

WEST HOLLYWOOD PRESCHOOL

COME EXPLORE WITH US!

License # 191805756

Call to set up a tour and start exploring!
(323) 850-3090

At West Hollywood Preschool we strive to provide quality early care and education so children can learn the skills they need to be successful in school and in life.

Quality care allows parents to work or attend school knowing their children are in a safe, nurturing, and learning environment.

We offer a play-based curriculum focused on the individual needs of each child. Our diverse environment provides children with real-world experiences that help teach compassion, patience and acceptance of others.

Our center is funded by the California Department of Education and the City of West Hollywood.

General Information

Ages served: 2 yrs & 5 mos to 5 yrs

Operating Hours: 7am-5:30pm

Open Year Round, closures for holidays and professional development days

Teacher Ratio

Under 3 years: 1 adult/4 children

3 - 5 years: 1 adult/8 children

Average class size: 16

Rates

We offer subsidized child care to eligible families for FREE or reduced costs. Eligibility is based on income, family size, and need.

A need, sometimes referred to as a parent's activity, is defined as one or a combination of employment, vocational training, job seek, incapacity, or homelessness.

For more information about eligibility please contact us.

Nutrition Program

We provide FREE breakfast, lunch, and afternoon snack. The food provided meets the guidelines of the Child and Adult Care Food Program (CACFP) under the U.S. Department of Agriculture.

Meals are served family style and are used as an opportunity for developing appropriate social behaviors, conversation skills, good nutrition habits, and ecological attitudes that discourage food waste.

Additionally, we strive to partner with families and accommodate to any nutritional or cultural needs of each child.

Field Trips

Field trips are part of the educational program and support the themes the children are learning in the classroom. Parents are welcomed and encouraged to participate when available.

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ABOUT US

Our Mission

Pathways LA strengthens low income and vulnerable working families, promotes high quality early care and education services for children of all abilities, develops knowledgeable early care providers, and promotes economically resilient communities.

Statement of Purpose

Pathways LA in partnership with The City of West Hollywood, established the West Hollywood Preschool in 1991. Our program is committed to quality early care and education and helping each child develop to their full potential.

The early care and education program is based on children's growth and developmental needs. To supplement the care provided within their family structure, the staff designs curriculum experiences that foster growth and extends the children's home learning.

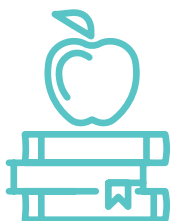
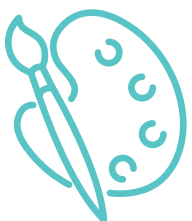
Center Philosophy

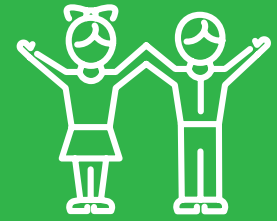
The West Hollywood Preschool views itself as a partner with parents in meeting the developmental needs of their children. To provide the children with an environment that is responsive, unique, and individual to their needs, we believe it is critical to build a bridge between school and home.

Teachers base their work on their knowledge of each child's age and developmental level, his or her individual needs and interests, and the family's social and cultural background.

We understand the importance of play in the lives of young children and therefore embrace a play-based curriculum. The curriculum builds upon the interests of children as they emerge. Teachers provide developmentally appropriate activities and materials that are relevant and meaningful that support children's social, emotional, physical, language, and cognitive development.

We strive to offer a program where children; develop healthy self-esteem, acquire positive communication skills, learn how to solve problems, make decisions that take into consideration their own needs as well as the needs of others, gain an appreciation for diversity and difference, and develop a love of learning that lasts a lifetime.





OUR APPROACH TO A CHILD'S DEVELOPMENT

Creative Curriculum

The center implements the Creative Curriculum for Preschoolers and Toddlers. The curriculum is developmentally appropriate, emphasizes positive relationships and promotes progress and learning in all developmental areas; social, emotional, physical, language, and cognitive. The curriculum balances teacher-planned and child-initiated activities and emphasizes children's strengths, interests, needs, and learning styles as well as reflects the influence of culture, family, and community in the child's life. The curriculum is nationally known for being comprehensive and rigorously researched. The curriculum is inclusive of children who are dual-language learners, children with disabilities, and advanced learners.

STEAM practices are incorporated into our curriculum; which is an introduction to the five disciplines of Science, Technology, Engineering, Art, and Math. Children can learn and explore in an environment that encourages problem-solving, innovating and creating.

Family Engagement

Our West Hollywood Preschool is an inclusive space where we welcome and

support parent participation at every level. Our open-door policy offers all parents and guardians the opportunity to share in their child's education. We offer training to parents on various important topics about child development at times which are convenient to the parents. We also provide opportunities for parents to interact with other parents and get involved in parent support groups as well as advocacy efforts.

Developmental Screenings, Assessments, and Behavior Management Support

Our goal is to ensure that all children are making continuous progress in all areas of development. We implement evidence-based assessments to monitor progress and intervene as necessary. Assessment results support planning for the curriculum, planning for each individual child's development, and are included in the information we share with families during regularly scheduled parent conferences, and as needed.

We also implement evidence-based screening tools. Screening young children is an effective, efficient way for professionals to check a child's development, help parents celebrate their

child's milestones and know what to look for next, and determine whether follow up steps are needed. It's also an essential first step toward identifying children with delays or disorders in the critical early years, before they start school.

In addition, Pathways LA partners with professionals in the field to support the healthy social and emotional development of all children. Our services include classroom observations and consultation with the teaching staff and site supervisor to support optimal classroom management. The program provides support and services for the child and the entire family, as well as referrals to resources that will help meet their needs.

Child Guidance and Discipline

West Hollywood Preschool uses evidence-based, positive, age-appropriate methods of discipline and guidance. Our goal is to support children's development of self-regulation, increase social competence, and to develop a peaceful and respectful approach with others. We use the following techniques to encourage self-discipline: prevention, redirecting, encouraging, modeling, discussing, and problem-solving.

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

West Hollywood Preschool . This Child Care Center/School provides a program which extends from 7: : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

(a.m.) p.m. to 5:30 a.m. (p.m.), 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



Parent Letter

85% Exit Threshold Notification

Date: _____

Name: _____

Address: _____

Dear Parent,

Per the California Department of Social Services (CDSS) directives, at initial certification you are determined income eligible for services if your family’s adjusted monthly income remains at or below 85 percent of the State Median Income, adjusted for family size. You will remain income eligible for services throughout the current certification period and at recertification until your adjusted monthly income exceeds 85 percent of the most recent SMI, adjusted for family size. In the table below locate your family size to determine the maximum family monthly income you can earn to remain eligible for services. You have an obligation to report increases in income that exceed the 85 percent threshold for ongoing income eligibility, and at that time your ongoing eligibility for services shall be redetermined. By signing below you acknowledge this policy and documentation was reviewed and that you understand the implications.

Family Size	Family Monthly Income	Family Annual Income
1-2	\$6,008	\$72,096
3	\$6,842	\$82,104
4	\$7,941	\$95,292
5	\$9,211	\$110,532
6	\$10,482	\$125,784
7	\$10,720	\$128,640
8	\$10,958	\$131,496
9	\$11,196	\$134,352
10	\$11,435	\$137,220
11	\$11,673	\$140,076
12	\$11,911	\$142,932

Table 1. Schedule of Income Ceilings (85 percent SMI) for Recertification Child Care and Development Programs

Signature

Date

INCOME CALCULATION WORKSHEET

SECTION A: Total Monthly Countable Income

(To be completed by PARENT)

	Sources of Income	Parent A	Parent B
1	Gross Wages/Salary/Tips	\$	\$
2	Gross Income from self-employment less business expenses with the exception of wage draws		
3	Advances/Commissions/ Bonuses (If one-time only, prorate over a twelve month period.)	\$	\$
4	Allowances for housing or automobiles provided as part of compensation		
5	Public Cash Assistance (CalWORKs or TANF)	\$	\$
6	Disability		
7	Unemployment Compensation	\$	\$
8	Federal SSI / SSP	\$	\$
9	Worker's Compensation	\$	\$
10	Spousal Support received (including financial assistance for housing costs or car payments)	\$	\$
11	Child Support Received (including financial assistance for housing costs or car payments)	\$	\$
12	Survivor (i.e. SSA) and retirement benefits	\$	\$
13	Dividends, interest on bonds, income from estates or trusts, net rental income or royalties	\$	\$
14	Rent for room within family's residence	\$	\$
15	Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies		
16	Foster Grants, payments or clothing allowance for children placed through child welfare services		
17	Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent	\$	\$
18	Veteran's pension	\$	\$
19	Pensions or annuities	\$	\$
20	Insurance or Court settlements for lost wages or punitive damages	\$	\$
21	Net proceeds from the sale of real property, stocks, or inherited property	\$	\$
22	Gambling or Lottery Earnings	\$	\$
23	Other (Do not include food stamps)	\$	\$
24	Sub Total Gross Monthly Income	\$	\$
25	Minus family fee/child care /child support paid for other children		
26	If Parent receives SSI/SSP income, all income is excluded. Therefore, Parent's Total Gross Monthly Income is \$ 0.00. However, if any other individual (e.g. child) receives SSI/SSP, the SSI/SSP would be excluded from the Parent's Sub Total Gross Monthly Income. I declare that I am currently receiving SSI/SSP for _____.		
27	Total Countable Monthly Income		

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete. I will notify my Program Specialist within 5 days if there is any change in my income.

 Signature of Parent

 Date

 Signature of Agency Representative

 Date

Timely Notification of Changes Policy

As a parent in the CDE Programs, I understand that once a family establishes eligibility and need at initial certification or recertification, a family shall be considered to meet all eligibility and need requirements for not less than 12 months. Families are no longer required to report changes, unless it pertains to the following changes:

- Report increases to my family's income that exceeds the 85% State Median Income within 30 days. (See 85% Income Ceiling Letter)
- Voluntarily report changes which will result in a decrease in my Family Fees.
- Voluntarily report changes that will result in an increase in my child care hours/service level.

____ I understand that any change in service is being made voluntarily and understand that I may maintain my current service level regardless of the change in my family's circumstances.

____ I understand all requests for a reduction to my service level are done so voluntarily. To initiate these changes requests must be made in writing; indicating days and hours requested and effective date, documentation must be submitted to support the change requested.

____ I understand that if I cannot get a hold of my assigned Program Specialist, I can speak to any other CDE Program Specialist to report the change.

Signature: _____

Date: _____

Office Use Only:

I certify that I have reviewed this requirement with the parent as indicated in [Title 5, Article 2, Section 18084.2](#).

Staff initials: _____ Date: _____

Parent Contract and Program Rules

Program Rules:

I understand the following:

1. I must complete the attendance sheet on a daily basis. The hours indicated on the attendance sheet must accurately reflect the **exact** time child care was provided. Falsification of any information on the attendance sheet will be grounds for termination from the program.
2. Providers will have access to print monthly attendance records from the Provider Care Portal. If the attendance record is not available due to pending updates or changes, my child care provider and I are required to keep track of the child care hours used on a separate document which we may need to submit to Pathways for reimbursement to be processed.
3. If my child is absent from care, I will complete and sign the absence report section on the back of the attendance sheet, this includes absences and any early release days from school. When my child is absent for more than five (5) consecutive authorized days, my child **may** be terminated from the program, unless I have prior approval from my subsidized Pathways representative. A doctor's release **may** be required.
4. All signatures and initialed corrections will be done in permanent ink. Correction fluid is not allowed on the attendance sheets.
5. I must recertify my eligibility at least every twelve (12) months. Pathways will send me a written request when I am due for my annual recertification.
6. If my income exceeds the 85% of the State Medium Income, I must report this change within thirty (30) calendar days.
7. I may voluntarily report the following changes:
 - a. Changes which will result in a decrease in my Family Fees
 - b. Changes that will result in an increase in my child care hours/service level.

All requests for a reduction to my service level are done so voluntarily, I understand that I may maintain my current service level regardless of the changes in my family's circumstance. To initiate these changes, requests must be made in writing via the Voluntary Report Request form; indicating days and hours requested including effective date. Documentation must be submitted to support the change requested.

8. Providing any false information regarding eligibility will result in termination from the program. Any fraudulent or misleading documentation regarding family size, employment, income, training programs/schools, and/or medical incapacitation will be grounds for termination and recovery of funds.
9. Parents who are assessed with family fees based on the family income and family size will be informed via notice of action. The family fees will be deducted directly from the provider's reimbursement monthly. Parent and provider will need to sign and date on the attendance records that the family fee was paid directly to the child care provider by the parent. If the information above is missing, the attendance records will be held until a receipt is submitted. (Please see family fee payment policy for further direction and clarification).
10. All the information maintained in my family file is confidential and will not be released without my written authorization, except as required by authorized law enforcement or government/private agencies conducting official investigations.
11. Pathways only pays for before and after school care for children attending formal education. When my child enrolls in school (including formal preschool and kindergarten), I must notify Pathways of my child's school enrollment.
12. When my child reaches his/her thirteenth (13th) birthday, he/she will only be eligible for child care services, if I am within my 12 month eligibility period or the child has special needs. If the child is special needs I will be required to submit a statement from a legally qualified professional stating the child requires the special attention of adults in a child care setting and a copy of the child's active individual family service plan

A Community Bridge to Child Care Resources and Special Needs Services

(IFSP) or individualized educational program (IEP).

13. My provider is required to provide me unlimited access to my child(ren) while in the provider's care.
14. I have the right to an appeal hearing if I am not satisfied with any action made by Pathways. The procedure for an appeal hearing is on the reverse side of the Notice of Action.
15. If false information/documentation is provided, Pathways will attempt to recover funds from me. A payment plan can be arranged by request only. However, I will not be able to re-enroll in the subsidy programs until all fees are paid in full. If I do not respond to the repayment plan or if I am delinquent with payments as outlined in the repayment plan, a claim may be filed with Small Claims Court. If I still refuse to pay the claim, the claim may be referred to the District Attorney's Office.
16. I understand the above stated rules. I realize that Pathways is a parental choice program and I have chosen my provider for my child(ren) on my own.

Provider Changes/Drops:

1. If I need to change providers or no longer need child care services, it is recommended that I give Pathways at least ten (10) days written or verbal notification so they have time to process the change. I understand that I must also notify my provider in accordance with his/her rules.
2. Pathways will not authorize provider reimbursements without a signed agreement between the provider and Pathways.
3. I will be responsible for payment for any hours beyond those listed and approved on the Notice of Action.
4. If I choose child care that exceeds the Regional Market Ceiling, I must make arrangements to pay the difference required directly to the provider.

Liability Disclaimer

This is only an agreement for service. Pathways has not inspected or warranted the condition of the provider's facility or the degree of supervision (licensed providers are licensed by Community Care Licensing). Pathways assumes no responsibility for injury or damage arising from the performance of this agreement. The provider and parent agree to defend and hold harmless Pathways, its officers and employees from cost or suit or liability allegedly arising from the provision of child care services.

I declare under penalty of perjury under the laws of the United States and the State of California that I have read the above information and understand that failure to provide information regarding my eligibility and/or providing false, fraudulent, and/or misleading information will not only result in termination from the Pathways subsidized program but will also result in having to pay back to Pathways any money paid out by Pathways for my child(ren)'s day care. I understand and agree to the statements, policies, and regulations appearing in this agreement for services and in my Parent Handbook. I understand and have been explained by a Pathways representative all the above information and will provide Pathways with all the necessary information. I understand that failure to do so can result in termination from the program.

_____ (initial) I have been issued a copy of this agreement.

Parent/Guardian Name

Parent/Guardian Signature

Date

Pathways Representative

Date

Family Fee Payment Policy

Pathways will calculate the family fee in accordance with the Fee Schedule issued by the California Department of Education as of July 2017.

Family fees are determined using the following factors (Title 5 18108-18116):

1. Adjusted monthly income
2. Family size
3. Fees are assessed and collected based on the family's child who is enrolled for the longest period
4. Fees assessed and collected shall be the fees indicated on the fee schedule
5. No adjustment shall be made for excused or unexcused absences
6. The fee shall be the full portion of the family's cost for services

Families with a certified need of less than 130 hours per month will be assessed a part time fee while families with a certified need of 130 hours or more per month will be assessed a full time fee. Pathways will not recalculate fees based on a child's actual attendance.

When a parent is assessed with family fees, the assigned case manager will issue a Notice of Action (NOA) that will indicate the effective date of the fees along with the amount that the parent must pay each month. If the parent disagrees with the amount of fees assessed or believes that an error has occurred, the parent can file an appeal by following the instructions indicated on the back of the NOA. The providers will also receive a notice indicating how much they will need to collect from the parent. The monthly attendance record will also indicate the amount of family fees for that month.

Effective February 1, 2015, all family fees will be paid directly to the child care provider by the parent. Family fees must be paid to the provider within that service month. The due date of the payment can be arranged between the parent and the provider. Both parties must sign on the attendance record under penalty of perjury that fees have been paid. If the information above is missing, the attendance records will be held until a receipt is submitted. All attendance sheets are due by the 5th of each month.

Title 5 18114 requires agencies to terminate child care for failure to pay the required family fee to the provider in a timely manner. Pathways will proceed with terminating child care services if the full amount of fees are not paid to the provider each month.

It is the parent's responsibility to report any increases to your family's income that exceeds the 85% of the State Median Income within 30 days.

This is to certify that I have reviewed and agree to be bound by the terms of the Pathways family fee policy. I understand that in order to continue to participate in the Pathways subsidy programs, I must pay my assessed monthly family fee to my child care provider and abide by the terms of this policy.

Parent Name

X _____
Parent Signature

Date

PARTICIPANT ACKNOWLEDGEMENT

PATHWAYS LA PARENT HANDBOOK: ADDENDUM 2019

INTRODUCTION

The enclosed is an addendum to the Pathways LA Parent Handbook (9/2014 Edition). The changes to the Parent Handbook reflected in this addendum (Addendum 2019) are effective immediately.

California Department of Education policy requires Alternative Payment Agencies, like Pathways LA, to inform program participants of policy changes. Over the course on 2018, Pathways LA sent various program policy updates to families. Those policy changes are included herein.

Please review Addendum 2019, contact your Case Specialist with any questions, sign this acknowledgement of receipt, and submit it to Pathways LA via email at childcare@pathwaysla.org or submit in person or mail to:

Pathways LA
Attn: CDE
3325 Wilshire Blvd, Ste 1100
Los Angeles, CA 90010

PARTICIPANT ACKNOWLEDGEMENT

By signing below, I acknowledge receipt of Addendum 2019 to the Pathways LA Parent Handbook (9/2014 Edition). I understand that the sections set forth in Addendum 2019 replace those contained in the Pathways LA Parent Handbook (9/2014 Edition), which I received at the time of enrollment.

I understand and agree that it is my responsibility to read and familiarize myself with all the policies contained in Addendum 2019, as well as all others contained in the Parent Handbook, and to follow them at all times during my participation in a Pathways LA program.

Parent/Caregiver Full Name

Parent/Caregiver Signature

Date

OFFICE USE ONLY Received by: _____ Date: ____/____/____ | Copy to PT: ____/____/____

ADDENDUM 2019

PATHWAYS LA PARENT HANDBOOK

NEED: JOB SEEK

(Replaces Enrollment and Certification Procedure for CDE Funded Alternative Payments Program: 9. Job Seek on page 21.)

Parents seeking employment, or Job Seek Parents, are eligible to receive child care for no less than 12 months. Job Seek Parents are limited to a job seek schedule of no more than five (5) consecutive weekdays per week (excluding holidays) and for no more than 30 hours per week.

Job Seek Parents must complete a declaration, under penalty of perjury, that states their plan to secure, change, or increase employment and a general schedule of when child care services will be necessary. Travel time cannot be assessed for Job Seek Parents.

VARIABLE SCHEDULES

(Replaces Variable Schedules on page 22.)

A variable schedule is a fluctuating work schedule. The days and hours worked may change from week to week. For example, a Working Parent who works Monday from 9am to 3pm, Tuesday from 2pm to 11pm, and Friday from 10am to 4pm one week and a different schedule the following week, works a variable schedule. Because of the unpredictable nature of the schedule, service level will be limited to a minimum and maximum range of hours and days per week. Pathways LA requires Working Parents on a variable schedule to submit for verification three months of pay stubs to determine the eligible service level. Child care services for variable schedules will be reimbursed based on actual hours of care as reflected on the Attendance Record submitted by your provider. Families on variable schedules are not eligible for reimbursement on days care does not take place, including established provider holidays.

NOTIFICATION OF CHANGES

(Replaces Reporting Requirements on page 23.)

Once a family establishes eligibility and need at the initial certification or recertification, the family is considered to meet all eligibility and need requirements for no less than 12 months, with one exception. Parents have the right to maintain their approved level of service regardless of a change in the family's circumstances, with the exception of an income increase that causes my family income to exceed 85 percent of the State Median Income.

Families must report within 30 days increases to the family's income that cause the family income to exceed 85% of the State Median Income.

Schedule of Income Ceilings (85 percent SMI) for Recertification

Family Size	Family Monthly Income	Family Yearly Income
1-2	\$5,067	\$60,808
3	\$5,467	\$65,604
4	\$6,393	\$76,601
5	\$7,404	\$88,857



6	\$8,426	\$101,113
7	\$8,617	\$103,412
8	\$8,809	\$105,709
9	\$9,000	\$108,008
10	\$9,192	\$110,305
11	\$9,383	\$112,604
12	\$9,575	\$114,902

Families may voluntarily report changes which will result in a decrease in their Family Fees. Families may voluntarily report changes that would result in an increase in their child care hours/service level. Any report by the family that affects the family's service level is made voluntarily by the family.

Any request for a reduction to the family's level of service is done so voluntarily. To initiate these changes, requests must be made in writing and include: 1) the days and hours of the requested change; 2) the effective date of the requested change; and, 3) documentation supporting the requested change. Changes will be processed within 10 business days from the date complete documentation is received by Pathways LA. Retroactive changes cannot be made. All changes will be implemented from the date the change is reported and all required documentation is submitted.

Potential changes in need and increase in service level may affect the provider's child care payment. It is in parents best interest to update their Pathways LA Program Specialist when changes to their child care service level will affect their child care payment. Examples of this include:

- A. Certified hours changed from day to night time.
- B. Increase in Parent's work hours require a service level increase from part-time to full-time care. Part-time is determined as 30 hours or less, and full-time is determined at 30 hours or more per week.
- C. Approved days changed, e.g. a Parent approved for Monday-Friday, now works Wednesday to Sunday.

RECERTIFICATION PROCEDURE

(Replaces Recertification of Eligibility on page 23.)

At no less than 12 months from the date of certification, all parents enrolled in a Pathways LA child care program are required to recertify their need for child care. The same information is required for recertification as for initial certification.

Parents will be sent a Document Request Letter (DRL) at least one (1) month prior to their recertification date. The parent will be prompted to make an appointment within the 30 day period following their recertification date. If the parent fails to make an appointment and/or



complete their recertification within the period designated on the DRL, a termination Notice of Action will be sent to the parent. The child care provider will also be issued a termination notice informing them of the last day of care for which Pathways LA will reimburse them.

Parents are solely responsible for contacting their Program Specialist to schedule an appointment date and time. Program Specialists can be reached on their direct line, email or by calling the main number at (213) 427-2700.

Pathways LA will not accept responsibility for any unscheduled, incomplete, or missed appointments. Failure to complete the recertification process will be grounds for immediate termination from the program.

CHILD CARE FOR ELEVEN AND TWELVE YEAR OLDS

(Section Removed from page 26.)

SUSPENSION OF CHILD CARE SERVICES

(Replaces Leave of Absence on page 30.)

A suspension of services from child care services may be granted with prior approval from a Pathways LA Program Specialist for one or all children. Children on suspension will not be un-enrolled from the program; however, providers will not be reimbursed by Pathways LA for services rendered during the suspension of services. When a child returns to the care of the provider after an approved suspension, services and reimbursement will resume. Parents should communicate the need for any suspension with their provider. Pathways LA cannot guarantee that the provider will re-admit the child.

A Suspension of Services must be requested at least nineteen calendar days before the leave begins. A suspension may be granted for a minimum of two (2) weeks to a maximum of 16 consecutive weeks per program per fiscal year. Parents must discuss their need with a Pathways LA Program Specialist to determine a start and end date for their suspension of services. Nineteen (19) calendar days before the approved return date, a Pathways LA Program Specialist will send the parent a reminder of when the leave period expires via an Document Request Letter (DRL). The DRL will state that services will be terminated if the child does not return from leave or if the parent does not request an extension. If the full 16 weeks allowed per fiscal year has not yet been used, the parent may request an extension of the leave up to the allowable maximum. The extension must be requested and approved before the original leave period expires.

Suspension of Services may be granted for the following reasons:

- A. Children away from home for an extended period visiting with other parents or relatives by court order (e.g., joint custody arrangements, visiting grandparents, etc.). A copy of the court order must be provided to Pathways LA; and/or,
- B. Family emergencies that require the parent to leave town; and/or,
- C. Medical leave as designated by a physician.

NON-USE OF SERVICES

(New Section)

Inconsistent use of child care services for 30 consecutive days may result in disenrollment from the program. Inconsistent use of care is defined as the parent using less than 30 percent of their authorized hours.

If a family has selected a child care provider who is no longer eligible to provide services or requested a change in provider, the parent has a maximum of 60 days to select a new child care provider. If the parent does not select a new provider within 60 days, the child care case will be terminated due to non-use of services.

CO-PAYMENT

(New Section)

When a Provider's rate and other allowable charges exceed the maximum subsidy amount, the Parent is responsible for paying the Provider the difference between the Provider's rate and the maximum subsidy amount. This payment is known as a co-payment. Pathways LA is not responsible for co-payment arrangements between Parents and Providers.

Providers within the Berendo Network Program are prohibited from charging co-payments.



Emergency and Identification Information

I. Family Information

Child's name (Last, First, Middle): _____ Birth Date: _____

Mother's name: _____

Father's name: _____

Child's Address: _____ Phone: _____

Mother's business address: _____ Phone: _____

Father's business address: _____ Phone: _____

II. Names of Persons Authorized to Take Child from the Facility (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

III. Additional Persons Who May Be Called in an Emergency to Take Child from the Facility

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

IV. Physician to Be Called in an Emergency

Name _____ Telephone _____

Address _____

V. Medi-Cal Number _____ Medical Insurance _____

Insurance Number _____

VI. Allergies or Other Medical Limitations _____

VII. Permission for Medical Treatment Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature _____ Date _____
Parent or Guardian

Developing innovative programs to serve the special needs of young children and their families.

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FAMILY NEEDS ASSESSMENT – CDE SUBSIDIZED PROGRAMS

Parent Name: _____

The areas listed below are common family concerns. Check [] **YES** if you would like information on any of these subjects. Check [] **NO** if you have no needs or are not interested at this time:

Education	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Teen Assistance	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Health Services (Medical)	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Legal Services	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Family Counseling	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Financial Assistance	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Domestic Violence	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Housing	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Adult/Child Abuse	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	Special Needs	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
Emergency Assistance	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No	General Information	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No

Is your family experiencing homelessness? _____

Do you need resources to help find permanent housing? _____

Are you receiving services from any other social services agencies? _____

Do you feel supported by services provided by Pathways LA and other agencies? _____

If not, what is needed to help support you and your family? _____

What have you been able to achieve by having childcare services with Pathways LA? _____

What kinds of things does your family like to do together? _____

What are your family strengths? _____

What areas can be strengthened? _____

Is English your child's first language? [] Yes [] No, if no, what is? _____

Will you advise your childcare provider of your language preference? [] Yes [] No

What do you personally want to achieve in the coming year? _____

Parent signature: _____ Date: _____

STAFF USE ONLY:

Follow-up needed? [] Yes [] No Referrals given: _____

Observations: _____

Pathways Representative Initials: _____

FAMILY SIZE INFORMATION

Please list the names of all the **adults** that are currently residing in your household:

<i>Names:</i>	<i>Relationship to you:</i>	<i>Relationship to your children:</i>
1. _____	_____ Self _____	_____ Parent _____
2. _____	_____	_____
3. _____	_____	_____

Please list the names of all the **children** that are currently residing in your household:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

I declare that I am (please mark one):

- A single-parent household.
- A two-parent household: Second Parent's Name _____

ALIMONY AND CHILD SUPPORT AFFIDAVIT

Alimony:

- I am currently receiving \$ _____ per month for alimony.
- I am **NOT** receiving any alimony.

Child Support:

- I am currently receiving \$ _____ per month for child support.
- I am **NOT** receiving any child support.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

Name: _____

Email Address: _____

Signature: _____

Date: _____

Digital Attendance Acknowledgement

Dear Parent,

West Hollywood Center digitally tracks and records your child's attendance via electronic signatures using a cloud based data management system. Digital records will ensure accurate and secure monitoring of the child's attendance in real time.

Authorized contacts will be required to enter their unique PIN number before dropping off or picking up your child and sign after confirming the child's attendance each day. Individuals determined as authorized contacts can be parents, family members, friends, all who must be over the age of 18.

- Authorized contacts are assigned an individual Personal Identification Number (PIN).
- Multiple authorized contacts can be assigned, but are limited to **four** per family.
- **The PIN number should not be shared with others and kept confidential.**
- The PIN number will be unique to each authorized contact.
- If you forget your PIN number, please contact the site director to retrieve your PIN. Once requested you will receive your PIN number via email or text message.

If the child is absent, the authorized contact will be required to indicate the absent reason. Absences need to be entered when the child returns to the center.

In the event of a system failure, the center will have a manual attendance record in place to capture the daily in and out of the children with signatures. Once the system has been restored, all in and out times will be updated internally into the system by the center staff. The authorized contact will be prompted to validate the manual entries.

At the end of each service month, parents will receive an email/text to certify under penalty of perjury that the child care services recorded are true and accurate with electronic signatures. Parents will also have the option to sign off on their Attendance Record at the center.

I hereby confirm and acknowledge that as a parent of a child attending West Hollywood Center, I will be responsible for signing my child in and out daily using digital attendance records and comply with all the requirements outlined on this form.

Parent Name

Parent Signature

Date

Parent Handbook Receipt

This is to certify that I have received my copy of the Parent Handbook and I agree to make myself familiar with its contents, pursue clarification of any questions I have, and adhere to the policies and procedures set forth.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

Agency Representative

Date

RIGHT TO REVISE

Pathways and its early care and education programs reserve the right to revise, modify, delete, or add to any and all of the policies, procedures, and rules, stated in this handbook as permitted by law and regulation. Any changes to this handbook will be made in writing and will be distributed to parents/guardians so that you will be aware of the new policies, procedures, or rules. No oral statements can in any way change or alter the provisions of this handbook.