

Childcare Certification/Renewal Instruction Guide

Please include the following information on the **Childcare Certification Form**:

1. Please enter the name, date of birth/age, and grade level of your child(ren).
2. Enter the name of your child(ren)'s school or childcare facility, address, and phone number.
3. Include responses to the following questions in the box provided. If needed, you may use additional sheets.
 - Are you requesting full-time are part-time telecommute¹?
 - What has changed in your childcare situation that has caused you to now need to telecommute?
 - New school
 - School or daycare closed
 - Is the other custodial parent available to assist with childcare? If not provide an explanation:
 - Are they a stay at home parent that does not report to work (either telecommuting or reporting to work location)?
 - Where do they work?
 - What is their work schedule?
 - Are they telecommuting or reporting to a regular work location?
 - Can they assist with childcare?
 - Do they work for the City or DWP? If so, what Department, supervisor's name, and the name of the other custodial parent?
 - What is your current work status?
 - Reporting to work location daily (include work schedule).
 - Rotational work assignment (explain)
 - Reporting to work 1 – 2 times per week as directed by your supervisor
 - Rotating weeks
 - Modified Telecommute Agreement
 - Telecommuting
 - What's your supervisor's name?
4. Please enter your employee number, classification, and whether you are represented by MEA or IBEW (specify whether or not you're in an IBEW supervising class).
5. Please sign and date the form. At this time, your supervisor's signature is not necessary.

Please ensure the following is completed on the **Childcare Renewal Form**:

- Employee name and ID is entered at the top.
- All statements are initialed on the line provided.
- If requesting part-time modified telecommute, indicate the days and hours that you can report to the office¹.
- Signature is included on the bottom of the form.

¹ The Resource Office is unable to recommend requests for partial day modified telecommute.

Note: Omitting the necessary information could result in a delay in processing.

Certification for Childcare

I, _____, certify that

1. I am the primary caretaker for the minor child/children as listed below:

<u>NAME</u>	<u>DOB or AGE</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. My child/children were impacted by school closures due to COVID-19.

Name of School: _____

Address: _____

Phone No: _____

3. I do not have part-time or full-time alternative childcare options because of the following reason(s):

Employee No: _____ Classification: _____

*I understand it is my responsibility to notify my supervisor when my childcare status changes and to recertify when requested to do so by management.
All information may be subject to verification.*

Signature: _____ Date: _____

Resource Office Recommends Approval: Yes ___ or No ___ Initials: _____

Supervisor's Signature: _____ Date: _____

Division/Section: _____

Childcare Renewal Form

(Must be completed every 60-days to be eligible; email completed form to C19Resource@ladwp.com)

Employee Name and ID:

By initialing each of the statements below and signing at the bottom, I am providing information to be approved for a childcare exemption to work from home.

____ I am requesting to work from home Full Time because I have no alternative for childcare; **OR**
____ I am requesting to work from home Part-Time because I have no alternative for childcare and these are the hours and days that I can report during my normal shift:

____ My child(ren) attend a school that has remained closed; **OR**
____ My child(ren) attend a school that has reopened fully or partially, but they cannot attend in-person for the following reason(s):

____ There is no other custodial parent; **OR**
____ The other custodial parent is not able to provide childcare during my normal shift.

Complete following:

- Does the other custodial telecommute?
- Does the other custodial parent work for another City department or LADWP?
- If yes, provide City Department and Supervisor:

____ There are no other adults over 18 years old in my household; **OR**
____ There are other adults in my household but not able to provide childcare. Provide reason(s):

____ I have looked for alternative childcare arrangements within the last 30-days and have not found an alternate arrangement.

I certify that the above information is correct. I understand that any misrepresentation that I have made in completing this form may be subject to disciplinary action. Further, I understand that it is my responsibility to inform my supervisor if any information provided in this form changes, and I will be required to complete a new form if I request to continue working from home due to childcare issues.

I understand that this is a remote work assignment that requires me to perform a job function for the entirety of my normal shift. I will complete and submit a daily productivity log to my supervisor. If my regular duties do not allow me to work the entirety of my normal shift from home, I understand that I may be assigned additional or different duties.

Signature: _____

Date: _____

Resource Office Use Only- Approved: ____ Yes ____ No _____ Initial and date
Childcare Certification form attached

Additional notes: