

Bulletin

April 5, 2007

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- County Supervisors and Staff
- Child Care
- Child Support
- Fiscal
- Fraud
- Income Maintenance
- Social Services
- Child Care Administrative Contact
- Child Care Client Access Contact
- Child Care Resource and Referral Agencies
- Employment Service Providers
- Tribal Representatives

ACTION

Please read and implement.

DUE DATE

Effective beginning with March 2007 reporting unless otherwise noted.

DHS Revises Child Care Reports

TOPIC

Revised Child Care Fund Fiscal and Statistical Reports and Child Care Case Record Report.

PURPOSE

Instruct county human service agencies on the revised Child Care Reports including the:

- Monthly Direct Service Expenditure and Program Participation Summary (DHS-4174-M1 & M2),
- Cumulative Program Participation Summary (DHS-4174-C),
- Annual Federal Statistical Schedule (DHS-4174-A), and
- Child Care Case Record Report (DHS-4174-B)

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SIGNED

CHRISTINE BRONSON
Deputy Commissioner
Department of Human Services

BACKGROUND

The Department of Human Services (DHS) is revising the reporting requirements for the Child Care Assistance Program Reports including the Child Care Fund Fiscal and Statistical Reports (DHS-4174-M1 & M2, DHS-4174-C, DHS-4174-A), and the Child Care Case Record Report (DHS-4174-B). The detailed instructions on the following pages of this bulletin replace all previous instructions issued under Bulletin #05-32-12. All counties using MEC² to make payments should refer to the additional reporting instructions found in Attachment E of this bulletin.

SPECIFIC CHANGES

Child Care Case Record Report: Significant changes were made to the method of obtaining the sample records. Refer to Attachment D for detailed instructions.

Changes to the Child Care Fund Fiscal and Statistical Report include changes to the Basic Sliding Fee Waiting List. A change to Minnesota Statutes, section 119B.03, subdivision 4, adds a fourth priority to the BSF waiting list for families in which at least one parent is a veteran as defined under Minnesota Statutes, section 197.447. Minnesota Statutes, section 197.447 defines a “veteran” as a citizen of the United States or a resident alien who has been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or who has met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a, or who has active military service certified under section 401, Public Law 95-202. The active military service must be certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions must be issued by the Secretary.

ACTION REQUIRED

Submit the Revised Child Care Fund Fiscal and Statistical Report

Use the revised Child Care Fund Fiscal and Statistical Report for reporting March 2007 data, which is due to DHS by April 20, 2007. See Attachment A for details on the completion and submission of DHS-4174-M1 and DHS-4174-M2, Attachment B for DHS-4174-C, and Attachment C for DHS-4174-A. The Child Care Fund Fiscal and Statistical Report is for expenditures disbursed during the month, not for services rendered during the reporting timeframe.

Submit the Child Care Case Record Report

This report is due 60 days after the end of each month. Refer to Attachment D for detailed instructions.

Maintain Obligation Control

All agencies administering the Child Care Assistance Program are responsible for establishing and maintaining internal procedures adequate to track obligations of state and federal child care funds. These procedures must provide for routine communications between program and fiscal staff regarding commitments to clients, clients leaving the program, etc.

Report All Eligible Expenditures

Report all Child Care Fund Program expenditures, even beyond the county's Basic Sliding Fee (BSF) Child Care Program allocation. Do not report expenditures that do not qualify for one of the child care programs identified in Minnesota Statutes, 119B.01 through 119B.16.

Aggregate Reporting Requirements

All expenditures paid and revenues received by the county associated with the Child Care Fund Programs are social services expenditures and are on the quarterly Social Services Fund Report (DHS-2556) and the quarterly SEAGR Report (DHS-2557). **It is recognized that payments made through MEC² are not county expenditures and therefore are not included on these two reports.**

A decision recently made eliminates the need for counties to report clients for Child Care BRASS codes 211x and 212x on the Client Summary Report (CSR). Previous direction had been to include these clients on the CSR report. Please see DHS bulletin #07-69-01 for further details about the Client Summary Report.

SPECIAL NEEDS

This document is available in alternative formats to people with disabilities by calling Aaron Coonce at 651-431-4048, or by calling the Minnesota Relay Service at 1-800-627-3529.

LEGAL REFERENCES

Minnesota Statutes, sections 119B.01 through 119B.16

Minnesota Rules, parts 3400.0010 – 3400.0235

Federal Child Care and Development Fund, 45 CFR Parts 98 and 99

Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

ATTACHMENTS

- A. Instructions and forms for completing: DHS-4174-M1 and DHS-4174-M2
Monthly Direct Service Expenditure and Program Participation Summary**
- B. Instructions and form for completing DHS-4174-C
Cumulative Program Participation Summary**
- C. Instructions and form for completing DHS-4174-A
Annual Federal Statistical Schedule**
- D. Instructions and form for completing DHS-4174-B
Child Care Case Record Report**
- E. Reporting Instructions for counties using MEC²**

INSTRUCTIONS FOR COMPLETING “MONTHLY DIRECT SERVICE EXPENDITURE AND PROGRAM PARTICIPATION SUMMARY” (DHS-4174-M1 & M2)

Note: Each month, each county that is not on MEC² must complete a DHS-4174-M1 for the BSF Child Care Program and M2 for the MFIP Child Care Program and submit them by the 20th of the following month. Counties using MEC² to make payments may need to complete the M1 and M2 forms. MEC² counties should refer to Attachment E for information about reporting on these forms.

EXPENDITURES, FAMILIES AND CHILDREN

The following information within this section applies to both BSF and MFIP reporting requirements (DHS-4174-M1&M2). The Monthly Direct Service Expenditure and Program Participation Summary (DHS-4174-M1 & M2) provide the Department of Human Services (DHS) with the expenditure data necessary to calculate each county's earnings and payments for the Child Care Assistance Program. The remaining reports provide DHS with the statistical data required for federal reporting and monitoring of the Child Care Assistance Program.

A. EXPENDITURES

Report only direct service expenditures. The direct service expenditures must be net of refunds, recoupments, cancellations, the portion of recoveries not retained by the county for each of the Child Care Fund Programs, and copayment fees. Use cash basis for this report, and round all amounts to the nearest dollar. The expenditures must be those actually disbursed during each month, accruals are not allowed. The director or a county official authorized to sign for the director in his or her absence, must sign the Child Care Fund Fiscal and Statistical Report.

REFUNDS/RECOUPMENTS

A refund occurs when the payee returns all or part of the money received in the period of disbursement. A recoupment occurs when the county reduces child care assistance payments to an eligible family or a child care provider, below what a family is eligible for, in order to correct an overpayment. Refer to the Minnesota Statute 119B.11 Subd. 2a and Minnesota Rule 3400.0187, for information about recoupment and recovery of overpayments.

CANCELLATIONS

A cancellation occurs when a warrant or other payment is canceled prior to its being honored.

RECOVERIES

A recovery occurs when the county recovers overpayments in any manner other than those listed above. When a county collects overpayments via recoveries, it is entitled to retain 25 percent of the total amount recovered. In this case, the county only reports the portion returned to the state against reported direct service expenditures. Note: The portion of funds that a county is allowed to retain should be reported on the Miscellaneous Revenue Schedule for SEAGR (DHS-2557.3) and should be coded to M5 (fees and services) or M7 (miscellaneous). Refer to the Minnesota

Statute 119B.11 Subd. 2a, Minnesota Rule 3400.0187 for information about recoupment and recovery of overpayments.

COPAYMENT FEES

Based on the sliding fee scale (Refer to DHS State Fiscal Year 2007 Copayment Bulletin #06-68-06), the client may be required to pay some of the costs of the child care services. In this situation, there are two possible ways of accounting for the transaction. The method you select depends on who actually receives the fee. Three cases describe who can receive the fee.

The net effect of all three cases is identical - **DHS reimburses the county agency for its share only.**

CASE ONE: The county human service agency pays its share to the providers and clients pay their share (copayment) to the child care providers. This is applicable to all providers other than in-home providers.

CASE TWO: The county human service agency pays its share to the clients (parents or guardians), who in turn pay the county share plus their own share (copayment) to the child care providers. This is applicable for in-home child care providers only.

CASE THREE: The county human service agency pays 100 percent to the child care providers and then bills the clients for their share (co payment). This is applicable to all providers other than in-home providers.

When reporting direct service expenditures, follow these guidelines:

CASE ONE: Include only the amount that the county human service agency paid, **not** fees that the clients pay to the child care providers.

CASE TWO: Handle in the same manner as Case One above.

CASE THREE: Enter the total amount the human service agency pays (100 percent), **less** any amount being billed the client. This amount being billed should represent fees billed, not fees actually collected, and is an exception to the cash basis requirement.

B. FAMILIES AND CHILDREN

The program participation summary requires an unduplicated count of families and children served during each month, identified by expenditures paid for that family and child in the reporting month. For example, for a provider paid in October for services provided in September, report the expenditures, family, and child(ren) in the month of October on the Child Care Fund Fiscal and Statistical Report.

If a family has moved between programs or components (lines) during the month, report the family and children in the program and component (line) they were participating in at the end of that month. If a family terminated assistance during the month, report it in the last program and component (line) they participated in prior to terminating assistance.

BASIC SLIDING FEE (BSF) CHILD CARE PROGRAMS (DHS-4174-M1)

THE MONTHLY DIRECT SERVICE EXPENDITURE AND PROGRAM PARTICIPATION SUMMARY

The Basic Sliding Fee (BSF) Child Care Program collects monthly expenditures and statistics of families and children who are or have been in the BSF child care assistance programs.

Enter the monthly child care expenditures and the number of families and children who are participating in the regular BSF or BSF Portability Pool Programs. Do **NOT** report those clients participating in MFIP (including DWP), Transition Year, MFIP Social Service Activities, Transition Year Extension, or the At-Home Infant Child Care (AHIC) program. There are two parts to the BSF section: Regular BSF and BSF Portability Pool Recipients.

A. REGULAR BSF AND PORTABILITY POOL RECIPIENTS

Enter in columns A, B & C the expenditures and the number of families and children using child care for regular BSF participation. Do not report the BSF participants who meet the requirements of Portability Pool, or those who are in the AHIC program in columns A, B & C.

Enter in columns D, E & F the expenditures and the number of families and children using child care for BSF who meet the portability pool eligibility criteria. (Refer to Minnesota Statute 119B.03 Subd. 9 and Minnesota Rules 3400.0060 Subp. 9 for details of the Portability Pool) Do not report the regular BSF participants, or those who are in the AHIC program in columns D, E & F.

ACTIVITIES

Within each of these sections, use the following definitions to determine which line the clients should be reported.

Line 1 - Training & Education Only

Enter the child care expenditures and the number of families and children using child care who are participating in Training & Education activities.

Line 2 - Employment Activities

Enter the child care expenditures and the number of families and children using child care who are participating in job search and employment related activities.

Line 3 - Employment and Training & Education - Combinations

Enter the child care expenditures and the number of families and children using child care who are participating in a combination of Employment and Training & Education activities.

Line 4 - TOTALS

Enter the sum of lines 1 – 3 for each column.

B. AT-HOME INFANT CHILD CARE RECIPIENTS

Enter the monthly child care expenditures and the number of families and children who are involved in the At-Home Infant Child Care Program. Do **NOT** report those clients participating in regular BSF or Portability Pool Programs.

Enter, in columns A, B, & C the expenditures and the number of families and children participating in the At-Home Infant Child Care Program. Number of children reported should be the number receiving the At-Home Infant Child Care services. If there are other children within the family, DO NOT report those children. (Refer to Minnesota Statute 119B.035 and 119B.09 Subd 7 and Minnesota Rules 3400.0060 Subp. 10 and 3400.0235 for details of the At-Home Infant Child Care Program.) No changes have been made to these reporting requirements from when operating previously.

C. NUMBER OF FAMILIES ON WAITING LISTS FOR BSF CHILD CARE BY LENGTH OF TIME

This section collects data on the number of families on the BSF waiting list in each county. The data must include the number of families and the length of time (Lines 1–6) on the waiting list. Also, report the BSF waiting list by priority of services.

COLUMN A - 1ST PRIORITY - STUDENTS

Enter the number of families on the BSF waiting list, by the length of time on the waiting list, who met the first priority criteria of Minnesota Statutes, section 119B.03. This category includes eligible non-MFIP families who do not have a high school or general equivalency diploma, or who need remedial and basic skill courses in order to pursue employment, or to pursue education leading to employment, and who need child care assistance to participate in the education program. Basic course work programs include high school, GED, English as a Second Language (ESL), or remedial training. Employed families or those searching for employment in addition to participating in basic education are included in this category.

COLUMN B - 2ND PRIORITY - COMPLETED TRANSITION YEAR

Enter the number of families on the BSF waiting list, by the length of time on the waiting list, who met the second priority criteria of Minnesota Statutes, section 119B.03. This category includes:

1. former MFIP families who are employed or in job search and who have **completed** their transition year of child care assistance, or
2. former DWP families who are employed or in job search and who have **completed** their transition year of child care assistance, or
3. former DWP families who are employed or in job search and who are no longer receiving or eligible for DWP supports but who are not eligible for TY child care assistance. Families may participate in DWP for less than three months. These families would not be eligible for TY, but still would be second priority on the waiting list.

The length of time on the waiting list should **not** include time spent in transition year child care. **Do not include families who are still in their Transition Year of child care.**

When reporting families in this category of the waiting list, report the correlating expenditures, families and children for the month on the Child Care Fund Fiscal and Statistical Report, DHS-4174-M2, columns A-C, Transition Year Extension. While on the waiting list in the 2nd priority, pay the child care assistance for these families using Transition Year Extension funds, except for those DWP families who are not eligible for TY child care assistance.

COLUMN C - 3RD PRIORITY - PORTABILITY POOL

Enter the number of families on the BSF waiting list, by the length of time on the waiting list, who met the third priority criteria of Minnesota Statutes, section 119B.03. This category includes families who have moved from a county in which they received BSF assistance to a county with first and second priority applicants on its BSF waiting list or to a county that does not have funds available to serve them immediately. Families will continue receiving child care assistance under portability pool for the lesser of six full months or until the family is able to receive assistance under the county's regular BSF program. If, after six months, funds are not available for the family to move into BSF, that family will no longer receive child care assistance but should remain on the waiting list in Priority 3.

When reporting families in this category of the waiting list, report the correlating expenditures, families & children for the month on the Child Care Fund Fiscal and Statistical Report, DHS-4174-M1, section A (columns D, E & F), BSF Portability Pool Recipients.

COLUMN D – 4TH PRIORITY – VETERANS

Enter the number of families on the BSF waiting list, by the length of time on the waiting list, where at least one parent is a veteran as defined under section 197.447. Minnesota Statutes, section 197.447 defines a “veteran” as a citizen of the United States or a resident alien who has been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or who has met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a, or who has active military service certified under section 401, Public Law 95-202. The active military service must be certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions must be issued by the Secretary.

COLUMN E - 5TH PRIORITY - COUNTY DEFINED / OTHER

Enter the number of families on the BSF waiting list, by the length of time on the waiting list, who do not meet the criteria of priorities 1, 2, 3 or 4, but who are or will be eligible for child care assistance.

LINE 7 - TOTALS

Enter the sum of lines 1 - 6 for each column.

NOTE: In accordance with MS119B.03, Subd. 2., counties shall perform a preliminary determination of eligibility when adding a family to the waiting list. Counties are required to review and update their waiting lists at least every six months. Counties may update their entire waiting list twice a year or may update a portion each month based on the month in which a family put its name on the list.

The data collected in this section will be used to assist policy staff with assessing the needs of these programs, respond to legislative requests and determine future BSF allocations and reallocations according to MS 119B.03, Subd. 6.

MINNESOTA FAMILY INVESTMENT CHILD CARE PROGRAM (MFIP) (DHS-4174-M2)

THE MONTHLY DIRECT SERVICE EXPENDITURE AND PROGRAM PARTICIPATION SUMMARY

Minnesota Family Investment (MFIP) Child Care Program collects monthly expenditures and statistics of families and children who are or have been in the MFIP child care assistance programs.

Enter the monthly child care expenditures and the number of families and children who are participating in the MFIP program (including the Diversionary Work Program (DWP)), TY, MFIP Social Services Only Child Care, or Transition Year Extension. Do **NOT** report those clients participating in regular BSF, BSF Portability Pool, or the AHIC programs.

MFIP RECIPIENTS (INCLUDING DWP RECIPIENTS)

Enter in columns A, B & C the expenditures and the number of families and children using child care for MFIP participation (including DWP).

ACTIVITIES

Line 1 – Training & Education Only or Training & Education and Social Service - with Employment Plan

Enter in columns A-C, the expenditures and the number of families and children using child care for MFIP or DWP participation with an approved employment plan who are participating in a Training & Education activity only or Training & Education and Social Service activities. Training & Education activities include adult basic education (ABE), remedial education, post secondary education, ESL training, GED training, high school, workplace literacy, certification training, volunteer and community service, orientations, overviews, appeals, and other Training & Education activities included in an approved employment plan. Minnesota Statutes 256J defines Social Service activities. These include but are not limited to chemical dependency treatment, mental health services, peer group networks and other social service oriented programs designed to help families reach their employment goals and enhance their ability to care for their children.

Line 2 – Employment Activities or Employment and Social Service - with Employment Plan

Enter in columns A-C, the expenditures, and the number of families and children using child care for MFIP or DWP participation with an approved employment plan who are participating in only an employment activity or employment and social service activities. Employment activities include on-the-job training, grant diversion, job search, paid work experience, employment, and post employment follow-up. Minnesota Statute Chapter 256J defines Social service activities. These include but are not limited to chemical dependency treatment, mental health services, peer group networks and other social service oriented programs designed to help families reach their employment goals and enhance their ability to care for their children.

Line 3 – Employment and Training & Education and Social Service - with Employment Plan

Enter in columns A-C, the expenditures, and the number of families and children using child care for MFIP or DWP participation with an approved employment plan who are participating in employment, Training & Education, and Social Service activities.

Line 4 – Employment Only - without Employment Plan

Enter in columns A-C, the expenditures and the number of families and children using child care for MFIP (excluding DWP) participation without an approved employment plan participating in employment activities. Employment must be for an average of at least 20 hours per week at minimum wage and may not include volunteer work. Job Search can be reported within this category, but may not exceed 240 hours in a calendar year.

Line 5 - Transition Year

Enter in columns A-C, the expenditures, and the number of families and children who are now in their Transition Year of child care assistance. This includes families who received MFIP or DWP assistance in at least three of the six months prior to their case closing. Employment must be for an average of at least 20 hours per week at minimum wage and may not include volunteer work. Job Search can be reported within this category, but may not exceed 240 hours in a calendar year.

Exception: Transition year child care is **not available** to families when all caregivers in the MFIP assistance unit have been found guilty and disqualified from the MFIP program due to MFIP fraud.

Line 6 – Social Service Only Child Care – with Employment Plan

Enter in columns A-C, the expenditures, and the number of families and children who used child care for MFIP or DWP participation exclusively in social service activities as defined under chapter 256J and as required in their approved employment plan. If a client is participating in a social service activity and an employment or training and education activity, do not report those expenditures on this line. Report these expenditures in lines 1 – 3 above.

Social Service activities within an employment plan, eligible for child care assistance payments, include, but are not limited to:

1. Chemical dependency treatment
2. Mental health services
3. Peer group networks
4. Other social service oriented programs designed to help families reach their employment goals and enhance their ability to care for their children.

CSIS counties should continue to use the Social Service Only Child Care code for Social Service Only Child Care.

Line 7 – Transition Year Extension

Enter in columns A-C, the expenditures and the number of families and children who have completed their Transition Year but have not been transferred into BSF and who are participating in an employment activity. Employment must be for an average of at least 20 hours per week at minimum wage and may not include volunteer work. Job Search can be reported within this category, but may not exceed 240 hours in a calendar year.

Counties should continue to manage their waiting list and move clients into BSF from Transition Year Extension when funds are available, using the BSF allocation to fund the child care services. Report expenditures for families who have moved to BSF on lines 1-3 of the DHS-4174-M1, Regular BSF Recipient section.

Line 8 – Other Child Care

Enter in columns A-C, the expenditures and the number of families and children using child care for MFIP or DWP participation with an employment plan authorizing participation in one or more of the following activities: initial and secondary assessments, CWEP, SEID and other non-categorized activities such as pre-employment activities, if included in an approved employment plan. Pre-employment activities are activities needed to help families reach their employment goals and enhance their ability to care for their children.

Do not include child care for social services activities.

Line 9 - TOTALS

Enter the sum of lines 1 – 8 for each of the columns A through C.

SEND COMPLETED REPORTS TO:

Minnesota Department of Human Services
Attn: Jennifer Berhow
P.O. Box 64940
St. Paul, MN 55164-0940
(651) 431-7480 (Fax)

CHILD CARE FUND FISCAL AND STATISTICAL REPORT**Monthly Direct Service Expenditure and Program Participation Summary****Basic Sliding Fee Child Care Program****DHS-4174-M1**

County Name

County Number

Month/Year Reported (MM/YY)

Expenditures, Families and Children**Basic Sliding Fee Child Care Programs**

	Regular BSF Recipients			BSF Portability Pool Recipients		
	Expenditures (A)	Families (B)	Children (C)	Expenditures (D)	Families (E)	Children (F)
1. Training & Education						
2. Employment Only						
3. Employment and Training & Education - Combinations						
4. TOTALS						

At-Home infant child care

	AT HOME INFANT CARE		
	Expenditures (A)	Families (B)	Children (C)
1. At-Home Infant Child Care			

Number of Families on Waiting Lists for BSF Child Care by Length of Time

	Students 1st Priority (A)	Completed Transition Year 2nd Priority (B)	Portability Pool 3rd Priority (C)	Veterans 4th Priority (D)	County Defined/ Other 5th Priority (E)
1. 0-3 Months					
2. 4-6 Months					
3. 7-9 Months					
4. 10-12 Months					
5. 13-18 Months					
6. Over 18 Months					
7. Totals					

THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Report Prepared by	Phone Number
Director's Signature	Date

CHILD CARE FUND FISCAL AND STATISTICAL REPORT
Monthly Direct Service Expenditure and Program Participation Summary
Minnesota Family Investment Child Care Program
DHS-4174-M2

County Name

County Number

Month/Year Reported (MM/YY)

Expenditures, Families and Children**MFIP Child Care Programs**

	MFIP Recipients (includes DWP Recipients)		
	Expenditures (A)	Families (B)	Children (C)
1. Training & Education Only or Training & Education and Social Service - with Employment Plan			
2. Employment Only or Employment and Social Service - with Employment Plan			
3. Employment and Training & Education and Social Service - with Employment Plan			
4. Employment Only - without Employment Plan			
5. Transition Year			
6. Social Service Only Child Care - with Employment Plan			
7. Transition Year Extension			
8. Other Child Care			
9. TOTALS			

THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Report Prepared by	Phone Number
Director's Signature	Date

INSTRUCTIONS FOR COMPLETING THE "CUMULATIVE PROGRAM PARTICIPATION SUMMARY" (DHS-4174-C)

Note: Each quarter, each county that is not on MEC² must complete a DHS-4174-C and submit them by the 20th of the following month. Counties using MEC² to make payments may need to complete the DHS-4174-C report. MEC² counties should refer to Attachment E for information about reporting on this form.

OVERVIEW

The Cumulative Program Participation Summary collects quarterly and year-to-date statistics of families and children who are or have been in the child care assistance programs. DHS-4174-C is included in Attachment B. This information is necessary for the state to meet federal reporting requirements for the Child Care Development Fund.

The Cumulative Program Participation Summary requires an unduplicated count of families and children served on a quarterly (columns A & C) and year-to-date (columns B & D) basis for each program. If a family has moved between programs or components (lines) during the reporting period, report the family and children in the program and component (line), they were participating in at the end of that reporting period. If a family terminated assistance during the reporting period, report the family in the last program and component (line) the family participated in prior to terminating assistance.

For each section relating to a specific program, use the following definitions:

A – Basic Sliding Fee Child Care

Report the Basic Sliding Fee and Portability Pool recipients. The total in column D for line 4 must equal the total in column I, line 1 on the Annual Federal Statistical Schedule. Do not include AHIC recipients.

B – MFIP Child Care

Report the MFIP recipients (including DWP). Include Transition Year, Transition Year Extension and Social Service Only families and children in this section. The total in column D for line 13 must equal the total in column I, line 2 on the Annual Federal Statistical Schedule.

Note: Collect the year-to-date information on a federal fiscal year (October 1st – September 30th) basis.

SEND COMPLETED REPORTS TO:

Minnesota Department of Human Services
Attn: Jennifer Berhow
P.O. Box 64940
St. Paul, MN 55164-0940
(651) 431-7480

CHILD CARE FUND FISCAL AND STATISTICAL REPORT

Cumulative Program Participation Summary

DHS-4174-C

County Name

County Number

Quarter/Year Reported (MM/YY - MM/YY)

A. Basic Sliding Fee Child Care: (includes Portability Pool Child Care)	Families		Children	
	Quarterly (A)	Year-to-Date (B)	Quarterly (C)	Year-to-Date (D)
1. Training & Education Only				
2. Employment Only				
3. Employment and Training & Education - Combinations				
4. TOTALS				

B. MFIP Child Care: (includes DWP Child Care)	Families		Children	
	Quarterly (A)	Year-to-Date (B)	Quarterly (C)	Year-to-Date (D)
5. Training & Education Only or Training & Education and Social Service - with Employment Plan				
6. Employment Only or Employment and Social Service - with Employment Plan				
7. Employment and Training & Education and Social Service - with Employment Plan				
8. Employment Only - without Employment Plan				
9. Transition Year				
10. Social Service Only Child Care - with Employment Plan				
11. Transition Year Extension				
12. Other Child Care				
13. TOTALS				

INSTRUCTIONS FOR COMPLETING THE "ANNUAL FEDERAL STATISTICAL SCHEDULE" (DHS-4174-A)

Note: This report should include data for the period from October 1st of the previous year through September 30th of the current year and submit it by the 20th of October of the current year. Annually, each county that is not on MEC² must complete a DHS-4174-A and submit to DHS by the 20th of the following month. Counties using MEC² to make payments may need to complete the DHS-4174-A report. MEC² counties should refer to Attachment E for information about reporting on this form.

A. OVERVIEW

The Annual Federal Statistical Schedule collects the annual data necessary for the state to meet federal reporting requirements for the Child Care & Development Fund.

Annual Number of Children by Type of Child Care Used

For the children reported in the year-to-date section of the July through September Cumulative Program Participation Summary (DHS-4174-C), report the primary type of child care used. Children must be reported in the same program that they appear on the year-to-date section of the July through September Cumulative Program Participation Summary (DHS-4174-C).

Counties do not need to distinguish among the activities in which the recipient is participating. Rather, report the children in the child care program in which they were participating (BSF or MFIP).

Group the types of child care as **registered** or **licensed** providers, and further break down by child care setting and relative versus non-relative. **Registered** providers are license exempt providers who provide services to families who receive child care assistance through the Child Care Fund and who register with the local social services agency. Only registered or licensed providers may provide child care services through the child care assistance program. Note: The relative or non-relative breakdown does not relate to any licensing or registration requirements in Minnesota. Relative includes grandparent, great-grandparent, aunt or uncle, or sibling living outside the child's home. Below are descriptions of each child care type by column:

B. CARE PROVIDED BY REGISTERED PROVIDER

- Column A: Care provided by a **relative** in the child's home.
- Column B: Care provided by a **non-relative** in the child's home.
- Column C: Care provided by a **relative** in a license exempt provider's home.
- Column D: Care provided by a **non-relative** in a license exempt provider's home.
- Column E: Care provided by someone (relative or non-relative) in a license exempt child care center.

C. CARE PROVIDED BY LICENSED PROVIDER

Column F: Care provided by a **relative** in a licensed family child care provider's home or place of business.

Column G: Care provided by a **non-relative** in a licensed family child care provider's home or place of business.

Column H: Care provided by someone (relative or non-relative) in a licensed child care center.

For each line relating to a specific program within the registered and licensed provider sections, use the following definitions:

Line 1 – Basic Sliding Fee Child Care

Report the Basic Sliding Fee and Portability Pool recipients. The total in column I for line 1 must equal the total in column D, line 4, on the July through September Cumulative Program Participation Summary. Do not include AHIC recipients.

Line 2 – MFIP Child Care

Report MFIP recipients (including DWP). The total in column I for line 2 must equal the total of column D, line 13 on the July through September Cumulative Program Participation Summary. Include Transition Year, Transition Year Extension, and Social Service Only children on this line.

Line 3 – Total of all Recipients

Enter the sum of lines 1-2 for each of the columns A through I.

SEND COMPLETED REPORTS TO:

Minnesota Department of Human Services
Attn: Jennifer Berhow
P.O. Box 64940
St. Paul, MN 55164-0940
(651) 431-7480

CHILD CARE FUND FISCAL AND STATISTICAL REPORT

Annual Federal Statistical Schedule

DHS-4174-A

County Name

County Number

Federal Fiscal Year Reported (MM/YY - MM/YY)

Annual Number of Children by Type of Child Care Used: (Note: This section should include data from October 1 through September 30)

A. Care Provided by "Registered" Provider

1. Basic Sliding Fee Child Care (Includes BSF and Portability Pool)
2. MFIP Child Care/DWP (Includes Transition Year, Social Service Child Care Only, and Transition Year Extension)
3. Total of all Recipients (lines 1 & 2)

(A) CHILD'S HOME RELATIVE	(B) NON-RELATIVE	(C) FAMILY HOME RELATIVE	(D) NON-RELATIVE	(E) CENTER

B. Care Provided by "Licensed" Provider

Lines 1-3 Continued

1. Basic Sliding Fee Child Care (Includes BSF and Portability Pool)
2. MFIP Child Care/DWP (Includes Transition Year, Social Service Child Care Only, and Transition Year Extension)
3. Total of all Recipients (lines 1 & 2)

(F) FAMILY HOME RELATIVE	(G) NON-RELATIVE	(H) CENTER	(I) TOTAL (A-H)

INSTRUCTIONS FOR COMPLETING THE "CHILD CARE CASE RECORD REPORT" (DHS-4174-B)

NOTE: This report is due monthly, 60 days after the end of each report month. Each month, each county that is not on MEC² must complete a DHS-4174-B and submit to DHS. Counties using MEC² to make payments may need to complete the DHS-4174-B report. MEC² counties should refer to Attachment E for information about reporting on this form.

A. OVERVIEW

DHS implemented the child care case record reporting in accordance with federal regulations for data collection under the Child Care & Development Fund (CCDF). The counties complete the case record report using a monthly sample of families receiving child care assistance.

Federal regulations require an annual statewide sample of at least 2400 CCAP cases. Each month, a county must select a random sample equal to approximately 1.3% of its caseload from all active child care participants. This includes participants in MFIP or DWP (including clients participating in a social service activity), TY (including Transition Year Extension), and BSF (including Portability Pool) child care programs. Do not include participants in the At-Home Infant Child Care Program. Counties must submit detailed information for each selected family. This includes information on the head of household, family sources of income, family activities, and dependent children receiving child care assistance.

The information collected through this process is separate from the child care data collected for TANF reporting requirements.

NOTE: The following instructions replace all existing instructions for the Child Care Case Record Report.

B. CONSTRUCT A MONTHLY SAMPLE FRAME

Each county must construct a sample frame consisting of an unduplicated list of all families participating in a child care program during the report month (based on dates of services and not the expenditure date). Include all families who participated in MFIP/DWP (including clients participating in a social service activity), TY (including Transition Year Extension), and BSF (including Portability Pool) child care programs. Do NOT include AHIC families. If a family moved between programs during the month, include them only once in the sample frame and report them according to the instructions below.

C. CHOOSE A RANDOM SAMPLE OF CASES FROM THE SAMPLE FRAME

Once counties have constructed the monthly sample frame, counties must then use the following table to select cases to be included in the sample.

Counties are provided FOUR numbers to select cases for this report. For each month, **use the 2-digit number AND the three 3-digit numbers identified below** to match the last corresponding digits of the social security number of each head of household receiving child care assistance.

ATTACHMENT D

Example: For the report month of October, review the sample frame to select all cases for whom the head of household's last two digits of their social security number equals 49, **or** for whom the last three digits of the social security number equals 643 **or** 201 **or** 079.

The Counties must report family and child and provider information for each CCAP family meeting the match requirements. Note: This table is for all months of federal fiscal year 2007.

FFY07	
October 2006 – 49, 643, 201, 079	November 2006 – 89, 511, 100, 804
December 2006 – 64, 166, 022, 776	January 2007 – 02, 388, 924, 189
February 2007 – 40, 130, 095, 319	March 2007 – 48, 533, 803, 964
April 2007 – 12, 206, 247, 068	May 2007 – 83, 411, 696, 684
June 2007 – 91, 598, 346, 969	July 2007 – 22, 930, 609, 001
August 2007 – 11, 944, 017, 887	September 2007 – 26, 101, 378, 369

Note for counties with families converted to MEC²: Submit case record reports for any matched families whose child care assistance is processed OUTSIDE OF MEC². DHS staff will collect and report matched families receiving assistance through MEC².

Note for counties using the optional CSIS reporting process: CSIS will generate a list of matched families for each monthly report. The counties must manually enter or change the data in CSIS to complete the Child Care Case Record Report. The counties must also enter Social Security numbers into CSIS for the head of family receiving assistance.

Counties do not have to select additional cases if the number of families selected by the random sample is less than 1.3% of your entire caseload for one month. If no cases meet the criteria for inclusion in the sample, send in a blank Child Care Case Record Report with the month, county name, and number, stating "No Cases Meet the Sampling Criteria."

D. DATA ELEMENTS

When a county chooses a family as a member of the sample group, report the information below for the family and each child served.

1. Sample Identifier: Use this number, if questions arise after the report submission, to identify each family sampled. Counties may enter a county assigned case identifier (up to fifteen digits) or use the following method for assigning a number. The alternative number is made up of the county number (two digits), month/year being reported (four digits: MM/YY), and individual sample number (three digits, assigned sequentially by county for samples drawn each month). Example: For Hennepin County, January 2006, the third sample for that month code is 270106003. Counties should keep a log of this number in their records for each sample drawn.

2. County of Residence: Enter the county name in which the head of the family receiving assistance is residing at the time of the report. Counties that report as part of a consortium must enter the county in which the head of family resides during the reporting period.

3. Reporting Month: Enter the numbers that identify the month and year being reported (e.g. 01/06 for January 2006). Report information about child care services provided rather than payments issued within the report month.

I. HEAD OF FAMILY RECEIVING ASSISTANCE: The data elements in this section refer to the head of the family reported on this form who is receiving child care assistance. The head of family receiving child care assistance is the person who applied for child care assistance (e.g. parent, eligible relative caregiver, legal guardian, etc.)

1. Social Security Number: Enter the social security number of the head of the family receiving child care assistance, if the applicant has provided this information. The county must ask for the applicant's social security number, but the applicant is not required to disclose this information as a condition of eligibility. If the applicant has provided the social security number of the head of household, the county must report it.

2. Gender: Enter the one letter code for the gender of the head of family receiving assistance.
M – Male
F – Female

3. Single Parent: (Yes/No): Enter yes or no (Y or N) indicating if the head of the family receiving assistance is a single parent. For purposes of this report, a single parent is defined as being the only parent living in the household who has legal or financial responsibility for any child in that household receiving subsidized child care. If another adult lives in the household but does not have any legal or financial responsibility for any child receiving subsidized care in that household, then consider the head of the family a single parent.

4. Month/Year Began: Enter the month and year (e.g. 01/05 for January 2005) the family became eligible to receive care assistance. If a family has moved from one child care program to another (e.g. MFIP to BSF), report the date the family became eligible for the original program, unless there was an interruption of service. If there was an interruption of service of less than three months (for reasons such as a vacation, illness, or termination) enter the original month/year the assistance started, rather than when the assistance resumed. If the interruption was longer than three months, enter the month/year that assistance resumed.

5. Program: Enter the program code for the child care program in which the family is participating during the reported month. If the family moved between programs during the month, report them in the program they were in at the end of the month.

BSF – Basic Sliding Fee Child Care (including Portability Pool)

MFIP – Minnesota Family Investment Child Care Program (including clients participating in DWP or in a social service activity)

TY – Transition Year Child Care (including Transition Year Extension)

Note: do NOT include AHIC families who meet the match criteria for this report.

6. Reason for Care: Enter the one-digit code indicating the reason for receiving subsidized child care during the reported month. If the family moved between categories during the month, report them in the category they were in at the end of the month. For the recipient participating in either an employment, education, or training activity in addition to a social service activity, report that client under the appropriate employment, education, or training reason for care. For those clients participating in only a social service activity, report the reason for care under number 5 (Other).

- 1 – Employment Only
- 2 – Training & Education Only
- 3 – Both Employment and Training & Education
- 5 – Other (including clients participating in only a Social Service activity)

7. Average Monthly Income: Enter the average monthly income upon which the county determined eligibility (e.g. annual income divided by 12).

8. Family Co-Payment: Enter the total monthly dollar amount of the co-payment the family is obligated to pay for child care services in the report month. Do not include the amount of additional payment that a family may have to pay if they choose a provider who charges rates in excess of the maximum allowed.

II. FAMILY SOURCE OF INCOME / ACTIVITIES: Enter yes or no (Y or N) for all sources of income received and all activities that apply to the family for the reported month. Counties may rely on family self-declaration if they do not use the item in determining child care eligibility.

- 1. Employment:** Does the family have income from employment or self-employment as defined in Minnesota Rules 3400.0170?
- 2. Child Support:** Are any of the children receiving child support income?
- 3. Housing / Section 8:** Does the family receive any form (cash or non-cash) of housing assistance?
- 4. Food Stamps:** Does the family receive food stamps or the food portion of the MFIP grant?
- 5. Other Income:** Does the family receive any Social Security benefits (RSDI or SSI)?
- 6. Head Start:** Does any child in the family participate in a Head Start Program?
- 7. Early Childhood Family Education (ECFE):** Does the family participate in any ECFE classes or activities?
- 8. School Readiness:** Does the family participate in a School Readiness program?
- 9. Number in Eligible Family:** Enter the number of members of the family upon which eligibility is determined.

III. DEPENDENT CHILDREN RECEIVING CHILD CARE ASSISTANCE: The following data elements refer to each dependent child in the family receiving child care assistance, and specifies demographic and child care service elements of the children receiving care. The county must code the child care data in this section for each dependent child in the family receiving child care assistance. **Note:** If more than two children in the family receive child care assistance, or more than two providers provide care for a child, report the information on the second page of the Child Care Case Record Report. **Staple** the additional sheet(s) to the first page to attach the information for all children associated with the head of the family receiving assistance.

1. Social Security Number (Optional): Enter the Social Security Number of the child receiving assistance.

2. Gender: Enter the one letter code for the gender of the child receiving care.

M – Male

F – Female

3. Month/Year of Birth: Enter the month and year (e.g. 04/98 for April 1998) of birth of the child receiving care.

4. Child's Ethnic Background/Race: This question has two parts.

Hispanic or Latino Ethnicity: Place an X in the box if the child is of Hispanic or Latino ethnicity.

Child's Race: Place an X in the box for each race that applies to each child. Identify a race even when the box for Hispanic or Latino Ethnicity above is checked.

IV. TYPE, AMOUNT, AND HOURS OF CHILD CARE: Items 5-7 apply to the child care provided to each child. Enter the child care data for the primary provider in the line for Provider #1 for each child and any subsequent provider on the Provider #2 line. If a child used more than two providers, attach the responses to these items for each additional provider. For purposes of this report, the primary provider is the caregiver who gives the majority of hours of care to the child for the reported month. If two or more providers equally split the amount of time a child spent in care, the county can use its discretion to choose one of the caregivers as the primary provider. Each child in a family may have a different primary provider.

5. Type of Care: Group the types of child care by registered providers or licensed providers, and then further break down the type by child care setting and relationship. Registered providers are license-exempt providers registered for payment for child care services to families who receive assistance through the Child Care Fund. Only registered or licensed providers may provide child care services through the child care assistance program. Below are descriptions of each child care type. A relative provider is defined as being at least 18 years old and the grandparent, great-grandparent, aunt or uncle, or sibling (living outside the child's home) of the child in care.

ATTACHMENT D

Instructions: Enter the two-digit type of care code for each child. The following codes specify who cared for the child and where such care took place during the sample month.

Codes:

02 – Care provided by a relative or non-relative in a licensed family child care provider's home or place of business.

04 – Care provided by a relative or non-relative in a licensed child care center.

05 – Care provided by a non-relative in the child's home.

06 – Care provided by a relative in the child's home.

07 – Care provided by a non-relative in a license exempt (legal nonlicensed) provider's home.

08 – Care provided by a relative in a license exempt (legal nonlicensed) provider's home.

11 – Care provided by a relative or non-relative in a license exempt child care center (such as school-age care supervised by schools).

NOTE: These categories are the same categories used on the Annual Federal Statistical Schedule (DHS-4174-A).

6. Amount Paid: Enter the total monthly dollar amount paid or owed to the provider for each child. The amount paid equals the child care assistance payment for services provided in the report month, added to the family co-payment reported on line 8 of Section I, "Head of Family Receiving Assistance." Apply the family co-payment to multiple children in the same manner that the county used when determining each child's assistance subsidy payment.

7. Total Hours: Enter the total number of **hours** of care provided for the report month. **Do not report the care provided in terms of units, weeks, or days.** Convert weekly charges to 50 hours and daily charges to 10 hours.

Note: The preparer of each record should sign at the bottom of the form and provide their phone number.

SEND COMPLETED REPORTS TO:

DHS – Child Care Reports
ATTN: Janeen Balsimo
P.O. Box 64996
St. Paul, MN 55164-0996
Fax: 651-431-7441
Phone: 651-431-2909

CHILD CARE CASE RECORD REPORT (DHS-4174-B)

Sample Identifier

County of Residence

Reporting Month

I. HEAD OF FAMILY RECEIVING ASSISTANCE

1. Social Security #	<input type="text"/>	2. Gender (M/F)	<input type="text"/>	3. Single Parent (Y/N)	<input type="text"/>	4. Month/Year Began	<input type="text"/>
5. Program	<input type="text"/>	6. Reason for Care	<input type="text"/>	7. Average Monthly Income	<input type="text"/>	8. Family Copayment	<input type="text"/>

II. FAMILY SOURCE OF INCOME/ACTIVITIES (Y/N)

1. Employment	<input type="text"/>	2. Child Support	<input type="text"/>	3. Housing/Section 8	<input type="text"/>	4. Food Stamps	<input type="text"/>	5. Other Income	<input type="text"/>
6. Head Start	<input type="text"/>	7. Early Childhood Family Education	<input type="text"/>	8. Learning Readiness	<input type="text"/>	9. No. in Eligible Family	<input type="text"/>		

III. DEPENDENT CHILDREN RECEIVING CHILD CARE ASSISTANCE

CHILD #1	1. Social Security #	<input type="text"/>			4. Child's Race/Ethnic Background (Place an X next to all that apply)					
	2. Gender (M/F)	<input type="text"/>			Hispanic or Latino Ethnicity		<input type="text"/>	Black or African American		<input type="text"/>
	3. Month/Year of Birth	<input type="text"/>			Native Hawaiian or Other Pacific Islander		<input type="text"/>	White		<input type="text"/>
					American Indian or Alaskan Native		<input type="text"/>	Asian		<input type="text"/>
	Provider #1:	5. Type of Care	<input type="text"/>	6. Amount Paid	<input type="text"/>	7. Total Hours	<input type="text"/>			
	Provider #2:	5. Type of Care	<input type="text"/>	6. Amount Paid	<input type="text"/>	7. Total Hours	<input type="text"/>			

CHILD #2	1. Social Security #	<input type="text"/>			4. Child's Race/Ethnic Background (Place an X next to all that apply)					
	2. Gender (M/F)	<input type="text"/>			Hispanic or Latino Ethnicity		<input type="text"/>	Black or African American		<input type="text"/>
	3. Month/Year of Birth	<input type="text"/>			Native Hawaiian or Other Pacific Islander		<input type="text"/>	White		<input type="text"/>
					American Indian or Alaskan Native		<input type="text"/>	Asian		<input type="text"/>
	Provider #1:	5. Type of Care	<input type="text"/>	6. Amount Paid	<input type="text"/>	7. Total Hours	<input type="text"/>			
	Provider #2:	5. Type of Care	<input type="text"/>	6. Amount Paid	<input type="text"/>	7. Total Hours	<input type="text"/>			

CHILD CARE CASE RECORD REPORT (DHS-4174-B)

Sample Identifier

County of Residence

Reporting Month

III. ADDITIONAL CHILDREN RECEIVING CHILD CARE ASSISTANCE

Enter child number and complete items 1-7 for each additional child.

CHILD #3	1. Social Security #			4. Child's Race/Ethnic Background (Place an X next to all that apply)					
	2. Gender (M/F)			Hispanic or Latino Ethnicity			Black or African American		
	3. Month/Year of Birth			Native Hawaiian or Other Pacific Islander			White		
				American Indian or Alaskan Native			Asian		
	Provider #1:	5. Type of Care		6. Amount Paid		7. Total Hours			
	5. Type of Care		6. Amount Paid		7. Total Hours				

CHILD #4	1. Social Security #			4. Child's Race/Ethnic Background (Place an X next to all that apply)					
	2. Gender (M/F)			Hispanic or Latino Ethnicity			Black or African American		
	3. Month/Year of Birth			Native Hawaiian or Other Pacific Islander			White		
				American Indian or Alaskan Native			Asian		
	Provider #1:	5. Type of Care		6. Amount Paid		7. Total Hours			
	5. Type of Care		6. Amount Paid		7. Total Hours				

III. ADDITIONAL PROVIDERS FOR DEPENDENT CHILDREN

Enter child number from above and provider number for each additional provider. Complete items 5-7 for each provider.

Child # <input type="text"/>	Provider # <input type="text"/>	5. Type of Care	<input type="text"/>	6. Amount Paid	<input type="text"/>	7. Total Hours	<input type="text"/>
Child # <input type="text"/>	Provider # <input type="text"/>	5. Type of Care	<input type="text"/>	6. Amount Paid	<input type="text"/>	7. Total Hours	<input type="text"/>
Child # <input type="text"/>	Provider # <input type="text"/>	5. Type of Care	<input type="text"/>	6. Amount Paid	<input type="text"/>	7. Total Hours	<input type="text"/>
Child # <input type="text"/>	Provider # <input type="text"/>	5. Type of Care	<input type="text"/>	6. Amount Paid	<input type="text"/>	7. Total Hours	<input type="text"/>

Signature of preparer _____ phone number _____

REPORTING INSTRUCTIONS FOR COUNTIES USING MEC²

A. OVERVIEW

Some counties using MEC² are making payments for vouchers, corrections, adjustments and recoveries through a different payment system. Questions have been raised about the monthly reporting in these situations and what needs to be submitted to DHS. The information in Section B below identifies the reports counties will submit to DHS when making payments outside of MEC². Section C identifies the reporting necessary when corrections, adjustments and recoveries are made outside of MEC². Section D identifies the waiting list reporting required of all counties using MEC².

It is important for Counties to identify the point in time that they have completed paying all vouchers not issued from MEC² by sending an email notifying Sheila Garceau at Sheila.Garceau@state.mn.us. Then, that county will make all future payments through MEC².

B. REPORTS TO SUBMIT WHEN COUNTIES MAKE PAYMENTS USING A SYSTEM OTHER THAN MEC²

1. Monthly Child Care Fund Fiscal and Statistical Report (DHS-4174-M1 and M2):

Counties will continue to submit the expenditure section of this report on a monthly basis for all payments made out of a system that are not processed using MEC².

2. Quarterly Child Care Fund Fiscal and Statistical Report (DHS-4174-C):

Counties will continue to submit the Child Care Fund Fiscal and Statistical Report on a quarterly basis until the quarter after they pay all vouchers not issued from MEC².

3. Annual Child Care Fund Fiscal and Statistical Report (DHS-4174-A):

Counties will continue to submit the Child Care Fund Fiscal and Statistical Report on an annual basis until the year after they pay all vouchers not issued from MEC².

4. Child Care Case Record Report:

Counties will continue to submit the Child Care Case Record Reports for non-MEC² populations that meet the selection criteria outlined in Attachment C of this bulletin. **DHS Staff will collect and report matched families receiving assistance through MEC².**

If no cases meet the criteria for the inclusion in the sample, the county should send in a blank Child Care Case Record Report with the month, county name, and number. Write on the form, "No Cases Meet the Sampling Criteria."

Counties using MEC² must complete the Family/Reporting screen, which contains information DHS requires to complete this report. Make updates to the information on this screen when you receive changes to the information on the screen. Do not change the Program Begin Date unless the family experiences a 3-month break in eligibility. Do not change the Program Begin Date when the family's eligibility moves between subprograms.

5. At-Home Infant Child Care Program Expenditures:

Counties using MEC² must make payments for the At-Home Infant Child Care Program outside of the MEC² system and must report these payments on the Child Care Fund Fiscal Report.

C. CORRECTIONS, ADJUSTMENTS, AND RECOVERIES MADE OUTSIDE OF MEC²

Counties making any corrections, adjustments and/or recoveries outside of the MEC² system, must report them on the Monthly Child Care Fund Fiscal and Statistical Report (DHS-4174-M1 and M2).

D. WAITING LIST REPORTING FOR ALL COUNTIES USING MEC²

All counties using MEC² must report the waiting list on a monthly basis. The waiting list is due to DHS by the 20th of each month following the reporting month. Following are the options available for submitting this information to DHS.

- a. Report the waiting list on the Child Care Fund Fiscal Report.
- b. Report the waiting list in an Excel or WORD file using the same format outlined in Attachment A of this bulletin, on page 10. This file must be emailed or mailed to P.O. Box 64940, St. Paul, MN 55164-0940.
- c. Report the waiting list information via email. The format used in the email must be the same format outlined in Attachment A of this bulletin, page 10.
- d. If the county does not have a waiting list in a particular month, a report must still be sent to DHS.

E. REPORT RECIPEINT LIST

REPORT

RECIPEINT

- | | |
|---|--|
| 1) Monthly Child Care Fund Fiscal | Jennifer.Berhow@state.mn.us or FOD 0940 |
| 2) Quarterly Child Care Fund | Jennifer.Berhow@state.mn.us or FOD 0940 |
| 3) Annual | Jennifer.Berhow@state.mn.us or FOD 0940 |
| 4) CC Case Record Report | Janeen.Balsimo@state.mn.us or R&F 0996 |
| 5) At Home | Jennifer.Berhow@state.mn.us or FOD 0940 |
| 6) Corrections, Adjustments, & Recoveries | Jennifer.Berhow@state.mn.us or FOD 0940 |
| 7) Waiting List | Jennifer.Berhow@state.mn.us or FOD 0940 |