

**CHILD DEVELOPMENT TEACHER AND SUPERVISOR GRANT PROGRAM  
EMPLOYMENT COMPLIANCE VERIFICATION FORM**

The California Student Aid Commission (Commission) awards Child Development Grants (<http://www.csac.ca.gov/doc.asp?id=110>) to students who are pursuing a Child Development Permit. California law **requires that each Child Development Grant recipient provide a year of full-time teaching service** for each year a grant was received. To assess each recipient's compliance with their teaching service obligation, the following information must be completed and returned to the Commission. If you have any questions, please contact us call 1-888-294-0153, option #4 or FAX 1-916-464-8240 or by Email at [specialized@csac.ca.gov](mailto:specialized@csac.ca.gov).

«NAMEFIRST» «NAMEMID» «NAMELAST»  
«ADDRESS»  
«CITY», «STATE» «ZIP»  
Correct Address if necessary.

**SECTION I: TO BE COMPLETED BY RECIPIENT (Please Print or Type)**

E-MAIL ADDRESS \_\_\_\_\_ ( ) TELEPHONE NUMBER \_\_\_\_\_

**COURSEWORK**

1.  Yes, I have completed the coursework necessary to obtain a Teacher, Site Supervisor or Program Director permit. **Attach Copy Of Your Permit.**
2.  No, I did not complete the coursework necessary to obtain a Teacher, Site Supervisor or Program Director permit.

**EMPLOYMENT**

1.  I have provided full-time teaching, supervising or instructing service for the academic year listed below and hereby authorize a child care employment official to complete the information below and to release the information to the Commission which will enable me to reduce my service obligation for the Child Development Grant Program.
2.  I did not provide full-time teaching, supervising or instructing service during the academic year listed below. (Please explain below and return this form to the Commission, (**DO NOT complete Section II**))

Explanation: \_\_\_\_\_

Recipient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY SCHOOL EMPLOYMENT OFFICIAL**

1. Did the participant provide **full-time teaching service** during the academic year: **2000/01, 2001/02, 2002/03, 2003/04, 2005/6, 2006/07 2007/08, 2008/09 or 2010/11, 2012/13, 2013/14, 2014/15?** (Circle one.)
- Yes, the participant has provided **full-time teaching** service.
- No, the participant did not provide full time teaching service.

Indicate the type of licensed child care center in which the recipient provided teaching service:

Public  Private Nonprofit  Private \_\_\_\_\_

**By my signature, I hereby declare that the above information is true as reflected on current official school records, and that the Child Care Center that I represent was licensed by the State of California during the academic year listed above.**

NAME OF CHILD DEVELOPMENT CENTER \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_\_

CHILD CARE CENTER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS OF EMPLOYMENT OFFICIAL \_\_\_\_\_ ( ) PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF CHILD CENTER EMPLOYMENT OFFICIAL \_\_\_\_\_ PRINT TITLE OF EMPLOYMENT OFFICIAL \_\_\_\_\_

PRINT OR TYPE NAME OF EMPLOYMENT OFFICIAL \_\_\_\_\_ Facility No. / License No. \_\_\_\_\_

**RETURN THIS FORM TO:  
CALIFORNIA STUDENT AID COMMISSION  
CHILD DEVELOPMENT GRANT PROGRAM  
P.O. BOX 419029•RANCHO CORDOVA•CA•95741-9029  
(888) 294-0153, option 4 FAX (916) 464-8240**