LOS ANGELES UNIFIED SCHOOL DISTRICT
EARLY CHILDHOOD EDUCATION DIVISION

EARLY EDUCATION CENTER
PROGRAM MANUAL
Revision History

REVISION DATE	CHANGES / COMMENTS
#1 - 04/17/14	**Chapter 2.10,** Health. Page 21 amended to add language from new state law related to Personal Belief Exemptions to exempt children from immunizations. **Chapter 8.4,** Fee Collection. Page 69 provides for weekly payments if necessary due to the parent's pay cycle. **Chapter 16.1,** EESIS: Adding a Family – The Family Page. Page 94 describes flagging families who pay fees weekly rather than monthly. **Chapter 28,** Forms. - Pages 149 and 150 corrected. - Added New Personal Belief Exemption form CDPH 8262 (10/13), English and Spanish. - Replace 2013-14 60 Days Seeking Employment Calendar for 2013-14 with 2014-15 calendar.

- 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. As of January 1, 2014, state law requires the completion of a new the Personal Belief Exemption (PBE) form, CDPH 8262 (10/13), to exempt children from immunizations that are required for school entry or advancement. The PBE form CDPH 8262 is a statement signed and dated by a health care practitioner and the parent indicating that the practitioner has provided, and the parent has received, information about the benefits and risks of immunizations and the risks of vaccine-preventable diseases. Form CDPH 8262 (10/13) is available in English, Spanish, Chinese, Arabic, Armenian, Farsi, Russian, Cambodian, Hmong, Vietnamese, Tagalog, Korean and Japanese. These can be downloaded from http://www.shotsforschool.org/immunizationlaws/ .

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.

Forms:		
9600	Fee Statement	NOA CA 7617
9600 (Spanish)	Full Cost Application	Timesheet For Individual
CA School Immunization	Income Worksheet	Daily Invoice Amounts
Child Adjustment Factors	Incomplete File Notice	Family Fee Invoice
Child Service Summary	Incomplete File Notice (Spanish)	

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:

NOA CA 7617
Please select the report parameters listed below...

Type of Notice Action
- Approval
- Recertification

Distribution of Notice
- Denial

Given To Parent
- Change - Family Fees
- Change - Schedule

Child(ren)
- Change - Provider
- Termination
- Delinquent Family Fees

- 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.

Account

Family ID: 156897
Family: FERNANDEZ
Total Amount Due: ($20.00)

Account: NINETY-SEVENTH ST EEC: CSPP Full Day, General ChildCare (Subsidized)
Current Balance: ($20.00)
Due Date:

Account Details: NINETY-SEVENTH ST EEC: CSPP Full Day, General ChildCare (Subsidized) ▾   i   Show Details

Details	Date	Description	Amount	Current	Due Date	Past Due	Balance
Select	06/18/2013	Invoice (Family Fees Change Adjustment 05/24/2013-05/23/2013)	($20.00)	($20.00)		$0.00	($20.00)
Select	06/18/2013	Payment (Money Order , Acct# 1 06/18/2013	($300.00)	$0.00		$0.00	$0.00
Select	06/09/2013	Transfer (Transfer to Amount Past Due)	$250.00	$0.00		$300.00	$300.00
Select	05/26/2013	Issued Invoice #267787 (06/01/2013 - 06/30/2013)	$250.00	$250.00	06/01/2013	$50.00	$300.00

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.   If the parent is unable to pay in full at the beginning of the month due to their pay cycle, weekly payments may be allowed. This must be flagged on the Family page in EESIS (see Chapter 16.1). 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 (or by the end of the month if authorized to pay weekly), 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.

```
Account

        Family ID:  170613
          Family:  HILTON
  Total Amount Due:  $100.00

  Transaction Type:  Provider Receipt (other care)  ▼

  Transaction Date:  05/01/2013   🖩

          Amount:  $100.00

                   Receipt for XYZ provider - $175 paid in April
           Notes:
```

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 <u>one</u> eligibility type.
  o Most families will be "Income Eligible"
  o If the family receives CalWORKS, the type is "Cash Grant"
  o 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".
  o "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 <u>single parent</u>. (Verification required.) Parents who pay fees weekly instead of monthly should have the "Weekly Invoice Cycle" flag checked so that fees do not show as past due until the end of the month.
- **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. If the field is set to Foster or Guardianship, the parent(s) will not be counted in family size. If there is one foster child, it will show a family size of one. But if the foster child has siblings in the same home, all are counted in family size.

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".

28 FORMS

TYPE	FORM	DATE
Enrollment	Eligibility / Waiting List for LAUSD Early Childhood Education Services	Rev. 5/30/13
	Parent Enrollment Packet Checklist	5/2013
	Home Language Survey 83.76	Rev. 1/07
	Student Emergency Information Form	3/2010
	Physician's Report – Child Care Centers (Child's Pre-Admission Health Evaluation)Department of Social Services Form LIC 701	8/08
New	Personal Beliefs Exemption to Required Immunizations, CDPH 8262	10/13
Eligibility	CD9600 (Confidential Application for Child Development Services and Certification of Eligibility	Rev. 5/12 (Print from EESIS, Summary page)
Eligibility	CD9600A (Child Care Data Collection Privacy Notice and Consent Form)	Rev. 1/04 (Print from EESIS, Summary page, 9600, check Print Consent)
Eligibility	NOA CA 7617 (Notice of Action)	Rev. 8/11 (Print from EESIS, Summary page)
Eligibility	Notice of Recertification, Form 84.65	Rev. 7/13
Eligibility	Self-Declaration of Single Parent Status	
Eligibility	Self-Declaration of Absent Parent	
Eligibility	Homeless Declaration Form	
Eligibility	Seeking Permanent Housing Policy, AP300	7/15/08
Need	Child Protective Services Form 83.66	Rev. 7/07
Need / Income	Verification of Employment (Form 83.56)	Rev. 10/2013

Need / Income	Self-Certification of Income Form	Rev. 3/2013, Spanish Rev. 5/2013
Need	Seeking Employment Agreement 83.14 (BUL-4363.0)	Rev. 3/2013, Spanish Rev. 5/2013
	Seeking Employment Calendar	Revised annually
Need	Training Verification, Form CD-9605	Rev. 2/04
	Progress Report, Form 99.1	Rev. 3/2013
	Travel and Study Time Table	
Need	Statement of Incapacity, Form CD-9606	June 2008
Attendance	Agreement for Temporary Service in EECs, Form 83.69, rev. 06/09	06/08
Attendance	Interruption of Service 84.24 /Limited Term Services Leave Form	06/08
Attendance	Attendance Codes Sheet (barcodes)	Print from EESIS Admin Reports
Fees	Verification of Other Care Provider form 84.26	Rev. 1/07
Miscellaneous	Organization of Family Files	Rev. 02/06/14
Miscellaneous	Request for EESIS User ID Authorization	Rev. 12/2013
Miscellaneous	Claim for Overpayment	1/8/12
Miscellaneous	Authorized Representative for Local Appeal Hearing	Undated. No specific form required.

Additional reports and forms in EESIS

PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS

STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER ☐M ☐F	BIRTHDATE MONTH DAY YEAR __ __ / __ __ / __ __ __ __	TELEPHONE NUMBER
PARENT/GUARDIAN – NAME		ADDRESS	

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA -- FILL OUT THIS SECTION

I am a (check one): ☐ M.D./D.O. ☐ Nurse Practitioner ☐ Physician Assistant ☐ Naturopathic Doctor ☐ Credentialed School Nurse

Provision of Information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

_____
Signature of authorized health care practitioner

Practitioner name, address, telephone number:

_____
Date - within 6 months before entry to child care or school

B. PARENT OR GUARDIAN -- FILL OUT THESE SECTIONS

I. Check one of the boxes below:

☐ **Receipt of Information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

☐ **Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

_____
Signature of parent or guardian

_____
Date - within 6 months before entry to child care or school

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

Immunizations for which exemption is requested: An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

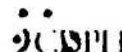| School Category	Table of Required Immunizations -- Check box(es) to request exemption.	
Child Care Only	☐ *Haemophilus Influenzae* type b (Hib meningitis)	
Child Care and K-12th Grade	☐ DTaP (Diphtheria, Tetanus, Pertussis [whooping cough]) ☐ MMR (Measles, Mumps, Rubella)	☐ Hepatitis B ☐ Polio ☐ Varicella (Chickenpox)
7th Grade Advancement (or admission at 7-12th Grade)	☐ Tdap (Tetanus, reduced Diphtheria, Pertussis [whooping cough])	

_____
Signature of parent or guardian

_____
Date

CDPH 8262 (10/13)

EXENCIÓN DE LAS VACUNAS REQUERIDAS POR CREENCIAS PERSONALES

NOMBRE DEL ESTUDIANTE (APELLIDO, PRIMER NOMBRE, SEGUNDO NOMBRE)	SEXO ☐ Hombre ☐ Mujer	FECHA DE NACIMIENTO ___ / ___ / ___ MES DÍA AÑO	NÚMERO DE TELÉFONO
NOMBRE DE PADRE/MADRE O TUTOR		DIRECCIÓN	

(Esta sección la tiene que llenar un profesional médico autorizado)

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA -- FILL OUT THIS SECTION

I am a (check one): ☐ M.D./D.O. ☐ Nurse Practitioner ☐ Physician Assistant ☐ Naturopathic Doctor ☐ Credentialed School Nurse

Provision of Information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

_____
Signature of authorized health care practitioner

Practitioner name, address, telephone number:

_____
Date - within 6 months before entry to child care or school

B. PADRE/MADRE O TUTOR -- LLENAR ESTAS SECCIONES

I. Marcar uno de los siguientes casilleros:

☐ **Recepción de Información:** He recibido información proporcionada por un profesional médico autorizado sobre 1) los beneficios y riesgos de la vacunación y 2) los riesgos para la salud del estudiante nombrado anteriormente y para la comunidad relacionados con enfermedades transmisibles para las cuales se requiere vacunación en California (las vacunas se indican en la Tabla de abajo).

☐ **Creencias religiosas:** Soy miembro de una religión que me prohíbe solicitar asesoramiento o tratamiento médico por parte de profesionales médicos autorizados. (No se requiere la firma de un profesional médico en la Parte A.)

_____   _____
Firma del padre/madre o tutor   Fecha -- dentro del plazo de 6 meses antes del ingreso en guardería o escuela

II. DECLARACIÓN JURADA

Vacunas ya recibidas: He proporcionado a la guardería o escuela un comprobante de todas las vacunas que ha recibido el estudiante y que se requieren para su ingreso (Código de Salud y Seguridad de California §120365).

Vacunas respecto a las cuales se solicita una exención: Un estudiante no vacunado y los contactos del estudiante en la escuela y en su casa corren mayor riesgo de enfermarse con una enfermedad prevenible por vacunas. Entiendo que un estudiante no vacunado puede ser excluido de asistir a la escuela o guardería durante un brote de cualquiera de estas enfermedades, o al haberse expuesto a las mismas, para la protección del estudiante y de los otros (17 CCR §6060). Por la presente, solicito la exención del estudiante nombrado anteriormente para las vacunas requeridas marcadas a continuación ya que dicha vacuna es contraria a mis creencias.

Tipo de Escuela	Tabla de Vacunas Requeridas -- Marque el(los) casillero(s) para solicitar exención.		
Solo guardería	☐ *Haemophilus Influenzae* tipo b (meningitis por Hib)		
Guardería y Jardín de Niños (Kindergarten) -- 12° Grado	☐ DTaP (Difteria, Tétanos y Tos Ferina) ☐ MMR (Sarampión, Paperas y Rubéola)	☐ Hepatitis B ☐ Polio	☐ Varicela
Ingresando al 7° Grado (o Ingreso en 7-12° Grado)	☐ Tdap (Tétanos, Difteria y Tos Ferina)		

_____   _____
Firma del padre/madre o tutor   Fecha

CDPH 8262 (10/13)

60 DAYS SEEKING EMPLOYMENT CALENDAR
FISCAL YEAR 2014-15

July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014
Jul/01 - Sep/25	Aug/01 - Oct/27	Sep/02 - Nov/25	Oct/01 - Jan/06	Nov/03 - Feb/09
Jul/02 - Sep/26	Aug/04 - Oct/28	Sep/03 - Nov/26	Oct/02 - Jan/07	Nov/04 - Feb/10
Jul/03 - Sep/29	Aug/05 - Oct/29	Sep/04 - Dec/01	Oct/03 - Jan/08	Nov/05 - Feb/11
Jul/07 - Sep/30	Aug/06 - Oct/30	Sep/05 - Dec/02	Oct/06 - Jan/09	Nov/06 - Feb/12
Jul/08 - Oct/01	Aug/07 - Oct/31	Sep/08 - Dec/03	Oct/07 - Jan/12	Nov/07 - Feb/13
Jul/09 - Oct/02	Aug/08 - Nov/03	Sep/09 - Dec/04	Oct/08 - Jan/13	Nov/10 - Feb/17
Jul/10 - Oct/03	Aug/11 - Nov/04	Sep/10 - Dec/05	Oct/09 - Jan/14	Nov/12 - Feb/18
Jul/11 - Oct/06	Aug/12 - Nov/05	Sep/11 - Dec/08	Oct/10 - Jan/15	Nov/13 - Feb/19
Jul/14 - Oct/07	Aug/13 - Nov/06	Sep/12 - Dec/09	Oct/13 - Jan/16	Nov/14 - Feb/20
Jul/15 - Oct/08	Aug/14 - Nov/07	Sep/15 - Dec/10	Oct/14 - Jan/20	Nov/17 - Feb/23
Jul/16 - Oct/09	Aug/15 - Nov/10	Sep/16 - Dec/11	Oct/15 - Jan/21	Nov/18 - Feb/24
Jul/17 - Oct/10	Aug/18 - Nov/12	Sep/17 - Dec/12	Oct/16 - Jan/22	Nov/19 - Feb/25
Jul/18 - Oct/13	Aug/19 - Nov/13	Sep/18 - Dec/15	Oct/17 - Jan/23	Nov/20 - Feb/26
Jul/21 - Oct/14	Aug/20 - Nov/14	Sep/19 - Dec/16	Oct/20 - Jan/26	Nov/21 - Feb/27
Jul/22 - Oct/15	Aug/21 - Nov/17	Sep/22 - Dec/17	Oct/21 - Jan/27	Nov/24 - Mar/02
Jul/23 - Oct/16	Aug/22 - Nov/18	Sep/23 - Dec/18	Oct/22 - Jan/28	Nov/25 - Mar/03
Jul/24 - Oct/17	Aug/25 - Nov/19	Sep/24 - Dec/19	Oct/23 - Jan/29	Nov/26 - Mar/04
Jul/25 - Oct/20	Aug/26 - Nov/20	Sep/25 - Dec/22	Oct/24 - Jan/30	
Jul/28 - Oct/21	Aug/27 - Nov/21	Sep/26 - Dec/23	Oct/27 - Feb/02	
Jul/29 - Oct/22	Aug/28 - Nov/24	Sep/29 - Dec/24	Oct/28 - Feb/03	
Jul/30 - Oct/23		Sep/30 - Jan/05	Oct/29 - Feb/04	
Jul/31 - Oct/24			Oct/30 - Feb/05	
			Oct/31 - Feb/06	

Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
Dec/01 - Mar/05	Jan/05 - Mar/31	Feb/02 - Apr/27	Mar/02 - May/22	Apr/01 - Jun/24
Dec/02 - Mar/06	Jan/06 - Apr/01	Feb/03 - Apr/28	Mar/03 - May/26	Apr/02 - Jun/25
Dec/03 - Mar/09	Jan/07 - Apr/02	Feb/04 - Apr/29	Mar/04 - May/27	Apr/03 - Jun/26
Dec/04 - Mar/10	Jan/08 - Apr/03	Feb/05 - Apr/30	Mar/05 - May/28	Apr/06 - Jun/29
Dec/05 - Mar/11	Jan/09 - Apr/06	Feb/06 - May/01	Mar/06 - May/29	Apr/07 - Jun/30
Dec/08 - Mar/12	Jan/12 - Apr/07	Feb/09 - May/04	Mar/09 - Jun/01	
Dec/09 - Mar/13	Jan/13 - Apr/08	Feb/10 - May/05	Mar/10 - Jun/02	
Dec/10 - Mar/16	Jan/14 - Apr/09	Feb/11 - May/06	Mar/11 - Jun/03	
Dec/11 - Mar/17	Jan/15 - Apr/10	Feb/12 - May/07	Mar/12 - Jun/04	
Dec/12 - Mar/18	Jan/16 - Apr/13	Feb/13 - May/08	Mar/13 - Jun/05	
Dec/15 - Mar/19	Jan/20 - Apr/14	Feb/17 - May/11	Mar/16 - Jun/08	
Dec/16 - Mar/20	Jan/21 - Apr/15	Feb/18 - May/12	Mar/17 - Jun/09	
Dec/17 - Mar/23	Jan/22 - Apr/16	Feb/19 - May/13	Mar/18 - Jun/10	
Dec/18 - Mar/24	Jan/23 - Apr/17	Feb/20 - May/14	Mar/19 - Jun/11	
Dec/19 - Mar/25	Jan/26 - Apr/20	Feb/23 - May/15	Mar/20 - Jun/12	
Dec/22 - Mar/26	Jan/27 - Apr/21	Feb/24 - May/18	Mar/23 - Jun/15	
Dec/23 - Mar/27	Jan/28 - Apr/22	Feb/25 - May/19	Mar/24 - Jun/16	
Dec/24 - Mar/30	Jan/29 - Apr/23	Feb/26 - May/20	Mar/25 - Jun/17	
	Jan/30 - Apr/24	Feb/27 - May/21	Mar/26 - Jun/18	
			Mar/27 - Jun/19	
			Mar/30 - Jun/22	
			Mar/31 - Jun/23	

If seeking employment is authorized after April 7, the need end date must be June 30. If the parent has not found employment by June 30, he/she may be entitled to an additional 60 days as of July 1 of the new fiscal year. A new Seeking Employment Agreement (Form 83.14) must be completed at the start of the new fiscal year and a new need with a corresponding start and end date must be entered in EESIS.