Attention: All San Francisco Family Child Care Providers.

We’re pleased to announce that The City of San Francisco is funding the “Substitute Reimbursement for Professional Development Program” for the period of July 1st, 2006 to June 30th, 2007.

This packet includes the information you need to successfully participate in the program for the Fall 2006 Semester.

♦ Summary of Program Qualifications and Conditions to give you the basic information needed regarding:
  - Qualification: only living, licensed family child care providers caring for children in San Francisco.
  - Which college courses, with a grade of “C” or better, qualify for the program.
  - What backup you must supply to support that your substitute/s meets licensing qualifications and is employed by you.

♦ Application form for Fall 2006:
  - Complete: “Application form” (See Page 3) and attach a copy of your “Class schedule”.
  - Mail: Completed form(s) with original signature by November 17th, 2006 to:
    Family Child Care Association of San Francisco
    150 Executive Park Blvd., Suite 4600
    San Francisco, CA 94134

On behalf of the City of San Francisco and the Family Child Care Association of SF we wish you continued success as you add to your education, credentials and professionalism in the care and education of our young children.

“The Family Child Care Association of San Francisco” is available to answer any questions. Call us at (415) 656-1010 and we will be glad to assist you.

All documentation needs to be fully and accurately completed or you could forfeit the reimbursement.

(If you are planning to take classes in the “Spring Semester 2007”, please contact the office.)
Summary of Program Qualifications

The Family Child Care Substitute Reimbursement Program for Professional Development

Program Objectives:

To improve the quality and stability of child care for San Francisco’s children by reimbursing family child care providers for their costs of hiring qualified substitutes, while they leave their homes during their normal operating hours, to participate in approved professional development and leadership activities.

Reimbursements are $12/hr for the time the family child care provider is attending credit class(es) or the qualifying activities, including and limited to only one hour for travel time.

Qualifying Activities:

I. College Courses

- College courses with a grade of C or better in Early Childhood Education or General Education that count toward:
  1. CARES stipends
  2. The California Child Development Permit.
  3. Quality Rating Scale classes
  4. A degree
  5. City College Family Child Care Certificate

(OR)

II. Professional Growth Hour Activities

- Professional Development Growth Hours that count toward CARES stipends or the California Child Development Permit.
- A maximum of 21 hours Professional Development hours per year can be reimbursed, in accordance to CARES stipends.

Conditions & Qualifications:

- The family child care provider must be living, licensed and caring for children, in San Francisco.
- Substitutes must meet licensing qualifications, must be associated to your facility and must have:
  - Fingerprint Clearance
  - Criminal Clearance
  - Tuberculosis Clearance
  - Current Infant & Child CPR and First Aid Certification

- The family child care provider must submit the following:
  - A signed Agreement for Services.
  - A signed W9 form.
  - A copy of your grade notification, transcript or a Course Verification Form signed by the instructor.
  - A Professional Development Verification Form signed by the presenter.
  - Proof that there were child care children in your program during the times for which reimbursement is requested. A children attendance sign up sheets with the parent’s signature and phone number is required.
  - Proof that the person in charge of the children had the proper license qualifications.

How funds will be disbursed:

If we receive requests that add up to more than the money we have available, we will divided the available funds evenly among providers who apply in a timely manor and summit all the completed documents, beginning with the first successfully completed course or series of course adding up to three (3) earned units during the funding term (July 1st, 2006 to June 30th, 2007) We will continue this process until all available money is used up.
Deadline: Friday, November 17th, 2006

Fall 2006 Semester Application in a College Course

Name (print): ____________________________ Social Security or FEIN No.: ____________________________

Address: ____________________________ Zip Code: ____________________________

Phone number: ____________________________ FAX: ____________________________

License No.: ____________________________ I operate during the days and hours of: ____________________________

I have enrolled in the following course. A qualified substitute/assistant will be with the children during the time I’m away from my child care home to attend the class. Complete a separate form for each class.

<table>
<thead>
<tr>
<th>COLLEGE COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Name: ____________________________ Semester: ____________________________ No. of Units: ____________________________</td>
</tr>
<tr>
<td>Name of College: ____________________________ Course No.: ____________________________ Sequence No.: ____________________________</td>
</tr>
<tr>
<td>Starting Date: ____________________________ Ending Date: ____________________________ Times of classes: ____________________________</td>
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<tr>
<td>Total number of classes for the course: ____________________________ Number hours per class: ____________________________</td>
</tr>
<tr>
<td>Instructor Name (print): ____________________________</td>
</tr>
</tbody>
</table>

How many total ECE Units do you have? ________

Do you have a Permit? ☐ Yes ☐ No
If yes, what level of permit do you have?
☐ Assistant ☐ Associate Teacher ☐ Master Teacher ☐ Site Supervisor ☐ Program Director

I certify that the information and supporting documents are true and correct, that I’m solely responsible for my assistants and employees, and that my child care children were with a license qualified person in my absence.

Signed: ____________________________ Date: ____________________________

Remember to attach a copy of the Student Class Schedule