SDSU Children’s Center

2018-19 Funding Policy & Procedures

Funding Orientation
Introductions & Welcome

Office Supervisor: Barbara Bowen
Assistant Director: Sara Sanders
Director: Michelle Zamora
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 funding 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 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.
• If requested, reasonable/limited travel time is available.
• Each parent in the household needs to individually qualify for the hours of care that their child receives.
• 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
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. Please bring the entire previous month’s pay stubs and any more current pay stubs as well.

  B. Financial Aid award letter for all student parents in household.

  C. Child support documentation.

  D. Cash Aid Notice of Action/current printout of benefits from the Access Self-Service My Benefits Calwin website for the County of San Diego

  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.
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.
• Payment agreements must be arranged with the Office Supervisor or other available administrator (if OS not available) prior to the fees due date if needed.
• In some cases a credit can be applied for fees paid to other service providers should you need care on weekends or evenings when the Center is closed or at times we cannot offer child care that is needed.
• A receipt is required for any outside care and a 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.
Policies & Procedures

• Attendance

A. Contracted Schedule of Hours

1. Our expectation is that you use your scheduled hours. We may reduce your hours/days for your child’s schedule at your next certification if you do not follow your contract schedule of hours.

2. If child is absent or sent home sick, please completely 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 or other schedule variances whenever possible.

4. Your child’s schedule will be in effect for the next 12 months unless you request a schedule change. Changes must be approved by your Supervising Teacher and the Office Supervisor and cannot exceed your approved number of hours for care.

5. If you are continuously late dropping off or pick up early, you will be asked to meet with the Center Director or Assistant Director to discuss the importance of following your schedule.
Making Progress

• Satisfactory progress is determined by the university and requires that a student parent stay within SDSU standards of being a student. Other non SDSU student parents must keep a 2.0 GPA in the previous semester prior to certification.
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. Must be in blue or black ink
   v. 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 for Thursday or Friday, the day of a parent meeting or parent teacher conference, and the last day of a semester or last day before a holiday.
- Please make sure that any other person who may pick up or drop off your child knows the sign in and out procedure.
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.
  C. Your child’s schedule will remain the same for 12 months after your certification unless you request a change.
  D. You will need to fill out a new schedule each semester even if it does not change.
  E. 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/the Academic School year. The first day of classes to the last day of finals.

• Winter break, spring break, summer families will be scheduled upon request and if there are available space, staffing and subsidized funds. Attendance is not guaranteed for these breaks and only given 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 once every 12 months or if a family requests a schedule change or fee adjustment.

• We may collect your class schedules each semester but no action will be taken in regards to your child’s schedule unless you ask for a schedule change. We request class schedules each semester from both our funded and fee-paying families each semester.
Policy on Excused Absences

Attendance is required for the agreed upon child schedule unless there is an excused absence. The parent must inform the school the day of the absence and fill out an absence verification form upon their return to school. Each absence unless they are consecutive absences for the exact same reason must be done on separate forms. If your child is absent due to an illness, please write ‘child’s name’ and sick. It is your choice to specify a diagnosis or not.

1. A specific illness – any absence or illness lasting five or more consecutive days, requires a doctor’s note. If there are circumstances that will not allow a Doctor’s visit, the parent must write a self-declaration statement explaining the situation. The center may also request Doctor’s notes for excessive absences when applicable.

2. Parent is ill.

3. Quarantine – reason must be provided.

4. Dental, medical, doctor appointment.

5. Family emergency; death, funeral, illness of sibling, unexpected transportation issue. A specific reason must be provided in advance. Limited to three days.

6. Court ordered visitation. A copy of the court order must be provided for the child’s file in order to excuse these absences.

7. Hospitalization of someone in the immediate family.

8. Incident that involves a police action.

9. Earthquake or other natural disaster.

10. Appointments such as WIC or CalWorks that require the presence of the child.

11. The California Department of Education (CDE) will allow only ten (10) “IN THE BEST INTEREST OF THE CHILD” days per fiscal year (July through June). These best interest days are as follows:
   a) Vacation during a normally scheduled time.
   b) Out of town trip.
   c) Child’s birthday or other family celebrations.
   d) Special time spent with a parent or relative.
   e) Religious activities/holidays
   f) Other reasons, clearly in the best interest of the child.

   ➢ Fill out Absence/Schedule Variance form for all Best Interest Days.
   ➢ If more than 10 Best Interest Days are used these will be counted as Unexcused Absences.
Policy on Unexcused Absences

The following are unexcused absences:

• Failure to submit required documentation/Absence Schedule Variance Forms.
• Incomplete absence verification forms.
• Child stayed home for a reason other than illness or excused absence reason.
• Best Interest days greater than the 10 day limit.
• Child did not want to go to school
• Personal business – parent/child overslept, did not feel like coming, or tired.
• The goal is to provide care when families truly need us and maximize the number of families we serve each semester. Unexcused absences in excess of three will be grounds for termination of enrollment from the subsidized program. Termination of subsidized services may also result in termination of enrollment in the Children’s Center if no non-subsidized openings are available. If there are non-funded openings available the terminated subsidized parent may opt to stay at the Children’s Center and pay full fees for child care.
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 especially when picking up after the center is closed.
  
  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 X (x) 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.
Uniform Complaint Procedure

It is the intent of the Associated Student SDSU Children’s Center to fully comply with all applicable laws and regulations. Individuals, agencies, organizations, students and interested third parties have the right to file a complaint regarding the Associated Students SDSU Children’s Center’s alleged violation of a statute or regulation that the California Department of Education is authorized to enforce. This includes allegations of unlawful discrimination (Education Code, sections 200 and 220 and Government Code, Section 11135) in any program or activity funded directly by the State or receiving federal or state financial assistance.

Complaints must be signed and filed in writing with the California Department of Education:

California Department of Education
Child Development Division
Complaint Coordinator
1430 N Street, Suite 3410
Sacramento, CA 95814
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 (if sick please indicate who is sick):

Other: ______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

☐ Best Interest Day

Parent Signature: __________________________________

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

☐ Parent phoned  

Staff Signature: __________________________

Comments: ______________________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________
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
  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 if the family wishes to request a change in schedule, then 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.

• **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

• **Income Reporting Requirement form**
  a) All families need to fill out this form
  b) The original of this form will be given back to the parent for their files, and a copy will be kept in the parents funding file.
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 if their ‘webportal-like’ printout does not include the necessary information. Most institutions will not be able to stamp these forms 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 only if other institution’s ‘web portal’ does not contain necessary information.

### California Department of Education
Early Education and Support Division
Form EESD-9605 (January 2015)
**Training Verification — Parent or Caretaker Attending School or Receiving Training**

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<tr>
<th>Date</th>
<th>Agency Name, Street Address, City, Zip Code, and Phone Number</th>
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<td>Associated Students SDSU Children’s Center</td>
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<td>5500 Campanile Drive</td>
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<td>San Diego, CA 92182-7803</td>
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<th>Date</th>
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| Signature __________________________ |

### Training/Education Information

- **Profession/Vocational Goal (Not Academic Goal)** (E.g. Vocational Goal is to become a teacher.) (E.g. Academic Goal is to obtain Degree or Certificate)
- **Name of School or Organization where training/education is received**
- **Phone Number**
- **Street Address, City, Zip Code**
- **Anticipated Completion Date for Training/Education**
- **Date this Term Began**
- **Date this Term Ends**

**Complete One of the Following**

- Attached is the parent’s course printout form from the training institute.
- Below is the parent’s class schedule with the signature and stamp of the Registrar’s office.

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<th>Day</th>
<th>Time</th>
<th>Room #</th>
<th>Course Name</th>
<th>Units</th>
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**Signature and Stamp of Registrar of School/Organization**

| Date of Signature and Seal |
ALLOWABLE SCHEDULE WORKSHEET FOR FUNDED FAMILIES

Child(ren) Name(s): ________________  Class: ________________  Parent’s Name: ________________  Parent’s Signature: __________________________

Semester: ____________________________

FALL SPRING SUMMER: (SS1  T1  SS2 )
(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.
   
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<th>Class / Units</th>
<th>Times</th>
<th>Days</th>
<th>Hours Per Week</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>Times</th>
<th>Days</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.
   
   Monday ____________________________ Tuesday ____________________________
   Wednesday ____________________________ Thursday ____________________________
   Friday ____________________________

   Work Hours ____________________________
   Travel Time ____________________________

   Total Hrs Allowable for care ____________________________

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

   Hrs child scheduled per week** ____________________________

**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. 

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, extra study hours may be granted to the parent if approved by the provider.

Student Name: ________________________________

Instructor/Professor Name: ______________________

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’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.

Fax: (619) 594-6292
Email: bbowen@mail.sdsu.edu
Alternate Email: dcc_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/Externship 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

Other (explain): ___________________________________________

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 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: bbowen@mail.sdsu.edu Alternate Email: dcc_info@mail.sdsu.edu
**Work Verifications**

Each working parent in household needs to complete this form

Re-submit only if/when you would like to change your current schedule or at recertification.

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 ____________________________ Cty, 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>
</tr>
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</tbody>
</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 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 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
Funding 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:

- 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 initial 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.

- The official sign in and out for our funding contract is the sign in sheet in the classroom and is very important requirement of our funding contract. 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. After a second missing signature, parents will need to meet with the Center Director, Assistant Director, or Office Supervisor. Excessive missing signatures may result in the termination of your funding.

- Please make sure that anyone dropping off or picking up understands the sign-in and out procedure and the times your child is scheduled to be dropped off and picked up (and signing with full signature).

- You are expected to maintain your contracted schedule of hours requested at your annual certification or recertification for the following year unless a change is requested by the parent and approved by center staff. To change your child’s schedule you will need to submit updated documentation of hours needed from all parents in the household. Following your child’s schedule is important not only to maintain your funded status but also helps us meet our funding contract.

- Families not using their contracted schedule will be required to meet with the Office Supervisor, Director or Assistant Director to discuss attendance.

- If your child is absent please call your child’s classroom/teacher in the morning to let the teachers know that your child will be absent that day. Business cards with the classroom numbers are available at the front desk.

- 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 reason for absence. You are not required describe the specific symptoms of your child’s illness (cold, cough, fever, nausea, vomiting, etc.) but you do need to indicate who is sick, ie “child’s name sick” or “Parent Mom/Dad sick”. Please include a parent signature on the form. Please include a Doctor’s note/receipt, if you go to the doctor or other documentation for other reasons for absences or other missing school times whenever possible.

- Please fill out an Absence/Schedule Variance Form if you are using a best interest day for your child. No more than 10 best interest days can be used each fiscal year (July 1st – June 30th). Best interest days are only used for absences in the best interest of the child.

- The Absence/Schedule Variance Form is also required when you arrive late or leave early for such things as being sick (sent home early) or a doctor’s appointment or other excused absence reasons.

- You may also call the front desk and either talk to the office assistant or leave a message on voicemail with all the details 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.

- Documentation of illness from a physician is suggested 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 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 documentation of a doctor’s visit and include that the child is sick 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.

- When turning in schedule variance forms you may ask to 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 can be copied and signed in this manner as well if you wish to keep a copy.

- Absences and early departures/late arrivals due to Parent illness/Parent doctor’s appointments will be excused on a limited basis. Please include who is sick on the form and include documentation of a doctor’s visit whenever possible.

- Notify us within 30 days if you have a change in income that exceeds the limit for the funding program. You will receive an Income Reporting Requirement Form with these limits when you
SELF DECLARATION

• Use when you need to inform the center of certain information.
• 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):
Acad Yr  Summer  Yr Rd

CLASSROOM (NOT COTTAGE):              EFFECTIVE DATE(S):

SDSU Affiliated Family:  
☐ Student  ☐ Funded Student  ☐ SDSU Faculty  ☐ SDSU Staff

If your status has changed from Non-Affiliated to Affiliated or from Affiliated to Non-Affiliated, please fill out a change form immediately.

To change to an Affiliated status please submit a copy of your RED ID Card.

Non Affiliated Family:  
☐ SDSU Alumni  ☐ Community

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:

Monday  Tuesday  Wednesday  Thursday  Friday
☐ Breakfast  ☐ Breakfast  ☐ Breakfast  ☐ Breakfast  ☐ Breakfast
☐ Lunch  ☐ Lunch  ☐ Lunch  ☐ Lunch  ☐ Lunch
☐ Snack  ☐ Snack  ☐ Snack  ☐ Snack  ☐ 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’s Center Staff. In most cases changes must be submitted in writing the first day of the month, effective the first of the following month unless otherwise approved.

Parent/Guardian Signature                      Date

Supervising Teacher Signature                      Date

FS Approved by Office Manager          Reviewed and Updated by Parent/Guardian:    Date:    07/2017