FORM 4

Workforce Pathways LA – Stipend Program
For Persons Working in Family Child Care Homes

Name of Applicant: _____ **Workforce Registry ID:** _____

Employment Verification Form – Cycle 7 for Fiscal Year 2026-2027

For programs serving low-income children in which the majority (51% or more) of the children receive a child care subsidy from a CDSS/CDE-contracted agency listed below

Name of Family Child Care Home: _____

Check one only:

☐ I certify that I am the applicant and the family child care home licensee-owner

☐ I certify that the applicant is an assistant of my licensed family child care home

I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for Workforce Pathways LA Stipend Program.

I certify that the above-named home is serving **a majority of children** paid for by the agency(ies) checked below:

I certify that as of the date of application, the enrollment in the family child care home is _____ **children**, of which _____**children** are subsidized ***(must be 51% or more to qualify for a stipend***). I have uploaded the most current agency provided attendance sheet for each subsidized child from the following agencies **(*check all that apply*):**

☐ Child Care Resource Center
☐ City of Norwalk
☐ Crystal Stairs, Inc.
☐ Drew Child Development Corporation
☐ Mexican American Opportunity Foundation (MAOF)
☐ Pathways LA
☐ Children's Home Society of California (CHS)
☐ Connections for Children
☐ Department of Children and Family Services (DCFS)
☐ International Institute of Los Angeles
☐ Options for Learning
☐ Pomona USD Child Development

PLEASE ENSURE ATTENDANCE SHEETS ARE IN THE SAME MONTH AND AGENCY'S NAME IS PRINTED
(JULY, AUGUST, OR SEPTEMBER 2026 IS ACCEPTED) *DO NOT UPLOAD DUPLICATE ATTENDANCE SHEETS*

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Family Child Care Licensee-Owner's Signature:	Date:
Family Child Care Licensee-Owner's Name: (Please print)	Facility License Number:
E-mail Address:	Telephone Number:

COUNTY OF LOS ANGELES
OFFICE FOR THE ADVANCEMENT OF EARLY CARE AND EDUCATION

County of Los Angeles Public Health