

## MODOC CHILD CARE RESOURCE & REFERRAL

doing intake: \_\_\_\_\_

### Subsidized Child Care

Activity Start Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Intake Form

Activity End Date: \_\_\_\_\_

<b>Name of Parent/ Guardian A:</b> First/Last			M.I.	<b>Social Security #:</b>								
<b>Name of Parent/ Guardian B:</b> First/Last			M.I.	<b>Social Security #:</b>								
<b>Physical Address:</b>				<b>Contact:</b>				<b>Initial</b>				
<b>Mailing Address (if different):</b>								<b>Update</b>				
(St., City, State, Zip)				<b>Ranking:</b>								
<b>Home Phone:</b>		<b>Work:</b>		A								
		B		B								
		<b>Monthly Gross Income</b>		<b>Sources</b>								
<b>Parent/Guardian A:</b>												
<b>Parent/Guardian B:</b>												
<b>Number in Family:</b>				<b>Primary Language of Child/Children:</b>								
<b>TANF Recipient:</b>		<b>Currently</b>		<b>Within the last 6 months</b>		<b>Already Has Child Care Provider?</b>		<b>Name of Provider First/Last</b>				
		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no						
<b>A</b>		<b>B</b>		<b>Parents Needs</b>		<b>Type of Care</b>		<b>Needs Child Care Referrals?</b>		<input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/>		<input type="checkbox"/>		Employment		<input type="checkbox"/> Licensed Family		<b>Referral Names Given</b>				
<input type="checkbox"/>		<input type="checkbox"/>		Full Time		<input type="checkbox"/> In-home						
<input type="checkbox"/>		<input type="checkbox"/>		Part Time		<input type="checkbox"/> Reg. Exempt						
<input type="checkbox"/>		<input type="checkbox"/>		School		<input type="checkbox"/> Exempt						
<input type="checkbox"/>		<input type="checkbox"/>		Training		<input type="checkbox"/> Latchkey						
<input type="checkbox"/>		<input type="checkbox"/>		Seeking Work		<input type="checkbox"/> Head Start						
<input type="checkbox"/>		<input type="checkbox"/>		Parental Incapacitation		<input type="checkbox"/> Center Based						
<input type="checkbox"/>		<input type="checkbox"/>		Child Protective Services		<input type="checkbox"/> State Preschool						
<input type="checkbox"/>		<input type="checkbox"/>		Homeless				<b>Comments:</b>				
<input type="checkbox"/>		<input type="checkbox"/>		Seeking Shelter								
<input type="checkbox"/>		<input type="checkbox"/>		CalWorks Activities								
<b>Child/Children's Names</b>		<b>DOB</b>	<b>Social Security Number</b>	<b>Does Child have any special needs</b>		<b>Days and Hours of Care Needed</b>						
<b>First, and middle initial</b>				<b>Yes</b>	<b>No</b>	<b>Up to hours</b>						
<b>Last name</b>				<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
				<input type="checkbox"/> yes	<input type="checkbox"/> no							
				<input type="checkbox"/> yes	<input type="checkbox"/> no							
				<input type="checkbox"/> yes	<input type="checkbox"/> no							
				<input type="checkbox"/> yes	<input type="checkbox"/> no							
				<input type="checkbox"/> yes	<input type="checkbox"/> no							
<b>The Family meets the eligibility requirements for the following subsidized child care programs:</b> <input type="checkbox"/> CAPP <input type="checkbox"/> CDSS Stage 1 <input type="checkbox"/> C2AP <input type="checkbox"/> CFCC <input type="checkbox"/> C3AP												
Revised 9/9/08												

Modoc Child Care Resource & Referral  
Subsidized child care enrollment CHECK LIST

- ☐ Intake Form
- ☐ Enrollment packet
- ☐ Proof of need (one option below)
  - ☐ Employment verification form
  - ☐ Incapacitation form (signed by doctor)
  - ☐ Education enrollment form
  - ☐ Self employment form
- ☐ Income verification-last pay stub
- ☐ Birth Certificates of every child in Household
- ☐ Immunization Records
- ☐ Proof of Residency (Any bill with your physical address and name on it or rental agreement)

# Income Report

Parent "A" \_\_\_\_\_ Parent "B" \_\_\_\_\_ Family ID: \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer \_\_\_\_\_  
 Child/ren's Names \_\_\_\_\_

- Please enter the monthly amount for each income type that is being received in Section 1
- If **None** is received, check the "NO" box for each income type not received.

SECTION 1: MONTHLY GROSS WAGES	No	DOCS RCVD (Required)	MONTHLY AMOUNT
Wages or Salary (Gross salary prior to deductions- Pay stubs or copies of monthly checks received)	<input type="checkbox"/>		A \$ B \$
Additional Gross Wages or Salary <b>NOT</b> included on payroll stubs or tax returns. (May include salary advances, commissions, overtime, bonuses, tips, gambling/lottery winnings, wages for migrant, agriculture or seasonal work)	<input type="checkbox"/>		A \$ B \$
Self Employment	<input type="checkbox"/>		A \$ B \$
Public Assistance, TANF (do not include food stamps)	<input type="checkbox"/>		A \$ B \$
Unemployment (EDD)	<input type="checkbox"/>		A \$ B \$
Disability <b>OR</b> Workers Compensation	<input type="checkbox"/>		A \$ B \$

**In Addition** to your Monthly Gross Wages listed above, does any of the following Additional Monthly Income in **Section 2** apply to you or any adult counted in your family size?

- If **None** is received, check the "NO" box for each income type not received.

SECTION 2: MONTHLY GROSS WAGES	No	DOCS RCVD (Required)	MONTHLY AMOUNT
Benefits such as medical, dental, vision, life insurance, etc. included in gross amounts on pay check stubs if it has been determined that there is a cash value to it.	<input type="checkbox"/>		A \$ B \$
Spousal or child support received from the former spouse or absent parent <b>OR</b> Financial assistance for housing costs or care payments paid as part of or in addition to spousal or child support.	<input type="checkbox"/>		A \$ B \$
Survivor and retirement benefits; Veterans pensions, Pensions or annuities, Inheritance	<input type="checkbox"/>		A \$ B \$
Dividends, interest on bonds, income from estates or trusts, net rental income or royalties; Rent for room within the family's residence.	<input type="checkbox"/>		A \$ B \$
Foster Care Grants, payments or clothing allowance for children placed through child welfare services	<input type="checkbox"/>		A \$ B \$
Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parents.	<input type="checkbox"/>		A \$ B \$
Allowance for housing or automobiles provided as part of compensation	<input type="checkbox"/>		A \$ B \$
Portion of student grants or scholarships not identified for educational purposes as tuition, books or supplies.	<input type="checkbox"/>		A \$ B \$
Insurance or court settlements for lost wages or punitive damages.	<input type="checkbox"/>		A \$ B \$
Net proceeds from the sale of real property, stocks or inherited property or Other enterprise for gain.	<input type="checkbox"/>		A \$ B \$
Total from Section 1 & 2			\$

**Note:** Your Gross Monthly Wages **may be adjusted** if any deductions listed in **Section 3** apply to you. Please enter the Monthly Amount below and submit required supporting documents. A Self Declaration of these deductions is **NOT** acceptable. If you have no deductions to report, check "NO".

SECTION 3: MONTHLY DEDUCTIONS	No	DOCS RCVD (Required)	MONTHLY AMOUNT
Total Self-Employment Business Related Expenses determined by signed Tax returns	<input type="checkbox"/>		A \$ B \$
Spousal or child support received from the former spouse or absent parent <b>OR</b> Financial assistance for housing costs or care payments paid as part of or in addition to spousal or child support.	<input type="checkbox"/>		A \$ B \$
Total from Section 3			\$

I hereby certify under penalty of perjury under the laws of the state of California that the information state above and any documents submitted herewith, are true and correct to the best of my knowledge, and that none of such information or documentation is misleading, untrue or false. I further understand and acknowledge that by signing this statement, the above information and submitted documents herewith are subject to verification and hereby grant T.E.A.C.H., Inc. the authority to verify such information and documents. If the above information and/or documents submitted herewith are found to be false, untrue or misleading, I understand that I may be subject to prosecution and punishment under the laws of the State of California.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Family Needs Assessment

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have any concerns about your child/ren in any of the following areas:

YES NO

☐ ☐

Hearing

YES NO

☐ ☐

Learning/Brain Development

☐ ☐

Vision

☐ ☐

Social Development

☐ ☐

Speech

☐ ☐

Physical Development

☐ ☐

Behavior/Emotional Development

Has your child care provider indicated any concerns in the areas listed above?

Please Explain: \_\_\_\_\_

Are you currently receiving services for any areas marked "yes"? \_\_\_\_\_

Is a language other than English spoken in the home? If so, what \_\_\_\_\_

Would you like information or referrals for:

YES NO

☐ ☐

Financial Assistance

YES NO

☐ ☐

Domestic Violence Counseling

☐ ☐

Food Assistance

☐ ☐

Legal Assistance

☐ ☐

Housing

☐ ☐

Family Counseling

☐ ☐

Nutrition

☐ ☐

Parenting Education/Information

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Referrals Given: \_\_\_\_\_

## Emergency and Identification Information

### I. Family Information

Child's name (Last, First, Middle): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's business address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's business address: \_\_\_\_\_ Phone: \_\_\_\_\_

### II. Names of Persons Authorized to Take Child from the Facility (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

### III. Additional Persons Who May Be Called in an Emergency to Take Child from the Facility

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

### IV. Physician to Be Called in an Emergency

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

V. Medi-Cal Number \_\_\_\_\_ Medical Insurance \_\_\_\_\_

Insurance Number \_\_\_\_\_

VI. Allergies or Other Medical Limitations \_\_\_\_\_

VII. **Permission for Medical Treatment** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

*In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.  
 Licensing Office Name: Calif. Dept. of Social Services, Community Care licensing  
 Licensing Office Address: 520 Cohasset Rd. Suite #170, Chico, CA 95926  
 Licensing Office Telephone #: (530) 895-5033
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

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

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee, \_\_\_\_\_  
Name of Family Child Care Home

Signature (Parent/Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.**

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?

ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE BOWEL MOVEMENTS REGULAR?*
	<input type="checkbox"/> YES <input type="checkbox"/> NO
WORD USED FOR "BOWEL MOVEMENT"*	WHAT IS USUAL TIME?*
	WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT'S EVALUATION OF CHILD'S PERSONALITY			

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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112 East 2nd Street, Alturas, CA 96101 • (530) 233-3111 • FAX (530) 233-4744

August 27, 2020

Dear Providers and Parents/Guardians,

It has been brought to our attention by the California Department of Education that attendance sheets turned in have lacked proper **daily** sign in and out by the Parent or Guardian. Time sheets have come in with provider's handwriting for the time and then parent's signature later. This is not acceptable according to California Department of Education Auditors and Modoc Resource and Referral Procedural Manual.

Parents

It is solely the Parent's/Guardian's responsibility to write the exact time of arrival and departure with full signature for that day. It is **not** the provider's responsibility to write the time-in and out. Exact times need to be written down on the Attendance Sheets, not rounded (see example).

**PARENTS MUST, with full signature, SIGN THE TIME SHEET EVERY DAY!**

Providers

Providers should only initial if a split day occurs and sign at the bottom of the timesheet. If provider picks up a child from another facility or the child comes from school, the provider may write the time in and sign that day.

Providers, if you need support in developing a better system for parents to sign in and out Modoc Child Care Resource and Referral staff will be of assistance.

Parents and Providers-

Communicate with each other to achieve the proper sign-in and out procedures of attendance sheets. Improper procedures may result in non-payment.

For any questions, please call Mary Lynn at (530) 233-5437

Sincerely,

Carol Madison  
Executive Director

Youth & Family Services  
112 East 2nd Street  
Alturas, CA 96101  
(530) 233-4929

Modoc Crisis Center  
112 East 2nd Street  
Alturas, CA 96101  
(530) 233-4575

Modoc Child Care R&R  
112 East 2nd Street  
Alturas, CA 96101  
(530) 233-5437

T.E.A.C.H. Senior Services  
906 W. 4th Street  
Alturas, CA 96101  
(530) 233-5556

Tulelake/Newell Family Center  
P.O. Box 790  
Tulelake, CA 96134  
(530) 667-2147

Parent: <u>Heather Tufts</u>	Child: _____	Age: <u>2.5</u>	Child ID: _____
Provider: <u>Sandra Ramsey</u>	Address: _____	Phone: _____	
Program: _____	Specialist: _____	Family ID: _____	
Provider APID: _____	Provider Type: _____	Provider ID: _____	

	SUN	MON	TUES	WED	THU	FRI	SAT
Regular Schedule							
Vacation Schedule							

PARENT SIGN IN THIS COLUMN ONLY			PROVIDER MUST INITIAL IF CHILD HAS A SPLIT SCHEDULE				PARENT SIGN IN THIS COLUMN ONLY			OFFICE USE
DAY OF MONTH	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER INITIALS	TIME IN	PROVIDER INITIALS	TIME OUT	PARENT'S SIGNATURE	ABSENCE REASON	TOTAL HOURS
1	8:02	<i>Heather Tufts</i>					5:04	<i>Heather Tufts</i>		
2	8:11	<i>Heather Tufts</i>					5:10	<i>Heather Tufts</i>		
3										
4										
5	8:08	<i>Heather Tufts</i>					5:03	<i>Heather Tufts</i>		
6	8:02	<i>Heather Tufts</i>					5:06	<i>Heather Tufts</i>		
7	8:01	<i>Heather Tufts</i>					4:59	<i>Heather Tufts</i>		
8	8:11	<i>Heather Tufts</i>					4:50	<i>Heather Tufts</i>		
9	7:52	<i>Heather Tufts</i>					5:11	<i>Heather Tufts</i>		
10										
11										
12	6:58	<i>Heather Tufts</i>	12:01	SR	1:06	SR	5:09	<i>Heather Tufts</i>		
13	8:01	<i>Heather Tufts</i>					4:58	<i>Heather Tufts</i>		
14		<i>Sick</i>					<i>Sick</i>			
15		<i>Sick</i>					<i>Sick</i>			
16	8:07	<i>Heather Tufts</i>					5:12	<i>Heather Tufts</i>		
17										
18										
19	7:56	<i>Heather Tufts</i>	12:01	SR	1:03	SR	5:12	<i>Heather Tufts</i>		
20	7:59	<i>Heather Tufts</i>	11:56	SR	1:05	SR	5:08	<i>Heather Tufts</i>		
21	8:07	<i>Heather Tufts</i>	11:58	SR	12:59	SR	5:06	<i>Heather Tufts</i>		
22	7:55	<i>Heather Tufts</i>	12:02	SR	1:07	SR	5:11	<i>Heather Tufts</i>		
23	8:02	<i>Heather Tufts</i>	12:00	SR	12:57	SR	4:59	<i>Heather Tufts</i>		
24										
25										
26	12:01	<i>Heather Tufts</i>					6:02	<i>Heather Tufts</i>		
27	12:05	<i>Heather Tufts</i>					6:01	<i>Heather Tufts</i>		
28	12:10	<i>Heather Tufts</i>					5:56	<i>Heather Tufts</i>		
29	12:11	<i>Heather Tufts</i>					6:09	<i>Heather Tufts</i>		
30	12:03	<i>Heather Tufts</i>					5:32	<i>Heather Tufts</i>		
31										

## OFFICE USE ONLY

TOTAL HOURS OF CARE	_____	x HOURLY PAY	\$ _____	= \$ _____
TOTAL DAYS OF CARE	_____	x DAILY PAY	\$ _____	= \$ _____
TOTAL WEEKS OF CARE	_____	x WEEKLY PAY	\$ _____	= \$ _____
TOTAL MONTHS OF CARE	_____	x MONTHLY PAY	\$ _____	= \$ _____

COUNSELOR

I verify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

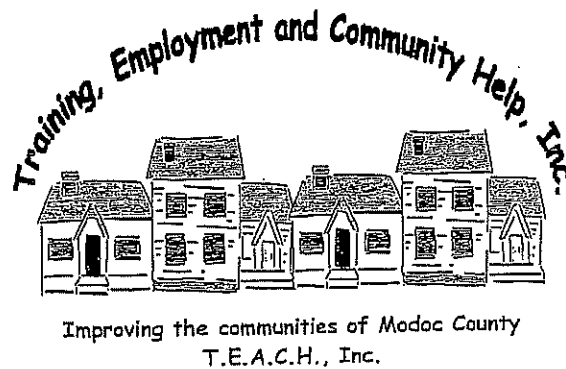
Child ID

Provider ID

SIGNATURE OF PROVIDER

SIGNATURE OF PARENT

**MODOC CHILD CARE  
RESOURCE AND REFERRAL**  
A division of  
**TRAINING, EMPLOYMENT &  
COMMUNITY HELP, INC.**



**SUBSIDIZED CHILDCARE PROGRAMS  
ALTERNATIVE PAYMENT,  
CALWORKS  
FAMILY CHILD CARE HOME EDUCATION  
NETWORK**

**PARENT  
INFORMATIONAL BOOK**

**2018-2019**

# Modoc Child Care R&R

## PARENT INFORMATIONAL BOOK

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# **Modoc Child Care Resource & Referral Parent Informational Book**

## **MISSION STATEMENT**

To promote coordinated child care and development services to children, parents, and providers; and to provide resources and collaboration with educational entities, health and human service agencies, and community groups serving children and families in Modoc County.

## **PHILOSOPHY**

Our goal is to promote a safe, warm, nurturing environment for the growth and development of young children. We strive to promote physical, social, emotional, and cognitive development of young children while responding to the needs of the family.

## **STATEMENT OF INCLUSION**

Services are offered to children with special needs in the least restrictive environment, as stated in the Individuals with Disabilities Education Act, (IDEA).

It is the policy of Modoc Child Care Resource and Referral (MCCR&R) not to discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, and color, mental or physical disabilities.

## **SUBSIDIZED PROGRAMS AVAILABLE**

The following programs are funded by the Federal government, California State Department of Education and the Modoc County Department of Social Services and are dependent on continued funding to provide child care to eligible families.

### **CalWORKs Programs**

**STAGE 1:** This County funded program is designed for families who are receiving cash assistance from their county social services office and are enrolled in the CalWORKs program. Families must live in Modoc County to receive child care. A County Social Worker determines the need for care, and sends a referral to the MCCR&R Subsidy Program.

**STAGE 2:** This State and Federally funded program is designed to help eligible families who have received cash aid within the last 24 months. This program serves families who live in Modoc County.

**STAGE 3:** This State and Federally funded program helps qualifying families continue receiving assistance paying for child care after their 2 years on Stage 2 have ended. Families can only enroll on Stage 3 immediately after having been on Stage 2. Families are normally off cash aid and must live in Modoc County.

### **Alternative Payment Program (AP)**

This State and Federally funded program is designed to provide child care assistance to low income families. There is a priority for children who have open Child Welfare cases or are at risk of abuse or neglect. All other families are enrolled based on income and family size.

Parents must be employed, in school, seeking employment, homeless, or referred by a health professional as medically incapacitated to be eligible for the program. In addition, families must live in Modoc County.

### **Family Home Education Network**

Family Child Care Home Education Network is a program for children aged 0-5 designed to provide information to parents and licensed child care providers on how children grow and develop. Each child has their own personality and temperament. The Birth to Pre-kindergarten child has their own unique needs and requires nurturing to enable the child to develop into a competent happy individual.

### **ADMISSION POLICY/CHILDCARE ELIGIBILITY LIST (applies to AP only)**

MCCR&R's policy for admitting families adheres to the priority list established by the State. MCCR&R maintains a Childcare Eligibility List (known as the Waiting List) of eligible families which is kept in priority order. Families with children receiving Child Protective Services have first priority, followed by families with the lowest income adjusted for family size. When there are multiple families with comparable income on the Childcare Eligibility List for a particular eligibility group, families with children who have exceptional needs are given priority.

### **ELIGIBILITY AND NEED**

In order to be enrolled on MCCR&R's program, you must meet eligibility criteria and have a State recognized need for child care.

#### **Eligibility**

Eligibility for the AP program is determined by:

- Income: Gross monthly income adjusted for family size which cannot exceed State income eligibility ceilings.
- Age: The children receiving services must meet State age eligibility limits.
- Location: The child must live and use care in Modoc County. The child must reside with the parent(s) on the program for any periods of time for which child care subsidies are paid.

#### **Need**

Subsidized care is only available during days and hours the parent can establish a need. Need defined as any approved activity that parents are engaged in that prevents them from caring for their own children. In a two-parent household, both parents must be able to document a need for care, and their need for care must overlap so neither is available to care for the children. A parent can have more than one need, which may include:

- Employed: You have a job or are self-employed.
- Job Seek: You are actively seeking employment.
- Vocational Training: You are in a training or educational program leading to a specific vocational goal.
- Parental Incapacitation: You are medically or psychiatrically incapacitated, to the extent that your ability to provide care for the child is significantly limited, as verified by a legally qualified professional.
- Homelessness: Your Family is Homeless

- Seeking Permanent Housing: Your family is homeless and needs to find permanent housing.

### **CHILD PROTECTIVE SERVICES (CPS)**

MCCR&R offers a child care subsidy program for children who are receiving protective services, as determined by a referring agent on a "Respite Referral Form" from the Department of Health & Human Services. In order to receive subsidized child care through CPS program, a family must have a written referral from the Department of Health & Human Services, CPS unit that certifies that the child is receiving protective services, and that the family requires care for the child as part of the CPS case plan.

Families may be referred initially for up to twelve (12) months of child care, after which the case will be reviewed for continued eligibility. MCCR&R will conduct follow-up after every 90 days to determine if the family is participating in their CPS case plan. If the family is not meeting the obligations of the plan, child care will be discontinued.

**NOTE:** MCCR&R's CPS program services, like all our subsidized programs depend on fund availability. Families referred for CPS services will likely be placed on the Childcare Eligibility List.

### **VERIFICATION OF FAMILY COMPOSITION**

**Before you can be enrolled, you must supply the following information:**

1. Your full name, address and telephone number (home or cell), as well as the name of the second parent in the household (two-parent families).
2. Names, gender and birth dates of all children under the age of eighteen (18) in the family, whether or not they will be served by the program.
3. Supporting documentation regarding the number of children and parents in the family, which may include:
  - a. Birth records or school/medical records
  - b. County welfare records
  - c. Court orders regarding custody or child support
  - d. Other reliable documentation indicating the relationship of the child to the parent
  - e. Address verification for absent parent/s (or proof of applying parent to be head of household)

### **INCOME AND ADMISSION REQUIREMENTS**

#### **Enrollment/Continual Services Requirements**

At time of intake, enrollment, or recertification, parents will be asked to bring current income verification, verification of county residency, and other relevant information/documentation. The families will be notified of which documentation is required prior to their enrollment interview. All required documentation to certify need and eligibility must be complete prior to services beginning.



### **Verification of Eligibility and Need**

You must supply MCCR&R with documentation of both your eligibility and need, and we are required to verify the information you have given us. Eligibility verification includes documentation of your residency, ages of the children, your family's size (including verification of address of absent parent and/or verification of head of household) and your family's income.

**All Income:** You must report income your family receives from all sources, which includes (but is not limited to)

- Wages, tips, bonuses, commissions and other earnings, including any self-employment earnings
- Child and/or spousal support
- Cash aid
- Social Security Administration benefits (SSA), Unemployment Benefits, work study or financial aid, foster care grants
- Disability benefits, worker's compensation, retirement benefits, pensions, inheritance, allowances for housing/automobiles, insurance/court settlements, etc.

### **Employment - If you are employed you must submit:**

- A signed release authorizing MCCR&R to contact your employer, which includes:
  1. Employer's name, address and telephone number.
  2. Hours of the day and days of the week worked.
  3. Wage stubs showing gross income and pay period dates. (A letter from an employer may temporarily substitute for a wage stub. The letter must be on business letterhead and include gross wages, pay period, work hours, and must be signed by the employer, personnel officer or supervisor. To verify hours worked, you may also be required to submit your time sheets.)
- If you are self-employed, you must submit:
  1. Completed Self-Employment Declaration form that includes a description of the employment and the hours of the day and days of the week worked.
  2. Additional documentation of income and hours worked which could include appointment logs, client receipts, job/mileage logs, a list of clients with contact information, etc.
  3. Copy of business license or workspace lease/rental agreement (if applicable).
  4. Relevant business records
- If your employment is in the home, the nature of your work must preclude the supervision of the children. If you work in your own home, you will be asked to provide justification for your need for care if your children are over the age of five (5). Family child care home (FCCH) providers are not eligible for subsidized services because their work does not preclude the supervision of their own children. If you are employed as an assistant in a licensed large family day care home, you must provide the following:
  1. Copy of FCCH license
  2. Signed statement from licensee that you are the assistant
  3. Proof that your fingerprints are associated with the FCCH.
  4. Proof of income earned as the assistant to a FCCH Provider.

**Seeking Employment (also referred to as Job Search):**

- A completed Job Search Declaration form which includes:
  1. Plan to secure employment.
  2. Days and number of hours that child care is needed.

**Vocational Training:**

A If the basis of need as stated on the application for services is vocational training leading directly to a recognized trade, para-profession, or profession, child care and development services shall be limited, except as specified in subdivision (f), to whichever expires first:

- (1) Six years from the initiation of services pursuant to this section; or
- (2) Twenty four semester units, or its equivalent, after the attainment of a Bachelor's Degree.

B. The parent shall provide documentation of the days and hours of vocational training to include:

- (1) A statement of the parent's vocational goal;
- (2) The name of the training institution that is providing the vocational training;
- (3) The dates that current quarter, semester, or training period, as applicable, will begin and end;
- (4) A current class schedule that is either an electronic print-out from the training institution of the parent's current class schedule or, if unavailable, a document that includes all of the following:
  - (A) The classes in which the parent is currently enrolled;
  - (B) The days of the week and times of day of the classes; and
  - (C) The signature or stamp of the training institution's registrar.
- (5) The anticipated completion date of all required training activities to meet the vocational goal

**Families attending CalWORKs training activities will be subject to Social Services policies.**

**Parental Incapacity:**

A. A release signed by the incapacitated parent authorizing a legally qualified health professional to disclose information necessary to establish that the parent meets the definition of incapacity pursuant to section 18078, and needs services. B. The documentation of incapacitation provided by the legally qualified health professional shall include:

- (1) A statement that the parent is incapacitated, that the parent is incapable of providing care and supervision for the child for part of the day, and, if the parent is physically incapacitated, that identifies the extent to which the parent is incapable of providing care and supervision;
- (2) The days and hours per week that services are recommended to accommodate the incapacitation, taking into account the age of the child and the care needs. This may include time for the parent's regularly scheduled medical or mental health appointments; and
- (3) The name, business address, telephone number, professional license number, and signature of the legally qualified health professional who is rendering the opinion of incapacitation and, if applicable, the name of the health organization with which the professional is associated.

- (d) The contractor may contact the legally qualified health professional for verification, clarification, or completion of the provided statement.
- (e) The contractor shall determine the days and hours of service based on the recommendation of the health professional and consistent with the provisions of this article.
- (f) The period of eligibility for services when the need for services is incapacitation is for not less than twelve (12) months.

### **Homelessness**

- A written referral from an emergency shelter or other legal, medical or social service agency, or
- b) A written parental declaration that the family is homeless and a statement describing the family's current living situation.
- The period of eligibility for services when the need for services is homelessness is for not less than twelve (12) months, pursuant to Education Code section 8263(h)(1).

### **Seeking Permanent Housing**

§ 18091. Documentation of Seeking Permanent Housing; Service Limitations.

(a) If the basis of need as stated on the application for services is seeking permanent housing for family stability, the parent's initial certification or recertification period for child care and development services is shall be for no less than twelve (12) months Services shall occur on no more than five (5) days per week and for less than thirty (30) hours per week

(b) Documentation of seeking permanent housing shall include a written parental declaration signed under penalty of perjury that the family is seeking permanent housing. The declaration shall include the parent's search plan to secure a fixed, regular, and adequate residence and shall identify a general description of when services will be necessary. If the family is residing in a shelter, services may also be provided while the parent attends appointments or activities necessary to comply with the shelter participation requirements.

(c) At any time between the initial certification or recertification period a parent may voluntarily request an increase to their certified child care schedule based on provided documentation of employment or on other basis for need as applicable, pursuant to section 18084.2.

### **TYPES OF CHILD CARE PROVIDERS**

MCCR&R's Alternative Payment programs allow care in licensed centers, licensed family child care homes and license exempt centers. Most also allow for exempt, relative and in-home care. Not all programs allow for sectarian care because of State laws governing subsidized child care programs. When choosing the child care that best suits the needs of your children, please consider these types of care:

#### **Licensed Care:**

**Child Care Center:** A licensed facility which provides child care services for a number of children. Each center's license indicates the number and age groups of children the center

may serve. Centers can be licensed to serve infants, toddlers, preschoolers or school-aged children.

**Family Child Care Home:** A private home which has been licensed for the occupant to provide child care services. There are two types of homes, those licensed for six or eight children and those licensed for twelve or fourteen children. In both cases, the license states the number and ages of children who may be served.

**Sectarian:** Any licensed care which includes religious training or worship. (Not permitted on State-funded programs.)

**License-Exempt Care:**

**License Exempt Center:** A child care center that is exempt from licensure because the center is located on school property (private or public), the center is administered by the school, and the majority of children attending the center also attend the school. Tribal centers are also exempt from licensure.

**Exempt Home:** A private home in which the occupant may provide child care services for children from one unrelated family that does not reside with the occupant.

**Relative:** Child care provided by the child's grandparent, aunt, or uncle in her/his own home, and the child for which care is provided does not reside with grandparent, aunt or uncle.

**In-Home:** Care given by a non-licensed provider in the child's home (whether or not the provider and child are related and including when the provider and the child being cared for live in the same home). In-home care requires an employer/employee relationship between the parent and the provider. The parent is considered the provider's employer and is legally responsible to pay all required taxes, to carry insurance on the provider (including Worker's Compensation), to pay required minimum wage (including possible supplementation of MCCR&R payments) and to abide by any other regulations regarding employment. The parent should contact an accountant, attorney or Federal and State Tax Agency to obtain the appropriate rules and regulations. The in-home provider is employed solely at the will of the parent and may be terminated at the discretion of the parent. MCCR&R will treat all in-home providers as the employee of the parent. As the employer you need to know the following information:

- Parents who choose in-home license exempt care are considered the employer of their provider. The child care reimbursement is sent to the parent. It is the parent's responsibility to pay the child care provider and to abide by all laws and regulations related to employment issues. Disputes that arise between a parent and a child care provider are not the responsibility of MCCR&R. Some responsibilities include but not limited to: *paying minimum wage, paying Social Security and Medicare (FICA); paying Federal Employment Insurance (FUTA); paying Federal Income Tax; giving their provider a W-2 Form and Tax Statement; completing the Immigration and Naturalization Service (INS) Employment Eligibility Form I-9, paying State Disability Insurance; carrying Worker's Compensation on your employee.*

Contact the local Employment Development Department for further information:  
IRS 1-800-829-1040 and INS 1-800-357-2099.

Registration with EDD must occur during License Exempt Orientation, prior to child care commencing.

- ❖ Child care that occurs between the hours of 11:00pm and 6:00am that is provided by a child care provider who resides in the same home as the children for whom they are providing care will not be reimbursed.

### **PARENTAL COMPLAINTS IN LICENSE EXEMPT CHILD CARE SETTINGS**

Only complaints received about health and safety non-compliance will be accepted by MCCR&R

- ❖ The complaints must be written and must include the nature of the complaint, the date and approximate time of the occurrence and the name and address of the provider about whom the complaint is made and must be signed by the parent. These complaints shall be deemed substantiated solely by the parent's written declaration.
- ❖ Upon receipt of a complaint, MCCR&R will inform the license exempt provider of the parent's complaint and inform the provider of the provider's right to submit a written rebuttal. MCCR&R will also notify the parent and the provider that reimbursements will cease in fourteen (14) days unless a written declaration signed by both parties has been received by MCCR&R stating that the health and safety deficiency has been corrected. Serious health and safety concerns will be referred to the Department of Health and Human Services, Child Protective Services unit.

### **GENERAL POLICIES (REQUIRED BY STATE REGULATIONS)**

When you agree to receive a child care subsidy, you agree to accept the regulations and policies set by state law, funding sources and MCCR&R's Alternative Payment Program. The purpose of this booklet is to inform you of those regulations and policies.

#### **Confidentiality of Services**

The use or disclosure of any information maintained in the basic data file concerning parents or their families is limited to purposes directly connected with the administration of the program. No other use of this information shall be made without the parent's prior written consent unless it is subpoenaed by a court of law. Parents have access to the information in their family's file. A custodial parent may give or deny the non-custodial parent access to the family's file. All single parents will be given a form to fill out for this purpose.

#### **Parent Choice Policy**

MCCR&R's Alternative Payment Program is a parent choice program which means it is the parent's responsibility to select a provider for her/his children. The provider chosen by the parent may be licensed or unlicensed but must be operating in accordance with applicable State of California laws or codes. MCCR&R never places children in the care of providers. Parents may change their care settings to meet their needs but they are required to provide the agency a ten (10) working day notice, and parents must give their providers notice in accordance with their provider's rules. Changes are always contingent upon the availability of funds. The program does not reimburse for notice time if no care was used. Provider changes are only effective with prior approval.

### **Parent's Rights to Information Regarding Providers**

Oliver's Law (AB 458 Zettel)—requires all child care resource and referral programs and alternative payment programs to advise every person who requests a child care referral of his or her right to view the licensing information of a licensed child day care facility.

Parents who choose a licensed provider have the right and responsibility to view any licensing information regarding site visits to their provider's facility or records related to any substantiated or inconclusive complaints about the child care provider that they select to care for their children. This information is public and licensed providers are required by State law to make these records accessible to parents. In addition, state law requires licensed providers to give parents a Notification of Parents' Rights form.

For information about licensed providers, parents may call Community Care Licensing at (530) 895-5033 regarding child care homes and centers. Parents can also find information on providers at <https://secure.dss.ca.gov/CareFacilitySearch>. MCCR&R strongly recommends that parents review a potential child care provider's licensing history before placing their child in care.

Parents who choose a child care program exempt from licensure should ask the program staff about their complaint policies. Parents who choose a non-licensed child care provider have the ongoing responsibility to see that their provider continually meets required basic health and safety standards as stated in MCCR&R's Non-Licensed Child Care Provider Statement, which both parents and providers are required to sign.

Megan's Law (AB 488 Parra) provides the public with internet access to detailed information on registered sex offenders. Parents can visit the Department of Justice "Registered Sex Offender" database at [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov).

### **PROVIDER PARTICIPATION POLICY**

State regulations specify certain criteria that providers must meet in order to be reimbursed for childcare services. **These criteria are:**

1. Be licensed or exempt from licensure. For licensed providers, MCCR&R must have a copy of the current license in our files in order to make payment.
2. Provide care in Modoc County or provide care to families residing in Modoc County.
3. Operate on a nondiscriminatory basis, giving equal treatment and access to services without regard to race, sex, color, creed, religion, national origin or ancestry.
4. Have a pre-printed rate sheet showing the rates that the provider charges for services (all licensed providers).
5. Allow parents, during normal business hours or when the child is in care, unlimited access to their children and written records regarding their children.
6. Complete a W-9 form for IRS Reporting.
7. Be at least 18 years old.
8. Be free of active tuberculosis.
9. Cannot have been convicted of any crime involving violence against, abuse or neglect of children.
10. Not be a member of the child's assistance unit or counted in the family size.
11. Agree to maintain confidentiality regarding all children and families receiving services.

12. Report if location of care changes and/or if provider's address changes.
13. Report when ownership of facility changes (child care center).
14. Must report to parents and agency when he/she will be utilizing a substitute for any absences and those substitutes must be trained in the paperwork needed to document attendance and must be on record with Community Care Licensing.
15. Agree that they will comply with California Department of Education, Child Development Division guidelines of not conducting religious instruction or worship

## **TRUSTLINE**

All license exempt child care providers must be Trustline registered. Trustline registration means completing an application, which includes a health and safety self-certification and checklist, obtaining a Tuberculosis (T.B.) clearance and being fingerprinted through the Department of Justice. The Trustline process, which consists of a background check conducted by the Department of Social Services, can take as little as a few days or as long as a year or more, depending on circumstances. Trustline registration is granted once a provider clears the background check.

License exempt providers must abide by the regulations set forth by the Department of Social Services regarding Trustline Registration and Health and Safety Requirements. *MCCR&R will not reimburse a child care provider who has a felony conviction or substantiated child abuse report. This policy extends to other household members in the home where care takes place. The home where child care occurs must also meet health and safety standards as determined by the Department of Social Services.*

In addition, if a provider's TrustLine is ever revoked or closed, we will stop reimbursement immediately. Once a provider is TrustLine registered, s/he does not need to reapply even if s/he is caring for different children.

## **For all exempt providers, Modoc Child Care Resource & Referral is required to have on file:**

- A description of the provider's qualifications and experience
- A health statement, including T.B. clearance
- A statement from the parent that he/she has interviewed and approved the provider
- A California driver's license number or other valid photo identification verifying the provider is at least 18 years of age
- The exempt provider's name, address, and a copy of their social security card
- Names and ages of all other persons residing in the home where child care is provided
- The address where child care is to be provided, and the hours and rate for this child care
- Agreement that the license exempt provider shall not engage in religious instruction or worship nor any form of discrimination; while providing child care and development services

**NOTE:** License exempt providers may not exceed licensing capacity based on Community Care Licensing regulations.

## **CHILD SAFETY POLICY**

Subsidies will not be provided for children to be placed in the home/care of an individual convicted of a crime which could result in child endangerment. This could include someone

who was arrested for a crime and written up on the issue in the newspaper. Also, if two providers are married to each other and care for children, if one of the providers is convicted or arrested of a crime, then neither person will receive subsidized child care reimbursements in Modoc County.

### **OUT OF AREA CHILD CARE PROVIDER POLICY**

Modoc Child Care Resource & Referral will not reimburse out-of-area child care with the following exceptions:

Stage 1 CalWORKs Subsidized Child Care Program's participants who meet the following criteria:

- They have a plan, which identifies a need for child care
- They are projected to be on Stage 1 for at least 6 months
- Their CalWORKs placement is out of county
- They live in Modoc County
- Quality licensed child care is available on-site or near site of the Cal Works placement
- An agreement for child care, between the provider and Modoc Child Care Resource & Referral can be negotiated

In addition to meeting the above requirements, families may negotiate out of area provider services based on special circumstances. Families receiving subsidized child care services may qualify for additional consideration based on geographic/child care availability to meet placement needs.

The process for implementing this policy will be:

- CalWORKs social worker confirms the need for child care, the placement and the expected duration of the Stage 1 placement/subsidized childcare need
- The CalWORKs client makes an appointment with MCCR&R to discuss child care availability
- An agreement is reached with an out-of-area provider
- Confirmation of the enrollment is provided to the CalWORKs social worker and the CalWORKs client.

### **CONTINUED ELIGIBILITY AND NEED**

Once you have established eligibility and need, you are considered to meet all eligibility and need requirements for not less than 12 months, with the following exceptions:

1. You must report, within 30 days when your adjusted monthly income adjusted for family size exceeds 85 percent of the state median income (SMI) as stated on the Notice of Action that you received when you enrolled.

2. Families may voluntarily report changes in order to reduce family fees, increase service schedule, or extend the period of eligibility.

Additionally, families may voluntarily request a decrease in services hours.



### **NOTICE OF ACTION**

The Notice of Action is issued to the parent at their time of enrollment, recertification appointment, when there is a change in the need or eligibility of child care services based on their original contract, or for nonpayment of Family Fees. Parents must notify MCCR&R of any changes in address or telephone number.

### **RECERTIFICATION**

Modoc Child Care Resource & Referral staff will notify you within 10 business days after the end of your 12 month eligibility period of the need for you to recertify. You will have 30 days from the date of notification to submit the necessary documentation to determine continued eligibility and need.

### **TERMINATION PROCEDURES**

Parent/guardian(s) may be terminated from the program for reasons that may include, but are not limited to the following:

- Eligibility is discontinued by the Department of Health and Human Services (CalWorks Stage 1 only).
- Failure to submit verifiable information regarding eligibility or need for services, or any other required documentation by the assigned due date.
- Failure to establish a continued need for services during recertification
- Failure to pay Family Fees
- No approved provider.
- Failure to appear for a recertification appointment without notifying department staff
- Family's gross monthly income exceeds State income eligibility ceiling.
- Child reaches State age eligibility limits.

### **FAIR HEARINGS**

In accordance with State Department of Education, if child care services are changed or discontinued, parents are issued a Notice of Action in advance that states the effective date and reason for the action.

If you disagree with a Notice of Action or are terminated from the program for any reason or do not agree with a judgment and/or decision we have made regarding your eligibility for services, you are entitled to a fair hearing. Procedures for requesting a fair hearing are on the reverse side of any Notice of Action.

If you elect to have a fair hearing, MCCR&R will continue to pay for child care during the fair hearing process.

### **ATTENDANCE REPORTING**

The Early Education and Support Division (EESD) has very specific requirements for the recording of attendance for subsidy reimbursement. EESD requires parents or providers to maintain a daily in and out record (attendance sheet) for each child on MCCR&R AP Program.

- Attendance sheets should be kept with providers and are one form of documentation accepted for billing. Providers are welcome to use a personalized billing method that they use to bill other parents as a form of billing as long as the invoice contains the following information:
  - ✓ Name of the child receiving services
  - ✓ Specific dates services were provided
  - ✓ Actual times the child entered and left care for each day services were provided, recorded on a daily basis
  - ✓ Signature from both provider and parent at the end of each month, attesting under penalty of perjury, that the information provided on the attendance record or invoice is accurate.

Each day a child uses care requires the time of entry and the time of exit from care. Children that use care before and after school will have additional in and out times listed in the split schedule section of the attendance form. If a child is absent or does not use scheduled care, the parent or authorized pick-up person must fill in the "Reason Code" box with one of the following:

C = Provider Closed

S = Child Sick, at a doctor's appointment, or other medically-related reason

A = Child absent due to vacation, visiting relatives or other personal reason

M = Minimum Day at school (for school age children)

PV = Paid Vacation

Attendance logs are due to MCCR&R AP Program on the 5<sup>TH</sup> business day following the month being claimed. If the attendance logs are incomplete or late they may not be processed until the following month. Only original copies are accepted.

## **FAMILY FEES**

Parents may be required to pay a portion of their child care costs, referred to as the Family Fee. Family fees are assessed for each month the child is enrolled in care. Family fee amounts are established by the State of California and determined by the family's gross monthly income, adjusted for family size, and whether the child is **enrolled** for full time (130 hours or more per month) or part time (less than 130 hours per month) care as defined by the California Department of Education. You are required to pay your Family Fees to TEACH at the beginning of every month, before child care is provided. Family Fees are charged according to the child in the family who uses the most hours in any enrolled month, regardless of the number of children enrolled on the program. Family Fees are due on the first (1<sup>st</sup>) of every month and are considered delinquent after seven (7) calendar days from the due date. Failure to pay Family Fees will result in the issuance of a notice of action. Families terminated for non-payment of Fees are ineligible for child care and development services until all delinquent fees are paid.

Families that are currently receiving cash aid and have a family fee will have their fees waived. **Families, Child Protective Services can have their fee waived for State programs.**

## **FAMILY CO-PAYMENT**

You may choose a child care provider regardless of the provider's rate. If the Provider's rate and other allowable charges exceed the maximum subsidy amount, you are responsible for

paying the difference between the provider's rate and the maximum subsidy amount. This shall be considered to family's co-payment. MCCR&R is not responsible for collecting your co-payment.

### **REIMBURSEMENT FOR NON-OPERATIONAL DAYS**

MCCR&R AP Program can reimburse licensed providers for holidays, absences and vacations as follows:

1. Up to ten (10) non-operational days per fiscal year (coded as "PV") when no care is used.

Reimbursement is based on what the provider charges non-subsidized families and the rate listed on the child care schedule. The agency utilizes the Regional Market Rate and reimburses the lesser of the two.

MCCR&R AP Program can only reimburse non-licensed providers for the actual care they provide and cannot reimburse for hours or days for which the provider did not provide care or was unavailable to provide care.

### **PROVIDER REIMBURSEMENT**

MCCR&R will reimburse providers up to the Regional Market Rate Ceilings established by the State of California.

### **REIMBURSEMENT TO MULTIPLE PROVIDERS**

- a) MCCR&R shall only reimburse one provider of child care services per child when the hours of operation of the child care provider selected by the parent can accommodate the certified need for child care. MCCR&R may reimburse more than one provider per child when the hours of operation of the first provider cannot accommodate the certified need for child care. The only exception is when the regular provider has a paid day of non-operation. Payment to an alternate provider shall be limited to 10 days per child per fiscal year.

### **PARENT LEAVE OF ABSENCE POLICY**

A parent may receive a leave of absence from MCCR&R AP Program. The leave may not exceed twelve (12) weeks for non-medical reasons or sixteen (16) weeks for medical reasons. MCCR&R AP Program does not pay for care during leaves. You are not required to hold spots for children whose parents are on leave.

### **FRAUD POLICY**

The Early Education and Support Division requires MCCR&R AP Program to inform all families receiving subsidized child care services that if child care funds are obtained by providing fraudulent or incomplete information or by willingly omitting information, MCCR&R AP Program shall actively pursue legal channels to recover the funds paid out for the child care services.

Any fraudulent, false or misleading information provided to MCCR&R AP Program regarding resident address, usage of care, employment or student status, income, or eligibility relating to medical incapacitation will be grounds for the family's termination from the program and will be cause for MCCR&R AP Program to recover funds, which may include a repayment plan. As a State- and County-funded program, MCCR&R AP Program retains the right to share

information or to verify documentation supplied by the parent or provider with any applicable State or County agency including, but not limited to, Department of Health and Human Services, Licensing, Child Protective Services or the District Attorney's office. If an investigation reveals that the provider was involved in the fraud, s/he could also be prosecuted and liable for cost recovery.

### **COMPLIANT PROCEDURE FOR ALL PROGRAMS**

If there is a disagreement or you have a problem, talk to the appropriate staff person. If the problem cannot be resolved or you have a disagreement with the actions or policies of MCCR&R or TEACH, Inc. or actions of a staff person, you may use this procedure to provide a method of discussing and settling differences.

It is the intent of this procedure to settle complaints fairly and expediently. The person(s) filing a complaint will be free from restraint, coercion, discrimination, or reprisal. When complaints arise, they are not to be considered as reflecting unfavorably on either the filing party or MCCR&R.

At every step of this procedure, the filing party may be accompanied by another person to represent and/or translate for him/her; however, the complainant must be present at each step. If the filing party does not have a representative available to translate, MCCR&R will provide translation services. Any complaint not formally presented within fourteen (14) calendar days after the occurrence of the matter out of which the complaint arose, will not be presented or considered at a later date; this does not absolve MCCR&R or TEACH, Inc. from any other different occurrence. All complaints begin with Step I.

**STEP I:** The filing party states the problem(s) in writing to the T.E.A.C.H., Inc. Executive Director. They will attempt to resolve the complaint through discussion.

**STEP II:** If the complaint is still unresolved, the filing party may request in writing, within five (5) working days after the response of the Executive Director that the matter be brought before the Chairperson of the T.E.A.C.H. Board of Directors. A copy of the request to discuss the complaint should also be sent to the Executive Director. The TEACH Board Chairperson will meet with the filing party within five (10) working days after receiving the written complaint. After discussing the complaint with the filing party, the Board Chairperson will provide the filing party with the written response within five (5) working days. A copy of the response will be sent to the Executive Director. If the complainant is unsatisfied with the decision of the T.E.A.C.H. Board Chairperson, the complainant may contact the California Department of Education, Child Development Division, 1430 N Street, Suite 3410, Sacramento, CA 95814.

If further clarification is needed regarding this complaint procedure policy, information may be obtained by calling the T.E.A.C.H., Inc. Executive Director at 530-233-3111

## ACKNOWLEDGEMENT AGREEMENT

***Please return this page to:***

Modoc Child Care Resource and Referral  
A Division of T.E.A.C.H., Inc.  
112 E. 2<sup>nd</sup> Street  
Alturas, CA 96101

I have received a copy of the Modoc Child Care Resource & Referral's Child Care Programs Parent Informational Booklet and have had an opportunity to discuss the program with a Modoc Child Care Resource and Referral staff member. I have the opportunity to contact Modoc Child Care Resource and Referral staff regarding any questions I may have about my case or this handbook.

I understand it is in my best interest to read this entire booklet. \_\_\_\_\_ (Please Initial)

\_\_\_\_\_  
Parent/ Printed Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MCCR&R Staff Signature

\_\_\_\_\_  
Date