

## Contracted Slots

### Sample Family Agreement Form

Providers must share policy related to Contracted Slots in writing to families at the time of enrollment, annually thereafter, and six months prior to the child transitioning out of the slot type based on their age. Families must sign an acknowledgement that they have received, read, and understood the policies related to Contracted Slots for either Contracted Slots-Infant Toddler (CS-IT) or Contracted Slots-Children with Disabilities (CS-D).

\_\_\_\_\_(initials)

I understand that providers are prohibited from charging a co-payment for children enrolled in a Contracted Slot. I understand that if other eligible children in my family are enrolled in Child Care Works (CCW), a co-payment may be charged for those children.

\_\_\_\_\_(initials)

I understand that providers are prohibited from charging families the difference between a provider's published rate and the amount of the Contracted Slot. I understand that if other eligible children in my family are enrolled in CCW, the provider may follow the CCW policy regarding rate differences.

\_\_\_\_\_(initials)

I understand that providers are prohibited from charging families utilizing a Contracted Slot any additional program-related fees. Program-related fees may include, but are not limited to, registration fees, field trip fees/expenses, fundraising, re-enrollment fees, etc. If the provider does not offer meals or snacks, I may be asked to supply these to the provider. I understand that providers are prohibited from charging fees for meals and snacks for children enrolled in a Contracted Slot.

I understand that policies related to fees should be written, provided to, and acknowledged at intake, and reviewed annually.

\_\_\_\_\_(initials)

I understand that if my child is not picked up by the time the program closes for the day, I may be charged late pick-up fees as outlined in the provider's policies.

\_\_\_\_\_(initials)

I acknowledge that my child meets the following eligibility criteria for Contracted Slots:

- My family is eligible for CCW. I understand that a CCW enrollment cannot use CCW funding and Contracted Slots funding for the same portion of the child care day during traditional child care hours.
- I agree to enroll my child(ren) as full day, full week, regardless of my family's work schedule.
  - Full day is defined as up to 12 hours of traditional child care. I understand that any provider policies limiting hours cannot be applied to children enrolled in Contracted Slots.
  - Full week is defined as 5 days a week (Monday through Friday).

- Full-year is defined as the full fiscal year (July 1-June 30).

Additional Criteria for CS-IT:

- My child(ren) is between the ages of six weeks and 36 months of age at the time of enrollment. The duration of eligibility lasts until my child(ren) is eligible to transition to pre-kindergarten.

Additional Criteria for CS-D:

- My child is eligible starting at age three through the entry age for kindergarten in their school district. The duration of eligibility lasts until my child(ren) is eligible to transition to kindergarten.
- My child(ren) must have an active Individualized Education Plan (IEP) at the time of enrollment in the Contracted Slot.

\_\_\_\_\_(initials)

I understand that the Early Learning Resource Center (ELRC) will assess my family's eligibility for CCW subsidy and Contracted Slots. Enrollment of my child(ren) in Contracted Slots must be confirmed by the provider and the ELRC.

\_\_\_\_\_(initials)

I understand that at no time during enrollment in the Contracted Slots program can my family income exceed 85% State Median Income (SMI). If my family income is confirmed to exceed 85% SMI, the ELRC will follow the typical CCW adverse action policies for any non-Contracted Slots children in the family. The provider will inform me by sending a notification of ineligibility for Contracted Slots by registered letter. Contracted Slots funding will end 13 days after the notification is sent.

I understand that if at any time during my child(ren)'s enrollment in Contracted Slots, my family loses CCW eligibility due to income exceeding the Federal Poverty Income Guidelines, the child(ren)'s Contracted Slots enrollment would not be impacted as long as my family's income does not exceed 85% SMI.

\_\_\_\_\_(initials)

I have been informed of eligibility criteria for Early Head Start and Head Start and have received referral information for Early Head Start and Head Start programs (if applicable).

\_\_\_\_\_(initials)

I understand that the provider coordinates and collaborates with local agencies providing Early Intervention services, and/or behavioral and mental health services. I understand that the provider must adhere to OCDEL's policy statement on Inclusion and Suspension and Expulsion.

\_\_\_\_\_(initials)

I understand that transition plans for children with an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) shall follow the timelines established by the Individuals with Disabilities Education Act (IDEA).

\_\_\_\_\_(initials)

I understand that annual absences will be tracked by fiscal year (July 1-June 30), and the maximum number of allowable annual absences for children enrolled in a Contracted Slot is 40 days. Consecutive absences that exceed 5 days must be approved by the provider.

I understand that if my child(ren) accrues more than 5 consecutive unexcused absences or 20 total absences, I must develop an attendance action plan in collaboration with the provider. The plan will identify ways to support consistent attendance.

I understand that excessive unexcused absences jeopardize my child(ren)'s continued enrollment in Contracted Slots.

\_\_\_\_\_(initials)

I understand that information about my child(ren)'s eligibility, absences, and program enrollment may be shared with the assigned Contracted Slots Specialist for the purpose of program monitoring. This information will be kept confidential.

\_\_\_\_\_(initials)

**For CS-IT Slot ONLY**

I understand that my family's eligibility will be reviewed or redetermined for my child(ren) receiving CS-IT funding if I am interested in applying for CCW funding or another state or federally funded preschool program.

I understand that the provider will provide a Pre-kindergarten Intent Form that must be completed at least six months prior to my child(ren) turning three and/or six weeks prior to enrollment in a federal or state-funded preschool program. The Pre-kindergarten Intent Form will be shared with the ELRC, which will be responsible for determining the next steps.

\_\_\_\_\_(initials)

I have read this agreement in its entirety and agree to abide by the policies.

Name of Parent/Guardian (print) : \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider Representative: \_\_\_\_\_ Date: \_\_\_\_\_