LICENSED PROVIDER ENROLLMENT CHECKLIST

Dear Child Care Provider,

We are pleased to enroll you as a child care provider with the 4C Council Subsidized Child Care Program. Enclosed you will find several forms that must be completed in order to enroll you as a provider. Please complete forms 1, 2, 3 and 4 and take time to review your Parent/Provider Policies and Procedures Handbook.

Enclosed in this packet are the following items:

1. *Provider Agency Agreement
2. *Policies and Procedures Receipt
3. *Attendance Record Agreement
4. *W-9 Tax Form (Request for Taxpayer Identification Number and Certification)
5. Parent/Provider Policies and Procedures Handbook (for your record)
6. Fiscal Year Calendar (for your record)
7. Attendance Record (for your record)

Please return the following:

☐ 1-*Provider Agency Agreement, 2- *Policies & Procedures Receipt, 3-*Provider Attendance Record Agreement, and 4-*W-9 Form)
☐ Copy of Child Care License (Please include all licenses if you have multiple programs)
☐ Typed Rate Sheet (applicable to general public)
☐ Your own Parent Handbook and a copy of Parent contract (make sure that your parent handbook includes your Non-Operational Days (i.e. Closed Days) policy and the list of your Non-Operational Days NO EXCEPTIONS

IMPORTANT: Child care payment and services are not authorized until the start date provided on the Child Care Certificate

Any questions regarding your enrollment documentation should be directed to Provider Coordinator Frances Arellano. Any questions regarding authorized child care should be directed to the case manager handling your family’s case.

Thank you,

Frances Arellano
Provider Coordinator
Phone: (408)-343-7735
Fax: (408) 321-7454
Email: francesa@4c.org

Subsidy Program
Revised 7/1/15

150 River Oaks Parkway San Jose CA 95134  P. 408.487.0747  |  F. 408.943.8423  |  www.4C.org
# PROVIDER AGENCY AGREEMENT

## Section 1: GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Licensed Provider/Director Name:</th>
<th>Center/Family Child Care Home Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Address:</td>
<td>City: State: Zip:</td>
</tr>
<tr>
<td>Provider Mailing Address (if different from Facility Address):</td>
<td>City: State: Zip:</td>
</tr>
<tr>
<td>Social Security Number or Tax I.D. Number:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Primary Telephone Number:</td>
<td>Alternate Phone Number:</td>
</tr>
<tr>
<td>Days of Operation:</td>
<td>Cell Phone Number:</td>
</tr>
<tr>
<td>Hours of Operation:</td>
<td>Fax Number:</td>
</tr>
</tbody>
</table>

### Section 2: ASSURANCES

I understand and certify the following:

1. My program is based on sound principals of child growth and development and complies with licensing regulations.
2. I will refrain from the use of corporal punishment or any act that may be interpreted as corporal punishment.
3. Child care services are available at my facility to all children, regardless of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, or mental/physical disability.
4. All parents/guardians utilizing my facility have unlimited access to their children and program during hours of operation.
5. I will enroll children funded by the 4C Council under the same enrollment criteria required of non-subsidized children (general public).
6. The rates, registration fees, sibling discounts and other miscellaneous fees listed on my rate sheet are equal to or less than the rates charged to non-subsidized children (general public).
7. Any portion of my rates that exceed the Regional Market Rate will be the financial responsibility of the parent.
8. All additional charges for meals, transportation, or any other expenses not covered by the 4C Council, including termination of care without proper notice are the responsibility of the participating parent.
9. I have the opportunity to change my rates once per fiscal year (July 1 – June 30) with a 30 day notice to the 4C Council prior to the rate going into effect.
10. I must ensure the actual times of arrival/departure are entered on the Attendance Record on a daily basis.
11. I will only be reimbursed for hours of care actually provided by me and authorized by the 4C Council.
12. I cannot sign participant’s signature on Attendance Records or any other documents.
13. I have read and understand the 4C Council payment schedule and understand that attendance records turned in more than two (2) months after the month of services will not be reimbursed.
14. I understand that parents receiving subsidy could lose funding by the 4C Council at any time.
15. I understand and agree that I am an independent contractor and not an employee of the 4C Council.
16. My reimbursements for child care are not reported for unemployment purposes and I am responsible for paying my own State & Federal Taxes.
17. Reimbursement for child care services are subject to adequate funding from Federal, State, County, and local sources.
18. I have received and agree to follow the Agency’s Program Policies and Procedures.
19. Any fraudulent request for reimbursement will result in termination from the child care program, collection of over issuance of child care payments, and possible referral to appropriate Law Enforcement (District Attorney, Courts) for collection.

By signing this form I am certifying under penalty of perjury that this information is true and correct and I agree to abide by the statements on this form.

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>
PARENT/PROVIDER HANDBOOK RECEIPT

I have received a copy of the 4C Council’s Parent/Provider Handbook.

I have read, understand, and agree to abide by these program requirements.

Print Name ____________________________ Signature ____________________________ Date ____________________________
PROVIDER ATTENDANCE RECORD AGREEMENT

IMPORTANT: Following the guidelines stated below will help assure prompt reimbursement.

Provider Responsibilities:
- Attendance Record must remain at the address where care takes place.
- Make Attendance Record available for unannounced visits by Licensing or authorized 4C Council staff.
- Review for accuracy and sign bottom left hand corner. Remember that parents must: always sign in/out DAILY, use actual time with minutes and write reasons for all absences (ex. Child Sick, Family Emergency- car accident).

Payment will be delayed due to the following:
- Provider failed to sign bottom left hand corner of Attendance Record verifying its accuracy.
- Parent failed to sign bottom right hand corner of Attendance Record verifying its accuracy.
- Attendance Record was received at the 4C Council office after the 5th day of the month after the month of service.
- Attendance Record is incomplete and missing daily Time In / Time Out or Signatures.

4C’s will not make payments to a provider under the following circumstances
- The provider was incarcerated during the time s/he claimed to have provided care.
- The provider was out-of-state during the time s/he claimed to have provided care and did not meet the requirements of the Manual of Policies and Procedures, Title 22, Section 102417 (a).
- A licensed provider lost their license and was directed to cease providing care but did not.
- A provider claimed a relationship to the child that would have precluded Trust Lining but, in fact, the relationship did not exist, or the provider had been previously Trust Line denied.
- A provider used a false identity.
- The parent used care without an authorized 4C Council Child Care Certificate.

Initial and Sign Below

_____ I have received and read the above information from the 4C Council regarding Attendance Record procedures for subsidized child care services as regulated by the California Department of Education.

_____ I will comply with all regulations at all times and understand that failure to do so may result in payment being delayed, refused, and/or in cases of fraud I may be required to return funds to the state.

_____ I have read and received the 4C Council Payment schedule and understand that Attendance Record turned in more than two (2) months after the month of services will not be reimbursed.

(Center Name if a Center) __________________________________

Printed Name ___________________________ Phone __________________

Signature ___________________________ Date __________________

Subsidy Program
Revised 7.21.2018

150 River Oaks Parkway, Suite F-1 | San Jose, CA 95134 | P. 408.487.0747 | F. 408.321-7454 | www.4C.org

White: 4C Council Provider File
Yellow: Provider Copy
Form W-9
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) □
   - Other (see Instructions) □

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any) □
   - Exemption from FATCA reporting code (if any) □

5. Address (number, street, and apt. or suite no). See instructions. Requestor's name and address (optional)

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I: Taxpayer Identification Number (TIN)

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

Social security number □

Employer identification number □

Part II: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here □

Signature of U.S. person □

Date □

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its Instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-S (stock or mutual fund sales and certain other transactions by broker)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.
Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the restrictions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding
What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:
1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the instructions for Part II for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?
The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information
You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a corporation that elects to be an S corporation, or if you no longer are a tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties
Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for such such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.
Specific Instructions

Line 1
You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-8. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicants: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your Form W-7 application, line 1a. You may enter your business trade, or “doing business as” (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-5(b)(1)-(B). Enter the owner's name on line 1. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the name on line 1 as "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3
Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.
The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

<table>
<thead>
<tr>
<th>IF the payment is for ...</th>
<th>THEN the payment is exempt for ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all 7 corporations. 8 corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000 1</td>
<td>Generally, exempt payees 1 through 5 2</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.

2 However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are not submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requestor may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B—the United States or any of its agencies or instrumentalities
C—a state, the District of Columbia, a U.S. commonwealth or possession, or any of its political subdivisions or instrumentalities
D—a corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
E—a corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
F—a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G—a real estate investment trust
H—a regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
1—a common trust fund as defined in section 584(a)
J—a bank as defined in section 581
K—a broker
L—a trust exempt from tax under section 664 or described in section 469(b)(1)

M—a tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information return. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6
Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not entitled to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-T772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.IRS.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.IRS.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.IRS.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification
To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-8. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in Items 1 through 5 below.
1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cut out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cut out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account: | Give name and SSN of: |
--- | --- |
1. Individual | The individual |
2. Two or more individuals (joint account) other than an account maintained by an FFA | The actual owner of the account or, if combined funds, the first individual on the account |
3. Two or more U.S. persons (joint account maintained by an FFA) | Each holder of the account |
4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor |
5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee |
5. b. So-called trust account that is not a legal or valid trust under state law | The actual owner |
6. Sole proprietorship or disregarded entity owned by an individual | The owner |
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(ii)) | The grantor |

For this type of account: | Give name and EIN of: |
--- | --- |
8. Disregarded entity not owned by an individual | The owner |
9. A valid trust, estate, or pension trust | Legal entity |
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
12. Partnership or multi-member LLC | The partnership |
13. A broker or registered nominee | The broker or nominee |

1 List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.

2 Circle the minor’s name and furnish the minor’s SSN.

3 You must show your Individual name and you may also enter your business or DBA name on the “Business name/disregarded entity” name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

4 List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TTD 1-800-872-4809.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.
The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@ftc.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-438-4338 (877-IDTHEFT). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/identityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3408, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.
<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>TIME IN</th>
<th>FULL SIGNATURE</th>
<th>TIME OUT</th>
<th>FULL SIGNATURE</th>
<th>REASON FOR ABSENCE / TARDINESS</th>
<th>CODE</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

For Provider use only (RATE X Unit of Care = Reimbursement)

For office use only

- O T T  O P
- O OTHER
  - O C M W = $  O T T  O P
  - O OTHER
    - O T T  O P
      - O C M W = $  O T T  O P
      - O OTHER
        - O T T  O P
          - O N W = $  O T T  O P

Total: $  Adjust:  Date:  Total: $  Date:  

* I CERTIFY UNDER PENALTY OF PERJURY THAT SERVICES PROVIDED TO THE ABOVE NAMED CHILD AND THE DAILY ATTENDANCE RECORDING ARE ACCURATE. (FORM MUST BE SIGNED IN INK)

Provider Signature  Date  Parent / Guardian Signature  Date
ATTENDANCE RECORD SAMPLE and INSTRUCTIONS

Form must be received by 4C Council: on or before the 1st of each month

<table>
<thead>
<tr>
<th>PARENT</th>
<th>PROVIDER</th>
<th>PARENT</th>
<th>PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>DAY</td>
<td>TIME IN</td>
<td>FULL SIGNATURE</td>
</tr>
<tr>
<td>1</td>
<td>SU</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>2</td>
<td>M</td>
<td>7:15</td>
<td>Jane Doe</td>
</tr>
<tr>
<td>3</td>
<td>T</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>4</td>
<td>W</td>
<td>7:19</td>
<td>Jane Doe</td>
</tr>
<tr>
<td>5</td>
<td>TH</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>7:12</td>
<td>Jane Doe</td>
</tr>
<tr>
<td>7</td>
<td>SA</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>8</td>
<td>SU</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>9</td>
<td>M</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>10</td>
<td>T</td>
<td>7:16 JD</td>
<td>Jane Doe</td>
</tr>
<tr>
<td>11</td>
<td>W</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>12</td>
<td>TH</td>
<td>AM</td>
<td>PM</td>
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<tr>
<td>13</td>
<td>F</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>14</td>
<td>SA</td>
<td>AM</td>
<td>PM</td>
</tr>
</tbody>
</table>

1. Attendance Records are due on or by the 1st of the following month. Any Attendance Record not received in the office by the 5th day of the month is considered late. Late Attendance Records will not be reimbursed if submitted more than 60 days after the month of

2. The parent, provider, or other authorized person is responsible to enter the exact time of arrival and departure.

3. For children attending school, the provider is responsible to enter the exact time of departure to school and arrival after school.

4. Parents and providers are responsible for completing Attendance Records on a daily basis.

5. Attendance Record must be completed in ink only. Whiteout/correction fluid is not allowed.

6. All changes/corrections need to be initialed by the person making the change/correction.

7. The Provider is paid on the original certification of need only. Any changes to schedule may be voluntarily reported by the parent and only after the new Notice of Action is effective will the Provider be paid differently. Parent is responsible for payment of care not authorized by the Child Care Certificate.

8. All absences are to be recorded on the line corresponding to the day of occurrence. Include a specific reason for each day of absence followed by parent's signature for verification.

9. On the last day of care, both parent and provider must sign and date the bottom of the form in the space provided, attesting under penalty of perjury that all information is true and correct.

10. Absences that are not considered excused are unexcused absences. Parent may be financially responsible for all unexcused absences not reimbursed by the agency. Best Interest Days are limited to 10 per fiscal year for all contracts.

11. For additional Attendance Record instructions or reimbursement information, refer to the Agency Policies and Procedures.

REIMBURSEMENTS ISSUED BY THE 4C COUNCIL ARE SUBJECT TO ADEQUATE PROGRAM FUNDING

Provider is encouraged to show the child care cost for each child as the billing invoice for each month. See example below:

<table>
<thead>
<tr>
<th>For Provider use only (RATE x Unit of Care = Reimbursement)</th>
<th>For Office use only (RATE x Unit of Care = Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$220</td>
<td>$220</td>
</tr>
<tr>
<td>$8.50</td>
<td>$425</td>
</tr>
<tr>
<td>$100</td>
<td>$100</td>
</tr>
</tbody>
</table>

Total: $745

Adjm: Date Total:
# ATTENDANCE RECORD CHECKLIST

**Community Child Care Council of Santa Clara County, Inc.**
150 River Oaks Pkwy Suite F-1 San Jose, CA 95134
Phone: 408.487.0747 Fax: 408.413.5403

**ATTENDANCE RECORD**

**Service Month:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time Out</th>
<th>Full Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>M</td>
<td>7:15 AM</td>
<td>AM / PM Jane Doe</td>
</tr>
<tr>
<td>5</td>
<td>T</td>
<td>7:15 AM</td>
<td>AM / PM Jane Doe</td>
</tr>
<tr>
<td>6</td>
<td>W</td>
<td>7:15 AM</td>
<td>AM / PM Jane Doe</td>
</tr>
<tr>
<td>7</td>
<td>TH</td>
<td>7:15 AM</td>
<td>AM / PM Jane Doe</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>7:15 AM</td>
<td>AM / PM Jane Doe</td>
</tr>
</tbody>
</table>

**Date:** April 2018

**Time Out:**

<table>
<thead>
<tr>
<th>Time Out</th>
<th>Full Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:02 AM</td>
<td>AM / PM Jane Doe</td>
</tr>
<tr>
<td>3:07 PM</td>
<td>AM / PM Jane Doe</td>
</tr>
<tr>
<td>8:05 AM</td>
<td>AM / PM Jane Doe</td>
</tr>
<tr>
<td>3:12 PM</td>
<td>AM / PM Jane Doe</td>
</tr>
<tr>
<td>8:05 AM</td>
<td>AM / PM Jane Doe</td>
</tr>
</tbody>
</table>

**Attendance Record:**

- Provider: ABC Child Care
- ID: 2525
- Phone: (408) 123-1234
- Facility Name or Provider Name: 1515 Main Street
- City: San Jose
- State: CA
- Zip Code: 95111
- Parent: John Doe
- ID: 12345
- Date of Report: April 2018

**Parent Information:**

- Parent Name / Home ID: Jane Doe
- ID: 12345
- Date of Report: April 2018

**Provider Signature:**

- Provider Signature
- Date

**Parent Signature:**

- Parent / Guardian Signature
- Date

---

## Provider

1. **Provider Name, NoHo ID, and Phone Number.**
   (Don’t know your ID, refer to Child Care Certificate).
2. **Mailing address including City, State, and Zip code.**
3. **New address? Check the box & contact Provider Coordinator:** (408) 343-7735
4. **Parent’s full name with NoHo ID:** Child’s full name with NoHo ID.
5. **Service Month:** Write Month/Year.
6. **Write the exact time when a school age child leaves day care for school daily.**
7. **Write the exact time when a school age child comes back to day care from school daily.**
8. **Sign and date at the end of service month.**
9. **Complete and accurate attendance record can now be sent via providers@4c.org as early as the 1st (no later than the 5th) for immediate processing & mail original to 4C right after.**

## Parent

1. **Date the service month:** Start the 1st on the correct day of the week.
2. **Put exact time child arrives at day care daily & circle AM or PM.**
3. **Sign daily at child’s arrival time especially if the child is enrolled in CFCC or CCTR program.**
4. **Put exact time child is picked up from day care end of each day daily & circle AM or PM.**
5. **Sign daily at child departure time especially if the child is enrolled in CFCC or CCTR program.**
6. **Write down reason for absences, change in schedule, early arrival / departure, or tardiness.**
7. **Parent/Guardian:** Sign and date at the end of service month.
<table>
<thead>
<tr>
<th>Service Month:</th>
<th>April 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form must be received by 4C Council: on or before the 1st of each month</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE</strong></td>
</tr>
<tr>
<td><strong>TIME OUT TO SCHOOL</strong></td>
</tr>
<tr>
<td><strong>TIME OUT FROM SCHOOL</strong></td>
</tr>
<tr>
<td><strong>CODE</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
</tr>
<tr>
<td><strong>Holiday</strong></td>
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<td>9</td>
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<td>10</td>
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<td>11</td>
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<tr>
<td>12</td>
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<tr>
<td>13</td>
</tr>
<tr>
<td>14</td>
</tr>
<tr>
<td><strong>...</strong></td>
</tr>
</tbody>
</table>

**PROVIDER**

<table>
<thead>
<tr>
<th>SCHOOL AGE CHILD ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE</strong></td>
</tr>
<tr>
<td><strong>TIME OUT TO SCHOOL</strong></td>
</tr>
<tr>
<td><strong>...</strong></td>
</tr>
</tbody>
</table>

**OFFICE USE ONLY**

- **CAPP**
- **C2AP**
- **C3AP**
- **CFCC** (signatures required daily)
- **CCTR** (signatures required daily)

I CERTIFY UNDER PENALTY OF PERJURY THAT SERVICES PROVIDED TO THE ABOVE NAMED CHILD AND THE DAILY ATTENDANCE RECORDING ARE ACCURATE. (FORM MUST BE SIGNED IN INK)

Provider Signature: [Signature]

Date: [Date]

Parent: [Signature]

Guardian Signature: [Signature]

Date: [Date]

**Proveedor**

1. Nombre del proveedor, No-Ho ID y número de teléfono. (¿No sabe su No-Ho ID?, lo encuentra en el certificado de cuidado infantil).
2. Dirección postal incluyendo ciudad, estado y código postal.
3. ¿nueva dirección? Marque la casilla y comuníquese con el Coordinador de proveedores: (408) 343-7735.
4. Nombre completo del padre con No-Ho ID. Nombre completo del niño con No-Ho ID. (¿no sabe el No-Ho ID?, lo encuentra en el certificado de cuidado infantil).
6. Fecha: comience el día correcto de la semana correcta.
7. Ponga el tiempo exacto en que el niño llegó a la guardería y circúle AM o PM.
8. Firme diariamente a la hora de entrada del niño especialmente si el niño está matriculado en los programas CFCC o CCTR.
9. Ponga el tiempo exacto en que el niño salió de la guardería y circúle AM o PM.
10. Firme diariamente a la hora de salida del niño especialmente si el niño está matriculado en los programas CFCC o CCTR.
11. Anote la razón de ausencias, cambio de horario, llegada/salida temprana y/o la tardanza del niño.
### 2019-2020 Attendance Sheet Due Dates, Provider Payment Mail Dates & 4C Holidays

150 River Oaks Parkway, Suite F-1 San Jose, CA 95134 408.487.0747

**Attendance Sheet Received**
- Between the 1st and 5th after the month of service, payment is mailed on the 15th or
- Between the 8th and 20th after the month of service, payment is mailed on the last business day of the month
- After the 20th will be paid using the next month’s schedule

**Holidays**
*Note: When the 5th falls on a weekend. Drop-off boxes for that weekend will be collected by 4C’s designated staffs the next business day at exactly 9:30am; and are considered on-time.*

<table>
<thead>
<tr>
<th>July 2019</th>
<th>August 2019</th>
<th>September 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
<td>S M T W T F S</td>
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<td>1 2 3 4 5 6</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<tr>
<td>7 8 9 10 11 12 13</td>
<td>4 5 6 7 8 9 10</td>
<td>8 9 10 11 12 13 14</td>
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<tr>
<td>14 15</td>
<td>16 17 18 19 20</td>
<td>15 16 17 18 19 20 21</td>
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<tr>
<td>21 22 23 24 25 26 27</td>
<td>18 19 20 21 22 23 24</td>
<td>22 23 24 25 26 27 28</td>
</tr>
<tr>
<td>28 29 30</td>
<td>25 26 27 28 29 (30)</td>
<td>29 (30)</td>
</tr>
</tbody>
</table>

**Days of Operation**
- July 2019: 22
- August 2019: 22
- September 2019: 20
- October 2019: 23
- November 2019: 19
- December 2019: 20
- January 2020: 21
- February 2020: 19
- March 2020: 22
- April 2020: 21
- May 2020: 20
- June 2020: 22

**Total Days of Operation:** 251
## Provider Payment Schedule 2019-2020

<table>
<thead>
<tr>
<th>Attendance Sheet for the month of:</th>
<th>Received between (Calendar Month)</th>
<th>Payment is Mailed on</th>
<th>Final Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2019</td>
<td>7/1/19 and 7/5/19</td>
<td>7/15/19</td>
<td>9/5/19</td>
</tr>
<tr>
<td></td>
<td>7/6/19 and 7/20/19</td>
<td>7/31/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7/21/19 and 8/5/19</td>
<td>8/15/19</td>
<td></td>
</tr>
<tr>
<td>July 2019</td>
<td>8/1/19 and 8/5/19</td>
<td>8/15/19</td>
<td>10/5/19</td>
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<tr>
<td></td>
<td>8/6/19 and 8/20/19</td>
<td>8/30/19</td>
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<tr>
<td></td>
<td>8/21/19 and 9/5/19</td>
<td>9/13/19</td>
<td></td>
</tr>
<tr>
<td>August 2019</td>
<td>9/1/19 and 9/5/19</td>
<td>9/13/19</td>
<td>11/5/19</td>
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<td>9/6/19 and 9/20/19</td>
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<td>9/21/19 and 10/5/19</td>
<td>10/15/19</td>
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<td>September 2019</td>
<td>10/1/19 and 10/5/19</td>
<td>10/15/19</td>
<td>12/5/19</td>
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<td>10/21/19 and 11/5/19</td>
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<td>October 2019</td>
<td>11/1/19 and 11/5/19</td>
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<td>11/6/19 and 11/20/19</td>
<td>11/27/19</td>
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<td></td>
<td>11/21/19 and 12/5/19</td>
<td>12/13/19</td>
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<tr>
<td>November 2019</td>
<td>12/1/19 and 12/5/19</td>
<td>12/13/19</td>
<td>2/5/20</td>
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<td></td>
<td>12/6/19 and 12/20/19</td>
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<td>12/21/19 and 1/5/19</td>
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<tr>
<td>December 2019</td>
<td>1/1/20 and 1/5/20</td>
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<td>1/6/20 and 1/20/20</td>
<td>1/31/20</td>
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<td>1/21/20 and 2/5/20</td>
<td>2/14/20</td>
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<td>January 2020</td>
<td>2/1/20 and 2/5/20</td>
<td>2/14/20</td>
<td>4/5/20</td>
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<td>2/6/20 and 2/20/20</td>
<td>2/28/20</td>
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<td>2/21/20 and 3/5/20</td>
<td>3/15/20</td>
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<td></td>
<td>3/6/20 and 3/20/20</td>
<td>3/31/20</td>
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<td>3/21/20 and 4/5/20</td>
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<td></td>
<td>4/6/20 and 4/20/20</td>
<td>4/30/20</td>
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<tr>
<td></td>
<td>4/21/20 and 5/5/20</td>
<td>5/15/20</td>
<td></td>
</tr>
<tr>
<td>April 2020</td>
<td>5/1/20 and 5/5/20</td>
<td>5/15/20</td>
<td>7/5/20</td>
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<td></td>
<td>5/6/20 and 5/20/20</td>
<td>5/29/20</td>
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<td>6/6/20 and 6/20/20</td>
<td>6/30/20</td>
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<tr>
<td></td>
<td>6/21/20 and 7/5/20</td>
<td>7/15/20</td>
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</tr>
</tbody>
</table>
Notice to Providers

Community Child Care Council of Santa Clara County, Inc. (4Cs) V937

To all family child care home providers and license-exempt individual providers:

Pursuant to Senate Bill (SB) 75, Chapter 51, Statutes of 2019, effective July 1, 2019, there are changes to California law regarding the sharing of your personal information. Pursuant to these changes, your business and/or personal contact information will be shared with specified provider organizations as defined in the law. Relevant changes can be found at sections 8431 and 8432 of the Education Code, section 6253.21 of the Government Code, and section 1596.86 of the Health and Safety Code. Beginning July 1, 2019, the California Department of Education (CDE) is required to collect the following information from licensed family child care providers and license-exempt individual providers who participate in any state-funded early care and education program, as defined in law:

- Provider’s name;
- Provider’s home address*;
- Provider’s mailing address;
- County;
- Work and cellular telephone numbers;
- Email address, if known;
- Agency, contractor, subcontractor, or political subdivision administering the program;
- State facility license number, if applicable;
- The date the provider began subsidy care;
- The date the provider ended subsidy care, if applicable; and
- The unique provider identification number, if applicable.

*Providers approved to participate in the Secretary of State’s Address Confidentiality Program may provide the designated address in lieu of a home address.

4Cs will be submitting your information to CDE initially by August 30, 2019, and then on a recurring monthly basis through the Child Development Management Information System (CDMIS). The CDE will subsequently submit the list to specified provider organizations as defined by law and pursuant to SB 75. The CDE can also use this information to meet federal Child Care and Development Block Grant requirements, including emergency response preparedness.

If you have any questions please contact:

CDMIS Support
Phone: (916) 445-1907
Email: CDMIS@cde.ca.gov
Fax: (916) 323-6853
Mail: 1430 N. Street, Suite 3410, Sacramento, CA 95814

California Department of Education * August 2019
Aviso para los Proveedores

Community Child Care Council of Santa Clara County, Inc. (4Cs) – V937
Para todos los proveedores de hogares de cuidado infantil y proveedores individuales exentos de licencia:
De conformidad con la Ley del Senado (SB) 75, Capítulo 51, Estatutos de 2019, a partir del 1 de Julio de 2019, hay cambios en la ley de California con respecto al compartimiento de su información personal. Para conformar con estos cambios, su información de contacto comercial y/o personal se compartirá con organizaciones de ciertos proveedores según la definición legal. Los cambios relevantes se pueden encontrar en las secciones 8431 y 8432 del Código de Educación, la sección 6253.21 del Código de Gobierno, y la sección 1596.86 del Código de Salud y Seguridad.
A partir del 1 de Julio de 2019, el Departamento de Educación de California (CDE) debe coleccionar la siguiente información de proveedores de cuidado infantil con licencia y proveedores individuales exentos de licencia que participan en cualquier programa de educación y cuidado temprano financiado por el estado, según lo define la ley:
- Nombre del proveedor
- Domicilio del proveedor*
- Dirección postal del proveedor
- Condado
- Números de teléfono del trabajo y celular
- Dirección de correo electrónico, si se conoce
- Agencia, contratista, subcontratista o subdivisión política que administra el programa
- Número de licencia de la instalación estatal, si corresponde
- La fecha en que el proveedor comenzó cuidado subsidiado
- La fecha en que el proveedor finalizó cuidado subsidiado, si corresponde: y
- El número de identificación único del proveedor, si corresponde.

*Los proveedores aprobados para participar en el Programa de Confidencialidad de Direcciones del Secretario de Estado, pueden proporcionar la dirección designada en lugar de una dirección particular.
4Cs que enviará su información al CDE inicialmente antes del 30 de Agosto de 2019, y luego mensualmente por medio del Sistema de Información de Desarrollo Infantil (CDMIS).
Posteriormente, el CDE enviará la lista a las organizaciones de proveedores especificadas según la definición legal y de conformidad con la SB 75. El CDE también puede usar esta información para cumplir con los requisitos federales de la Subvención en Bloque del Cuidado Desarrollo Infantil, incluso preparación de la respuesta ante emergencias.
Si tiene alguna pregunta, contáctenos al:

Apoyo de CDMIS
Teléfono: (916) 445-1907
Correo electrónico: CDMIS@cde.ca.gov
Fax: (916) 323-6853
Correo: 1430 N. Street, Suite 3410, Sacramento, CA 95814

Departamento de Educación de California * Agosto 2019
Notice to Providers Attachment A

Relevant Code Sections of Senate Bill 75, Chapter 51, Statues of 2019

Education Code Section 8432.

(c)(1) Upon receipt of a request from a provider organization, the State Department of Education, the State Department of Social Services, and any other state department or agency administering a state-funded early care and education program, with the assistance of any contractors or subcontractors and any political subdivisions of the state that are administering a state-funded early care and education program, shall immediately commence collecting information regarding any individual who has been a family childcare provider, as defined in subdivision (a) of Section 8431, within the preceding three months, including each family childcare provider’s name; home address; mailing address; county; work and cellular telephone numbers; email address, if known; the agency, contractor, subcontractor, or political subdivision of the state administering the state-funded early care and education program in which the provider participates; the date the provider began subsidy care; the date the provider ended subsidy care, if applicable; whether the provider is licensed or not; the unique provider identification number, if applicable; and the state facility license number, if known. The State Department of Education, the State Department of Social Services, and any other state department or agency administering a state-funded early care and education program, with the assistance of any contractors or subcontractors and any political subdivisions of the state administering a state-funded early care and education program, shall make reasonable efforts to collect the information under this subdivision in a timely manner.

(2) Within 60 days of receipt of an initial request from a provider organization, the State Department of Education, the State Department of Social Services, and any other state department or agency administering a state-funded early care and education program shall make available to the provider organization, in a manipulable electronic format unless demonstrably impracticable to do so, all of the information described in paragraph (1) that is available based on the reasonable efforts of the State Department of Education, the State Department of Social Services, and any other state department or agency administering a state-funded early care and education program to collect the information.

(3) As soon as it is in the department’s or agency’s possession, the State Department of Education, the State Department of Social Services, and any other state department or agency administering a state-funded early care and education program shall make available to the provider organization any information described in paragraph (1) that cannot be reasonably collected within 60 days.

(d) Following an initial request as described in subdivision (c), but no earlier than 90 days following receipt of that request, the State Department of Education, the State Department of Social Services, and any other state department or agency administering a state-funded early care and education program shall use reasonable efforts to continue to collect and make available to the requesting provider organization, in a manipulable electronic format unless demonstrably impracticable to do so, an updated list of the information described in paragraph
(1) of subdivision (c), as of that date, every 30 days unless more frequent or more detailed lists are required by an agreement with a provider organization.

(e) Nothing in this section shall be construed to permit an agency, department, contractor, subcontractor, or a political subdivision of the state to delay or obstruct the collection or provision to a provider organization of information pursuant to subdivisions (c) and (d).

(f) This section does not preclude a provider organization and the Governor or the Governor’s designee from agreeing to a different interval within which the State Department of Social Services, the State Department of Education, and any other state department or agency administering a state-funded early care and education program must provide the provider organization with this information.

(g) Any information regarding providers of small family daycare homes, as defined in Section 1596.78 of the Health and Safety Code, that is made available to the provider organization under this section shall be provided in a manner consistent with Section 1596.86 of the Health and Safety Code.

(h) The information provided under this section shall be provided in a manner consistent with Section 6207 of the Government Code for a participant in the address confidentiality program established pursuant to Chapter 3.1 (commencing with Section 6205) of Division 7 of Title 1 of the Government Code.

(i) Upon receipt of a written request by a family childcare provider, the State Department of Education, the State Department of Social Services, and any other state department or agency administering a state-funded early care and education program shall remove the family childcare provider’s contact information from any lists subsequently made available to a provider organization pursuant to subdivisions (c) and (d).

Government Code Section 6253.21.

(a) Notwithstanding any other provision of this chapter to the contrary, information regarding family childcare providers, as defined in subdivision (a) of Section 8431 of the Education Code, is not subject to public disclosure pursuant to this chapter, except as provided in subdivision (b).

(b) Copies of names, addresses, home and work telephone numbers, personal cellular telephone numbers, and email addresses of persons described in subdivision (a) shall be made available, upon request, to provider organizations that have been determined to be a provider organization pursuant to subdivision (a) of Section 8432 of the Education Code. This information shall not be used by the receiving entity for any purpose other than for purposes of organizing, representing, and assisting family childcare providers.

(c) This section does not prohibit or limit the disclosure of information otherwise required to be disclosed by the California Child Day Care Facilities Act (Chapter 3.4 (commencing with Section 1596.70) of, and Chapter 3.6 (commencing with Section 1597.30) of, or Chapter 3.5 (commencing with Section 1596.90) of, Division 2 of the Health and Safety Code).

(d) All confidentiality requirements applicable to recipients of information pursuant to Section 1596.86 of the Health and Safety Code shall apply to protect the personal information of providers of small family day care homes, as defined in Section 1596.78 of the Health and Safety Code that is disclosed pursuant to subdivision (b).
(e) Upon written request of any family childcare provider as defined by subdivision (a) of Section 8431 of the Education Code, a public agency shall not disclose the employee’s home address, home telephone number, personal cellular telephone number, email address, or birth date pursuant to subdivision (b).

**Health and Safety Code Section 1596.86.**

(b) To encourage the recruitment of small family day care homes and protect their personal privacy, the department shall prevent the use of lists containing names, addresses and other identifying information of facilities identified as small family day care homes, except as necessary for administering the licensing program, facilitating the placement of children in these facilities, and providing the names and addresses to resource and referral agencies funded by the State Department of Education, food and nutrition programs funded by the State Department of Education, alternative payment programs funded by the State Department of Education, county programs under the Greater Avenues for Independence Act of 1985 (Article 3.2 (commencing with Section 11320) of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code), family day care organizations, provider organizations that have been determined to be provider organizations pursuant to subdivision (a) of Section 8432 of the Education Code, or specialized health care service plans licensed under the Knox-Keene Health Care Service Plan Act of 1975, as contained in Chapter 2.2 (commencing with Section 1340), which provide employee assistance program services that include childcare referral services. Upon request, parents seeking local day care services may receive the names and telephone numbers of local small family day care providers.

(c) The department, in consultation with the Child Development Division of the State Department of Education, shall adopt regulations relating to the confidentiality of information provided pursuant to subdivision (b) on small family day care homes. These regulations shall include procedures for updating lists or other information on small family day care providers to ensure referral only to licensed homes in good standing with the department. Any person or entity violating the regulations under this subdivision may be denied access by the department to information on small family day care homes and shall be reported by the department to the appropriate funding or licensing department.

California Department of Education
August 2019