

SF CARES Stipend Program

2012 EMPLOYMENT VERIFICATION / 就業證明書 / VERIFICACION DE EMPLEO

*** If you have more than one job, photocopy this page to use for second place of employment. ***

Employer instructions: One of your staff members is applying for the 2012 SF CARES stipend, and it is necessary to verify the following information. Answers to frequently asked questions about this form are printed on the back. Original signatures are required. (FCC & Center Owners are required to fill out the following information for data collection purpose.)

Applicant Employment Information (Please print)

Last Name:		First Name:		MI:	
Facility Type: <input type="checkbox"/> Center <input type="checkbox"/> FCC		Center/FCC Name:		Address:	
				Center Phone #: (415)	
				License #:	
				Capacity	
Date employee began working at this center or FCC: _/_/____			When did this employee begin working in this position? _/_/____		
Is this employee still employed at your center or FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No			What is staff member's current title?		
If no, what was their last date of employment? _/_/____					
According to the SF CARES job descriptions on the back of this form, how would you categorize this staff member's current position?					
<input type="checkbox"/> Substitute		<input type="checkbox"/> FCC Assistant		<input type="checkbox"/> Assistant	
<input type="checkbox"/> Teacher		<input type="checkbox"/> Master Teacher		<input type="checkbox"/> Associate Teacher	
				<input type="checkbox"/> FCC Owner	
				<input type="checkbox"/> Site Supervisor	
				<input type="checkbox"/> Program Director	
				<input type="checkbox"/> Center Owner	
Was this staff member employed 9 consecutive months at this Center or FCC within the one year time period of 9/1/10 through 8/31/11?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. _____					
Does this staff member care for at least 3 children? (in addition to children who may be related to them) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this staff member related to any of the children in your care? <input type="checkbox"/> All of them <input type="checkbox"/> None of them <input type="checkbox"/> Some of them: # _____					
How many children in each of the following age groups does this staff member work with?					
# _____ Infant (0 to 23mos) # _____ Toddler (2 to 2 yrs 11mos) # _____ Preschool (3-5) # _____ School-age (5-13) (before & after-school programs only)					
How many children with disabilities or special needs are in this staff member's care? These are children who 1) have an IEP (Individual Education Plan), 2) have an IFSP (Individual Family Service Plan), or 3) children whose behavior, development, or health affect their family's ability to get child care services.					
Number of children with disabilities or other special needs: # _____ Age 0-5 # _____ Age 6-18					
What are the languages that children at your center/FCC speak? _____			Does this staff member use a language(s) other than English while working with the children in their care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list language(s): _____		
On average, how many paid hours does this staff member work per week? (Within the time period of 9/1/10 through 8/31/11. If employee works varied hours, please average them and provide us with one number.) _____ hours per week			What is staff member's current average hourly wage? \$ _____ per hour		If staff member is salaried, what is their current annual salary before taxes? \$ _____ per year
For SFUSD employee only, please check the relevant box: (For SFUSD Substitute teacher, please provide 9 consecutive months time sheet within the one year time period of 9/1/10 through 8/31/11.) <input type="checkbox"/> SFUSD Regular employee <input type="checkbox"/> SFUSD Substitute (single site) <input type="checkbox"/> SFUSD Substitute (multiple sites)					
Facility Funding Type: (Check all that apply)					
<input type="checkbox"/> Private Non-Profit		<input type="checkbox"/> Private For-Profit		<input type="checkbox"/> Small FCC	
<input type="checkbox"/> City College		<input type="checkbox"/> Head Start/EHS		<input type="checkbox"/> Large FCC	
<input type="checkbox"/> Title 5		<input type="checkbox"/> CDE/CDD		<input type="checkbox"/> Parent Coop	
<input type="checkbox"/> Low Income Investment Fund (LIIF)		<input type="checkbox"/> Preschool For All		<input type="checkbox"/> SFUSD	
				<input type="checkbox"/> WAGES Plus	
				<input type="checkbox"/> Gateway to Quality	
What time is your facility open? (Please check all that apply)					
<input type="checkbox"/> Year round		<input type="checkbox"/> Late (after 6pm)		<input type="checkbox"/> Between midnight and 5am	
<input type="checkbox"/> Early (Before 7am)		<input type="checkbox"/> 7am to 6pm weekdays		<input type="checkbox"/> On weekends	
Does your center/FCC provide live scan (fingerprint) reimbursement for staff permit applications?					
<input type="checkbox"/> Yes: How much? (please provide the exact amount) \$ _____ <input type="checkbox"/> No					

FCC & Center Owner Employment Verification (complete this section only if you own an FCC or Center and do not have a supervisor)

I am submitting a copy of my 2010 or 2011 Schedule C tax form showing my business income.

Signature (Sign by employer/Site Supervisor who verified the above information.)

I certify that the information provided is true and correct. I understand that the verification of inaccurate information will result with the applicant returning all monies with penalties and the exclusion from the program in future years.		
Verified by: (Please Print)		Title:
		Phone: (415)
Signature:		Date:

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For additional information about the application and required documents, refer to the application guidelines. Feel free to call/e-mail SF CARES with any questions: (415) 856-8140 or sfcares@wuyee.org.

- **Has this staff member been employed 9 consecutive months at this Center or FCC within the one year time period of 9/1/10 through 8/31/11?** Applicants must work nine consecutive months between September and August. For example: if an employee started on 10/9/10 and worked through 6/9/11, they will meet this eligibility requirement. Any major leaves of absence beyond regular sick and vacation time should be noted.
- **On average, how many paid hours does staff member work per week?** This refers to paid hours only and does not include unpaid preparation time. If staff member has a varying work schedule (e.g., 25 hours one week and 30 hours the next week), please average the number of hours worked during the employees nine consecutive month of employment between the dates of 9/01/10 and 8/31/11. If the employee worked the entire 12 month time frame, you may choose nine consecutive months within that timeframe to find an average. Please provide only one number on this form.
- **According to the SF CARES job descriptions, how would you categorize this position?** Since position titles vary widely in the child development field, SF CARES has created job descriptions. This will allow SF CARES to uniformly determine eligibility for stipends. Select the position description that compares most closely with the staff member's regular, day-to-day job responsibilities. The position you select may not be the same as the staff member's actual title.

<p>Family Child Care Assistant</p> <ul style="list-style-type: none"> • Employed by a family child care owner. • Works directly with children. • Independently plans or assists with planning and implementing curriculum and activities. 	<p>Assistant</p> <ul style="list-style-type: none"> • Works directly with children. • Assists with planning and implementing curriculum and activities. • Must be supervised by Associate Teacher (or higher) when with children.
<p>Associate Teacher</p> <ul style="list-style-type: none"> • Works directly with children. • Independently plans or assists with planning and implementing curriculum and activities. • Can supervise the Assistant. 	<p>Teacher</p> <ul style="list-style-type: none"> • Works directly with children. • Independently plans and implements curriculum and activities. • Maintain ongoing communication with parents, including parent conferences. • Can supervise the Associate Teacher or Assistant.
<p>Master Teacher</p> <ul style="list-style-type: none"> • Works directly with children. • Independently plans and implements curriculum and activities. • Maintains ongoing communication with parents, including parent conferences. • Assumes administrative responsibilities in the absence of Site Supervisor or Program Director. • Supervises all teaching staff, including orientation and training for new teaching staff. 	<p>Site Supervisor</p> <ul style="list-style-type: none"> • Manages day-to-day operations of a single child development center. • Directly supervises all teaching staff, including the training and orientation of new teaching staff. • As needed, performs all teaching responsibilities including working directly with children. • Supervised by the Program Director (or similar position).
<p>Program Director</p> <ul style="list-style-type: none"> • Manages day-to-day operations of a single child development center or multiple sites. • As needed, performs all teaching responsibilities including working directly with children. • Immediate supervisor to the Site Supervisor or teaching staff. 	<p>FCC Owner</p> <ul style="list-style-type: none"> • Own and operates family child care from their home. <p>Substitute</p> <ul style="list-style-type: none"> • Work with different groups of children on a short-term or long-term basis. • Works in different positions (e.g., Assistant Teacher, Teacher) depending upon assignment.