



Cari Marquez
President, Board of Directors

Melanie R. Santana
Executive Director

INITIAL ENROLLMENT/TERMINATION PROCEDURES

1. _____ **Sign in/Sign out sheet Policy:**

Parent must sign their complete first name and last name daily on **the sign in/out sheets that matches the full name on the signature section of the CD9600 application**. Should you not sign you will be called at your place of employment, training, or school for you to **come back to the agency and sign properly within 2 hours**. Failure to come to the agency to sign within **2 hours the MCCC Staff will call someone else on your emergency card to pick up your child**. You may not send someone else to sign in. The person that dropped off or picked up the child must sign in or out the child. **If the agency is cited and fined \$200.00 due to a parent's not signing in, you will be called for a Parent Conference with the Agency Representative.**

2. _____ **§18086.5 Documentation of Seeking Employment; Service Limitation**

Eligibility Services **Limitation of 12 months and authorized at 32.5 hours per week at 6.5 hours per day not to exceed 5 days a week under a Direct Service program such as CSPP. The 12-month seeking employment starts on the day authorized and extended for 12 months within a 24-month period.** This basis of need is **ONLY given** to seek employment; not for School/Vocational training. I must provide employment verification form and/or statement of release and check stubs if I have secured a job. If I have not secured employment at the 12th month, I can request another 12 months of seeking employment. Recertification will take place by the 12th month.

3. _____ **§ 18087 Documentation of Training Towards Vocational Goals; Service Limitations**

I must provide certification from school/training in attendance. I will be eligible to receive continuous services for 24 months as long as the Vocational Outlook is expected to be for 24 months. I am not required to report grades and changes in class schedule unless I voluntarily request a change in contract hours, then I will be required to bring updated documentation to authorize a change in service. I am not required to meet the 2.0 GPA requirement and will no longer need grades upon completion of each quarter or semester. I have 6 years from the initiation of services to complete their vocational goal or 24 semester units or its equivalent, after the attainment of a Bachelor's Degree.

4. _____ **§18086 Documentation of Employment**

I must provide recent paystubs to determine income eligibility that indicate the days and hours of employment. If the pay stubs do not provide the, work schedule, days and hours of employment, an Employment Schedule Verification form must be filled by your employer. All parents paid by cash and personal check must have the S.F. County Pilot Program Employment Schedule Verification form filled out by the Employer. The parent shall complete the top of the SF County Pilot Program Employment Schedule Verification form which the parent authorizes their employer to release the employment information requested to Mission Child Care Consortium Inc. If the parent is self-employed a copy of one or more of the following client receipts, job logs, mileage logs, a list of clients with contact information and if applicable a copy of a business license, a work space lease, or workspace rental agreement. I will be eligible to receive continuous services for no less than 24 months.

5. _____ **§18090 Documentation of Homelessness**

I must provide a written referral from an Emergency Shelter or other legal, medical or social services Agency or a written referral parental declaration that I am homeless and a statement describing my current living situation. I will be eligible to receive continuous services for no less than 24 months.

6. _____ **§18091 Documentation of Seeking Permanent Housing; Service Limitation**

I must provide a written parental declaration signed under penalty of perjury that I am seeking permanent housing and I plan to secure a fixed, regular, and adequate residence and a general description of request of childcare services. Childcare services can occur no more than 5 days a week and up to 6.5 hours a day or 32.5 hours a week. I will be eligible to receive continuous services for no less than 24 months.



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7. _____ **§18092 Documentation of Child Protective Services & 18092.5 Documentation of at Risk of Abuse, Neglect, or Exploitation**

I must provide a written referral dated within the 6 months immediately preceding the date of application from a legal, medical or social services agency or emergency shelter or a statement from the local county welfare department, child protective services unit certifying that the child is receiving child protective services and that childcare and development services are necessary of the child protective services plan or a statement by a legally qualified professional that the child is at risk of abuse or neglect and the childcare services are needed to reduce or eliminate that risk. The probable duration of child protective services plan or the at-risk situation, 24 months. The name, address, telephone number and signature of the legally qualified professional who is making the referral. I will be eligible to receive continuous services for no less than 24 months.

8. _____ **§18088 Documentation of Parental Incapacity; Service Limitation:**

I understand I must have a written referral from a legally qualified professional to enroll and continue with Child Development Services at the agency. Incapacity from the medical professional's recommendation that parent is not able to care for their child is to be considered. The San Francisco Pilot Program Statement of Parent/Guardian Incapacity form must be completed by a legally qualified professional and must explain the extent to which the parent is incapable of providing care and supervision to the child. This shall be indicated by the legally qualified professional on the Statement of Parental Incapacity. The agency will authorize childcare services not to exceed no more than 50 hours per week. I will be eligible to receive continuous services for not less than 24 months. The agency will verify the documentation provided.

9. _____ **Fees Assessment and Collection:**

Fees assessed based on family size and income, according to the California State Department of Education Family Fee Schedule (Non-Compliance-Delinquent Fees). Parent will be billed on the 1st of every month and must pay by the 10th of every month. All Family Fees inquires, and concerns will be managed by our Administrative Eligibility Manager. She is the only authorized staff to prepare and receive all Family Fees. Payments are made by check or money order. Please no Cash. Receipts of your family fee payments from the previous month will be given to you the following month with your invoice of that month (this month's payment).

Administrative Eligibility Manager will distribute family fee every 28th of each month or thereafter. If the 28th falls on a Saturday or Sunday, then it would be on the Friday or the day prior to the holiday. Parents are to submit their payments between the hours 7:00 a.m. – 5:30 p.m. in a Lockbox next to the Front Office located in the Front Lobby area. All Family Fees must be collected before or by the 10th of each month. If the 10th of the month falls on a Saturday or Sunday, then it would be on the Friday or the day prior to the holiday. After the **17th** it would be **considered LATE** and parent would receive notice on this matter.

- **1st time notice** – A delinquent written notice of failure to pay will be issued.
- **2nd time notice** – Notice of Action of Termination to delinquent fee.

10. _____ **Calculating Monthly Income:**

I understand should I earn more than 85% of the State Federal Monthly Income Ceiling (SMI). I will not be eligible for Child Development Services. I will provide updated need and eligibility documentation to the agency for verification to satisfy the eligibility and need for childcare services. Families must report if their income exceeds the 85% percentile of (SMI) or if they stop using services. The following income ceilings is provided to you for reporting purposes: (this is based on monthly gross income)

FAMILY SIZE 1-2	FAMILY SIZE 3	FAMILY SIZE 4	FAMILY SIZE 5	FAMILY SIZE 6	FAMILY SIZE 7	FAMILY SIZE 8
\$5,540	\$6,157	\$7,069	\$8,199	\$9,330	\$9,542	\$9,755



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11. _____ **Initial Certification/Recertification:**

When the Initial Certification/Recertification is complete, families will be required to recertify their services once every 24 months. If the basis of need is seeking employment, family is limited to 12 months within a 24-month period. I understand I must comply with the recertification process at the 12th month by providing the updated need documentation required to authorize further services. If I do not comply with the recertification at the 12th month, I understand my childcare services will be terminated.

12. _____ **Child that possess High Risk Behavior:**

Any child who poses high risk behavior to another child will be terminated after Parent/Child Conference have been held, child observations have been documented by the teaching staff, and reviewed by the Executive Director. Management Bulletin 18-06 will be implemented before terminating childcare services. (Notice of Action of Termination will be given). I still have the right to request for an appeal, however, my child's last day of enrollment will be effective the day the Notice of action of Termination was issued pursuant to Health and Safety Licensing regulation. MCCC will provide resources and referrals to families to support child's behavior or developmental challenges. Parents are responsible to follow through with resources and referrals given to them to support their child in the program.

13. _____ **Parents' Conduct at the Agency:**

13a. Parents abusive conduct towards other parents, staff, and children, will be immediately terminated. The agency will consider having someone else pick up or drop off child from the emergency card and the person whose conduct was inappropriate would not be allowed for pick up or drop off and be on the premises of Mission Child Care Consortium Inc. (Notice of Action of Termination may be given).

13b. Due to past experience parents stealing from the center will be immediately terminated from the agency. (Notice of Action of Termination will be given). Please note if the child takes MCCC classroom supplies, or other child belongings this would not be considered stealing. We ask the parent of child to please return the item to the agency. **If by mistake you or your child takes a belonging that is not yours, we ask you to please to return it within 24 hours.**

14. _____ **Late Pick up Policy:**

Parent will be charged \$5.00 late fee when parent is late after 5:30 pm. Pick up of children must take place within 30 minutes after 5:30 pm. Otherwise, Mission Child Care Consortium Inc. will call the San Francisco Police Department/ Ingleside Police Station to turn over the late pick up child for authorities to deal with. Late Pick ups for tardiness are allowed up to 5 times within a fiscal year before termination of childcare services. However, late pick up after 6:00 pm more than 3 times will be terminated on the 3rd time late. (Notice of Action of Termination will be given)

15. _____ **Parent Voluntarily Dropping Child from the Program:**

Please notify at least one of the following staff: Enrollment & Eligibility Specialists, Site Manager, and/or Program Director if the child will not be using the childcare services anymore. You **MUST** sign a Parent Release Consent Form and write when the last date of enrollment is at the agency for the child. **Please give the agency a courtesy of 2 weeks' notice prior of the last day of child care services.** (Notice of Action of Termination will be given).

16. _____ **10 Best Interest of the Child (BIC):**

If I go over my 10 days of BIC within the fiscal year, I understand my childcare services will be terminated. The agency does consider unforeseen circumstances and are taken into consideration. For example, if child or parent become ill or hospitalized during BIC days, we will require a doctor's note, and this will be an excused absence.



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17. _____ **Termination Procedures:**

All parents will be given a NOTICE OF ACTION form CD-7617 with CDE appeal procedures: I have read and understand the appeal procedures. I will sign to indicate that I have been given a Notice of Action with CDE appeal process/procedures.

Child's Name: _____

Parent's Signature: _____

Agency Representative's Signature: _____

Date: _____