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Provider Handbook

Children are the only future the human race has... ...teach and treat them well

January 2007

Acknowledgements

This handbook is the result of collaboration between and among CCRC staff. Staff members reviewed copy to assure that the information provided to readers was current per publication date.

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Child Care Resource Center
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INTRODUCTION AND WELCOME

Welcome to the Child Care Resource Center (CCRC). We are pleased that you are interested in becoming a subsidized child care provider. CCRC is committed to promoting optimal child development and family well-being through access to quality child care. One way the agency does this is through partnerships with child care providers like you. Working together, we will improve the lives of children and families in Los Angeles County.

Handbook Purpose

The *Provider Handbook* will guide you, the subsidized child care provider, in your work with CCRC. The handbook includes information about:

- CCRC background, mission, values, programs and services
- Terms and definitions you may hear or read as a CCRC provider
- How subsidized child care works
- Your relationship with CCRC as an independent contractor
- Your rights and responsibilities as a provider
- Subsidized child care programs
- CCRC departments, functions, and services
- Policies, procedures, and regulations you must follow
- Important issues for child care providers
- How to work with parents
- Resources to help you provide quality child care services
- Complaint policy and procedure for parents and providers
- Provider termination

When you have a question, turn to your handbook.

- The *Table of Contents* in the front will help you to find what you need.
- The *Index* in the back can also help you to find what you need.
- The *Appendix* includes forms and other materials with which you will be working.
- If you are not able to find what you need, please call CCRC. Contact numbers are on pages 56, 57 in your handbook.

If you are not able to find what you need, please call CCRC:

818/ 756-3360
(Sherman Way /Van Nuys)

818/ 256-1000
(Balboa/ Northridge)

661/949-0615
(Antelope Valley)

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Mission Statement:

CCRC promotes optimal child development and family well being through access to quality child care, family support, economic development and community education.

In summary, this handbook is for you and all providers who share the Child Care Resource Center vision of promoting optimal child development by improving the quality of child care. The handbook provides information about the procedures, rules, and regulations of CCRC, and the expectations and requirements of the agencies that fund subsidized programs. It offers guidance and resources to enhance the quality of care you provide. The *Provider Handbook* is your guide to success as a CCRC provider. CCRC welcomes you.

Child Care Resource Center Background

Beginnings

Child Care Resource Center (CCRC) began as a volunteer organization in 1975. After it was incorporated in 1976, it began to offer Resource and Referral (R&R) services. When the California Department of Education (CDE) awarded CCRC a grant in 1976, the agency began to provide subsidies to low-income parents to help with child care costs.

Mission Statement

The mission statement is the basis for everything CCRC does. Every program, every person, and every event stems from and supports the mission statement. Please read it.

Organizational Values

The organizational values guide the way CCRC conducts business, how employees treat the public, and how the agency achieves its goals.

CCRC Values

- We are passionate and committed to our clients, co-workers, and community
- We treat everyone with dignity and respect
- We will act with honesty, integrity, accountability, and responsibility in our daily actions
- We will seek and create new and innovative ways to serve our community
- We live our values through collaboration, teamwork, communication, and mutual support

You now know how CCRC began, and have learned about its mission and organizational values.

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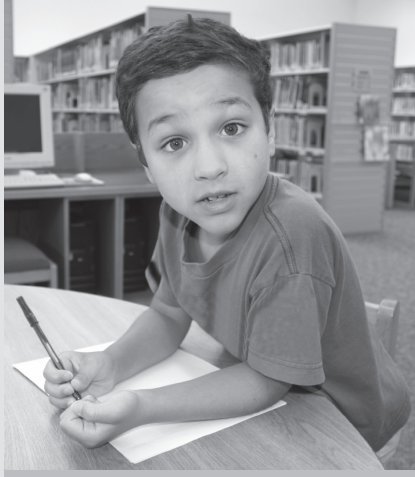

Terms and Definitions

AFDC	Aid to Families with Dependent Children
Attendance Sheet	CDE parent logs child care days and hours used on this form
CalWORKs	California Work Opportunity and Responsibility to Kids
CCC	Child Care Center
CCIP	Child Care Initiative Project
CCL	State of California Community Care Licensing
CCRC	Child Care Resource Center
CCSA	Child Care Service Agreement: CCRC agreement with CDE provider
CD	Child Development
CDE	California Department of Education
CEL	Lists families interested in a program, but not enrolled due to funding. (See p.21.)
CMU	Contract Monitoring Unit: CCRC department that reviews files for compliance
CPS	Child Protective Services: System of intervention for child abuse and neglect
CWSS	CalWORKs Support Services: CCRC department that works with Stage I program
DCFS	Department of Children and Family Services: Oversees county and community agencies that implement child welfare programs
DPSS	Los Angeles County Department of Public Social Services
DSS	Department of Social Services
ESL	English as a Second Language
GAIN	Greater Avenues for Independence: A program that provides employment, training, education, and job placement to families who receive cash aid
Fee Schedule	CCRC form on which provider lists charges for child care services
FLSA	Fair Labor Standards Act: Sets rules and standards to protect workers
FCCH	Licensed Family Child Care Home
FCCN	Family Child Care Network

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Terms and Definitions

Fiscal Year-CCRC	July 1- June 30
FSS	Family Support Services:CCRC department that works with CDE parents
IEP & IFSP	Individual Education Plan and Individual Family Services Plan
LEP	License Exempt Project
MVSC	Monthly Variable Schedule Calendar: Stage I parents who are on a variable schedule list monthly schedule of approved activities on this form
NDR	Notice of Documents Required: Lists documents required by parent
PP	Provider Payments: CCRC department that handles provider payments
PPR	Provider Payment Request: Stage I providers claim child care days/hours used on this form
Provider Notification	Notification to CDE provider of approval, changes or termination. A green notification indicates approval
QA	Quality Assurance: CCRC department that resolves complaints
R&R	Resource and Referral: CCRC department that handles provider referrals, training and support, contracting, and more
RMR	Regional Market Rate: Maximum rate CCRC can authorize; set by CDE
Sectarian Care	Religious instruction is provided during child care hours
SNAP	Special Needs Advisory Project (See page 24.)
ST1-01	CalWORKS Stage I Child Care Request document
ST1-12	Approval notice/authorization for Stage I parent
TANF	Temporary Assistance to Needy Families; also known as cash aid
TB test	Tuberculosis test
Trustline	California registry of exempt providers who have passed background screening
VSF	Variable Schedule Form: CDE parents who are on a variable schedule list monthly schedule of approved activities on this form
W-9	IRS Tax form: Request for taxpayer number and certification

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CCRC/Provider Relations and Expectations

Independent Contractor

When you become a CCRC subsidized child care provider, you are an independent contractor. This means that:

- You work for yourself, you do *not* work for CCRC;
- You are *not* an employee of CCRC;
- You are *not* an agent of CCRC.

Understanding Subsidized Child Care

Understanding how subsidized child care works will help you to understand your role as an independent contractor.

How Subsidized Child Care Works

- CCRC contracts with the California Department of Social Services (CDSS), the Los Angeles County Department of Public Social Services (DPSS), and the California Department of Education (CDE) for subsidized child care funds
- A family applies to CCRC for a subsidized child care payment program
- The family qualifies and enrolls in a CCRC program
- The family chooses you as its child care provider
- CCRC *contracts* with you, and pays you to provide the family's child care

Important Reminders!

- You are an independent contractor. You do not work for CCRC, and are not their agent.
- CCRC does not provide references for any reason – loans, employment, etc.
- Please do not attempt to use CCRC as a reference.
- Please do not use CCRC logo on any of your literature.

Definition of Subsidized Child Care:

When the government pays for or contributes to a family's child care costs, it is known as subsidized child care.

Provider Rights and Responsibilities

As an independently contracted child care provider, you have rights and responsibilities.

Your Rights

- As long as you meet CCRC, county, state, and federal requirements for subsidized child care programs, you may control the way you provide and carry out the contracted child care services
- You may hire employees to assist you with your child care services
- You may terminate or fire employees

Your Responsibilities

- You are responsible for all child care related expenses
- You must provide supplies and equipment, such as high chairs, cribs, etc.
- You shall pay when and as due income taxes you owe on CCRC payments to you
- You shall carry required liability and other insurance for your type of program
- You shall supply your employees with required insurance coverage such as Social Security, unemployment insurance, and worker's compensation

  Note: You and your employees do not qualify for CCRC insurance benefits. You will hold CCRC harmless for any negligent acts committed by you or your employees, including any injuries to children.

Important Insurance Information for Providers!

- Family Day Care law requires Family Day Care providers to carry $300,000 annual liability insurance.
- If you are NOT a FCCN provider, you may operate without this insurance, if you have a signed "Affidavit Regarding Liability Insurance for Family Day Care Home" statement in your files for each family with children in your care.
- If you are a FCCN provider, you MUST have this insurance FCCN: CCRC selects family child care homes to be included in the Family Child Care Network of approved providers, if they meet CDE standards. See pages 13-15.

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Statement of Confidentiality

In accordance with federal laws, regulations, and orders relating to confidentiality, the Child Care Resource Center shall keep all records and information confidential. CCRC may not use, share, or discuss information in the data file related to child care providers, eligibility lists or an enrolled family with anyone, even a relative, *except* under limited circumstances. Records may be shared for:

- Internal communication between CCRC and funding agencies
- Research or an audit by:
  - State and federal agencies, including the Internal Revenue Service and the Franchise Tax Board
  - Funding agencies
  - Independent auditors
- Investigations of suspected child abuse
- A court order for CCRC to release the information
- Other: You give *prior* written consent

You must sign a release to allow CCRC to share your information with family members or others you authorize. The release must indicate the names of family members or others to whom CCRC may release information and must include the time period/dates that the release covers.

Equal Opportunity

CCRC offers its programs and services to eligible families on a non-discriminatory basis. It provides equal access without regard to sex, sexual orientation, gender, ethnic group, race, ancestry, national origin, religion, color, or mental or physical disability. According to the Uniform Complaints/Grievance Procedure, all complaints/grievances must be in writing. If you have a discrimination question, contact the Child Care Resource Center Customer Support Information Manager at CCRC corporate office. See contact information, page 56, for address.

CalWORKs:
California Work Opportunity and Responsibility to Kids

DPSS:
Department of Public Social Services

CDE:
California Department of Education

CCRC SUBSIDIZED CHILD CARE

In this section, you will learn about CCRC subsidized child care programs.

I. CalWORKs Child Care Program

The CalWORKs (California Work Opportunity and Responsibility to Kids) Child Care Program helps Welfare to Work parents who require child care in order to move off cash aid (TANF) and into the workforce. CalWORKs has three stages of subsidized care funded through the Los Angeles County Department of Public Social Services (DPSS) or the California Department of Education (CDE).

A. CalWORKs Stage I

1. *The Department of Public Social Services (DPSS) funds Stage I.*
2. Stage I Description - Stage I subsidized child care serves families when they enter the CalWORKs program. The parents must provide documents to verify their eligibility and must have a qualifying need for child care.
   a. Eligibility—the family/parent:
      i. Is on cash aid (TANF)
      ii. Has an eligible child under 13 or with special or exceptional needs
   b. Qualifying Need—Parent is:
      i. Working or seeking work
      ii In school or a vocational training program
      iii. Seeking permanent housing
      iv. Incapacitated (This can only be a need for a secondary parent)
   c. GAIN must approve all activities except employment, and may approve other activities (See page 6 for GAIN definition.)
   d. Stage I ends when the parent demonstrates stability in the approved activity, or is no longer receiving cash aid (TANF)

B. CalWORKs Stage II (C2AP)

1. *The California Department of Education (CDE) funds Stage II.*
2. Stage II Description - When a CalWORKs Stage I family demonstrates stability in work, school, or child care, CCRC moves the family into CalWORKs Stage II (C2AP). To participate, the Stage II parent must maintain eligibility requirements and have a qualifying need for child care services. The parent must provide documents to verify eligibility.
   a. Eligibility —The parent/family:
      i. Has a gross monthly income based on family size that is at or below 75% of the state median income.
      ii. Is receiving cash aid (TANF) or has been terminated within the last 24 months
      iii. Has a child under 13, or with exceptional needs
   b. Qualifying Need—The parent is:
      i. Working or seeking work
      ii. In school or training
      iii. Incapacitated
      iv. Seeking permanent housing

C. CalWORKs Stage III (C3AP)

1. *The California Department of Education (CDE) funds Stage III.*
2. Stage III Description - CCRC moves a family into CalWORKs Stage III during the 24th month after they have been terminated from cash aid (TANF). There is no time limit for Stage III as long as funds are available. To participate, the parent must continue to meet the eligibility requirements and have a qualifying need.
   a. Eligibility—The parent/family:
      i. Has a gross monthly income based on family size that is at or below 75% of the state median income
      ii. Has received cash aid (TANF) in the past, but has not received it <u>within the last 24 months</u>
      iii. Includes a child under 13, or with exceptional or special needs

C2AP:

CalWORKs Stage II

C3AP:

CalWORKs Stage III

CAPP:

Alternative Payment Program

FCCN:

Family Child Care Network

b. Qualifying Need—The parent is:
   i. Working or seeking work
   ii. In school or vocational training
   iii. Incapacitated
   iv. Seeking permanent housing

II. Alternative Payment Programs

A. CAPP

CAPP is a CDE alternative payment program. CCRC enrolls families from the Centralized Eligibility List (CEL) into CAPP during an open enrollment period. (See page 21, item "B2" for CEL information.) The parent must meet eligibility requirements and have one qualifying need.

1. Eligibility —The parent/family:
   a. Has a gross monthly income based on family size that is at or below 75% of the state median income
   b. Was referred by Child Protective Services
   c. Has a child under 13, or with exceptional or special needs
2. Qualifying Need—The parent is:
   a. Working or seeking work
   b. In school or vocational training
   c. Incapacitated
   d. Seeking permanent housing

B. Family Child Care Network (FCCN)

FCCN is a CDE state-funded program that emphasizes early learning and a high-quality environment in a licensed and approved child care home. The program serves eligible families with children ages 0-5.

1. Before a provider's program can be part of FCCN it must be approved
   a. CCRC child development specialists review it to see if it meets FCCN standards and requirements
   b. A program or provider who offers sectarian care may not be approved for FCCN. (Sectarian care –religious instruction is offered during child care hours.)
   c. Child development specialists assess the provider and the program for interactions, curriculum and environment
   d. A FCCN provider must be willing to collaborate with child

development specialists in meeting program goals and in completing children's assessments.

e. If the child development specialists determine that the provider's program meets standards and requirements, is one of (consistently) high quality, and the provider is willing to work collaboratively, the specialists may approve the provider and the program.

2. After CCRC approves a provider and the program for FCCN, child development specialists continue to work with the provider. The specialists:

   a. Assess the growth and development of enrolled children. Information is shared with parents through parent conferences conducted twice a year or more often (at parent's request).
   b. Visit the provider at least monthly to ensure that the program continues to meet state standards. During visits, specialists:
      i. Review the provider, the environment, and the children
      ii. Offer suggestions for program improvement and activities that meet children's needs
      iii. Assist in finding community resources when needed
      iv. Answer questions about the social, emotional, and academic development of the children

3. To enter the Family Child Care Network program, a parent completes an application and is placed on the Centralized Eligibility List (pages 21-22). CCRC contacts the parent when funds are available.
4. To participate in the Family Child Care Network, the parent must meet eligibility requirements and have one qualifying need.

   a. Eligibility —The parent/family:
      i. Has a gross monthly income based on family size that is at or below 75% of the state's median income
      ii. Has an eligible child ages 0-5
      iii. Was referred by Child Protective Services
   b. Qualifying Need—The parent
      i. Is employed or seeking employment
      ii. Is in school or a vocational training program
      iii. Is incapacitated

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If the family has an eligible child, older siblings under age 13, or age 19 if they have exceptional needs may participate.

5. Once the eligible child turns six or enters kindergarten, whichever comes first, CCRC will terminate child care for all children in the family.
6. If a parent qualifies for the program, the parent must select an approved FCCN provider. CCRC coordinates two Family Child Care Networks, one each in the Antelope and San Fernando Valleys. Approximately one hundred FCCN providers serve more than 200 children 0-5 years old.

For more specific information, check with Community Care Licensing (CCL) 310/337-4333.

To be a FCCN Provider, child development specialists must

- Determine that a licensed family child care home has a consistently high-quality program
- Determine that the program meets state standards

You have learned about subsidized child care programs— CalWORKs Stage I, CalWORKs Stage II, CalWORKs Stage III, CAPP and FCCN. Next, you will learn about types of providers who work with CCRC subsidized programs.

Types of Child Care Providers

There are many types of providers. The following information may help you to decide which type best matches your qualifications.

FCCH: Family Child Care Home

I. Licensed Family Child Care Home (FCCH)

Licensed Family Child Care takes place in your (provider's) home. To obtain a license from the Department of Social Services *Community Care Licensing (CCL)*.

A. You must:

1. Complete the CCL application
2. Complete 15 hours of training in *Preventive Health Practices* which includes CPR and first aid

B. You, any assistants and all who live in your home must pass a tuberculosis (TB) screening test.

C. You, your assistants and all persons 18 or older who live in your home must pass a background check that includes LiveScan fingerprinting. Each person must also sign a statement that he/she has never been convicted of a crime other than a minor traffic violation.

D. Your home must pass an inspection and must have a smoke detector and fire extinguisher.

E. If Community Care Licensing (CCL) approves your home, the license will state the number of children for whom you may care. Capacity categories include:

- Up to 8 children
- Up to 14 children with fire clearance

F. For more specific information, check with Community Care Licensing (CCL) 310-337-4333. You may also call CCRC.
Contact numbers are on pages 56, 57.

II. Licensed Child Care Center (CCC)

A licensed child care center is a facility whose building, grounds, director, teachers and other staff meet requirements of Community Care Licensing (CCL). Staff must:

A. Pass a criminal background check including LiveScan fingerprinting

B. Pass a tuberculosis (TB) screening test

C. Complete 15 hours of training in *Preventive Health Practices* which includes CPR and first aid

D. Complete education requirements specified by CCL

III. License-Exempt Center

A center that provides child care for school-age children before and after school and during other times when schools are not in session, such as summer, school holidays or off-track weeks, may be license exempt. Example: When a school district runs the program and employs the staff, the program usually does not need to have a license.

CCCL: Community Care Licensing

CCC: Licensed Child Care Center

IV. License-Exempt Provider

A license-exempt provider is an individual provider who is exempt from licensing. This means that he/she is not required to be licensed by Community Care Licensing. The provider can be a relative, friend or neighbor. Information and guidelines for two types of individual exempt providers follow:

A. Related Exempt Provider

A related exempt provider cares for children of relatives. A related exempt provider may also care for children of one non-related family. *Please note*:

1. If you are a related exempt provider and also care for children of a non-related family, you must be registered with the Trustline Registry (page 18) and have a negative TB (tuberculosis) test within the past year.
2. CDE and DPSS determine the type of relative they define as a related exempt provider.
   a. The California Department of Education (CDE) defines aunts, uncles, and grandparents as related exempt providers (applies to CalWORKs Stages II and III, CAPP and FCCN).
   b. The Department of Public Social Services (DPSS) defines aunts/uncles, great aunts and uncles, grandparents and great grandparents as related exempt providers (applies to CalWORKs Stage I).

B. Non-Related Exempt Provider

A non-related exempt provider cares for children who are not related to him/her. If you are a non-related exempt provider, you may care for children of *one* non-related family, but you must be registered with the Trustline Registry and have a negative TB (tuberculosis) test within the past year.

C. In-Home Exempt Provider

Someone who cares for children in the parent's home is called an in-home exempt provider. *Only* Stage I families may have their children cared for in their own home. An in-home exempt provider may be a related or non-related provider.

CDE:

The California Department of Education

DPSS:

The Department of Public Social Services

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Trustline Registry

What is Trustline?

The Trustline Registry is a database of non-related exempt providers that includes information about the results of background checks of the providers. If you are or plan to become a non-related exempt provider, you must be listed in this registry. The California Department of Social Services maintains the registry. Please note: Some related providers may need to register with Trustline. Refer to items 2a and 2b on page 17 to see if you qualify as a provider who is exempt from Trustline.

How the Trustline Registry Works

- You (non-related exempt provider) submit a Trustline application and complete LiveScan fingerprinting for the Department of Public Social Services (DPSS) background check.
- If the results of your DPSS background check indicate that you have no criminal convictions or child abuse records, DPSS lists you in the Trustline Registry.
- If Trustline Registry is denied, CCRC will terminate its contract with you.
- In some circumstances, a provider may be required to be placed on the Trustline Registry before contracting with CCRC. CCRC will not pay for child care services provided before CCRC has its contract in place with you or while Trustline was in process.
- If you are registered with Trustline and move your child care services you must complete and submit a Trustline change of address form to CCRC.

Trustline Registry Summary

- Trustline is a registry of non-related, license-exempt providers. It includes information about the background checks of the providers.
- If you are an exempt provider who cares for children who are not related to you, you must register with Trustline.
- If you are an exempt provider who only cares for children related to you, you may not be required to register with Trustline. See 2a and 2b at top of page 17.
- If you are exempt from Trustline, you must complete a "Declaration of Exemption from Trustline," and submit it to CCRC.

Why and How a Parent Chooses Child Care

You have learned about subsidized child care programs and the types of providers who work with CCRC subsidized programs. This section explains:

- Why a CCRC parent/guardian may need child care
- Why the parent may choose a specific provider
- How the parent/guardian may find a provider who meets the family's needs

A parent/guardian may need child care because he/she is working, looking for work, attending school or a vocational training program, seeking permanent housing, or is incapacitated as determined by a qualified professional.

Once a parent's need has been identified and the family is certified as eligible for a subsidized child care program, the parent may choose his/her provider. The type of provider may be a family child care home, a licensed center, exempt provider, etc. Some subsidy programs, such as the Family Child Care Network, require the parent to choose from a group of approved providers. A parent selects a provider who will meet the family's needs.

A parent may:

- Want the child to participate in an enrichment program
- Need child care for specific days and times
- Require a specific language
- Need transportation for the child to/from school or home
- Need child care near his/her work, home or the child's school
- Have a child/children with special needs
- Want a family member to care for the child

When a parent is ready to find a provider, CCRC offers free Resource and Referral services. For information about these services, see *Referral Services* in the next section, page 24.

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CHILD CARE RESOURCE CENTER OPERATIONS AND DEPARTMENTS

CCRC serves more than 2.1 million people in the San Fernando, Santa Clarita, and Antelope Valleys of Los Angeles County. A diverse and talented professional staff works in various departments of the organization. Understanding the departments and their functions will help you to know which department to contact about a question or issue.

I. CalWORKs Support Services

CalWORKs Support Services (CWSS) works with both parents and providers

A. CalWORKs Support Services works with Stage I parents. A CWSS case specialist:

1. Works with the family when they enter the CalWORKs program, and later to determine if the family continues to be eligible
2. Offers child care provider referrals to parents when help is needed in locating a provider, and as requested by the parents
3. Sets up the child's schedule and helps with other child care needs

B. CalWORKs Support Services works with providers. The department:

1. Contracts with Stage I providers. This includes discussing rates, schedules and rate changes with the provider.
2. Answers providers' questions related to Stage I authorization

II. Family Assessment and Orientation (FAO)

The FAO Department determines a family's initial eligibility for a California Department of Education (CDE) program according to the guidelines noted:

A. CalWORKs Stage II

1. A family who is currently receiving cash aid (TANF) or who has received it within the past 24 months is eligible for CalWORKs Stage II
2. Once FAO verifies the family's income eligibility, FAO schedules the family for an orientation
3. During orientation
   a. The parent signs and completes the *Confidential Application for Child Development Services and Certification of Eligibility (CD 9600)*

CWSS:

CalWORKs Support Services

FAO:

Family Assessment and Orientation

b. FAO gives the parent an enrollment packet with documents to complete, and encourages the family to complete and submit the documents as quickly as possible
c. FAO provides a list of additional documents needed for certification

4. A 30-day timeline begins from the date the parent attends orientation. During this 30-day period, FAO may approve or deny services.
5. An FAO case specialist helps the family through the final steps of certification and enrollment

CEL:

Centralized Eligibility List

B. Centralized Eligibility List (CEL) Referrals

1. FAO refers a family who is not receiving cash aid (TANF), or who has not received cash aid within the past 24 months to the Centralized Eligibility List. The family completes an application and is placed on the list.

> CEL is a list of families who are interested in subsidized child care services, but they are not enrolled due to lack of funding.

2. When funding for CAPP or FCCN becomes available, FAO generates a list of families from CEL according to CDE priorities:
   a. Child Protective Services referrals have the highest priority
   b. Families with the lowest rank in income—1st percentile are the next priority. A family's income is viewed <u>in relation to family size</u>: If two families have the same income, the family with the greater number of family members has priority.
3. FAO mails parents an invitation to an income screening to determine if the family qualifies for any current openings
4. A parent who does not respond to the invitation is marked as inactive on CEL
5. If a parent attends the income screening and is income-eligible, FAO
   a. Schedules the parent for an orientation
   b. Gives the parent an enrollment packet and Provider documentation. The parent must bring completed documentation to his/her scheduled appointment.

6. During the orientation, an FAO representative reviews parent and Provider packets. A parent with an incomplete packet or packets meets with an FAO specialist to see what items are missing.
7. Parent with complete packets meets with an FAO specialist who helps the family through the final steps of certification and enrollment.
8. When there is no CDE funding available, FAO works with other programs such as Head Start and the School Readiness Initiative.

III. Family Support Services (FSS)

Family Support Services staff monitors a family's ongoing eligibility for California Department of Education programs, including CalWORKs Stage II, CalWORKS Stage III, and Alternative Payment Programs—CAPP and FCCN.

A. The case specialist:

1. Assesses the family's ongoing eligibility and need
2. Determines child care hours and days based on the parent's need
3. Notes changes in child care need
4. Provides requested family support referrals

B. All changes, such as family size, income, address, employment, reason for needing child care or hours/days of care needed, must be reported to the case specialist.

IV. Resource and Referral (R&R)

A. Department Overview

1. An important function of R&R is to provide free referrals to child care providers, whether or not a family qualifies for subsidized child care. If you are a licensed family child care provider, licensed or license-exempt center, you are included in CCRC provider database, which is updated regularly and maintained by the department. R&R makes referrals in accord with the referral policy on page 23.
2. In addition to making referrals, staff answers questions on child development and coordinates child care provider training on professional issues such as licensing, business, marketing, and more. R&R staff also contracts with providers. Managing the *Family Child Care Network* and the *Library* are two more department functions. Information about referral services follows on pages 24-25.

FSS:

Family Support Services

R&R:

Resource and Referral

B. Referral Services - Referrals are available to parents free of charge. R&R provides each family with a list of providers who will meet its needs based upon information parents provide.

C. Referral Policy

1. Child Care Resource Center operates on the basis of parent choice in child care. We believe that parents who have accurate and objective information about available child care options, and are knowledgeable about quality child care are the best ones to evaluate and choose child care for their children. Our service offers parents the opportunity to learn about.
   a. What to look for in a child care setting
   b. Their rights as parents to pursue appropriate and safe care for their children
2. CCRC makes referrals, not recommendations. Our policy is:
   a. To support parental choice in selection of child care services
   b. To refer to licensed providers based on proximity to the parents' stated location preference, age of the child, and times that care is needed
   c. To make every effort to serve parents looking for child care
   d. CCRC staff is not responsible for the fulfillment of child care services
   e. Not to discriminate against any individual or group based on race, creed, religion, national origin, sex, age, handicap or income
   f. Not to release personal information on providers or the families we serve
   g. All personal information received from providers and parents remains confidential unless it involves the immediate health or safety of a child
   h. CCRC reserves the right not to refer providers for child care:
      - Where there is documentation of abuse or neglect
      - When service or place of care has been documented as unsafe and conditions have not been corrected
      - When a facility is not licensed and is not exempt from licensing requirements
   i. CCRC complaint policy is available upon request
   j. CCRC may not allow religious instruction in some programs it administers, such as FCCN

D. R&R staff referral procedure:

1. Asks parents/guardians questions such as child's age, child care schedule, desired location, etc. The information provided allows R&R to offer the best referrals.
2. *Randomly* generates from its database of licensed providers a list of up to 15 providers who may be a match
3. Encourages parents to visit, interview and observe several providers
4. Suggests that parents call CCL to inquire on the status of a provider's license and to see if there are any past or pending complaints
5. Provides parents with tips and tools for selecting a provider, including a pamphlet, *Quality Child Care*, which includes:
   a. A checklist on how to interview providers
   b. Child care regulation information
   c. Other ideas on how to select providers
6. Confidentiality
   a. In accordance with the Child Care Resource Center's confidentiality policy, information gathered during referrals will not be made available to outside sources
   b. The data collected are used to assist state and local agencies to understand and plan effectively to address child care needs in the community
   c. Parents may obtain referrals in person or through the website, www.ccrcla.org.

E. Special Needs Advisory Project (SNAP)

SNAP offers support to parents of children who have special needs. The project

1. Provides enhanced child care referrals
2. Schedules workshops related to special needs topics
3. Offers support, technical assistance, and information to providers regarding inclusion
4. Links families with appropriate community services
5. Upon request, visits providers' programs, to provide technical assistance

F. Library

The library, with branches in Northridge and Lancaster, is open Monday-Friday, 8:00 a.m. – 4:30 p.m., or by appointment. The library:

SNAP:

Special Needs Advisory Project

1. Offers free check-out of
   a. Children's books and toys
   b. Videos and books on nutrition, health, safety, discipline and other topics for providers and parents
2. Helps providers to offer a rich learning environment
3. Helps parents to create a positive family environment
4. Features dramatic play, story, science ideas and a *Scrounge Center* with creative project materials
5. Has a *Story Time* open to parents, providers and children. During *Story Time*, a read-aloud story is followed by a creative project related to the book's theme

G. Provider Support and Training

1. R&R provides guidance, support, and information, and offers training for providers that includes:
   a. How to become a subsidized provider
   b. How to provide quality child care
   c. How to acquire a license from Community Care Licensing
   d. How to find resources such as food program sponsors, grants and loans
   e. How to operate a business, including business record keeping, creating and maintaining family files, and more
   f. How to market your business
   g. Capacity building
   h. The department hosts over 150 workshops and training sessions a year and also plans conferences with colleges and universities.

H. Special Projects and Programs

The Child Care Initiative Project, Licensed Exempt Project, Careers in Child Development Program and Provider Visit Project are four programs that you may consider to help you enhance your skills and program quality. Each program offers support, resources, information, educational or other opportunities to help providers increase program quality.

I. Child Care Initiative Project (CCIP)

1. Assists you in meeting Community Care Licensing (CCL) requirements
2. Provides training in guidance and discipline, growth and development, nutrition, meal preparation, and health and safety

3. Provides access to resources such as fire extinguishers, smoke alarms and first aid/CPR classes
4. Helps you to build a successful and strong business

J. License Exempt Project (LEP)

If you are provider who is already caring for children, but you do not have a license, you may want to participate in this project, which helps you in the following ways:

1. Improves your skills through 16 hours of workshop training related to core modules, including:
   a. The Vital Role of the Provider
   b. Health and Safety
   c. Discipline
   d. Guidance and Family Support
   e. Playing is Learning
   f. Family Literacy
2. Offers technical support, including:
   a. In-home support
   b. Materials from the mobile library
   c. Developmentally appropriate activities
   d. Information on child development
3. To participate in LEP, you must:
   a. Be caring for children as a license-exempt provider
   b. Be willing to participate in the training, and be open to home visits by staff
   c. *If you are an exempt provider, please consider participating in the License Exempt Project.*

K. Careers in Child Development Program offers:

1. Training and educational opportunities in early childhood education
2. Help in meeting the California Commission on Teacher Credentialing Associate *Teacher Permit* and *Teacher Permit* requirements
3. College-level courses in ESL, early childhood and general education
4. This program also offers financial assistance with the cost of registration, books, supplies, transportation, child care, and the application fee for the Associate Teacher and Teacher Permit.

CCIP:

Child Care Initiative Project

LEP:

License Exempt Project

L. Provider Visit Project

1. This ongoing project, which began in May 2005, includes personalized visits to contracted providers by knowledgeable CCRC staff. The 15-45 minute visits, which take place Monday-Friday during business hours, help the providers to understand CCRC operations, and to get to know staff. During the staff visit, each provider receives a "goody bag" with accreditation information, the latest CCRC newsletter, and more. Expected outcomes of visiting the more than 3000 contracted providers include:
   a. Providing educational materials and technical assistance
   b. Working to promote and achieve higher quality care
   c. Gathering information about providers' concerns and training needs
   d. Reviewing child health and safety guidelines
   e. Surveying providers to determine their satisfaction
2. The overall goal of the *Provider Visit Project* is to build a stronger partnership between CCRC and contracted providers. This support helps improve the quality of child care, which is an important part of the CCRC mission.

M. Contracting

In addition to setting up contracts with providers, the contracting staff:

1. Reviews providers to determine if they are eligible for contracting
2. Processes and maintains provider paperwork
3. Notifies providers about changes in contract, schedule, and/or rates
4. Meets with providers to conduct an orientation about contracting requirements, program policies and procedures. The orientations may take place at CCRC or at the providers' sites.

As you can see, Resource and Referral, with its many programs and services, assists providers and parents. In accord with the CCRC mission, the department promotes quality child care through its support, development, and education for parents and early care education professionals.

If you have a question or need help...

Call Resource and Referral

Visit CCRC website: www. ccrcla.org

Send an e-mail to RR@ccrcla.org

If you have a question or need help...

Call Resource and Referral

Visit CCRC website: www. ccrcla.org

Send an e-mail to RR@ccrcla.org

V. Contract Monitoring Unit (CMU)

CMU reviews files to make sure that they meet county, state, and federal regulations.

VI. Provider Payments (PP)

Provider Payments handles payments for all providers—CalWORKs Stage I and CDE: CalWORKs Stage II, CalWORKs Stage III, CAPP, and FCCN. The department:

A. Mails Stage I Provider Payment Requests and CDE attendance sheets
B. Instructs providers on how to fill out the PPR and attendance sheets
C. Processes provider claims for child care services
D. Helps providers understand payments
E. Issues payments to providers
F. Resolves payment disagreements

VII. Quality Assurance (QA)

A. QA supports other departments in providing high-quality service to providers and parents. Its goals are:
   1. To handle provider, parent, or public complaints (See policy page 53)
   2. To solve problems
   3. To improve CCRC operations
   4. To reduce the number and type of complaints
B. Suspected Fraud
   1. Quality Assurance takes claims of suspected fraud seriously, and refers reports or observations of suspected fraud to the appropriate authorities.
      a. If you deliberatively file incorrect information to receive payment, you are committing fraud.
      b. If a parent deliberately files incorrect information in order to receive subsidized services, the parent is committing fraud.
   2. CCRC expects you to complete paper work accurately and truthfully.
   3. The agency holds you responsible if you receive payment, and holds a parent accountable if he/she receives services by deliberately filing false information or by not reporting important information.

PP: Provider Payments

QA: Quality Assurance

4. *If an issue does not get resolved, call QA, and speak to a QA liaison. If you have any doubts or questions about suspected fraud, please call QA.*

VIII. External Relations

External Relations handles all interactions and communication with the community at large. External Relations has two primary functions:

A. Increase and maintain CCRC community visibility
   1. Shares information about CCRC, its mission, vision and values with community leaders, elected officials, businesses and others
   2. Creates newsletters, annual reports, educational, marketing and informational materials

B. Run CCRC legislative affairs program
   1. Coordinates CCRC Annual Legislative Forum
   2. Serves as CCRC lead spokesperson on federal, state, regional, or local legislative issues, including state and federal budget issues
   3. Develops and recommends policy positions that affect parents, children, and providers, e.g., child development, early childhood, and subsidized services policies

You have learned how CCRC is organized. As you can see, there are many departments whose functions support the success of CCRC and the community. The information in the next section, *Provider Operations,* will assist you with the day-to-day issues you face as a child care provider.

Stay informed!

Visit the CCRC web site today: www.ccrcla.org

Read the newsletter on-line.

Follow the link to the Provider section on the web page: www.ccrcla.org

PROVIDER OPERATIONS

What You Need to Know

This section of the handbook will help you with day-to-day provider operations. As you develop your program and routines, it is important that you take into consideration issues you face as a child care provider.

I. Parent/Child Issues

As a provider, before you begin caring for a child, you need to discuss:

A. Authorized Pick-Up and Emergency Contact Persons

1. Authorized Pick-Up: Ask each parent to provide a written list of the persons he/she authorizes to pick up the child. (Until you know and recognize the authorized person(s) request photo identification before releasing a child.)
2. Emergency Contact: Ask each parent to provide a *written* list of emergency contact persons he/she authorizes to pick up the child. (Unless you know and recognize the authorized person(s) request photo identification before releasing a child.)

B. Medical Authorization – Ask each parent to provide:

1. *Written* authorization for you to take the child to the doctor or emergency room
2. The name, address and phone number of the child's doctor, and insurance information
3. *Written* authorization for you to give medication to the child, including child's name, medication, and time(s) you need to give medication
   Reminder: Label medications and keep them out of the children's reach.

C. Other Issues to Discuss with Parents

1. Allergies - Ask the parent/guardian if the child is allergic to foods, insect bites, medication, or other items. Keep a list of food allergies near the food preparation area.
2. Meals and Snacks - If you do not provide food, let the parent/guardian know that he/she needs to bring meals and snacks for the child. Find out the time the child usually eats.
3. Naps/Rest Periods - Ask the parent/guardian about the child's nap and rest period routines.

4. Forms - Review the forms that need to be completed by you and the parent/guardian in order to participate in subsidized child care programs.
5. CCRC Fee-Related policies - Review the fee-related policies on page 42-43.

D. Provider Policies – Discuss your policies on:

1. Fees
2. Hours of operation
3. Expected pick-up time and late pick-up consequences
4. Provider closures/dates you do not operate
5. Vacation
6. Termination (Initiated by parent or provider)

II. Reporting Suspected Child Abuse

A. Reporting Requirements for Suspected Child Abuse

1. Child care professionals are *mandated* reporters of child abuse. This means that you *are required by law* to report any knowledge or suspicion of child abuse or neglect to authorities.
2. If you do not file a report, you are violating California law (Penal Code Section 11166). Since you have broken criminal and civil law, CCRC may terminate its contract with you.

B. Reporting Procedure – How to Report Suspected Child Abuse or Neglect

1. If you know of or suspect child abuse or neglect, have questions, or need a reporting form:
2. Call the Department of Children and Family Services (DCFS) Child Abuse Hotline **1 (800) 540-4000**
3. Complete and file a written report within 36 hours. Call the local police department for *urgent or emergency situations.*_____ (fill in your local #).

Child Abuse Hotline:

1 (800) 540-4000

Remember!

- If you know of or suspect child abuse or neglect you must file a report.
- You do not need to investigate or prove anything.
- If you file a report with good intentions, you are protected from civil and criminal charges.
- You may call CCRC first to discuss a situation, but you MUST call the hotline.
- If it is urgent, call your local police department.
- **DCFS Child Abuse Hotline - 1 (800) 540-4000**

C. Recognizing the Types of Child Abuse

There are many types of child abuse. Knowing about the types of child abuse will help you to recognize it. It will also help you to know when to file a child abuse report with the Department of Children and Family Services Child Abuse Hotline or the police.

1. Physical Abuse - This includes hurting a child by hitting, shaking, burning, etc.
2. Sexual Abuse - This includes any sexual contact with a child, using a child for sexual films or prostitution, exposing a child to adult activity, including photographs, videos, etc.
3. Emotional Abuse - This can include repeated threats or insults to control, scare, or embarrass a child, or to damage a child's self-esteem. Emotional abuse may also be called verbal abuse.
4. Domestic Violence - This includes situations that cause children to see, hear, or know about any violent acts in their home.
5. Neglect - This includes ignoring a child's emotional needs for love, attention, etc., or their physical needs for food, clothing, medical care, supervision, etc.

Child Care Resource Center
Quality • Support • Development • Education

CCRC REQUIREMENTS AND POLICIES FOR SUBSIDIZED PROVIDERS

The *Provider Operations* section of the handbook reviews issues you face as a child care provider. This section provides information that you must know as a subsidized provider. It includes CCRC policies, procedures, document requirements, and other regulations for contracting with the provider. It also provides information about county, state, and federal laws and procedures that you must follow.

I. CCRC General Policies for Subsidized Providers

A. You (the provider)

1. Must be at least 18 years old
2. Must receive a *written* authorization that shows effective dates, times and rates before providing care on behalf of a CCRC subsidized program
   a. CCRC sends an ST1-06 authorization to Stage I providers.
   b. CCRC sends a green, Approval Provider Notification to CDE providers. If you provide care before you receive a written notice it is at your own risk—you may not be paid.
3. Must receive a *written* notification ST1-06 or green Provider Notification for ALL changes. Verbal agreements are never acceptable.
4. Must follow federal/state non discrimination laws. You must give equal access to services without regard to sex, race, color, religion, physical/emotional disability, national origin, ancestry, sexual orientation, or medical condition.
5. Must allow parents/legal guardians, and authorized persons access to the children and their records during child care hours
6. Must allow CCRC staff with valid identification access to your facility and children during care hours
7. Must behave professionally. If you threaten violence or display inappropriate conduct against staff or participants, CCRC may terminate you.
8. May *not* provide care for state-funded families if you include religious instruction in your child care program
9. Must provide age and developmentally appropriate child care services
10. Must provide adequate and nutritious meals at appropriate times, if included

11. Must follow licensing laws and regulations, including renewal policies
12. May not receive payment for care if your license is expired, suspended or invalid

B. You May Not Give Gifts to CCRC Staff

CCRC staff may not accept gifts from providers, parents, or vendors. If you wish to show appreciation you may send a "thank you" note to the person's immediate supervisor.

II. CCRC Subsidized Provider Document Requirements

If you meet the requirements and are able to follow CCRC general policies and procedures and the federal, state, county, and other regulations noted, you may become a subsidized provider. To contract with CCRC, you must complete, sign, submit, and update as needed all documents requested by CCRC. You must submit original documents; faxed copies are not accepted. Additional document information follows:

A. When completing forms:

1. Use blue or black ink
2. Do not use white out or correction tape

B. Refer to checklists in the Appendix to see which documents you must submit for your program.

1. There are five Stage I document checklists for each of the five types of providers:
   a. Licensed Family Child Care Home (Appendix E)
   b. Licensed Child Care Center (Appendix F)
   c. License-Exempt Child Care Center (Appendix F)
   d. Related Exempt Provider (Appendix G)
   e. Non-Related Exempt Provider (Appendix G)
2. There are five CDE document checklists for each of the five types of providers:
   a. Licensed Family Child Care – includes FCCN (Appendix H)
   b. Licensed Child Care Center (Appendix I)
   c. License-Exempt Child Care Center (Appendix I)
   d. Related Exempt Provider (Appendix J)
   e. Non-Related Exempt Provider (Appendix J)

C. Once CCRC receives the correct and *signed* paperwork, the agency will process the information and set you up as a subsidized provider. You may begin providing services as a subsidized provider *after* CCRC sends you *written authorization*.

1. Stage I providers receive a green ST1-06
2. CDE providers receive a green Provider Notification

III. Moving Your Child Care Services to a New Location

The green ST1-06 or green Provider Notification authorized you as a provider based on information you provided. This information included the address of your services; therefore, if you plan to move your services or to open another site you must notify CCRC.

A. Call at least 14 calendar days *before* the move date. CCRC will ask if you plan to provide care at the new address.

B. If you plan to continue, you must update your paperwork

1. CCRC will send you documents to complete
2. CCRC will not pay you until you have turned in updated paperwork

C. If you are a non-related exempt provider you must submit:

1. Trustline *Change of Address* Form
2. *Health and Safety Self-Certification* for the new location
3. W-9 showing new address
4. Other documents as required by the specific program with which you are contracted

D. If you are a related exempt provider you must submit:

1. *Declaration of Exemption from Trustline* (blue form)
2. W-9 showing new address
3. Other documents as required for the specific program with which you are contracted

E. If you are a licensed provider you must also

1. Notify Community Care Licensing
2. Apply for a new license if you plan to continue child care
3. Submit a copy of your new license as soon as you receive it

F. CCRC may be able to pay you according to the effective date on your license if you have submitted all other documents required by CCRC on time. (CCRC holds you accountable for your tardiness but not for a CCL delay.)

1. W-9 showing new address
2. Other documents as required by the specific program with which you are contracted

G. If you would like to become a temporary license-exempt provider while waiting for your license

1. When you call CCRC about your move, ask for a license-exempt provider document packet.
2. If you submit all required exempt provider documents *before* you move, you may continue child care services as an exempt provider while waiting to receive your new license.

Remember!

- While you are acting as an exempt provider, exempt provider regulations apply
- You may contract for just one non-related family
- Your rates will be based on exempt provider rates
- You will be paid from the date CCRC receives all documents

H. If you do not plan to continue child care at the new location, you must:

1. Contact CCRC at least 14 calendar days before you move
2. Provide the names of the child or children you will terminate
3. Provide your new address and a W-9 so that CCRC may mail any final payments and income tax forms to you

CCRC Provider Payment Policy and Procedure

I. Rate Approval

A. Rate Approval Process

As you know, CCRC must approve your rates and authorize you as a subsidized provider *before* you begin subsidized services. The rate approval process follows:

1. You submit documents to CCRC for review
2. If you are a Stage I provider, submit an ST1-05/*Parent/ProviderService* Agreement for each family in your care. This lists the rate you will charge for the child/children. CCRC must approve a separate ST1-05 for *each* family.

3. If you are a CDE provider, submit a fee schedule (page 37-38). CCRC must approve your fee schedule.
   a. Your rates for all CCRC subsidized families must be the same
   b. Your rates cannot be more than rates you charge non-subsidized families CCRC will request proof that the rate is the same. This may include a brochure or flyer.
   c. If your rates are higher than the Regional Market Rate ceiling (page 37-38) you may arrange for the parent(s) to make up the difference. (CCRC cannot authorize rates that are more than the RMR.)
   d. Co-payments: When you arrange for a parent to pay you the difference between your rate and the rate CCRC authorizes, it is called a co-payment.

Reminder about Co-payments!

The agreement you make with a parent to co-pay the difference between your rate and CCRC authorized rate is between you and the parent. CCRC is not responsible for co-payment arrangements between you and the parent.

RMR:

Regional Market Rate

B. Regional Market Rate (RMR)
   1. The RMR, which is set by the California Department of Education (CDE), is the maximum rate CCRC will pay you. It may increase, decrease, or stay the same at any time.
   2. CDE sets the RMR, but CCRC applies it based on:
      a. Geographic area
      b. Authorized child care hours (full time, part time, etc.)
      c. Your payment schedule – hourly, daily, weekly, monthly
      d. Age categories – under 2, 2 - 5, 6+
         i. Rates may decrease as the child changes age categories
         ii. Rates for children the same age may vary due to each parent's activity (ies) and schedule.

C. Completing the Fee Schedule (required for CDE providers)
   1. Fill in the *Fee Schedule* in blue or black ink; do not use pencil
   2. Provide all the requested information
   3. If you make an error, neatly cross it out and initial it. Do not use white out or correction tape.

4. Attach your facility brochure/flyer that includes your schedule of fees or a rate chart on letterhead to the form. Please complete all other information on the fee schedule.
5. Sign and date the fee schedule
6. See Appendix for exempt and licensed provider fee schedules.

D. Rates for a Child with Exceptional Needs

If you care for a child with exceptional needs or a severe disability, you may qualify for a special rate.

1. How to Apply for a Special Rate
   a. You must:
      i. Complete the *Provider's Statement for Special Needs Request* stating the additional services and accommodations required to care for the child
      ii. Submit documentation demonstrating how caring for the child will result in ongoing financial impact to you
   b. The parent must:
      i. Work with his/her case specialist who will provide the required documents and instructions
      ii. Submit an Individual Education Plan (IEP) or an Individual Family Services Plan (IFSP), dated within the past 12 months to the case specialist. This plan must be renewed annually.
      iii. Complete the top portion of the *Doctor's Statement for Special Needs Request*, have the child's doctor complete the medical information, and sign the form. The parent must return the completed form to CCRC within ten (10) business days.
   c. A child development specialist will review documents to see if they meet state and CCRC guidelines for an exceptional needs or severely disabled rate.

The Americans with Disabilities Act (ADA) is a federal civil rights law that protects children and families with special needs. The law states that the parents of children with special needs are entitled to have access to all child care facilities; both centers and family day care homes. As a child care provider you are required to consider caring for and accommodating children with disabilities on a case by case basis.

IEP:

Individual Education Plan

IFSP:

Individual Family Services Plan

2. Authorizing Subsidized Care for an Over age Child with Exceptional Needs
   a. The parent may use the documents listed on page 38 to request care for an over age child who has exceptional needs.
   b. The IEP or IFSP and the Doctor's Statement for Special Needs Request (from a legally qualified profesional) is sufficient to approve child care for an over age child for both Stage I and CDE programs. This documentation must be renewed annually.

E. Rate Changes

Once CCRC approves your rates, they remain in effect unless:

1. The state lowers the RMR. If this happens, your rate will be lowered.
2. The state increases the RMR. If this happens, depending on your rate on file, your rate may be adjusted up to the new ceiling.

F. Rate Change Request

1. You may make a rate change request once during the fiscal year, July 1-June 30.
2. CalWORKS Stage I providers:
   a. Submit new ST1-05 to CalWORKs Support Services (CWSS)
   b. CCRC will send an ST1-06 to let you know if the new rate has been approved.
3. CDE providers – CalWORKs Stage II, CalWORKs Stage III, FCCN, and CAPP:
   a. Submit new Fee Schedule to Resource and Referral, Provider Contracting
   b. CCRC will notify you in writing if your rate change is approved or not. If approved, a copy of the approved fee schedule will be sent to you with a green Provider Notification.

If CCRC Receives Rate Change Request	*If Approved,* **New Rate is Effective**
On or before the 5th of the month	The 1st day of the following month

Example: If CCRC receives the rate change request November 5th, if approved, it is effective December 1st

If CCRC Receives Rate Change Request	*If Approved,* New Rate is Effective
On or before the 6th of the month	The 1st day of the second month

Example: If CCRC receives the rate change request November 6th, if approved, it is effective January 1st.

II. Schedule-Related Payment Policies

The CDE and the County determine child care rates based on their definitions of child care as full time, part time, regular, or premium care. Definitions are subject to change at any time, and could affect the payment rate.

A. Full-Time Care

1. Full-time care rate applies if you provide care for six hours or more per day or 30 hours or more per week.
2. If you provide full-time care, you cannot be paid hourly.

B. Part-Time Care

Part-time care rate applies if you provide care for fewer than 6 hours per day or fewer than 30 hours per week. If you provide part-time care, you cannot be paid daily.

C. Regular Care

A regular care rate applies if you provide care during regular work hours, M - F, 6:00 a.m. – 6:00 p.m.

D. Premium Care

1. If you provide care Monday-Friday, 6:01 p.m. – 5:59 a.m. or Saturday/Sunday, it is considered premium care.
2. If you provide care during both regular and premium hours, CCRC may pay a premium adjustment if requested, depending on the premium percentage of the total number of hours you are authorized to provide care. You must request premium rates if you charge them to private-paying clients; they are not automatically given to you.

E. Maximum Care Hours

CCRC *cannot* pay licensed providers for 24 consecutive care hours.

F. Variable Schedule Information (Usage Only)

CCRC pays for child care hours up to the maximum approved for children whose parents are on a variable schedule.

MVSC:

Monthly Variable Schedule Calendar

PPR:

Provider Payment Request

1. CalWORKs Stage I Providers
   a. If the ST1-06 states that a parent is on a variable schedule, CCRC will pay you only for the hours of care you provide up to the *maximum* hours approved if care is used for work or other approved activity. This may include transportation time to/from the activity.
   b. You must attach a *Monthly Variable Schedule Calendar* (MVSC) to the Provider Payment Request (PPR). A PPR without a MVSC is considered incomplete, is not payable, and will be returned to you.
   c. If a child does not attend child care (is absent), you will not be paid, even if the absence is due to illness or vacation. In addition, you will not be paid for days you are closed.
   d. When you sign the PPR, you certify that the child care was provided for the purpose for which child care was certified. This means that child care used for any reason other than to participate in an approved activity (work, school, training) does not qualify for a subsidized payment. The parent/guardian is responsible for such child care costs. The parent is also responsible for child care that exceeds approved rates and hours.
2. CDE Providers (CalWORKS Stages II and III, FCCN, CAPP)
   a. If your Child Care Service Agreement (CCSA) states you *do* accept children whose parents have a variable schedule and your Provider Notification indicates that a child is on a variable schedule, CCRC will pay you *only* for the hours of care you provide up to the maximum hours approved for the child.
   b. CCRC will pay you only for child care hours used for work or other approved activity. This may include transportation time to/from activity.
   c. CCRC bases the hours of child care need on documentation the parent supplies on the Variable Schedule Form, which states the number of days and hours of participation in the approved activity. CCRC may verify the hours and compare them to the hours of care used.
   d. If child care is used for any reason other than to participate in an approved activity according to an authorized schedule, it does not qualify for a subsidized payment. The parent is responsible for such child care costs.

e. If a child on a variable schedule does not attend child care you will not be paid even if the absence is due to illness or vacation. In addition, you will not be paid for days you are closed.
f. If your Child Care Service Agreement (CCSA) states you do not accept children whose parents have a variable work/activity schedule:
   i. You may *not* care for a child whose parents have a variable schedule
   ii. If you are caring for a child and the parent's schedule changes to variable, CCRC will be required to terminate care with you for that family

G. Temporary Schedule Changes for Sick or Suspended Children

1. Sick Child
   a. If a school-age child attends child care for a full day because he/she is sick and is not able to attend school, please make sure that this is documented on the PPR/attendance sheet. The parent must attach a note stating the reason for the additional hours of care or complete the "Child Absences" section on the reverse side of the PPR/attendance sheet, stating the reason for the additional care hours.
   b. If the child is absent from school due to illness for more than five (5) consecutive approved days, you must submit additional documentation with the PPR/attendance sheet such as a doctor's note or school attendance record.
2. Suspended Child
   a. If a child is suspended from school and attends the child care facility full time rather than part time, please make sure that this is documented on the PPR/attendance sheet. A note on school letterhead stating the reason for the suspension and the dates of the suspension must be attached to the PPR/attendance sheet.
   b. CCRC does not pay for a child (of any age) who is suspended from child care services.

III. Fee-Related Payment Policies

Please discuss the following fee-related policies with each parent/guardian *before* you begin to provide child care services to his/her child (ren)

A. Deposits and Registration Fees

1. Deposits: CCRC does *not* pay deposits or any other type of advance payment to reserve a slot for a child.
2. Registration Fees: CCRC may pay registration fees to licensed family child care homes and child care centers, and to license-exempt centers, if they are within the RMR limits and are not higher than the fees for non-subsidized families.

B. Late Fees

CCRC does *not* pay late fees for a parent whose child is not picked up by his/her scheduled time, or by the close of your business day. The parent is responsible for late fees.

C. Academic and Other School Fees

CCRC does *not* pay:

1. Private or public school-related fees for kindergarten and primary grades, tuition, books, uniforms, etc.
2. For meals, transportation, field trips, or activities that are not included in your basic child care rate.
3. If your center offers a school program, you must have a separate fee schedule for tuition and other school-related fees.

IV. Other Payment Policies and Procedures

A. Exempt In-Home Child Care Providers

Stage I parents act as employers of exempt *in-home* child care providers. They must follow employer-related laws, such as those related to state disability and federal and state unemployment taxes in accord with the *Fair Labor Standards Act*. This is the parent's responsibility; however, as an independent contractor and subsidized child care provider, CCRC expects you to make certain that the parent follows employer-related laws.

B. Child Absences

1. Exempt Providers
CCRC pays exempt providers for actual days child attends care. When a child is absent from your care, you will NOT be paid for any reason

2. Licensed Providers
   a. CCRC pays licensed providers for approved, excused absences only. If a child is absent more than the allowable number of approved, excused absences per fiscal year, the parent will be responsible for payment.

b. CCRC does not pay for unexcused absences. When a child is absent and there is no *specific* reason listed for the absence, the absence is unexcused.

3. Absence Notification Procedure
   a. Call your payment technician or e-mail Providerhelp@ccrcla.org if a child is absent for five (5) consecutive days regardless of the reason for the absence.
   b. You must call within one business day following the five absence days.
   c. If you cannot determine if the child will be returning to your care, CCRC will contact the parent to find out why the child has not been in care.
   d. If CCRC determines that the child will not be returning, CCRC will notify you of the last day of payment.
4. Documenting Absences on PPRs and CDE Attendance Sheets
   a. Stage I Providers
      i. You must note absence on the back of the PPR
      ii. You must state a *specific* reason—cold, flu, court-ordered visit, etc.; writing *sick* is insufficient
   b. CDE Providers
      i. Parent must note absence on the front of the attendance sheet
      ii. Parent must state a *specific* reason on the back. If the absence is due to illness, writing "sick" is insufficient. Examples of absence reasons include cold, flu, fever, court-ordered visit, etc.
   c. All Providers: Do not include hours on the Stage I PPR or times on the CDE Attendance Sheet if the child was not in your care.

C. Monitoring the Use of Child Care
1. CCRC is responsible to funding agencies for monitoring child care use.
2. If the use of child care is consistently different from the approved schedule of days and/or hours, you must notify CCRC. Approved child care hours should match a family's documented child care need.

D. Procedure for Provider Closures and Payments – Days of Non-Operation

If you plan to close your facility (no child care services available), CCRC expects you to notify the parent and CCRC 14 calendar days in advance.

1. Please write *Provider Closed* on the PPR/attendance sheet to let CCRC know the days your facility was closed. This will assure that you are paid correctly for the day(s).
2. Licensed providers only: CCRC will pay you for no more than ten days per fiscal year (July 1-June 30) that your facility is closed if you usually require payments from non-subsidized families in your care. The ten standard days are:

New Years Day	Labor Day
Martin Luther King Jr. Day	Veterans' Day
Presidents' Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
4th of July	Christmas Day

3. A provider may observe any non-operational days not to exceed ten days as listed in their brochure or flyer.
4. **ALL PROVIDERS, PLEASE NOTE:**
   a. Payment for days of non-operation does NOT apply to a child on a usage-only variable schedule. You will not be paid for a day(s) you are closed.
   b. You will only be paid if the day you are closed falls on a child's normally scheduled day.

V. Stage I Authorization and Provider Payment Steps

A. Authorization

1. You submit an ST1-05
2. CCRC approves the ST1-05, and sends you a green ST1-06 verifying form (written notice) with your current authorization. This includes:
   a. Start date - first date you may begin providing subsidized care
   b. End date - last day of authorized period
   c. Hours of authorized child care (approved schedule)
   d. Rate of reimbursement

3. CCRC will not pay for child care services before the start date or after the end date, or for hours not listed on the ST1-06, unless you receive a new ST1-06 extending the authorization.

B. Provider Payment Request (PPR) Procedure

1. CCRC mails you a PPR for each child after care has been authorized
2. From then on, CCRC will send you a PPR by the 1st of each month until the end date for authorized care. If you do not receive a PPR by the 1st of the month, call Provider Payments; ask them why you have not received the PPR; ask them to mail you a duplicate.
3. You must complete a separate PPR for each child. A PPR with information for more than one child will be returned to you.
4. Write the child care days and hours, and the amount you are claiming for authorized care on the PPR.
5. Absences from Child Care: You must note the absence on the back of the PPR and include a specific reason. Writing "sick" is insufficient. Examples of reasons include flu, fever, court-ordered visit, etc.
6. If you provide care for children of parents on a variable schedule, you must attach *Monthly Variable Schedule Calendar* to the PPR for each child.

C. Completing the PPR

1. Review the top pre-printed section for accuracy
   a. If *all* information about you, the parent, and the child is correct, you may complete your portion of the PPR.
   b. If any pre-printed information is incorrect, *do not* correct it. Call the CalWORKs Department to report changes. Please note: Some incorrect information may cause a delay; for example, your address is not current. (*See Moving Your Child Care Services, page 35*)
2. Complete your section of the PPR as follows:
   a. Use blue or black *pen*; do *not* use pencil
   b. If you make a mistake, neatly cross out the mistake with a single line and write the correction. CCRC requires initials of both the parent and provider for all corrections.
   c. Do not use white out or correction tape
3. Sign the PPR

   On the last day of each child care month you and the parent must sign and date the bottom of the PPR:

PPR:

Provider Payment Request

a. Review with each parent the statement that the information you are submitting is true and correct
b. Sign on the provider signature line and date it
c. Have the parent sign on the parent signature line and date it
d. Unsigned PPRs are not payable
e. If a parent leaves your care without a signed PPR and you are not able to reach the parent, attach a letter of explanation to the PPR along with sign-in sheets. Provider Payments will research the matter to determine if the unsigned PPR is payable. This may cause a delay in your payment.

5. Calculate partial weeks
   a. In most months, the first and last weeks are partial weeks
   b. Bill *only* for the days that are in the month you are billing
   c. If you are paid by the week, this may require billing for a percent of the week. Use the chart below as a guide.

How to Calculate Partial Weeks When You Are Paid By the Week

Number of Days in Partial Week	Multiply Your Weekly Rate by the Percents Listed
4 Care Days	Weekly Rate x 80 % or .8
3 Care Days	Weekly Rate x 60 % or .6
1 Care Day	Weekly Rate x 20 % or .2

For anything other than a five day schedule, contact Provider Payments for assistance.

D. Submitting the PPR
   1. Mail or hand deliver the PPR to CCRC *after* the last day of care noted on the PPR or it will be returned to you.
   2. PPR deadlines and payment schedules are printed on the back of the form.

E. Helpful Hints
   1. Fill in the hours and days at the end of each week to assure accuracy.
   2. Complete and turn in PPRs at the end of the current care month.
   3. Make and keep copies of the PPRs for your records.
   4. Make sure that CCRC has your current address. PPRs and checks are mailed to your address that is on record.

5. Use the envelope provided by CCRC to mail your PPR.
6. Call a provider payment technician if you need help completing the PPR or have questions.
7. PPRs will be returned to you for correction and payment delayed
   a. Due to errors, missing information, missing signatures, or missing initials next to corrected information
   b. Crossed out information in the pre-printed section of the PPR
8. PPRs will be paid based on the authorization.
9. If information is incorrect, the payment may be adjusted when CCRC receives the correct information. Examples of incorrect information include:
   a. Hours claimed do not match or exceed contracted schedule
   b. Child's school vacation schedule reported to CCRC is incorrect
10. Each PPR is for an authorized period of time. Please see preprinted dates on the PPR.

VI. CDE Authorization and Provider Payment Steps

(CalWorks Stage II, CalWorks Stage III, FCCN, CAPP)

A. Authorization

1. You must submit a complete provider packet (See Appendix for required documents).
2. Once you have been approved as a provider, CCRC renews the Child Care Service Agreement (CCSA) with you at the beginning of every other fiscal year. For example: If the CCSA is dated July 1, 2006, it will be renewed on July 1, 2008, *unless* CCRC sends you a written notice of a change or termination.
3. CCRC sends you a green Provider Notification with your current authorization. This includes:
   a. Start date – first date you may begin providing subsidized care
   b. End date – last day of authorized period
   c. Hours of authorized child care (approved schedule)
   d. Rate of reimbursement
   e. Note: If no end date is included, this means that the approval is indefinite. If CCRC is going to change or terminate approval, CCRC will mail you written notification.

CCSA:

Child Care Service Agreement

4. CCRC will not pay for child care services before the start date, after the end date, or for hours not listed in the green Provider Notification unless you receive a new notice extending authorization.
5. If you have received a termination date, CCRC will not pay you for services after the termination date unless CCRC sends you a new Provider Notification extending authorization.

B. CDE Attendance Sheet Procedure

1. CCRC will mail you a CDE Attendance Sheet for each child after care has been authorized.
2. From then on, CCRC will send you an attendance sheet by the 1st of the month.
3. If you do not receive an attendance sheet by the 1st of the month, call Provider Payments. Ask why you have not received it, and ask them to mail a duplicate.

C. Completing Attendance Sheet

1. Review the pre-printed section for accuracy.
   a. If any pre-printed information is incorrect, do not correct it. Call the Contracting Department to report changes.
   b. When you have an attendance sheet that has correct pre-printed information about you and the parent, you may complete your section.
2. Complete the attendance sheet as follows:
   a. Use blue or black *pen* only; do *not* use pencil.
   b. If you make a mistake, neatly cross out the mistake with a single line and write the correction. CCRC requires initials of both parent and provider for all corrections.
   c. Do not *use* white out or correction tape.
   d. When a child is absent from child care:
      i. Parent must record all absences on the back of the attendance sheet.
      ii. Parent must state a *specific* reason for the absence in the space provided. Writing "sick" is insufficient. Examples of reasons include *cold, flu, fever, court-ordered visit*, etc.
3. Have parent or authorized person sign attendance sheet
   a. The parent or authorized person must sign the attendance sheet daily using his her full name, indicating actual in and out times.

b. If you pick up/drop off the child at school, you must initial the attendance sheet every day.
c. At the end of the month, the enrolled parent (not a representative) must sign his/her full name at the bottom of the attendance sheet certifying that all dates and times listed are correct. The parent must also date it.
d. You (provider) must also sign and date the bottom of the attendance sheet certifying that the information is correct.
e. An unsigned attendance sheet is not payable and will be returned.
f. If a parent leaves your care without signing the bottom of the attendance sheet and you are unable to reach the parent, attach a letter of explanation to the attendance sheet. Please attach any attendance sheets you may have to support the unsigned attendance sheet. Provider Payments will research the matter to determine if the unsigned attendance sheet is payable. This may cause a delay in your payment.
g. Attendance sheets must remain in your possession at all times

4. Partial Weeks - In most months, the first and last weeks are partial weeks.

How CCRC Calculates Partial Weeks - Five Day Schedule

Number of Days in Partial Week	Multiply Your Weekly Rate by the Percents Listed
4 Care Days	Weekly Rate x 80 % or .8
3 Care Days	Weekly Rate x 60 % or .6
1 Care Day	Weekly Rate x 20 % or .2

D. Submitting Attendance Sheet to CCRC

1. Mail or hand deliver the attendance sheet to CCRC *after* the last day of the care month or it will be returned to you.
2. Deadlines and payment schedules are printed on back of the attendance sheet.

E. Helpful Hints

1. Make sure CCRC has your *current* address. CCRC mails attendance sheets and checks to the address on record.
2. Make sure attendance sheets are completed daily to assure accuracy.
3. If you need help with attendance sheets, call a provider payment technician.
4. Submit completed attendance sheets for the *current* care month at the end of the care month.
5. Make and keep copies for your records.
6. Attendance sheets will be returned to you for correction and payment delayed due to:
   a. Errors or missing information, including hours/days
   b. Missing signatures or initials next to corrected information
   c. No specific reason listed for child's absences from child are
   d. Crossed out information in the pre-printed section
7. Attendance sheets will be paid based on the authorization on the attendance sheet.
8. If the authorization is incorrect, payment may be adjusted when CCRC receives correct information.
9. Examples of incorrect information:
   a. Hours do not match or exceed contracted schedule
   b. Child's school vacation schedule reported to CCRC is incorrect
   c. If you have attendance sheets questions call Provider Payments. (See pages 56-57 for contact numbers.)
   d. Attendance sheets will be paid based on the authorization.

VII. Overpayment Procedure

A. If CCRC overpays you for services, CCRC expects you to return the full amount overpaid to you. If you notice an overpayment, contact the provider payment technician immediately to make arrangements to repay CCRC.

B. If you are currently participating in CCRC subsidized child care program the agency will deduct the amount of the overpayment from your next payment(s) until the full amount owed is paid.

C. If you are not currently participating in the subsidized child care program, and you do not repay CCRC immediately, you must sign an agreement to return the overpayment.

D. If you do not return an overpayment, you may not enroll any children who are subsidized by CCRC.

VIII. Lost Check/Check Replacement

A. If you have submitted your PPR/attendance sheet but have not received a check, call Provider Payments, and they will research the lost check.

B. CCRC will issue you a *Stop Payment and Reissue Check Declaration* form, so that you may request that a stop payment be placed on the check. CCRC will accept requests for replacement checks no sooner than the 5th business day after the check mailing date.

C. If the bank informs CCRC that the check has NOT been cashed:

1. CCRC will place a stop payment with the bank.
2. CCRC will mail you a replacement check within ten (10) business days from the date CCRC received your completed *Stop Payment and Reissue Check form*.
3. If you receive the ORIGINAL check in the mail AFTER you have submitted the stop payment form, DO NOT CASH IT; return it to CCRC.

D. If the bank informs CCRC that the check has been cashed:

1. Provider Payments will contact you to tell you that the check has been cashed, and will ask if you wish to file a fraud claim with the bank.
2. If you wish to file a fraud claim, the bank will issue a claim number and affidavit for you to complete and have notarized.
3. Once CCRC has received your notarized affidavit, the bank will begin an investigation. This may take six (6) weeks to a year, or longer.
4. CCRC cannot issue a replacement check until the bank has notified the agency of the outcome of the investigation.
5. CCRC will notify you if and when the replacement check will be issued.

IX. Fiscal Year

CCRC's fiscal year begins July 1 and ends June 30. You need to report and settle payments, including correcting any payment problems, before the fiscal year ends.

Child Care Resource Center
Quality • Support • Development • Education

PROVIDER COMPLAINTS AND TERMINATION

I. Complaint Policy - CCRC is committed to:

A. Working cooperatively with all providers with whom it conducts business

B. Developing and maintaining professional and supportive relationships with child care providers

C. Resolving all parent complaints and provider/agency disagreements in a courteous and professional manner

II. Complaint Procedure

A. CCRC accepts complaints about providers from parents and the public.

B. CCRC accepts complaints from providers regarding CCRC services. If you have a complaint call a Quality Assurance Liaison.

C. CCRC handles complaints as follows:

1. Documents complaints in writing
2. Helps parents and providers work out differences related to child rearing philosophy or style, business disagreements, and similar situations. If the differences cannot be resolved, CCRC helps the parents make other child care arrangements
3. Refers complaints alleging licensing violations to Community Care Licensing
4. Reports complaints alleging suspected child abuse to the Child Abuse Hotline and/or local law enforcement
5. Suspends referrals to the involved provider, or prevents contracting with new subsidized children, while a complaint is under investigation
6. Resumes participation with and resumes referrals to the provider when notified that the complaint or investigation has been resolved in the provider's favor
7. Attempts to resolve the issue quickly based on policies and procedures
8. Refers complaints about the program and/or staff to the appropriate department manager, coordinator, and/or supervisor

III. Provider Termination

A. Causes for Termination

CCRC reserves the right to terminate you if:

1. You refuse to sign or do not return required CCRC documentation for your basic provider data file
2. You submit fraudulent information or claims
3. You do not give CCRC a copy of your current license
4. You do not comply with licensing requirements including but not limited to, capacity limits
5. Your license has been suspended or revoked by Community Care Licensing
6. You provide care at a location other than the location identified on the license and noted in the provider agreement
7. You do not notify CCRC of new or changed information; for example, you move without notifying CCRC
8. You fail to take or complete corrective action required by CCRC or any governmental agency or authority
9. You are uncooperative with CCRC staff or ask them to commit illegal or unethical acts
10. You or your representative threaten violence or harm, or demonstrate a similar inappropriate behavior against CCRC staff or a participant
11. You fail to comply with any CCRC policy or procedure

B. State Law and Termination

State law does not allow payment of two providers for the same time period.

1. If a parent chooses to end care, remove the child immediately, and begin care with a different eligible provider, the new provider's payment begins on the <u>first day</u> of care.
2. If you require a two-week notice in your child care contract, the parent will be responsible for payment related to lack of notice.

C. Termination without Notice

CCRC, at its sole discretion, may terminate you immediately:

1. For a substantiated claim of abuse or neglect.
2. If Trustline has been denied.
3. For any reason CCRC determines warrants termination.

D. Voluntary Withdrawal from Participation

You may voluntarily withdraw from the subsidized child care program. If you wish to withdraw and you have CCRC subsidized children in your care, CCRC requests that you give parents and CCRC a 14 calendar day notice. This will allow staff and the parents the time make alternative child care arrangements.

E. Follow-Up to Provider Termination

If you have questions about your termination or wish to discuss it, you may call Contracting. See next pages for contact numbers.

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IMPORTANT CONTACT INFORMATION

San Fernando Valley Office

16650 Sherman Way, Van Nuys, CA 91406

CCRC Website: www.ccrcla.org

Email: RR@ccrcla.org

DEPARTMENT / QUESTION / CONCERN	TELEPHONE NUMBER / FAX NUMBER
CalWORKs Support Services	818-756-3365 800-464-9970 Fax: 818-947-7171
Contracting	818-256-1000 Ext. 2555 Fax: 818-256-0087
Family Assessment and Orientation	818-756-3396 Ext. 1997 or 1998 Fax: 818-781-9633
Family Child Care Network (FCCN)	818-256-1000 818-256-0031
Family Fees	818-756-3396 Ext. 1995 Fax: 818-947-7188
Family Support Services	818-756-3396 Fax: 818-947-7177 Fax: 818-947-7173
Provider Payments	818-756-3396 Fax: 818-947-0957
Quality Assurance Liaisons	818-756-3373 888-801-2272 Fax: 818-781-9633
Resource and Referral	818-256-1000 Fax: 818-256-0031 Fax: 818-256-0025

Child Care Resource Center
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IMPORTANT CONTACT INFORMATION

Antelope Valley Office

42281 10th Street West, Lancaster, CA 93534

CCRC Website: www.ccrcla.org

Email: RR@ccrcla.org

DEPARTMENT / QUESTION / CONCERN	TELEPHONE NUMBER / FAX NUMBER
CalWORKs Support Services	661-949-0615 800-464-9970 Fax: 661-957-8667
Contracting	661-949-0615 Fax: 661-726-4328
Family Assessment and Orientation	661-949-0615 Fax: 661-945-2730
Family Child Care Network (FCCN)	661-949-0615 Fax: 661-945-2730
Family Fees	661-949-0615 Fax: 661-945-2730
Family Support Services	661-949-0615 Fax: 661-945-2730
Provider Payments	818-756-3396 Fax: 818-947-0957
Quality Assurance Liaisons	661-261-3126 888-801-2272 Fax: 661-945-2730
Resource and Referral	661-949-0615 Fax: 661-945-2730

COMMUNITY RESOURCES

Child Abuse Hotline	1-800-540-4000
Community Care Licensing	310-337-4333 Fax: 310-337-4360

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AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY DAY CARE HOME

SECTION A:

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)

acknowledge that _____
(Licensee's Name)

the licensee of _____
(Name of Family Child Care Home)

has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)

acknowledge that _____
(Licensee's Name)

the licensee of _____
(Name of Family Child Care Home)

has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association and the liability insurance, if any, of the owner/Homeowner's Association may not provide coverage for loses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or a s a result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

_____ _____
Signature of Parent(s)/Guardian(s) Date

NOTE: The law requires Family Child Care providers to carry liability insurance or bond in the amount of $300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not affect the right of parents to bring legal action against the facility.

SAMPLE

CHILD CARE RESOURCE CENTER

Parent: Enter Time In (AM or PM) when child arrives.

Parent: Enter Time Out (AM or PM) when you pick up your child.

If the provider picks the child up from school, they must enter the time in (PM) and initial.

CERTIFICATE / ATTENDANCE SHEET

This serves as a contract for the certified need for child care. Provider selection is **parental choice.** Quality of care is solely determined and monitored by the parent or guardian.

DATE	DAY	TIME IN/AM	TIME OUT/AM	PROV INIT	PARENT SIGNATURE – IN	TIME IN/PM	TIME OUT/PM	PROV INIT	PARENT SIGNATURE – OUT	TOTAL HOURS
	SUN									
	MON									
	TUES									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
	TUES									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
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	SUN									
	MON									
	TUES									
	WED									
	THU									
	FRI									
	SAT									
	SUN									
	MON									
	TUES									
	WED									
	THU									
	FRI									
	SAT									

Enter the # that matches the day in that month. For example: Feb 1st began on a Tuesday, so you would begin by placing the 1 on the first Tuesday on the attendance sheet and so forth.

If the provider takes the child to school, they must enter the time out (AM) and initial.

Parent must sign the child in on a daily basis.

Parent must sign the child out on a daily basis.

How to Complete An Attendance Sheet:

*Make sure you complete the attendance sheet that corresponds to the appropriate month. For example, childcare provided in February must be completed on a February attendance sheet. *

PROVIDER

I have read and agree to all the program rules printed on the back of this form.

I certify under penalty of perjury, that I have provided child care services as stated on this Certificate/Attendance sheet.

PROVIDER SIGNATURE DATE

PARENTS

1. Sign full signature in blue or black ink each day.
2. Reason for absence must be written & verified on back.
3. Child must be signed in & out daily with accurate times.
4. On last day of month provider and parent must sign and date below in blue or black ink only.

PARENT SIGNATURE DATE

At the end of each month, the Provider must Sign and Date the bottom of the attendance sheet to certify that the information is accurate and true.

At the end of the month, the Parent must Sign and Date the bottom of the attendance sheet to certify that the information is accurate and true.

Child Care Resource Center
Quality • Support • Development • Education

Please indicate the reason why your child was absent. If due to illness, you must specify type of illness. (For example: flu, cold, or cough).

If your child is absent, please indicate the date of absence(s).

Make sure to sign off each day that your child was absent.

Child Absences

DATE	SPECIFIC REASON FOR ABSENCE	PARENT SIGNATURE

INSTRUCTIONS/PROGRAM RULES

1. The child care provider is responsible for ensuring completion of the form.
2. Do not use correction tape or fluid of any kind. Complete in blue or black ink only.
3. This form serves as the child care provider s invoice to CCRC and is only valid in the fiscal year it was issued. No other forms will be accepted.
4. **This form must be signed accurately and completely on a daily basis by the parent. Initials or illegible signatures will not be accepted. MUST SIGN FULL NAME.**
5. **Parents must sign their full name in the signature columns of this attendance sheet. Parents that drop off and pick up children at their provider must sign both columns.**
6. Provider and parent must sign their full name and date the bottom of the front of this form.
7. **All contracted days must be accounted for on the form**. If the child was absent, the specific reason must be recorded above. Sick or ill **are not** specific reasons. If the parent had the day off, indicate that as the reason. Parent signature is necessary for verification of all absences.
8. **The provider agrees to notify Provider Payments when a child is absent for five (5) consecutive days.**
9. At the end of the month, you may bring the attendance sheets to our office or mail them to us at the address below. We recommend that you make a copy of each one to protect yourself against loss in the mail.

Child Care Resource Center
16650 Sherman Way
Van Nuys, CA 91406
Attention: Provider Payments
Phone (818) 756-3396

10. The accuracy and completeness of this form is essential to ensure timely payment. Attendance sheets received with errors or omissions will be returned for correction and/or completion. **The parent and the provider must initial any corrections and/or changes.** Only attendance sheets received complete and error-free will be payable according to the schedule.

Attendance sheets received more than six (6) weeks after the close of the month are no longer eligible for payment and may be returned.

Attendance sheets will be paid according to the following schedule:

Attendance sheets received by the 7th of the month will have payment mailed on the 20th of the same month.

Attendance sheets received after the 7th and by 5pm on the 15th will have payment mailed on the 30th of the same month.

Attendance sheets received after the 15th of the month will have payment mailed on the 20th of the next month.

If you have any questions or concerns, please call your Provider Payment Technician at the phone number listed above.

Child Care Resource Center
Quality · Support · Development · Education

Child Care Services Agreement

This agreement ("Agreement") is between Child Care Resource Center (hereinafter known as "CCRC") and

_____
(Provider/Facility Name) (Tax ID/Social Security #)

_____
(Provider Address)

_____
(City) (Zip Code) (Phone #)

_____
(Care Address, if different from above)

_____
(Director/Owner Name) (License #)

(hereinafter known as "Provider").

The facility is a: ____ Licensed Child Care Center ____ Licensed-Exempt Child Care Center
____ Licensed Family Child Care ____ Exempt Care Provider

____ I DO – or – ____I DO NOT provide religious instruction or worship during childcare hours. (see page 5, #12)

____ I DO – or – ____I DO NOT accept children who have a variable schedule. (see page 6, #11)

The parties recite that:

1. CCRC is a contracting agency authorized to contract and pay for subsidized child care services by the California Department of Education, Child Development Division,
2. The Provider is an independent contractor authorized to provide direct care, supervision and guidance for children enrolled in the Child Care Payment and Assistance Program.
   a. The Provider provides child care services for parents and caretakers of such children, for any part of a day, for less than twenty-four (24) hours.
   b. The Provider is acting in an independent capacity and not as an officer, employee, or agent of CCRC or the State of California.

In consideration of the mutual promises hereinafter contained, the parties agree to the following:

Attendance sheets:

1. Provider is responsible for ensuring attendance sheet completion and accuracy.
   a. Attendance sheets received with errors or omissions will be returned for correction or completion.
   b. Errors and omissions will delay payments.

SAMPLE

Provider/Facility Name:_____

c. Only properly completed and error-free attendance sheets, pursuant to the guidelines in this Agreement, will be paid according to the above schedule. Please refer to the back of the attendance sheet for current completion guidelines.

2. For attendance sheets received more than six (6) weeks after the last day of the month of service, CCRC reserves the right NOT to reimburse for the care and will return the attendance sheets.
3. CCRC preprinted attendance sheets are the ONLY acceptable form of invoice.
4. Attendance sheets for each child will be mailed monthly to the Provider at the care address/provider's home. A mailing address may be used, only if documentation submitted meets agency policies and is pre-approved by CCRC.
5. Attendance sheets indicate the approved hours and schedule for the child.
6. Provider will not change any of the pre-printed information on the attendance sheets. If any information is incorrect, Provider will contact Provider Payments to request that a new pre-printed attendance sheet be MAILED to them.
7. All attendance sheets are to be completed in black or blue INK.
8. Whiteout/Correction Tape/Correction Fluid is not allowed.
9. If a mistake is made, Provider will cross out the incorrect information in pen and write the correct information next to it, and then both PROVIDER and PARENT will initial the correction.
10. Attendance sheets are to remain in Provider possession at ALL times.
11. Attendance sheets are to be signed DAILY by the parent or other adult authorized to drop off and/or pick up the child.
12. The Provider will initial DAILY if Provider picks up/drops off child at school.
13. The PROVIDER and the PARENT will both sign the bottom of the attendance sheets at the end of each month, citing under penalty of perjury that child care services were provided, as stated on the attendance sheet.

CCRC Responsibilities:

1. CCRC may provide technical assistance concerning this Agreement, if requested by the Provider.
2. CCRC shall receive monthly attendance sheets from Provider and will review for accuracy and program compliance.
3. CCRC will be responsible for provider payments ONLY for contracted days and hours as provided in written notice to Provider. CCRC reserves the right to authorize or deny payment for child absences based on specific guidelines.
4. If care is contracted through an unspecified end period, CCRC will notify the provider of the last day of payment.
5. CCRC will remit payments according to the following payment schedule:

ATTENDANCE SHEETS RECEIVED	PAYMENTS MAILED
By the **7th** of the Month	On the **20th** of the SAME Month
After the **7th** and by the **15th** of the Month	On the **30th** of the SAME Month
After the **15th** of the Month	On the **20th** of the NEXT Month.

Provider/Facility Name:_____

Provider Responsibilities:

The status of the Provider under this Agreement shall be that of an independent contractor and at NO time shall the Provider represent himself/herself to be an agent and/or employee of CCRC.

1. Provider will determine the method, details and means of providing and/or performing the contracted services, except that the Provider must comply with all applicable County, State and/or Federal laws, regulations, and requirements, including those imposed on CCRC by the County, State and/or Federal agencies which are hereby delegated to the Provider.
2. Provider shall be responsible for all expenses incurred in association with the performance of the contracted services.
3. Provider shall pay, when and as due, any and all taxes incurred as a result of all CCRC's payments made to the Provider pursuant to this Agreement. All providers who receive payment from CCRC of more than $600 will receive a 1099 tax statement.
4. Provider will supply all tools necessary to provide the required services.
5. Provider or someone on his/her behalf will not threaten violence or harm or any similar inappropriate conduct against CCRC staff or participants. Any such conduct will result in the termination of the Provider's contract.
6. Provider is mandated by the State of California to report to the Department of Children and Family Services (DCFS) any suspected child abuse, which includes physical abuse, emotional abuse, sexual abuse, neglect or any other abuse that may be endangering a child in their care.
7. Provider and/or its employees shall not be entitled to benefits accorded CCRC's employees, including workers' compensation, vacation or sick pay, medical insurance and unemployment insurance. Provider shall be responsible for providing, at Provider's expense and in Provider's name, appropriate insurance coverage for its employees.
8. Provider hereby acknowledges its status as an independent contractor, and, therefore, the provider and/or its employees shall not be entitled to benefits accorded CCRC's employees, including workers' compensation, vacation or sick pay, medical insurance and unemployment insurance.
9. Provider agrees to maintain appropriate insurance coverage and acknowledges that CCRC is held harmless for any negligent acts committed by the Provider, or its employees, including any and all injuries or damages to children entrusted to Provider's care, during the performance of Provider's services.

Right to Inspection and Audit:

CCRC reserves the right to inspect and audit the Provider's compliance with any and all provisions of this Agreement. This right to inspect and audit may be with or without notice to the Provider. The Provider specifically agrees that Provider will fully cooperate in providing any and all information including, but not limited to, documents concerning children being cared for, attendance sheets, and other business records of any kind whatsoever.

For tax purposes, Provider must provide a valid Social Security Number, Employer Identification Number, or Taxpayer Identification Number, which may be verified through the Social Security Administration or other sources.

For compliance with County, State, and Federal regulations, see Attachment A.

Changes to Agreement:

1. CCRC reserves the right to make changes or additions to this contract. Providers will receive written notification of any amendments. CCRC may not require a new contract to be signed with every change or addendum. Written amendments will be considered as received, unless returned by the post office or other currier.

Provider/Facility Name:_____

2. The Provider will report to CCRC plans to move to a new location at least two (2) weeks before the planned move. This Agreement is in effect and applicable ONLY at the location address reported on page 1. When a Provider moves, the Agreement is null and void.
3. A new Agreement will be required, if the Provider wants to provide care at a new location.
4. If relocating, Child Care Payments will be terminated as of the actual date of relocation, and will not begin again until notified in writing by CCRC.

Hold Harmless:

The Provider agrees to indemnify, defend and hold harmless CCRC and the State of California, and each of their officers, agents and employees from any and all losses occurring or resulting to any and all contractors, subcontractors, laborers and any other person, firm or corporation furnishing or supplying work, services, materials or supplies and losses occurring or resulting to any person, firm, or corporation who may be injured or damaged by the Provider or any of its employees in the performance of this Agreement.

CCRC is required by State and Federal regulations, to hold accountable parents and/or providers who receive services and/or payments by misrepresenting or withholding pertinent information. CCRC will develop a plan of action for ineligible care that may range from a repayment plan to prosecution by the district attorney's office.

Term:

This Agreement shall be in effect until 6/30/2008, unless otherwise notified in writing by CCRC. CCRC may at its discretion continue this agreement on a month to month basis after June 30, 2008 by providing Provider with a written notice.

Termination:

This Agreement may be terminated under the following conditions:

Breach of Contract:

Should either party breach any of the provisions in this Agreement, the non-breaching party may terminate this Agreement by giving written notification to the breaching party.

Please refer to the CCRC Complaint Policy for appeal processes.

Specific actions by the Provider that shall constitute a breech of this Agreement include, but are not limited to:

1. Non-compliance with the applicable Community Care Licensing laws and regulations.
2. Submission of false, misleading, and/or erroneous information.
3. Failure to maintain required records.
4. Violation of applicable health, safety, and/or licensing conditions.

Termination of Convenience:

This Agreement may be terminated for convenience by either party by giving written notice. Upon such termination, CCRC will only be obligated to compensate the Provider for allowable costs of performance in accordance with this Agreement through the date service is terminated.

This Agreement reflects and contains all of the agreements, understandings, and representations made between the parties and expressly supersedes any and all other previous agreements or promises.

The Provider may direct any questions to CCRC Provider Payments.

Provider/Facility Name:_____

ATTACHMENT A

For All Providers:

1. The Provider will accept a child on behalf of CCRC only AFTER receiving written authorization from the CCRC. Authorization will include effective dates, times and rates. Authorization will always be provided in writing.
2. The Provider will remain in compliance with all applicable laws and regulations.
3. The Provider will not engage in any form of discrimination as per State regulations.
4. The Provider will comply with the Americans with Disabilities Act (ADA) as per state regulations.
5. The Provider will furnish age and developmentally appropriate child care services.
6. All meals prepared and served by the Provider will be adequate and nutritious and served at the appropriate time during child care hours.
7. The Provider will allow the parents/legal guardians unlimited access to their child(ren), including written records concerning their child(ren), during normal hours of operation and/or whenever the child(ren) is/are in the care of the Provider.
8. The Provider agrees to receive and allow full access to scheduled and/or unscheduled visits by a representative of CCRC during normal hours of operation.
9. The Provider agrees to follow CCRC program guidelines and policies.
10. The Provider agrees to provide CCRC with all required documents BEFORE payments are made.
11. The Provider will report any changes to CCRC promptly.
12. **Religious instruction and worship is prohibited to children whose care is funded by State funds. If you are not sure what program the child is enrolled in you may contact CCRC.**

For Licensed Providers Only:

1. The Provider will remain in compliance with applicable licensing requirements, laws and regulations.
2. The Provider will pay annual licensing fees before expiration. This will include liability insurance compliance as required.
3. The Provider will not accept children above licensed capacity or outside of their licensed age range.
4. The Provider will promptly inform CCRC of any changes in any licensing or approval status.

Rates and Payments:

1. Provider will fill out and submit a completed CCRC Provider Fee Schedule, indicating NO more than the usual and customary rates charged to the general public (families with non subsidized children).
2. Provider will be paid based on CCRC approved rates listed on Provider Fee Schedule in compliance with California Department of Education (CDE) Regional Market Rates (RMR) payment guidelines.
3. CCRC Subsidized Child Care Program does not pay for tuition, book fees or any other related charges for children attending private or public school.

Provider/Facility Name:_____

4. Child Care Centers that have a school program MUST have a separate rate for educational tuition and a separate rate for child care that is the same as their contract with families with non-subsidized children or CCRC will not be able to contract for school age children.

5. CCRC Subsidized Child Care Program does not apply to meals, transportation, field trips, or other special activities that are not already in the Provider's basic child care rate.

6. CCRC Child Care Program does not pay late fees charged to parents whose child(ren) is/are not picked up at the required time.

7. CCRC does not pay deposits or any other type of advance payment to reserve a space for a child.

8. CCRC does not pay for uniforms, caps, shirts, or other items of clothing.

9. All child care payments will be prorated at the beginning and end of the authorized period for child care.

10. For children with a set schedule, licensed providers who have a standard contract requiring payment for absences will be paid based on contracted rates. CCRC may request documentation of this at any time. Exempt care providers will be paid for childcare provided only.

11. For children with a variable schedule, Provider will be paid ONLY for time child attends when parent is in an activity.

12. Provider must notify CCRC every five days when a child is absent.

13. Licensed providers are eligible to receive payment for up to 10 Non-Operation Days per fiscal year. The 10 standard days are:

    - New Year's Day
    - MLK Jr. Day
    - President's Day
    - Memorial Day
    - 4th of July
    - Labor day
    - Veteran's Day
    - Thanksgiving
    - Day After Thanksgiving
    - Christmas Day

    If a provider observes a different Non-Operation Day than the ones above he/she may replace one or more of these days with their specified day, not to exceed 10 days per fiscal year.

14. Provider will NOT receive payment for any days over the ten (10) allowable days that Provider is closed and not available to provide service.

15. Provider shall inform the parent of child(ren) in their care and CCRC at least two (2) weeks in advance of closing.

16. When a school-age child is sick and attends child care for a full day, CCRC will pay you based on your rates on file with us.

    NOTE: If a child is sick for more than five (5) consecutive days, a medical note must be attached to the attendance sheet.

17. The Provider agrees to reimburse CCRC for overpayments.

Provider/Facility Name:_____

Request for Rate Changes:

1. Rate increases may be requested up to two (2) times in a CCRC fiscal year (July 1 to June 30). All requests shall be submitted on a CCRC Provider Fee Schedule and are to be directed to the CCRC contracting department.
2. CCRC will honor the request if funding is available and the rates are not higher than the maximum RMR.

   All requests received by the 5th of the month, if approved, will be effective on the 1st of the following month. All requests received after the 5th of the month, if approved, will be effective the 1st of the month subsequent to the following month.

AUTHORIZED PROVIDER:

(Print Name)	(Signature)	(Date)

CCRC:

(Authorized representative name)	(Authorized signature)	(Date)

SAMPLE

COUNTY USE ONLY

CASE NAME

CLIENT CASE NUMBER

WORKER NAME

WORKER NUMBER

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SAMPLE

DECLARATION OF EXEMPTION FROM TRUSTLINE REGISTRATION AND HEALTH AND SAFETY SELF-CERTIFICATION

INSTRUCTIONS:
If you are the aunt, uncle, grandmother/father of a child(ren) for whom you are providing child care and you are exempt from licensure, please complete this form and indicate in the spaces below the name(s) of the child(ren) and your relationship to the child(ren).

1. Name of Provider _____ Provider's Date of Birth_____/_____/_____

Address_____City_____State_____Zip_____

Phone ( )_____

The State of California requires providers to prove they are 18 years of age or older. A copy of the provider's drivers license or other proof of age must be attached.

2. LIST THE NAME AND ADDRESS OF THE FAMILY YOU ARE WORKING FOR.

Name of Parent/Guardian_____ Phone ( ) _____

Address_____ City _____ State _____ Zip _____

3. CHILD CARE WILL BE PROVIDED IN (*CHECK ONE*): ☐ Child's Home ☐ Provider's Home

I declare under penalty of perjury under the laws of the United States of America and the State of California that I am by blood, marriage or court decree the _____,
(AUNT, UNCLE, GRANDMOTHER/FATHER)

of _____, _____, _____,
NAME OF CHILD NAME OF CHILD NAME OF CHILD

_____, _____, _____,
NAME OF CHILD NAME OF CHILD NAME OF CHILD

_____, _____ for whom I am providing child care.
NAME OF CHILD NAME OF CHILD

I understand that because I am an aunt, uncle, grandmother/father, I am exempt from the requirement to apply for TrustLine registration and the requirement to complete the Health & Safety Self Certification.

I understand that giving wrong or incomplete information can result in legal prosecution with penalties of fine and imprisonment or both.

SIGNATURE OF PROVIDER CCP 1 (4/99) (RECOMMENDED)	DATE

I declare that I am the parent/guardian of the child(ren) listed on this form, that I have read the declaration of my child care provider and that I agree with the declaration regarding the provider's relationship to my child(ren).

I understand that I must return this form promptly to the County Welfare Department, Alternative Payment Program or other Payment Agency

SIGNATURE OF PARENT/GUARDIAN	DATE

COUNTY OR APP USE ONLY

Return this form by:_____ to:

CCP 1 (4/99) (RECOMMENDED)

Child Care Resource Center
Quality • Support • Development • Education

CalWORKS Stage I Document Checklist for FCCH Licensed Family Child Care Home

- ☐ Parent-Provider Service Agreement (ST1-05)
- ☐ Correctly completed and signed W-9 with Social Security number
- ☐ Copy of certificate of insurance certificate or bond, or *Affidavit of Liability Insurance* on file and signed for each family with subsidized children in your care
- ☐ Copy of valid facility license(s) or profile with effective date
- ☐ Change of ownership or location affecting license, *if applicable*

Signed Provider Handbook Acknowledgement Form

Reminders:

- Complete and submit all documents
- Do Not begin care before receiving an ST1 - 06
- When a parent's schedule changes and it results in a new amount paid to the provider, a new ST1-05 must be submitted.

Child Care Resource Center
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CalWORKS Stage I Provider Document Checklists – Licensed and License-Exempt Centers

1. Licensed Child Care Center Checklist

- ☐ Parent-Provider Service Agreement (ST1-05)
- ☐ Correctly completed W-9
- ☐ Copy of valid facility license(s) or profile with effective date
- ☐ Change of ownership or location affecting license, *if applicable*
- ☐ Brochure or fee schedule
- ☐ Signed *Provider Handbook Acknowledgement Form*

2. License-Exempt Center Checklist

- ☐ Parent-Provider Service Agreement (ST1-05)
- ☐ Correctly completed W-9
- ☐ Signed Provider Handbook Acknowledgement Form

Reminders:

- Complete and submit all documents
- Do Not begin care before receiving an ST1 - 06
- When a parent's schedule changes and it results in a new amount paid to the provider, a new ST1-05 must be submitted.

Child Care Resource Center
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CalWORKS Stage I Exempt Providers Document Checklists

1. Related Exempt Provider Checklist

- ☐ Parent-Provider Service Agreement (ST1-05)
- ☐ Correctly completed and signed W-9 with Social Security number
- ☐ Copy of valid driver's license/other photo ID, showing proof of age
- ☐ *Declaration of Exemption from Trustline* (blue form)
- ☐ *Signed Provider Handbook Acknowledgement Form*

2. Non- Related Exempt Provider Checklist

- ☐ Parent-Provider Service Agreement (ST1-05)
- ☐ Correctly completed and signed W-9 with Social Security number
- ☐ Copy of driver's license or other valid photo ID, showing proof of age
- ☐ *Health and Safety Self-Certification* (green form)
- ☐ Trustline Registry Application and completed Live Scan/fingerprint form
- ☐ *Signed Provider Handbook Acknowledgement Form*

Reminders:

- Complete and submit all documents
- Do Not begin care before receiving an ST1 - 06
- When a parent's schedule changes and it results in a new amount paid to the provider, a new ST1-05 must be submitted.

Child Care Resource Center
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CDE Provider Document Checklist for Licensed Family Child Care Home (FCC) Providers

Attention, FCCN Providers: Please note additional requirements for your program.

- ☐ Child Care Service Agreement
- ☐ Provider Fee Schedule
- ☐ Correctly completed and signed W-9 with Social Security number or Tax ID number
- ☐ Copy of insurance certificate or bond or *Affidavit Regarding Liability Insurance* on file and signed by each family with subsidized children in your care.
- ☐ *FCCN providers: You may not use the affidavit. You must have the insurance*.
- ☐ Copy of valid facility license(s) or profile for CCRC sites with effective dates.

Change of ownership or location affecting license, if applicable.

Signed Provider Handbook Acknowledgement Form.

Additional Requirements for Family Child Care Network (FCCN) Providers only

- ☐ FCCN contract
- ☐ *Reminder: You MUST have liability insurance*

All Providers:

- Complete and submit all documents
- Do not begin care before receiving a green provider Approval Notice.

Child Care Resource Center
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CDE Provider Document Checklists – Child Care Centers

1. Licensed Child Care Center Checklist

- ☐ Child Care Service Agreement
- ☐ Provider Fee Schedule
- ☐ Correctly completed W-9
- ☐ Copy of valid facility license(s) or profile for CCRC sites with effective dates
- ☐ Change of ownership or location affecting license, if applicable
- ☐ Brochure or fee schedule
- ☐ Signed *Provider Handbook Acknowledgement Form*

2. License- Exempt Child Care Center Checklist

- ☐ Child Care Service Agreement
- ☐ Provider Fee Schedule
- ☐ Correctly completed W-9
- ☐ Verification of license-exempt status
- ☐ Brochure or fee schedule
- ☐ Signed *Provider Handbook Acknowledgement Form*

Reminders:

- Complete and submit all documents
- Do not begin care before receiving a green provider Approval Notice

Child Care Resource Center
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CDE Exempt Provider Document Checklists

Providers, See proof of address information at bottom of page.

1. Related Exempt Provider Document Checklist

- ☐ Child Care Service Agreement
- ☐ Provider Fee Schedule
- ☐ Correctly completed and signed W-9 with Social Security number
- ☐ Copy of driver's license/valid photo ID, indicating proof of age and address *
- ☐ *Declaration of Exemption from Trustline* (blue form)
- ☐ Signed *Provider Handbook Acknowledgement Form*

2. Non-Related Exempt Provider Document Checklist

- ☐ Child Care Service Agreement
- ☐ Provider Fee Schedule
- ☐ Correctly completed and signed W-9 with Social Security number
- ☐ Copy of valid driver's license or other valid photo ID, indicating proof of age and address *
- ☐ *Health and Safety Self-Certification* (green form)
- ☐ Negative TB (tuberculosis) test results within the last 12 months
- ☐ Trustline Registry application
- ☐ Completed Live Scan/Fingerprint form
- ☐ Signed *Provider Handbook Acknowledgement Form*
- ☐ * Proof of Address
- ☐ Submit one of the original documents listed below. *Except for a driver's license*, the document you submit must be dated within the last 90 days.
- ☐ Driver's license or CA identification with current address. If address is not current, CCRC can accept it if you include a DMV printout noting that you have filed for an address change.
- ☐ Bills (utility, credit card, etc.) with your name and current address
- ☐ Bank or mortgage statements with your name and current address

Complete all required documents. Do not begin care before receiving a green Provider Approval Notice

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

HEALTH AND SAFETY SELF-CERTIFICATION
(For license-exempt providers)

COUNTY USE ONLY
CASE NAME
CLIENT CASE NUMBER
WORKER NAME
WORKER NUMBER

INSTRUCTIONS: As a license-exempt child care provider who is serving a family that gets help to pay for their child care costs, you must complete this form. After you have completed the form, return it promptly to the County Welfare Department, Alternative Payment Program or other payment agency. Providers who are the aunt, uncle, grandmother/father, great grandmother/father, great aunt/uncle, of the child(ren) in care must complete a Declaration of Exemption (CCP 1).

SAMPLE

PART A GENERAL INFORMATION:

1. Name of Provider _____ Provider's Date of Birth _____/_____/_____

   Address_____City_____State_____Zip _____

   Phone ( )_____

   The State of California requires providers to prove they are 18 years of age or older. A copy of the provider's drivers license or other proof of age must be attached.

2. LIST THE NAME AND ADDRESS OF THE FAMILY YOU ARE WORKING FOR.

   Name of Parent/Guardian_____Phone ( ) _____

   Address_____City_____State_____Zip_____

3. CHILD CARE WILL BE PROVIDED IN (*CHECK ONE*): ☐ Child's Home ☐ Provider's Home

PART B BASIC HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS:

The home in which the care is provided must be a safe and healthful place for children. Basic health and safety standards are listed below. It is the on-going responsibility of the parent and the provider to see that these basic standards are met.

The parent and the provider must put their initials to the left of each statement to certify that the home where child care is provided meets basic health and safety standards.

	Parent's Initials	Provider's Initials	
1.	_____	_____	The home where child care is provided must have working smoke detectors and fire extinguishers that meet standards set by the State Fire Marshal.
2.	_____	_____	The child care provider shall refrain from using corporal punishment.
3.	_____	_____	The child care provider must allow unlimited parental access to the children while in their care.
4.	_____	_____	The child care provider must be free of communicable diseases; be physically and mentally capable of caring for children; and show proof to the parent that he/she was tested in the last 12 months and is free of active tuberculosis.
5.	_____	_____	The home where child care is provided has yard and play areas that have been checked and are safe for children. Children are protected from dangers such as pools, hot tubs, electrical outlets, stairs, poisonous materials, medications, guns or amunition etc.

Information about health and safety and other basic child care training is available from the local Child Care Resource And Referral Program and other community agencies such as the American Red Cross, Community Colleges, Fire Departments, etc.

The parent and provider are encouraged to use the Health & Safety Information checklist to ensure that the home where care is to be provided is safe for children.

PART C OTHER INFORMATION

1. **PROVIDE THE ADDRESSES AND TELEPHONE NUMBER OF TWO LOCAL CHARACTER REFERENCES OTHER THAN THE PARENT. These references should be contacted by the parent of the children to prove good character and ability to provide child care.**

Name _____ Name _____

Address _____ Address _____

City/State _____ City/State _____

Phone ( ) _____ Phone ( ) _____

2. **LIST ALL OTHER ADULTS LIVING IN THE HOME WHERE CARE IS PROVIDED AND THE RELATIONSHIP TO THE PROVIDER OR CHILD.**

Name _____ Related to ☐ child ☐ provider Relationship _____

Name _____ Related to ☐ child ☐ provider Relationship _____

Name _____ Related to ☐ child ☐ provider Relationship _____

Name _____ Related to ☐ child ☐ provider Relationship _____

3. **IN THE SPACE BELOW, THE PROVIDER SHOULD DESCRIBE HIS/HER ABILITY TO PROVIDE CHILD CARE BY LISTING HIS/HER EXPERIENCE AND OTHER QUALIFICATIONS:**

_____

_____

_____

ADDITIONAL IMPORTANT INFORMATION:

- If you, THE PARENT/GUARDIAN, choose child care in your home (in-home care), you are the employer and are responsible for social security tax and state worker's compensation insurance. You may also be responsible for unemployment taxes.
- PARENT/GUARDIAN is not required to withhold federal or state income taxes from the child care provider's earnings. The PROVIDER IS RESPONSIBLE FOR REPORTING INCOME AND PAYMENT OF ANY FEDERAL OR STATE INCOME TAXES.
- FOR MORE INFORMATION ABOUT YOUR RESPONSIBILITIES AS AN EMPLOYER, CONTACT YOUR LOCAL OFFICE OF THE EMPLOYMENT DEVELOPMENT DEPARTMENT OR LOCAL CHILD CARE RESOURCE AND REFERRAL PROGRAM. For general information about child care you may call toll free at (800-KIDS R WE) (543-7793).

PART D PROVIDER/PARENT STATEMENTS

4. **PROVIDER'S STATEMENT:** All information provided and contained on this form is true and correct to the best of my knowledge. If care occurs in my home, I certify that my home meets health and safety requirements listed in Part B. I understand that health and safety training information is available from the local Child Care Resource and Referral program and other community agencies. I understand that I am not an employee of the County Welfare Department, Alternative Payment Program or other payment agency.

Signature of Provider _____ Date _____

5. **PARENT'S STATEMENT:** I have interviewed and approved this child care provider. I understand the statements provided on this form. I understand it is my responsibility to make sure that the child care provided to my child(ren) and the place where care is provided is safe. I also understand that the County Welfare Department, Alternative Payment Program or other payment agency did not and will not check the safety of the child care provided by this provider and they did not and will not check to see that the information contained on this form is correct. I take full responsibility for the child care provided by this provider.

Signature of Parent/Guardian _____ Date _____

COUNTY OR APP USE ONLY

Return this form by: _____ to:

SAMPLE

Child Care Resource Center™
Quality · Support · Development · Education

Any participant who does not have a fixed or set work/school/training schedule must complete the variable schedule calendar on the back, on a monthly basis. FORMS WITH WHITE OUT WILL NOT BE ACCEPTED!

Instructions

1. Please complete one calendar for each activity (Employment, School, Community Services, or other approved Welfare-to-Work activity) that you participate in, if the hours/days vary week to week.
2. Please use blue or black ink to complete this form.
3. Write in the month and year this calendar is for.
4. Please write down the time you started your activity and the time you finished your activity each day (include a.m. or p.m.).
5. Travel time exceeding one hour per day must have an explanation in the comments section.
6. Print, sign your name, and date this calendar.
7. Have the person in charge of your activity (i.e., employer, instructor, counselor) print, sign their name, and date this calendar.
8. Submit this calendar to Child Care Resource Center in order to process your Provider's Payment Request(s) by the end of the month or after your activity is completed. Provider Payment Request(s) missing the Monthly Variable Schedule Calendar will **NOT** be processed and may delay your provider's payment.

SAMPLE

TO BE COMPLETED BY PARTICIPANT

Name (Print): _____ Case #: _____

Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER/INSTRUCTOR/COUNSELOR

By signing this form you are confirming the participant's time in/time out only, as indicated on the back of this form.

Name (Print):_____ Title: _____

Phone Number: _____

Signature: _____ Date: _____

EXAMPLE:

DAY	TIME IN (FROM)	TIME OUT (TO)	TRAVEL TIME NEEDED (PER DAY)	COMMENTS
WEEK 1				
Sunday	**8** **am** / pm	**5** am / **pm**	**1 hour**	
Monday	am / pm	am / pm		
Tuesday	**1** am / **pm**	**10** am / **pm**	**1 hour**	
Wednesday	**4** am / **pm**	**8** am / **pm**	**1 hour**	
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		

ST1-21 (Monthly Variable Schedule Calendar)

Child Care Resource Center™
Quality · Support · Development · Education

MONTH/YEAR: _____

DAY	TIME IN (FROM)	TIME OUT (TO)	TRAVEL TIME NEEDED (PER DAY)	COMMENTS
WEEK 1				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
WEEK 2				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
WEEK 3				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
WEEK 4				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
WEEK 5				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		
WEEK 6				
Sunday	am / pm	am / pm		
Monday	am / pm	am / pm		
Tuesday	am / pm	am / pm		
Wednesday	am / pm	am / pm		
Thursday	am / pm	am / pm		
Friday	am / pm	am / pm		
Saturday	am / pm	am / pm		

SAMPLE

ST1-21 (Monthly Variable Schedule Calendar)

California Department of Education
Child Development Division

NOTICE OF ACTION

Form CD-7617, (Rev. 3/04)

1. Notice of Action (Complete Either 1.A. or 1.B.)

1.A. Application for Services

☐ Services Approved to Begin: _____
Date

☐ Services Denied

If appealed, appeal is due by: _____
Date

(Note: Appeal Instructions are on reverse side.)

1.B. Recipient of Services

☐ Change in Service
☐ Termination of Service
☐ Termination of Service for Delinquent Fees

Effective Date of Action: _____

If appealed, date appeal is due by: _____

2. Distribution of Notice

☐ Notice Given to Parent/Caretaker

Recipient's Initials: _____

Notice Mailed:
☐ First Class
☐ Other: _____

Date Notice Given or Mailed:

Tracking No.

3. Parent/Caretaker Information

Parent/Caretaker A — Address

Parent/Caretaker B — City — Zip — Telephone

4. Approved Child Care Services (Complete all information for each child approved for services.)

Name(s) of Child(ren) Receiving Services	Program Code		Enter Approved Hours of Enrollment						
			Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
		School							
		Vacation							
		School							
		Vacation							
		School							
		Vacation							
		School							
		Vacation							

Family Fee: Hourly $ — Part-time Daily $ — Full-time $

Estimated Recertification Date:

5. Basis for Family Eligibility for Services

☐ Recipient of Child Protective Services
☐ Current Aid Recipient
☐ Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited
☐ Income Eligible (Reference Family Fee Schedule or Income Ceiling for Admission to State Preschool Programs.)
☐ Homeless

6. Basis for Family Need for Services
(This section does not apply to State Preschool Programs [GPRE])

☐ Recipient of Child Protective Services
☐ Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited
☐ Seeking Permanent Housing
☐ Engaged in Vocational Training/Education
☐ Employed or Seeking Employment
☐ Incapacitated Parent(s)

7. Reason for Action*: State the specific reason(s) services were denied, changed, or terminated.*

8. Agency Name _____

9. Name/Title of Agency Representative _____

10. Signature of Agency Representative _____

The agency must complete the information on the reverse side before the Notice of Action is issued.

SAMPLE

NOTICE OF ACTION
CD-7617 (Rev.3/04) (REVERSE)

Appeal Information: If you do not agree with the agency's action as stated in the Notice of Action, you may appeal the intended action. To protect your appeal rights, you must follow the instructions described in each step listed below. If you do not respond by the required due dates or fail to submit the required appeal information with your appeal request, your appeal may be considered abandoned.

STEP 1: Complete the following appeal information to request a local hearing:

Name of Parent/Caretaker		Telephone No.
Address	City	Zip
In this section, please explain why you disagree with the agency's action.		
Check Box If an Interpreter is Needed at the Local Hearing: ☐	Signature of Person Requesting a Local Hearing	Date

SAMPLE

STEP 2: Mail or deliver your local hearing request within 14 days of receipt of this notice to:

This section must be completed by the agency before the notice is served	
A. Agency Name	
B. Agency Address	
C. City/State/Zip	
D. Name of Agency Contact	
E. Agency Telephone Number	

STEP 3: Within ten (10) calendar days following the agency's receipt of your appeal request, the agency will notify you of the time and place of the hearing. You or your authorized representative are required to attend the hearing. If you or your representative do not attend the hearing, you abandon your rights to an appeal, and the action of the agency will be implemented.

STEP 4: Within ten (10) calendar days following the hearing, the agency shall mail or delivery to you a written decision.

STEP 5: **If you disagree with the written decision of the agency, you have 14 days from your receipt of the written decision to file an appeal with the California Department of Education (CDE). Your appeal to CDE must include the following documents and information: (1) a written statement specifying the reasons you believe the agency's decision was incorrect, (2) a copy of the agency's decision letter, and (3) a copy of both sides of this notice. Mail your appeal to the following address:**

California Department of Education
Child Development Division
1430 N Street, Suite 3410
Sacramento, CA 95814
Attn: Appeals Coordinator

STEP 6: Within 30 calendar days after the receipt of your appeal, CDD will issue a written decision to you and the agency. *If your appeal is denied, the agency will stop providing child care and development services immediately upon receipt of CDE's decision letter.*

Approval
Provider Notification

Chi ID:

Provider Type:

Provider Contracting Technician:

Care has been approved for:

Child:

Family:

Starting on:

rovider certifies that the rate agreed upon does not exceed the rate you would cha
for the same care schedule.

Regular Schedule Rates @			*Vacation Schedule Rates @*		
FT:	*PT:*		*FT:*	*PT:*	
Day of Week	Start Time	Stop T	of Week	Start Time	Stop Time
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
Total Hours:			*l Hours:*		

Schedule Notes

CCRC AUTHORIZED SIGNATURE _____ DATE _____

Please keep for your records. If you have any questions regarding the above action, please contact the Contracting Unit.

Effective Date: *Date Printed:*

SAMPLE

Child Care Resource Center
Quality · Support · Development · Education

CHILD CARE RESOURCE CENTER

Pre-printed information. Please DO NOT change any of this information or PPR will be returned.

This PPR is only good for the service month indicated. DO NOT write in this section.

Please note the dates of this authorization period.

Enter Sat. and Sunday hours here for the week.

If you charge an hourly, daily or weekly rate enter the total amount you are claiming for each week, based on authorized rates.

Enter the total number of hours you cared for the child during each week from 6am to 6pm only (Mon-Fri).

Evening hours for each week are to be totaled here and again specify the number of days it took to provide these hours of childcare.

If you charge a monthly rate you only need to enter the total monthly claim.

Enter the total number of days you cared for the child during each week from 0 to 5 days only (Mon-Fri).

At the end of the month, the Parent and Provider must Sign and Date the bottom of the PPR to certify that the information is accurate and true.

CalWORKs Child Care Provider Payment Request

Provider Information/ Please Report Any Changes

Name: Susan A. Provider
Address: 123 Main Street
Van Nuys, Ca 91406
Phone: (818) 765-4321

Agency Information

Name: Child Care Resource Center
Address: 16650 Sherman Way
Van Nuys, Ca 91406
Phone: (818) 756-3396

Family Information

Parent Name: Jane Doe
Child's Name: John Doe
DOB: May 5, 1985
Current Authorization Period Start Date: October 1, 2000
Month/Year of Service: October 2000
Case #: 9C4321 –
Child/Family I.D. #: 7654321
End Date: December 31, 2000

Authorized Rate For The Child

Type of Care: Licensed Family Child Care Home
Regular Rate: 6AM to 6 PM $ 95.00-WK
Evening Rate: 6:01 PM to 5:59 AM and or Week
Registration Fee: $ 0.00
Child with a Severe Handicap, Check This Box if

THIS FORM MUST BE COMPLETED IN INK. THIS SECTION MUST BE COMPLETED BY PROVID

NUMBER OF CHILD CARE HOURS AND DAYS PROV

Weekly Schedule Sunday/Sat. October 2000	Daytime Hours 6:00 AM to 6:00 PM Weekdays Hours	Daytime Days	Evening Hours 6:01 PM to 5:59 AM Weekdays Hours	Evening Days	Saturday Hours	Sunday Hours	Amount Provider is Claiming	Office Use Only
Week One Sun. 1 – Sat. 7	0		0		0	0	$ 0	$
Week Two Sun. 8 to Sat. 14	40	5	0		0	0	$ 95	$
Week Three Sun. 15 – Sat. 21	40	5	0		0	0	$ 95	$
Week Four Sun. 22 – Sat. 28	40	5	0		0	0	$ 95	$
Week Five Sun. 29 – Tues. 31	8	1	0		0	0	$ 19	$
Week Six							$	$
							$ 304	$

* REPORT ANY CHANGES TO YOUR AC
* PROVIDER MUST NOTIFY AGENCY WH
* CHILD CARE IN EXCESS OF APPROVED
* INCOMPLETE OR INCORRECT PROVID TO BE RESUBMITTED, RESULTING IN A
* PLEASE CALL THE AGENCY LISTED AB

CTION AND WILL HAVE

I declare under penalty of perjury that c purpose for which child care was certified. I understand that I may be prosecuted fo information provided herein. I understand that over billing on this report can lead to legal action resulting in penalties of a fine, imprisonment or both. Any overpayment is subject to recovery by the agency. I certify under penalty of perjury that payment requested is only for child care services.

Parent Signature: Jane Doe Date: 10/31/00
Provider Signature: Susan A. Provider Date: 10/31/00

PLEASE RETURN THE COMPLETED INVOICE TO THE AGENCY LISTED ABOVE.

OFFICE USE ONLY
The above Payment Request is correct and approved for payment. P.O. # _____ Voucher # _____
Date: _____ Verified By: _____
Invoice returned for correction on: _____ By: _____
Reason: _____

Child Care Resource Center
Quality · Support · Development · Education

SPECIAL NEEDS PROVIDER STATEMENT

Provider's Statement

Provider's Name _____
Address: _____
Phone Number: _____

- ☐ FCC Licensed
- ☐ CCC Licensed
- ☐ Exempt

Child's Name: _____
Child's Birth Date: _____

Are you currently caring for this child?

- ☐ Yes, as of _____ (date)
- ☐ No, as of _____ (date)

What are the child's special needs? (Please be specific i.e. G-tube feeding nebulizer, physical therapy 3X a week etc…)

_____
_____
_____

Has medications been prescribed for this child's special need?

- ☐ Yes, type of medication: _____
  - Dosage / amount of medication: _____
  - Method of dispense (i.e. pill form, insulin injection, inhaler, etc):
    _____
  - Frequency of administration: _____
  - Reason for prescription: _____
- ☐ No

Have you received training from child's special need?

- ☐ Yes, What kind of training _____
- ☐ No, But I will be receiving training from: _____

Will caring for this child have an on-going impact to you as the provider? ☐ Yes ☐ No

If yes, you must describe and attach documentation/financial records to show on-going cost.

What kinds of modifications to your environment and/or daily activities are necessary to provide care for this child (please be specific i.e one on one supervision, special needs toileting needs)

_____
_____

Please tell us any other information you may want to share regarding the care you give the child (i.e. if one on one supervisor is needed, why?)

_____
_____
_____

Provider Name	Provider Signature	Date

SAMPLE

Child Care Resource Center
Quality · Support · Development · Education

16650 Sherman Way
Van Nuys, CA 91406
Tel (818) 256-1000
Fax (818) 256-0087

42281 10th Street West
Lancaster, CA 93534
Tel. (661) 949-0615
Fax (661) 949- 7085

CHILD CARE CENTER FEE SCHEDULE

FOR OFFICE USE ONLY

PROVIDER ID # _____

Name of Provider: _____
Address: _____ **License #:** _____
Phone #: _____ **Ages of the Children you Serve:** _____
Do you Have an On-site School? Yes_____ No _____ If yes, Grades From: _____ To: _____
Academic Instruction Hours for Kindergarten: From: _____ To: _____
Academic Instruction Hours for Grades 1st and Above: From: _____ To: _____
Hours of Operation: From: _____ To: _____

CCRC requires that providers submit their fees in order to contract care. Please attach your brochure/flier that includes your schedule of fees. If you have multiple rates for the same age group please choose your most common rate and list it below.

My fees are as follows: Please indicate your fees and the number of hours your full time (FT) or part time (PT) fee covers. From the rates you give us, please check off the rate you prefer to use (Check only one)

Hourly _____ Daily _____ Weekly _____ Monthly _____

AGE CATEGORIES THAT FEE COVERS	FT / PT	HOURLY		DAILY		WEEKLY		MONTHLY		APPROVED RATE (FOR OFFICE USE ONLY)
		Fee	# of Hrs	Fee	# of Hrs	Fee	# of Hrs.	Fee	# of Hrs	
	FT			$		$		$		
	PT	$				$		$		
	FT			$		$		$		
	PT	$				$		$		
	FT			$		$		$		
	PT	$				$		$		

If you have additional comments regarding your rates, please indicate below:

_____

_____

Do you charge Registration fee? No___ Yes___ How much? $_____ Per Child ☐ Per Family ☐ Yearly ☐ One time ☐
Important Note: Provider may submit rate increase requests once per year.

Rev- 10/06

CCRC will consider your rates; however, the fees reimbursed for childcare will not exceed the maximum amount authorized by the California Department of Education. Please sign below: I certify under penalty of perjury, that the fees I am providing are not more than the usual customary fees charged to private clients using my/our services.

Signature: _____ Date _____

FOR OFFICE USE ONLY

Comments: _____

Name: _____ Date: _____ Date Rates Effective: _____

SAMPLE

Contracting Department
16650 Sherman Way
Van Nuys, CA 91406

Child Care Resource Center

Contracting Department
42281 10th St. W.
Lancaster, CA 93534

REVISED PLEASE READ

Explanation for Child Care Center Fee Schedule

CCRC will use this fee schedule to determine the fee you will be paid each time you are authorized to care for a new child, or if there is a schedule change.

You must complete the form in its entirety and sign and date the bottom of the form.

- Please indicate your fees and specify on what basis they are charged (hourly, daily, weekly, monthly, etc) and the number of hours they cover.
- Please attach your personal fee schedule on your letterhead to this form, along with any brochures or handouts.
- In the program or age of child section, please specify the ages of the children or the program (before school, after school, before and after school, off track, summer camp, etc) for which you are submitting your fees.
- If child attends kindergarten or above, the child must be contracted with a regular (before and after) and vacation schedule.
- If you have an onsite school for kindergarten and/or above, you must submit before and after school childcare fees, which are separate from your academic tuition fees. Please attach your facility's fee schedule in which the breakdown of these rates is illustrated. This will help us to apply the appropriate fees for each child.
- If your current fee for kindergarten or above includes tuition and childcare at a combined fee, you **must** determine and submit the breakdown as stated above.
- If you choose not to separate tuition and childcare fees, CCRC will be unable to contract with you for kindergarten and/or school age children.
- CCRC may request proof of established rates for the community. This includes but is not limited to: Childcare agreements, a cancelled check, or a signed contract with private paying clients.

Definitions:

- **Academic Instruction hours** – hours that children are or could be in kindergarten and/or school
- **Academic tuition** –Fee for the academic portion, parents will be responsible to pay this directly to the provider
- **Before/after School** fees–Fee for before only, after only, or before and after school childcare.
- If your fee is for example $800 per month including academic tuition and childcare, you must split this fee and assign a portion of it to childcare and a portion to tuition. These fees would apply to non-subsidized as well as subsidized children. CCRC will only be responsible for the childcare portion of the fee.

- If the fee you charge to the public for childcare is higher than the maximum **RMR***; you can arrange for the parents to pay you the difference. These arrangements are between you and the parent. CCRC is NOT responsible for these types of arrangements.

Any questions regarding how to fill out the fee schedule, current fees, or fee changes, please contact the Contracting Department at:

Balboa office: 818-256-1000 Ext. 2555 **Antelope Valley office**: 661-949-0615

Contracting Department
16650 Sherman Way
Van Nuys, CA 91406

Child Care Resource Center

Contracting Department
42281 10th St. W.
Lancaster, CA 93534

- CCRC will determine if a premium adjustment is warranted based on the total amount of hours and how many are in the evening/weekend. In some cases, CCRC may be unable to pay an adjustment at all.

***RMR** – Regional Market Rate ceiling – The maximum ceiling able to be paid out as determined by the California Department of Education based on age and schedules.

Request for Change in Fees:

- **All fees will be in effect, unless you request a change in fees and receive confirmation that your request has been approved.**
- All fee changes must be submitted to the **Contracting Department** at CCRC on a new CCRC fee schedule that is signed and dated.
- Fees submitted can not exceed fees charged to non-subsidized clients
- Fee changes may be requested once per year.
- CCRC will inform you if the change is approved depending upon the availability of funds and if your fee is not above the maximum Regional Market Rate.
- Fee change requests must be received in the Contracting Department by the 5th of the month, to be effective the 1st of the next month, if approved.
- If a fee change request is received on or after the 6th of the month, the new fee will be effective the 1st of the second month, if approved.

For example:

- If request is received on or before 11/5/06, and the fees are approved, it will be effective 12/1/06.
- If request is received on or after 11/6/06, and the fees are approved, new fees become effective 1/1/07.
- Once approved, a copy of the approved fee schedule will be mailed to the provider along with any notice of action for fee adjustments, as needed.
- If you have any questions about how to fill out the fee schedule you may contact the Contracting Department at CCRC.

Any questions regarding how to fill out the fee schedule, current fees, or fee changes, please contact the Contracting Department at:

Balboa office: 818-256-1000 Ext. 2555 **Antelope Valley office**: 661-949-0615

Child Care Resource Center
Quality · Support · Development · Education

16650 Sherman Way
Van Nuys, CA 91406
Tel (818) 256-1000
Fax (818) 256-0087

42281 10th Street West
Lancaster, CA 93534
Tel. (661) 949-0615
Fax (661) 949- 7085

FAMILY CHILD CARE FEE SCHEDULE

FOR OFFICE USE ONLY
PROVIDER ID # _____

Name of Provider: _____
Address: _____ ____ **License #:** _____
Phone #: _____ **Ages of the Children you Serve:** _____

Check the days of the week you are available for childcare and specify your start and end times. If you are available 24 hours, check off the box next to 24 hours.

Mon ☐ **Tues** ☐ **Wed** ☐ **Thu** ☐ **Fri** ☐ **Sat** ☐ **Sun** ☐

From **24 hours** ☐
To:

My fees are as follows: Please indicate your fees and the number of hours your full time (FT) or part time (PT) fee covers. From the rates you give us, please check off the rate you prefer to use (Check only one)

Hourly _____ **Daily** _____ **Weekly** _____ **Monthly** _____

CCRC requires that providers submit their fees in order to contract care. Please attach your brochure/flier that includes your schedule of fees. If you have multiple rates for the same age group please choose your most common rate and list it below.

AGE CATEGORIES THAT FEE COVERS	FT / PT	HOURLY		DAILY		WEEKLY		MONTHLY		APPROVED RATE (FOR OFFICE USE ONLY)
		Fee	# of Hrs	Fee	# of Hrs	Fee	# of Hrs.	Fee	# of Hrs	
	FT			$		$		$		
	PT	$				$		$		
	FT			$		$		$		
	PT	$				$		$		
	FT			$		$		$		
	PT	$				$		$		

If you have additional comments regarding your rates, please indicate below:

_____

_____

Do you charge Registration fee? No___ Yes___ How much? $_____ Per Child ☐ Per Family ☐ Yearly ☐ One time ☐
Important Note: Provider may submit rate increase request once per fiscal year.

Rev- 10/06

CCRC will consider your rates; however, the fees reimbursed for childcare will not exceed the maximum amount authorized by the California Department of Education. Please sign below: I certify under penalty of perjury, that the fees I am providing are not more than the usual customary fees charged to private clients using my/our services.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Comments:_____

Name : _____Date :_____Date Rates Effective: _____

SAMPLE

Contracting Department
16650 Sherman Way
Van Nuys, CA 91406

Child Care Resource Center

Contracting Department
42281 10th St. W.
Lancaster, CA 93534

REVISED PLEASE READ

Explanation for Family Child Care Provider Fee Schedule

CCRC will use this fee schedule to determine the fee you will be paid each time you are authorized to care for a new child, or if there is a schedule change.

You must complete the form in its entirety and sign and date the bottom of the form.

- Please indicate your fees and specify on what basis they are charged (hourly, daily, weekly, monthly, etc) and the number of hours they cover.
- Please attach your personal fee schedule on your letterhead to this form.
- CCRC requires proof of established fees for the community. This includes but is not limited to: Childcare agreements, a cancelled check, or a signed contract with private paying clients.
- If child attends kindergarten or above, the child must be contracted with a regular (before and after) and vacation schedule.
- If the fee you charge to the public is higher than the maximum **RMR***; you can arrange for the parents to pay you the difference. These arrangements are between you and the parent. CCRC is NOT responsible for these types of arrangements.
- CCRC will determine if a premium adjustment is warranted based on the total amount of hours and how many are in the evening/weekend. In some cases, CCRC may be unable to pay an adjustment at all.

***RMR** – Regional Market Rate ceiling– The maximum childcare ceiling allowable as determined by the California Department of Education, based on age and schedules.

Request for Change in Fees:

- **All previously approved fees will be in effect, unless you request a change in fees and receive confirmation that your request has been approved.**
- All requests for changes in fees must be submitted to the **Contracting Department** at CCRC on a new CCRC fee schedule that is signed and dated.
- Fees submitted can not exceed fees charged to non-subsidized clients
- Fee changes may be requested once per year
- CCRC will inform you if the change is approved depending upon the availability of funds and if your fee is not above the maximum Regional Market Rate.
- Fee change requests must be received in the Contracting Department by the 5th of the month, to be effective the 1st of the next month, if approved.
- If a fee change request is received on or after the 6th of the month, the new fee will be effective the 1st of the second month, if approved.

For example:

- If request is received on or before 11/5/06, and the fees are approved, it will be effective 12/1/06.
- If request is received on or after 11/6/06, and the fees are approved, new fees become effective 1/1/07.

Any questions regarding how to fill out the fee schedule, current fees, or fee changes, please contact the Contracting Department at:

Balboa office: 818-256-1000 Ext. 2555 **Antelope Valley office**: 661-949-0615

CalWORKs Stage 1 Child Care Participant - Provider Services Agreement

DATE ISSUED: **DUE DATE:**
AGENCY NAME: Child Care Resource Center
ADDRESS: 16650 Sherman Way Van Nuys, CA 91406
PHONE#: (818) 756-3365
ATTN: _____

OFFICE USE ONLY

This is an agreement between you and your child care provider. It must be signed by you and your child care provider. **The agreement must also be reviewed and approved by Los Angeles County or Child Care Agency before any child care expenses can be paid.** Any child care services that exceed the hours of care the agency is able to approve are the responsibility of the CalWORKs participant. This agreement must be completed and returned within 10 business days from the date issued and no later than the due date above, to the child care agency listed above. Please do not use white out when completing this form.

To be completed by Participant:

Participant Name: (Please Print)	Case Name, if different		Case #
Address Zip	City	Home Phone #	Other Phone #

Please complete the following information for all children who need child care services.

-1 Name of Child	-2 Sex		-3 Birthdate	-4 Does Child Have Special Needs?	-5 Child Care Start Date	-6 Indicate Hours Of Child Care Needed Per Day, Including Travel Time. For School-Aged Children, Specify Child Care Hours Needed When Child Is In School and When Child Is On Vacation From School. For Non School-Aged Children, Indicate Hours of Care Needed In Vacation Section.								-7 Total Hours Per Week
	M	F	MM/DD/YY	YES/NO?	MM/DD/YY		SU	M	T	W	TH	F	SA	
Sample: Amy Smith		*X*	*5/1/1995*	*NO*	*7/1/2003*	SCHOOL	*0*	*3*	*3*	*3*	*3*	*3*	*0*	*15*
						VACATION	*0*	*8*	*8*	*8*	*8*	*8*	*0*	*40*
1.						SCHOOL								
						VACATION								
2.						SCHOOL								
						VACATION								
3.						SCHOOL								
						VACATION								
4.						SCHOOL								
						VACATION								
5.						SCHOOL								
						VACATION								

For 11 and 12 year old children

If you have 11 or 12 year-old children, please check the appropriate box:
I certify that an After School Education and Safety (ASES) or 21st Century Community Learning Centers (21st CCLC) Program will meet ☐ All or ☐ Part or ☐ None of my child care needs for my 11 or 12 year old child(ren).

PARTICIPANT AGREEMENT:

I Understand That:

1. My provider must be determined to be eligible before payment can be made.
2. I have the right to choose the child care provider who is best for me and my child(ren).
3. If I choose a license-exempt child care provider, s(he) must apply for or be Trustline-registered and meet Health and Safety Self-Certification criteria unless s(he) is an aunt, uncle, grandparent, great-aunt, great-uncle, or great-grandparent, school or recreation department providing care.
4. The information on this form may be shared with other State and Federal agencies, including the Internal Revenue Service, the Franchise Tax Board or independent auditors.
5. I must pay back any child care payments I am not entitled to receive.
6. The County or Child Care Agency does not act as the child care provider's employer and does not have a business relationship with the child care provider.
7. If I choose child care in my home, I am the employer and am responsible for State Disability, Social Security, Federal and State taxes, and Worker's Compensation Insurance, according to the Fair Labor Standards Act.
8. I am authorizing the County or Child Care Agency to obtain any verification necessary to process this agreement.
9. The information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, or others as necessary for the administration of the program.
10. I must notify the County or Child Care Agency of my intent to change child care providers, prior to changing providers.
11. I must notify the County or Child Care Agency within 5 calendar days of any changes to my income, family size, residence, employment or reason for needing child care services. Failure to do so may affect the status of my child care services.
12. The County or Child Care Agency cannot authorize child care until all documentation is submitted, reviewed, and eligibility is verified. I am also aware that I will receive notice if my child care is approved.
13. If my income exceeds 50% of the State Median Income, I may be assessed a family fee. The County or Child Care Agency will notify me if I must pay a family fee and may bill me directly for such fees.
14. If my child care application is approved, the County or Child Care Agency will notify me of the amount authorized, per child. If the County or Child Care Agency determines that they cannot cover my provider's entire fee(s), including Registration fees, and I choose to remain with that provider, I will be responsible for paying the difference directly to the provider. This is known as a co-payment.
15. The CalWORKs Stage 1 child care program does not pay for private education. If I choose to enroll my child(ren) in a program that offers private education, the County or Child Care Agency may only pay for the part of the fee that is for child care (not tuition).
16. Additional documentation may be requested for self-employed participants, as needed.
17. This agreement is subject to change as needed in order to comply with State or Federal regulations.

I acknowledge that I have read, understand, and agree to comply with the above terms. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this page is true and correct to the best of my knowledge.

Participant's Signature: _____ **Date:** _____

SAMPLE

CalWORKs Stage 1 Child Care Participant - Provider Services Agreement

To be completed by Provider:

Provider Name/Name of Facility: (Please Print)	Name of Person Completing this Document:	Provider's Phone #:
Address	City	Zip

Do you accept families on a variable schedule?	Type of Care:	Hours of Operation:
☐ YES ☐ NO	☐ Licensed Center ☐ Licensed Family Child Care Home ☐ License-Exempt Center ☐ License- Exempt Individual ☐ After School Education and Safety Program (ASES) ☐ 21st Century Community Learning Centers (21st CCLC)	From: _____ am/pm To: _____ am/pm

If Licensed Facility…

Facility License #: _____
(Attach a copy)

NOTE: Licensed Family Child Care providers must also attach proof of liability insurance, bond, or if not insured, an affidavit signed by Participants in the program.

If License-Exempt Center…

Indicate reason for exemption status.
(*Attach verification*): _____

If License-Exempt Individual…

Provider's Date of Birth: _____ *(Attach verification - non-expired passport or government issued ID)*

Provider's Relationship to Child(ren):
_____

Child care will be provided in:
☐ Child(ren)'s Home:
☐ Provider's Home:
☐ Other (please specify address):
_____

Rate Information per Child: **{Usual and customary rates you charge all families. Attach verification}**

	Child's Name	Indicate part-time rate(s) for each child:	Indicate full-time rate(s) for each child:	Registration fees (amount and frequency)	Other Fees(Please specify)
1		Hourly: _____ Weekly: _____ Monthly	Daily: _____ Weekly: _____ Monthly		
2		Hourly: _____ Weekly: _____ Monthly	Daily: _____ Weekly: _____ Monthly		
3		Hourly: _____ Weekly: _____ Monthly	Daily: _____ Weekly: _____ Monthly		
4		Hourly: _____ Weekly: _____ Monthly	Daily: _____ Weekly: _____ Monthly		
5		Hourly: _____ Weekly: _____ Monthly	Daily: _____ Weekly: _____ Monthly		

PROVIDER AGREEMENT:

I certify under penalty of perjury that:

1. I am not the child's parent, legal guardian or a member of the parent's TANF/CalWORKs assistance unit for whom I will provide care.
2. If I am a license-exempt individual, I only care for my own family's child(ren) and the child(ren) from one other family at the same time.
3. The child care rates and fees I charge the County or Child Care Agency are the same as the rates I charge other clients for the same service.
4. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
5. The Social Security or Taxpayer Identification Number I provided to the County or Child Care Agency is my correct number (or I am waiting for a card or number to be issued to me).
6. If I am a licensed child care provider, at least 25% of the children under my care are non-subsidized children.

I also understand that:

1. I must be determined to be an eligible provider before payment can be made.
2. If I am an eligible provider I will receive notification confirming my eligibility as a provider.
3. I understand that if I am license-exempt, I must apply for Trustline Registration and complete Health & Safety Self-Certification unless I am an aunt, uncle, grandparent, great-aunt, great-uncle, or great-grandparent of the child(ren) in my care or a school or recreation center.
4. The information on this form may be shared with other County programs, State and Federal agencies, including the Internal Revenue Service and the Franchise Tax Board.
5. I must notify the Child Care Agency within 24 hours if the child is absent for 5 consecutive authorized days of child care.
6. The County and the Child Care Agency do not act as my employer or have a business relationship with me.
7. Failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of fines, imprisonment or both.
8. Registration fees can only be paid by the County or Child Care Agency up to the corresponding Regional Market Rate ceiling, in any given month. This means that payment of the Registration fee may not be covered or may need to be spread out over several months by the Child Care Agency or may need to be paid by the participant directly to the provider.
9. For families on variable schedules, the County or Child Care Agency cannot pre-approve a specific number of hours. My payment will be calculated based on the family's demonstrated need at the end of the month. Any difference in payment will be the responsibility of the participant.
10. This agreement is subject to change as needed in order to comply with State or Federal regulations.

I acknowledge that I have read, understand, and agree to comply with the above terms. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this page is true and correct to the best of my knowledge.

Provider's Signature: _____ **Date:** _____

SAMPLE

CalWORKs Stage 1 Child Care
Provider Notification
Child Care Approval/Change/Termination/Denial

Notice: ☐ Mailed ☐ Date Given: _____

PROVIDER INFORMATION		AGENCY INFORMATION	
Provider's Name		Name: **Child Care Resource Center**	
Address		Address: 16650 Sherman Way	
City	Zip	City: Van Nuys, CA	Zip: 91406
Type of care ❑ Center ❑ Licensed Family Child Care ❑ License-Exempt		Agency Representative (print)	Telephone No. (818) 756-3365
		Signature	

PARTICIPANT INFORMATION

Participant Name:	Case Number:	☐ Check here if participant is on a variable schedule:

CHILD INFORMATION

Child's Name	Child's Date of Birth	Start Date -End Date	Days of Care	Hours Per Week	Approved Payment Rate(s)		Other approved miscellaneous fees
					Part-time	$_____ per _____	
					Full-time	$_____ per _____	
					Full-time	$_____ per _____	
					Part-time	$_____ per _____	
					Part-time	$_____ per _____	
					Full-time	$_____ per _____	
					Part-time	$_____ per _____	
					Full-time	$_____ per _____	
					Part-time	$_____ per _____	
					Full-time	$_____ per _____	

TYPE OF ACTION

❑ *Child Care Approval*	❑ *Reauthorization/ Extension/Change*	❑ *Termination*	❑ *Denial*
The family and child(ren) listed above have been approved for child care payment(s). The agency above will honor the start date, end date, day/ hours of care, and payment rate for the family and child(ren) listed above, subject to any future changes. ❑ *If child care is approved for 30 days or less or will end within 30 days, no further notice will be sent.*	❑ Hours/Days ❑ Rate ❑ Other: _____	The last day the agency above will pay for child care is: _____	The participant's request for child care services has been denied.

COMMENTS

ST1-06 (Provider Notification)

SAMPLE

TRUSTLINE REGISTRY
The California Registry of In-Home Child Care Providers
Subsidized Application

WHAT IS THE TRUSTLINE REGISTRY?

TrustLine was created by the California Legislature to offer parents, employment agencies, child care resource and referral programs, and child care providers access to a background check conducted by the California Department of Social Services (CDSS). This includes a check of the California Criminal History System and Child Abuse Central Index (CACI) at the California Department of Justice (DOJ) and a check of Federal Bureau of Investigation (FBI) records. The TrustLine Registry is maintained by CDSS and may be checked through the California Child Care Resource and Referral Network (CCCRRN) by calling 1-800-822-8490.

The CDSS, the CCCRRN, local child care resource and referral programs, parents and child care providers have worked together to develop the TrustLine Registry. The TrustLine Registry is made up of child care providers who have submitted an application to CDSS and their fingerprints to the Department of Justice background clearance process. Individuals listed on TrustLine do not have: 1) disqualifying criminal convictions listed on the California Criminal History System; 2) substantiated reports of child abuse listed on the CACI and 3) disqualifying criminal convictions listed on the FBI Criminal History system. All reports of child abuse found in the CACI will be confirmed with local contributing Child Protective Agencies before they are used to evaluate a TrustLine applicant.

TrustLine is for parents and for in-home and license exempt child care providers. An in-home child care provider provides care in the child's home (i.e., babysitters, nannies, au-pairs). A license-exempt child care provider is an individual who provides child care in his or her own home and is not required to be licensed by the CDSS.

HOW TRUSTLINE BENEFITS PARENTS

Parents know they must be very thorough when selecting someone to care for their child. They interview carefully, check references and evaluate the provider's character using their own good judgment. The TrustLine Registry gives parents one more tool to use when it comes time to choose a child care provider.

Parents can call 1-800-822-8490 between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday to determine if the child care provider s/he is considering has registered with TrustLine. If the individual has not yet registered, information on how a provider can apply to TrustLine will be provided.

HOW TRUSTLINE BENEFITS PROVIDERS

When you interview with parents as a caregiver for their children, you answer questions and supply references. Being registered on TrustLine offers added reassurance and demonstrates to parents that you are serious about your profession as a child care provider.

If no disqualifying criminal convictions are found on the California Criminal History System, and no reports of substantiated child abuse are found on the Child Abuse Central Index, your name will be placed on the TrustLine Registry pending the FBI check. If you are not listed on the TrustLine Registry because of disqualifying criminal history information or a substantiated child abuse report, the CDSS offers an appeal process to allow you to demonstrate your good character. If the appeal is decided in your favor, you will be placed on the TrustLine Registry.

Once you are registered with TrustLine, failure to notify the TrustLine Registry Program of a change of mailing address within 10 days of your move will result in your name being removed from the Registry.

For more information call TRUSTLINE at 1-800-822-8490.

HOW TO APPLY

To become listed on the TrustLine Registry, you must complete the attached application TLR 1 and the TrustLine Registry Criminal Record Statement (TLR 508) click to access form. Please follow the fingerprint instructions for either the Live Scan, or Manual or Transfer Process.

LIVE SCAN PROCESS - Complete this application (TLR 1) form. Schedule an appointment to have your fingerprints scanned with either the Community Care Licensing (CCL) Live Scan vendor at **1-800-315-4507** or at a local Department of Justice Live Scan site - either a Police Department or Sheriff's Office. Take this application form with you to the Live Scan site. You must contact the CCL Live Scan site at least 24 hours in advance if you are unable to keep your appointment. Failure to do so will result in a fee upon your rescheduled appointment. After you've had your fingerprints live scanned, submit the completed TrustLine application form and the TrustLine Registry Criminal Record Statement (TLR 508) form to the address listed in Box 11 on the TrustLine application form or contact **1-800-822-8490** for information.

If you do not bring your application with you to your fingerprinting appointment, you will not be fingerprinted.

Processing Fees:

- Community Care Licensing Live Scan site: There will be no fee charged.
- Police or Sheriff's Live Scan site: The only fee charged will be the cost of having the prints rolled or scanned. This fee varies by site and is paid to the law enforcement agency. No other fees will be charged.

MANUAL PROCESS - Complete this application form and the TrustLine Registry Criminal Record Statement (TLR 508). Have your fingerprint impressions placed on one TrustLine fingerprint card (FD 258) by a local law enforcement agency or fingerprint service. Submit the completed application and fingerprint card to the address listed in Box 11 on the TrustLine application form or contact **1-800-822-8490** for information.

Processing Fees: The only fee charged will be the cost of having the prints rolled or scanned. This fee varies by site and is paid to the law enforcement agency or fingerprint service. No other fees will be charged.

TRANSFER PROCESS - If you are currently licensed by the Community Care Licensing Division or working in a facility licensed by Community Care Licensing, you may transfer your criminal history clearance from Community Care Licensing Division to the TrustLine Registry Program. Check the appropriate boxes in section 8 and submit the completed TrustLine application form and the TrustLine Registry Criminal Record Statement (TLR 508), along with a photocopy of your I.D. to the address listed in Box 11 of the TrustLine application form or contact **1-800-822-8490** for information. If you are transferring your background clearance from a non-child care facility type, a Child Abuse Central Index check will be conducted. NOTE: A transfer is not possible from county licensed facilities.

TRUSTLINE REGISTRY
IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER PROGRAM
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
BACKGROUND CHECK APPLICATION

TrustLine

(See the next page for further instructions. Use a ball point pen and print clearly.)

1. NAME: LAST FIRST MIDDLE

2. LIST ALL OTHER NAMES YOU HAVE EVER USED, SUCH AS MAIDEN OR ALIASES. (AKAs)

3. RESIDENCE ADDRESS: STREET APT# CITY STATE ZIP CODE COUNTY

4. MAILING ADDRESS (IF DIFFERENT): P.O. BOX/STREET APT# CITY STATE ZIP CODE COUNTY

5. DATE OF BIRTH | SEX | HEIGHT | WEIGHT | EYE COLOR | HAIR COLOR

6a. SOCIAL SECURITY NUMBER (Voluntary)

6b. DRIVER'S LIC OR ID# / ALIEN REG/OUT-OF-STATE ID# (Required)

7. TELEPHONE NUMBERS: (Include Area Code)
DAY: EVENING:

8. **TRANSFER PROCESS**: Are you currently licensed or working in a facility licensed by the California Department of Social Services Community Care Licensing or have you worked in a licensed facility within the last two years? ☐ **YES** ☐ **NO**
If Yes, do you want to transfer your Criminal History clearance from Community Care Licensing to TrustLine? ☐ **YES** ☐ **NO**
(If Yes, fingerprints are not required.) Enter the Facility number. **Facility # or Personal Identification #** _____
(Include photocopy of I.D.)

9.
SIGNATURE (REQUIRED) DATE (REQUIRED)

10. **COMPLETE THE TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT (TLR 508) Click to access**

11. Return this application and the TLR 508 to this address.

12. **County Welfare Department Stage 1 and Cal Learn ONLY**
County:_____ County ID: 2 ☐☐
CalWORKs Child Care Program: Stage 1_____ Cal Learn_____
Case Number(s): 1)_____ 2)_____
County Worker Name:_____ PRINT _____ SIGNATURE
Worker Phone No:_____ Date:_____

13. **Child Care Resource and Referral/Alternative Payment Program Use Only**
Payment Program: Stage 1_____ Stage 2_____ Stage 3_____ CCDBGAPP_____ GFAPP_____
County:_____ ID#_____
Child Care Resource and Referral Program:_____ ID#_____
Alternative Payment Program (including CWDs w/APP contracts with CDE and Community Colleges):_____ ID#_____
Case number(s): 1)_____ 2)_____
County Worker Name: (If Applicable)_____ Worker Phone #_____

OFFICIAL USE ONLY - LIVE SCAN

14. **ORI:** Code assigned by DOJ ☒ Trustline A1157 (Subsidized TrustLine)
Type of Application ☒ License, Certification, Permit
Job title or Type of License, Certification or Permit:
Child Care Provider (Health & Safety Code 1596.603 (c)) CalWORKs/CDE

15. **Agency Address Set Contributing Agency:**
CA Dept of Social Services — 03502
Agency authorized to receive criminal history information — Mail Code (five-digit code assigned by DOJ) — Billing Code - non Identix sites subsidized only
P.O. Box 944243 Mail Station 19-57 — N/A
Street No. Street or PO Box — Contact Name (Mandatory for all school submissions)
Sacramento CA 94244-2430 — ( ) N/A
City State Zip Code — Contact Telephone No.

16. Live Scan Transaction Completed by: Name of Operator _____ Date_____

Transmitting Agency LSID# ATI No. Amount Collected/Billed

TLR 1 (10/05) **FOR DEPARTMENT OF SOCIAL SERVICES ONLY** Page 3 of 4

SAMPLE

TRUSTLINE REGISTRY APPLICATION

INSTRUCTIONS FOR SUBSIDIZED APPLICANTS

PRINT ALL INFORMATION EXCEPT SIGNATURE (The numbers listed below correspond to the numbered boxes on the application form.)

1. Print your full legal name. Do not use nicknames. The printed name and the signature on the application and the fingerprint card must be the same. *NOTE: We recommend that you use the name that is on your identification card. If your I.D. lists your maiden name but you are using a married name, use the married name as the main name and the maiden name as the AKA. If your signature is missing on the application or fingerprint card, the application will be returned.*

2. List all other names you have ever used. *NOTE: This includes aliases such as 'Beth' if used as a legal name.*

3. Print your complete residence address including your zip code and county. *NOTE: City names must be spelled out. Abbreviated city names will not be accepted. If you are using a fingerprint card to submit your prints, make sure your full residence address is listed.*

4. Print your complete mailing address including your zip code and county, if different than residence address. **Once you are registered, failure to notify the TrustLine Registry Program of a change of mailing address within 10 days of your move will result in your name being removed from the Registry.**

5. List your date of birth, sex ("M" for male or "F" for female) , height, weight, eye color, and hair color. *NOTE: You must be 18 years of age or older to apply for the TrustLine Registry.*

6. a) Print your social security number (SSN). Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.), notice is given for the request of your SSN on this form. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check. The law requires that you complete a background check (Health and Safety Code Section 1596.603). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code Section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

   b) Print your identification number, which is required. *NOTE: You must list one of these four I.D.s: California Driver's License; California I.D. Card; Alien Registration Card; or a numbered, picture I.D. issued from a state other than California. If the application has only a SSN without one of the four acceptable I.D.s, it will be returned.*

7. List a daytime and evening telephone number.

8. **TRANSFER PROCESS:** Mark the appropriate boxes **Yes or No**. If you marked yes, fingerprints are not required.

9. You must sign and date the application. If your signature and date are missing, the application will be returned as incomplete.

10. **APPLICANT** - You must answer the questions on the **TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT (TLR 508), Page 1**. If you answered NO to both questions, you must: print your name; provide your address, city, zip code; social secuity number (voluntary); California License Number, or California ID number, or alien registration number, or a numbered, picture ID issued from a state other than California. You must sign and date Page 1.
NOTE: IF YOU ANSWERED YES TO BOTH QUESTIONS, YOU MUST COMPLETE THE INFORMATION ASKED ON PAGE 2. YOU MUST ALSO SIGN AND DATE PAGE 2.

AFTER YOU COMPLETE THIS FORM (TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT (TLR 508)), YOU MUST RETURN IT TO THE AGENCY YOU OBTAINED THIS APPLICATION FROM. YOU CAN OBTAIN THE ADDRESS OF THAT AGENCY BY LOOKING IN BOX 11. IF YOU DO NOT RETURN THIS FORM, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. YOUR NAME WILL NOT BE PLACED ON THE TRUSTLINE REGISTRY UNTIL YOU SUBMIT THE TRUSTLINE REGISTRY CRIMINAL RECORD STATEMENT (TLR 508).

Applicant have you.....
1) Used exactly the same name on page 3 of the application form and the TrustLine Registry Criminal Record Statement (TLR 508) and on the fingerprint card, if a fingerprint card is used.
2) Included the appropriate identification number (i.e. California Driver License)?
3) Had your prints taken on an FD-258 fingerprint card or submitted your prints through Live Scan?
4) Signed and dated the application?
5) Completed and signed the Trustline Registry Criminal History Statement (TLR 508) on both sides of the form if necessary?

OFFICIAL USE ONLY

11. Resource & Referral (R&R) or Payment Program (CWD or APP) address.

12. **County Welfare Offices - Instructions**
    a) Fill in County and County I.D. number.
    b) Place a check after the program that is funding the child care: CalWORKs Child Care Program Stage 1 or Cal Learn.
    c) Fill in the family's case number assigned by the County Welfare Department.
    d) Enter the worker's name, phone number and signature on the lines provided. (If the R&R is completing this section using the TrustLine referral form, the county case worker signature is not required.)
    e) Have applicant complete and sign the TLR 508.

13. **Resource & Referral/Alternative Payment Program - Instructions**
    a) Place a check after the program that is funding the child care: Stage 1, Stage 2, Stage 3, CCDBGAPP (Including local FBG) and GFAPP (General Fund APP and Respite).
    b) Complete the county, R&R and APP with appropriate I.D. numbers including the Community Colleges.
    c) Enter the case number if the Payment Program assigns a case number for tracking purposes.
    d) If this is a referral from CWD, include worker name and phone number.
    e) Have the applicant complete and sign the TLR 508 and forward to CDSS along with the application.

OFFICIAL USE ONLY - LIVE SCAN

14. Originating Reponse Indicator (ORI): This information is pre-printed on the form.
15. Agency Address Set Contributing Agency: This is the agency authorized to receive criminal history information. This information is pre-printed on the form.
16. Live Scan Transaction Completed By: This section to be completed by the Live Scan operator.

NOTE: YOU MUST BRING THIS FORM WITH YOU THE DAY YOU ARE FINGERPRINTED. IF YOU WANT A COPY OF THIS FORM FOR YOUR RECORDS, YOU MUST MAKE A COPY OF THE COMPLETED FORM AND TAKE IT WITH YOU TO YOUR APPOINTMENT.

Change of Address Form

Date: _____

TO: TrustLine Registry
Community Care Licensing
California Department of Social Services
744 P Street, M.S. 19-57
Sacramento, CA 95814

RE: TrustLine Applicant Change of Address

Please update my address information on the TrustLine Registry.

My Name: _____

My Driver's License Number: _____

My Phone Number: _____

My NEW Address:

Street: _____ Apt # _____

City: _____ State: _____ Zip: _____

My Old Address:

Street: _____

City: _____ State: _____ Zip: _____

Please note: It is required by law that TrustLine applicants and registered TrustLine providers must maintain a current address. Change of address information must be provided in writing to the California Department of Social Services. **We cannot accept change of address information over the phone.**

If you have any question, please call 1-800-822-8490.

SAMPLE

Child Care Resource Center
Quality · Support · Development · Education

VARIED SCHEDULE FORM

Parent Name: _____ Month: _____ Year: _____ Hourly Rate: _____

Company Name: _____ Completed by: _____ Title: _____

Date	Day	Hours Worked		Number of Hours Worked
		From AM / PM	To AM / PM	
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
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	Friday			
	Saturday			
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			
			Total Hours Worked:	
			Total Income for the Month (Copies of paycheck stubs included)	$

SAMPLE

I declare under penalty of perjury that the information recorded here is true and correct to the best of my knowledge. I understand that all information on this form is held in confidence and only available to Child Care Resource Center staff, California Department of Education, and audit personnel.

_____ _____ _____

Parent Name (Print) **Parent Signature** **Date**

FSS -10 Rev: 12/2006

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

SAMPLE

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here **Signature of U.S. person ▶** **Date ▶**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Child Care Resource Center

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