SDSU Children’s Center
2013-14 Funding Policy & Procedures
Annual Orientation for all Families Receiving Funding
Introductions & Welcome

Director: Robin Judd
Assistant Director: Jane-Ann Carroll
Office Supervisor: Barbara Bowen
California Department of Education
CCTR & CSPP Child Care Grants

- Provide free or low cost child care to low income SDSU students.
- Subsidized families must meet the Eligibility and Need Requirements dictated by the California Department of Education.
- Although we are an enrichment program, funding eligible families must complete additional paperwork every semester. Guidelines based on income and allowable hours needed for work and training in an approved educational program such as SDSU must be met.
General Information

- Returning families will have a few forms to update with your Supervising teacher such as an Emergency Form, a Food Program/Meal Benefit form, and a Billing Agreement Form.
- Direct all funding questions to Barbara, Robin, or Jane-Ann who have the most knowledge and the ability to assist you.
- Ask Supervising and Master Teachers about classroom protocol
- Ask any teachers 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:

1. Funding Paperwork that is mailed to you by the Front Desk and should be completed before your certification appointment.
2. Classroom Enrollment Paperwork that your Supervising Teacher will e-mail to you or direct you to find on the Center website.
3. There are three appointments for new families receiving funding, first is an orientation meeting for all families who will receive funding (this meeting is annual), 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. Two hours per unit per week if requested by parent. Additional study hours, although rare, for a total of 3 hours per unit per week may be approved given a compelling reason, on a case by case basis with a signature of the instructor on an Extra Study Hours Requested Form.
- Work hours during the time your child attends the center.
Need for Care
(Continued)

- Travel time is available if parents request it. Reasonable travel time to and from work, class, internships, etc., but no more than 4 hours per day/or ½ of the work/class time requested for that day can be requested by families.
- Parent looking for work. Limited to 60 consecutive days excluding Federal holidays and a maximum of 29 hours per week. Parent looking for work plan and weekly looking for work logs are required.
- Limited sleep time for parents working nights is available if parents request it. One hour of sleep time can be granted for each hour the parent works between the hours of 10:00 pm and 6:00 am.
- Incapacitated parent as documented by a Physician or qualified health professional on form provided by Center through the CDE.
Eligibility & Family Size

- Must show reliable documentation indicating the relationship of the child to the parent and any children counted in the family size.

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.)

- When only one parent’s name appears on the application for funding, then the absence of the other parent shall be documented by providing reliable documentation.
  a) Records of marriage, divorce, domestic partnership or legal separation
  b) Court-ordered child custody arrangements
  c) 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, excluding 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. Family assistance other than in-kind
  H. Documentation of any other forms of income
Income Continued

- Once the total family income and family size is established through required documentation, it will be compared to the CDE Family Fee chart to determine if any family fee will be applied.
- Family fees are determined by family size, income and schedule.
- All family fees are due in advance of services provided.
- Credit is applied for fees paid to other service providers: when not able to meet all the family’s need for child care. Receipt or cancelled check is required and credit is given toward partial pay fees for subsequent billing period.
- No fee for CPS or At Risk if waived in a written referral by a legally qualified professional or the CPS worker.
- No fee if family income is below 40% State Median Income.
- No fee for families receiving CalWORKs cash aid.
Policies & Procedures

• Attendance

  A. Must follow Contracted Schedule of Hours
    1. Stay with-in 15 minutes of your scheduled times
    2. If outside your 15 minutes, must fill out an Absence/Schedule Variance Form
       a) More than 10 tardies and/or partial day unexcused attendance per semester may result in mandatory reduction of schedule.
       b) You may change your schedule if it isn’t working for you. Changes must be approved by Supervising Teacher and not exceed your approved need for care hours.
    3. Exceptions to 15 minute rule
       a) If only scheduled for 6.5 hours (minimum full day), must not go under 6.5 hours
       b) Closing time. If scheduled until 4 pm in the Infant Cottage or 6:00 pm in other cottages, you cannot extend past closing time.
       c) Opening time – Cannot come in before 7:00 am in all but infant cottage.
       d) Infant Cottage – can drop off at 7:45 am if you have class or have to work at 8:00 am, otherwise 8:00 am is the earliest to drop off time.
Policies & Procedures (cont.)

• Signing In & Out
  1) Two step process
    a) Computer Sign In/Out with Pin
       i. Helps staff track your attendance
       ii. Allows us to use less paper – greener – by avoiding daily or weekly sign-in sheets
       iii. If missed, you can write time on clipboard at front desk
       iv. Should be within 15 minutes of scheduled times and close to classroom sign in sheet time
    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 get more abbreviated on sheet
       v. Should be within 15 of scheduled times
Missing Signatures

- When any of our governing agencies visit our Center, they check to see if the children present are signed in.
- If you miss a signature on a day, the CDE will not pay for that day.
- After three missing signatures in a fiscal year (July 1 through June 30) you will be dropped from the funding program.
- We also use the sign in book for fire drills and emergency evacuations so signing in and out is also a safety issue.
- Most missed days for signatures are the last day of a month, the day of a parent meeting, and the last day of a semester.
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 as we do not enroll part day schedules for any family.
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.**
- 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. Three day limit for in-town
      3. Five day limit for out-of-town
      4. May designate Best-Interest days for additional days
      5. Copy of obituary or program from services for documentation
      6. Must okay absences with instructors and maintain student enrollment at SDSU
   b) Hospitalization of someone in the immediate family
      1. Two day limit per incident
      2. Best interest days may be used
   c) Illness or accident that requires child or parent to go the doctor immediately
      1. Two day limit
   d) Incident that involves police action
      1. One day limit
   e) Earthquake or other natural disaster
   f) Unexpected transportation issues, i.e. dead battery, for short period of time-two day limit-a permanent solution should be found back and forth to school
   a) Parent must explain Family Emergency otherwise it cannot be excused

2. Illness or quarantine of the child or parent

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

The following are unexcused absences:

- Failure to submit required documentation for absences within 7 days
- Child out of class without notification to Center within 3 days of last day of attendance.
- Woke up late, running late
- Child did not want to go to school
- Late arrivals or early departures that do not meet excused guidelines, can be marked as unexcused absence.
- 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) Additional time required for family emergency

f) 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.

g) Religious activities
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) Failure to comply with policies and procedures set forth in the Children’s Center Family Handbook.

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

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

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

- 6) Repeatedly picking-up the child later than the specified child care contract.

- 7) Child’s needs are unable to be met by the Center’s programming.

- 8) 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.

- 9) 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 FORMS

- Complete for Absences, Late Arrivals, Early Pick-Ups, Early Drop-Offs, Late Pick-Ups
- Need to 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 will make copies of Doctor’s notes for you.
- May call front desk to fill out form for you you will need to sign it the next time you are back at the Center.

**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):
Fever: ______ Vomiting: ______ Diarrhea: ______
Other: _______________________________________

____________________________

____________________________

Parent Signature: __________________________

****************************Office Use Only**************************
□Parent phoned       Staff Signature: __________________________

Comments: _______________________________________

____________________________
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 un stamped 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.

ASSIGNMENT

Associated Student's SDSU Children's Center

Your Full Name

Your Address

TRAINEE EDUCATION INFORMATION

SCHOOL

500 Campanile Drive

San Diego, CA 92182

DATE THIS TERM BEGIN

DATE THIS TERM ENDS

ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION

PROFESSIONAL OR VOCATIONAL GOALS

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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<td>MWF</td>
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SIGNATURE OF PARENT OR CARETAKER

DATE

SIGNATURE AND STAMP OF REGISTRAR OR SCHOOL ORGANIZATION

DATE
ALLOWABLE SCHEDULE WORKSHEET FOR FUNDED FAMILIES

Child(ren) Name(s): ___________________________ Class: ___________ Parent’s Name: ___________________________ Parent’s Signature: ___________________________

Semester: FALL SPRING SUMMER: (SS1 T1 S2) 
(Circle one) YEAR __________

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.
   - **Class / Units**
   - **Times**
   - **Days**
   - **Hours Per Week**

   (This column and totals column to be filled out by Ofc.Spvr.)

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Total units: ___________________________

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.
   - **Class / Units**
   - **Times**
   - **Days**

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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.
   - **Monday**
   - **Tuesday**
   - **Wednesday**
   - **Thursday**
   - **Friday**
   - **Total Hrs Allowable for care** ___________________________

□ Please check if Travel Time is requested by parent (limited)

**Your child cannot be scheduled any more hours than the Total Hours Allowable for the parent with the least allowable hours.**

Notes: Adjustments to 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.

Hrs. child scheduled per week**: ___________________________

REV. 07/10 BB
STUDY TIME

- 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, entire study hours may be granted to the student 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.

This training/class schedule should be in effect until (Date):

Instructor/Supervisor’s Comments:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

*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.

Fax: (619) 594-2529
Email: sdcceen@ SDSU.edu
Alternate Email: doc_info@mail.sdsu.edu
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

CLASS HOURS REQUIRED VERIFICATION
(Arranged hours not listed on web portal or in addition to those listed on web portal)

Dear Professor/Instructor/Site Supervisor:
The SDSU Children Center at San Diego State University is providing subsidized care for the child or children of your 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 including Internship/Extenship hours, Class Hours, Student Teaching and Volunteer/Lab hours in order to verify their need for childcare. We appreciate your cooperation and ask you to please verify the schedule of your student listed below and fax or email back this form. The student/employee below also by signing this form authorizes a representative of the A.S. SDSU Children’s Center to call, email, or fax the instructor, supervisor, and/or location to verify the information below when necessary.

Student’s Name: ___________________________ Class: ___________________________

By signing below, the Student allows you to release information about his/her employment/training schedule.

Student’s Signature: ___________________________ Date: ___________________________

Instructor/Supervisor to fill out below:

Location/Site Name: ___________________________

Site Address: ______________ Street Name ______________ City, State Zip ______________

Supervisor or Contact Person: ___________________________ Title: ___________________________

Phone: ___________________________ Supervisor/Contact Person email: ___________________________

Additional Contact Person: ___________________________ Title: ___________________________

Phone: ___________________________ Additional Contact Person email: ___________________________

Pay Schedule (circle one): Unpaid Every 2 weeks 2 times per month Monthly Weekly

Schedule:

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<tr>
<th>Monday</th>
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<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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This training/class schedule should be in effect until (Date): ___________________________

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 by the Supervisor/Instructor. The student cannot hand deliver this form to the Children’s Center or it will require further verification.

Fax: (619) 594-6292
Email: bhowen@mail.sdsu.edu Alternate Email: dcr_info@mail.sdsu.edu
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.

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: ___________________________  Please Print

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: ___________________________

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>
</tr>
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</table>

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 employee. The student cannot hand deliver this form to the Children's Center or it will require further verification.

Fax (619) 594-5292

Email: bhowen@mail.sdsu.edu  Alternate Email: doc_info@mail.sdsu.edu
Release of Information Form

Each parent in household needs to complete this form.

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.

CALIFORNIA DEPARTMENT OF EDUCATION
Form CD 8600A, (Rev. 01/04)
Child Care Data Collection
Privacy Notice and Consent Form

The United States Department of Health and Human Services (HHS) is gathering information about families who receive child care assistance. The information will be reported to the California Department of Education (CDE) and then to HHS. The information will be used for research on the status of child care in the United States and will provide valuable data to persons developing child care programs and policies at the state, local, and national levels.

All the information HHS receives about your family and other families will be summed up and reported to Congress every two years. No person or family will be individually identified in reports made to Congress, the Legislature, other governmental agencies, or the public.

To ensure that children and families receiving child care services are counted only once, HHS and CDE are requesting the Social Security Number of the head of the family unit receiving child care assistance. If you do not wish to give your Social Security Number for this purpose, you may still receive child care assistance. Social Security Numbers will help CDE meet HHS reporting requests and state requirements for program statistics. Authority to ask for your Social Security Number for this purpose is stated in Section 98.71(a)(13) of Title 45 of the Code of Federal Regulations, Education Code Section 8261.5, and Section 18070 of Title 5 of the California Code of Regulations. Your decision to provide your Social Security Number is voluntary.

I have been informed of the way my Social Security Number will be used. I understand that if I do not wish to give my number, I can still receive child care assistance.

☐ YES, my Social Security Number may be used: ________________________

☐ NO, I do not wish to give my Social Security Number for this purpose.

________________________  ________________________
Signature of the Head of Household                        Date

________________________
Type or Print Name

You have the right to access records containing your personal information. For information about this system of records, contact the California Department of Education, Child Development Division, 1430 N Street, Sacramento, CA 95814, telephone (916) 445-1607.
Funding Policy Contract

- Basic Rules on this form.
- Each parent in household must initial by each item.
- Review every semester.
- Ask questions when needed.
- We contact our CDE consultant with questions when we need to.
- 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):**

**SDSU Affiliated Family:**  
- Student  
- Funded Student  
- SDSU Faculty  
- SDSU Staff

**Non Affiliated Family:**  
- SDSU Alumni  
- Community

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>
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<td>DEPARTURE</td>
<td>DEPARTURE</td>
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</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:

- Monday  
  - Breakfast  
  - Lunch  
  - Snack

- Tuesday  
  - Breakfast  
  - Lunch  
  - Snack

- Wednesday  
  - Breakfast  
  - Lunch  
  - Snack

- Thursday  
  - Breakfast  
  - Lunch  
  - Snack

- Friday  
  - Breakfast  
  - Lunch  
  - Snack

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._
Funded Family Policy Contract

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 each parent (living in household) 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 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. You can receive only two warnings in a fiscal year (July 1st-June 30th) if you miss a signature for the third time 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. Please include a Doctor’s note/receipt, if you go to the doctor.

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 for more than 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.

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 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. Please include illness symptoms 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 or funding advisor 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 a funding advisor for allowable hours availability. Documentation for extra hours may be required.

13. Notify us within 5 working days if you have any change in income. This includes money received from AFDC, food stamps, or other assistance programs or any other forms of income. 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 or your funding advisor 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 or other administrator as soon as possible. The front desk can copy your statement and mark your copy as received for your records/proof of notification.

16. We require a written notice for withdrawal from the program. There is required paperwork that must be filled out with the Office Supervisor or funding advisor before withdrawing.

17. It is a requirement in two-parent households that the non-student (SDSU) parent either be working or be enrolled in an approved educational program and not be available during the day to care for the child for the child to qualify for funding. Parents are required to notify the center if this applies to their family or if the enrollment/working status of the second parent changes at any time. If the non-student parent is disabled further documentation from a licensed physician is required before being funded.

18. You are required to report to center staff in writing and in a timely manner, within 5 working days in most cases, any change in income, family's situation, work schedule, class schedule, address and/or contact information or anything that may affect your funding eligibility.

19. You must provide a copy of your final grades within 10 working days of receipt for enrolled classes each semester and show satisfactory progress.

20. Additional information forms, funding and parent manuals can be found online at https://as.sdsu.edu.

21. In our efforts to support the Associated Students commitment to sustainability and conservation, we have made our funding manual available online. Please let the front desk know if you would like a printed copy of the funding manual.

Please sign and return one copy to the Front Desk. Keep a copy for your files.

I have read the requirements for funding. I understand that I need to follow these guidelines to maintain my funded status.

Child Name: ___________________________ Child's Classroom: ___________________________

Please Print

Child Name: ___________________________ Child's Classroom: ___________________________

Please Print

Parent Name: ___________________________ Parent Signature: ___________________________ Date: __________

Please Print

Parent Name: ___________________________ Parent Signature: ___________________________ Date: __________

Please Print
Parent Appeal Information Pamphlet

Notice of Action
Whenever an agency makes changes to child care services (for example, by approving or denying services, by changing the approved hours of care, or by terminating services), the agency must notify you by giving you a document called a “Notice of Action” (NOA).

The NOA will:
- Tell you what action will be taken, the reasons for the action and the date on which that action will be taken.
- Specify that you have a right to appeal the action on the NOA if you disagree with it, and provide you with instructions for appealing.

Please keep a copy of your NOA.

What if I disagree with the action on the NOA?
You have the right to appeal.

What is the appeal process?
There are two levels of appeal:
1. A local hearing conducted by a hearing officer who is not involved with the decision; and
2. A state review conducted by the California Department of Education (CDE) of the local hearing decision.

NOTE: A state review by CDE may only be requested, if after going through the local hearing, you disagree with the decision of the agency (as noted on the decision letter from the agency).

This document provides general information regarding the two levels of appeal described above. Please see your NOA and parent handbook for instructions on how to appeal.

Can I continue to receive services during the appeal process?
Yes. When you submit a request for a local hearing within 14 calendar days of the date the NOA was received, you will continue to receive services in accordance with your last service agreement until the appeal process is completed or abandoned.

Your appeal will be considered abandoned if:
- You do not submit a request for local hearing within 14 calendar days of receiving your NOA; or
- You (or your authorized representative) do not attend the local hearing; or
- You do not submit a timely request for the CDE’s review after the local hearing process has taken place.

How do I request a local hearing?
To request a local hearing, you must notify the agency within 14 calendar days of the date the NOA was received. You may:
- Complete the second page of the NOA and mail, fax, deliver, or email a copy to your agency; or
- Submit your request using any other communication method identified in your parent handbook.

Please keep a record of how/when you submitted your request.

You have the right to:
- Review the information in your family data file.
- Have another person (called an "authorized representative") attend the local hearing with you, or on your behalf.
- An interpreter, if needed.
How will the agency let me know when my local hearing is scheduled?
Within 10 calendar days of receiving your timely request, the agency will provide you with a notice telling you the date, time and place of the local hearing.

What happens at the local hearing?
At the local hearing,
• The hearing officer will explain the reason for the NOA.
• You (and/or your authorized representative) will be able to explain the reasons why you think the action on the NOA is wrong.
• You will be able to ask questions about the agency’s decision.
You should bring any documents/information that support why you think the action is wrong.
The hearing officer will make a decision based on the information provided at the hearing.

When will I be informed of the local hearing decision?
Within 10 calendar days after your local hearing, the hearing officer will mail or deliver a written decision letter to you. The decision letter will tell you how to request the CDE’s review, if you do not agree with the decision.

What if I disagree with the hearing officer’s written decision letter?
You have the right to request a review of the local decision by the CDE. The CDE must get your request within 14 calendar days from the date on the local agency’s decision letter.

Your request to the CDE must include the following information:
• A copy of both sides of the original NOA with which you disagree;
• A copy of the written decision letter from the local hearing; and
• A statement (e.g., letter) explaining why you disagree with the local hearing officer’s decision.

You may mail, fax or deliver your request to:
California Department of Education
Early Education and Support Division
Attn: Appeals Coordinator
1430 N Street, Suite 3410
Sacramento, CA 95814
Phone: 916-322-6233
Fax: 916-323-6853

What happens during the CDE review?
If the CDE receives your request within 14 calendar days of the date on the local agency’s decision letter, the CDE will:
• Review the information provided.
• Contact you and/or the agency which issued your NOA if necessary.
The CDE has up to 30 calendar days to make a decision and mail a final decision letter to you and to the agency which issued your NOA.

What happens next?
• If the CDE grants your appeal, the decision letter will include direction to the agency regarding continued services.
• If the CDE denies your appeal, the action on the NOA will become effective.
The CDE’s decision is the final administrative decision and agencies must follow the CDE’s decision.
For further information or to ask a question about the appeal process, please contact your child care agency at:

Parent Appeal Information Pamphlet

California Department of Education
March 2014

Based on:
California Code of Regulations,
Title 5, Section 18116 Et Seq.

This flyer is mandatory only to the extent that it cites a specific statutory and/or regulatory requirement. Any portion of this flyer that is not supported by a specific statutory or regulatory requirement is not prescriptive pursuant to California Education Code, Section 33308.5. For regulations regarding parental appeal rights, see California Code of Regulations, Title 5 (5 CCR), Section 18118 et seq.