LOS ANGELES UNIFIED SCHOOL DISTRICT
EARLY CHILDHOOD EDUCATION DIVISION

EARLY EDUCATION CENTER
PROGRAM MANUAL

PROGRAM POLICY
CSPP, CCTR

EESIS
Early Education Student Information System

January 1, 2014
# Table of Contents

## 1 OVERVIEW

- 1.1 Vision ......................................................................................................................... 6
- 1.2 Mission ......................................................................................................................... 6
- 1.3 Beliefs ......................................................................................................................... 6
- 1.4 Hours of Operation ................................................................................................. 7
- 1.5 General Qualifications ......................................................................................... 7
- 1.6 Programs .................................................................................................................. 7
- 1.7 Program Quality ....................................................................................................... 9
- 1.8 Child Days of Enrollment .................................................................................. 9
- 1.9 References ............................................................................................................. 10

## 2 GENERAL REQUIREMENTS .............................................................................. 11

- 2.1 Residency .................................................................................................................. 11
- 2.2 Child Ages ................................................................................................................ 11
  - 2.2.1 CSPP .................................................................................................................. 12
  - 2.2.2 CCTR .................................................................................................................. 13
  - 2.2.3 Priorities ............................................................................................................. 13
- 2.3 Admission Procedures .......................................................................................... 13
- 2.4 Needs ....................................................................................................................... 14
- 2.5 Income .................................................................................................................... 16
  - 2.5.1 Income Ceilings ............................................................................................... 16
  - 2.5.2 Total Countable Income ................................................................................. 16
- 2.6 Eligibility List .......................................................................................................... 19
- 2.7 Admission Priorities .............................................................................................. 19
- 2.8 Pre-Enrollment ....................................................................................................... 20
- 2.9 Emergency Information ....................................................................................... 20
- 2.10 Health .................................................................................................................... 21
- 2.11 Certification .......................................................................................................... 21
  - 2.11.1 CD 9600 .......................................................................................................... 21
  - 2.11.2 Notice of Action (NOA) ................................................................................. 22
- 2.12 Scanning ................................................................................................................ 24

## 3 DOCUMENTING ELIGIBILITY AND NEED ......................................................... 25

- 3.1 Documentation of Employment ............................................................................ 25
  - 3.1.1 Why, when and how to verify income ......................................................... 25
  - 3.1.2 Pay Stubs ............................................................................................................ 25
  - 3.1.3 Cash Payments ................................................................................................ 26
  - 3.1.4 Monthly Income Worksheet ........................................................................... 26
  - 3.1.5 Employer Contact ........................................................................................... 27
  - 3.1.6 Varying Schedule ......................................................................................... 27
  - 3.1.7 Income Fluctuation ......................................................................................... 29
  - 3.1.8 New Job ............................................................................................................. 29
  - 3.1.9 Self-Certification of Income .......................................................................... 29
  - 3.1.10 Self-Employed Parent .................................................................................. 30
  - 3.1.11 Travel .............................................................................................................. 31
  - 3.1.12 Sleep .............................................................................................................. 31
4 CONTINUING / ENDING SERVICE ..................................................... 38

4.1 Recertification ........................................................................... 38
4.1.1 At Risk ............................................................................... 38
4.1.2 Child Protective Services ....................................................... 38
4.1.3 Other Families .................................................................... 38
4.1.4 Recertification Documents ...................................................... 38
4.2 Change in Need or Eligibility ....................................................... 39
4.3 Termination .............................................................................. 39
4.3.1 Reasons for Termination ........................................................ 39
4.3.2 Suspected Fraud ................................................................ 41
4.3.3 Due Process ........................................................................ 41
4.4 Disenrollment ........................................................................ 41

5 FAMILY SIZE ........................................................................... 43

5.1 Single Parents ........................................................................... 43
5.2 Definition of Family .................................................................. 44

6 ATTENDANCE .......................................................................... 51

6.1 Attendance Exceptions ............................................................... 51
6.2 Sign-In Sheet Requirement ........................................................ 51
6.2.1 Sign-In Sheets .................................................................... 51
6.2.2 Signature ............................................................................ 52
6.2.3 Actual Time ......................................................................... 52
6.2.4 Supplemental Sign-In Sheets .................................................. 53
6.2.5 Review of Sign-In Sheets ......................................................... 53
6.2.6 Absence Notification Policy .................................................... 53
6.3 Absence Codes ......................................................................... 54
6.3.1 Attendance and Absences ......................................................... 54
6.3.1.1 Reimbursement for Absences .............................................. 54
6.3.1.2 Definition of Absence Types ................................................ 55
6.3.2 Attendance Reports ............................................................... 58

7 FAMILY DATA FILE ................................................................. 60

7.1 Recommended Organization ...................................................... 60
7.2 Recertification ......................................................................... 63
7.3 Changes .................................................................................. 64
7.4 Termination ............................................................................. 64
7.5 Record Retention ..................................................................... 64

8 FEES ......................................................................................... 65

8.1 Establishing Family Fees ............................................................ 65
8.2 Notice of Action for Fees ............................................................ 67
8.3 Invoices .................................................................................. 68
8.4 Fee Collection ......................................................................... 69
8.4.1 Delinquent Fees ................................................................ 69
8.4.2 Payment Plan ..................................................................... 69
8.4.3 Methods of Payment .............................................................. 70
8.5 Receipts .................................................................................. 71
8.6 Fee Exclusions ....................................................................... 72
8.7 Fee Adjustments .................................................................... 73
NOTE:

These excerpts are provided exclusively for use in the LAUSD CSPP and CCTR programs.

Policies are governed by CDE Funding Terms and Conditions for CCTR and CSPP:

1 OVERVIEW

Early Education Centers (EECs) are high quality developmentally appropriate preschool programs that address the social, emotional, physical and cognitive needs of the population served, primarily 3 and 4 year olds. The vision, mission and beliefs of the Early Childhood Education Division outline a commitment and responsibility to the diverse cultural and linguistic needs of children and families.

1.1 Vision

All students are entitled to a high quality early education program in a safe and nurturing environment, characterized by high levels of positive adult child interactions to ensure the social and academic success for every student who attends one of our LAUSD Early Childhood Education programs.

1.2 Mission

Our mission is to provide every Early Childhood Education professional with the skills and knowledge necessary to provide high quality instruction and social emotional competence so students are supported to their highest potential.

1.3 Beliefs

We believe that:

- All students in early education programs have the right to receive effective and developmentally appropriate instruction by highly qualified staff in a safe and nurturing environment.

- The lessons we teach and the interactions that occur with preschool children have a long-term positive influence on their academic success.

- Early Education educators prepare students for success in school and life while valuing and respecting the needs, languages, and cultures of students and their families.

- Every adult in the division has a responsibility to ensure that all children leave our programs fully prepared cognitively and social-emotionally to be successful in Kindergarten.

- All Early Education staff must commit to providing a daily learning environment that is educational, fun, and challenging.
• It is the role of the Early Education staff to welcome, support, and provide guidance so that parents can contribute to and become actively involved in their child’s development.

1.4 Hours of Operation

Early Education Centers operate 245 days per year, usually from 6:00 a.m. to 6:00 p.m., Monday through Friday.

1.5 General Qualifications

Early childhood education programs provided by the Los Angeles Unified School District are subsidized by the California Department of Education and are subject to strict eligibility and need guidelines. Families requesting full day, full year services must live in the state of California, have an income at or below 70% of state median income, and have a qualifying need such as employment, training, seeking employment, etc.

Children ages 2 through 4 are served at most centers, with priority given to 4 year olds.

1.6 Programs

Early Education Centers offer three programs:

• **CSPP** - The majority of children served in EECs are enrolled in the California State Preschool Program (CSPP) either full day or part day. This is a state-funded program with strict eligibility requirements. Priority for enrollment goes first to 4 year olds and then 3 year olds. At least 50% of children enrolled in CSPP must be 4 years old. Children who turn 5 years old and are eligible for kindergarten or transitional kindergarten are no longer eligible to receive services at the Early Education Center. See Chapter 2.2.

• **CCTR** - The General Child Care program, known as CCTR, is for children who are 2 years old and may be used for some 5 year olds. See Chapter 2.2.2.

• **PCC** - Approximately half of the EECs have a Preschool Collaborative Classroom (PCC). The PCC is a 3 hour program providing special education services for children with exceptional needs. The program provides these children with the opportunity to work and play alongside their peers. All PCC children must have an Individualized Education Program (IEP) and there should be a contact from the Special Education program alerting the center that the child will be enrolling. Some special needs children attend only the PCC class and there are no family eligibility (need or income) requirements. Others receive child care services (CCSP or CCTR) due to the need of their parent and also attend the PCC class. These are referred to as “PCC plus another program” and are
indicated as such on the Child page in EESIS under the Flags checkbox. When a child with an IEP is enrolled, there is an interface between EESIS and Welligent (Special Education system) that populates the Adjustment Factor Codes field on the Child page in EESIS with either “22-Exceptional Needs” or “24-Severely Disabled”. No action is required on the part of the Office Manager.

The following early education programs are also offered by LAUSD:

- Pre-Kindergarten Family Literacy Program (PKFLP)
  
  PKFLP is a part-day program providing kindergarten preparedness opportunities as well as family literacy services. The program is located at selected elementary schools.

- Los Angeles Universal Preschool (LAUP)
  
  LAUP is a part-day program for 4 year old children. In addition LAUP provides for the enhancement of several CSPP programs. LAUP is an independent public benefit corporation created in 2004 and funded by First 5 LA, the commission established by Proposition 10.

- California School Age Families Education (CalSAFE)
  
  CalSAFE, located on high school campuses, is a program for infants and toddlers and their high school-age parents.

- Infant and Preschool Special Education
  
  The District offers a wide variety of Early Childhood Special Education programs, supports and services for children birth to five years of age with identified disabilities as mandated in Federal and State law.
1.7 Program Quality

CSPP Program quality requirements are outlined in the California Code of Regulations, Title V, the California Education Code and CDE Funding Terms and Conditions. These include the requirement that an age-appropriate Desired Results Developmental Profile (DRDP) be completed for each child who is enrolled in the program for at least 10 hours per week. The DRDP must be completed for each child within 60 calendar days of enrollment and at least once every 6 months thereafter. Parent education and outreach is provided through a parent advisory council, two parent-teacher conferences per year, parent surveys and parent education. This is detailed in Early Childhood Education Procedures, Guidelines and Information for Parents (also known as the Parent Handbook).

1.8 Child Days of Enrollment

A Child Day of Enrollment, or CDE, is a unit of service used to reimburse the District for services provided. One full-time contract (6½ to 10 hours per day) equals one CDE.

If minimum CDE is not earned, the revenue to finance salaries and operating expenses will be less than expected and the federal/state contract amount will be adjusted downward. Fewer dollars to operate programs translates to less services to children and fewer staff members needed.

Schedule for Computing Daily Contract Hours

<table>
<thead>
<tr>
<th>AMOUNT OF TIME PHYSICALLY IN THE CENTER</th>
<th>ATTENDANCE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 minutes -- 3 hours 59 minutes</td>
<td>Half Time</td>
</tr>
<tr>
<td>4 hours -- 6 hours 29 minutes</td>
<td>Three Quarter Time</td>
</tr>
<tr>
<td>6 hours 30 minutes -- 10 hours 29 minutes</td>
<td>Full Time</td>
</tr>
<tr>
<td>10 hours 30 minutes -- 12 hours</td>
<td>Full Time Plus</td>
</tr>
</tbody>
</table>

For each child who is enrolled half time, another half time child should be enrolled in order to equal a whole CDE.
1.9 References

Policies contained in this manual are based on:

California Department of Education Management Bulletins:

http://www.cde.ca.gov/sp/cd/ci/allmbs.asp

CCTR Funding Terms and Conditions 2013-2014


CSPP Funding Terms and Conditions 2013-2014


State Law - California Code of Regulations (CCR), Section 5:


LAUSD Early Childhood Education Bulletins and Memorandums:  Found in the Publications link on the left navigation bar of the Early Childhood Education home page: http://eced.lausd.net . These include:

- ECE Bulletins

  http://notebook.lausd.net/portal/page?_pageid=33,125815&_dad=ptl&_schema=PTL_EP

- ECE Reference Guides

  http://notebook.lausd.net/portal/page?_pageid=33,125785&_dad=ptl&_schema=PTL_EP

ECE Parent Handbook

http://notebook.lausd.net/pls/ptl/docs/PAGE/CA_LAUSD/FLDR_ORGANIZATIONS/FLDR_INSTRUCTIONAL_SVCS/ECE%20HANDBOOK%20ADOPTED%20BY%20THE%20BOARD%202021%202011.PDF

EESIS http://eesis.lausd.net

EESIS Tips of the Day - http://eced.lausd.net/esis
2 GENERAL REQUIREMENTS
To receive preschool services, a child must meet age criteria and the family must meet residency, income and needs criteria as defined below.

2.1 Residency
To be eligible for services the child must live in the state of California. Evidence of a street address or post office address in California is sufficient to establish residency. Residency must be documented at initial certification and at each recertification.

A person identified as homeless is exempt from this requirement and must submit a declaration of intent to reside in California. Homeless is defined as a person or family that lacks a fixed, regular, and adequate night-time residence and has a primary night time residence that is:

1. A supervised publicly or privately operated shelter, transitional housing, or homeless support program designed to provide temporary living accommodations; or

2. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless parent should be seeking permanent housing for family stability. (See Chapter 3.6.)

There is no residency requirement with regard to LAUSD District boundaries. A parent may choose to enroll a child close to the home or close to the work place.

The determination of eligibility is without regard to the immigration status of the child or the child’s parent(s) unless the child or the child’s parent(s) is under a final order of deportation from the United States Department of Homeland Security.

2.2 Child Ages
The terms “CCTR” (which is used to reference General Child Care) and “CSPP” (California State Preschool Program) are used to distinguish funding sources for the contracts LAUSD has with the California Department of Education. Eligibility requirements for the programs are almost identical except for the ages of the children served.
2.2.1 CSPP
The CSPP program serves children ages three and four as defined below:

2013-2014 School Year:

- **Four year old** children are defined as children who will have their fourth birthday on or before **October 1, 2013** (birth date 12/3/08 through 10/1/09).
- **Three year old** children are defined as children who will have their third birthday on or before **October 1, 2013** (birth date 10/2/09 through 10/1/10).
- Children who turn 5 between October 2 and December 2, 2013 (birth date 10/2/08 through 12/2/08) must attend Transitional Kindergarten.

<table>
<thead>
<tr>
<th>FY 2013-2014 (July 1, 2013 through June 30, 2014)</th>
<th>DOB From</th>
<th>DOB To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>10/2/2007</td>
<td>10/1/2008</td>
</tr>
<tr>
<td>Transitional Kinder</td>
<td>10/2/2008</td>
<td>12/2/2008</td>
</tr>
<tr>
<td>4 year old (CSPP)</td>
<td>12/3/2008</td>
<td>10/1/2009</td>
</tr>
<tr>
<td>3 year old (CSPP)</td>
<td>10/2/2009</td>
<td>10/1/2010</td>
</tr>
<tr>
<td>2 year old (CCTR)</td>
<td>10/2/2010</td>
<td>10/1/2011</td>
</tr>
</tbody>
</table>

2014-2015 School Year:

- **Four year old** children are defined as children who will have their fourth birthday on or before **September 1, 2014** (birth date 12/3/09 through 9/1/10).
- **Three year old** children are defined as children who will have their third birthday on or before **September 1, 2014** (birth date 9/2/10 through 9/1/11).
- Children who turn 5 between September 2 and December 2, 2013 (birth date 9/2/08 through 12/2/08) must attend Transitional Kindergarten.

<table>
<thead>
<tr>
<th>FY 2014-2015 (July 1, 2014 through June 30, 2015)</th>
<th>DOB From</th>
<th>DOB To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>9/2/2008</td>
<td>9/1/2009</td>
</tr>
<tr>
<td>4 year old (CSPP)</td>
<td>12/3/2009</td>
<td>9/1/2010</td>
</tr>
<tr>
<td>3 year old (CSPP)</td>
<td>9/2/2010</td>
<td>9/1/2011</td>
</tr>
<tr>
<td>2 year old (CCTR)</td>
<td>9/2/2011</td>
<td>9/1/2012</td>
</tr>
</tbody>
</table>
2015-2016 School Year forward:

- **Four year old** children are defined as children who will have their fourth birthday on or before September 1.
- **Three year old** children are defined as children who will have their third birthday on or before September 1.
- Children who turn 5 between September 2 and December 2 must attend Transitional Kindergarten.

### 2.2.2 CCTR

The CCTR program serves children who have not yet turned three. Prior to 2013, kindergarten-eligible children would have to change schedules from CSPP into CCTR for a few weeks in the summer before starting school. **Effective in 2013, if a child is receiving CSPP Full Day services on or before June 30, the child may remain enrolled in CSPP until he starts kindergarten.** A five year old child who is NEWLY enrolled between July 1 and the start of kindergarten would be enrolled in CCTR for that short period. Such a child would be given low priority unless receiving Child Protective Services or at risk of abuse or neglect.

### 2.2.3 Priorities

Within the CCTR and CSPP programs, the following priorities apply:

- First priority is always provided to age-eligible children (1) receiving child protective services through the LA County Department of Children and Family Services or (2) at risk of being abused or neglected.
- Second priority is for all CSPP eligible **four year old** children.
- Four year olds **MUST** be admitted before eligible three year olds in accordance with family income ranking with the lowest income ranks admitted first. (See attached priority scale.)
- **At least 50%** of children enrolled in CSPP programs must be four year olds.

### 2.3 Admission Procedures

Eligibility for services must be established by one of the following:

1. Family is receiving child protective services (CPS) through the Los Angeles County Department of Children and Family Services (DCFS). (See BUL-3809.0)
2. Family has a child who is at risk of abuse, neglect, or exploitation referral prepared by a legally qualified professional from a legal, medical, or social services agency, or emergency shelter. (See BUL-3809.0)
3. Family is a public assistance (CalWORKS) recipient.

4. Family is income eligible.

5. Family is homeless.

2.4 Needs

This guide is written for use in Early Education Centers serving children in programs for the full day (or schedules as dictated by the parent’s documented need) and full year. Part day, part year CSPP programs, such as those in the elementary schools, do not require a parent need reason.

Need for full day, full year services must be established by one of the following:

1. The child is a recipient of child protective services (CPS). "Child protective services" means protective services provided to children through the Los Angeles County Department of Children and Family Services (DCFS). (Use Child Protective Services Form 83.66)

2. The child is at risk of abuse, neglect, or exploitation. "At risk of abuse, neglect, or exploitation" means a child who has been identified by a legally qualified professional in a legal, medical, social services agency, or emergency shelter as being at risk of abuse, neglect, or exploitation, and referred for child care and development services. The referral must be dated within the six months immediately preceding the date of application for services. (Use Child Protective Services Form 83.66)

**NOTE:** Parents of children who are referred for services due to child protective services (CPS) or at-risk of abuse, neglect, or exploitation are excluded from this section (Needs). The CPS referral from DCFS or the “at-risk” referral from an appropriate professional is all that is required to meet both eligibility and need criteria. As long as the fee waiver box is checked on CPS Referral Form 83.66, the parent will not be required to provide documentation of total countable income. If parents or caretakers of children in these categories seek care for their non-referral children (for example, the foster parent’s own children), they will need to provide income documentation and demonstrate a need for services.

3. The parent(s) and any other adult counted in the family size are any of the following:

   a. Employed (see Chapters 3.1 and 3.2)
b. Seeking employment (see Chapter 3.3)

c. Participating in vocational training leading directly to a recognized trade, paraprofession or profession (see Chapter 3.4)

d. Homeless and seeking permanent housing for family stability (see Chapters 3.5 and 3.6)

e. Incapacitated (see Chapter 3.7)

4. Subsidized child care and development services will only be available to the extent which:

a. The parent meets a need as specified above that precludes the provision of care and supervision of the family’s child for some of the day;

b. There is no parent in the family capable of providing care for the family’s child during the time care is requested; and

c. Supervision of the family’s child is not otherwise being provided by school or another person or entity.

5. Certification of Eligibility and Need - Prior to initial enrollment and at the time of recertification, the Office Manager or Principal must:

a. Certify each family’s/child’s eligibility and need for child care and development services after reviewing the completed application and documentation contained in the family data file.

b. Based on information entered in EESIS, generate a 9600 and 9600A.

c. Issue a Notice of Action (NOA), Application for Services or a Notice of Action, Recipient of Services. (See Chapters 2.11.2 and 9.1)

At the time of certification and recertification, families must be informed of their responsibility to notify the center, within five (5) calendar days, of any changes in family income, family size, or need for child care and development services.

**Joint custody** - When a child’s residence alternates between the homes of separated or divorced parents, eligibility, need and fees should be determined separately for each household in which the child is residing during the time child development services are needed (i.e., separate certifications and service agreements). For example, a child may be certified with no fee during part of the week and a fee while with the other parent the rest of the week. This may require creation of a duplicate family in EESIS and should be discussed with the Eligibility Technician in the ECE Fiscal Unit.
2.5 Income

California law limits child care and development services to families whose income, based on family size, is less than 70% of California's State Median Income. The parent is responsible for providing documentation of the family’s total countable gross (pre-tax) income and the center is required to verify the information.

2.5.1 Income Ceilings

Schedule of Income Ceilings for Child Care and Development Programs

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Family Monthly Income</th>
<th>Family Yearly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 2</td>
<td>$3,283</td>
<td>$39,396</td>
</tr>
<tr>
<td>3</td>
<td>$3,518</td>
<td>$42,216</td>
</tr>
<tr>
<td>4</td>
<td>$3,908</td>
<td>$46,896</td>
</tr>
<tr>
<td>5</td>
<td>$4,534</td>
<td>$54,408</td>
</tr>
<tr>
<td>6</td>
<td>$5,159</td>
<td>$61,908</td>
</tr>
<tr>
<td>7</td>
<td>$5,276</td>
<td>$63,312</td>
</tr>
<tr>
<td>8</td>
<td>$5,394</td>
<td>$64,728</td>
</tr>
<tr>
<td>9</td>
<td>$5,511</td>
<td>$66,132</td>
</tr>
<tr>
<td>10</td>
<td>$5,628</td>
<td>$67,536</td>
</tr>
<tr>
<td>11</td>
<td>$5,745</td>
<td>$68,940</td>
</tr>
<tr>
<td>12</td>
<td>$5,863</td>
<td>$70,356</td>
</tr>
</tbody>
</table>

Some families may be required to pay fees if their income is below the income ceiling but falls within the Family Fee Schedule limits. See Chapter 8.

See Chapter 3 for how to verify income. Documentation of income must be provided for the month or four week period prior to enrollment. This information must be entered on the Monthly Income Worksheet on the Income page in EESIS for both parents. Even if a parent has no income, an Income page must be completed in EESIS showing $0 with the effective date this was verified. (This generally applies to the CSPP Part Day program where there is no parental need requirement.)

The center must retain copies of income documentation (check stubs, etc.) in the Family File and scan them into EESIS Images.

2.5.2 Total Countable Income

Total countable income for the individuals counted in the family size includes, but is not limited to, the following:
1. Gross wages or salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings
2. Wages for migrant, agricultural, or seasonal work
3. Public cash assistance
4. Gross income from self-employment (please see Regulations Handbook for more details)
5. Disability or unemployment compensation
6. Workers compensation
7. Spousal support, child support received from the former spouse or absent parent, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support.

**NOTE:** Spousal support or child support PAID by the parent may be deducted from countable income by entering on the Income page in EESIS as a negative number.

8. Survivor and retirement benefits
9. Dividends, interest on bonds, income from estates or trusts, net rental income or royalties
10. Rent for room within the family's residence
11. Foster care grants, payment of clothing allowance for children placed through child welfare services
12. Financial assistance received for the care of child living with an adult who is not the child's biological or adoptive parent
13. Veteran's pensions
14. Pensions or annuities
15. Inheritance
16. Allowances for housing or automobiles provided as part of compensation
17. Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies
18. Insurance or court settlements for lost wages or punitive damages
19. Net proceeds from the sale of real property, stocks, or inherited property
20. Other enterprise for gain

**NOTE:** For Child Protective Service children, as long as the fee waiver box is checked on CPS Referral Form 83.66, the parent will not be required to provide documentation of total countable income.
2.6 Eligibility List

An Eligibility List, also called a waiting list, is maintained at each EEC. The term "eligibility" is used because families are ranked by eligibility factors described above. Families whose children are receiving child protective services or whose children are at risk of being neglected or abused are admitted first. Next are families in accordance with family income, with the lowest income ranking admitted first. Eligible 4 year old children are admitted before eligible 2 and 3 year old children.

A family who inquires about enrolling a child should complete an Eligibility List Form. This helps determine if the family will be eligible for services should there be a vacancy in the center. Past history has shown that when the form is given to parents, the information returned is often incomplete or inaccurate. It is helpful for the Office Manager or Principal to sit with the parent as time allows and assist them in completing the required information. This is particularly important in verifying the monthly gross income for the family. Each EEC must have a system for maintaining an Eligibility List of families requesting services in priority order. See Income Ranking Table, Chapter 26.

When space becomes available, notify the next eligible parent by phone or mail. Provide the parent with a checklist of documents needed to complete the certification and enrollment process. When the parent provides ALL required documentation, schedule an appointment to admit the child and complete the CD 9600 (Confidential Application for Child Development Services and Certification of Eligibility).

2.7 Admission Priorities

A. **First priority**: Families whose age-eligible children are receiving child protective services or families whose age-eligible children are at risk of being abused, neglected, or exploited. Within this priority, children receiving protective services through DCFS must be admitted first.

   **NOTE**: The CPS referral from DCFS or the “at-risk” referral from an appropriate professional is all that is required to meet both eligibility and need criteria. As long as the fee waiver box is checked on CPS Referral Form 83.66, the parent will not be required to provide documentation of total countable income. If parents or caretakers of children in these categories seek care for their non-referral children (for example, the foster parent’s own children), they will need to provide income documentation and demonstrate a need for services.

B. **Second priority**: All CSPP eligible four-year-old children must be admitted before CSPP eligible three-year old children in accordance with family income.
ranking, with the lowest income ranks being admitted first. For purposes of determining the order of admission, public assistance grants are counted as income, and must be ranked accordingly. When two or more families have the same income, the family that has a child with exceptional needs must be admitted first. If none of the families with the same income ranking has an exceptional needs child, the family that has been on the waiting list the longest must be admitted first.

C. Services must not be denied or receive lower priority if the family needs less than full-time services.

D. **For part-day, part-year service only**, CSPP eligible four-year-old children from over income families must be admitted before CSPP eligible three-year-old children from over income families (up to the 15% over income allowance.)

E. **Transfers** from one center to another are acceptable if space is available. It is not necessary to terminate a family that is being transferred immediately. If space in the other center is not available, the family should be placed on the eligibility list.

### 2.8 Pre-Enrollment

**CSPP Full Day and CCTR** - Income documentation must be obtained for the month or four week period preceding the child’s start date in the program. This is to allow time to send out an Approval or Denial Notice of Action. Lack of current eligibility documentation is a significant audit issue.

**CSPP Part Day** - It is acceptable to pre-enroll for the **CSPP Part Day** program up to 120 days in advance. Verification of income, single parent status and other eligibility requirements may be obtained up to 120 days in advance. This generally applies to programs at the elementary school, not full day, full year programs operated by the EECs.

**Enrollment Packet** - Enrollment packets should be readily available at all times and reproduced at the EEC. A Parent Enrollment Packet should be provided to each prospective family.

### 2.9 Emergency Information

Every parent, legal guardian or caregiver must complete an Emergency Information card for the child at time of enrollment. Emergency information must include the following:
• Home address and current telephone number, including cell phones
• Employment/business addresses and phone numbers
• Relative/friend’s first and last names, addresses and telephone numbers, authorized to pick-up and care for a child due to illness, in an emergency situation, or after program closing hours, if a parent cannot be reached.

A child may only be released to a person listed on the Emergency Information card.

It is the responsibility of every parent, legal guardian or caregiver to immediately inform the center of any change of address, telephone number or emergency information on the official Emergency Information card.

2.10 Health

The parent must provide a record of current immunizations for the child. Prior to, or within 30 calendar days following enrollment, a written report of the child’s physical exam, prepared by a licensed physician, must be provided. The preferred form is the Department of Social Services Form LIC 701, “Physician’s Report”. TB tests are not required for children entering preschool programs unless certain risk factors are present. The LIC 701 has a checkbox at the bottom that indicates whether there is a need for TB screening. Any physician’s report provided by the parent must be less than one year old.

2.11 Certification

In order to complete the enrollment process, all required documents must be provided by the parent and all information must be entered in the Early Education Student Information System, EESIS. This includes, at a minimum:

• Family page (after searching the database to see if the family already exists)
• Parent page (one per parent)
• Needs page (one per parent)
• Income page (one per parent)
• Child page (one per child in the family)
• Schedule page

2.11.1 CD 9600

The 9600 (Confidential Application for Child Development Services and Certification of Eligibility) and the Notice of Action are then generated from the Family Summary page in EESIS. Verify that the information, including all dates, are correct on the 9600. The
9600 must be signed in Section VII by the EEC Principal. The parent must sign and date Section V.

2.11.2 Notice of Action (NOA)

A Notice of Action must be generated in order to finalize the process and generate fees, if applicable. The Notice of Action advises the parent of due process requirements if they disagree with the agency's actions. The NOA must be given to the parent at least fourteen (14) calendar days before the effective date of the intended action (19 calendar days if mailed). See Chapter 9 for more information about the appeal process.

NOAs are generated from the Summary page in EESIS.

<table>
<thead>
<tr>
<th>Forms:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9600</td>
<td>Fee Statement</td>
</tr>
<tr>
<td>9600 (Spanish)</td>
<td>Full Cost Application</td>
</tr>
<tr>
<td>CA School Immunization</td>
<td>Income Worksheet</td>
</tr>
<tr>
<td>Child Adjustment Factors</td>
<td>Incomplete File Notice</td>
</tr>
<tr>
<td>Child Service Summary</td>
<td>Incomplete File Notice (Spanish)</td>
</tr>
</tbody>
</table>

There is a radio button under the Reason for Action section to select English or Spanish. Several types of NOAs can be selected from the dropdown:

- **Approval** – Use for the initial certification of a child. The NOA effective date is the date the child will start attending (Schedule Start Date). If a second child in the family is subsequently enrolled, create another Approval NOA for that child.

- **Recertification** – Create subsequent to the first certification, generally 12 months later, although recertification may be done at any time during the 12 month certification period if the parent reports a change. Recertification should correspond with the need of the parent. For example, the recertification of a parent seeking employment would be based on the 60 day seeking employment calendar.
• **Denial** – Use if the family has been entered in EESIS but denied before services begin. If services have begun, use a Termination NOA.

• **Change – Family Fees** – ALWAYS required if a fee becomes required or changes. The fee change will not go into effect without a NOA. EESIS will automatically calculate fees based on new income information. If the income results in a reduction in fee, the change will be effective the following Monday. If it results in an increase in fee, the change will be effective the third Monday following the income effective date. Print a copy of the Income Calculation Worksheet for the family file.

• **Change – Schedule**  - Used when a child’s program changes, for example a child who becomes a programmatic 3 year old would change from CCTR to CSPP. A NOA is not necessary when only the classroom changes.

• **Change – Provider**  – Not used in LAUSD

• **Termination**  – Used when terminating services for either a child or the whole family. If one child is leaving the center, but a sibling continues to be enrolled, the Termination NOA would be only for the child. If all children in the family are being terminated, all children would be selected. See Chapter 4.2 for termination reasons and Chapter 21.1 for terminating in EESIS.

• **Delinquent Family Fees** – Although this is a valid type of NOA, it is preferable to create a Termination NOA when a family has delinquent fees. A termination NOA will inform the parent that services will be terminated by the effective date unless delinquent fees are paid. This prevents the delinquency from continuing over a longer period of time.

Although the Reason For Action dropdown has a selection of frequently used text, the Office Manager may type in additional text to clarify the reason. Depending on the situation, particularly certain terminations, type as much additional detail as possible in the Reason for Action block on the NOA to substantiate the decision.

All signed/initialed NOAs should be scanned into the Images page in EESIS.

Never regenerate a Notice of Action that has already been signed. It may be reprinted from the NOA History page or the Images page in EESIS.
2.12 Scanning

For new enrollments, recertifications and other changes, scan documents with signatures into EESIS, along with any other documents necessary for audit purposes. Scanned documents for a family are uploaded on the Images page in EESIS (Family > Images). See Chapter 23 for instructions.

The following documents, at a minimum, must be scanned:

- CD9600, pages 1 and 2 - signed by Principal and parent
- CD9600A – signed by parent
- Employment / income verification documents
- Notice of Action (NOA) – signed by Principal and initialed by parent
- Verification of single parent status, if applicable
- Birth certificates
- Verification of California residence
3 DOCUMENTING ELIGIBILITY AND NEED

3.1 Documentation of Employment

The parent is responsible for providing documentation of the family’s total countable income and the EEC is required to verify the information. The parent must document total countable gross income for all adults counted in the family size. Each employed parent must be asked to sign a Verification of Employment Form (Form 83.56, Rev. 3/2013). This form authorizes (1) the employer to release information to the center and (2) the center to contact the employer to verify employment. If the parent feels that such a request for employment documentation would adversely affect their employment, or if the employer refuses or fails to provide documentation, the parent may sign a Self-Certification of Income Form (Rev. 3/2013) under penalty of perjury. (See Self-Certification of Income below.)

3.1.1 Why, when and how to verify income

Because early childhood education services in the CSPP and CCTR programs are subsidized by state dollars, services must be provided to needy families who meet the eligibility qualifications. Office Managers are not expected to be investigators, but are expected to verify that the information provided is accurate. Auditors expressed concern about the opportunity for fraud because parents were responsible for obtaining the documentation from their employer and returning it to the center. The Verification of Employment form was revised in March 2013 for that reason. The parent is not expected to complete the form but may provide as much information as possible along with their check stubs. The Office Manager must use their best judgment and verify when needed, but should note how they made their decision in the LAUSD Section of the form. If the employer refuses to complete the form, note “Employer declined to complete” on the employer signature line and add additional language in the LAUSD section about how verification was made.

3.1.2 Pay Stubs

When a parent is employed and payroll check stubs are issued to the parent, those payroll check stubs for the preceding month or preceding four week period must be submitted to the center to document income eligibility. Additional pay stubs may be requested if there are questions about the pay stubs submitted. Lack of current eligibility documentation is a significant audit issue.

Check stubs alone may be sufficient verification if they:

- Show total hours worked during the pay period
• Show the rate and frequency of pay

  NOTE: Be careful with bi-weekly and bi-monthly. **Bi-weekly** means every 2 weeks (14 days), or 26 paydays a year. **Bi-monthly** means twice a month (such as the 1\textsuperscript{st} and the 15\textsuperscript{th}), or 24 paydays a year. This can make a difference in fees.

• Show days and hours of employment during the pay period
• Indicate overtime, tips, other compensation, variability of hours/days, etc., if applicable.

If the employer is known in the community and the Office Manager is satisfied that the pay stubs have been issued by the employer, it may not be necessary to contact the employer. In this situation, the Office Manager can make a note of explanation in the LAUSD Section of the Verification of Employment Form indicating their reasonable belief that the days and hours of employment correlate with the total hours of employment and the parent’s need.

All pay stubs must be scanned into EESIS. See Chapter 23.

### 3.1.3 Cash Payments

A parent who is paid in cash may not have pay stubs. The CDE is generally looking at the nature of the income, how that profession takes place and what indicates that the person is working in that profession. In other words, does the way the family lives and the reason they need child care make sense? Do the pieces of the puzzle fit together? If the case is questionable or high risk, the Office Manager and Principal should discuss and possibly bring in the Eligibility Technician before deciding to approve care.

The Office Manager should attempt to obtain a letter from the source of income or other documentation from the employer. If the income cannot be independently verified, the Office Manager should make notes on the Verification of Employment Form indicating how they determined the income information to be reliable, reasonable or consistent with community practice. The self-declaration of income should only be used when all other options have been exhausted and should not be used as the default.

### 3.1.4 Monthly Income Worksheet

Enter pay stub information for each parent on the parent’s Income page in EESIS. Click the Monthly Income Worksheet button, enter the pay period frequency and pay stubs for each job then click the Calculate button. Press Control P to print a copy for the family file.
3.1.5 Employer Contact
If additional verification is needed, the Office Manager may verify in various ways:

- It may take less time to complete the enrollment if the Office Manager simply telephones the employer, writes the responses in the Employer Section of the Verification of Employment Form and then notes in the LAUSD Section how the information was obtained. In this case, an employer signature is not needed.

- The form may be mailed, faxed or scanned and emailed to the employer and returned in the same way. It should not be hand-carried by the parent.

3.1.6 Varying Schedule
If the parent’s employment is variable or unpredictable and the Office Manager cannot verify specific days and hours of employment or work week cycles, specify on the application and in EESIS that the parent is authorized for a variable schedule for the actual hours worked, identifying the maximum number of hours of need based on the week with the greatest number of hours in the last four weeks and the verification cited above. Until the employment pattern becomes predictable, need for services must be updated at least every four months.
Varying schedules will be highlighted in green on the EESIS Attendance page. Actual attendance hours should be entered and pattern days may change from week to week. If the family owes fees, EESIS will adjust monthly fees based on actual attendance entered. The invoice will show the amount for the scheduled days. If the child attended fewer or more days, based on attendance entered in EESIS, the next month’s invoice and the family Account page will show an adjustment.
3.1.7 Income Fluctuation
Income fluctuation means income which varies because of income such as bonuses, commissions, overtime, lottery winnings or migrant agricultural work or other seasonal employment. When income fluctuations occur, compute by averaging the adjusted gross monthly family income received during the twelve months immediately preceding the month in which the application for services is signed or updated.

3.1.8 New Job
If the parent gets a new job, the parent must report a change in employment status and income to the EEC within five calendar days. In these situations, the parent would not have all the payroll check stubs for a full month from the new employer. To document the new income the parent may submit a letter from the employer or other record of wages issued by the employer for purposes of determining eligibility. The Office Manager may also phone the employer to verify the date of hire and verify information on the Verification of Employment form.

3.1.9 Self-Certification of Income
The self-declaration of income should only be used when all other options have been exhausted and should not be used as the default.

If the employer refuses or fails to provide documentation, or if requesting documentation from the employer would in any way jeopardize the parent’s employment, the parent can provide other records to document income along with a Self-Certification of Income form signed under penalty of perjury.

Other records may include:
- List of clients and amounts paid
- Tax returns
- Quarterly estimated tax statements
- Bank statements to show deposits
- Receipts of work related expenses

The Office Manager should make notes in the LAUSD Section of the Self-Certification to indicate how the reasonableness of the income was assessed and should also note that the employer declined to complete the form.
3.1.10 Self-Employed Parent

If the parent is self-employed, the documentation of employment will be the Self-Certification of Income Form (Rev. 3/2013) signed under penalty of perjury. As stated above in the Cash Payments section, look at the nature of the income, how the self-employment takes place and what indicates that the person is working in that profession. In other words, does the way the family lives and the reason they need child care make sense? Do the pieces of the puzzle fit together? If the case is questionable or high risk, the Office Manager and Principal should discuss and possibly bring in the Eligibility Technician before deciding to approve care.

To demonstrate the days and hours worked, a copy of one or more of the following should be provided: appointment logs, client receipts, job logs, mileage logs, a list of clients with contact information, or similar records; and, as applicable, a copy of a business license, a workspace lease, or a workspace rental agreement.

The Office Manager should assess the reasonableness of the total number of days and hours requested per week based on the description of the employment and the documentation provided and make notes in the LAUSD Section of the Self-Certification of Income Form. If the parent has unpredictable hours of employment, the Office Manager should authorize the parent for a variable schedule not to exceed the number of hours determined to be needed per week. Need for services for unpredictable hours must be updated at least every four months.

If the Office Manager has been unable to verify need based on the documentation provided, additional action must be taken to verify self-employment that includes any one or more of the following:

1. If the self-employment occurs in variable locations, independently verify this information by contacting one or more clients whose names and contact information have been voluntarily provided by the parent; or

2. If the self-employment occurs in a rented space, contact the parent’s lessor or other person holding the right of possession to verify the parent’s renting of the space;

3. Make other reasonable contacts or requests to determine the amount of time for self-employment.

If the Office Manager is unable to make a reasonable assessment of the hours needed for self-employment after attempting to verify hours and documenting the attempts, it is acceptable to divide the parent’s self-employment income by the minimum wage. The 2008 California minimum wage rate is $8.00. The resulting quotient is the maximum hours needed for employment per month.
3.1.11  Travel
If requested, a reasonable amount of travel time may be authorized between the center and the place of employment, not to exceed half of the daily hours authorized for employment to a maximum of four hours per day. This time is indicated on the Needs page in EESIS as Grace Period.

Examples of dividing authorized work hours/day by 2:
1. Authorized for 9 hours for employment. Maximum travel time is up to 4 hours, not 4.5 hours (2 hours each way). Parent works 1 hour away from the child care provider. Therefore, two additional hours authorized for travel. 1 + 1 = 2 < 4.
2. Authorized for 6 hours for employment. Maximum travel time would be up to 3 hours (1.5 hours each way). Parent works ½ hour away from the child care provider. Therefore, one additional hour authorized for travel. ½ + ½ = 1 < 3.
3. Authorized for 6 hours for employment. Maximum travel time would be up to 3 hours (1.5 hours each way). Parent works 2 hours away from the child care provider. Only three additional hours may be authorized for travel. 2 + 2 = 4 > 3.

3.1.12  Sleep
If the parent is employed anytime between 10:00 p.m. and 6:00 a.m., sleep time may be authorized, not to exceed the number of hours authorized for employment and travel between those hours. Sleep time is not automatic. Sleep time would be appropriate when the parent has a child to care for during the time needed for sleep. Sleep time would not be appropriate to authorize if both the parent and child would be sleeping at the same time or if another parent is available to care for the child.

Examples:
1. Parent works from 8 p.m. until 2:00 a.m. and has a half hour commute; 4½ hours of the parent’s work and travel time fall between 10 p.m. and 6 a.m.; so the parent could have up to 4½ hours for sleep time. Parent comes home and goes to bed.
   a. If mom has only school-age children, a license-exempt caregiver (friend or relative) would come over at 6:30, wake up the children and get them fed and ready for school and drive them to school, dropping them off at 8:00 a.m. In this case, the parent would be authorized for 1½ additional hours of service for sleep, while the children are in the provider’s care.
   b. If mom had a preschooler, she might have the caregiver come over as above, that any school-age children to school and then take the preschooler to the State Preschool program at 9:00. In this scenario, the parent could be authorized for 2½ additional hours for sleep time.
2. Parent works from 10:00 p.m. to 6:00 a.m. The parent does not need care for the preschool-aged child at night because the other parent is at home, but in the
morning that parent goes to work. The night shift parent could be authorized for 8 hours of sleep time.

3.2 Documentation of Public Assistance
Public assistance under TANF or CalWORKS is counted as income and may be documented with a copy of the parent’s grant award, check stub or Notice of Action. If the center has electronic access to the amount of public assistance received by a parent, print the verification of the grant amount and place it in the family data file for documentation purposes.

3.3 Documentation of Seeking Employment
If the parent’s stated need is seeking employment, the period of eligibility is 60 consecutive working days (Monday through Friday, excluding federal holidays), which allows the parent to seek for employment on any day between the start date and the end date, but for no more than 5 days during a week and for less than 30 hours a week. Some days may be for 6 hours a day; some may be less, but overall the services cannot exceed part-time care. Auditors review the time the parent signs the child in and out rather than the scheduled hours. However, due to audit problems when services are scheduled for exactly 30 hours per week, it is recommended that the schedule be set for less than 6 hours one day a week. This need criterion is per parent, not per family. Since this is a part-time benefit, if both parents are unemployed and requesting services, care can only be provided to the extent that the parents cannot take turns caring for the child while the other person seeks employment.

The parent must sign a Seeking Employment Agreement (BUL-4363.0 Rev. 102/2013) under penalty of perjury. This identifies the days and hours the parent will seek employment and the activities used to secure a job. During the period of authorization and if necessary to verify need, the Office Manager may request that the parent provide, no more than once a week, a description of the activities he or she has undertaken during the previous week to seek employment and, as appropriate, may require additional documentation. A Seeking Employment Calendar will be provided to each EEC for the school fiscal year (July 1 through June 30) so that the Office Manager can tell the parent the end date and can set the child’s schedule to end on that date unless a job is found.

**NOTE:** Always add an end date on the Need page in EESIS and monitor alerts to be sure the need does not expire.
A parent may not receive child care to seek employment for more than 60 days in a school fiscal year (July 1 through June 30). However, if the parent secures employment before the end of the eligibility period, the remaining number of days may be “banked” for future job search in that fiscal year, if needed.

If the parent has concurrently received services based on employment or vocational training for at least twenty (20) working days while receiving services for seeking employment, eligibility for seeking employment may be extended for an additional twenty (20) working days. For such a parent, services for this purpose may not exceed 80 working days during the contract period.

3.4 Documentation of Vocational Training

If the parent’s stated need is vocational training leading to a recognized trade, paraprofession, or profession, child care services are limited to whichever expires first:

- Six (6) years from the initiation of vocational training services (even if the vocational goal changes); or
- Twenty-four (24) semester units, or its equivalent, after the attainment of a Bachelor’s Degree.

The parent must submit a Training Verification, Form CD-9605, in order to be determined eligible for early education services. There must be a specific training or vocational goal. Services may be provided for classes related to the General Education Development (GED) test or English language acquisition if those courses are needed to reach the parent’s vocational goal, but the parent must provide detail on the employment goal the training will lead to. The verification form must include the projected completion date of the training program. The training institution does not have to complete the “Class Schedule” section of the CD-9605 when the parent provides an electronic print-out from the training institution with the parent’s current class schedule.

On-line or televised instructional classes that are unit bearing classes from an accredited training institution are counted as class time at one hour a week for each unit. The parent must provide a copy of the syllabus or other class documentation and, as applicable, the web address of the on-line program. The accrediting body of the training institution must be recognized by the United States Department of Education.

The parent must report any change in class schedule related to the days and times of any class, including a withdrawal from a class, within five calendar days of requesting the change from the institution.
A new *Training Verification, Form CD-9605* is required for each new term or prior to the expiration of the previous verification, whichever comes first.

### 3.4.1 Progress

The parent must provide periodic documentation of progress in reaching the training goal. Within ten (10) calendar days of the end of each quarter, semester, or training period, a *Progress Report, Form 99.1 Rev. 3/2013*, must be provided with signatures from teachers or school officials.

Adequate progress for continuation of child care services is defined as:

- In a graded program, earn a 2.0 grade point average; or

- In a non-graded program, pass the program’s requirements in at least 50 percent of the classes or meet the training institution’s standard for making adequate progress.

If the parent fails to meet this standard, services may be provided for one additional quarter, semester, or training period, to improve the parent’s progress. At the conclusion of that session, if the parent has not made adequate progress, services must be terminated.

After termination, a parent must wait six months before reapplying to receive child care services for training.

### 3.4.2 Hours of Care

The Office Manager must determine reasonable hours of care needed based on the class schedule hours, travel time and study time required.

- **Travel** time to and from the institution may not exceed half the weekly hours authorized, with a maximum of 4 hours per day.

- **Study** time, including study time for on-line and televised instructional classes, may not exceed:
  - Two hours per week per academic unit in which the parent is enrolled;
  - On a case-by-case basis and as may be confirmed with the class instructor, additional time not to exceed one hour per week per academic unit in which the parent is enrolled; and
  - On a case-by-case basis, no more than the number of class hours per week for non-academic or non-unit bearing training.


3.5 Documentation of Homelessness

If the basis of eligibility stated on the application for services is homelessness, the family data file must include documentation of homelessness including:

- A written referral from an emergency shelter or other legal, medical or social service agency; or
- A written parental declaration that the family is homeless and a statement describing the family’s current living situation.

3.6 Documentation of Seeking Permanent Housing

If the parent’s stated need is seeking permanent housing for family stability, the period of eligibility is 60 consecutive working days (Monday through Friday, excluding federal holidays), which allows the parent to seek housing on any day between the start date and the end date, but for no more than 5 days during a week and for less than 30 hours a week. Some days may be for 6 hours a day; some may be less, but overall the services cannot exceed part-time care. Auditors review the time the parent signs the child in and out rather than the scheduled hours. However, due to audit problems when services are scheduled for exactly 30 hours per week, it is recommended that the schedule be set for less than 6 hours one day a week. This need criterion is per parent, not per family. Since this is a part-time benefit, if both parents are requesting services, care may only be provided to the extent that the parents cannot take turns caring for the child while the other person seeks housing.

Documentation of seeking permanent housing must include a written parental declaration signed under penalty of perjury that the family is seeking permanent housing. The declaration must include the parent’s search plan to secure a fixed, regular, and adequate residence and must 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.

The Office Manager will determine the number of weeks available for seeking permanent housing and the child care schedule, which may be a variable schedule, based on the documentation. Because the 60 day limit applies to both seeking employment and seeking permanent housing, the Seeking Employment Calendar may be used to calculate the period of authorization. If necessary to verify need, the Office
Manager may request that the parent provide, no more than once a week, either a declaration signed under penalty of perjury describing the activities the parent has undertaken during the previous week to seek permanent housing or a signed statement from the shelter, transitional housing agency, or homeless support program regarding the parent’s search progress to date.

If the parent does not expect to secure housing prior to the end of the eligibility period:

a. The parent may request an extension in a declaration of need signed under penalty of perjury that includes an update of the parent’s search plan and either a description of the activities during the previous week to seek permanent housing or a signed statement from the shelter, transitional housing agency, or homeless support program indicating the parent’s continued need for services; and

b. The Office Manager may authorize an extension of search eligibility for up to twenty (20) additional working days.

A parent may not receive child care to seek permanent housing for more than 60 days in a school fiscal year (July 1 through June 30). However, if the parent secures housing before the end of the eligibility period, the remaining number of days may be “banked” for future eligibility in that fiscal year, if needed.

### 3.7 Documentation of Parental Incapacity

Services may be provided to children on the basis of parental incapacity, including a medical or psychiatric special need, to the extent that the parent’s ability to provide normal care for the child is significantly limited, as verified by a physician. Services are not provided to disabled parents unless the disability significantly impairs their ability to provide care for their children.

A *Statement of Incapacity, Form CD-9606*, must be provided with the application. It must include the physician’s estimate of the duration of incapacity as it concerns the parent’s ability to care for the child. If the *Statement of Incapacity* is not clear enough to support the requirement for service, (i.e., “unable to care for the child”), the Office Manager may contact the physician or legally qualified health professional for verification or clarification.
3.7.1 Pregnancy
Pregnancy is not in itself a disability establishing the need for service. If a physician indicates that the mother requires the service for a period of time, service can be provided but Form CD-9606 must be submitted.

3.7.2 Update to Application
Families being served under this policy must update their applications prior to the expiration date indicated on the Statement of Incapacity so as to insure continuity of eligibility for service. Lacking an update, family service must terminate on the date indicated in the statement. In no case can the date for recertification extend beyond 12 months. State regulations make no provisions for “permanent” incapacity conditions.

<table>
<thead>
<tr>
<th>REFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Definition</td>
</tr>
<tr>
<td>Family File</td>
</tr>
<tr>
<td>Documentation of Employment</td>
</tr>
<tr>
<td>Verification of Monthly Income</td>
</tr>
<tr>
<td>Documentation of Seeking Employment</td>
</tr>
<tr>
<td>Documentation of Training</td>
</tr>
<tr>
<td>Documentation of Seeking Permanent Housing</td>
</tr>
<tr>
<td>Documentation of Public Assistance</td>
</tr>
<tr>
<td>Documentation of Incapacity</td>
</tr>
<tr>
<td>Travel Time</td>
</tr>
<tr>
<td>Sleep Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORMS / REPORTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification of Employment</td>
</tr>
<tr>
<td>Progress Report</td>
</tr>
<tr>
<td>Seeking Employment Agreement</td>
</tr>
<tr>
<td>Training Verification</td>
</tr>
<tr>
<td>Self-Certification of Income</td>
</tr>
<tr>
<td>Parental Incapacity</td>
</tr>
</tbody>
</table>
4 CONTINUING / ENDING SERVICE

4.1 Recertification
In order to continue services after the initial certification period (generally 12 months), the Office Manager must recertify eligibility by verifying family need and eligibility. Follow the list of items on the Organization of Family Files document (see Chapter 7) or the Notice of Recertification, Form 84.65 Rev. 7/13. The Office Manager should ask questions to see if there have been any changes in need, income, single parent status, immunizations, residency or other eligibility criteria.

4.1.1 At Risk
Families receiving services because a child is at risk of abuse, neglect or exploitation are limited to receiving services for up to three (3) months. When Eligibility Type is set to “At risk of abuse” on the Family page in EESIS, the next Recertification Date cannot exceed three months. The family can continue to receive child care and development services based on any of the following reasons:

a. The child is receiving protective services and child care and development services are part of the case plan.

b. The family meets other need and eligibility criteria.

4.1.2 Child Protective Services
Families receiving services because the child has a child protective services referral must be recertified at least every twelve (12) months. Recertification must be completed prior to the date identified on the child protective services referral (Form 83.66) as the duration of care. Families may continue to receive child care and development program services for child protective services children as needed, if the Department of Children and Family Services social worker certifies that the family continues to receive child protective services and that child care and development services are part of the case plan or if the family meets other need and eligibility criteria.

4.1.3 Other Families
All other families must be recertified at intervals not to exceed twelve (12) months.

4.1.4 Recertification Documents
Each recertification requires:

- New 9600, pages 1 and 2
- New 9600A
- New Notice of Action (NOA)
- New verification of need
- New income verification (consecutive pay stubs from the past month)
- New Income Calculation Worksheet
- New verification of single parent status, unless there is a court order.
- New verification of residency

### 4.2 Change in Need or Eligibility
A change in the parent’s need for services, income, employment status or family size requires a new Notice of Action. The most frequently used NOAs are:

- **Change – Schedule NOA.** Used when a child’s program changes, for example a child who becomes a programmatic 3 year old would change from CCTR to CSPP. A NOA is not necessary when only the classroom changes. Changes in schedule hours usually relates to recertification.

- **Change – Family Fees NOA.** EESIS will automatically calculate fees based on new income information. If the income results in a reduction in fee, the change will be effective the following Monday. If it results in an increase in fee, the change will be effective the third Monday following the income effective date. Print a copy of the Income Calculation Worksheet for the family file.

### 4.3 Termination
If the change or termination is involuntary or initiated by the Early Childhood Education program, the parent/caretaker has 14 calendar days (19 if the Notice of Action is mailed) to appeal. When given to the parent, the parent’s initials acknowledging receipt are required.

#### 4.3.1 Reasons for Termination
Reasons for termination of early education center services include, but are not limited to, the following:

- Violation of program policies and procedures
- Behavior of a family member that presents a risk to children and staff such as a parent using profane language, threats or destroying property
• Delinquent family fees. Fees are due on the first working day of each month and are delinquent seven days after the due date.

**NOTE:** When the family is terminated in EESIS, select “**Outstanding fee due**” as the Exit Status. This will prevent the family from receiving early education services at any other LAUSD location until fees are paid in full.

• Failure of parent/guardian to comply with a plan for payment of delinquent fees.

• Expiration of 60 day seeking employment period.

• Excessive unexcused absences.

• Failure to cooperate with District personnel where such failure materially disrupts the smooth and efficient operation of the program.

• Failure to follow sign-in/sign-out procedure.

• Failure of parent/guardian to notify the center within 5 calendar days of any pertinent change in material, family, financial status, employment or other information relating to eligibility or need.

• Making a false material statement regarding family, financial status, employment or other information relating to eligibility or need.

• Conduct of child tending to seriously disrupt the smooth and efficient operation of the program.

• Failure of parent/guardian to provide eligibility or need information after a written request by the center.

• Failure of parent/guardian to respond promptly when requested to remove child from center because of child’s illness or suspension.

• Violation of contract hours.

• Late pick-up of children after center closing or program ending hours (termination of services may occur on the fourth instance of late pick-up following three written warnings within a one year period of time)
4.3.2 Suspected Fraud
Office Managers and Principals may observe suspicious behavior or have reason to question the authenticity of eligibility information provided by some parents. It is acceptable to make further contacts and request additional information. If the parent fails to respond to reasonable requests for additional documentation, or if the information appears to be falsified, the child may be terminated. In order to substantiate the decision, type as much additional detail as possible in the Reason for Action block on the Notice of Action. The parent(s) may always appeal the decision following the steps outlined on page 2 of the NOA. Because the decision may be appealed, it is useful to keep detailed case notes in the family file explaining reasons for suspicion and actions taken.

4.3.3 Due Process
If the parent does not agree with the action as stated in the Notice of Action, she may appeal the intended action. To protect appeal rights, the parent must follow the instructions described in each step listed on the back of the Notice of Action. If she does not respond by the required due dates or fails to submit the required appeal information with the appeal request, the appeal may be considered abandoned. The appeal should go to the Early Childhood Education Division address that appears on the back of the Notice of Action. See Chapter 9, Due Process Requirements, for further detail.

4.4 Disenrollment
When children must be disenrolled (generally when they will be leaving to go to kindergarten), families must be displaced in the reverse order of admission priorities.

A. First to be disenrolled: Families with the highest monthly income adjusted for family size as determined by the Income Ranking Table. (See Chapter 26).

B. When two or more families have the same income ranking:

   The family with an exceptional needs child will be disenrolled after all other families in the same income ranking have been disenrolled,
   and

   If there are no families with exceptional needs child, families will be disenrolled in enrollment date order, last “in” first “out”.

C. Last to be disenrolled: Families with a child that is receiving child protective services or has been identified as being at-risk of abuse, neglect, or exploitation, will be disenrolled last.
The Schedule End Date in EESIS for all kindergarten-age children must be no later than the first day of school. A Termination Notice of Action must be issued and initialed by the parent. Under Reason for Action, select “Kinder Termination”. The text reads “Terminated because the child is transitioning to kindergarten.” The Spanish version is included as well. Additional text can always be added. The family should be terminated on the Family page in EESIS as of the day AFTER the last day of attendance. The Exit Status on the Family page will generally be “Left in good standing” UNLESS there are outstanding fees due. Every effort should be made to collect outstanding fees before the child leaves the center.

**NOTE:** In order to maintain consistent Child Days of Enrollment (CDEs), the center should attempt to stagger the disenrollment while backfilling with new children.
5 FAMILY SIZE

The parent must provide supporting documentation regarding the number of children and parents in the family. The information input into EESIS on the Parent page(s) and Child page(s) will calculate family size.

The number of children must be documented by providing one of the following documents, as applicable. Note that legal documents are preferable.

1. Birth certificates;
2. Court orders regarding child custody;
3. Adoption documents;
4. Records of Foster Care placements;
5. School or medical records;
6. County welfare department records; or
7. Other reliable documentation indicating the relationship of the child to the parent.

Children who are 18 and have been continuously attending high school are considered minors and included in family size. If a dependent child in the home over 18 is no longer in high school, he should not be included in family size.

5.1 Single Parents

A child’s birth certificate showing only the mother’s name is sufficient documentation of single parent status if the mother indicates she is still single. But when only one parent has signed the application and the information indicates the child has another parent whose name does not appear on the application, the absence (or presence) of that parent must be documented. Single parent status must be redocumented every year unless the parent can provide legal or official documents. The following are acceptable methods of documentation:

1. Child’s birth certificate showing only the mother’s name if the mother indicates she is still single;
2. Records of marriage, divorce, domestic partnership or legal separation;
3. Court-ordered child custody arrangements;
4. Evidence that the parent signing the application is receiving child support payments, has filed for child support with the appropriate local agency, or has executed documents with that agency declining to file for child support;
5. Documentation of household composition used for determining eligibility for Food Stamps / CalFresh, Medi-Cal, Healthy Families

6. Medical or school records (such as an elementary school emergency card indicating a single parent)

7. Rental agreements or receipts, contracts, utility bills or other documents for the residence of the family indicating that the parent is the sole responsible party; or

8. Any other documentation, excluding a self-declaration except as provided below, to confirm the presence or absence of a parent of a child in the family.

   **NOTE:** If, due to the recent departure of a parent from the family, the remaining applicant parent cannot provide any documentation, the parent may submit a self-declaration signed under penalty of perjury explaining the absence of that parent from the family. Within six months of applying or reporting this change in family size, the parent must provide documentation as described above.

If the information provided by the parent is questionable or insufficient, the Office Manager must request additional documentation necessary to verify the family composition and family size. If the parent is unable to provide adequate documentation, the application may be denied.

For income eligibility and family fee purposes, when a child and his or her siblings are living in a family that does not include their biological or adoptive parent, only the child and related siblings are counted to determine family size. In these cases, the adult(s) must meet a need as stated above. Typically this is a foster care situation.

### 5.2 Definition of Family

“Parent” means a biological parent, stepparent, adoptive parent, foster parent, caretaker relative, or any other adult living with the child who has responsibility for the care and welfare of the child.

“Any other adult living with a child who has responsibility for the care and welfare of the child” can include a neighbor who is temporarily entrusted by the parent who has been incarcerated with the care of the child. This includes any person standing “in loco parentis” (in the place of the parent) while the parent is away from the home for more than one day at a time. Parents whose work takes them away from the home for 24 hours or more need to identify the person who is acting “in loco parentis.”

Numerous household compositions and configurations could meet the definition of family. One key factor in determining whether two adults living together are considered
a family is if they have a child in common, regardless of marital status and whether or not the child in common is receiving subsidized child development services. Some examples of household compositions that would constitute a family for purposes of determining family size are listed below. (Excerpts from CDE Title 5 Regulations Handbook)

**Combined Family Example 1** is composed of mom, mom’s child from a previous relationship, mom’s boyfriend, and a child in common.

In Combined Family Example 1 the family size is four.

**Examples of families where all persons are counted in family size.**
In these examples the other adult (parent) has been voluntarily listed on the application by the parent completing the application and no additional documentation would be required to prove the person is accepting responsibility for the care and welfare of the child.
**Combined Family Example 2**

combined family example 2 is composed of mom, mom’s child from a previous relationship, mom’s boyfriend. Mom and boyfriend do not have a child in common; however, the boyfriend accepts the responsibility for the care and welfare of the child.

In Combined Family Example 2 the family size is three.

**Combined Family Example 3**

combined family example 3 is composed of dad, dad’s two children, and dad’s mom (grandmother). In this family the grandmother accepts responsibility for the care and welfare of the children. **NOTE:** It has been determined that grandmother is unable to be the child care provider in this case.

In Combined Family Example 3 the family size is four.
Combined Family Example 4 is composed of domestic partners and one of the partners has a child.

In Combined Family Example 4 the family size is three.

Other examples are:
Mom is in jail and 2 children are staying with mom’s sister = family size of 2 (treated like 2 foster children).
Dad, 2 children from a previous relationship, and 3 other children for whom he has custody every other week = family size one week 3, the next week 6. In this example, the larger family may be eligible, but not the smaller or both may be eligible, but one may have a family fee.
Mom, 3 children (but one of them is 18 and out of high school) = family size of 3.

Examples of household compositions where one or more individuals are excluded from the family for purposes of determining family size:

In these examples the other adult is not listed on the application by the parent completing the application and no additional documentation would be required to prove the adult has not accepted the responsibility for the care and welfare of the child(ren).

Separate Family Example 1 is composed of mom, mom’s child from previous relationship, and mom’s boyfriend. In this family the boyfriend does not accept the responsibility for the care and welfare of the child.
In Separate Family Example 1 the family size is two.

Separate Family Example 2 is composed of mom, mom’s child, and mom’s mother (child’s grandmother). In this family the grandmother does not accept the responsibility for the care and welfare of the child. **NOTE:** If the mother had more children who needed care, sufficient to ensure minimum wage, the grandmother could be the children’s child care provider.

In Separate Family Example 2 the family size is two.
Separate Family Example 3 is composed of mom, mom’s child, mom’s sister, and mom’s sister’s child. Sisters do not claim responsibility for each other’s child.

Separate Family Example 3

Mother and child

Women are sisters

In Separate Family Example 3, each sister and her child are considered a separate family of two.

Separate Family Example 4 is composed of mom, mom’s child from a previous relationship, mom’s boyfriend, and mom’s boyfriend’s child from previous relationship living together but neither adult claiming responsibility for the other’s child.

Separate Family Example

Mom with child from previous relationship

Boyfriend with child from a previous relationship

In Separate Family Example 4 mom and her child and dad and his child are each considered a separate family of two.
Separate Family Example 5 is composed of two foster parents (married) with two children of their own, a foster care brother and sister, and an unrelated foster child.

In Separate Family Example 5 the foster parents and their two children are a family of four. The foster siblings are a separate family of two. The unrelated foster child is a family of one.

Separate Family Example 6 is composed of a child living with his/her grandparents who has not been adopted by the grandparents.

Separate Family Example 6 is a family size of 1
6 ATTENDANCE

6.1 Attendance Exceptions

The District is reimbursed by CDE based on the least amount among three factors: the contract with the state, actual expenditures or actual attendance. LAUSD’s reimbursement is almost always for actual attendance. It is critical that:

- Centers maintain enrollment to their maximum capacity throughout the year
- Daily attendance is entered in EESIS
- The child is enrolled in the correct program according to the programmatic age

See Chapter 20 for additional details about entering attendance in EESIS.

6.2 Sign-In Sheet Requirement

The daily Sign-In Sheet is the primary source document for audit and reimbursement purposes. The Sign-In Sheet is used to verify that service was provided on a given day. At no time may white-out be used on the sign-in/sign-out sheets. Sign-In sheets must be maintained in the center in chronological order for a period of five (5) full fiscal years.

6.2.1 Sign-In Sheets

On a weekly basis, print the Sign-In sheets from EESIS for the following week. Go to Reports > Administrative Reports > Sign-In Sheet. Enter Center, Program(s), Classroom(s), select the Starting and Ending Dates for the next week and click the Print button. Depending on where the children are dropped off and picked up, sheets may be printed by classroom or for the entire center. Sign-In Sheets should be printed on 8 ½ X 14 paper in order to allow sufficient room for signatures and bar codes.
6.2.2 Signature

One of the following persons must enter the daily time of arrival and departure on a sign-in/sign-out sheet and must sign the sheet using their full signature:

1. The parent or other adult authorized by the parent to drop off/pick up a child; or
2. The staff person designated by the contractor as the person responsible for entering the times of arrival and departure if the child is not dropped off/picked up by a parent or other adult authorized by the parent. An example might be when a child leaves the center to go to a special ed class for 3 hours during the day and the center representative signs him out and back in when he returns (using a full signature).

The “full signature” means the legal signature of the individual (e.g., signature normally used on checks and other documents). Initials are not acceptable. If the individual is not literate in written English, the individual may sign with an “X” which must be witnessed and initialed by the center authorized staff.

6.2.3 Actual Time

The sign-in sheet indicates the scheduled arrival/departure time but the actual time each child arrives and the actual time each child leaves with the parent or designee must be entered by the parent or designee. There may be times when there is a variance in the arrival/departure and a late pickup notice to the parent may help resolve the problem. If there is a variance of more than ½ hour between the scheduled time and the actual time of arrival and departure that continues for more than two weeks, the Principal or Office Manager should talk with the parent to determine the cause and
make a schedule change, as necessary. Violation of contract hours can be a cause for termination in chronic situations.

**NOTE:** Remember that seeking employment and seeking permanent housing must be LESS THAN 30 hours per week. Auditors determine this by the time the parent signs the child in and out rather than the scheduled hours.

### 6.2.4 Supplemental Sign-In Sheets

If a child enrolls mid-week and the sign-in sheets have already been printed, a blank sheet may be printed from EESIS allowing the Office Manager time to enter the enrollment in the system so that the child’s name shows appropriately the following week. All required information from the official sheets should be hand-written. A blank sheet should never be used for a child more than the first week of enrollment.

### 6.2.5 Review of Sign-In Sheets

At the end of each week the Principal should review the Sign-In sheets, note variations in attendance patterns, verify that FULL signatures are present for each child who attended, note that all absences are entered correctly and determine if parent conferences are needed based on Remarks.

The Principal should also review the Attendance screen for the week in EESIS to ensure that attendance has been entered for each child for each day of the week and that absences are consistent with those on the Sign-In Sheets.

### 6.2.6 Absence Notification Policy

When there are circumstances where a child must be absent from school, it is the parent’s responsibility to notify the center of the reason for the absence on the same day of the absence, or, in case of an emergency, as soon as possible. In order to obtain an accurate meal count, parents should call before 9:00 am on the day of the absence. If the parent does not know the duration of the absence, she should call each day the child is out. Excessive absences, or failure to contact the center in a timely manner when a child is out, may result in termination from the program. This requirement is contained in the Parent Handbook.

If the parent does not call when a child is absent, the Office Manager should attempt to make contact with the parent by phone within the week. After 3 to 5 days of no contact, a letter should be sent or a termination NOA should be initiated. The NOA may be rescinded if the parent can provide a satisfactory reason for the absences. However, once the termination is effective, if services are requested again, the family should be placed back on the eligibility (waiting) list.

Parents are responsible for payment of fees on days the child is absent. (An exception is made for a pre-approved leave of absence. See 6.3.1 below.)
6.3 Absence Codes

6.3.1 Attendance and Absences

Attendance includes excused absences because of illness of the child, illness of their parent, family emergency, court-ordered visitations or a reason which is clearly in the best interest of the child. Excused absences are reimbursable; unexcused absences are not.

If the absence is claimed as an excused absence, the attendance accounting records require verification that includes:

1. The name of the child
2. The date(s) of absence
3. The reason for the absence (specific type of illness not required)
4. The signature of the parent or the Office Manager/Principal if verification is made by telephone

This information should be recorded in the center’s official Communication Log.

Record the applicable absence codes daily. If a child is absent, use the following codes to indicate reason for absence:

- **F** - Family Emergency
- **G** - On Leave of Absence
- **I** - Illness
- **O** - Court Order
- **P** - Pattern Day
- **Y** - Best interest of the child
- **U** - Unexcused absence

6.3.1.1 Reimbursement for Absences

The California Department of Education reimburses for these absences:

- **F** - Family Emergency
- **I** - Illness
- **O** - Court Order
- **Y** - Best interest of the child
These are unreimbursed absences:

- **U** - Unexcused absence
- **G** - On Leave of Absence
- **P** – Pattern Day

### 6.3.1.2 Definition of Absence Types

Center staff may use their best judgment in determining circumstances that would constitute an excused absence for "family emergency" and "in the best interest of the child." Except for children who are recipients of protective services or at risk of abuse or neglect, excused absences "in the best interest of the child" are **limited to ten (10) days** during the fiscal year (July 1 through June 30).

**I - Illness** - Illness of the child or the parent

**O - Court Ordered** - If an excused absence is based on time spent with a parent or other relative as required by a court of law, the family data file must contain a copy of the Court Order.

**P - Pattern Day** - The term "Pattern" day is used to indicate days that the child is not expected to attend because the parent does not have a need on that day. This may be the same day every week or the day may vary from week to week, depending on the parent’s work schedule. This is established on the child’s Schedule page in EESIS. If it is a fixed Pattern Day, there will be no scheduled hours on the Sign-In Sheet. If it varies, the parent or Office Manager should indicate a P on the Sign-In Sheet for that day. See Chapter 16.6 for more information.

**F - Family Emergency** - An emergency by its very definition is an unplanned occurrence which could mean a day or some weeks out of the center at any one time. These emergencies include:

- death of member of immediate family
- accident involving members of immediate family
- automobile failure
- imminent danger to the home occasioned by disaster such as flood, fire, or earthquake

The duration of family emergencies for reporting attendance would depend on the nature of the emergency and the place of occurrence. For example, a death in the family necessitating a trip outside of the country could mean absence from the center of
approximately two weeks. Discretion should be exercised in the process; each case is different and in every case, the determining factor should be what is reasonable and normal under each specific circumstance.

**Y - Best Interest of the Child** - This category includes absences due to reasons other than illness, family emergency, or court ordered visitations that could be an excused absence for reasons in the “best interest” of the child. Only ten (10) Y days each fiscal year (July 1 through June 30) are allowed. The days also include:

- vacation time with the parent
- days with the parent during school intersessions (that do not meet leave requirements)
- days with the parent during work stoppage (that do not meet leave requirements)

**O - Court Ordered** - If an excused absence is based on time spent with a parent or other relative as required by a court of law, the family data file must contain a copy of the Court Order.

**U - Unexcused** - Before showing an absence as unexcused, attempt to determine if the absence would qualify for reimbursement as F-Family Emergency or Y-Best Interest of the Child. Ten Y days are allowed each fiscal year and are considered excused, or reimbursable. If the reason for an absence is not known at the time attendance is entered for the day, a U-Unexcused code may be used. After consulting with the parent, the U code should be changed to another excused absence code if appropriate.

A pattern of unexcused absences is cause for termination. Parents should be informed in advance that they are in danger of being terminated for excessive absences. This is included in the Unexcused Absence section of the Parent Handbook. No more than 10 unexcused absences per year can be recorded in EESIS for a child. However, it is not necessary to wait 10 days before issuing a Termination NOA, especially if there is no contact in 3 to 5 days.

**G - Leave of Absence** - A limited-term service leave of absence may be granted to accommodate parents who temporarily do not have a qualifying need for subsidized child care but the center is willing to hold the child’s slot. This occurs when parents are able to provide care for their child because of:

- Employment break, school break, non-court ordered visit with non-custodial parent or vacation in excess of Best Interest days (maximum leave of 12 consecutive weeks); or
- On leave from work because of maternity or other family medical reasons (maximum leave of 16 consecutive weeks, doctor’s certificate required).

Paperwork must be completed at the Early Education Center prior to the start of the limited-term leave. Such leaves are not reimbursable and result in loss of CDEs and income to the District unless supplemented by a temporary enrollment from the waiting list. Fees are not required during a leave of absence. When a leave of absence is requested, review specific requirements in BUL 4362:

[http://notebook.lausd.net/pls/ptl/docs/PAGE/CA_LAUSD/FLDR_ORGANIZATIONS/FLDR_EARLY_CHILDHOOD/BUL-4362-0%20LIMITED%20TEMPORARY%20SERVICES.PDF](http://notebook.lausd.net/pls/ptl/docs/PAGE/CA_LAUSD/FLDR_ORGANIZATIONS/FLDR_EARLY_CHILDHOOD/BUL-4362-0%20LIMITED%20TEMPORARY%20SERVICES.PDF)

*Form No. 84.24, rev. 6/08* (print from above-referenced Bulletin) must be submitted during certification or recertification except for medical leave, in which case, the form must be filled-out before the start of the leave and approved by the Principal or Office Manager.

For leaves of at least three (3) weeks, a Termination NOA must be generated in EESIS and given to the parent stating that services will be terminated if the family does not return on the day after the end of the leave indicated on *Form 84.24*. If a family is terminated for failure to return from leave and later wants readmission into the program, the family should be placed on the waiting list.

The leave of absence should be entered in EESIS so that attendance is not expected and fees are not generated. Select the family, then click on the Absence Period link on the left navigation bar. Select the child, enter the dates and reason. Absence Code on this page should ALWAYS be G-Leave of Absence.
6.3.2 Attendance Reports

The following reports in EESIS are helpful in determining the status of absences for a single child or for all children:

- **View Absent Days** button on Child page - for absence totals on a single child.

- **Attendance Exceptions Report** (Reports > Statistics) - Shows if AT LEAST one child is missing attendance.

- **Child Attendance Exceptions** (Reports > Statistics) - Shows each day each child is missing attendance during the selected time period.

- **9400 LAUSD Report** (Reports > Government Reports) - Month at a glance. Shows all absences for each child by classroom.

- **Child Attendance Summary** (Reports > Administrative Reports) - Summary totals unless the Details box is checked. Print in CSV for spreadsheet format. This can be useful when a court order requires attendance documentation for a child during a period of time.
<table>
<thead>
<tr>
<th>REFERENCES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Handbook</td>
<td></td>
</tr>
<tr>
<td>BUL 2577</td>
<td>Sign-In</td>
</tr>
<tr>
<td>BUL 3310</td>
<td>Excused / Unexcused</td>
</tr>
<tr>
<td>BUL 4362</td>
<td>Limited Term Service Leave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORMS / REPORTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Form No. 84.24, rev. 6/08</td>
<td>Interruption of service contract/limited term service leave</td>
</tr>
<tr>
<td>EESIS Report</td>
<td>Attendance Exceptions</td>
</tr>
<tr>
<td>EESIS Report</td>
<td>Child Attendance Exceptions</td>
</tr>
<tr>
<td>EESIS Report</td>
<td>Child Attendance Summary</td>
</tr>
<tr>
<td>EESIS Report</td>
<td>9400 LAUSD</td>
</tr>
<tr>
<td>EESIS Report</td>
<td>Absent Days button on Child page</td>
</tr>
</tbody>
</table>
7 FAMILY DATA FILE

A family data file must be established for all families with children receiving child care and development services.

7.1 Recommended Organization

The recommended organization of the family file record is shown below:

<table>
<thead>
<tr>
<th>Left Side of Family File</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handbook Documents</strong></td>
</tr>
<tr>
<td>New Forms After July 1st, 2011</td>
</tr>
<tr>
<td>From <em>Early Childhood Education Procedures,</em></td>
</tr>
<tr>
<td><em>Guidelines &amp; Information for Parents</em></td>
</tr>
</tbody>
</table>

- □ 1. Personal Rights (LIC 613A)
- □ 2. Parent’s Rights (LIC 995)
- □ 3. Receipt of Annual Notification of Information for Parents
- □ 4. Information Release Form
- □ 5. Annual Pesticide Use Notification
- □ 6. Acknowledgement of Receipt of Licensing Reports (LIC 9224) if cited.
Family ID #: ____________________________________________

Name of the Child: _______________________________________

Please put a checkmark (✓) in the box/circle to indicate that the document is complete.

Family File Checked by ___________________________.

OM or SAA's Initial & Date

________________________________________.

Principal's Initial & Date
Initial Enrollment Documents

1. CD9600 pages 1 and 2 with proper box checked, date and both parent AND Principal signatures

2. CD9600A with proper box checked, date & parent signature

3. CD7617 Notice of Action (NOA) with parent initial or receipt of certified mail & principal signature

4. Income & Need Information (as per application):
   - A full month’s consecutive pay stubs & other documents to verify employment income
   - Employment Verification (83.56)
   - Self-Certification of Income if paid cash (Attachment B)
   - Seeking Employment (83.14)
   - Training Verification (CD 9605)
   - Progress report/s (99.1)
   - Study time written statement
   - Protective Services (83.66)
   - Statement of Incapacity (9606) & State Disability Insurance (SDI) or Unemployment Benefits if received
   - Verification of Temporary Assistance for Needy Families (TANF) or other cash assistance

5. Monthly Income Worksheet (print from EESIS)
| 6. Verification of California Residence |
| 7. Verification of Single Parent Status if needed |
| 8. Birth Certificates or other documents for enrolled children & all siblings counted in family size |
| 9. Home Language Survey (83.76) |
| 11. Center Eligibility List Form (if there is a waiting list) |
| 12. CA School Immunization Record (can be kept at Nurse’s station) |

*Always Scan and Upload Documents #1 - 9 to EESIS*

**Recertification:** 1️⃣, 2️⃣, 3️⃣, 4️⃣, 5️⃣, 6️⃣ & 7️⃣ (if not court order)

**Eligibility / Need Change:** 3️⃣, 4️⃣ & 5️⃣

**Termination:** 3️⃣

### 7.2 Recertification

Recertification requires new:
- CD9600 pages 1 and 2
- CD9600 A
- Income verification
- Need verification
- Monthly income worksheet from EESIS
- Verification of single parent status, if applicable and if there is no court order
- CD7617 Notice of Action (NOA)
7.3 Changes
Change in need or eligibility require new:

- Income or need verification
- Monthly income worksheet from EESIS
- CD7617 Notice of Action (NOA)

7.4 Termination
Termination of services to a child or the whole family requires:

- CD7617 Notice of Action (NOA)

7.5 Record Retention
All records must be maintained for a minimum of five (5) years.

REFERENCES

<table>
<thead>
<tr>
<th>Family File</th>
<th>5CCR 18081; CSPP Funding Terms and Conditions, Program Requirements (II)(E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recertification</td>
<td>5CCR 18081; CSPP Funding Terms and Conditions, Program Requirements (II)(V)</td>
</tr>
</tbody>
</table>
8 FEES

California law limits child care and development services to families whose income, based on family size, is less than 70% of California's State Median Income.

Schedule of Income Ceilings for Child Care and Development Programs

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Family Monthly Income</th>
<th>Family Yearly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 2</td>
<td>$3,283</td>
<td>$39,396</td>
</tr>
<tr>
<td>3</td>
<td>$3,518</td>
<td>$42,216</td>
</tr>
<tr>
<td>4</td>
<td>$3,908</td>
<td>$46,896</td>
</tr>
<tr>
<td>5</td>
<td>$4,534</td>
<td>$54,408</td>
</tr>
<tr>
<td>6</td>
<td>$5,159</td>
<td>$61,908</td>
</tr>
<tr>
<td>7</td>
<td>$5,276</td>
<td>$63,312</td>
</tr>
<tr>
<td>8</td>
<td>$5,394</td>
<td>$64,728</td>
</tr>
<tr>
<td>9</td>
<td>$5,511</td>
<td>$66,132</td>
</tr>
<tr>
<td>10</td>
<td>$5,628</td>
<td>$67,536</td>
</tr>
<tr>
<td>11</td>
<td>$5,745</td>
<td>$68,940</td>
</tr>
<tr>
<td>12</td>
<td>$5,863</td>
<td>$70,356</td>
</tr>
</tbody>
</table>

Some families may be required to pay fees if their income is below the income ceiling but falls within the Family Fee Schedule limits.

8.1 Establishing Family Fees

Fees are established when a family is certified for child care services, and adjusted whenever there is a rate change or when there is a change in family eligibility or income. When a fee is established incorrectly, a correction must be made as soon as it is detected. A Notice of Action must be issued to notify the parent of the correct fee and effective date. A cover letter must accompany the Notice of Action.
The fee amount is calculated in EESIS based on:

1. The adjusted gross monthly income entered in EESIS for each parent

2. The family size, based on the number of parents and children entered in EESIS

**NOTE:** Incorrect fees may appear in EESIS if family members are entered in the system on different days. Be sure to enter all family information at the time of enrollment. Failure to do so may require the EESIS vendor to backdate a family member in the database. Email eesis@lausd.net for assistance with this type of issue.

The Family Fee Schedule (Chapter 27) indicates the daily fee rate for both part-time and full-time care. EESIS will calculate the number of schedule hours to determine the fee:

![Family Fee Schedule Table](image)
Part-time fee for 6 hours 29 minutes or less
Full-time fee for 6 hours 30 minutes or more

A family receiving CSPP or CCTR services pays one daily fee per family regardless of the number of children enrolled. The family fee is based on the child who is enrolled for the longest period (most hours).

CSPP - 3 and 4 year olds
Full Time Fee - 6 hours 30 minutes or more
Part Time Fee - 6 hours 29 minutes or less

CCTR - 2 year olds
Full Time Fee - 6 hours 30 minutes or more
Part Time Fee - 6 hours 29 minutes or less

PCC Only - No fees. The child will be enrolled in the PCC Only program which requires that he have an IEP. No family income or need information is required.

PCC Plus Another Program – A child who is enrolled due to the parent’s need and income may also have special needs and attend the 3 hour PCC class. This child should be flagged on the Child page as “PCC plus another program”. The child’s schedule may be handled two different ways:
1. Non-fee paying family – If the family does not owe a fee, it is acceptable to show the CSPP/CCTR schedule hours for the entire time the child attends the center, including the PCC class time. This will usually result in a full CDE.
2. Fee-paying family – If the family owes a fee, it may be more advantageous to break out the hours into two separate, non-overlapping schedules. For example, create a schedule for PCC Only from 8 to 11 am and a second schedule for CSPP from 11:01 am to 4 pm, thus resulting in lower fees for the parent (but only a part-day CDE for the center.)
3. See Chapter 16.6.1 for additional EESIS entry instructions.

8.2 Notice of Action for Fees
A Notice of Action (NOA, or CD-7617) must be issued whenever a family is:
1. Assessed a fee
2. A fee amount is changed
3. A fee is no longer required
The NOA is generated from EESIS. **The NOA MUST be initialed by the parent and signed by the EEC Principal.**

### 8.3 Invoices

Family invoices are generated in EESIS seven (7) days before the start of the month. This may be changed in some months to accommodate holiday schedules. See the annual Early Education Fee Cycle Calendar. Invoices may be printed in bulk by going to Invoice > Print Queue in EESIS. Invoices may be printed for a single family by going to the Family Summary page in EESIS and clicking the Family Fee Invoice link in the Forms section at the bottom. Use this option if a child is enrolled after the invoices for that month have already been generated.

**Billing Related to Changes in Fees**

Fees may change when a family reports a change in income or family size. When that information is entered in EESIS, a pop up box will appear showing the proposed effective date. If the fee goes down, it will become effective the following Monday. If it goes up, it will be effective on the 3rd Monday from that date. **A NOA MUST be generated in order for the fee change to take effect.**
In the example above, the parent has a credit that will automatically be applied to the next invoice.

8.4 Fee Collection

All fees are due on the first working day of each month. Parents must be informed of the payment policy at the time of enrollment or whenever a fee is assessed. This information is contained in the Fees section of the Parent Handbook. Payments should be collected and banked the same day if possible, but at least by Friday of the same week. Payment must be posted immediately to generate a receipt from EESIS. A copy of the receipt must be signed by the Office Manager and provided to the parent.

8.4.1 Delinquent Fees

If, for any reason, the parent has not paid the fee within 7 calendar days, the fee becomes delinquent and the amount is automatically moved into the Past Due column on the Account page in EESIS. A Termination Notice of Action should be generated informing the parent that services will be terminated within 2 weeks unless delinquent fees are paid by that date. A family terminated for delinquent fees should always show an Exit Status on the Family page in EESIS of “Outstanding Fee Due”. This will prevent the family from reenrolling in any LAUSD Early Childhood Education program until past due fees are paid in full.

8.4.2 Payment Plan

A payment plan may be created in rare situations where the parent can provide a valid reason for being unable to pay in full by the 7th of the month. The Payment Plan should establish a date by which the balance must be paid in full, not to exceed ONE MONTH. The parent must pay all delinquent fees and current fees within that time frame. If a
termination NOA has been issued, it can be Rescinded. If a termination NOA has not been issued, issue a termination NOA with an effective date of the date by which all payments must be current. Terms of the payment plan can be typed into the Reason for Action box. If fees are paid, rescind the NOA. If not, the termination will go into effect. See Chapter 8.4.2 for instructions on creating a payment plan in EESIS.

Payment plans are never allowed on terminated families. In order for the family to receive services again, the past due balance must be paid in full.

**8.4.3 Methods of Payment**

All fees must be paid in advance by **check, money order, or other non-negotiable instruments**. Cash is not acceptable. Payments must be made payable to **LAUSD Early Childhood Education Fund** (or LAUSD). Payments made out to CASH or third party endorsements are not acceptable because they are negotiable and have all the problems of cash.

**Credits for Outside Care Payments** (also called babysitter receipts)

If a family has additional child care needs that are not met by the center, Funding Terms and Conditions allow the family a fee credit for the amount they paid to the other provider of child care services. The fee credit applies to the family’s subsequent fee billing period and may be equal to or less than the amount owed. Credit may not carry over to the next month. For example, the family owes a fee of $100 for May and brings in an Other Care Provider receipt for $175 paid in April. Only $100 may be applied to the May payment. A May payment receipt from the other care provider would be needed for June credit at LAUSD.
The credit for outside care payment is not applicable to families in the full cost category.

To use this type of credit:

- Have the parent obtain a completed *Verification of Other Care Provider form 84.26 (Rev. 12/98)* from the outside care provider at the time of certification.

- Keep the completed form in the family file at the center for audit purposes.

- Advise the parent that the payment will only be deducted from the center fee if she submits a signed and dated receipt from the outside care provider or a copy of a cancelled check. Otherwise, the center fee must be paid.

- Attach the outside care provider receipt or cancelled check to the file copy of the center receipt for audit purposes.

### 8.5 Receipts

All fees are due on the first business day of the month and should be collected and banked within the week. Payment must be posted immediately to generate a receipt from EESIS. A copy of the receipt must be provided to the parent. The receipt indicates:

- Date paid
- Parent name
- Family ID
- Child name
- Unique receipt number
- Name of the Office Manager or other individual posting the payment
- Signature of the Office Manager or other individual posting the payment
- Previous balance
- Payment amount
- Transaction date
- Payment type
- Total amount now due
- Comments typed into EESIS by the Office Manager or other individual posting the payment
- A universal comment “Rate of payment and period of service are shown on your monthly invoice.”
Receipts are generated by EESIS when a payment is credited to the family on the Account page. The Transaction Type (check, money order, provider receipt) is selected from a dropdown menu. The amount must be entered. It is optional to enter check number, account number and notes to appear in the Comments section of the receipt. If there is a past due balance, ALWAYS apply payment to the amount past due first. Any remainder should be applied to current balance as shown in the EESIS Account screen below.

![Receipt Screen]

This is how the receipt will reflect the payment:

![Payment Receipt]

8.6 Fee Exclusions

- Fees are not required if the family income level, in relation to family size, is less than the first entry in the Family Fee Schedule. (For example, under $1,950 for a family of 3.)
- Fees are not required when any individual counted in the family size is receiving CalWORKs cash aid.
• Fees may not be required for a family receiving services because the child is at risk of abuse, neglect, or exploitation, if the referral prepared by a legally qualified professional from a legal, medical, or social services agency, or emergency shelter specifies that it is necessary to exempt the family from paying a fee. Fee exclusions for at risk may not exceed three (3) months.

• A family receiving services because the child is receiving child protective services may be exempt from paying fees for up to twelve (12) months if the referral prepared by the Los Angeles County Department of Children and Family Services child welfare services worker specifies that it is necessary to exempt the family from paying a fee. Fee exclusions for protective services may not exceed twelve (12) months.

8.7 Fee Adjustments

No fee adjustments are made for excused or unexcused absences. However, adjustments may be made if the parent(s) works on a varying schedule. The scheduled days are set in EESIS so that the fee is estimated. The invoice will show the amount for the scheduled days. If the child attended fewer or more days, based on attendance entered in EESIS, the next month’s invoice and the family Account page will show an adjustment. (See Chapters 3.1.5 and 20.)

Joint Custody Issues
When a child’s residence alternates between the homes of separated or divorced parents, eligibility, need and fees should be determined separately for each household in which the child is residing during the time early education services are needed (i.e., separate certifications and service agreements). Please work with your Eligibility Technician in the ECE Fiscal Office on complicated situations like this.

8.8 Over/Underpayment of Fees:

If an incorrect fee was due to an error by Early Childhood Education Division personnel and not corrected within forty five (45) days from the day the error occurred, the family may not be held responsible for any additional charges.

Example: The parent provides correct pay stubs but the Office Manager enters them as bi-weekly rather than bi-monthly, resulting in an incorrect fee. Another example would be entering net income instead of gross. When the error is discovered, a new NOA must be generated advising the parent of the correct fee and the effective date the fee will begin. The parent will not be responsible for additional fees prior to that date.
If the error was discovered prior to the 45th calendar day, the family will be held responsible for any additional charges.

If the additional amount due from the family is $5.00 or less, the full amount must be collected within two (2) weeks. If the amount is more than $5.00, the family must be offered the following options:

1. Paying the full amount within two (2) weeks.

2. A weekly schedule of payments which meets the following requirements:
   a. Payments must be equal except for the last/final payment.
   b. No payment must be less than $1.00 except for the last/final payment.
   c. The weekly payments are in addition to the current/adjusted weekly fee.

If the family withdraws from the center before the full underpayment of fees is collected, the center must send the family a request for payment in full. If a family moves to non-paying status, the parent must pay any outstanding balance in full as soon as possible.

If a family paid more money than was required for the following reasons, the adjustment must be made as soon as possible. The family must be notified in writing by a Notice of Action with an accompanying letter.

- family moves from fee-paying to non-paying status
- family voluntarily withdraws from center
- family receives a termination notice from the District

**NOTE:** Any refund under $10.00 will not be processed due to the processing cost.

An overpayment must be handled as a credit against fees due until the overpayment is recovered.

### 8.9 Processing of NSF (Non-Sufficient Funds) Checks

If for any reason, a check is returned to the ECE Fiscal Office by the bank because of insufficient funds (NSF check), the ECE Fiscal Office will reverse the payment in EESIS, therefore, the invoice will be outstanding. The check will then be returned to the center. It is the center’s responsibility to return the NSF check to the parent along with a Division statement of policy regarding such occurrences. Do not resubmit the NSF
check to the bank for payment. The first notice will alert the parent to the seriousness of the problem and will state that a second occurrence will require future payments only by certified bank draft (cashier’s check) or money order. EESIS will not allow a payment transaction of “check” if there have been 2 returned checks.

8.10 Credits/Refunds for Overpayment of Fees
Credits for overpayment of fees will be applied to future fee payments until the amount of the overpayment is recovered by the parent. In cases where a family moves from a fee-paying to non-fee-paying status, or where services by the District are terminated, overpayments/credits remaining must be processed using the Claim for Overpayment Form 84.30. The claim form must be completed and signed by the center Principal, signed by the parent, and sent to the Fiscal Unit for processing.

8.11 Banking of Fees

8.11.1 Distribution of Deposit Slips
Each deposit slip should be completed in quadruplicate and distributed as follows:
- Original – to bank
- 2nd and 3rd copies – to ECED Fiscal Unit, along with (white) Bank Deposit Receipt
- 4th copy – to be retained by center

Each check should be listed on the deposit slip before taking to the bank for deposit. When the deposit is made, the teller validates the amount received for each deposit slip. The deposit total must agree with the amount entered by the center. Making corrections after the deposit has been completed at the bank is not acceptable.

8.11.2 Special Month-End Deposit Procedure
All funds received during a calendar month should be banked within that month. When inputting checks in EESIS, the receipt date must correspond to the date when fees are deposited to ensure that the fees are properly credited toward the correct week of the month.

8.11.3 Fee Reports
The following reports in EESIS are helpful in determining the status of fees for a center. They are found in the REPORTS > INVOICE section of EESIS.
• **Delinquent Fees Report** – Shows current fees due for each family as well as past due fees (under 30 days past due, past due between 30 and 60 days, past due between 60 and 90 days, past due between 90 and 120 days, past due over 120 days.) Fees are delinquent 7 days after the due date and the family MUST be terminated if a past due balance continues.

• **Fees Charged and Paid** – Select the center, start date, end date and check all three check boxes (Show Charges, Show Paid and Show Balance). This report is accurate but it uses the dates literally. For example, if you want to see fees for the month of August, 2013, you would have to show start date as 07/25/13 (the date the August invoices are generated) and end date as 08/25/13 (the day before September invoices are generated.)

• **Family Fee Detail Report** – Lists families and children by program with fees and effective dates.

• **Fee Receipts Report** – Shows daily transactions

• **Tax Letter** – Should be printed each January and provided to all fee paying parents to use when they prepare their taxes. Any time a child leaves the center this batch of reports can be pulled up and you can print the letter for that one parent. It will show fees paid in the calendar year to date.

• **Billing Register** – Due to design flaws, this is not a reliable report and the balances are not accurate. It should correctly show amount billed, amount paid each week and adjustments but should not be the only report used to view fees.

• **Daily Invoice Amounts** – This report is printed from the Family Summary page and shows the amount invoiced each day for the specified time period. This can be helpful when there are changes to fees on the NOAs and there is confusion about what the system actually invoiced.

<table>
<thead>
<tr>
<th>REFERENCES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BUL 3937, MB 11-26</td>
<td>Fee Schedule</td>
</tr>
<tr>
<td>REF 4368</td>
<td>Collection and Banking</td>
</tr>
<tr>
<td>MB 11-06</td>
<td>Income Ceilings</td>
</tr>
<tr>
<td>MB 12-06</td>
<td>CSPP Part Day fees</td>
</tr>
<tr>
<td>MB 12-14</td>
<td>CSPP Part Day - 10% can be over income by 15%</td>
</tr>
<tr>
<td>CSPP Funding Terms and Conditions, VI. Fee Schedule</td>
<td>Fee assessment, exclusions, other care provider credit, receipts, advance payment, delinquent fees</td>
</tr>
</tbody>
</table>
9 DUE PROCESS REQUIREMENTS

9.1 Notice of Action

A Notice of Action (NOA) must be provided to the parent in the following circumstances:

- Approval of services
- Denial of services
- Termination of services
- Change in services
- Fees need to be increased or decreased
- The amount of services needs to be increased or decreased

The decision to approve or deny services must be communicated to the applicant by mailing or delivering the NOA within thirty (30) calendar days from the date the application is signed by the parent. When possible, NOAs should be in the home language of the parent. EESIS can generate NOAs in both English and Spanish. For translations in Chinese, Korean, Pilipino, Vietnamese and Hmong, see:


Please contact the Early Childhood Education Division if assistance is needed in translating a NOA into another language. Assistance can be provided by the District’s Translations Unit.

The key requirements will be system-generated based on information in EESIS but the Office Manager or Principal should be sure to include a thorough description of the action. The second page of the NOA provides instructions for the parent on how to request a hearing if they do not agree with the center’s decision.

If the action is one the parent can correct, such as providing a specific piece of documentation or paying family fees, the NOA should specify that the parent can correct the NOA by completing the action.

The NOA must be given to the parent at least fourteen (14) calendar days before the effective date of the intended action (19 calendar days if mailed).

To promote the continuity of child care and development services, a family that no longer meets a particular program’s income, eligibility or need criteria may have their services continued pending appeal.

9.2 Parent Request for a Hearing and Procedures

If the parent disagrees with an action, the parent may file a request for a hearing with the District within fourteen (14) calendar days of the date the Notice of Action was
Accept any request that is made via any communication method including a request in writing, in person, by telephone, by fax, and by email. If a hearing request is not in writing (i.e., made in person or by telephone), it is important to have a written record of the request.

The request should go to:

Los Angeles Unified School District  
Early Childhood Education Division  
333 South Beaudry – 11th Floor  
Los Angeles, CA 90017  
Attention: Appeals Coordinator

The ECE central office maintains a log to confirm that a hearing has been requested and the ECE Director assigned to hear that request will notify the center.

The parent may have an authorized representative (AR) attend the hearing on behalf of or with the parent. When a parent has an AR who attends the hearing, the parent is not required to attend his or her hearing.

A parent authorizing an AR may do an authorization form (example at http://www.cde.ca.gov/sp/cd/ci/documents/mb1304att1arform.pdf), but any written or oral notice that an AR has been duly authorized by a parent, even if not on this form and even if not in writing, is sufficient.

At any reasonable time, including before a hearing, a parent or the parent’s AR has the right to review the data file.

Upon the filing of a request for hearing, services should be continued until the review process has been completed. The review process is complete when the appeal process has been exhausted or when the parent(s) abandons the appeal process.

9.3 Conducting the Hearing

Within ten (10) calendar days following the receipt of the request for a hearing, the ECE Director assigned to handle the appeal (referred to as “the hearing officer”) will notify the parent of the time and place of the hearing. The parent or parent's authorized representative is required to attend the hearing. If either fails to appear at the hearing, the parent will be deemed to have abandoned the appeal. Only persons directly affected by the hearing are allowed to attend.

An interpreter can be provided at the hearing, if one is requested by the parent.

Since parents have the right to appeal the District’s decision, an appropriate record of the hearing must be made. Video recordings, audio recordings, or transcripts are preferred over written summaries. The NOA should indicate the method to be used and
provide reasonable options to accommodate the parent’s request for the hearing to be audio recorded.

The hearing officer will explain the legal, regulatory, or policy basis for the intended action. The parent will be given an opportunity to explain the reason they believe the District’s decision was incorrect. The center staff will present any material facts omitted by the parent.

The parent may submit supporting documentation to the hearing officer. It is acceptable to hold both on-site hearings at the center and alternative methods of conducting local hearings that might include, but not be limited to, telephone and video conference calls (e.g., Skype, ooVoo, FaceTime, or Google Video) that do not require the parent attend the hearing in person. Given the work schedules of many of the families receiving services, it can be challenging to take off work and utilize available transportation to attend a hearing. If the hearing is not in person, the parent must provide authorization and identities of participants will be verified in advance. All hearings will be confidential.

9.4 Hearing Decision

The hearing officer will mail or deliver a written decision within 10 calendar days after the hearing. The decision will clearly state the facts of the case and if possible, will be in the home language of the parent. Otherwise, a notice will ask the parent to find someone to translate the information as it affects the family’s ability to receive or continue to receive child development services.

The written decision letter will contain information for the parent on how to file for a second level parent appeal with the CDD, as well as the deadline for filing such an appeal.

9.5 Appeal Procedure for CDD Review

If the parent disagrees with the District’s written decision, the parent has fourteen (14) calendar days in which to appeal to the CDD. The address and phone number are shown on page 2 of the NOA. The appeal must be received within 14 calendar days of the date on the District’s written decision. If the parent does not submit an appeal request to the CDD within fourteen (14) calendar days, the parents’ appeal process is deemed abandoned and the District may implement the intended action.

The parent must specify in the appeal request the reason why he/she believes the decision was incorrect. A copy of the NOA and written decision must be submitted by the parent with the appeal request.

Upon receipt of an appeal request, the CDD may request copies of the family’s data file and other relevant materials from the center. The CDD may also conduct any
investigations, interviews or mediation necessary to resolve the appeal.

The decision of the CDD will be mailed or delivered to the parent(s) and to the contractor within thirty (30) calendar days after receipt of the appeal request.

The District must comply with the decision of the CDD immediately upon receipt of the final decision. The District will be reimbursed for services delivered to the family during the appeal process. If the District's determination that a family is ineligible is upheld by the CDD, services to the family shall cease upon receipt of the CDD's decision by the contractor.

<table>
<thead>
<tr>
<th>REFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Terms and Conditions, Section XI, 5CCR18121</td>
</tr>
<tr>
<td>MB 13-04</td>
</tr>
</tbody>
</table>

10 CONFIDENTIALITY

Information obtained from families to determine eligibility and complete enrollment is strictly confidential. This information is maintained by authorized District personnel, and can only be viewed by authorized District and funding source personnel. Confidential records will not be released unless stipulated by the parent/s or otherwise authorized by applicable law.
11 UNIFORM COMPLAINT PROCEDURES (UCP)

The Los Angeles Unified School District recognizes that the District has the primary responsibility to ensure compliance with state and federal laws and regulations governing educational programs. The District shall investigate and seek to resolve complaints at the local level. The District shall follow uniform complaint procedures pursuant to state regulations when addressing complaints alleging failure to comply with the law in Adult Education, Career Technical Education, Child Development Programs, Consolidated Categorical Programs, Migrant and Indian Education, Nutrition Services, Special Education and laws regarding unlawful student-to-student, adult-to-student, and non-employee discrimination/harassment on the basis of age, ancestry, color, disability (mental or physical), ethnic group identification, gender, national origin, race, religion, sex (actual or perceived), sexual orientation, or on the basis of a person’s association with a person or group with one or more of these actual or perceived characteristics, in any program or activity conducted by the District. For additional information regarding the District’s Uniform Complaint Procedures process or assistance in filing a complaint, please contact the Educational Equity Compliance Office at (213) 241-7682.

11.1 Compliance Officer

The Educational Equity Compliance Office Director has been designated as the District’s Compliance Officer responsible to receive and direct the investigation of complaints, maintain records of complaints and subsequent related actions, and ensure District compliance with the law.

11.2 Notifications

The District shall annually notify in writing its students, employees, parents and guardians, district advisory committees, appropriate private school officials or representatives, and other interested parties of these procedures and the person responsible for processing complaints.

11.3 Filing of UCP Complaints

A written complaint of alleged noncompliance with a federal or state law or regulation governing education programs must be filed with the District’s Compliance Office in the Educational Equity Compliance Office. When the subject matter of a complaint is not covered by this policy, the complainant will be so advised in writing.
Uniform Complaint Procedures forms are available upon request from any school or District office, or by calling the Educational Equity Compliance Office at (213) 241-7682. Any person, including, but not limited to individuals with a disability, requesting to file a complaint and who is unable to prepare a written complaint will be assisted by District staff in filing the complaint.

Any student, parent, or non-employee individual, or specific group of individuals who allege that he/she or they were subjected to unlawful discrimination may file a Uniform Complain Procedures (UCP) complaint alleging unlawful discrimination. Discrimination complains must be filed no later than six months from the date the alleged discrimination occurred or the date when the complainant first obtained knowledge of the facts of the alleged discrimination unless the time of filing is extended by the District superintendent/designee.

11.4 Investigation of Complaint

Upon receipt of the complaint and the determination that the allegations are under the jurisdiction of the Uniform Complaint Procedures process, the Compliance Officer/designee will open a complaint investigation. At the discretion of the District’s Compliance Officer/designee and with the consent of the parties, the Compliance Officer/designee may undertake a resolution of the dispute via mediation. The complainant and/or complaint’s representatives and the District representatives will be provided an opportunity to present information that is relevant to the complaint during the mediation and/or investigative process. By filing a complaint, the complainant authorizes the District to investigate and make disclosures, as may be reasonably necessary to the investigation and resolution of the complaint. To ensure that all pertinent facts are considered, the District’s complaint investigator may request other individuals to provide additional information. Complainants are advised that, while the District will make an effort to protect their privacy and confidentiality, investigation of their complaint may require disclosure of certain information to others. Complainants are protected by law from retaliation for filing a complaint and/or their participation in the complaint investigation process.

11.5 Written Decision

Within sixty (60) days of receiving the complaint, unless the complainant agrees in writing to an extension of time, the Compliance Officer/designee shall prepare and send to the complainant a written report of the District’s investigative findings, and corrective
action(s) if appropriate. The investigative report shall be written in English and in the language of the complainant whenever feasible or required by law.

11.6 Appeals to the California Department of Education

If a complainant is dissatisfied with the District’s decision, the complainant may appeal in writing to the California Department of Education within fifteen (15) days of receiving the District’s decision. The appeal must be in writing and must include a copy of the original complaint, as well as a copy of the District’s decision and specific reasons for appealing the District’s decision. The appeal should be sent to:

California Department of Education
1430 N Street, Sacramento, CA 95814

11.7 Complaints Not Under the Jurisdiction of the District’s UCP Process

In accordance with Section 4611 of Title 5 of the California Code of Regulations the following complaints shall be referred to the specified agencies for appropriate resolution and are not subject to these complaint procedures:

1. Allegations of employment/work, employee-to-employee or student-to-employee discrimination/harassment complaints may be referred to the District’s Equal Employment Opportunity Office at (213) 241-7685.

2. Allegations of suspected child abuse shall be referred to the Los Angeles County Department of Family Children Services (DCFS) or the appropriate city police department or Los Angeles County Sheriff’s Department, as applicable.

3. Allegations of fraud shall be referred to the responsible division/branch/department/unit/administrator/supervisor or to the Office of the Inspector General.

4. Personnel action complaints shall be referred to the appropriate division/branch/department/unit/administrator/supervisor.

5. Health and safety complaints regarding a Child Development Program shall be referred to the Department of Social Services, for licensed facilities.
EESIS

Guidelines for entering data into the

Early Education Student Information System

**NOTE:** These guidelines are not designed to answer every question about EESIS. A great deal of useful information can be found online in the EESIS Tip of the Day site, [http://eced.lausd.net/eesis](http://eced.lausd.net/eesis). The database can be searched by keyword.

12 EESIS - Security Guidelines

1. EESIS uses the District’s Single Sign-On (SSO) user name and password (the same user name and password that is used for email, Learning Zone, BTS, etc.)

2. Your SSO password must be at least 8 characters long and must be a combination of letters and numbers, for example, “Lau$d123”.

3. DO NOT choose a password that is based on your name or common words found in the dictionary. This will make it more difficult for other users to figure out your password because it is not based on a name that easily identifies you.

4. DO NOT write down your password where it is accessible to others.

5. You must change your password when you receive a notice telling you that it is going to expire. If you don’t change your password, it will expire and you will be locked out of the system.

6. **If you accidentally lock yourself out of EESIS**, email eesis@lausd.net, call your Eligibility Technician in ECE Fiscal or contact the Help Desk at 213-241-5200.

7. DO NOT log on with your user account to access the system for others.

8. DO NOT share your user account and password with other users.

9. You must log in and out of the system according to the intended login and logout mechanism.
10. DO NOT share information downloaded from the system with other employees who
normally do not have access to that information.

11. DO NOT share sensitive information by non-secure mechanisms, particularly email.

12. Follow the District’s Acceptable Use Policy in its entirety when accessing the
system.

13. Notify the Early Childhood Education Division immediately if you suspect that
release of confidential information has occurred.
13 EESIS - Access

CenterTrack software is called EESIS (Early Education Student Information System) in the Los Angeles Unified School District. EESIS is a secure web-based application accessible over the internet at https://eesis.lausd.net. For authorization to access EESIS, please contact eesis@lausd.net for a User ID Form.

With the release of CenterTrack Version 2.0, EESIS can be viewed on all browsers including Internet Explorer, Chrome, Safari and Firefox and can be used on mobile devices such as Androids, iPads and iPhones.

Immediately after accessing the EESIS web site you will be greeted by a login page.

Access the system using your LAUSD Single Sign-On (SSO) User Name and Password.

1. Enter your SSO user name in the **User Name** field.
2. Enter your SSO password in the **Password** field.
3. Click the **Login** button. The EESIS navigation bar will appear on the left.
4. Disregard the "Click here to change your password" link. That does not apply to LAUSD users.

### 13.1 Logging Out

Along the top of every page there is a **Logout** button, which allows you to exit the program.

If you are editing a record or adding a new record and you click the **Logout** button, your changes will NOT be saved. In order to save your changes before you log out, you must click the **Save** button, then the **Logout** button.
14 EESIS - Navigation

DO NOT USE THE “BACK” BUTTON OF YOUR INTERNET BROWSER.

14.1 Overview of the Navigation Bar

Depending on your security level, you may not have all the menu items listed in the navigation bar.

Navigate through EESIS using the menu items and links in the navigation bar (below on the left), which consists of Family, Center, Invoice, Attendance Reports, Operator, and Administration.

In the navigation bar, each menu item branches off into links (shown below on the right are the links that branch off from Center and Attendance in the navigation bar).
14.2 Using the Navigation Bar

Each of the menu items in the navigation bar has a small plus (+) or minus (-) sign to the left of it. If you click on the plus sign next to a menu item, it expands to display all of the links under it and replaces the plus sign with the minus sign. If you click on the minus sign, it hides all of the links under menu item.

When you click on a menu item, such as Family, the links under Family will appear (Search, Alerts, Summary, etc.) When you click on a link such as Search, the Search page (below) will appear to the right of the navigation bar.
14.3 Using Features in EESIS

14.3.1 Text fields

These fields are used to enter text, such as the Last Name field. When you click in a field the box will turn blue.

14.3.2 Dropdowns

These are fields with preselected information available such as the example of Status. You click the down arrow to display the selections available.

14.3.3 Required fields

These fields are in red. If data is not entered into a red field or selected (from a dropdown), you will not be able to save and continue.

14.3.4 Preferred fields

These fields are in green. If data is not entered, a message will appear telling you that one or more preferred fields have been left blank. You can then choose to leave the field blank and continue by clicking OK or return to the page and enter data by clicking Cancel.

14.3.5 Multi-select boxes

These are fields that allow you to open an expanded window to make multiple selections. After you click the double arrows, a window will appear, as shown below. Once you’ve made your selections, click OK. Check ONLY the boxes you want to select or click the plus sign to select ALL the boxes.
15 EESIS - Searching the Database

**Families may already exist in the EESIS database. It is essential that you search thoroughly in order to avoid entering a duplicate family.**

When searching for a family in the system, you can do very broad searches by entering fewer search criteria or very narrow searches by entering more search criteria. For example, a very broad search is when you search for all families with the same last name. A narrower search might be when you add the child’s birth date to the search criteria. **Searching by child name is recommended.** In some situations a family is entered in EESIS with the child’s name as the Family name and in other situations the mother’s (or father’s) name has been entered as the Family name so be sure to cross-check.

### 15.1 Searching by Child

1. Click the **Family** menu item in the navigation bar and click the **Search** link.

2. The Search page will appear on the right.

3. Click **Clear** at the top of the page. This will clear all the fields that have data from a previous search.

4. Click the **Child** radio button.

5. Click the **Last Name** radio button and enter the *first few letters* of child’s last name.

6. Click on the **First Name** radio button and enter the *first few letters* of the child’s first name. This is most helpful when the child has an unusual name that could be misspelled.

7. Click Enter or click the **Search** button at the top of the page.

8. This should bring back a list of children with that name. Click on the child’s name to lock into that family.

9. Verify that this is the correct child. Cross-reference the name of the parent(s), child date of birth, etc.

10. If you don’t find the correct child the first time, click the Refine Search button at the top of the Search page and try again. For common names, add the date of birth.
11. It is helpful to keep a list of the Family ID numbers for your children. If you have the Family ID, you can clear the Search screen, enter the number in the Family ID field on the right and click Search to be taken directly to that family.

15.2 Viewing Multiple Family Records

When you want to view multiple family records from the Search Results window, you can select multiple records by checking the boxes next to Summary only for those family records that you want to view. You must let the page refresh after each box you check.

You can also check or uncheck all the boxes at once by clicking the plus sign.

1. In the Search Results window, click the plus sign to check all the boxes. This will check all records past the 10 that are on the page, if there are more than 10 records in the search results.

2. Click Summary for the first family on the list.

This will take you to the Summary page where you can scroll through each family record by clicking the “back” and “forward” arrows.
15.3 Narrowing a Search Using the Summary Page

The Summary page displays information about a family that may be helpful in identifying a particular family by the children’s names listed for the family. For example, say you have two families with the same last name and the parents’ first names are the same.

In a case like this, if you go to each family’s Summary page, you will see the children listed for each family. This may help to identify the family you are searching for.

<table>
<thead>
<tr>
<th></th>
<th>Summary</th>
<th>Family Name</th>
<th>Parent Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>Summary (111)</td>
<td>Hernandez</td>
<td>Hernandez, Maria</td>
</tr>
<tr>
<td>✔</td>
<td>Summary (112)</td>
<td>Hernandez</td>
<td>Hernandez, Maria</td>
</tr>
</tbody>
</table>

In this example:

- For the first family (ID#111), only one child is listed, Jerry.

- For the second family (ID#112), two children are listed, Christina and Joseph.
16 EESIS - Adding a New Family

If you have searched and determined that the family does not exist in the EESIS database, proceed with this step. If the family already exists, see Chapter 17.

To ensure system edits, add a family in the following sequence.

16.1 Adding a Family - The Family Page

1. Click the Family menu item in the navigation bar and click the Family link.

2. Click New at the top of the page.

The Family page will appear. Some of the fields, such as City and State will automatically appear with the information from the previous record added. Other fields, such as Family Status, Recertification Date, and Family Type will automatically appear with information that will be the same for most families.
3. Enter the family information into the appropriate fields. **Remember, all fields in red are required.**

- **Add Family Name and Address.** This is usually the head of household but may be the child’s last name. Always use the child’s last name if the child is in foster care. Note that the state now requires the 4-digit zip code extension.

- **Eligibility Type** – Use the double arrows and select the appropriate eligibility type. There should be only **one** eligibility type.
  - Most families will be “Income Eligible”
  - If the family receives CalWORKS, the type is “Cash Grant”
  - If the child has been referred for protective service reasons through the Los Angeles County Department of Children and Family Services, the type is “Protective Services”.
  - “At risk” would be selected if the has a child is designated as at risk in a referral prepared by a legally qualified professional from a legal, medical, or social services agency, or emergency shelter. The next recertification date may be no more than three (3) months forward.

- **Flags** – Click the blue double arrows and select as appropriate, particularly if the parent is a **single parent.** (Verification required.)

- **Status** is Active

- **Recertification Date** – The field for the next recertification will be prepopulated with the date **one year** from the date you are adding the family. **NOTE:** A child at risk of abuse, neglect or exploitation must be recertified every three (3) months.

- **Initial Subsidized Service Date** - The child’s first start date in the classroom.

- **Initial Certification Date** - Use the date the application is approved.

- **Family Type Field** - Defaults to **Standard/Natural.** You may select Foster or Guardianship as appropriate.

**Shortcut:** Dates and phone numbers in EESIS will automatically format. A date entered as “102113” will change to “10/21/2013” and a phone number entered as “2132411000” will change to “(213) 241-1000”.
4. When you have entered all the information, click **Save** at the top of the page. The family ID is assigned by the system when the family information is saved.
16.2 Adding a Family—The Parent Page

1. Click the Parent link on the navigation bar. You may also add a parent (and other information) by clicking the links on the Summary page.

2. Click New at the top of the page.

The Parent page will appear. A family ID was assigned when you saved the family and the family name appears at the top. The Last Name field automatically appears with the family last name and the Home Phone field automatically appears with the family phone number (if you enter one in the Family page). The Status field defaults to Active status.
3. Enter parent information into the appropriate fields.

4. Click **Save** at the top of the page.

If this is a two-parent family, click the New button again and add the second parent’s information. Responsibility will be “Secondary - Parent B”. This is particularly important as we assign District IDs to children to determine if there is already a match in the District ID system.
16.3 Adding a Family – The Needs Page

1. Click the Needs link on the navigation bar.

Notice that the family ID and name will appear at the top. The parent name will appear in the Select Parent dropdown. If there are two parents, you can access both of them from this dropdown.

2. Click New at the top of the page.
3. In the Need Reason dropdown, select the appropriate reason, such as Working.

When the screen refreshes, the Needs page will appear. If you entered a parent work number in the Parent page, this will automatically appear on the Needs page.

4. Enter the parent needs information in the appropriate fields.

Start Date - Must be on or before the initial subsidized service date. If a parent has been working for a long time, you can put the initial start date or the date of initial
certification. End date is not needed unless you know that a particular need will end on a specified date (such as Education or Seeking Employment).

**Grace Period** - The time that you are allowing for drive/commute time from the center to the parent’s workplace and back.

For example, notice that the grace period says “minutes per time.”

![Grace Period: 30 minutes per time](image)

This means that if you add a 30 minute grace period, you will set the Start Time back 30 minutes and the End Time forward 30 minutes in the child’s schedule. So, if the parent works 7:30 to 4:30, and you add a grace period of 30 minutes per time, the parent need will result in 7:00-5:00. When you enter the child’s schedule, the “from/to” times will be 7:00-5:00 because this is when the child is in care.

If you use Total Hours tracking, the grace period becomes “minutes per day.” If you use Max Hours per Week, the grace period becomes minutes per week.”

Enter the start and end times as they relate to the parent’s schedule. If the parent works or needs the same hours of care each day, **Paste M-F** to paste the Start Time / End Time data to the rest of the days.

**Shortcut:** Enter “730” and “430” – EESIS will automatically change to “07:30 am” and “04:30 pm”.

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Paste M-F</th>
<th>Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Time</strong></td>
<td>07:30 am</td>
<td>07:30 am</td>
<td>07:30 am</td>
<td>07:30 am</td>
<td>07:30 am</td>
<td>Paste M-F</td>
</tr>
<tr>
<td><strong>End Time</strong></td>
<td>04:30 pm</td>
<td>04:30 pm</td>
<td>04:30 pm</td>
<td>04:30 pm</td>
<td>04:30 pm</td>
<td>Paste M-F</td>
</tr>
</tbody>
</table>
Review the information below and on your screen before saving.

Click **Save** at the top of the page. The Needs page will show the parent needs in a table format, as shown below.

If this is a two-parent family, click the New button again and add the second parent’s need information.
16.4 Adding a Family—The Income Page

1. Click the **Income** link on the navigation bar.

2. Click **New** at the top of the page.

The **Effective Date** field will default to the date that you are adding the income. You will normally leave this date as it is. The Income Effective Date must be on or before the child’s first day of attendance. **When there are income changes, always enter a NEW income with a new effective date.** Editing income will cause any change to be retroactive to the original date.

Under **Income Description**, only the descriptions that have an asterisk (*) are counted in the family income totals. So, for example, an amount entered for **Food Stamps** will NOT be counted in the total income.
3. Click **Monthly Income Worksheet** at the top of the page.

![Monthly Income Worksheet](image)

4. Under **Job #1**, click the radio button for the appropriate pay period frequency. In the example above, the frequency is weekly so there should be at least 4 pay stubs to verify income. There must be one month's worth of pay stubs for the most recent month of employment. Be careful with bi-weekly and bi-monthly. **Bi-weekly** means every 2 weeks (14 days), or 26 paydays a year. **Bi-monthly** means twice a month (such as the 1st and the 15th), or 24 paydays a year. This can make a difference in fees.

5. In the **Apply Income to** dropdown, select the appropriate income type. The default is **Wages**.

6. Click **Calculate** at the bottom right. Notice that this totals the amounts in **Job #1 Monthly Income** and in **Total Monthly Income**.

   **NOTE:** You must click **Calculate** before you click **Done** in order for the income to save to the Income page.

7. Print the Income Worksheet and keep in the paper file. To print click Ctrl and P. Save a copy in the family file.

8. Click **Done**.
This will take you back to the Income page and put the total into the **Wages** field.

If this is a two-parent family, click the drop-down arrow next to “Select Parent” and click on the other parent. Then click the New button again and add the second parent’s income information.

**ALWAYS enter income for BOTH parents**

Even if a parent has no income, an Income page must be completed in EESIS showing $0 with the effective date this was verified.

**NOTE:** Spousal support or child support PAID by the parent may be deducted from countable income by entering on the Income page in EESIS as a negative number.
16.5 Adding a Family—The Child Page

1. Click the Child link on the navigation bar. Or Click the “Add A Child” link on the Summary Page.

2. Click New at the top of the page.

The Child page will appear with the Last Name field automatically set to the family last name.

Keep in mind that the child’s last name may be different from the parent’s last name. Also, the Enrollment Status field will automatically be set to Enrolled.

Please be sure to verify the child’s grade. A child should be shown as I/T (Infant/Toddler) until his 3rd chronological birthday. Most children will be coded P for Preschool. The grade affects several reports in EESIS, especially the Staffing Profile which is used to determine the child/staff ratio for the classroom.

Ethnicity vs. Agency Ethnicity - The Ethnicity field matches the code assigned by the state and the Agency Ethnicity field matches the code assigned by LAUSD. All three fields are required.
When a District ID has been assigned it will appear in the Student ID field on the screen. Disregard Adjustment Factors Codes and Request Date fields. If the child has an IEP, the Welligent interface will populate the Adjustment Factor Codes field.

Continue clicking to create New Child until all siblings have been entered. There must be a birth certificate or other birth verification for all children in the family. (Exception made for homeless.)
16.6 Adding a Family—The Schedule Page

1. To create the schedule, click the Schedule link on the navigation bar.

2. Select the child from the Child dropdown.

3. Click New at the top of the page and the Schedule page will appear.
Child Schedule Information

- **Center**: Select your site.
- **Program**: Select the appropriate program (CSPP Full Day, CCTR, PCC Only, etc.)

### FY 2013-2014 (July 1, 2013 through June 30, 2014)

<table>
<thead>
<tr>
<th></th>
<th>DOB From</th>
<th>DOB To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>10/2/2007</td>
<td>10/1/2008</td>
</tr>
<tr>
<td>Transitional Kinder</td>
<td>10/2/2008</td>
<td>12/2/2008</td>
</tr>
<tr>
<td>4 year old (CSPP)</td>
<td>12/3/2008</td>
<td>10/1/2009</td>
</tr>
<tr>
<td>3 year old (CSPP)</td>
<td>10/2/2009</td>
<td>10/1/2010</td>
</tr>
<tr>
<td>2 year old (CCTR)</td>
<td>10/2/2010</td>
<td>10/1/2011</td>
</tr>
</tbody>
</table>

### FY 2014-2015 (July 1, 2014 through June 30, 2015)

<table>
<thead>
<tr>
<th></th>
<th>DOB From</th>
<th>DOB To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>9/2/2008</td>
<td>9/1/2009</td>
</tr>
<tr>
<td>4 year old (CSPP)</td>
<td>12/3/2009</td>
<td>9/1/2010</td>
</tr>
<tr>
<td>3 year old (CSPP)</td>
<td>9/2/2010</td>
<td>9/1/2011</td>
</tr>
<tr>
<td>2 year old (CCTR)</td>
<td>9/2/2011</td>
<td>9/1/2012</td>
</tr>
</tbody>
</table>

- **Class Room**: Select the appropriate classroom
- **Parent Fee Rate**: the appropriate fee type will appear based on the program selected. (General Childcare for CSPP/CCTR or No Fee for PCC Only.)

- **Schedule Start Date**: Today’s date (will be prepopulated) or the first date the child will attend. Change as needed.
- **Schedule End Date**: One year from today (will be prepopulated) or the first date the child will attend. Active schedules govern many things in EESIS and in order to avoid problems on the Recertifications Due Report, it is helpful to have the Schedule End Date coincide with the Recertification Date.

**Non-School Day Schedule**: Enter a From time and a To time (i.e., 8:00 am to 5:00 pm). Once you enter the From and To times for Monday, use the Paste M-F button to paste the same times for Tuesday through Friday.

**Shortcut**: Enter “8” and “5” – EESIS will automatically convert to “08:00 am” and “05:00 pm”.

---

LOS ANGELES UNIFIED SCHOOL DISTRICT  
EARLY CHILDHOOD EDUCATION DIVISION  
EEC Program Manual 01/01/2014 107
School Schedule: This section is rarely used by EECs as school-age children are no longer served. It is primarily used by CSPP Part Day classes at elementary schools. The calendar selection ties the schedule to the school's calendar (Single-Track, Traditional).

4. Click Save at the top of the page.

16.6.1 PCC Plus Another Program
A child who is enrolled due to the parent's need and income may also have special needs and attend the 3 hour PCC class. This child should be flagged on the Child page as "PCC plus another program". The child's schedule may be handled two different ways:

1. Non-fee paying family – If the family does not owe a fee, it is acceptable to show the CSPP/CCTR schedule hours for the entire time the child attends the center, including the PCC class time. This will usually result in a full CDE.

2. Fee-paying family – If the family owes a fee, it may be more advantageous to break out the hours into two separate, non-overlapping schedules. For example, create a schedule for PCC Only from 8 to 11 am and a second schedule for CSPP from 11:01 am to 4 pm, thus resulting in lower fees for the parent (but only a part-day CDE for the center.)

3. Some PCC classes are held off site. In this situation, the child must be signed out when he leaves and signed back in when he returns. This is a
situation when both the Non-School Day and School Day section of the schedule would be used. In the example below, the child is expected to attend the center from 7:30 am until 5 pm on non-school days (summer, spring break, etc.). When school is in session (August through June) the child is dropped off at 7:30, leaves at 7:55 to go to the PCC class, returns at 11:05 and is picked up by the parent at 5. This is reflected on the daily sign-in sheet. The parent would sign the child in at 7:30 am and out at 5 pm. The Office Manager would sign the child out at 7:55 and sign him back in at 11:05.

<table>
<thead>
<tr>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family ID: 170814</td>
</tr>
<tr>
<td>Family Name: TEST</td>
</tr>
<tr>
<td>Child: [NAME]</td>
</tr>
<tr>
<td>Child Age: 4 years 5 months</td>
</tr>
<tr>
<td>Schedule: [COMMENTS]</td>
</tr>
<tr>
<td>FY Lock Date: 01-July-2012</td>
</tr>
<tr>
<td>Quarter Lock Date: 30-September-2012</td>
</tr>
<tr>
<td>Attendance Lock Date: 11-December-2012</td>
</tr>
<tr>
<td>Family Recent Date: 03-June-2014</td>
</tr>
</tbody>
</table>

| Schedule Start Date: 03/2015 |
| Schedule End Date: 03/2014 |
| Varying Schedule: [CHECKBOX] |
| Max Pattern Days: [NUMBER] |
| Max Hours: [NUMBER] |

<table>
<thead>
<tr>
<th>Non-School Day Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
</tr>
<tr>
<td>From: 07:30 am</td>
</tr>
<tr>
<td>To: 05:00 pm</td>
</tr>
<tr>
<td>Contracted Hours: 10:00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Day Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
</tr>
<tr>
<td>From: 07:30 am</td>
</tr>
<tr>
<td>To: 07:55 am</td>
</tr>
<tr>
<td>Contracted Hours: 08:00</td>
</tr>
</tbody>
</table>
17 EESIS - Adding a Schedule to an Existing Family

If your search locates the family in EESIS, it may be active or terminated. Either way, DO NOT enter a new family. Update the existing family record as follows:

17.1 Active Family

If the child, or a sibling, is currently enrolled in an Early Childhood Education program, you only need to verify that the child’s status is Enrolled on the Child page. Then go to the Schedule page for that child and enter a NEW schedule as described in section 16.6. The schedule end date must not extend beyond the family’s recert date (shown in the top area of the Schedule page). Do not change a Recert Date on a family where the child is currently enrolled in another program. It may be necessary to coordinate with another school or EEC if a family has children enrolled in another LAUSD early education program.

17.2 Terminated Family

If you locate a terminated family and the Exit Status is “Outstanding Fee Due”, the system will not allow you to enroll the child. Refer the parent to the site where the fee was owed to pay the outstanding balance. Once cleared, the child may be enrolled.

If your search locates a family that is terminated for other reasons, you must first reactivate the family.

- On the Family page, update any information, change the Family Status to Active and change the Recertification Date to no more than 12 months forward.
- You will get an alert, WPI #1000, reminding you that reactivating a family on the Family page does not reactivate the parents, children and schedules. Those must be reactivated separately. Click Yes to continue the reactivation.
- On the Parent page, update any information and change the Status to Active. Be sure to reactivate both parents.
- On the Child page, update any information and change the Enrollment Status to Enrolled.
- Update the status of any siblings to “Other Family Member”. (Remember that family size impacts fees.)
- On the Schedule page, create a New schedule as described in section 16.6 above.

**NOTE:** Be sure to complete the reactivation of all family members on the same day to avoid date issues with the NOA.
18 EESIS - Completing the Enrollment Process

Computers need Adobe Acrobat Reader to view the CD-9600 (application) and CD-7617 (Notice of Action, or NOA), as well as other PDF files.

18.1 The Application (9600)

1. Once you have selected the family, click the **Summary** link on the navigation bar. The Summary page will appear. In the bottom section, under **Forms**, there are several reports to choose from.

2. The “Confidential Application for Child Development Services and Certification of Eligibility”, or CD 9600, is required for all children enrolled in an early education program. After the necessary family information has been entered in EESIS, the 9600 must be generated from the Summary page.

3. Click **9600** or **9600 Spanish** at the bottom of the page.
The 9600 setup window will appear.

4. **Consent Form**: Check the box to print the 9600A consent form. This allows a parent to signify whether they want to provide their Social Security Number.  
   **NOTE**: Auditors require a new 9600A at enrollment as well as each recert.

5. **Initial** radio button: This is the default.

6. **Agency Phone Number**: The phone number associated with your school is pre-populated. You can change it if you like.

7. **Date signed by Auth Rep**: This defaults to today’s date but can be changed. It must be on or before the child’s Schedule Start Date.

8. **Effective Date**: This defaults to today’s date. EESIS has changed the way this field is used and although it is required, the date signed is more important.

9. **Auth Agency Rep**: The EEC Principal’s name should be selected and the Principal should sign the form.

10. **Use fees from NOA**: Disregard

11. Click **Print**. This allows you to preview the report and send it to the printer by clicking the printer icon at the top.

12. **The parent and the Agency Representative (Principal) must sign the 9600 on the second page.** This is a strict audit requirement. The center keeps the original and the parent receives a copy.
18.2 The Notice of Action (NOA)

18.2.1 Approval NOAs

1. A Notice of Action (NOA CA 7617) is required to approve the enrollment and to establish fees, if any.

![Summary]

2. Click NOA CA 7617 at the bottom of the page and the NOA (7617) setup window will appear.

*If the child's schedule does not start on or after the Effective Date, the child WILL NOT appear in the Child(ren) box.*
3. **Type of Notice Action** dropdown: Select Approval.

4. The Subsidized radio button will be filled.

5. **Distribution of Notice** dropdown: Select Given To Parent, if appropriate. This will set the Appeal Date to 14 days from today’s date, which is the deadline to submit an appeal. If Mailed to Parent is selected, the deadline is set to 19 days from today’s date.

6. **Date Notice Given or Mailed**: This defaults to today’s date but may be changed.

7. **Effective Date**: This date will usually be the same as the schedule start date and the first day of subsidized service (first day of enrollment).

8. **Appeal Date**: This is the deadline for the parent to submit an appeal.

9. **Child(ren) box**: Select the child to be included in the NOA (7617). To select multiple children in the box, hold down the Shift key or the Ctrl key while you click each child.

10. **Reason for Action**: You can type the reason or select a reason from the dropdown.

11. Select either the **English** or **Spanish** radio button.

12. **Agency Name** dropdown: Select your location.

13. **Phone Number**: The phone number associated with your school is pre-populated. You can change it if you like.

14. **Name of Agency Representative**: The EEC Principal’s name should be selected and the Principal should sign the form.

15. **Tracking Number**: For use with certified mail.
16. Click the Print button on the bottom of the setup window. Now you can preview the report and send it to the printer by clicking the printer icon at the top. Check to be sure fees are correct. If not, it is usually a date problem (income effective date, schedule start date, etc.)

17. **The Agency Representative (Principal) must sign the NOA and have the parent initial at the top. This is a strict audit requirement.** The center keeps the original and gives the parent a copy.

18. After the NOA has been printed, you can review or reprint by going to the NOA History link. You should not print a new NOA after the parent has initialed the original NOA.

**Shortcut:** Sort columns by moving your cursor to the column headers. The header will turn orange, which indicates you can sort by Issue Date, Effective Date, etc. This can be important if NOAs become effective out of order. The vast majority of errors that are found in EESIS relate to dates.

**18.2.2 NOA Corrections**

A Notice of Action must be generated in order to finalize the process and generate fees, if applicable. The Notice of Action advises the parent of due process requirements if they disagree with the agency’s actions. A Notice of Action (NOA) must be provided to the parent in the following circumstances:

- Approval of services
- Denial of services
- Termination of services
- Fees need to be increased or decreased
- The amount of services needs to be increased or decreased
The Office Manager cannot delete a NOA that was printed incorrectly but the NOA can be rescinded, or withdrawn. On the NOA History page, click Edit. Change the status from Delivered to Rescinded and check the date.

If a fee change had been made on the Account page, rescinding the NOA will cause a fee adjustment.
19 EESIS – Fee Collection

Fees are always paid in advance. Fees are due on the first day of the month and cover the days of enrollment for that month. Fees must be paid as long as the child is enrolled, even if he is absent.

All fees must be paid by check, money order, or cashier’s check. They may also be offset by Other Care Provider (or babysitter) receipts. See section 8.4.3. Fees that are not paid after seven days are delinquent. Delinquent fees may result in the child being removed from the program. See section 8.4.

Fees are tax deductible. At the end of the school year, a tax letter should be provided to each fee-paying parent. The tax letter is under Reports > Invoices > Tax Letter and will compute fees paid for the year whenever it is triggered to run.

19.1 EESIS - Invoices

Invoices for all fee-paying families are system-generated monthly, usually 7 days prior to the beginning of the month. The invoices may be generated early when there is a conflict with a holiday. Refer to the Fee Cycle Calendar for the school year.

The Fee Period shown is for the entire month, broken down by the number of days in each week of the month. The invoice will also show payments made, fees past due, adjustments and the account total.

The fastest way to print invoices is through a batch print process. You may also print a single invoice for a family from the Summary page at any time during the cycle.

19.1.1 Batch Printing Invoices

1. Click the **Invoice** menu item on the navigation bar.

2. Click the **Print Queue** link on the navigation bar.

3. Select your center from the Center dropdown.

4. Select all the appropriate parameters as shown below.
If you want to print invoices and receipts, check both boxes.

5. Click **Refresh** at the top of the page. The list of invoices and/or receipts that match the parameters you set will appear.

6. In the far left column, click the plus sign to check all boxes or check only those that you want to print.

7. Click **Print** at the top of the page. The invoices/receipts will appear on your screen. All the invoices will be in one PDF document and all the receipts will be in another PDF document. You can scroll through each page to view them one at a time if you wish to preview them.

8. Click the printer icon at the top to send them to the printer.

9. In the print queue, the **Printed** column indicates whether a receipt or an invoice has been printed. Both invoices and receipts can be reprinted at any time.

19.1.2 **Printing an Invoice from the Summary Page**

1. Once you select the family, click the **Summary** link on the navigation bar.

2. Click **Family Fee Invoice** at the bottom of the page. The family invoice will appear on your screen.
3. Click the printer icon at the top to send the invoice to the printer.

An invoice may be generated from the Summary page when a fee changes after the regular monthly invoice cycle.

19.2 Posting a Payment

All fees are due on the first business day of the month and should be collected and banked within the week. Payment must be posted immediately to generate a receipt from EESIS. A copy of the receipt must be provided to the parent.

When a payment is received from the parent, follow the instructions below:

1. Once you select the family, click the Account link on the navigation bar (under Family).

2. Click New at the top of the page

3. From the Transaction Type dropdown, select the appropriate transaction:
   - Check
   - Money Order
   - Provider Receipt (Other Care) - If the parent pays for child care for the enrolled child OR a sibling, and can provide a receipt or canceled check for fees paid, that receipt can offset the CSPP fee by an amount up to (but not over) the amount owed. The fee credit applies to the family’s subsequent fee billing period and may be equal to or less than the amount owed. Credit may not carry over to the next month. For example, the family owes a fee of $100 for May and brings in an Other Care Provider receipt for $175 paid in April. Only $100 may be applied to the May payment. A May payment receipt from the other care provider would be needed for June credit at LAUSD.
The credit for outside care payment is not applicable to families in the full cost category.

To use this type of credit:
- Have the parent obtain a completed “Verification of Other Care Provider” form 84.26 (Rev. 12/98) from the outside care provider at the time of certification.
- Keep the completed form in the family file at the center for audit purposes.
- Advise the parent that the payment will only be deducted from the center fee if she submits a signed and dated receipt from the outside care provider or a copy of a cancelled check. Otherwise, the center fee must be paid.
- Attach the outside care provider receipt or cancelled check to the file copy of the center receipt for audit purposes.

4. The Transaction Date defaults to today's date. The amount must be entered. It is optional to enter check number, account number and notes to appear in the Comments section of the receipt.

5. If there is a past due balance, ALWAYS apply payment to the amount past due first. Any remainder should be applied to current balance.
6. When you have entered all the information, click **Save** at the top of the page and the receipt will appear on your screen.

7. Click the printer icon at the top to send the receipt to the printer.

8. The agency representative must sign the receipt.

9. **Receipts can be re-printed from the Print Queue under the Invoice page or by clicking to Select the payment on the Account page.**

### 19.3 Past Due Balance

Fees are considered delinquent after seven (7) calendar days from the date the fees were due. If this occurs, a Notice of Action should be generated terminating the child for delinquent fees. If the parent pays within the 2 week appeal period, the NOA should be Rescinded on the NOA History page. (Under Details click Select and then Edit.)

If the parent does not pay, terminate the family on the Family page with an Exit Status of “Outstanding Fee Due”. The system will prevent the family from enrolling at another LAUSD Early Childhood Education program until the outstanding fee is paid.
If there is a past due balance, always apply the payment to the past due balance first before applying to current balance.

A Payment Plan may be created in rare situations where the parent can provide a valid reason for being unable to pay in full by the due date for the month. The Payment Plan should establish a date by which the balance must be paid in full, not to exceed ONE MONTH. The parent must pay all delinquent fees and current fees within that time frame. If a termination NOA has been issued, it can be Rescinded. If a termination NOA has not been issued, issue a termination NOA with an effective date by which all payments must be current. Terms of the payment plan can be typed into the Reason for Action box. If fees are paid by the due date, rescind the NOA. If not, the termination will go into effect.
20 EESIS - Attendance

1. All absences must be documented in writing with the name of the child, date of the absence, specific reason for the absence and signature of parent (or school representative if verification is made by telephone). See Chapter 6 for additional details.

2. On a daily basis, click the Attendance menu item in the navigation bar and click the Attendance link. The Attendance page will appear.

3. Select the school from the Center dropdown.

4. Click the double arrows for Program(s) and Class Room(s) to select the programs and classrooms that you want to make available in the dropdowns.

5. The Start Date defaults to the current week. To select a different date, click the forward/backward buttons or click the calendar icon to select a date.

6. Click View Attendance. The screen will refresh and display a list of all children scheduled for care during the time period selected.

7. Entering Attendance by Day - Select the day for which attendance will be entered.
Highlighting the day will open the attendance entry screen for the day selected.

8. NEVER click Load Schedule or Clear Attendance without selecting a day or the entire grid for the week will be changed.

9. **Entering Attendance by Child** - If you want to enter attendance for a single child, click the child’s name. The row for the week, for that child only, will automatically be selected (highlighted in blue) and the attendance entry screen for the child selected will open. This method is more time consuming and is generally used for corrections to a single child’s attendance.
10. After the selecting the correct day (or child) the following popup appears. (You no longer have to click the Edit button.) Click **OK**. The Actual Hours fields will be automatically filled with the scheduled hours. This certifies the attendance.

11. The **Clear Attendance** button will clear all times previously entered during the current session.

12. Enter absences by selecting the absence type from the dropdown for each child.

- **F - Family Emergency**: Unplanned excused absence due to an emergency in the family.

- **G - On Leave of Absence**: A limited term service leave for reasons such as parent work/school schedules, maternity leave or other medical reasons. This generally should not exceed 12 consecutive weeks. Form 82.24 is required. This type of absence is not reimbursable by the state and results in a loss of income to the District.

- **I - Illness**: Excused absence due to illness
• **O - Court Ordered**: Excused absence required by a court of law. The record must contain a copy of the court order.

• **P - Pattern Day**: The term “Pattern” day is used to indicate days that the child is not expected to attend because the parent does not have a need on that day. This may be the same day every week or the day may vary from week to week, depending on the parent’s work schedule. This is established on the child’s Schedule page in EESIS. The Attendance page in EESIS will have the hours highlighted in pink with the words “Not Scheduled” so hours cannot be entered.

• **Y - Best Interest of Child**: Excused absence due to reasons other than illness, family emergency or court-ordered visitations. Limit 10 per school year.

• **U - Unexcused Absence**: This type of absence is not reimbursable by the state and results in a loss of income to the District. Limit 10 per school year but the termination process for excessive absences may begin earlier.

• There are other Restricted/Special codes that must not be used unless a specific emergency authorization is provided.

Some parents may have varying work schedules and this is shown on the child’s Schedule page. The parent may not know which day(s) they will be off each week. The Attendance page in EESIS will have the hours highlighted in green to remind the Office Manager that the child may not have hours shown on that day. The attendance hours entered will be used to adjust the family fee for the month. The invoice will show the amount for the scheduled days. If the child attended fewer days or more days, based on attendance entered in EESIS, the next month’s invoice and the family Account page will show an adjustment.

Review your work and click Save at the top of the page.

**ATTENDANCE SHOULD BE ENTERED DAILY**
21 EESIS - Edits

21.1 Terminating a Family

Never terminate a family if the child or a sibling is enrolled in another Early Childhood Education program. Coordinate with the other Office Manager.

Setting the Family status to “Terminated” on the Family page will automatically terminate all parents and children and the schedules will automatically end as of the date you terminate the family.

1. Select the family you wish to terminate.
2. Click the Family link on the navigation bar.
3. Click Edit at the top of the page.
4. Select Terminated from the Family Status dropdown.
5. The Inactivation Date should be the day AFTER the child’s last day of attendance.
6. Select the appropriate status from the Exit Status dropdown.
7. Click Save at the top of the page.
8. When a family is terminated with outstanding fees, be sure to indicate the Exit Status “Outstanding Fee Due”. If the parent tries to enroll the child at another LAUSD program, EESIS will prevent enrollment until the past due balance is paid.

21.2 Changing Income

1. Click the Income link on the navigation bar.
2. Click New at the top of the page. Do not edit the original income.
The **Effective Date** field will default to the date that you are adding the income but it can be changed.

3. **Click Monthly Income Worksheet** at the top of the page.

![Monthly Income Worksheet](image)

Under **Job #1**, click the radio button for the appropriate pay period frequency. In the example above, the frequency is weekly so there should be at least 4 pay stubs to verify income. **There must be one month’s worth of pay stubs for the most recent month of employment.**

4. In the **Apply Income to** dropdown, select the appropriate income type. The default is **Wages**.

5. Click **Calculate** at the bottom right. This totals the amounts in **Job #1 Monthly Income** and in **Total Monthly Income**.

**NOTE:** You must click **Calculate** before you click **Done** in order for the income to save to the Income page.

6. **Print the Income Worksheet and keep in the paper file.** To print click Ctrl and P.
7. Click **Done**.

8. A window should pop up showing the changes to the fees as a result of the income change. This date will populate the Fee Effective Date field on the Family page.

   **NOTE:** If income decreases, the fee change effective date will move to the upcoming Monday. If income increases, the fee change effective date will move to the upcoming 3rd Monday.

![Effective Date -- Webpage Dialog](https://eesis.lausd.net/Family/IncomeEffDate.aspx)

   The changes just reported have resulted in the following change(s) to Family Fees for this family.
   
   **Current Fees:**
   
   Daily Part-time: $1.50
   
   Daily Full-time: $3.00
   
   **New Fees:**
   
   Income within limits-no fee due:
   
   Enter the date you want this fee change to become effective.
   
   10/22/2012
   
   **NOTE:** Setting this date will NOT have any affect on family fees until a new Notice of Action is printed.
   
   ![OK button](https://eesis.lausd.net/Family/IncomeEffDate.aspx)

9. Go to the Summary page and generate a new Notice of Action. This is required before a fee change will take effect.

   - **Type of Notice Action** dropdown: Select Change – Family Fees.
   - The Subsidized radio button will be filled.
   - **Distribution of Notice** dropdown: Select Given To Parent, if appropriate. This will set the Appeal Date to 14 days from today’s date, which is the deadline to submit an appeal. If Mailed to Parent is selected, the deadline is set to 19 days from today’s date.
   - **Date Notice Given or Mailed:** This defaults to today’s date
   - **Effective Date:** This date will be the date selected on the pop up window. If there is a reduction in fees, it should be the following Monday.
   - **Appeal Date:** This is the deadline for the parent to submit an appeal.
• **Child(ren) box**: Select the child to be included in the NOA (7617). To select multiple children in the box, hold down the Shift key or the Ctrl key while you click each child.

• **Reason for Action**: You can type the reason or select a reason from the dropdown.

• Select either the **English** or **Spanish** radio button.

• **Agency Name** dropdown: Select your location.

• **Phone Number**: The phone number associated with your center is pre-populated. You can change it if you like.

• **Name of Agency Representative**: The EEC Principal's name should be selected and the Principal should sign the form.

• **Tracking Number**: For use with certified mail.

10. Click the Print button on the bottom of the setup window. Now you can preview the report and send it to the printer by clicking the printer icon at the top.

11. **The Agency Representative (Principal) must sign the NOA and have the parent initial at the top. This is a strict audit requirement.** The school keeps the original and gives the parent a copy.
21.3 Duplicate Families

Despite our best efforts to search for existing families, as well as the built-in system edits, duplicate families (the same family under two different family IDs) may be accidentally created. Duplicate families may only be deleted by EESIS administrators. If you realize you have created a duplicate, email eesis@lausd.net or contact the ECE Fiscal Office. Most of the time, duplicates are caught within a week or two of creation when the child goes through the District ID process.

Office Managers may be notified that there is a duplicate family and that they should reactivate the old family ID and clear attendance. The following steps are necessary to resolve the problem. In this example, 1111 is the existing family ID and 9999 is the newly created duplicate family.

1. Activate the old family ID (1111). Update all family, parent, child, need, income and any other information.

2. Create a new schedule in the old family ID (1111), with the same dates as in the duplicate family (9999).

3. Generate a 9600 and NOA in the old family ID (1111).

4. Go to the Attendance page. Both children will now appear.

5. You will need to do two things:
   - Go back to the schedule start date and enter attendance information in the old family ID (1111).
   - Clear the attendance in the newly created ID (9999). To clear attendance, highlight the child’s name. When the attendance for that week comes up, click the Clear Attendance button.

   **Shortcut:** Highlight the Child name. It will turn orange and bring up just that child’s attendance for the whole week.

<table>
<thead>
<tr>
<th>Child</th>
<th>Monday 3-Jun</th>
<th>Tuesday 4-Jun</th>
<th>Wednesday 5-Jun</th>
<th>Thursday 6-Jun</th>
<th>Friday 7-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST, BABY (1111) B/CCTR</td>
<td>Non-School IA</td>
<td>Non-School IA</td>
<td>Non-School IA</td>
<td>Non-School IA</td>
<td>Non-School IA</td>
</tr>
<tr>
<td>TEST, BABY (9999) B/CCTR</td>
<td>Non-School IA</td>
<td>Non-School IA</td>
<td>Non-School IA</td>
<td>Non-School IA</td>
<td>Non-School IA</td>
</tr>
</tbody>
</table>
6. Now the attendance will show under the correct family ID.

7. After this is done, email eesis@lausd.net or the ECE Fiscal Office and let them know the duplicate family can be deleted.

8. It is not necessary to terminate the duplicate family (9999).
22 EESIS - Alerts

Alerts are a way of communicating important information about a case in a quick and convenient manner.

**NOTE:** The Alerts page allows users to view all alerts assigned to them and should be viewed on a daily basis - at a minimum. This can be a “to do” list, so alerts should not be processed until the work, such as a recertification, is done.

There are two types of alerts:

- **System-generated alerts**, such as a family approaching a recertification date, a child approaching the maximum number of absences, or overdue fees. These alerts appear before the date that any action may be required. For instance, a family recertification alert will appear 90 days prior to the recertification date.

- **User-generated alerts**, such as alerts created using the CM (case management) Alert button. These types of alerts are typically case specific, such as one user sending a message to another regarding a particular family.

1. Under the Family menu item, click the Alerts link.

Alerts have a Processed status or a Not Processed status. On the Alerts page, there is a check box for each status. You can check each box individually or both to view Processed or Not Processed alerts. Processed alerts indicate that action has taken place. Not Processed alerts indicate that you still need to take some kind of action.

2. Check the Not Processed box.

3. Click the Refresh button at the top.

When the screen refreshes, a list of alerts that have not been processed will appear. The type of action required will depend on what is under the Description column. You can sort by any of the columns, by clicking on the headings, such as Summary, Family, Child, Center, Description, or Alert Date.
For example, if you want to sort by **Description** to view all upcoming recertifications, click once on the heading **Description**. This will sort the column in ascending alphabetical order. Click again to sort in descending alphabetical order.

<table>
<thead>
<tr>
<th>Details</th>
<th>Status</th>
<th>Summary</th>
<th>Family</th>
<th>Child</th>
<th>Center</th>
<th>Description</th>
<th>Alert Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td></td>
<td>Summary</td>
<td>Adams</td>
<td></td>
<td></td>
<td>Re-certification Date Approaching (RecertDate: Aug 1 2004)</td>
<td>8/1/2004</td>
</tr>
<tr>
<td>Select</td>
<td></td>
<td>Summary</td>
<td>Rodriguez</td>
<td></td>
<td></td>
<td>Re-certification Date Approaching (RecertDate: Mar 8 2004)</td>
<td>3/8/2004</td>
</tr>
</tbody>
</table>

### 22.1 Processing Alerts

From the Summary page, you can click on any link to go to the corresponding page to update information. Once you have gone to the Summary page and taken the appropriate action required in a family file, you can process the corresponding alert.

1. In the Alerts page, click **Select** in the **Details** column for the alert you want to process. The entire row will be highlighted in blue.

2. Click **Process** at the top of the page. The status icon will change to the **Processed** icon.

You may reset a processed alert at any time by selecting the alert and clicking **Reset** at the top of the page.

When you do this, the status icon will return to the **Not Processed** icon.

### 22.2 Creating a CM Alert

At the top of every page there is a **CM** (case management) **Alert** button. While working on a specific family, you can send an alert regarding that family from any page by clicking the **CM Alert** button.
A popup window will appear, allowing you to type your message. Notice that the family name and ID appears in the window. When you click **Save**, this alert will be saved and it will appear in the Alerts page.
23 EESIS - Scanning Images

23.1 Enabling Scanning

See Chapter 7, Family Data File, for further detail about documents that should be scanned into EESIS. Using any scanner connected to your computer, scan documents into a designated folder on the computer. The scanner can be configured to always scan images into the folder you specify. To load those document images into EESIS, click the Images link on the navigation bar.

![Images](image)

Indicate the Image Category from the dropdown.

Image Description may be selected from a pre-set list using the blue double arrows or you may type in your own description.

Click the Browse button to locate the image documents on your computer. Double click to select the document then click the Upload Image button in the upper left of the screen.
23.2 Viewing Scanned Documents

1. Click View for the document that you wish to view. The document will open.

<table>
<thead>
<tr>
<th>Details</th>
<th>View</th>
<th>Description</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>View</td>
<td>TestDoc1</td>
<td>Support D</td>
</tr>
<tr>
<td>Select</td>
<td>View</td>
<td>TestDoc</td>
<td>Application</td>
</tr>
</tbody>
</table>

23.3 Deleting a Scanned Document

1. Click Select for the document that you wish to delete. The entire row will be highlighted, indicating it is selected.

2. Click Delete at the top of the page.
24 EESIS - Additional Information

The following three sections - Immunizations Page, Medical Page and File Page - provide instructions for adding additional information regarding the child and family. Immunizations are required; the others are optional but may be helpful in managing the caseload. The list below provides an overview of the type of information that goes into these pages.

- **Immunizations Page** – This page is used to track immunizations required for the child. **NOTE:** This information is used to generate annual state reports.
- **Medical Page** – You can enter notes regarding checkups the child has had, as well as history data of TB tests and chest x-rays.
- **File Page** – Allows tracking of most required forms and provides alerts when forms are due.

24.1 The Immunizations Page

1. Click the Immunizations link on the navigation bar.
2. Select the child from the Select Child dropdown.

Notice that the dates in the Date Due column automatically appear for when the child needs each immunization, according to the child’s date of birth.

<table>
<thead>
<tr>
<th>Details</th>
<th>Immunization</th>
<th>Date Given</th>
<th>Date Due</th>
<th>Overdue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>Polio 1</td>
<td></td>
<td>10/03/999</td>
<td>Yes</td>
</tr>
<tr>
<td>Select</td>
<td>Polio 2</td>
<td></td>
<td>12/25/999</td>
<td>Yes</td>
</tr>
<tr>
<td>Select</td>
<td>Polio 3</td>
<td></td>
<td>4/29/999</td>
<td>Yes</td>
</tr>
<tr>
<td>Select</td>
<td>Polio 4</td>
<td></td>
<td>7/29/999</td>
<td>Yes</td>
</tr>
<tr>
<td>Select</td>
<td>Polio 5</td>
<td></td>
<td>10/29/2007</td>
<td>No</td>
</tr>
</tbody>
</table>

3. Click Edit at the top of the page.
4. When the screen refreshes, enter the appropriate data into the text fields. You can use the Tab key to go to the next field.

**Shortcut:** Sort columns by moving your cursor to the column headers. The header will turn white, which indicates you can sort by Immunization name, Date Given, Date Due or Overdue.
Notice that when you go into the Edit mode, a text box will appear at the top for you to enter the reason you are editing the record as shown below:

![Change reason: enter change reason here](image)

Enter the reason you are making any changes, for example “entered date for Polio 5 immunization.”

You can also click the double arrows and a window will appear with pre-set reasons to select from as shown below:

![History Reason - Microsoft Internet Explorer](image)

5. Click OK when finished.
6. Click Save at the top of the page.

If you need to edit the child’s immunizations, click Edit at the top of the page and make the necessary changes.

### 24.1.1 Immunization Reports

There are two annual reports for the California Department of Public Health that are generated for the entire center using the data in EESIS. These reports are found in EESIS at REPORTS > GOVERNMENT REPORTS (last 2 reports on the list).

- **CDPH 8018**, Annual Immunization Report on Children Enrolled in Child Care Centers. Provides summary data on all children including the number requiring follow-up.
- **CDPH 8342**, Vaccine Dose Summary. Lists each child and all immunizations received.

Both reports are generated as of the day they are run. There is no way to indicate a specific “as of” date.
24.2 The Medical Page

1. Click the **Medical** link on the navigation bar.

2. Select the child from the **Select Child** dropdown.

3. Click **Edit** at the top of the page.

4. When the screen refreshes, enter the appropriate data into the text fields. You can use the **Tab** key to go to the next field.

5. Enter a change reason at the top of the page.

6. Click **Save** when finished.

If you need to edit the child’s medical information, click **Edit** at the top of the page and make the necessary changes.

**NOTE:** The parent must provide a record of current immunizations for the child. Prior to, or within 30 calendar days following enrollment, a written report of the child’s physical exam, prepared by a licensed physician, must be provided. The preferred form is the Department of Social Services form LIC 701, “Physician’s Report”. TB tests are not required for children entering preschool programs unless certain risk factors are present. The LIC 701 has a checkbox at the bottom that indicates whether there is a need for TB screening. Any physician’s report provided by the parent must be less than one year old.
24.3 The File Page

The File page allows you to enter, track and update documentation required for the family case file. For example, if you still need the parent’s employment verification, you will enter this in the File page as an outstanding document with the appropriate status: Pending, Required, Not Required, or Received.

1. Click the File link on the navigation bar.

2. Select the appropriate box. By selecting Required, an alert will be generate prior to the Due Date.

3. The File page will appear with the list of documents to choose from. Most mandatory documents are listed but there is also a line for “Other”.

![File Page Example]

**Shortcut:** By highlighting the column header with your cursor, you can click to sort the column.

4. Scroll down using the scroll bar on the right until you see the desired document, such as Employment Verification.

5. Click in the Select column in the Employment Verification row.
This will highlight the row in blue and you can now go to edit mode.

1. Click **Edit** at the top of the page.

2. Select the file status from the **File Status** dropdown. After you select the file status (for example, **Required**) the **Due Date** field will appear.

![Screenshot showing File Status dropdown with Required selected and Due Date field]

3. Enter the appropriate date in the **Due Date** field.

In the **WPI Setting** dropdown, WPI stands for Warn, Prevent, Ignore. This setting will allow you to set the warning message that a document with “Required” status is outstanding. This warning will appear when working in the Schedule page according to the following:

- **Warn** (the message will appear and allow you to continue)
- **Prevent** (the message will appear and you will not be able to continue)
- **Ignore** (the message will not appear)

4. Set the appropriate WPI setting in the **WPI** dropdown.

5. Click **Save** when finished.

6. Check the **Required** box and click **Refresh** at the top. The outstanding documentation you just entered will now appear on the list of required documents.

![Screenshot showing Family ID, Family Name, and checkboxes for Unknown, Pending, Required, Not required, and Received]
When you receive the outstanding documentation:

1. Select the document from the list.

2. Click **Edit** at the top of the page.

3. In the **File Status** dropdown, select **Received**.

4. The **Expiration Date** field will appear. This is used to set the expiration date (if needed) for a document with “Received” status. An alert will be generated (in the Alerts page) X number days (set up by your administrator) before the expiration date.

5. Click **Save** at the top of the page.
25 EESIS - Quick Reference Guide

ENROLLMENT:

1. **Search** for the family. Did you find them? If no, go to #2. If yes, go to #8.
2. **New Family** – Add the family information.
3. **Parent** – Add information for the first parent and designate responsibility as primary parent. If there is another parent, create another new parent page, enter the information for the second parent as designate responsibility as secondary.
4. **Needs** - Add new need for the primary parent. If there is a secondary parent, select that parent from the dropdown and enter a new need for that person.
5. **Income** – Add new income for the primary parent. If there is a secondary parent, select that parent from the dropdown and enter a new income for that person.
6. **Child** – Add information for the first child in the family. Create new Child pages for each child in the family. (Family eligibility is based on family size and income.)
7. **Schedule** – Select the center, program, class room. Parent Fee Rate type will be populated based upon the program selected. Enter the Schedule Start Date and Schedule End Date. See Chapter 16.6 for Varying Schedule information. Show the From and To times each day the child will be attending.
8. **Existing Family** – If the family is found in EESIS they may be terminated or active at another site.
   b. If active at another site, create a new schedule for the child. Do not change schedules of any other children and do not change recertification date.
9. Print the **9600** (application) and have the parent sign.
10. Print the **NOA** and have the parent initial.

ONGOING ACTIVITIES IN EESIS:

DAILY

**Attendance**
1. Go to the Attendance page, select Center, Program(s) and Classroom(s).
2. Select the week.
3. Click the View Attendance button at the top.
4. Click on the day/date to highlight the column for that day.
5. Click OK to confirm hours.
6. Enter absence reasons from the dropdown as appropriate.
7. Click to save.
WEEKLY

**Print Sign-In Sheets**
1. Go to Reports > Administrative Reports > Sign-In Sheet
2. Choose the parameters that apply (each classroom separately or all at the same time)
3. Click to print

**Print other reports**
As needed, print the Health Inspection Roster, Class Roster, Child Roster by going to Reports > Administrative Reports.

MONTHLY

**Generate invoices** and distribute to fee-paying families. Go to Invoice > Print Queue, select school and enter dates for the upcoming month.

**Collect fees.** This should primarily be during the first week of the month but may be done more frequently. Enter each fee in the family Account page in EESIS and provide the parent with a receipt.

**Deposit fees.** This should primarily be during the first week of the month but may be done more frequently as needed. Fees must be deposited at the bank within the month received.

ANNUALLY

**Annual Immunization Report** (usually requested in October)
Go to Reports > Government Reports > CDPH 8018. The data is then submitted online based on instructions from District Nursing Services. To see specific children who need follow up, print the CDPH 8342.

**Tax Letter** (in January)
Go to Reports > Invoice > Tax Letter.
This will print tax letters for all fee-paying parents that can be used when filing for a deduction on income tax.

NEED HELP? Email: eesis@lausd.net
# Income Ranking Table

**Child Care and Development Income Rankings** – Effective July 1, 2011 until rescinded

<table>
<thead>
<tr>
<th>Rank</th>
<th>Family Size</th>
<th>1-2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$469</td>
<td>$503</td>
<td>$558</td>
<td>$648</td>
<td>$737</td>
<td>$754</td>
<td>$771</td>
<td>$787</td>
<td>$804</td>
<td>$821</td>
<td>$838</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$516</td>
<td>$553</td>
<td>$614</td>
<td>$712</td>
<td>$811</td>
<td>$829</td>
<td>$848</td>
<td>$866</td>
<td>$884</td>
<td>$903</td>
<td>$921</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$563</td>
<td>$603</td>
<td>$670</td>
<td>$777</td>
<td>$884</td>
<td>$905</td>
<td>$925</td>
<td>$945</td>
<td>$965</td>
<td>$985</td>
<td>$1,005</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$610</td>
<td>$653</td>
<td>$726</td>
<td>$842</td>
<td>$950</td>
<td>$980</td>
<td>$1,002</td>
<td>$1,023</td>
<td>$1,045</td>
<td>$1,067</td>
<td>$1,089</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$657</td>
<td>$704</td>
<td>$782</td>
<td>$907</td>
<td>$1,032</td>
<td>$1,055</td>
<td>$1,079</td>
<td>$1,102</td>
<td>$1,126</td>
<td>$1,149</td>
<td>$1,173</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$704</td>
<td>$754</td>
<td>$838</td>
<td>$972</td>
<td>$1,106</td>
<td>$1,131</td>
<td>$1,156</td>
<td>$1,181</td>
<td>$1,206</td>
<td>$1,231</td>
<td>$1,256</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>$750</td>
<td>$804</td>
<td>$893</td>
<td>$1,036</td>
<td>$1,179</td>
<td>$1,206</td>
<td>$1,233</td>
<td>$1,260</td>
<td>$1,286</td>
<td>$1,313</td>
<td>$1,340</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$797</td>
<td>$854</td>
<td>$949</td>
<td>$1,101</td>
<td>$1,253</td>
<td>$1,281</td>
<td>$1,310</td>
<td>$1,338</td>
<td>$1,367</td>
<td>$1,395</td>
<td>$1,424</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$844</td>
<td>$905</td>
<td>$1,005</td>
<td>$1,166</td>
<td>$1,327</td>
<td>$1,357</td>
<td>$1,387</td>
<td>$1,417</td>
<td>$1,447</td>
<td>$1,477</td>
<td>$1,508</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$891</td>
<td>$955</td>
<td>$1,061</td>
<td>$1,231</td>
<td>$1,400</td>
<td>$1,432</td>
<td>$1,464</td>
<td>$1,496</td>
<td>$1,528</td>
<td>$1,559</td>
<td>$1,591</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>$938</td>
<td>$1,005</td>
<td>$1,17</td>
<td>$1,295</td>
<td>$1,474</td>
<td>$1,508</td>
<td>$1,541</td>
<td>$1,575</td>
<td>$1,608</td>
<td>$1,642</td>
<td>$1,675</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>$985</td>
<td>$1,055</td>
<td>$1,173</td>
<td>$1,360</td>
<td>$1,548</td>
<td>$1,583</td>
<td>$1,618</td>
<td>$1,653</td>
<td>$1,688</td>
<td>$1,724</td>
<td>$1,759</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>$1,032</td>
<td>$1,106</td>
<td>$1,228</td>
<td>$1,425</td>
<td>$1,621</td>
<td>$1,658</td>
<td>$1,695</td>
<td>$1,732</td>
<td>$1,769</td>
<td>$1,806</td>
<td>$1,843</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>$1,079</td>
<td>$1,156</td>
<td>$1,284</td>
<td>$1,490</td>
<td>$1,695</td>
<td>$1,734</td>
<td>$1,772</td>
<td>$1,811</td>
<td>$1,849</td>
<td>$1,888</td>
<td>$1,926</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>$1,126</td>
<td>$1,206</td>
<td>$1,340</td>
<td>$1,554</td>
<td>$1,769</td>
<td>$1,809</td>
<td>$1,849</td>
<td>$1,889</td>
<td>$1,930</td>
<td>$1,970</td>
<td>$2,010</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>$1,173</td>
<td>$1,256</td>
<td>$1,396</td>
<td>$1,619</td>
<td>$1,843</td>
<td>$1,884</td>
<td>$1,926</td>
<td>$1,966</td>
<td>$2,010</td>
<td>$2,052</td>
<td>$2,094</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>$1,219</td>
<td>$1,307</td>
<td>$1,452</td>
<td>$1,684</td>
<td>$1,916</td>
<td>$1,960</td>
<td>$2,003</td>
<td>$2,047</td>
<td>$2,090</td>
<td>$2,134</td>
<td>$2,178</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>$1,266</td>
<td>$1,357</td>
<td>$1,508</td>
<td>$1,749</td>
<td>$1,990</td>
<td>$2,035</td>
<td>$2,080</td>
<td>$2,126</td>
<td>$2,171</td>
<td>$2,216</td>
<td>$2,261</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>$1,313</td>
<td>$1,407</td>
<td>$1,563</td>
<td>$1,813</td>
<td>$2,064</td>
<td>$2,111</td>
<td>$2,157</td>
<td>$2,204</td>
<td>$2,251</td>
<td>$2,298</td>
<td>$2,345</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>$1,360</td>
<td>$1,457</td>
<td>$1,619</td>
<td>$1,876</td>
<td>$2,137</td>
<td>$2,186</td>
<td>$2,234</td>
<td>$2,283</td>
<td>$2,332</td>
<td>$2,380</td>
<td>$2,429</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>$1,407</td>
<td>$1,508</td>
<td>$1,675</td>
<td>$1,943</td>
<td>$2,211</td>
<td>$2,261</td>
<td>$2,312</td>
<td>$2,362</td>
<td>$2,412</td>
<td>$2,462</td>
<td>$2,513</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>$1,454</td>
<td>$1,558</td>
<td>$1,731</td>
<td>$2,008</td>
<td>$2,285</td>
<td>$2,337</td>
<td>$2,389</td>
<td>$2,440</td>
<td>$2,492</td>
<td>$2,544</td>
<td>$2,596</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>$1,501</td>
<td>$1,608</td>
<td>$1,787</td>
<td>$2,073</td>
<td>$2,358</td>
<td>$2,412</td>
<td>$2,466</td>
<td>$2,519</td>
<td>$2,573</td>
<td>$2,626</td>
<td>$2,680</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>$1,548</td>
<td>$1,658</td>
<td>$1,843</td>
<td>$2,137</td>
<td>$2,432</td>
<td>$2,487</td>
<td>$2,543</td>
<td>$2,599</td>
<td>$2,653</td>
<td>$2,708</td>
<td>$2,764</td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>$1,595</td>
<td>$1,709</td>
<td>$1,999</td>
<td>$2,282</td>
<td>$2,569</td>
<td>$2,629</td>
<td>$2,677</td>
<td>$2,734</td>
<td>$2,791</td>
<td>$2,848</td>
<td>$2,904</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>$1,642</td>
<td>$1,759</td>
<td>$1,954</td>
<td>$2,267</td>
<td>$2,560</td>
<td>$2,628</td>
<td>$2,697</td>
<td>$2,755</td>
<td>$2,814</td>
<td>$2,873</td>
<td>$2,931</td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>$1,688</td>
<td>$1,809</td>
<td>$2,010</td>
<td>$2,332</td>
<td>$2,653</td>
<td>$2,714</td>
<td>$2,774</td>
<td>$2,834</td>
<td>$2,894</td>
<td>$2,955</td>
<td>$3,015</td>
</tr>
<tr>
<td>28</td>
<td></td>
<td>$1,735</td>
<td>$1,859</td>
<td>$2,065</td>
<td>$2,396</td>
<td>$2,727</td>
<td>$2,789</td>
<td>$2,851</td>
<td>$2,913</td>
<td>$2,975</td>
<td>$3,037</td>
<td>$3,099</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>$1,782</td>
<td>$1,910</td>
<td>$2,122</td>
<td>$2,461</td>
<td>$2,801</td>
<td>$2,864</td>
<td>$2,928</td>
<td>$2,992</td>
<td>$3,055</td>
<td>$3,119</td>
<td>$3,183</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>$1,829</td>
<td>$1,960</td>
<td>$2,178</td>
<td>$2,526</td>
<td>$2,874</td>
<td>$2,940</td>
<td>$3,005</td>
<td>$3,070</td>
<td>$3,136</td>
<td>$3,201</td>
<td>$3,266</td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>$1,876</td>
<td>$2,010</td>
<td>$2,233</td>
<td>$2,591</td>
<td>$2,948</td>
<td>$3,015</td>
<td>$3,082</td>
<td>$3,149</td>
<td>$3,216</td>
<td>$3,283</td>
<td>$3,350</td>
</tr>
<tr>
<td>32</td>
<td></td>
<td>$1,923</td>
<td>$2,060</td>
<td>$2,289</td>
<td>$2,655</td>
<td>$3,022</td>
<td>$3,090</td>
<td>$3,159</td>
<td>$3,228</td>
<td>$3,296</td>
<td>$3,365</td>
<td>$3,434</td>
</tr>
<tr>
<td>33</td>
<td></td>
<td>$1,970</td>
<td>$2,111</td>
<td>$2,345</td>
<td>$2,720</td>
<td>$3,095</td>
<td>$3,166</td>
<td>$3,236</td>
<td>$3,306</td>
<td>$3,377</td>
<td>$3,447</td>
<td>$3,518</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td>$2,017</td>
<td>$2,161</td>
<td>$2,401</td>
<td>$2,785</td>
<td>$3,169</td>
<td>$3,241</td>
<td>$3,313</td>
<td>$3,385</td>
<td>$3,457</td>
<td>$3,529</td>
<td>$3,601</td>
</tr>
</tbody>
</table>
### Note
The monthly income in each box represents the upper limit for each rank, adjusted for family size. California Department of Education, July 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Family Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-2</td>
</tr>
<tr>
<td>35</td>
<td>$2,064</td>
</tr>
<tr>
<td>36</td>
<td>$2,111</td>
</tr>
<tr>
<td>37</td>
<td>$2,157</td>
</tr>
<tr>
<td>38</td>
<td>$2,204</td>
</tr>
<tr>
<td>39</td>
<td>$2,251</td>
</tr>
<tr>
<td>40</td>
<td>$2,298</td>
</tr>
<tr>
<td>41</td>
<td>$2,345</td>
</tr>
<tr>
<td>42</td>
<td>$2,392</td>
</tr>
<tr>
<td>43</td>
<td>$2,439</td>
</tr>
<tr>
<td>44</td>
<td>$2,486</td>
</tr>
<tr>
<td>45</td>
<td>$2,533</td>
</tr>
<tr>
<td>46</td>
<td>$2,580</td>
</tr>
<tr>
<td>47</td>
<td>$2,626</td>
</tr>
<tr>
<td>48</td>
<td>$2,673</td>
</tr>
<tr>
<td>49</td>
<td>$2,720</td>
</tr>
<tr>
<td>50</td>
<td>$2,767</td>
</tr>
<tr>
<td>51</td>
<td>$2,814</td>
</tr>
<tr>
<td>52</td>
<td>$2,861</td>
</tr>
<tr>
<td>53</td>
<td>$2,908</td>
</tr>
<tr>
<td>54</td>
<td>$2,955</td>
</tr>
<tr>
<td>55</td>
<td>$3,002</td>
</tr>
<tr>
<td>56</td>
<td>$3,049</td>
</tr>
<tr>
<td>57</td>
<td>$3,095</td>
</tr>
<tr>
<td>58</td>
<td>$3,142</td>
</tr>
<tr>
<td>59</td>
<td>$3,189</td>
</tr>
<tr>
<td>60</td>
<td>$3,236</td>
</tr>
<tr>
<td>61</td>
<td>$3,283</td>
</tr>
</tbody>
</table>
## 27 FAMILY FEE SCHEDULE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.00</td>
<td>$2.00</td>
<td>$1.820</td>
<td>$1.950</td>
<td>$2.167</td>
<td>$2.513</td>
<td>$2.660</td>
<td>$2.925</td>
<td>$2.990</td>
<td>$3.055</td>
<td>$3.120</td>
<td>$3.105</td>
<td>$3.250</td>
</tr>
<tr>
<td>$1.25</td>
<td>$2.50</td>
<td>$1.893</td>
<td>$2.028</td>
<td>$2.253</td>
<td>$2.514</td>
<td>$2.794</td>
<td>$3.042</td>
<td>$3.109</td>
<td>$3.177</td>
<td>$3.245</td>
<td>$3.312</td>
<td>$3.380</td>
</tr>
<tr>
<td>$2.00</td>
<td>$4.00</td>
<td>$2.111</td>
<td>$2.262</td>
<td>$2.513</td>
<td>$2.915</td>
<td>$3.317</td>
<td>$3.393</td>
<td>$3.468</td>
<td>$3.544</td>
<td>$3.619</td>
<td>$3.694</td>
<td>$3.770</td>
</tr>
<tr>
<td>$6.25</td>
<td>$9.50</td>
<td>$2.912</td>
<td>$3.120</td>
<td>$3.466</td>
<td>$4.021</td>
<td>$4.576</td>
<td>$4.680</td>
<td>$4.784</td>
<td>$4.888</td>
<td>$5.000</td>
<td>$5.100</td>
<td>$5.200</td>
</tr>
<tr>
<td>$7.05</td>
<td>$10.50</td>
<td>$3.057</td>
<td>$3.276</td>
<td>$3.640</td>
<td>$4.222</td>
<td>$4.804</td>
<td>$4.914</td>
<td>$5.023</td>
<td>$5.132</td>
<td>$5.241</td>
<td>$5.350</td>
<td>$5.460</td>
</tr>
<tr>
<td>$7.45</td>
<td>$11.00</td>
<td>$3.130</td>
<td>$3.354</td>
<td>$3.726</td>
<td>$4.322</td>
<td>$4.919</td>
<td>$5.031</td>
<td>$5.142</td>
<td>$5.254</td>
<td>$5.366</td>
<td>$5.476</td>
<td>$5.590</td>
</tr>
<tr>
<td>$8.25</td>
<td>$12.00</td>
<td>$3.283</td>
<td>$3.518</td>
<td>$3.908</td>
<td>$4.534</td>
<td>$5.159</td>
<td>$5.276</td>
<td>$5.394</td>
<td>$5.511</td>
<td>$5.628</td>
<td>$5.745</td>
<td>$5.863</td>
</tr>
</tbody>
</table>

**Monthly Income Ceilings**

$3,283, $3,518, $3,908, $4,534, $5,159, $5,276, $5,394, $5,511, $5,628, $5,745, $5,863
## 28 FORMS

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FORM</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>Eligibility / Waiting List for LAUSD Early Childhood Education Services</td>
<td>Rev. 5/30/13</td>
</tr>
<tr>
<td></td>
<td>Parent Enrollment Packet Checklist</td>
<td>5/2013</td>
</tr>
<tr>
<td></td>
<td>Home Language Survey 83.76</td>
<td>Rev. 1/07</td>
</tr>
<tr>
<td></td>
<td>Student Emergency Information Form</td>
<td>3/2010</td>
</tr>
<tr>
<td></td>
<td>Physician’s Report – Child Care Centers (Child’s Pre-Admission Health Evaluation)</td>
<td>8/08</td>
</tr>
<tr>
<td>Eligibility</td>
<td>CD9600 (Confidential Application for Child Development Services and Certification of Eligibility)</td>
<td>Rev. 5/12 (Print from EESIS, Summary page)</td>
</tr>
<tr>
<td>Eligibility</td>
<td>CD9600A (Child Care Data Collection Privacy Notice and Consent Form)</td>
<td>Rev. 1/04 (Print from EESIS, Summary page, 9600, check Print Consent)</td>
</tr>
<tr>
<td>Eligibility</td>
<td>NOA CA 7617 (Notice of Action)</td>
<td>Rev. 8/11 (Print from EESIS, Summary page)</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Notice of Recertification, Form 84.65</td>
<td>Rev. 7/13</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Self-Declaration of Single Parent Status</td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td>Self-Declaration of Absent Parent</td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td>Homeless Declaration Form</td>
<td></td>
</tr>
<tr>
<td>Need</td>
<td>Child Protective Services Form 83.66</td>
<td>Rev. 7/07</td>
</tr>
<tr>
<td>Need / Income</td>
<td>Verification of Employment (Form 83.56)</td>
<td>Rev. 10/2013</td>
</tr>
<tr>
<td>Need / Income</td>
<td>Self-Certification of Income Form</td>
<td>Rev. 3/2013, Spanish Rev. 5/2013</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Rev.</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Need</td>
<td>Training Verification, Form CD-9605</td>
<td>2/04</td>
</tr>
<tr>
<td></td>
<td>Progress Report, Form 99.1</td>
<td>3/2013</td>
</tr>
<tr>
<td></td>
<td>Travel and Study Time Table</td>
<td></td>
</tr>
<tr>
<td>Need</td>
<td>Statement of Incapacity, Form CD-9606</td>
<td>8/83</td>
</tr>
<tr>
<td>Attendance</td>
<td>Agreement for Temporary Service in EECs, Form 83.69, rev. 06/09</td>
<td>06/08</td>
</tr>
<tr>
<td>Attendance</td>
<td>Interruption of Service 84.24 /Limited Term Services Leave Form</td>
<td>06/08</td>
</tr>
<tr>
<td>Attendance</td>
<td>Attendance Codes Sheet (barcodes)</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td>Verification of Other Care Provider form 84.26</td>
<td>1/07</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Organization of Family Files</td>
<td>02/06/14</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Request for EESIS User ID Authorization</td>
<td>12/2013</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Claim for Overpayment</td>
<td>1/8/12</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Authorized Representative for Local Appeal Hearing</td>
<td>Undated. No specific form required.</td>
</tr>
</tbody>
</table>

Additional reports and forms in EESIS
ELIGIBILITY / WAITING LIST FOR
LAUSD EARLY CHILDHOOD EDUCATION SERVICES

Early Education Center / School: ___________________________ Estimated Daily Fee: _______

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY PARENT / CARETAKER</th>
<th>GROSS MONTHLY INCOME (before taxes) Include child support, cash aid and any other income received</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAMES:</td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Relationship: $</td>
</tr>
<tr>
<td>B.</td>
<td>Relationship: $</td>
</tr>
<tr>
<td></td>
<td>☐ I am a single parent and can provide proof</td>
</tr>
<tr>
<td>TOTAL FAMILY INCOME: $</td>
<td></td>
</tr>
</tbody>
</table>

Address:
Best phone to reach me - Home/Cell: ___________________________ Work: ___________________________

<table>
<thead>
<tr>
<th>CHILDREN NEEDING SERVICES</th>
<th>DATE OF BIRTH</th>
<th>HOURS OF CARE NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of other children in the family under age 18: _________</td>
<td>TOTAL FAMILY SIZE: _________</td>
<td></td>
</tr>
</tbody>
</table>

I am requesting child care services for the child(ren) listed above. In order to remain on the waiting list I understand that it is my responsibility to update this information at least once every six months or as changes occur. I understand that enrollment at this location is based on space availability, enrollment priority and priority rank. When notified that space is available, I understand that LAUSD staff will verify all information on this form to make sure my child is eligible before he/she can be enrolled.

<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Signature of Parent</th>
<th>Date</th>
</tr>
</thead>
</table>

FOR LAUSD USE ONLY

Date Received by LAUSD: ___________________________ Date Child Enrolled: ___________________________
Date(s) Updated: ___________________________ Date Removed from List: ___________________________

<table>
<thead>
<tr>
<th>Enrollment Priority: 1st priority:</th>
<th>Enrollment Priority: 1st priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Child Protective Services or At Risk</td>
<td>☐ Child Protective Services or At Risk</td>
</tr>
<tr>
<td>2nd priority:</td>
<td>2nd priority:</td>
</tr>
<tr>
<td>☐ Cash aid recipient</td>
<td>☐ Four year old child in an income eligible family</td>
</tr>
<tr>
<td>☐ Income eligible</td>
<td>☐ Three year old child in an income eligible family</td>
</tr>
<tr>
<td>☐ Homeless</td>
<td>☐ Meets need requirement:</td>
</tr>
<tr>
<td></td>
<td>☐ Working</td>
</tr>
<tr>
<td></td>
<td>☐ Seeking employment</td>
</tr>
<tr>
<td></td>
<td>☐ Attending vocational training</td>
</tr>
<tr>
<td></td>
<td>☐ Incapacitated</td>
</tr>
<tr>
<td></td>
<td>☐ Homeless and seeking permanent housing</td>
</tr>
</tbody>
</table>

COMMENTS:

Rev. 5/30/13
Escuela / Centro de Educación Temprana: __________________________ Cuota diaria calculada: ______

<table>
<thead>
<tr>
<th>PARA SER LLENADA POR EL PADRE, MADRE O PERSONA ENCARGA DEL CUIDADO DEL MENOR</th>
<th>INGRESO MENSUAL BRUTO (ANTES de impuestos) Incluya manutención infantil, ayuda en efectivo y otro ingreso recibido</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOMBRES:</td>
<td>$</td>
</tr>
<tr>
<td>A.</td>
<td>Relación:</td>
</tr>
<tr>
<td>B.</td>
<td>Relación:</td>
</tr>
<tr>
<td>☐ Soy padre/madre soltero(a) y puedo proporcionar prueba de esto</td>
<td>INGRESO TOTAL DE LA FAMILIA: $</td>
</tr>
</tbody>
</table>

Domicilio:
Número de teléfono principal para localizarme - Hogar/Celular: ______________________ Trabajo: ______________________

<table>
<thead>
<tr>
<th>NIÑOS QUE NECESITAN SERVICIOS</th>
<th>FECHA DE NAC.</th>
<th>HORAS NECESARIAS PARA EL CUIDADO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre del niño(a):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nombre del niño(a):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Número de niños en la familia menores de 18 años: ______</td>
<td>NÚMERO TOTAL DE MIEMBROS EN LA FAMILIA: ______</td>
<td></td>
</tr>
</tbody>
</table>

Estoy solicitando servicios de educación infantil temprana para el(los) niño(s) que se incluyen en la lista de abajo. Con el fin de permanecer en la lista de espera, entiendo que es mi responsabilidad actualizar esta información por lo menos cada seis meses o tan pronto como ocurran cambios. Entiendo que la inscripción en este lugar se basa en la disponibilidad de espacio, la prioridad de inscripción y el nivel de prioridad. Cuando se me notifique que hay espacio disponible, entiendo que el personal del LAUSD verificará toda la información de este formulario para asegurarme que mi hijo(a) reúne los requisitos antes de que se le pueda inscribir.

<table>
<thead>
<tr>
<th>Nombre del Padre o Madre</th>
<th>Firma del Padre o Madre</th>
<th>Fecha</th>
</tr>
</thead>
</table>

PARA USO DEL LAUSD SOLAMENTE
Fecha recibido por el LAUSD: ______________________ Fecha en la que se inscribió al niño(a): ______________________
Fecha (s) actualizada(s): ______________________ Fecha en la que se sacó de la lista: ______________________

<table>
<thead>
<tr>
<th>CCTR</th>
<th>CSPP TIEMPO COMPLETO</th>
<th>CSPP MEDIO DÍA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prioridad de inscripción:</td>
<td>Prioridad de inscripción:</td>
<td>Prioridad de inscripción:</td>
</tr>
<tr>
<td>1ª prioridad:</td>
<td>1ª prioridad:</td>
<td>1ª prioridad:</td>
</tr>
<tr>
<td>☐ Servicios de Protección Infantil o en Riesgo</td>
<td>☐ Servicios de Protección Infantil o en Riesgo</td>
<td>☐ Servicios de Protección Infantil o en Riesgo</td>
</tr>
<tr>
<td>2ª prioridad:</td>
<td>2ª prioridad:</td>
<td>2ª prioridad:</td>
</tr>
<tr>
<td>☐ Recibe ayuda en efectivo</td>
<td>☐ Niño de cuatro años en una familia con ingreso elegible</td>
<td>☐ Niño de cuatro años en una familia con ingreso elegible</td>
</tr>
<tr>
<td>☐ Elegible por ingreso</td>
<td>☐ Niño de tres años en una familia con ingreso elegible</td>
<td>☐ Niño de cuatro años en una familia con ingreso elegible</td>
</tr>
<tr>
<td>☐ Indigente/sin hogar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumple con los requisitos de necesidad:</td>
<td>Cumple con el requisito de necesidades:</td>
<td>Cumple con el requisito de necesidades:</td>
</tr>
<tr>
<td>☐ Trabaja</td>
<td>☐ Trabaja</td>
<td>☐ Trabaja</td>
</tr>
<tr>
<td>☐ En busca de empleo</td>
<td>☐ En busca de empleo</td>
<td>☐ En busca de empleo</td>
</tr>
<tr>
<td>☐ Asiste a capacitación vocacional</td>
<td>☐ Asiste a capacitación vocacional</td>
<td>☐ Asiste a capacitación vocacional</td>
</tr>
<tr>
<td>☐ Incapacitado</td>
<td>☐ Incapacitado</td>
<td>☐ Incapacitado</td>
</tr>
<tr>
<td>☐ Indigente y busca una vivienda permanente</td>
<td>☐ Indigente y busca una vivienda permanente</td>
<td>☐ Indigente y busca una vivienda permanente</td>
</tr>
</tbody>
</table>

COMENTARIOS: ______________________

Rev. 5/30/13
Dear __________________________  Date __________________________

Welcome to our Early Education Center. Before scheduling an appointment to enroll your child, please have available and complete the information below:

☐ Birth Certificate or Baptismal Record for child being enrolled and all the siblings listed on the application
☐ Immunization Record including written results of Tuberculosis clearance (Mantoux test), if any, given within one year of entry
☐ Proof of income – Two current check stubs for each parent employed (If paid weekly, must submit the last 4 consecutive check stubs) or Self-Certification of Income (Self-Employed)
☐ Verification of TANF or other cash assistance (copy of most recent check, Notice of Action or Cash Issuance Receipt
☐ Names and birth dates of siblings

_________________________  __________________________
_________________________  __________________________

ATTACHMENTS
☐ Home Language Survey
☐ Health History Card (white, to be completed by the parent/guardian)
☐ Physical Exam (Lic. 701 form)
☐ Verification of Employment and Salary
☐ Verification of Training
☐ Child Care Data Collection Privacy Notice and Consent Form
☐ Early Childhood Education Procedures, Guidelines and Information to Parents (pages 29-33)
☐ Emergency Information Care (3 names, addresses and telephone numbers of persons, 18 years or older, authorized to pick up your child in case of emergency or illness)

When the above information is complete, please call us to make an appointment. If we do not hear from you within 5 days, by __________________________, we will proceed to the next child on the waiting list.

05/2013
Signature of Parent/Caretaker

[Signature]

HISPANIc OrIGIN
(1) Hispanic
(2) Black-not of
(3) Asian
(4) American Indian or
(5) Alaska Native
(6) Native Hawaiian or

Parent/Leader

RECOMMENDATION. If willing, please circle the correct category below:

Racial-Ethnic Heritage of your children: Although you are not required to provide this information, your cooperation will help determine compliance with federal civil rights laws. If you decline to provide this information, it will in no way affect consideration of your application or your child's participation in the program. Collection of this information is in accordance with Title VI of the Civil Rights Act of 1964 and is strictly for statistical reporting requirements. It will not be released.

1. Which language did your son or daughter learn when he/she began to talk?

2. What language does your son or daughter most frequently use at home?

3. What language do you use most frequently to speak to your son or daughter?

4. Name the language in the order most often spoken by the adults at home:

[Language]

Name of student

[Last Name]

[First Name]

[Middle Name]

Birth date

[Date]

Grade

[Grade]

RETURN THIS FORM TO HIS/HER TEACHER. THANK YOU FOR YOUR HELP.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter order for schools to provide meaningful instruction for all students.

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in

SITE

ENGLISH

HOME LANGUAGE SURVEY/RACIAL-ETHNIC CATEGOR
<table>
<thead>
<tr>
<th>Firma del Padre/Madre/Cuidadano</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacífico</td>
<td>Nativo de Alaska</td>
</tr>
<tr>
<td>De los hijos de</td>
<td>Indio Americano</td>
</tr>
<tr>
<td></td>
<td>Asiático</td>
</tr>
<tr>
<td></td>
<td>Hispano</td>
</tr>
<tr>
<td></td>
<td>Negro-No de Oígeno</td>
</tr>
<tr>
<td></td>
<td>Blancono de Oígeno</td>
</tr>
<tr>
<td></td>
<td>(6)</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
</tr>
<tr>
<td></td>
<td>(4)</td>
</tr>
<tr>
<td></td>
<td>(3)</td>
</tr>
<tr>
<td></td>
<td>(2)</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
</tr>
</tbody>
</table>

Civiles de 1844 y todo los demás encuestados para reportes estadísticos. Si usted desea, por favor círcule la raza que a usted pertenece.

RAZÃ© ETNICA HERENCIA DE SUS HIÑOS: Aunque usted no está obligado a proporcionar esa información, su cooperación su cooperación nos ayudará a cumplir con las leyes federales de acodo con los Derechos Civiles. Si usted se rehusa a proporcionar esa información, su decisión no afectará su soliciación o la participación en el programa.

<table>
<thead>
<tr>
<th>Apellido</th>
<th>Nombre del alumno</th>
<th>Fecha de nacimien</th>
<th>Segundo nombre</th>
<th>Primer nombre</th>
<th>Grado</th>
</tr>
</thead>
</table>

Le pedimos su cooperación en ayudamos a cumplir este requisito importante. Por favor complete las siguientes preguntas.

En el Estadamento de Educación de California requiere que les escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción significativa y logros estudiantiles.
# Los Angeles Unified School District
**Student Emergency Information Form**

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

<table>
<thead>
<tr>
<th>STUDENT'S LAST NAME</th>
<th>FIRST NAME</th>
<th>M.J.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRTH DATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRADE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME LANGUAGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT'S HOME ADDRESS – NUMBER</th>
<th>STREET</th>
<th>APT #</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS – NUMBER (IF DIFFERENT FROM ABOVE)</th>
<th>STREET</th>
<th>APT #</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PARENT'S / LEGAL GUARDIAN'S LAST NAME</th>
<th>FIRST NAME</th>
<th>RELATIONSHIP TO STUDENT</th>
<th>LIVES WITH?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORK ADDRESS – NUMBER</th>
<th>STREET</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**CONTACT NUMBERS**

- **HOME**
  - EMERGENCY: Home Cell Work
- **CELL**
  - ATTENDANCE: Home Cell Work
- **WORK**
  - GENERAL INFO: Home Cell Work

**EMAIL ADDRESS:**

**PARENT'S / LEGAL GUARDIAN'S LAST NAME**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>RELATIONSHIP TO STUDENT</th>
<th>LIVES WITH?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORK ADDRESS – NUMBER</th>
<th>STREET</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**CONTACT NUMBERS**

- **HOME**
  - EMERGENCY: Home Cell Work
- **CELL**
  - ATTENDANCE: Home Cell Work
- **WORK**
  - GENERAL INFO: Home Cell Work

**EMAIL ADDRESS:**

**To the principal:** In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:

**NAME**

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
<th>WORK PHONE</th>
</tr>
</thead>
</table>

**NAME**

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
<th>WORK PHONE</th>
</tr>
</thead>
</table>

**NAME**

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
<th>WORK PHONE</th>
</tr>
</thead>
</table>

**List any other family members attending this school:**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>HOME ROOM</th>
<th>GRADE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>HOME ROOM</th>
<th>GRADE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

## Authorization for Emergency Medical Treatment

The undersigned, as parent/legal guardian of, (Print name of the student here)

a minor,

hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician or and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 46407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

**Health Alerts** -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".

**Does the student have health insurance?**

- [ ] Yes
- [ ] No

*If yes*: [ ] Private Health Insurance [ ] Medi-Cal [ ] Healthy Families

<table>
<thead>
<tr>
<th>MEDI-CAL / HEALTHY FAMILIES ID Number</th>
</tr>
</thead>
</table>

1. **Private Health Insurance Name**

   | GROUP NO. | 2. **Private Health Insurance Name**
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(If covered under more than one plan)</td>
<td>GROUP NO.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF DOCTOR / MEDICAL OFFICE</th>
<th>PHONE NUMBER OF DOCTOR / MEDICAL OFFICE</th>
</tr>
</thead>
</table>

*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.

**My child is allergic to the following medications:**

**My child currently takes the following medications:**

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.

X

**Signature of:**

- [ ] Parent
- [ ] Legal Guardian

**Date**

*Selected telephone number must be a direct dial number (no extensions).*

Revised March 2010
DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES
FORMULARIO ESTUDIANTIL DE INFORMACIÓN PARA EMERGENCIAS

Fecha: Favor de llenar este formulario por completo y firmarlo en la sección indicada. En caso de una emergencia grave, las normas del distrito escolar requieren mantener a los alumnos en la escuela por su seguridad. El personal escolar usará este formulario cuando los alumnos sean permitidos volver a casa. Favor de llenar electrónicamente o con letra de molde clara y entregar el formulario completo en la escuela.

Apellido del alumno

Nombre

Inicial

Fecha de Nacimiento

Masc. 
Femen. 

Grado

Idioma que se habla en casa

Apellido del alumno - Número

Calle

Apt #

Ciudad

Código Postal

Apellido del padre/tutor legal

Apt #

Ciudad

Código Postal

Dirección del trabajo

Calle

Ciudad

Código Postal

Números telefónicos de contacto

Indicar a qué número llamar para cada tipo de mensaje:

CORREO ELECTRÓNICO:

Hogar

EMERGENCIA

Trabajo

Celular

Asistencia

Información general

Parentesco al alumno

Vive con el alumno

Si

No

Indicar a qué número llamar para cada tipo de mensaje:

Hogar

EMERGENCIA

Trabajo

Celular

Asistencia

Información general

Parentesco al alumno

Vive con el alumno

Si

No

Al director: En caso de no localizarme durante una emergencia, le autorizo a contactar y, de ser necesario, entregarle a mi niño a cualquiera de las siguientes personas:

Nombre

Parentesco

Tel. del hogar

Tel. de celular

Tel. del trabajo

Nombre

Parentesco

Tel. del hogar

Tel. de celular

Tel. del trabajo

Nombre

Parentesco

Tel. del hogar

Tel. de celular

Tel. del trabajo

Incluir cualquier otro miembro de la familia que asista a esta escuela:

Apellido

Nombre

Salón principal

Grado escolar

Parentesco

Apellido

Nombre

Salón principal

Grado escolar

Parentesco

AutORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA

El abajo firmante, como padre/tutor legal de:

(Scriba el nombre del alumno con letra de molde)

menor de edad,

por medio del presente autoriza al director o persona designada, habiéndosele encomendado el cuidado del alumno, a acceder a cualquier análisis con radiografía, anestesia, diagnóstico médico o quirúrgico, tratamiento y atención en hospital para el alumno, según lo especifique un médico acreditado y/o dentista. Estoy al tanto de que esta autorización se extiende antes de cualquier diagnóstico, tratamiento o atención en hospital mediante un médico acreditado y/o dentista conforme se determine necesario. Esta autorización se extiende de acuerdo con el Artículo 49407 del Código de Educación de California, y seguirá en vigencia hasta que se revoque por escrito y dicha revocación se entregue al Distrito. Entiendo que el Distrito, sus funcionarios y empleados no asumen responsabilidad de cualquier índole en relación con el transporte del alumno. También estoy al tanto de que el costo de transporte de paramédicos, hospitalización, análisis, radiografías, o tratamiento que se proporcione en relación con esta autorización será responsabilidad exclusivamente mía, como padre/tutor del alumno.

Alerta de salud - Incluir cualquier condición médica del alumno que limite actividad física o requiera atención especial. Incluir condiciones tales como asma y alergias (por ejemplo: a la cremas de maní, o picaduras de abejas). Si el alumno no presenta ninguna condición indicar "ninguna".

Indicar si el alumno tiene seguro médico (Marcar uno)

Sí

No

Si respondió “Sí” Indique:

Seguro médico Particular

Medi-Cal

Healthy Families

# de miembro Medi-Cal / Healthy Families:

NOMBRE DEL DOCTOR/ CLÍNICA

GRUPO #

NOMBRE DE LA CLÍNICA

Si el alumno actualmente no tiene seguro médico, para información sobre programas gratuitos o a precios módicos, llame sin costo alguno a la Línea de Asistencia del Distrito al: 1(866)742-2273.

MI HIJO ES ALÉRGICO A LOS SIGUIENTES MEDICAMENTOS:

MI HIJO ACTUALMENTE TOMA LOS SIGUIENTES MEDICAMENTOS:

HAGO CONSTAR QUE LEY Y ENTIENDO ESTE FORMULARIO Y OTORGó MI AUTORIZACIÓN PARA TRATAMIENTO MÉDICO DE EMERGENCIA, Y QUE TODA LA INFORMACIÓN QUE PROPORCIONé EN ESTE FORMULARIO ES VERDADERA Y CORRECTA.

Firma:

Fecha:

* El número telefónico seleccionado debe ser línea de marcado directo (no extensión)
PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT’S CONSENT (TO BE COMPLETED BY PARENT)

_________________________, born __________________ is being studied for readiness to enter
________________________________________________________
(NAME OF CHILD) (BIRTH DATE)
________________________________________________________
(NAME OF CHILD CARE CENTER/SCHOOL)

This Child Care Center/School provides a program which extends from _____: _____ a.m./p.m. to _____ a.m./p.m. , _________ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

______________________________________________
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) ____________________________
(TODAY’S DATE)

PART B – PHYSICIAN’S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: __________________________ Allergies: __________________________

Vision: __________________________ Insect stings: __________________________

Developmental: __________________________ Food: __________________________

Language/Speech: __________________________ Asthma: __________________________

Dental: __________________________

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

| VACCINE                                    | \hline
<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO (OPV OR IPV)</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>DTP/DTaP/DT/Td (Diphtheria, Tetanus and</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>(ACELLULAR) PERTUSSIS OR TETANUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND DIPHTHERIA ONLY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, and Rubella)</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIB MENINGITIS (REQUIRED FOR CHILD CARE</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>ONLY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VARICELLA (CHICKENPOX)</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

☐ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: ____________________________________________ Date of Physical Exam: __________________________

Address: ____________________________________________ Date This Form Completed: __________________________

Telephone: __________________________________________ Signature __________________________________________

☐ Physician ☐ Physician's Assistant ☑ Nurse Practitioner
RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.
REPORTE DEL MÉDICO — GUARDERÍAS INFANTILES
(EVALUACIÓN MÉDICA QUE SE REQUiere ANTES DE QUE SE LE ADMITA A UN NIÑO A UNA GUARDERÍA INFANTIL)

PARTE A — CONSENTIMIENTO DEL PADRE/MADRE (PARA SER COMPLETADO POR EL PADRE/MADRE)

A ________________, nacido en __________, se le está evaluando con respecto a su preparación para entrar en la ________________, ________________. Esta guardería infantil/escuela proporciona un programa de las ___________ a.m./p.m. a las ___________ a.m./p.m., ________ días a la semana.

Por favor proporcione un reporte sobre el niño mencionado arriba usando el formulario que se encuentra a continuación. Por medio de este documento, autorizo que se comparta la información médica contenida en este reporte con la guardería infantil mencionada arriba.

(FIRMA DEL PADRE/MADRE, TUTOR LEGAL, O REPRESENTANTE AUTORIZADO DEL NIÑO)

PARTE B — PHYSICIAN’S REPORT (TO BE COMPLETED BY PHYSICIAN) (PARA SER COMPLETADO POR EL MÉDICO)

Problems of which you should be aware:

Hearing: 

Allergies: medicine:

Vision: 

Insect stings:

Developmental: 

Food:

Language/Speech: 

Asthma:

Dental: 

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st</td>
</tr>
<tr>
<td>POLIO (OPV OR IPV)</td>
<td></td>
</tr>
<tr>
<td>DTP/DTaP/DT/Td</td>
<td></td>
</tr>
<tr>
<td>MEASLES, MUMPS, AND RUBEELLA</td>
<td></td>
</tr>
<tr>
<td>REQUIRED FOR CHILD CARE ONLY</td>
<td></td>
</tr>
<tr>
<td>HIB MENINGITIS (HAEMOPHILUS B)</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td></td>
</tr>
<tr>
<td>VARICELLA (CHICKENPOX)</td>
<td></td>
</tr>
</tbody>
</table>

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

☐ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: ___________________________ Date of Physical Exam: ___________________________

Address: ___________________________ Date This Form Completed: ___________________________

Telephone: ___________________________ Signature: ___________________________

☐ Physician ☐ Physician’s Assistant ☐ Nurse Practitioner

LIC 701 (SP) (8/06) (Confidential)
FACTORES DE RIESGO PARA TUBERCULOSIS (TB) EN LOS NIÑOS:

* Tener un miembro de la familia o contactos con antecedentes de TB confirmada o sospechada.
* Ser parte de una familia con miembros nacidos fuera de los Estados Unidos en un lugar donde hay alta ocurrencia de TB (Asia, África, América Central, y Sudamérica).
* Vivir en lugares asignados fuera del hogar.
* Tener o sospechar de tener una infección del virus de inmunodeficiencia humana (VIH).
* Vivir con un adulto que tiene resultados positivos en el análisis de sangre del VIH.
* Vivir con un adulto que ha estado encarcelado en los últimos cinco años.
* Vivir o tener contacto frecuente con personas sin hogar, trabajadores campesinos migratorios, personas que usan drogas ilegales, o residentes de establecimientos de cuidado médico continuo no intenso.
* Tener anormalidades en sus RX (rayos x) del tórax, las cuales sugieren la presencia de TB.
* Tener evidencia clínica de TB.

Si quiere información respecto a la prevención y el tratamiento de la TB, comuníquese con el programa para el control de la TB del departamento de salud local.
Confidential Application for
Child Development Services and
Certification of Eligibility
Form CD 9600, Page 1, (REV 05/12)

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. Eligibility is determined on the basis of need for child development services and either CalWORKs status or adjusted gross monthly income in relation to family size. This form must be completed by an agency representative in consultation with the family. Refer to the instructions for the completion of this form.

Section I. Family Identification. If you are a single parent/caretaker, check this box: ☐ See Instructions, Section I.

Name of parent/caretaker (full name, including middle initial)

Name of parent/caretaker (full name, including middle initial)

Gender

Phone no. (home)

Phone no. (work/school)

Street address

City

State

Zip

FIPS code

Section II. Family Eligibility and Reason for Needing Service

A. Family Eligibility Status (Check as many as apply)

Protective services (attach documentation.)

Income eligible (attach documentation.)

Homeless (attach documentation.)

Programs for the severely handicapped

B. Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter “A” or “B” referring to parent/caretaker listed above. Attach documentation. (This section does not apply to part-day state preschool programs or programs for severely handicapped.)

Parent/ Caretaker

Reason for Needing Service

Parent/ Caretaker

Reason for Needing Service

Parent/ Caretaker

Stages 1, 2, and 3 CalWORKs recipients only

Date parent became ineligible for aid:

CalWORKs activities

Diversion

Record date of entry into each stage:

Stage 1 Stage 2 Stage 3

C. Employment/Training Information. Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach documentation.)

Parent/ Caretaker

Employer/School

Street Address

City

Zip

A

A

Days and working/ training hours:

From: To:


Parent/ Caretaker

Employer/School

Street Address

City

Zip

B

B

Days and working/ training hours:

From: To:


Section III. Family Adjusted Gross Monthly Income and Size

A. Family monthly income. The family’s adjusted monthly income from all sources (Attach verification and documentation.) $ __________

B. Family income sources (Check all that apply. Do not count the gray shaded areas in Section III A above.) Black shaded boxes for CalWORKs recipients only.

C. Family size (See “Funding Terms and Conditions” for instructions on calculating family size):

<table>
<thead>
<tr>
<th>Employment, including self-employment</th>
<th>Other federal cash income programs (such as SSI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child support</td>
<td>Housing voucher or cash assistance</td>
</tr>
<tr>
<td>Cash or other assistance under Title IV of the Social Security Act (TANF)</td>
<td>Assistance under the Food Stamps Act of 1977</td>
</tr>
<tr>
<td>State-only alien and two-parent programs for CalWORKs recipients</td>
<td>Other</td>
</tr>
</tbody>
</table>

Section III B is for federal data collection purposes only and does not need to be completed before the provision of child care services.
### Section IV. Data on Children

List all children residing in the home and counted in the family size.

<table>
<thead>
<tr>
<th>Child Number</th>
<th>Full Name of Child Including Middle Initial</th>
<th>Gender</th>
<th>Birth Date</th>
<th>Adjustment Factor Code</th>
<th>Native Language Code</th>
<th>Is child limited English proficient?</th>
<th>Program Code</th>
<th>Type of Care Code</th>
<th>Hours of Care per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section V. Certification and Signature of Parent/Caretaker

1. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.
2. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services.
3. I understand that 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.
4. I understand that if the agency denies this application for services, I have the right to appeal.

Signature: ______________________  Date: ________________

Relationship to Child: [ ] Parent  [ ] Grandparent  [ ] Guardian
[ ] Foster Parent  [ ] Other: Please describe __________________________

### Section VI. Family Fee (See fee schedule.)

<table>
<thead>
<tr>
<th>Type of Fee</th>
<th>Full Time</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Daily fee (if any)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Hourly fee (if any)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section VII. For Office Use Only

(Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)

<table>
<thead>
<tr>
<th>Eligibility Status</th>
<th>Date Notice of Action Sent (Attach copy)</th>
<th>Date Notice of Action Given (Attach copy)</th>
<th>First date of subsidized service</th>
<th>Last date of enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Accepted  [ ] Denied</td>
<td>Date</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Authorized Agency Representative: ______________________  Title: ______________________  Telephone number: ______________________  Date: ________________

Signature of Supervisor (Optional): ______________________  Title: ______________________  Telephone number: ______________________  Date: ________________
Child Care Data Collection
Privacy Notice and Consent Form

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

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

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

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

☐ YES, my Social Security Number may be used: ____-____-_____

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

________________________  _______________________
Signature of the Head of Household       Date

________________________
Type or Print Name

You have the right to access records containing your personal information. For information about this system of records, contact the California Department of Education, Child Development Division, 1430 N Street, Sacramento, CA 95814; telephone (916) 445-1907.
NOTICE OF ACTION
Form CD-7617, (Rev. 8/11)

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
☐ Notice Mailed:
Recipient's Initials: __________________________
☐ First Class
☐ Other:
Tracking No.: __________________________
Date Notice Given or Mailed:

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.)

<table>
<thead>
<tr>
<th>Name(s) of Child(ren) Receiving Services</th>
<th>Program Code</th>
<th>Enter Approved Hours of Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.
NOTICE OF ACTION
CD-7617 (Rev. 08/11) (REVERSE)

Appeal Information:
If you do not agree with the agency’s actions 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:

<table>
<thead>
<tr>
<th>Name of Parent/Caretaker</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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
   LOS ANGELES UNIFIED SCHOOL DISTRICT
   Early Childhood Education Division

B. Agency Address
   333 South Beaudry - 11th Floor

C. City/State/Zip
   Los Angeles, CA 90017

D. Name of Agency Contact
   Attention: Appeals Coordinator

E. Agency Telephone Number
   (213) 241-7511

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 calendar days in which to appeal to the Child Development Division (CDD). Your appeal to the CDD 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. You may either fax your appeal to 916-323-6883, or 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
   Phone: 916-322-6233

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.
LOS ANGELES UNIFIED SCHOOL DISTRICT  
Early Childhood Education Branch  

NOTIFICATION OF RECERTIFICATION  

Center ___________________________ Date ___________________________  

<table>
<thead>
<tr>
<th>Parent/Caretaker’s Name (A)</th>
<th>Parent/Caretaker’s Name (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Caretaker (A) Employer/School Name</th>
<th>Parent/Caretaker (B) Employer/School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Address</td>
<td>Work Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Zip</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child(ren)’s Name(s):  

Dear Parent/Caretaker:  

It time to recertify your family’s need and eligibility for childcare services. Please bring the following information by ______________________  

YOU MUST BRING:  

1. **Proof of eligibility/need:**  
   - [ ] Full Month’s consecutive pay stubs from each Parent/Caretaker included in family size  
   - [ ] Completed Training Verification (See attached)  
   - [ ] Completed Incapacity Verification (See attached)  
   - [ ] Completed Protective Services form (See attached)  
   - [ ] Completed Verification of Employment and Salary (See attached)  
   - [ ] Two copies of your most recent CALWORKS check and/or Notice of Action  
   - [ ] Completed Child Care Data Collection Privacy Notice and Consent Form  
   - [ ] Verification of Single Parent Status  
   - [ ] Verification of Residency  
   - [ ] Other: ____________________________________________________________________  

2. **Emergency information.**  

If you do not provide the requested documents by the above date, we are required by Title 5 sections 18102 and 18103 to terminate childcare services. Please help us to avoid this further step.  

Thank you for your help and cooperation.  

Sincerely,  

_________________________  
Supervisor  

I understand that failure to provide eligibility and/or need information by ________________ will cause termination of child care services.  

_________________________  
Parent/Caretaker Signature  

_________________________  
Date  

Form 84.65 Rev. 7/13
NOTIFICACION DE RECERTIFICACION

<table>
<thead>
<tr>
<th>Centro</th>
<th>Fecha</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nombre de la Madre/Tutor Legal (A)</th>
<th>Nombre del Padre/Tutor Legal (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirección/Domicilio</td>
<td>Código Postal</td>
</tr>
<tr>
<td>Ciudad</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nombre del Lugar de Empleo/Escuela (A)</th>
<th>Nombre del Lugar de Empleo/Escuela (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirección</td>
<td>Dirección</td>
</tr>
<tr>
<td>Código Postal</td>
<td>Código Postal</td>
</tr>
<tr>
<td>Ciudad</td>
<td>Ciudad</td>
</tr>
</tbody>
</table>

Nombre del Nino(s): ____________________________

Estimado Padre/Tutor Legal:

Es tiempo de recertificar la elegibilidad y necesidad de su familia para que usted pueda continuar recibiendo los servicios de cuidado de su niño(s). Por favor traiga la información antes o en el siguiente día ____________________________ Fecha

USTED DEBERÁ TRAER:

1. **Prueba de elegibilidad/necesidad:**
   - [ ] Dos talonarios recientes del cheque de trabajo de cada padre/tutor legal
   - [ ] Verificación de la escuela en donde completo su entrenamiento (Adjunta)
   - [ ] Verificación de incapacidad firmada por su doctor (Adjunta)
   - [ ] Formulario de Servicios de Protección completada por la agencia (Adjunta)
   - [ ] Verificación de empleo y salario firmada por el empleador (Adjunta)
   - [ ] Dos Copias de sus mas recientes CALWORKS cheques o Notificaciones de Acción
   - [ ] Completado el Formulario de Permiso de Privacidad y Colección de Datos (Adjunta)
   - [ ] Verificación de la Situación Padres Solteros
   - [ ] Verificación de Residencia

2. **Información de emergencia**

Si usted no trae estos documentos requeridos en el día indicado arriba, nosotros estamos obligados por el Título 5 Sección 18102 y 18103 de terminar los servicios de cuidado de niños. Por favor ayúdenos a evitar este próximo paso.

Gracias por su ayuda y cooperación.

Sinceramente,

______________________________
Directora del Centro

Yo comprendo que si fallo en proveer la información requerida para el día 
Mis servicios de cuidado de niños serán terminados. ____________________________

______________________________
Firma del Padre / Guardián     Fecha

Form 84.65 Rev. 7/13
Single Parent Statement

(This form should be used only when the parent/legal guardian cannot provide documented proof of not living with other parent.)

I, ____________________________, declare I am the mother / father

Name of Parent/Legal Guardian

of: ____________________________ born on ______________________

Child Name

(Date of Birth)

do hereby swear that I am a single parent responsible for the well-being of this child.

I am solely caring for him/her and I am responsible for all decisions made in regards to

his/her education, health and financial matters.

I further certify under penalty of perjury under the laws of California that all the

foregoing statements are true and correct.

Executed this ______________ day of ____________________ 2012, at the city of

(Day) (Month)

Los Angeles the state of California.

____________________________              ____________________
Signature of Parent/Legal Guardian              Date
Declaración de Madre soltera

(Este formulario debe ser utilizado solamente cuando el padre / tutor legal no puede ofrecer una prueba documentada de que no vive con el otro padre.)

Yo, ______________________________, Declaro que soy el padre / madre de: __________________________ quién nació en la fecha ___________ juro que soy ____________________________

Nombre del padre / tutor legal

Nombre del niño

(Fecha de Nacimiento)

Padre/madre soltero/a y que soy responsable del bienestar de este niño/a. Yo solo/a cuido y soy responsable de las decisiones referente a la educación, salud y asuntos financieros.

Yo, juro bajo pena de perjurio que la información anterior es correcta y verdadera.

Escríto el día ___________ del mes ___________ 2012, en la ciudad de Los Ángeles estado de California.

__________________________ Firma del padre / madre ____________________________ fecha
SELF-DECLARATION OF ABSENT PARENT

Family ID No :______________________________

Child’s Name :______________________________

Parent's/Guardian’s Name :______________________________

Today's Date :______________________________

I certify that I, ____________________________ (Parent’s/Guardian’s Name) recently separated from my spouse or child’s father/mother.

I understand that I have six (6) months from today's date to provide the necessary documents (listed below) as proof of the separation.

Documentation Needed:

1. Child’s birth certificate with only the mother’s name
2. Records of divorce or legal separation;
3. Court-ordered child custody arrangements;
4. Evidence that the parent signing the application is receiving child support payments from that person, has filed for child support with the appropriate local agency, or has executed documents with that agency declining to file for child support.
5. Documentation of household composition used for determining eligibility for Food Stamps / CalFresh, Medi-Cal, Healthy Families
6. Medical records
7. School records (such as an elementary school emergency card indicating a single parent)
8. * Rental receipts or agreements, contracts, utility bills or other documents for the residence of the family indicating that the parent is the responsible party:
   OR
9. * Any other documentation, excluding a self-declaration to confirm the absence of a parent of a child in the family. (*Single parent status must be re-documented every year)

I declare under penalty of perjury that the information contained in this statement is true, correct and complete. I understand that false or inaccurate information will result in my child terminated from this school.

_________________________________________  ____________________________
Signature of Parent/Guardian                Date signed
McKinney-Vento Homeless Assistance Act

Declaration Form

I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act: (Please check all that apply)

☐ Lack a fixed, regular nighttime residence
☐ Live with a friend or relative because I cannot afford housing (Doubled-up)
☐ Live in a motel / hotel
☐ Live in an emergency shelter, transitional shelter, or domestic violence shelter
☐ Live in a car, trailer, park, or campground
☐ Other

Name of Parent / Guardian

Address / Current Location:

Phone: __________________ Emergency Contact: __________________

Please list the full name of each child below and the corresponding school site

<table>
<thead>
<tr>
<th>Student</th>
<th>Birth Date</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent / Guardian __________________ Date ____________

For office use only:
Entered information in AIMS – info for student(s) at your site only
Date ___________ Signature of person entering information __________________
Ley McKinney-Vento para Ayuda a Personas sin Hogar (*McKinney-Vento Homeless Assistance Act*)

**Formulario de declaración**

Declaro que mi familia cumple uno de los requisitos siguientes de la ley McKinney-Vento para Ayuda a Personas sin Hogar (Marque todas las respuestas que correspondan)

- [ ] No tener una residencia regular y fija para pasar la noche
- [ ] Vivir con un amigo o pariente por no poder pagar una vivienda (espacio compartido)
- [ ] Vivir en un hotel o motel
- [ ] Vivir en un refugio de emergencia, refugio transitorio o refugio para víctimas de violencia doméstica
- [ ] Vivir en un automóvil, tráiler, parque o campamento
- [ ] Otro ________________________________

Nombre del padre/madre o tutor

________________________________________________________________________

Dirección / ubicación actual: ____________________________________________

Teléfono: ______________________ Contacto de emergencia: _______________

Indique a continuación el nombre completo de todos los hijos y la escuela correspondiente

<table>
<thead>
<tr>
<th>Estudiante</th>
<th>Fecha de nacimiento</th>
<th>Escuela</th>
<th>Grado</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Firma del Padre/Madre o Tutor ______________________ Fecha ______________________

*For office use only:*
Entered information in AIMS – info for student(s) at your site only
Date __________ Signature of person entering information _____________________
SEEKING PERMANENT HOUSING POLICY

As a condition of my eligibility to receive subsidized child care for seeking permanent housing, I understand I am required to meet the following conditions as set forth by Child Development Associates, Inc.

- Under California Department of Education guidelines, I am eligible for sixty (60) working days to actively seek for permanent housing in each fiscal year from July 1st through June 30th. These days will start on the day authorized by my Child Care Eligibility Specialist and extend for sixty (60) consecutive working days (Monday through Friday, excluding Federal Holidays).

- Child care services may not exceed five (5) days per week and must equal less than thirty (30) hours per week.

- I understand I may be required to submit a declaration, signed under penalty of perjury, describing the activities I have undertaken during the previous week OR

- Submit a signed statement from the shelter, transitional housing agency, or homeless support program regarding my search progress to date.

- If my seeking permanent housing status changes at anytime, I must contact my Child Care Eligibility Specialist within five (5) calendar days.

I am aware that non-compliance with any of the above conditions will jeopardize my child care assistance and may cause services to be terminated. (Note: Information concerning the number of Seeking Permanent Housing days used during a fiscal year will be shared with other agencies in the County of San Diego if an inquiry is made).

**Parental Declaration to Seek Permanent Housing**

Please describe your plan to secure a fixed, regular, and adequate residence (list activities you will be participating in): 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please list the days and hours that child care services will be needed (adhering to time limitations in the second bullet above): 

__________________________________________________________________________

I declare under penalty of perjury that I have disclosed all eligibility information and this information is true and correct. I understand subsidized child care services are provided in connection with the receipt of State and Federal funds; that officials may verify this information at any time; and any suspected fraud will be reported to the District Attorney, which may result in charges being filed, repayment of services provided and/or prison time.

Parent Signature __________________________ Date ____________
LOS ANGELES UNIFIED SCHOOL DISTRICT
Early Childhood Education Division

Request for Child Development Services for Families with at-Risk or Child Protective Services Children

This form must be filled out completely in order for a family to be eligible for services at an Early Education Center or other Early Childhood Education Division program. An incomplete form will be returned, and the family's eligibility consideration will be delayed.

Early Education Center ___________________________  ☐ Initial Application  ☐ Recertification
Address __________________________________________ Telephone (_____) ________________

REFERRAL INFORMATION

This referral will place the family on the waiting list for child care and development services or certify the need for continuing services. I understand that this written referral is required in order to provide child care and development services in compliance with California Department of Education regulations. I certify that I am a legally qualified professional from a legal, medical, social service agency, or emergency shelter and that child care services are required for this family because of risk of abuse, neglect or exploitation of the child(ren) or because the child(ren) are receiving child protective services from the Department of Children and Family Services (DCFS). A family with children at risk of abuse, neglect, or exploitation is eligible to receive child development services for up to three months. Services can be continued beyond three months only for children who are receiving child protective services as certified by a representative of DCFS.

☐ I also certify that it is necessary to waive the family fee. Fee exemptions cannot be granted beyond 12 months regardless of whether the child continues to receive child protective services. The 12-month time limit is a cumulative total.

Parent/Guardian Name ____________________________________________________________
First   Last

Child's Name ____________________________________________  Child's Name ______________________
First   Last   First   Last

Probable duration of the child protective services plan or at-risk situation ____________________________________________

Is the child(ren) in an out-of-home placement? ☐ Yes  ☐ No  If yes, child(ren) is living with:

☐ Relative (state relationship) ______________________________ ______________________________
☐ Foster Parent  ☐ Group Home  ☐ Other (state) ______________________________

Referring Agency ____________________________________________ Case #: _______________________
Address ____________________________________________ Telephone (_____) ________________

Name of Referring Professional (print) ________________________ Title ____________________________
Signature of Referring Professional __________________________ Date ____________________________

REFERRALS FROM DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) ONLY

For initial enrollment:
☐ I certify that the child(ren) is receiving child protective services and child care and development services are a necessary component of the child protective services plan.

For recertification:
☐ I certify that the family continues to receive child protective services and that child care and development services are part of the case plan.

DCFS Representative Name (Print) ____________________________ Case #: _______________________ 
Address ____________________________________________ Telephone (_____) ________________

Signature of DCFS Representative __________________________ Date ____________________________

EARLY EDUCATION CENTER ONLY

Initial certification/recertification dates (to be completed by early education center administrator or designee):
From ___________________________ To ___________________________ (services are limited to 3 months except for referrals from DCFS)
LOS ANGELES UNIFIED SCHOOL DISTRICT  
Educación Infantil División  

Solicitud de Servicios de Desarrollo Infantil para familias con Servicios en riesgo o Child Protective Niños

Este formulario debe ser llenado completamente, para que una familia sea elegible para los servicios en un Centro de Educación Infantil o de otro programa de Early Childhood Education Division. Una forma incompleta será devuelta, y la consideración de la familia elegibilidad se retrasará.

<table>
<thead>
<tr>
<th>Centro de Educación Temprana</th>
<th>☐ Aplicación inicial ☐ Recertificación</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirección</td>
<td>Teléfono (__)</td>
</tr>
</tbody>
</table>

**INFORMACIÓN DE REFERENCIA**

Esta derivación se coloca a la familia en la lista de espera para el cuidado de niños y servicios de desarrollo o certificar la necesidad de servicios continuos. Entiendo que este referido escrito se requiere a fin de proporcionar servicios de guardería y de desarrollo en el cumplimiento de las regulaciones del Departamento de California de Educación. Certifico que soy un profesional legalmente calificado de un marco jurídico, la agencia de salud, servicios sociales, o refugio de emergencia y que los servicios de cuidado infantil son obligatorios para esta familia por el riesgo de abuso, negligencia o explotación de los niño (s) o porque el hijo (s) está recibiendo servicios de protección infantil del Departamento de Servicios para Niños y Familias (DCFS). Una familia con niños en riesgo de abuso, negligencia o explotación es elegible para recibir servicios de desarrollo infantil de hasta tres meses. Los servicios pueden ser continuado más allá de tres meses sólo para los niños que reciben servicios de protección de menores, certificada por un representante de DCFS.

☐ También certifico que es, es necesario renunciar a la cuota familiar. Exenciones de tasas no se puede conceder más allá de 12 meses, con independencia de si el niño continue recibiendo los servicios de protección infantil. El plazo de 12 meses es un total acumulado.

<table>
<thead>
<tr>
<th>Nombre de la Firma Referiéndose</th>
<th>Título</th>
<th>Profesional (Impresión) de referencia</th>
<th>Fecha</th>
</tr>
</thead>
</table>

Padre / tutor

<table>
<thead>
<tr>
<th>Primer</th>
<th>Último</th>
<th>Niño Nombre del Niño</th>
<th>Primer</th>
<th>Último</th>
</tr>
</thead>
</table>

Duración probable del plan de servicios de protección infantil o situación de riesgo

¿Es el niño (s) en una colocación fuera del hogar? ☐ Sé ☐ No En caso afirmativo, hijo (s) vive con:

☐ relativa (relación entre el Estado) ☐ padre de crianza ☐ Group Home ☐ Otros (estado)

Refiriéndose Case Agencia Caso #:

<table>
<thead>
<tr>
<th>Dirección</th>
<th>Teléfono (__)</th>
</tr>
</thead>
</table>

Para la inscripción inicial:

☐ Certifico que el niño (s) está recibiendo servicios de protección infantil y cuidado de niños y servicios de desarrollo son un componente necesario del plan de servicios de protección infantil.

Para la recertificación:

☐ Yo certifico que la familia continúa recibiendo los servicios de protección al menor y que el cuidado infantil y servicios de desarrollo son parte del plan del caso.

<table>
<thead>
<tr>
<th>Nombre DCFS Representante (Print)</th>
<th>Caso:</th>
<th>Fecha</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dirección</th>
<th>Teléfono (__)</th>
</tr>
</thead>
</table>

Firma del Representante DCFS Fecha

**REFERENCIAS DE DEPARTAMENTO DE NIÑOS Y FAMILIAS (DCFS) SOLAMENTE**

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Fecha</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Fecha</th>
</tr>
</thead>
</table>

En iniciales de certificación / recertificación fechas (a completar por la educación temprana centro administrador o su designado):

Desde _____ Para _____ (servicios están limitados a 3 meses, excepto para las referencias de DCFS)

Educaración de la Primera Infancia División Forma 83.66 (Rev. 7/07)
LOS ANGELES UNIFIED SCHOOL DISTRICT

Early Education Center

EEC Street Address

City, State Zip

VERIFICATION OF EMPLOYMENT

PARENT SECTION:

Family ID: ______________________

Child: ______________________

California state law (5 CCR 18084) requires that families receiving LAUSD early childhood education services document total income. I agree to provide check stubs or other record of wages. I authorize my employer to release the following information to the early childhood education program named above. I also authorize the early childhood education program to contact my employer to verify any information indicated on this form.

Parent / Employee Name __________________________

Signature of Parent / Employee __________________

Date ____________

EMPLOYER SECTION: Please complete and return to the location shown above.

Employer: __________________________________________

Phone: __________________

Address: __________________________________________

Business Hours: __________________

Employee Position / Department: ______________________

Date of Hire: ________________

How is the employee paid? □ Weekly □ Every 2 Weeks □ Twice a Month □ Every 4 Weeks □ Monthly

Paid by: □ Cash □ Check GROSS Earnings Per Pay Period: ________________

Possibility of? □ Tips □ Overtime

Number of Hours Employed Per Week __________ Hourly Rate $ ______________

DAYS AND HOURS OF EMPLOYMENT

<table>
<thead>
<tr>
<th>HOURS</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If working a variable schedule, please check one: □ Days vary □ Hours vary □ Days and hours vary

Please explain: __________________________________________

Employer Name/Title __________________________

Signature of Employer Representative __________________

Date ____________

LAUSD SECTION:

Means of verification: __________________________________

Notes: ________________________________________________

Verified By: __________________________

Date: ________________

Form 83.56 Rev. 10/2013
VERIFICACION DE EMPLEO

SECCION DEL PADRE/GUARDIAN:

# de Familia: ____________________________

Nombre del Niño/a: ____________________________

La ley estatal de California (5 CCR 18084) requiere que familias quien reciben servicios del programa de Educación Preescolar de LAUSD documenten sus ingresos en total. Yo consiento proporcionar mis talones de cheque u otros registros de sueldo. Autorizo a mi empleador de liberar la información siguiente al programa de educación preescolar nombrada arriba. También autorizo el programa de educación preescolar para ponerse en contacto con mi trabajo para verificar cualquier información indicada en esta forma.

Padre/Nombre de Empleado Firma de Padre/Empleado Fecha

SECCION DE EMPLEADOR: Por favor complete y regrese la forma a la locación mencionada arriba.

Empleador: ____________________________ Teléfono: ____________________________

Domicilio: ____________________________ Horas de Negocio: ____________________________

Posición del Empleado/Departamento: ____________________________ Fecha de Empleo: ____________________________

Como es pago el empleado? □ Semanal □ Cada 2 semanas □ Dos Veces al Mes □ Cada 4 semanas □ Mensual

Pagado con: □ Efectivo □ Cheque GANANCIAS BRUTAS Por Período de Pago: ____________________________

□ Propinas □ Horas Adicionales

Númerod de Horas Empleadas por Semana: ____________ Salario por hora: $ ____________

DIAS Y HORAS DE EMPLEO

<table>
<thead>
<tr>
<th>HORAS</th>
<th>LUNES</th>
<th>MARTES</th>
<th>MIERCOLES</th>
<th>JUEVES</th>
<th>VIERNES</th>
<th>SABADO</th>
<th>DOMINGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Si es que trabaja un horario variable, por favor marque uno: □ Dias Varean □ Horas Varean □ Dias y Horas Varean Porfavor Explique: ____________________________

Nombre de Empleador/Título Firma del Representante del Empleado Fecha

LAUSD SECTION:

Means of verification: ____________________________

Notes: ____________________________

Verified By: ____________________________ Date: ____________________________

Form 83.56 Rev. 10/2013
LOS ANGELES UNIFIED SCHOOL DISTRICT
EARLY CHILDHOOD EDUCATION
SELF-CERTIFICATION OF INCOME

PARENT SECTION:
Name of parent: ___________________________ Family ID: ______________

1. Self-certification of employment income is requested for the following reason:
   □ The early education program requested that I complete this form because my employer has refused or failed to provide my employment information.
   □ I have asked that my employer not be contacted to verify my employment because that contact could put my employment at risk.
   □ I do not have pay stubs, receipts or other documentation of employment.
   □ Other ____________________________

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>#1</th>
<th>#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date hired:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of work performed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of pay: ($__ per ____ )</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>How often paid? (Weekly, monthly, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid by: (Cash, check)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work day hours: (__ AM - __ PM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days worked each week: (Mon. - Fri.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total paid for the last month:</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

2. Self-certification of non-employment income when no documentation is possible:
   □ What type?
   □ How much?
   □ How often?
   □ Why?

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I understand that I may be asked to document my activities each week.

______________________________  ________________________________
Parent Signature                  Date

LAUSD SECTION:
Notes: ____________________________

Assessed By: ____________________________ Date: ________________

Rev. 3/2013
DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES
PROGRAMA DE EDUCACION PREESCOLAR
AUTO-CERTIFICACIÓN DE INGRESOS

SECCION DE PADRES:
Nombre del Padre: ____________________________ # de Familia: ______________

1. La auto-certificación de ingresos de empleo es solicitada por la siguiente razón:
   ☐ El Programa de Educación Preescolar solicita que yo complete esta forma porque mi empleador se ha negado de proporcionar mi información de empleo.
   ☐ Yo pido que mi empleador no sea contactado para verificar mi empleo por la razón de que podría poner en riesgo mi empleo.
   ☐ No tengo talones de cheque, recibos, u otra documentación de empleo.
   ☐ Otro ____________________________

<table>
<thead>
<tr>
<th>EMPLEADOR</th>
<th>#1</th>
<th>#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primer día de Empleo:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tipo de Trabajo:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tarifa de pago: ($____ por ____ )</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Con que frecuencia es pagado? (Semanal, mensual, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pagado Por: (En Efectivo, Cheque)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horario de su Trabajo: (___ AM - ___ PM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dias que trabaja a la semana: (Lun.-Vier.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total de sus ingresos el mes anterior:</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

2. Auto-certificación de ingresos que no son de empleo cuando ninguna documentación es posible:

- Que Tipo?
- Cantidad?
- Con que frecuencia?
- Porque?

Declaro bajo la pena del perjurio que la susodicha información es verdadera y correcta al mejor de mi conocimiento. Entiendo que pueden pedirme que yo documente mis actividades cada semana.

Firma del Padre ____________________________ Fecha ____________________________

LAUSD SECTION:
Notes: ____________________________

Assessed By: ____________________________ Date: ____________________________

Rev. 5/2013
LOS ANGELES UNIFIED SCHOOL DISTRICT
EARLY CHILDHOOD EDUCATION
SEEKING EMPLOYMENT AGREEMENT

LAUSD SECTION:
Name of parent: ___________________________ Family ID: ___________

Effective date of seeking employment: ___________________________

California state law (SCCR 18091) requires that eligibility for seeking employment is limited to a maximum of 60 working days each fiscal year. The fiscal year is from July 1 to June 30.

You will use the maximum number of days allowable on __________________. If by that date you have not secured employment, child development services to your family may be terminated.

PARENT SECTION:

1. Please indicate the activities you will use to actively seek employment:

☐ Look for jobs in the newspaper ☐ Make phone calls
☐ Use the internet ☐ Write and send resumes
☐ Apply for in-person interviews ☐ Apply to an employment agency
☐ Visit college placement center ☐ Go door-to-door
☐ Go to the Employment Development Department (Unemployment Office)
☐ Other ___________________________

2. Please indicate if you would like:

☐ A set schedule (same hours each day, not to exceed 30 hours each week)
☐ A variable schedule (varied hours based upon seeking employment activities, not to exceed 30 hours each week)

If you would like a fixed schedule, indicate the hours and days of the week you will use to actively seek employment:

<table>
<thead>
<tr>
<th>HOURS</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I declare under penalty of perjury that I am seeking employment and that the above information is true and correct to the best of my knowledge. I understand that I may be asked to document my activities each week. I will notify the center immediately if there is any change in my employment status.

_______________________________________  _______________________
Parent Signature                                      Date

BUL-4363.0 Rev. 3/2013
DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES
PROGRAMA DE EDUCACION PREESCOLAR
ACUERDO DE BUSQUEDA DE EMPLEO

SECCION DE LAUSD:
Nombre del Padre/Guardian: ___________________________  # de Familia: __________
Fecha actual en busqueda de empleo: ________________________________

Ley estatal de California (SCCR 18091) requiere que la elegibilidad de buscar empleo sea limitada con un máximo de 60 días laborables cada año fiscal. El año fiscal es del 1 de Julio al 30 de Junio.

Usted habrá usado el número máximo de días permitidos el ___________________. Si para esa fecha usted no ha asegurado empleo, los servicios de desarrollo infantil de su familia pueden ser terminados.

SECCION DEL PADRE/GUARDIAN:

1. Por favor marque las actividades que usted usará para buscar activamente el empleo:
   - [ ] Buscar empleos en el periódico
   - [ ] Utilizar el Internet
   - [ ] Solicitar entrevistas en persona
   - [ ] Visitar el centro de colocación de colegio
   - [ ] Ir al Departamento de Desarrollo de Empleo (Oficina de Desempleo)
   - [ ] Otro

2. Por favor indique si le gustaría:
   - [ ] Un horario fijo (las mismas horas cada día, limitadas a menos de 30 horas cada semana)
   - [ ] Un horario variable (horas variadas basadas en actividades de buscar empleo, limitadas a menos de 30 horas cada semana)

Si le gustara un horario fijo, indique las horas y días de la semana que usted usará para buscar activamente el empleo:

<table>
<thead>
<tr>
<th>HORAS</th>
<th>LUNES</th>
<th>MARTES</th>
<th>MIERCOLES</th>
<th>JUEVES</th>
<th>VIERNES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Declaro bajo la pena del perjurio que yo estoy en busca de empleo y que la susodicha información es verdadera y correcta al mejor de mi conocimiento. Entiendo que puedo ser pedido documentar mis actividades cada semana. Notificaré el centro inmediatamente si hay algún cambio de mi estado de empleo.

________________________________________  ______________________________
Firma del Padre/Guardian  Fecha

BUL-4363.0 Rev. 5/2013
# 60 DAYS SEEKING EMPLOYMENT CALENDAR
## FISCAL YEAR 2013-14

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul/01 - Sep/26</td>
<td>Aug/01 - Oct/28</td>
<td>Sep/03 - Nov/27</td>
<td>Oct/01 - Jan/07</td>
<td>Nov/01 - Feb/10</td>
</tr>
<tr>
<td>Jul/02 - Sep/27</td>
<td>Aug/02 - Oct/29</td>
<td>Sep/04 - Dec/02</td>
<td>Oct/02 - Jan/08</td>
<td>Nov/04 - Feb/11</td>
</tr>
<tr>
<td>Jul/03 - Sep/30</td>
<td>Aug/05 - Oct/30</td>
<td>Sep/05 - Dec/03</td>
<td>Oct/03 - Jan/09</td>
<td>Nov/05 - Feb/12</td>
</tr>
<tr>
<td>Jul/05 - Oct/01</td>
<td>Aug/06 - Oct/31</td>
<td>Sep/06 - Dec/04</td>
<td>Oct/04 - Jan/10</td>
<td>Nov/06 - Feb/13</td>
</tr>
<tr>
<td>Jul/08 - Oct/02</td>
<td>Aug/07 - Nov/01</td>
<td>Sep/09 - Dec/05</td>
<td>Oct/07 - Jan/13</td>
<td>Nov/07 - Feb/14</td>
</tr>
<tr>
<td>Jul/09 - Oct/03</td>
<td>Aug/08 - Nov/04</td>
<td>Sep/10 - Dec/06</td>
<td>Oct/08 - Jan/14</td>
<td>Nov/08 - Feb/18</td>
</tr>
<tr>
<td>Jul/10 - Oct/04</td>
<td>Aug/09 - Nov/05</td>
<td>Sep/11 - Dec/09</td>
<td>Oct/09 - Jan/15</td>
<td>Nov/12 - Feb/19</td>
</tr>
<tr>
<td>Jul/11 - Oct/07</td>
<td>Aug/12 - Nov/06</td>
<td>Sep/12 - Dec/10</td>
<td>Oct/10 - Jan/16</td>
<td>Nov/13 - Feb/20</td>
</tr>
<tr>
<td>Jul/17 - Oct/11</td>
<td>Aug/16 - Nov/13</td>
<td>Sep/18 - Dec/16</td>
<td>Oct/16 - Jan/23</td>
<td>Nov/19 - Feb/26</td>
</tr>
<tr>
<td>Jul/29 - Oct/23</td>
<td>Aug/28 - Nov/25</td>
<td>Sep/30 - Jan/06</td>
<td>Oct/29 - Feb/05</td>
<td>Oct/30 - Feb/06</td>
</tr>
<tr>
<td>Jul/30 - Oct/24</td>
<td>Aug/29 - Nov/26</td>
<td>Oct/31 - Feb/07</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec/02 - Mar/07</td>
<td>Jan/02 - Mar/31</td>
<td>Feb/03 - Apr/29</td>
<td>Mar/03 - May/27</td>
<td>Apr/01 - Jun/25</td>
</tr>
<tr>
<td>Dec/03 - Mar/10</td>
<td>Jan/03 - Apr/01</td>
<td>Feb/04 - Apr/30</td>
<td>Mar/04 - May/28</td>
<td>Apr/02 - Jun/26</td>
</tr>
<tr>
<td>Dec/04 - Mar/11</td>
<td>Jan/06 - Apr/02</td>
<td>Feb/05 - May/01</td>
<td>Mar/05 - May/29</td>
<td>Apr/03 - Jun/27</td>
</tr>
<tr>
<td>Dec/05 - Mar/12</td>
<td>Jan/07 - Apr/03</td>
<td>Feb/06 - May/02</td>
<td>Mar/06 - May/30</td>
<td>Apr/04 - Jun/30</td>
</tr>
<tr>
<td>Dec/06 - Mar/13</td>
<td>Jan/08 - Apr/04</td>
<td>Feb/07 - May/05</td>
<td>Mar/07 - Jun/02</td>
<td></td>
</tr>
<tr>
<td>Dec/09 - Mar/14</td>
<td>Jan/09 - Apr/07</td>
<td>Feb/10 - May/06</td>
<td>Mar/10 - Jun/03</td>
<td></td>
</tr>
<tr>
<td>Dec/10 - Mar/17</td>
<td>Jan/10 - Apr/08</td>
<td>Feb/11 - May/07</td>
<td>Mar/11 - Jun/04</td>
<td></td>
</tr>
<tr>
<td>Dec/11 - Mar/18</td>
<td>Jan/13 - Apr/09</td>
<td>Feb/12 - May/08</td>
<td>Mar/12 - Jun/05</td>
<td></td>
</tr>
<tr>
<td>Dec/12 - Mar/19</td>
<td>Jan/14 - Apr/10</td>
<td>Feb/13 - May/09</td>
<td>Mar/13 - Jun/06</td>
<td></td>
</tr>
<tr>
<td>Dec/13 - Mar/20</td>
<td>Jan/15 - Apr/11</td>
<td>Feb/14 - May/12</td>
<td>Mar/14 - Jun/09</td>
<td></td>
</tr>
<tr>
<td>Dec/16 - Mar/21</td>
<td>Jan/16 - Apr/14</td>
<td>Feb/18 - May/13</td>
<td>Mar/17 - Jun/10</td>
<td></td>
</tr>
<tr>
<td>Dec/19 - Mar/26</td>
<td>Jan/22 - Apr/17</td>
<td>Feb/21 - May/16</td>
<td>Mar/20 - Jun/13</td>
<td></td>
</tr>
<tr>
<td>Dec/20 - Mar/27</td>
<td>Jan/23 - Apr/18</td>
<td>Feb/24 - May/19</td>
<td>Mar/21 - Jun/16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jan/27 - Apr/22</td>
<td>Feb/26 - May/21</td>
<td>Mar/25 - Jun/18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jan/28 - Apr/23</td>
<td>Feb/27 - May/22</td>
<td>Mar/26 - Jun/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jan/29 - Apr/24</td>
<td>Feb/28 - May/23</td>
<td>Mar/27 - Jun/20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jan/30 - Apr/25</td>
<td></td>
<td>Mar/28 - Jun/23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jan/31 - Apr/28</td>
<td></td>
<td>Mar/31 - Jun/24</td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS

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

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

---

**TRAINING/EDUCATION INFORMATION**

<table>
<thead>
<tr>
<th>NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED</th>
<th>TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE THIS TERM BEGAN</th>
<th>DATE THIS TERM ENDS</th>
<th>ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION</th>
</tr>
</thead>
</table>

---

**CLASS SCHEDULE (if applicable)**

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>ROOM NO.</th>
<th>COURSE NAME</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE OF PARENT OR CARETAKER

SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION
FORMACIÓN DE VERIFICACIÓN - Por favor, imprimir o escribir información.
PADRE O TUTOR QUE ASISTEN A
ESCUELA o cursos de formación

FECHA

INSTRUCCIONES

Determinar la elegibilidad para servicios de desarrollo infantil requiere que el padre o tutor hacer lo siguiente:

1. Complete toda la información solicitada.

2. Cuando terminado, lleve este formulario a la escuela u organización donde se realizará la capacitación o la educación recibida.

3. Request que el registrador (o su designado / a) verificar el plan de capacitación como se ha descrito que firmará y sellará el formulario.

4. Return esta forma dentro de dos semanas a la agencia que proporcionará los servicios de desarrollo infantil.

AGENCIA

Padre o tutor/NOMBRE S (Apellido, primer) TELÉFONO NO.

DIRECCIÓN CIUDAD CÓDIGO POSTAL

FORMACIÓN / EDUCACIÓN DE INFORMACIÓN

NOMBRE DE LA ESCUELA O organización donde se recibieron formación / EDUCACIÓN TELÉFONO NO.

DIRECCIÓN CIUDAD CÓDIGO POSTAL

FECHA DE ESTE término comenzó FECHA DE ESTE FIN PLAZO Fecha de finalización prevista DE FORMACIÓN / EDUCACIÓN

Notas profesionales o de formación profesional

HORARIO DE CLASES (si aplica)

<table>
<thead>
<tr>
<th>DÍA</th>
<th>EL TIEMPO</th>
<th>La habitación no.</th>
<th>NOMBRE DEL CURSO</th>
<th>UNIDADES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FIRMA DEL PADRE O TUTOR FECHA

FIRMA Y SELLO DE REGISTRO DE LA ESCUELA / ORGANIZACIÓN FECHA
LOS ANGELES UNIFIED SCHOOL DISTRICT

Early Education Center

EEC Street Address

City, State Zip

PROGRESS REPORT

STUDENT NAME: ___________________________ Family ID: ________________

The California Department of Education, Child Development Division, requires that parents, whose basis of need for subsidized child care and education services is training, provide a report of their progress in reaching their training goals. The form below is provided when the educational institution the parent attends does not issue official report cards, transcripts, progress reports or other forms of electronic print-outs or when the report is not issued or accessible to the parent in a timely manner.

In order for the child(ren) of the above-named student to continue enrollment in the Early Education Center a parent progress report is required. Please complete the information that follows for the term that began on _______________ and ended on _______________.

Date

Please return the completed Progress Report to the student or by mail to the Early Education Center at the address above by ______________________.

Date

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Units</th>
<th>Day/s and Time</th>
<th>Satisfactory Attendance</th>
<th>Making Adequate Progress</th>
<th>Signature of Teacher or School Official</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Name of School or Organization: ________________________________________________

Address: ___________________________

Phone: ___________________________ Fax: ___________________________

Date: ___________________________ School/Organization Seal or Stamp: ______________

Form 99.1 Rev. 3/2013
# Travel and Study Time Table

## Travel Time for employment

<table>
<thead>
<tr>
<th>Authorized hours of emp.</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max. Travel Time</td>
<td>4</td>
<td>4</td>
<td>3.5</td>
<td>3</td>
<td>2.5</td>
<td>2</td>
<td>1.5</td>
</tr>
</tbody>
</table>

## Additional hrs may be granted

<table>
<thead>
<tr>
<th>Max. # of hours allowed</th>
<th>4</th>
<th>4</th>
<th>4</th>
<th>4</th>
<th>3</th>
<th>3</th>
<th>3</th>
<th>3</th>
<th>2</th>
<th>2</th>
<th>2</th>
<th>2</th>
<th>2</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td># Of addtl. Hrs needed</td>
<td>.5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>.5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>.5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>.5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Max. # Of hrs. allowed</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

## Travel time for Vocational Training

<table>
<thead>
<tr>
<th>Hours of class time per week</th>
<th>20</th>
<th>18</th>
<th>16</th>
<th>15</th>
<th>14</th>
<th>13</th>
<th>12</th>
<th>11</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel time per week</td>
<td>10</td>
<td>9.5</td>
<td>8</td>
<td>7.5</td>
<td>7</td>
<td>6.5</td>
<td>6</td>
<td>5.5</td>
<td>5</td>
<td>4.5</td>
<td>4</td>
<td>3.5</td>
<td>3</td>
</tr>
</tbody>
</table>

## Study Time

| # of units per week | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
|---------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Max. # of hours allowed per week | 32 | 30 | 28 | 26 | 24 | 22 | 20 | 18 | 16 | 14 | 12 | 10 | 8 | 6 | 1 |
STATEMENT OF PARENTAL INCAPACITY

PART I – To be completed by the authorized agency representative and the incapacitated parent.

By signing this form and for the purpose of verifying my incapacity to care for the family’s children as it relates to the family’s eligibility for subsidized child care and development services, I authorize and request the health professional named in Part II to release the information requested to the agency identified below. I further authorize the health professional to discuss this Statement of Incapacity with the agency in order for the agency to verify, clarify, or complete it. I understand the health professional may also require that I complete his or her own release form prior to providing the information requested below.

NAME OF PARENT/CARETAKER

SIGNATURE OF PARENT/CARETAKER

DATE

FIRST NAME AND AGE OF THE CHILD(REN) FOR WHOM FINANCIAL ASSISTANCE FOR CHILD CARE IS BEING REQUESTED:

1. 

2. 

3. 

4. 

AGENCY

AUTHORIZED AGENCY REPRESENTATIVE (Please print.)

TELEPHONE NUMBER

ADDRESS

CITY

ZIP CODE

PART II – To be completed by the licensed health professional.

For the family to be eligible to receive child care and development services under the category of incapacity, the California law requires verification, at least annually, of the physical or mental incapacity of the parent or caretaker that renders the person incapable of caring for or supervising the family’s child(ren) without assistance. (See California Code of Regulations, Title 5, §18088.) Your cooperation in completing and returning this form to the agency listed above within 15 days of receipt is requested.

PATIENT ____________________ HAS

a ☐ physical condition or

a ☐ mental health condition

that prevents him or her from providing care or supervision for the child(ren) listed above for at least part of the day.

Please indicate the time in a day and the days of the week, not to exceed 50 hours in a week, that the parent is unable to care for or supervise the child(ren).

<table>
<thead>
<tr>
<th>Child</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
</tr>
<tr>
<td></td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
</tr>
<tr>
<td>End</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
<td>am/</td>
</tr>
<tr>
<td></td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
<td>pm</td>
</tr>
</tbody>
</table>

PROBABLY DATES OF INCAPACITY

From:  

To:  

If the time of day cannot be easily identified in consultation with the patient, please identify the number of hours ☐ and days of the week [M, T, W, T, F, S, S] that services are needed.

If the parent has a physical/medical condition, please identify the extent to which the parent is incapable of providing care and supervision.

Please sign and submit this form to the agency listed in Part I within 15 days of receipt of this form.

NAME OF LICENSED HEALTH PROFESSIONAL

LICENSE TYPE

LICENSE NUMBER

SIGNATURE OF LICENSED HEALTH PROFESSIONAL

DATE

TELEPHONE NUMBER

MEDICAL GROUP OR ORGANIZATION WITH WHICH THE PROFESSIONAL IS AFFILIATED, IF ANY

ADDRESS

CITY

STATE

ZIP CODE
**AGREEMENT FOR TEMPORARY SERVICE IN EARLY EDUCATION CENTERS**

**Center**
Los Angeles Unified School District  
Early Childhood Education Branch

**Dear Parents:**

Temporary service in early education centers may be granted to children of eligible parents when a child who is regularly enrolled in the center must be absent for a specific period of time. The child who is regularly enrolled will resume his or her place in the center at the end of the approved absence.

In accepting temporary service for your child(ren), it must be clearly understood that this is not regular enrollment, and that at the end of the period specified in the contract, the child(ren) must withdraw from the center.

__________________________
Site Administrator Name

**CONTRACT AGREEMENT**

I, ____________________________, wish to enroll my child(ren)

Child(ren)'s Name
__________________________

__________________________

__________________________

In this early education center for the following period:
from ________________________ to ________________________

I have read the above statement and understand that this service is temporary for the period indicated. I accept and agree to the conditions for temporary service for my child(ren). The notice of termination enclosed (Form 7617) will take effect at the end of temporary service unless I receive another notice that my enrollment will continue on a regular basis.

__________________________
Signature of Parent

__________________________
Date

__________________________
Address

__________________________
(_______)
Telephone

Form 83.69 (Rev. 6/08)
LOS ANGELES UNIFIED SCHOOL DISTRICT  
Early Childhood Education Branch

INTERUPTION OF SERVICE CONTRACT/LIMITED TERM SERVICE LEAVE  
(must be filled-out and submitted during certification or recertification except for medical leave)

Center: __________________________

Parent(s)/Caretaker’s Name(s)  
__________________________________  
__________________________________  
__________________________________

Child(ren)’s Name(s):  
__________________________________  
__________________________________  
__________________________________

Certification or Recertification Date __________________________________

A. Parent(s)/Caretaker(s) whose “need” is based on employment:

1. Place of employment does not require me to work/will be closed during the following dates
   __________________________________ to ________________________  
   __________________________________ to ________________________  
   __________________________________ to ________________________

2. Maternity*  
   __________________________________ to ________________________  
   __________________________________ to ________________________

3. Medical*  
   __________________________________ to ________________________  
   __________________________________ to ________________________

B. Parent(s)/Caretaker(s) whose “need” is based on training:

1. The school in which I am enrolled is not in session during the following dates:**  
   __________________________________ to ________________________  
   __________________________________ to ________________________

2. Dates service requested during school vacation or intersession(s) (Ex.: Seeking Employment)  
   Reason: ________________________  
   Hrs. Day***  
   __________________________________ to ________________________  
   __________________________________ to ________________________

I understand that
1. My reasons for requesting a leave of absence may be verified by the center administrator.
2. No service will be provided to the above-name child(ren) during the periods indicated, except in B.2
3. If my child(ren) is (are) not returned to the center on the first day following the ending dates of the leave period, my child(ren) will lose the privilege of service.

_________________________  __________________________  
Signature of Parent  Date

Approved: __________________________  __________________________
Site Administrator  Date

* Maximum 16 consecutive weeks.
** Maximum 12 consecutive weeks.
*** May not exceed 6 hrs. Per day, five days a week  
60 days per fiscal year, for “seeking employment.”

Form 84.24 Rev 06/08

BUL-4362.0  
Office of the Chief Academic Officer  
Page 6 of 6  
July 21, 2008
Absence Codes:

Present
F-Family Emergency
G-On Leave of Absence
I-Illness
O-Court Ordered
P-Pattern Day
Y-Best Interest of Child
U-Unexcused Absence
VERIFICATION OF OTHER CARE PROVIDERS

CENTER
Los Angeles Unified School District
Early Childhood Education

DATE

TO

This is to confirm that I provide child care services for __________________ of
name of child

__________________________________________

family name

I charge __________________ for the services for __________________ ,
amount
hours of day
number of days of week

I will provide receipts for payments I receive on a __________________ basis.
weekly, bimonthly, monthly

NAME OF CARE PROVIDER

SIGNATURE

ADDRESS

TELEPHONE

Note: The information on this form will be used only to establish the fee of the applicant for
Early Education Center Services provided by the Los Angeles Unified School District.
Initial Enrollment Documents

**Family ID #:** _______________________________

**Name of the Child:** _______________________________

Please put a checkmark (✓) in the box/circle to indicate that the document is complete.

**Family File Checked by:** ___________________________.

**OM or SAA’s Initial & Date** ___________________________.

**Principal’s Initial & Date** ___________________________.

**Documents**

1. **Personal Rights (LIC 613A)**
2. **Parent’s Rights (LIC 995)**
3. **Receipt of Annual Notification of Information for Parents**
4. **Information Release Form**
5. **Annual Pesticide Use Notification**
6. **Acknowledgement of Receipt of Licensing Reports** (LIC 9224) if cited.

**Initial Enrollment Documents**

1. **CD9600 page 1 & 2** with proper box checked, date & both parent’s & principal’s signatures
2. **CD9600A** with proper box checked, date & both parent’s signatures
3. **CD9607 Notice of Action (NOA)** with parent initial or receipt of certified mail
4. **Income & Need Information (as per application):**
5. **School Certification of Income (CD 9605) (83.56)**
6. **Employment Verification** (CD 9606)
7. **Verification of California Residency**
8. **Birth Certificates or other documents for enrolled children & all siblings (83.76)**
9. **Home Language Survey (83.76)**
11. **School Immunization Record (83.66)**
12. **Center Eligibility List Form** (if there is a waiting list)
13. **Early Childhood Education Procedures, Guidelines & Information for Parents** (Early Childhood Education Procedures)

**Recertification:**

1. **3, 2, 1, 0, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0** (if no court order)

**Eligibility/Need Change:**

1. **3, 4 & 5**

**Termination:**

1. **7, 8, 9, 10**

Please put a checkmark (✓) in the box/circle to indicate that the document is complete.

**Family File Checked by:** ___________________________.

**OM or SAA’s Initial & Date** ___________________________.

**Principal’s Initial & Date** ___________________________.

**Signature**

**Family File**

Always scan and upload documents #1 to EESIS

**Reports (LIC 9224) if cited.**

- 4. Acknowledgement of Receipt of License
- 5. Annual Pesticide Use Notification
- 6. Verification of California Residency
- 7. Verification of Single Parent Status
- 8. Verification of Income

**Eligibility/Need Information for Parents** (LIC 9224)

1. **Parent’s Rights (LIC 995)**
2. **Personel Rights (LIC 613A)**

**Guidelines & Information for Parents**

From Early Childhood Education Procedures

**New Forms After July 1st** 2011
Request For EESIS UserID Authorization

Los Angeles Unified School District
Information Technology Division

Please print all information. (Two signatures required, User and Administrator)

Identification (to be completed by the User)

- User Name (First) ______________________________ (MI) ___ (Last) ______________________________
- Title ______________________________
- LAUSD email: ______________________________@lausd.net  (Must be Single Sign-On name)
- EEC/School Name ______________________________  Phone # ( ) _______ - _______
- EEC/School Name #2 ______________________________  Phone # ( ) _______ - _______

Submission/Agreement (to be agreed to and signed by user)

By logging in to the Early Education Student Information System (EESIS), I understand that I will have access to confidential child and family records and agree that:

- I will not take any action that will jeopardize the security of these records.
- I will not discuss with non-authorized personnel any information regarding these records.
- I will not allow any of these records to be viewed by non-authorized personnel.
- I understand that the use of LAUSD computer equipment, software, and information will be restricted to District-approved work only, and that I will be the only one authorized to use my EESIS User Name and Password.
- I will follow all requirements in the LAUSD Acceptable Use Policy (Bulletin 999) and the Information Protection Policy (Bulletin 1077) found at http://www.lausd.net (links at bottom right corner of screen).
- I will follow all additional security instructions provided by the District relevant to this system.

User Agreed/Signed ______________________________

Date ____ / ____ / ____

EESIS Access Requested

- User Group:  Early Ed ___  CSPP ___  Other (program name) ______________________________
- User Type Requested:  (Those with * require Principal / Administrator endorsement)

<table>
<thead>
<tr>
<th>Administrator/Principal</th>
<th>*Office Manager/SAA</th>
<th>*Office Assistant</th>
<th>*Program Asst (Attendance only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CSPP Other/Teacher</td>
<td>ECED Director</td>
<td>ITD/Help Desk</td>
<td>ECED Central Office Staff</td>
</tr>
<tr>
<td>Contractor ___（Contract # _______ Expiration Date _______）</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Print principal's / administrator's name and title ______________________________

Endorsement for EESIS access to user at above-named sites:

Date ____ / ____ / ____ (to be signed by principal / location administrator only)

ECED / ITD Use Only

<table>
<thead>
<tr>
<th>USER NAME</th>
<th>OPERATOR TYPE ASSIGNED</th>
<th>OPERATOR GROUP</th>
<th>CENTER(S) ASSIGNED</th>
<th>ACCOUNT STATUS / DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Active ___ Inactive ___ Date ____ / ____ / ____</td>
</tr>
</tbody>
</table>

Special Instructions ______________________________

( ) Approved ( ) Disapproved - Reason ______________________________

System Administrator ______________________________

Date ____ / ____ / ____

Fax completed form to 213-241-3339, Attn: Claire Ealy
Los Angeles Unified School District
CLAIM FOR OVERPAYMENT
OF FEES FOR EARLY EDUCATION CENTER’S SERVICES

CENTER __________________________

I request the refund of $__________ which represents overpayment of fees assessed and collected by the Early Childhood Education for services as specified below.

Family ID# ________________ Parent/Guardian’s Name ________________

______________ Child’s Name ________________

______________ Mailing Address ________________

Period of overpayment: ________________ to ________________ No. weeks __________

Reason for overpayment

Total overpayment

Old Rate New Rate

Full time ____________ ____________
Part time ____________ ____________

Date Receipt Amount Correct Difference
Run Number Paid Fee Due (Over or Under)

Date

Date

Date

Parent's Signature

Approved for Payment:

Center Administrator/Site Coordinator __________________________ Date __________

Fiscal Unit __________________________ Date __________

Ted Nelson, Asst. Budget Director __________________________ Date __________

Distribution: Original - Fiscal Unit

FORM 84.30 Revised 01/8/12
I, ____________________________________________
(Parent Name)

______________________________________________
(Address) (City, State and Zip) (Phone Number)

am requesting that ____________________________________________
(Representative Name)

______________________________________________
(Address) (City, State and Zip) (Phone Number)

act on my behalf at my local appeal hearing for my subsidized child care.

I hereby authorize your agency to release any or all information relating this appeal to the authorized representative listed above.

________________________________________
Parent Signature