it will require further verification.

Fax: (619) 594-6292

Email: bbowen@mail.sdsu.edu

Alternate Email: dcc_info@mail.sdsu.edu
RELEASE OF INFORMATION

I understand that due to State and Federal regulations Associated Students SDSU Children’s Center (AS SDSU CC) must collect and verify all need and eligibility information in order to determine if a family meets the criteria for subsidized child care services from our center.

I hereby authorize the release of any information deemed necessary by AS SDSU CC to verify my need and eligibility for the subsidized program. This release may be used to verify information with an employer, and educational or vocational training institution, a physician or other legally qualified health professional, clients, business contacts or any other person, agency, or facility from which need and eligibility information is needed as applicable to my child care case.

This release will remain in effect as long as my file with AS SDSU CC remains open.

_________________________________________    __________________________
Parent Signature                                      Date

______________________________________________

Please Print Name
Privacy Form

- This CDE form gives the center permission to use your SSN in reports to the state
- Your choice – YES or NO
- No penalty for saying NO
- If NO we do not use on any other funding forms
- Food Program Form is a different program and the last four digits of your SSN is required on this form.
As a funded family, certain regulations must be followed to maintain your funding. Failure to follow these stipulations may result in the loss of your funding. **Please read and initial by each numbered item below:**

1. Sign in and out daily upon entry and departure of the classroom on your child’s sign in/out sheets with full signatures and “real times” (not rounded times) as well as on the computer sign in system with your child’s assigned pin number. These times should match within a few minutes. If you miss a sign in or out on the computer please write the date and time on the clipboard available at the front desk. Please make sure anyone picking up or dropping off your child enters the pin number on the computer, in addition to the classroom sign in/out sheets (signing with a full signature).
2. The official sign in and out for our funding contract is the sign in sheet in the classroom and is very important in order to keep your funding. **These must be signed with a full signature and “real time” when you drop your child off and when you pick them up. If you forget to sign in or out with the time you will be issued a warning for each missing sign in or out. After five warnings in a semester your funding will be terminated.**
3. You are expected to maintain your contracted schedule of hours requested at the beginning of each semester or contract period. This is important not only to maintain your funded status but also helps us meet our funding contract.
4. If your child is absent please complete an Absence/Schedule Variance Form provided the next day that your child attends. Please make sure to include your child’s name, class, the date and the specific reason for absence. **Describe (in detail) the specific symptoms of your child’s illness (cold, cough, fever, nausea, vomiting, etc.) or reason for absence. Do not just write sick.** Please include a parent signature on the form. Specific details for reason of absence will help determine if the absence is excused or not.
5. The Absence/Schedule Variance Form is also required when you arrive late or leave early or otherwise deviate from your contracted schedule of hours over 15 minutes. This 15 minute grace period may not be used if your child’s is only scheduled for the minimum full day of 6.5 hours and the 15 minutes will put your child under the 6.5 hour minimum, or if the time would occur past the closing time for the classroom. **Please include a parent signature on the form.**
6. You may also call into the front desk and either talk to the office assistant or leave a message on voicemail with all the details in item four for the office assistants to fill out the Absence/Late Arrival/Early Departure Form for you; although, we prefer that the parent fill out and sign the form themselves.
7. Documentation of illness from a physician is required for an extended illness of five days or more; although, we reserve the right to request a doctor’s note in cases that we deem necessary to show that the child is healthy enough to return to care or is no longer infectious. We encourage you to include a doctor’s note/receipt/copy of a prescription whenever your child has an appointment with your physician to be attached to the Absence/Late Arrival/Early Departure form. If a child is out all day for a doctor’s appointment you are also encouraged to provide the receipt and include the illness/reason for appointment on the form. In the event that you have called the Doctor’s office and they either cannot fit your child in for an appointment or they do not feel a doctor’s visit is necessary, the parent can then complete the absence/schedule variance form along with a self-declaration statement (under penalty of perjury) to describe the situation. If you have no health insurance and it would cause a financial hardship to go to the doctor for a visit that you as a parent do not feel is necessary you may also complete a self-declaration statement (under penalty of perjury) to describe the situation, along with the absence/schedule variance form.
8. When turning in schedule variance forms please have the front desk staff make a copy that they date and sign for you to keep for your records for proof that you turned in your form. Any other forms or documentation that you turn in without an appointment should be copied and signed in this manner as well.
9. Absences and early departures/late arrivals due to Parent illness/Parent doctor’s appointments will be excused on a limited basis. Specific details of illness must be documented on the provided form.
10. You must notify your child’s teacher (by phone) each day that your child is absent. Business cards with the classroom numbers are available at the front desk.
11. The contract of scheduled hours you sign for at your scheduling appointment must be justified using the Allowable Hours Worksheet. If you need to request a schedule change please see your classroom supervising teacher as soon as possible and then the office supervisor for funding approval. Remember that if you reduce your schedule, extra hours/days may not be available if you need them later in the semester. Please schedule your child for only the hours you need and will use, within the centers scheduling guidelines and within your child’s allowable hours schedule.
12. Extra hours must be approved by both the supervising teacher for classroom space availability and the office supervisor for allowable hours availability. Documentation for extra hours may be required.
13. Notify us immediately if you have any change in income. This includes money received from AFDC, food stamps, or other assistance programs. **Please keep in mind that any deliberate misrepresentation of information may be considered fraud and subject to prosecution under applicable state and federal laws.**
14. Fill out and return any paperwork completely and in a timely manner. Check your parent file daily.
15. Notify us within five working days if there is any change in your student status or class schedule at SDSU or any other approved educational program. You must notify us in writing within five working days of the change or your funding will be terminated. If the office supervisor is not available, write out a statement that is signed and dated, and marked as received by the front desk and make an appointment with the office supervisor as soon as possible. The front desk can copy your statement and mark your copy as received for your records.

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**Funding Policy Contract**

- **Basic Rules on this form.**
- **Each parent in household must initial by each item.**
- **Review every semester.**
- **Ask questions when needed.**
- **These policies and procedures are approved by the Children’s Center Board.**
SELF DECLARATION

• Use when you need to inform the center of a change.
• Use when you need to explain something.
• Under penalty of perjury.
• Have front desk staff make a copy, sign, & date for your records and proof that you turned form in.
• Make an appointment for changes.

SELF DECLARATION STATEMENT

Date: __________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

I attest that this statement is correct under penalty of perjury

Signature ____________________________     Print Name ____________________________
SDSU Children’s Center Contracted Schedule of Hours

**CHILD’S FIRST AND LAST NAME:**

**PROGRAM (CIRCLE ONE):**
- ACA YR
- SUMMER
- YR RD

**CLASSROOM (NOT COTTAGE):**

**EFFECTIVE DATE(S):**

<table>
<thead>
<tr>
<th>SDSU Affiliated Family:</th>
<th>Non Affiliated Family:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Student ☑ Funded Student ☑ SDSU Faculty ☑ SDSU Staff</td>
<td>☑ SDSU Alumni ☑ Community</td>
</tr>
</tbody>
</table>

If student or funded student checked, please submit your class schedule to verify your student status each semester.

If your status has changed from Non-Affiliated to Affiliated or from Affiliated to Non-Affiliated, please let the front desk know immediately. To change to an Affiliated status please submit a copy of your RED ID Card.

**ENTER ARRIVAL AND DEPARTURE TIMES FOR EACH DAY:**

Please note: This helps to plan our meal counts for each day.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARRIVAL</td>
<td>DEPARTURE</td>
<td>ARRIVAL</td>
<td>DEPARTURE</td>
<td>ARRIVAL</td>
</tr>
</tbody>
</table>

Children scheduled and attending at times noted below will be fed meals in accordance with our Child and Adult Care Food Program:

- Breakfast – 8:30-9:00 am
- Lunch – 11:30-12 noon
- Snack – 2:30-3:00 pm

**Infant Cottage Meal Times**: Breakfast – 8:00-8:30 am Lunch – 11:00-11:30 am Snack – 2:00-2:30 pm

*Note: Infant meal times may be adjusted as needed to meet each child’s individual needs.

Based on the schedule above, please check all meals to be provided while your child is scheduled in the Center:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Breakfast</td>
<td>☐ Breakfast</td>
<td>☐ Breakfast</td>
<td>☐ Breakfast</td>
<td>☐ Breakfast</td>
</tr>
<tr>
<td>☐ Lunch</td>
<td>☐ Lunch</td>
<td>☐ Lunch</td>
<td>☐ Lunch</td>
<td>☐ Lunch</td>
</tr>
<tr>
<td>☐ Snack</td>
<td>☐ Snack</td>
<td>☐ Snack</td>
<td>☐ Snack</td>
<td>☐ Snack</td>
</tr>
</tbody>
</table>

This contract will be in effect for the entire year, including finals weeks for Academic Year families. Changes may be made with notice given the first of the month to be effective the last date of that month (a withdrawal form is required). Schedule increases will be granted if and when space is available and change is approved by the Children’s Center Staff. Funded Families have additional stipulations for need, allowable hours, and schedule changes.

By signing below, I am stating that I understand that this contract for my child is effective until a written change has been completed and approved by the Children Center Staff. All changes must be submitted in writing the first day of the month, effective the first of the following month,