Orange County Department of Education
Business Services

FAMILY SUPPORT SERVICES

Tel. (714) 708-3860 ▪ Fax (714) 708-2916

Mailing Address

Family Support Services
P.O. Box 9050
Costa Mesa, CA 92628-9050

PARENT/PROVIDER PARTICIPATION GUIDELINES - *ACKNOWLEDGEMENT OF RECEIPT*

Provider Acknowledgement

INITIAL

_____ I acknowledge that I have received a copy of Orange County Department of Education Family Support Services Parent/Provider Participation Guidelines effective July 2026.

_____ I understand that I can contact the program via phone, email or fax at any time to ask questions or seek clarification regarding the policies and procedures for the Orange County Department of Education Family Support Services program (OCDE FSS).

_____ I agree to familiarize myself with the information in the Parent/Provider Participation Guidelines and to follow the policies and procedures as described.

_____ I understand that failure to follow the policies and procedures outlined in the OCDE FSS Parent/Provider Participation Guidelines, may result in termination of my contractual agreement for child care services with OCDE FSS.

_____ I understand that providing any incomplete, deceitful, or misleading information will result in termination of my contractual agreement for child care services with OCDE FSS

_____ I understand that OCDE FSS is required to recover costs from me for any child care services provided using incomplete, deceitful or misleading information or documentation.

_____ I further understand that the OCDE FSS may change, rescind or add to any policies or procedures based on changes set forth by the California Department of Social Service (CDSS), Child Care and Development Division (CCDD), and/or the Orange County Superintendent of Schools.

_____ I agree to inform OCDE FSS <u>immediately</u> of any change in license status, address, Tax ID number, change of location of child care, change of ownership, and/or telephone number. I understand that failure to notify OCDE FSS of changes may result in termination of my contractual agreement for child care services with OCDE FSS.

I agree that I have read and understand the above statements regarding the OCDE FSS Parent/Provider Participation Guidelines. I understand that failure to follow these policies and procedures may result in non-payment of child care services and/or termination of my contractual agreement for child care services with OCDE FSS.

_____ _____

Print Full Name of Provider Authorized Signer | Doing Business As (*if applicable*)

_____ _____

Authorized Signature | Date

Revised 07/2026