



Orange County Department of Education

Family Support Services Parent Participation Guidelines/Orientation

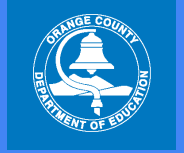
3001 Redhill Ave., Bldg. 4, Suite 113

Costa Mesa, CA 92628

Phone: (714)708-3860

Fax: (714)708-2916

ORANGE COUNTY DEPARTMENT OF EDUCATION



VISION

Orange County students will lead the nation in college and career readiness and success.

MISSION

To ensure that all students are equipped with the competencies they need to thrive in the 21st century.

OCDE is a public education organization offering support to 27 school districts and more than 600 schools and 20,000 educators serving more than 500,000 students in Orange County

OCDE's personnel offer support, professional development, and student programs through its divisions and departments: Administrative Services, Alternative Education, Business Services, Career and Technical Education, Information Technology, Legal Services, and Educational Services.

VALUES

OCDE is dedicated to the fundamental human values of respect, responsibility, integrity, and professional ethics. Our priority is service to students, schools, districts, families, and community members. We provide a safe, caring, courteous, and professional environment that fosters collaborative work and individual development for our employees. We hold ourselves and each other accountable for the highest level of performance, efficiency, resource management, and professionalism.

FAMILY PARTICIPATION GUIDELINES (Handbook)

OCDE Family Support Services handbook is available to all families, components include:

- Part 1: INTRODUCTION
- PART 2: PARENT GUIDELINES
- PART 3: PROVIDER PARTICIPANT GUIDELINES
- PART 4: DOCUMENTING CHILD'S ATTENDANCE
- PART 5: GRIEVANCE AND COMPLAINTS
- PART 6: RESOURCES



FAMILY SUPPORT SERVICES

The Orange County Department of Education (OCDE) Family Support Services (FSS) program helps subsidize child care payments for eligible families in Orange County. The program is funded by the California Department of Social Services (CDSS), Child Care and Development Division (CCDD). Subsidized child care is provided via contracts established between OCDE Family Support and a child care provider who is an independent contractor selected by the parent.

OCDE FSS encourages families to carefully select a child care provider. Families may choose licensed family day care homes, license-exempt providers, center programs, or school districts. Parents are encouraged to select a child care setting that best reflects their parental and cultural values, meeting the individual needs of the family.

FSS MISSION GOALS

- We support families in choosing quality child care in order to facilitate the learning, growth and development of their children.
- We provide subsidized child care services allowing parents to work towards becoming economically self-sufficient.
- We provide information regarding parenting skills.
- We identify community resources to assist families.



COMMUNICATION

Family Support Services

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

Mailing Address

P.O. Box 9050, Costa Mesa, CA 92628-9050

Office Address

3001 Red Hill Ave., Bldg. 4, Suite 113, Costa Mesa, CA
92626

PART 2 (HANDBOOK)

All families are encouraged to review all parts of the handbook. PART 2 is dedicated to “PARENT GUIDELINES” pg. 11. The following are discussed in PART 2 of the handbook:

- Qualifying for child care
- Approval of services
- Eligibility requirements
- Documentation and determination of family size
- Qualifying Need
- Income requirement and documentation
- Family Fees pg. 24
- Selecting Child Care Provider pg. 27
- How to Maintain Services
- Parent Rights

REQUIRED DOCUMENTATION FOR NEED

- Employment
- Seeking employment
- Training towards vocational goal
- Progress towards vocational goal
- Educational program
- Homelessness
- Seeking permanent housing
- Incapacity
- Cash Aid Recipient (CalWORKs)
- Child Protective Services (CPS), “At-Risk” of Neglect or Abuse

DETERMINING CHILD CARE HOURS

Childcare hours are based the needed number of hours from primary and/or secondary parent in the household.

A two parent household must provide proof of need with overlapping hours for child care to be approved.

Approved hours of care are based on hours parent is working, attending educational/ vocational training, seeking work and/or seeking housing. Child Protective Services (CPS) and Incapacitated families will have their hours based on the documentation provided by a social worker or physician.

An appropriate schedule will be determined by your FSS technician based on documentation provided by you (parent/guardian). Travel time may be granted as well as study time.



FAMILY FEE vs CO-PAYMENT

FAMILY FEE

OCDE FSS is required to collect a family fee when it has been determined that a family's gross monthly income and family size falls within the Family Fee Schedule as determined by the CDSS CCDD. (The family fee is not a co-payment. A co-payment is paid to the provider and a family fee is paid to OCDE FSS). pg.24

CO-PAYMENT/CO-PAY

A co-payment/co-pay is the difference between the amount the provider charges and what OCDE FSS is allowed to reimburse on your behalf per state regulations. It is the parent's/guardian's responsibility to pay any amount above the maximum amount OCDE FSS can reimburse to a daycare provider.

EXAMPLE: Daycare charges \$350 per week, OCDE FSS can only reimburse \$300 per week per regulations. Parent is now responsible for payment of the \$50 weekly co-payment amount directly to the daycare provider.

POSSIBLE OUT OF POCKET COST TO PARENT

Please Be Aware: There is a possibility for additional out-of-pocket cost to a parent.

Please reference pg. 26 in your handbook.

Please note: OCDE FSS does not reimburse daycare providers for private kindergarten/private academic hours.

POSSIBLE OUT-OF-POCKET COST TO PARENT

1. **Family Fee** - based on Fee Schedule as determined by the CDSS CCDD. This monthly fee is paid to OCDE FSS.
2. **Co-Pay** - co-payment made directly to their selected child care provider when provider charges over the Regional Market Rate Ceiling (RMR)
3. **Provider Fees** - such as registration, materials, and insurance if amount exceeds the RMR
4. **Other Provider Costs** -
 - a. Payment for hours/days of child care that have not been authorized by OCDE FSS.
 - b. Payment of non-operational days that exceed 10 allowable days for payment
 - c. Fees assessed for late pick up or early start of child care, transportation, notice to withdraw from child care, or any other fees not eligible for reimbursement by OCDE FSS.
 - d. OCDE will not reimburse parent for any deposits made to hold a spot for child.
5. **Academics** - student's academic portion of the day for child attending Kindergarten or above.

DOCUMENTING A CHILD'S ATTENDANCE

- The child care attendance sheet is a legally binding record of attendance that must be completed daily with actual time in and time out.
- Parent and Provider must sign and date the bottom of the attendance sheet under penalty of perjury that the time and day of attendance is true and correct.
- The attendance sheet will be reviewed in detail by OCDE FSS staff to ensure accuracy based on guidelines established by the California Department of Education and OCDE FSS policies and procedures prior to processing for reimbursement.
- Attendance sheets must be completed daily in ink pen.
- White out is not allowed. Cross out and initial mistakes, then write in correct information.
- All reasons for absence must be specific and documented on the attendance sheet.
- Attendance sheets are mailed each month to child care provider.

Instructions on how to complete the OCDE Attendance sheet

SAMPLE

11111

MAILING ADDRESS: TELEPHONE NUMBER: (714) 708-1840
 P.O. Box 5059 Costa Mesa CA 92626-9050 FAX NUMBER: (714) 708-3516

AUGUST 2021 ATTENDANCE SHEET

Provider Name: V9420813 Address: City: FID Provider ID: 101 License Number: 44521 Child ID: 12345
 Provider: Daly Love Child Care Provider ID: 101 Child ID: 4521 Parent Name: Reason: Reasonable Fax ID: 5432
 Address: 123 Lolly Lane Costa Mesa CA 92627-0516 Provider Phone: (714) 222-3333 Provider Code: 9399

Care Type: Licensed Home Care

DATE	DAY	ACTUAL TIME IN	ACTUAL TIME OUT	PROVIDER TIME IN	PROVIDER TIME OUT	REASON FOR ABSENCE	AGENCY USE
1	Sun						
2	Mon						
3	Tue						
4	Wed						
5	Thu						
6	Fri						
7	Sat						
8	Sun						
9	Mon						
10	Tue						
11	Wed						
12	Thu						
13	Fri						
14	Sat						
15	Sun						
16	Mon						
17	Tue						
18	Wed						
19	Thu						
20	Fri						
21	Sat						
22	Sun						
23	Mon						
24	Tue						
25	Wed						
26	Thu						
27	Fri						
28	Sat						
29	Sun						
30	Mon						
31	Tue						

FROM THE USER ONLY - INVOICE FOR THIS CHILD

AMOUNT: PROVIDER ENTER IF APPLICABLE: PROVIDER CAN ENTER INVOICED AMOUNT
 OTHER FEES: PROVIDER ENTER IF APPLICABLE: PROVIDER ENTER INVOICED AMOUNT
 TOTAL AMOUNT: PROVIDER ENTER INVOICED AMOUNT

THE USER SHALL BE RESPONSIBLE FOR PART OF THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND BEING OBTAINED ONLY FROM THE CHILD CARE PROVIDER AND NOT FROM THE CHILD OR ANY OTHER SOURCE. THE USER SHALL BE RESPONSIBLE FOR PROVIDING THE CHILD CARE PROVIDER WITH THE CHILD CARE PROVIDER'S NAME, ADDRESS, PHONE NUMBER, MAILING ADDRESS OR MAILING INFORMATION FOR THE CHILD CARE PROVIDER. THE SIGNATURE OF AN ORANGE COUNTY CALIFORNIA OR MAILING INFORMATION SHALL BE REQUIRED FOR REIMBURSEMENT. USER SHALL SIGN AND DATE THIS ATTENDANCE SHEET AND PROVIDER SHALL SIGN AND DATE THIS ATTENDANCE SHEET.

Parent must sign & date Provider must sign & date

Please Signatures: _____ Date: _____ Provider Signatures: _____ Date: _____

AGENCY OFFICE USE ONLY
 PAYMENT: _____
 OTHER FEES: _____
 TOTAL PAID: _____
 RECEIVED: _____ DATE: _____

Parent is responsible to ensure information is correct & accurate. Failure to complete attendance sheet correctly can result in child-enrollment from program.

THIS COLUMN
Parent to enter exact time to the minute that the child is dropped off at child care. No blocking of time.

TWO COLUMNS
Provider is to complete. Used for school age children- TIME OUT is start of school. TIME IN is end of school. Times should be the bell schedule of school.

THIS COLUMN
Parent to enter exact time to the minute that the child is picked up from child care. No blocking of time.

THIS COLUMN
If child is not in care, write specific reason for absence, i.e. child sick, mom sick, provider holiday, family vacation.

Provider can enter invoiced amount

Note: Orange County Department of Education (OCDE) fiscal year runs July 1st through June 30th. Any outstanding attendance sheets for this date range must be submitted by US Mail no later than July 7th. Original attendance sheets are required, do not send by email. ANY ATTENDANCE SHEET RECEIVED AFTER THE JULY 7th DEADLINE MAY BE SUBJECT TO NON-PAYMENT. Payment can only be made using the current fiscal year's monies.

CHANGE IN FAMILY STATUS OR SERVICES

Parent may voluntarily self-report a change in their family's status. To make a change, parent is to contact their assigned OCDE FSS representative by submitting a request in writing by email, fax, US Mail or dropped through mail slot at Family Support Services' office. Parent may request in writing to:

- Increase hours of service without increasing family fee;
- Reduce family fees without decreasing service hours; or
- Decrease in service hours

Parent may request a transfer of child care from one provider to another.

- Parent must complete a Transfer Request form and submit to OCDE FSS.
- Request are processed on a first come first served basis, contingent upon available funding (pg. 31)

PARENT RIGHTS

1. Family may choose the type of care that best meets their cultural and family values.
2. Family has the right of confidentiality. The use or disclosure of individual family information will be limited to purposes directly connected with the administration of the program by OCDE FSS, with the exception of a court order, subpoena, or in the investigation of a crime. OCDE FSS may contact employers, training institutions, County Welfare Department, other state and federally funded child care programs, doctors, or other qualified professionals to verify information to determine eligibility to receive subsidized child care services.
3. Family has the right to request an appeal hearing for any action reflected on an NOA. Parent must file a written request for hearing before the appeal date listed on the front of the NOA. See Appeal Process (pages 50-51)
4. Family has the right to review their eligibility file. Requests for copies of records must be made in writing. Charge will be \$0.25 per page payable by money order.
5. Family has unlimited access to their child(ren) and child care provider caring for their child(ren) during normal hours of provider operation and whenever the child(ren) are in the care of the provider.

ABANDONMENT OF CARE

OCDE FSS is notified by child care provider that child has not been attending. An OCDE FSS representative will initiate contact with parent. If contact cannot be made, a NOA will be issued for disenrollment if there has been no communication with child care provider and/or OCDE for 30 consecutive calendar days.

If contact is made with parent, OCDE FSS will determine and note the type of absence. The ATTENDANCE SHEET POLICIES AND PROCEDURES form will be sent to parent to complete and sign. The form is to be returned to OCDE FSS by due date requested. Parent is counseled that they must check in on a weekly basis to provide update until child returns to care.

For more information, refer to pg. 47

NOTICE OF ACTION (NOA)

A Notice of Action is issued when care is approved or denied, there is a change in your services, or services are being terminated.

- An effective date will always be listed on NOA.
- Anytime you make any adjustments to your account or report a change you will receive a Notice of Action to summarize the changes applied. These forms are for your reference and do not need to be submitted back.

If you do not agree with the information reflected on your NOA received you do have the option to submit an appeal request.

- You must complete the appeal section of the Notice of Action (page 3) and submit it to your assigned family service technician.

State of California – Health and Human Services Agency California Department of Social Services

NOTICE OF ACTION

1. NOTICE OF ACTION (COMPLETE EITHER 1.A. OR 1.B.)

1.A. Application for Services
 Services Approved to Begin : 02/27/2023 Date
 Services Denied
 If appealed, appeal is due by: 03/15/2023 Date
 (Note: Appeal Instructions are on page 3.)

1.B. Recipient of Services
 Change in Service
 Termination of Service
 Termination of Service for Delinquent Fees
 Effective Date of Action: _____
 If appealed, date appeal is due by: _____

2. DISTRIBUTION OF NOTICE

Notice Given to Parent/ Caretaker
 First Class Date Notice Given or Mailed: 02/24/2023
 Other

Tracking No. _____

3. PARENT/CARETAKER INFORMATION

Parent/Caretaker A: Jane Doe Parent/Caretaker B: _____
 Address: 3001 Red Hill Ave City: Costa Mesa Zip: 92626 Telephone: 123-456-7890

4. APPROVED CHILD CARE SERVICES (Complete all information for each child approved for services.)

Name(s) of Child(ren) Receiving Services	Program Code	Enter Approved Hours of Enrollment						
		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Jay Doe DOB: 01/01/2023 Program: CAPP-CRRSA Prov: CCDE Preschool	CAPP	School: 0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jake Doe DOB: 02/01/2022 Program: CAPP-CRRSA Prov: CCDE Preschool	CAPP	School: 0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Vacation: 0.00	0.00	0.00	0.00	0.00	0.00	0.00

Monthly Family Fee: _____ Part-time: \$0.00 Full-time: \$0.00

5. BASIS FOR FAMILY ELIGIBILITY FOR SERVICES

Recipient of Child Protective Services
 Current Aid Recipient
 Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited
 Income Eligible (Reference Family Fee Schedule or Income Ceiling for Admission to State Preschool Programs.)
 Homeless

6. BASIS FOR FAMILY NEED FOR SERVICES

Recipient of Child Protective Services
 Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited
 Seeking Permanent Housing

CCD 7617 (8/21) Required Form - No Substitute Permitted Family ID: 14049 Page 1 of 3

State of California – Health and Human Services Agency California Department of Social Services

Engaged in Vocational Training/Education
 Employed or Seeking Employment
 Incapacitated Parent(s)
 Documentation of Child's Exceptional Needs
 Homelessness

7. REASON FOR ACTION: *State the specific reason(s) services were denied, changed, or terminated.*

Child care services are approved effective February 27, 2023 for not less than twenty-four (24) months. Your need for child care is employment and seeking employment. Child care is approved on non-school days 9 hours per day, Monday-Friday. Child care is approved 5 days per week. Time in/out may change from day to day.

8. AGENCY NAME

Orange County Department of Education

9. NAME/TITLE OF AGENCY REPRESENTATIVE

Ana Celis-Sandoval / Title: Family Service Technician / Phone: 714-708-3860

10. SIGNATURE OF AGENCY REPRESENTATIVE

x _____

The agency must complete the information on page 3 before the Notice of Action is issued.

CCD 7617 (8/21) Required Form - No Substitute Permitted Family ID: 14049 Page 2 of 3

APPEALS

If parent disagrees with an action, parent may appeal and request a hearing with OCDE FSS by the appeal deadline indicated in the NOA.


Parent may use the back of the NOA to request a hearing (see instructions on back of NOA) or submit request in writing via email, fax or US Mail. Please include a copy of the NOA or state the action you are appealing.

State of California – Health and Human Services Agency		California Department of Social Services
Appeal Information: If you do not agree with the agency's action as stated in the Notice of Action, you may appeal the intended action. To protect your appeal rights, you must follow the instructions described in each step listed below. If you do not respond by the required due dates or fail to submit the required appeal information with your appeal request, your appeal may be considered abandoned.		
STEP 1: Complete the following appeal information to request a local hearing:		
Name of Parent/Caretaker		Telephone No.
Address	City	Zip
In this section, please explain why you disagree with the agency's action.		
Check Box If an Interpreter is Needed at the Local Hearing: <input type="checkbox"/>	Signature of Person Requesting a Local Hearing	Date
STEP 2: Mail or deliver your local hearing request within 14 days of receipt of this notice to: This section must be completed by the agency before the notice is served		
A. Agency Name: Orange County Department of Education		
B. Agency Address: 3001 Red Hill Ave, Bldg 4 Suite 113		
C. City/State/Zip: Costa Mesa, Ca 92626		
D. Name of Agency Contact: Mayra Orozco		
E. Agency Telephone Number: 714-708-3860 /FAX: 714-662-2229 /E-Mail: <input type="text"/> ex <input type="text"/> Morozco@ocde.us		
STEP 3: Within ten (10) calendar days following the agency's receipt of your appeal request, the agency will notify you of the time and place of the hearing. You or your authorized representative are required to attend the hearing. If you or your representative do not attend the hearing, you abandon your rights to an appeal, and the action of the agency will be implemented.		
STEP 4: Within ten (10) calendar days following the hearing, the agency shall mail or deliver to you a written decision.		
STEP 5: If you disagree with the written decision of the agency, you have 14 calendar days in which to appeal to the Child Care and Development Division (CCDD). Your appeal to the CCDD must include the following documents and information: (1) a written statement specifying the reasons you believe the agency's decision was incorrect, (2) a copy of the agency's decision letter, and (3) a copy of both sides of this notice. You may either fax or mail your appeal to the contact information below:		
California Department of Social Services Child Care and Development Division Attn: Appeals Coordinator 744 P Street, MS 9-8-351 Sacramento, CA 95814 Phone: (833) 559-2420 Fax: (916) 654-1048 Email: CCDDAppeals@dss.ca.gov		
STEP 6: Within 30 calendar days after the receipt of your appeal, the CCDD will issue a written decision to you and the agency. If your appeal is denied, the agency will stop providing child care and development services immediately upon receipt of California Department of Social Services' decision letter.		
CCD 7617 (8/21) Required Form - No Substitute Permitted		
		Family ID: 14049
		Page 3 of 3

CHILD CARE CERTIFICATE

The Child Care Certificate “Certificate” is the parent’s official contract with OCDE FSS, it will always reflect the approved schedule and the rate the provider is requesting. When our program is not able to cover the full rate requested by the provider, a co-pay will reflect on the certificate. Please note, OCDE has a maximum reimbursement cap for children depending on their age group, approved hours, and type of facility.

Certificate is issued at initial enrollment, recertification and any time there is a change in the families hours of care approved or provider’s information.



Orange County Department of Education
P.O. Box 9050
Costa Mesa, CA 92628-9050
(714) 708-3860 Specialist: Ana Cebalgarova

CHILD CARE CERTIFICATE

Schedule ID: _____ Date Created: 2/21/2023

This certificate is redeemable for child care services only for the time indicated and for the child listed on this certificate.
This certificate is non-transferrable

Child's Name: Jake Doe Child's ID: _____ DOB: 02/01/2022 Age: 1.03
 Parent Name: Jane Doe Family ID: 12345
 Parent's Address: 3001 Red Hill Ave Costa Mesa, Ca 92626
 Family Fees: Full Time _____ Monthly: _____ Part Time: _____

Effective Date: Beginning: 02/27/2023 Ending: _____

Regular																									
Days					Start	Stop	Daily	Wkly	AH	W	SN	EN	SH	Rate	Prog	\$ Rate		\$ Co-Pay		Ri	Meals				
V	S	M	T	W	T	F	S	Time	Time	Hrs	Hrs				Code	FT	PT	FT	PT	Bk	L	S	D		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8:00 AM	4:30 PM	8.50	8.50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	W	CAPP			\$248.82		\$53.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9:00 AM	4:00 PM	7.00	21.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	W	CAPP			\$0.00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
											29.50														

* Rate Type Codes: Hourly (H), Daily (D), Weekly (W), Monthly (M)

Notes: Provider's part time weekly rate is \$300. OCDE will reimburse up to the applicable RMR ceiling.
 Pay Enrolled Attendance Only Pay Actual Attendance Only

Provider Name: OCDE Preschool Provider ID: 1234
 Provider Address: 123 OCDE Rd Costa Mesa Ca 92626
 Registration/Materials Fee _____ Fee Date _____
 Sibling Discount: Yes Any sibling discount is included in the above rates
 Type of care: Licensed Center-Based Care

Reimbursement rates may be prorated when: child care begins or ends in the middle of the week or month, the month begins or ends with a partial week, due to a provider's day of non-operation, or due to child absences if payment is based upon actual attendance. Parent has final responsibility to pay the provider for any amount that is not paid by the Orange County Department of Education, Family Support Services. (Examples include: registration or co-pay.)
 Parent confirms the information on this certificate is a true representation of their child care needs. Any falsification of information may be grounds for termination. Any co-payment to the Provider is the sole responsibility of the parent. Parent and Provider concur with the terms and rates on this certificate.

Family Services Specialist Signature _____ Date _____

RESOURCES

Children's Home Society of California – (714) 456-9800

333 South Anita Drive, Suite 350, Orange, CA

92868

Resource and Referral Hotline: (714) 543-2273

<https://www.chs-ca.org/>

Orange County United Way

By dialing 2-1-1, you reach a FREE, 24-hour emergency hotline linking you to thousands of local health and human services resources. Staffed 24 hours per day by caring, experienced and trained specialists

<https://www.unitedwayoc.org/how-we-are-doing-more/get-help-211/>

Social Services Agency of Orange County To find local office visit <http://ssa.ocgov.com/>

Child Care Licensing – (714) 703-2800

<https://www.cdss.ca.gov/inforesources/child-care-licensing>

Reimbursement Ceilings for Subsidized Child Care <https://rcsc.adm.dss.ca.gov/>