

Bulletin

December 16, 2008

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/DUE DATE

Please read and implement.
Reporting requirements are
effective immediately
unless otherwise noted.

EXPIRATION DATE

December 16, 2010

DHS Revises Child Care Reporting Requirements

TOPIC

Revised Child Care Reporting Requirements as a result of converting to MEC² Integrated System.

PURPOSE

Instruct county human service agencies on the revised reporting requirements for the child care assistance program.

CONTACT

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SIGNED

CHARLES E. JOHNSON

Assistant Commissioner

Children and Family Services

SECTION 1. Background

The Department of Human Services (DHS) is revising the reporting requirements for the Child Care Assistance Program including the Child Care Case Record Report (DHS-4174-B) and the Child Care Fund Fiscal and Statistical Reports (DHS-4174-M1 & M2, DHS-4174-C, DHS-4174-A). The detailed instructions on the following pages of this bulletin are to be used by counties during conversion and once all payments are being made out of the new MEC² Integrated System. During conversion, and once all payments are being made out of the new MEC² Integrated System, counties should continue to submit the Child Care Case Record Report and the Child Care Fund Fiscal and Statistical Report on a monthly basis as needed based on the information in Section 2 below. **CSIS and original MEC² System county users have received specific end-of-year reporting requirements.**

SECTION 2. Specific Changes

Monthly, Quarterly and Annual Child Care Fund Fiscal and Statistical Report (DHS-4174-M1, M2, C and A): Once counties are making all child care payments using the original MEC² and/or MEC² Integrated systems, counties will no longer need to complete these reports. The following information should be used when determining the timeframes for submitting the monthly, quarterly or annual report to DHS and when counties can discontinue completing these reports. See Attachments A-C for instructions on completion of the Child Care Fund Fiscal and Statistical Reports.

1. Monthly Direct Service Expenditure and Program Participation Summary (DHS-4174-M1 and M2):

This report should include only those expenditures, family and children for payments and/or refunds, recoupments, cancellations or recoveries, made outside of the original MEC² and/or MEC² Integrated Systems. Counties will continue to submit the expenditure section of this report on a monthly basis until the month after they make the final payment out of any system other than the original MEC² or MEC² Integrated systems. See Attachment A for forms and instructions on completion of the Monthly Direct Service Expenditure and Program Participation Summary. The waiting list portion of this report is being replaced by a new waiting list report (information included below).

2. Cumulative Program Participation Summary (DHS-4174-C):

This form should include only those expenditures, family and children for payments and/or refunds, recoupments, cancellations or recoveries, made outside of the original MEC² and/or MEC² Integrated Systems. Counties will continue to submit the Cumulative Program Participation Summary on a quarterly basis until the quarter after they make the final payment out of any system other than the original MEC² or MEC² Integrated systems. See Attachment B for the form and instructions on completion of the Cumulative Program Participation Summary.

3. Annual Federal Statistical Schedule (DHS-4174-A):

This form should include only those expenditures, family and children for payments and/or refunds, recoupments, cancellations or recoveries made outside of the original MEC² and/or MEC² Integrated Systems. Counties will continue to submit the Annual Federal Statistical Schedule on an annual basis until the year after they make the final payment out of any system

other than the original MEC² or MEC² Integrated systems. See Attachment C for the form and instructions on completion of the Cumulative Program Participation Summary.

Counties should mail their completed Monthly, Quarterly and Annual Child Care Fund Fiscal and Statistical reports to:

MN Department of Human Services
ATTN: Cindy Barnier
P.O. Box 64940
St. Paul, MN 55164-0940

Child Care Case Record Report: This report will be completed for those families in which a payment was made outside of the original MEC² and/or MEC² Integrated systems that meet the criteria identified in Attachment D. Once counties are making all child care payments using the original MEC² and/or MEC² Integrated systems, counties will no longer need to complete this report. DHS staff will collect and report the information according to the federal reporting requirements for all cases on the original MEC² and MEC² Integrated System.

Counties will continue to submit the Child Care Case Record Reports for non-MEC² payments that meet the selection criteria. **DHS Staff will collect and report matched families receiving assistance through MEC².**

Refer to Attachment D for instructions on completion of the Child Care Case Record Report.

Counties should mail or fax their completed Child Care Case Record reports to:

MN Department of Human Services
ATTN: Janeen Balsimo
P.O. Box 64996
St. Paul, MN 55164-0996
Fax: 651-431-7441
Phone: 651-431-2909

Child Care Assistance Program Direct Service Expenditure Adjustment Form (DHS-5665): The Child Care Direct Service Expenditure Adjustment Form shown in Attachment E should be used to report adjustments to expenditures made in the MEC² Integrated System. When a county begins making payments using the MEC² Integrated System, counties should report all adjustments to previously made expenditures using the MEC² Integrated System, on the Child Care Direct Service Expenditure Adjustment Form. An example of this would include: a payment is made using the MEC² Integrated System charged to Minnesota Family Investment Program (MFIP). At a later point, the county determines the payment should have been charged to Transition Year (TY). The Child Care Direct Service Expenditure Adjustment Form should be completed showing a reduction in MFIP and a correlating increase in the TY program for the amount of the payment.

Counties should mail their completed Child Care Direct Service Expenditure Adjustment forms to:

MN Department of Human Services
ATTN: Cindy Barnier
P.O. Box 64940
St. Paul, MN 55164-0940

Child Care Basic Sliding Fee Monthly Waiting List (DHS-5671): MEC² Integrated System does not currently allow for tracking and reporting of the Child Care Basic Sliding Fee Monthly Waiting List. Counties must continue to submit their monthly Child Care Basic Sliding Fee Monthly Waiting List to DHS within 20 days after the end of the reporting month. Reporting of the Child Care Basic Sliding Fee Monthly Waiting list will be done using the eDocs form titled “Child Care Basic Sliding Fee Monthly Waiting List”. This report will need to be completed by county staff and submitted to the state by the 20th of the following month. See Attachment F for instructions on completion and submission of the Child Care Basic Sliding Fee Monthly Waiting List.

SECTION 3. Action Required

Submit the Monthly, Quarterly and Annual Child Care Fund Fiscal and Statistical Report

Continue to submit the Child Care Fund Fiscal and Statistical Report which is due to DHS by the 20th of the month following the reporting month. Counties must continue submitting these reports according to the guidelines identified in Section 2 above. See Attachments 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 should include expenditures disbursed during the month, not for services rendered during the reporting timeframe.

CSIS and Original MEC² System county users have received specific end-of-year reporting information from DHS related to the final 2008 Monthly, Quarterly and Annual Child Care Fund Fiscal and Statistical Reports. If your county has not received this information and should have, please contact Guy Budinger at 651-431-4082.

Submit the Child Care Case Record Report

Continue to submit the Child Care Case Record Report which is due to DHS 60 days after the reporting month. Counties must continue submitting this report according to the guidelines identified in Section 2 above. See Attachments D for details on the completion and submission of DHS-4174-B.

CSIS and Original MEC² System county users have received specific end-of-year reporting information from DHS related to the final 2008 Child Care Case Record Reports. If your county has not received this information and should have, please contact Guy Budinger at 651-431-4082.

Submit the Child Care Assistance Program Direct Service Expenditure Adjustment form

The Child Care Assistance Program Direct Service Expenditure Adjustment form is for adjustments to expenditures previously made using the MEC² Integrated System. The Child Care Direct Service Expenditure Adjustment form is due to DHS by the 20th of each month following the reporting month when adjustments are required. See Attachment E for details on the completion and submission of DHS-5665.

Submit the Child Care Basic Sliding Fee Monthly Waiting List

The Child Care Basic Sliding Fee Monthly Waiting List (DHS-5671) is for reporting the county waiting list to DHS. The Child Care Basic Sliding Fee Monthly Waiting List form must be submitted to DHS by the 20th of the month following the reporting month. See Attachment F for details about completion and submission of this form.

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.

SECTION 4. Special Needs

This document is available in alternative formats to people with disabilities by calling Aaron Coonce at 651-431-4049, or by calling the Minnesota Relay Service at 1-800-627-3529.

SECTION 5. Legal References

Minnesota Statutes, sections 119B.011 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.

SECTION 6. Attachments

A. Instructions and forms for completing the 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. Instructions and form for completing: DHS-5665 Child Care Assistance Program Direct Service Expenditure Adjustment Form

F. Instructions and copy of electronic form for completing: DHS-5671 Child Care Basic Sliding Fee Monthly Waiting List

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

Note: Each month, every county that continues to make payments and/or post refunds, recoupments, cancellations or recoveries using a system other than the original MEC² or MEC² Integrated systems must complete a DHS-4174-M1 for the Basic Sliding Fee (BSF) Child Care Program and M2 for the MFIP Child Care Program and submit them by the 20th of the following month.

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 made using a system other than the original MEC² or MEC² Integrated Systems. 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 Statutes, section 119B.11, Subd. 2a and Minnesota Rules, part 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 Statutes, section 119B.11, Subd. 2a, Minnesota Rules, part 3400.0187 for information about recoupment and recovery of overpayments.

COPAYMENT FEES

Based on the sliding fee scale (Refer to DHS State Fiscal Year 2009 Copayment Bulletin #08-68-07), 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. Two cases describe who can receive the fee. The net effect of both 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.

When reporting direct service expenditures, include only the amount that the county human service agency paid, **not** fees that the clients pay to the child care providers.

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 using a system other than the original MEC² or MEC² Integrated Systems. 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 CHILD CARE PROGRAMS (DHS-4174-M1)

THE MONTHLY DIRECT SERVICE EXPENDITURE AND PROGRAM PARTICIPATION SUMMARY

The 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 made using any system other than the original MEC² or MEC² Integrated Systems 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 Diversionary Work Program (DWP)), Transition Year, MFIP Social Service Activities or the Transition Year Extension programs. 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 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 Statutes, section 119B.03, Subd. 9 and Minnesota Rules, part 3400.0060, Subp. 9 for details of Portability Pool). Do not report the regular BSF participants 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. NUMBER OF FAMILIES ON WAITING LISTS FOR BSF CHILD CARE BY LENGTH OF TIME

BEGINNING WITH REPORTING OF THE JANUARY 2009 WAITING LIST, REFER TO ATTACHMENT F FOR INSTRUCTIONS ON HOW TO REPORT THE COUNTY BASIC SLIDING FEE PROGRAM WAITING LIST. DHS-4174-M1 WILL NO LONGER BE USED TO REPORT THE COUNTY WAITING LIST BEGINNING WITH REPORTING FOR JANUARY 2009.

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, if reporting expenditures is required. 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, if reporting expenditures is required.

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 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.

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 Minnesota Statutes, section 119B.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 Minnesota Statutes, section 119B.03, Subd. 6.

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

THE MONTHLY DIRECT SERVICE EXPENDITURE AND PROGRAM PARTICIPATION SUMMARY

Minnesota Family Investment Child Care Program collects monthly expenditures made using a system other than the original MEC² or MEC² Integrated Systems 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 DWP), TY, MFIP Social Services Only Child Care, or Transition Year Extension. Do **NOT** report those clients participating in regular BSF or BSF Portability Pool 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, 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 2 – Employment Only 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 Statutes, 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 Minnesota Statutes, 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.

Counties should mail their completed Monthly Direct Service Expenditure and Program Participation Summary reports to:

MN Department of Human Services
ATTN: Cindy Barnier
P.O. Box 64940
St. Paul, MN 55164-0940

CHILD CARE FUND FISCAL AND STATISTICAL REPORT

Monthly Direct Service Expenditure and Program Participation Summary

Basic Sliding Fee Child Care Program

DHS-4174-M1

NOTE: THIS FORM IS TO BE USED FOR REPORTING EXPENDITURES AND FAMILIES AND CHILDREN FOR PAYMENTS OUT OF A SYSTEM OTHER THAN THE ORIGINAL MEC² OR MEC² INTEGRATED.

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						

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

NOTE: THIS FORM IS TO BE USED FOR REPORTING EXPENDITURES AND FAMILIES AND CHILDREN FOR PAYMENTS OUT OF A SYSTEM OTHER THAN THE ORIGINAL MEC² OR MEC² INTEGRATED.

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

ATTACHMENT B

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

Note: Each quarter, every county that continues to make payments using a system other than the original MEC² or MEC² Integrated systems must complete a DHS-4174-C and submit by the 20th of the following month.

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 with payments being made out of a system other than the original MEC² or MEC² Integrated Systems. 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 (DHS-4174-A).

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.

Counties should mail their completed Cumulative Program Participation Summary report to:

MN Department of Human Services
ATTN: Cindy Barnier
P.O. Box 64940
St. Paul, MN 55164-0940

Year-to-Date
(D)

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, every county that continues to make payments using a system other than the original MEC² or MEC² Integrated systems must complete a DHS-4174-A and submit to DHS by the 20th of the following October.

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.

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.

Counties should mail their completed Annual Federal Statistical Schedule to:

MN Department of Human Services
ATTN: Cindy Barnier
P.O. Box 64940
St. Paul, MN 55164-0940

CHILD CARE FUND FISCAL AND STATISTICAL REPORT

Annual Federal Statistical Schedule

DHS-4174-A

NOTE: THIS FORM IS TO BE USED FOR REPORTING EXPENDITURES AND FAMILIES AND CHILDREN FOR PAYMENTS MADE OUT OF A SYSTEM OTHER THAN THE ORIGINAL MEC² OR MEC² INTEGRATED.

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.

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.

Each month, a county **who makes CCAP payments OUTSIDE of either the original MEC² system or the new MEC² Integrated system** 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. 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.

MEC² Counties: DHS staff obtains information from both the original and the new Integrated MEC² Systems to complete this report; therefore counties who are making **all** CCAP payments from either MEC² system are not required to submit sample case records.

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

CONSTRUCT A MONTHLY SAMPLE FRAME

Each county still making CCAP payments outside of the original MEC² system or the new MEC² Integrated system 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). This sample frame should consist of only those families in which a payment was made outside of either the original MEC² or the new MEC² Integrated systems. 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. 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.

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 given FOUR sets of 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.

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 68, **or** for whom the last three digits of the social security number equals 235 **or** 592 **or** 799.

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 2009.

FFY09	
October 2008 – 68, 235, 592, 799	November 2008 – 30, 352, 971, 500
December 2008 – 92, 423, 288, 618	January 2009 – 23, 240, 686, 046
February 2009 – 98, 284, 320, 547	March 2009 – 94, 886, 065, 960
April 2009 – 69, 740, 681, 953	May 2009 – 08, 857, 109, 364
June 2009 – 76, 970, 729, 255	July 2009 – 90, 999, 269, 126
August 2009 – 70, 338, 922, 903	Sept 2009 – 88, 171, 101, 329

Note for counties with families converted to the Integrated MEC²: Submit case record reports for any matched families for whom CCAP payment was issued OUTSIDE OF THE MEC² INTEGRATED SYSTEM. DHS staff will collect and report matched families receiving assistance through the MEC² Integrated system.

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 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, and additional information on selected families required to complete this report. Reports from CSIS must then be printed and mailed to DHS.

Counties must not 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.” In the first month when the county is making all payments using the new MEC² Integrated system, send in a blank Child Care Case Record Report with the month, county name, and number stating “County is making all payments using the new MEC² Integrated system”. This will alert DHS that the county will no longer be submitting a Child Care Case Record Report.

DATA ELEMENTS

When a family is selected, report the information below for the family and each child served. A form is available for use by contacting DHS.

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 2005, the third sample for that month code is 270105003. Counties should keep a log of this number in their records for each sample drawn.

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.

Reporting Month: Enter the numbers that identify the month and year being reported (e.g. 01/07 for January 2007). 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, MFIP 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. 01/06 for January 2006) 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 report 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)

6. **Reason for Care:** Enter the one-digit code indicating the reason for receiving subsidized child care during the report 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 most recently determined eligibility prior to or during the report month (annual income divided by 12).
8. **Family Copayment:** Enter the total monthly dollar amount of the copayment 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 for whom 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 specify 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. 01/04 for January 2004) 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. This should be answered for each child reported.

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

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 who have been registered for payment for child care services to families who receive assistance through the Child Care Fund. Only registered or licensed

providers may receive payment for 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.

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, including the family copayment. The amount paid equals the child care assistance payment for services provided in the report month, added to any portion of the family copayment reported on line 8 of Section I, "Head of Family Receiving Assistance" that applies to this child's services. Apply the family copayment to multiple children in the same manner that the county used when determining each child's assistance subsidy payment. Any recoupments or other deductions from the CCAP payment should also be included in Amount Paid.

Some county automated systems used to make CCAP payments do not contain family copayment information. If the child care case record report is system-generated, make sure the family copayment amount is included in the amount paid figure reported on this line.

NOTE TO CSIS COUNTIES: Changes were made to CSIS with the installation of Release 6.3 to improve the accuracy of data available for the completion of this report. The copayment is now a required entry, so it is no longer necessary to correct information on the paper sample reports generated from CSIS.

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 TO CSIS COUNTIES: It is necessary to enter the accurate number of hours associated with total cost of services for each child, including any portion of the copayment or any other deduction taken before the county's CCAP payment is issued. The CSIS rate field on the voucher entry screen must be calculated to produce the correct county payment. **DO NOT ADJUST THE ACTUAL NUMBER OF UNITS ASSOCIATED WITH THE TOTAL COST OF CARE.**

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

Counties should send their completed Child Care Case Record reports to:

MN Department of Human Services
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)

ATTACHMENT D

Sample Identifier

County of Residence

Reporting Month

I. HEAD OF FAMILY RECEIVING ASSISTANCE

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

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

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

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"/>		<u>Hispanic or Latino Ethnicity</u>		<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
	3. Month/Year of Birth	<input type="text"/>	Native Hawaiian or Other Pacific Islander		<input type="checkbox"/>	White	<input type="checkbox"/>	
			American Indian or Alaskan Native		<input type="checkbox"/>	Asian	<input type="checkbox"/>	
	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"/>		<u>Hispanic or Latino Ethnicity</u>		<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
	3. Month/Year of Birth	<input type="text"/>	Native Hawaiian or Other Pacific Islander		<input type="checkbox"/>	White	<input type="checkbox"/>	
			American Indian or Alaskan Native		<input type="checkbox"/>	Asian	<input type="checkbox"/>	
	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)				<u>Hispanic or Latino Ethnicity</u>			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)				<u>Hispanic or Latino Ethnicity</u>			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 style="width: 80px;" type="text"/>	Provider # <input style="width: 80px;" type="text"/>	5. Type of Care	<input style="width: 80px;" type="text"/>	6. Amount Paid	<input style="width: 80px;" type="text"/>	7. Total Hours	<input style="width: 80px;" type="text"/>
Child # <input style="width: 80px;" type="text"/>	Provider # <input style="width: 80px;" type="text"/>	5. Type of Care	<input style="width: 80px;" type="text"/>	6. Amount Paid	<input style="width: 80px;" type="text"/>	7. Total Hours	<input style="width: 80px;" type="text"/>
Child # <input style="width: 80px;" type="text"/>	Provider # <input style="width: 80px;" type="text"/>	5. Type of Care	<input style="width: 80px;" type="text"/>	6. Amount Paid	<input style="width: 80px;" type="text"/>	7. Total Hours	<input style="width: 80px;" type="text"/>
Child # <input style="width: 80px;" type="text"/>	Provider # <input style="width: 80px;" type="text"/>	5. Type of Care	<input style="width: 80px;" type="text"/>	6. Amount Paid	<input style="width: 80px;" type="text"/>	7. Total Hours	<input style="width: 80px;" type="text"/>

Signature of preparer _____ phone number _____

INSTRUCTIONS FOR COMPLETING CHILD CARE ASSISTANCE PROGRAM DIRECT SERVICE EXPENDITURE ADJUSTMENT FORM (DHS-5665)

ADJUSTMENTS

The information within this section applies to all expenditure adjustments between programs when the original payment was made using the MEC² Integrated System. The Child Care Assistance Program Direct Service Expenditure Adjustment Form (DHS-5665) provides DHS with the information necessary to adjust each county's earnings within the appropriate child care program.

If a payment was incorrectly charged to a program, the county should determine both the incorrect and the correct program for that payment. The adjustment will then be reported using the Child Care Assistance Program Direct Service Expenditure Adjustment Form.

The county should report the expenditure amount and correlating family and children count as a negative (decrease) number on the appropriate line(s) number 1 through 5 identifying the program(s) which originally funded the expenditure. The county will also report the expenditure amount and correlating family and children count as a positive (increase) number on the appropriate line(s) number 1 through 5 identifying the program(s) which should have funded the expenditure. An example is shown below.

Example

The original payment (\$2,000 for 1 family with 1 child) for child care services was funded by MFIP. It was discovered later that it should have been funded by the TY program. The adjustment to move funds between these two programs is shown here.

	Expenditures	Families	Children
1. Regular Basic Sliding Fee Recipients			
2. Portability pool Recipients			
3. Minnesota family investment program recipients (includes DWP)	(\$2,000)	(1)	(1)
4. Transition year recipients	\$2,000	1	1
5. Transition year extension recipients			

REGULAR BASIC SLIDING FEE RECIPIENTS

Enter in columns A, B & C, line 1, the child care expenditure adjustment amount and the number of families and children correlating to that adjustment for those families participating in the regular BSF programs. Do **NOT** report those clients participating in Portability Pool, MFIP (including DWP), Transition Year or Transition Year Extension programs.

PORTABILITY POOL RECIPIENTS

Enter in columns A, B & C, line 2, the child care expenditure adjustment amount and the number of families and children correlating to that adjustment for those families who meet the Portability Pool eligibility criteria. (Refer to Minnesota Statutes, section 119B.03, Subd. 9 and Minnesota Rules, part 3400.0060, Subp. 9 for details of the Portability Pool) Do **NOT** report those clients participating in Regular Basic Sliding Fee, MFIP (including DWP), Transition Year or Transition Year Extension programs.

MINNESOTA FAMILY INVESTMENT PROGRAM RECIPIENTS (includes DWP)

Enter in columns A, B & C, line 3, the child care expenditure adjustment amount and the number of families and children correlating to that adjustment for those families who meet the MFIP participation criteria (including DWP). Do **NOT** report those clients participating in Regular Basic Sliding Fee, Portability Pool, Transition Year or Transition Year Extension programs.

TRANSITION YEAR RECIPIENTS

Enter in columns A, B & C, line 4, the child care expenditure adjustment amount and the number of families and children correlating to that adjustment for those families 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. Do **NOT** report those clients participating in Regular Basic Sliding Fee, Portability Pool, MFIP (including DWP) or Transition Year Extension programs.

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.

TRANSITION YEAR EXTENSION RECIPIENTS

Enter in columns A, B & C, line 5, the child care expenditure adjustment amount and the number of families and children correlating to that adjustment for those families 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. Do **NOT** report those clients participating in Regular Basic Sliding Fee, Portability Pool, MFIP (including DWP) or Transition Year programs.

All adjustments will be tracked outside of the MEC² Integrated System so counties should take this into consideration when reviewing reports generated from this system, specifically the BSF Fund Tracking Report (FN119). These adjustments WILL NOT be included in the totals on this report.

If, in relation to this expenditure adjustment, a subprogram switch is required to move the family to the correct program, refer to the MEC² Integrated System User Manual, Case Management Eligibility,

Subprogram Switch section for instructions on changing the program code for this family within the Integrated system.

Counties should mail their completed Child Care Assistance Program Direct Service Expenditure Adjustment form to:

MN Department of Human Services
ATTN: Cindy Barnier
P.O. Box 64940
St. Paul, MN 55164-0940

Child Care Assistance Program Direct Service Expenditure Adjustment Form

Purpose: This form should be used by county workers to report all expenditure adjustments when the original payment was made using the MEC² Integrated System. This form provides the Department of Human Services with information necessary to adjust each county's earnings within the appropriate child care program.

Refer to Bulletin #08-68-17 for instructions on completion of this form.

COUNTY NAME AND NUMBER	REPORT DATE (mm/yy)
------------------------	---------------------

	Expenditures (A)	Families (B)	Children (C)
1. Regular Basic Sliding Fee recipients			
2. Portability Pool recipients			
3. Minnesota Family Investment Program recipients (includes DWP)			
4. Transition Year recipients			
5. Transition Year Extension recipients			

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

Print this form, obtain director's signature and mail to:

MN Department of Human Services
ATTN: Cindy Barnier
P. O. Box 64940
St. Paul, MN 55164-0940

ATTACHMENT F

INSTRUCTIONS FOR COMPLETING CHILD CARE BASIC SLIDING FEE MONTHLY WAITING LIST (DHS-5671)

NOTE: This report is due to DHS monthly, 20 days after the end of each report month.

The MEC² Integrated system does not currently have the functionality to collect waiting list information for counties. Counties must continue to submit this information on a monthly basis to DHS using the electronic Child Care Basic Sliding Fee Monthly Waiting List form (DHS-5671). This form must be submitted to DHS electronically by the 20th of the month following the reporting month. Instructions for completion of this form are included below.

This form has the capability to be saved on your computer and be submitted by e-mail. You must have Adobe Reader 7 or Adobe Acrobat 7 or newer to use this form. If needed, you may download a current version of Adobe Reader for free at: <http://www.adobe.com/products/acrobat/readstep2.html>.

GENERAL INFORMATION

The county should complete the general information at the top of the form.

County: Click on the drop-down box to select the reporting county name and number.

Report Month: Click on the drop-down box to select the reporting month.

NUMBER OF FAMILIES ON WAITING LIST 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 according to the number of months the family has been on the waiting list. The data must include the number of families and the length of time on the waiting list. Report the BSF waiting list by priority of services as identified below. If a county does not have a waiting list for a particular month, enter zeros on the total line, complete the other sections of the form and submit to DHS.

STUDENTS 1ST PRIORITY (A)

Enter the number of families on the BSF waiting list, by the length of time on the waiting list, who meet 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.

COMPLETED TY 2ND PRIORITY (B)

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.**

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.

PORTABILITY POOL 3RD PRIORITY (C)

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.

VETERANS 4TH PRIORITY (D)

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 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.

COUNTY DEFINED/OTHER 5TH PRIORITY (E)

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.

TOTALS

The total of column A through E will automatically calculate.

NOTE: In accordance with Minnesota Statutes, section 119B.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 Minnesota Statutes, section 119B.03, Subd. 6.

COMMENTS

Enter in any comments you may want DHS to know about this month's waiting list. This may include information such as the county was able to remove all families from the waiting list or that the county is currently updating their waiting list.

REPORT PREPARED BY INFORMATION

County staff should complete the report preparation information at the bottom of the form.

Report Prepared By: Type in the name of the individual that prepared the report.

Title: Type in the title of the individual that prepared the report.

E-mail Address: Type in the e-mail address of the person that prepared the report.

Phone Number: Type in the phone number of the person that prepared the report.

PRINTING AND SUBMITTING THE RPEORT

The two boxes at the bottom of the form are used for printing and submitting the completed report. Click the "Print" box if you would like a paper copy for your files. Click the "Submit to DHS" button to create the e-mail with the completed document attached. Once you have created the e-mail with the completed document, you must send to DHS.

Child Care Basic Sliding Fee Monthly Waiting List January thru June 2009

COUNTY (drop down list of counties)
--

TODAY'S DATE (auto generate date)

REPORT MONTH (drop down list of months)
--

Purpose: Use this form to provide the Department of Human Services with the county's monthly Child Care Basic Sliding Fee (BSF) Waiting List information.

Instructions: Indicate the number of families on your waiting list for BSF Child Care, by length of time, for the report month. You can print a copy of this report by clicking on the print button below. To submit this report click on the submit button. This will generate an email to DHS with the report attached which you can send. Refer to Bulletin #08-68-17 for further instructions on completion of this form.

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

Tell us anything you would like us to know about this month's waiting list in the comment section below.

COMMENTS

REPORT PREPARED BY	TITLE
E-MAIL ADDRESS	PHONE NUMBER

Print

Submit to DHS
