

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 10, 1995

ALL-COUNTY LETTER NO. 95-19

TO: COUNTY WELFARE DIRECTORS  
COUNTY SCC COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☒ [X] State Law Change
- ☐ [ ] Federal Law Change
- ☐ [ ] Court Order or Settlement Agreement
- ☐ [ ] Clarification Requested by One or More Counties
- ☐ [ ] Initiated by CDSS

SUBJECT: THE SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

REFERENCE: ALL-COUNTY LETTER (ACL) NO. 93-84

MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS 44-500 THROUGH 44-509

This letter provides revised draft regulations, guidelines, forms and notices of action (NOAs) for the Supplemental Child Care (SCC) Program which was implemented on November 1, 1993. These changes are a result of responses received in the public hearing process, clarification received from the federal Department of Health & Human Services, and comments received from the Office of Administrative Law. These revisions were reviewed by the Aid to Families With Dependent Children (AFDC) Technical Review Team, a subcommittee of the County Welfare Directors' Association. All counties are required to implement these program changes to child care costs incurred on or after February 1, 1995, the date the revised regulations were filed with the Office of Administrative Law.

The following is a list of the significant amendments to the SCC Program regulations:

- o MPP Sections 40-131.3(u), 40-181.1(l), and 44-507.11 have been amended to require counties to not only notify AFDC recipients about the SCC Program but to also give them a Monthly Child Care Eligibility Report (SCC 6).
- o MPP Section 44-503.12 has been deleted to remove the requirement that the family must be eligible for the child care earned income disregard in their AFDC grant calculation before being eligible for SCC.
- o MPP Section 44-503.13 has been renumbered to 44-503.12 and has been amended to allow SCC reimbursement of child care costs paid for children in the home receiving federal foster care or Supplemental Security Income (SSI).
- o MPP Section 44-504.1 and 44-505.11 have been amended to require counties to use only the "monthly" Regional Market Rate ceilings when determining an SCC payment. This brings SCC in alignment with the Transitional Child Care (TCC) and the California Alternative Assistance (CAAP) programs.

- o MPP Section 44-504.4 has been amended to require that when a recipient is only eligible for a partial month of AFDC and SCC benefits, counties must use the same procedures to determine the SCC payment as used to determine an AFDC grant for a partial month in MPP Section 44-315.7.
- o MPP Section 44-507.14 has been added to require counties to compare the provider's social security number (SSN) with the Medi-Cal Eligibility Data System (MEDS) to determine if the provider is receiving AFDC, Food Stamps, and/or Medi-Cal.
- o MPP Section 44-507.15 has been added to require counties to inform SCC recipients of the availability of the Transitional Child Care (TCC) Program. Counties can satisfy this requirement by providing recipients with the Supplemental Child Care (SCC) Program Information form, the SCC 5, which includes the appropriate language.
- o MPP Section 44-507.25 has been amended to allow counties to deny an SCC payment when the Monthly Child Care Eligibility Report (SCC 6) is received incomplete. However, counties are required to rescind the denial if the recipient submits a completed SCC 6 by the first day of the payment month or meets the good cause criteria according to MPP Section 44-507.26.
- o MPP Section 44-508.111 has been amended to require counties to correct an SCC underpayment within "30 calendar days" from the date of discovery of the underpayment instead of the "60 calendar days" which was stated in the original regulations.

If you have any questions regarding this letter, please contact Ms. Jan DeSilva in Child Care Programs Section within the Employment Programs Bureau at (916) 654-1768.

Sincerely,



BRUCE WAGSTAFF  
Acting Deputy Director  
Welfare Programs Division

Attachments

c: CWDA

THE SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

INDEX OF ATTACHMENTS

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GUIDELINES FOR THE SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

These guidelines are for implementing the changes to the Supplemental Child Care (SCC) Program.

SCC Informing

Counties are now required to provide a Monthly Child Care Eligibility Report (SCC 6) along with a Supplemental Child Care Program Information (SCC 5) when informing AFDC applicants and recipients at redetermination and when they first report earned income.

The SCC 5 has been revised to provide additional information to recipients. The SCC 6 has been revised to obtain additional information from the recipient and child care provider. Copies of the revised SCC 5 and SCC 6 are included in Attachment 2 and should be used as soon as possible.

SCC Program Eligibility Requirements

One revision to the SCC regulations is the removal of the requirement for the recipient to be eligible for the child care earned income disregard in order to be eligible for SCC. This change was the result of clarification received from the federal Department of Health & Human Services and provides SCC payments for the entire amount of the child care costs (up to the 75th percentile RMR) in the following situations:

- When a family submits a late Monthly Income Report (CA 7/SAWS 7) and loses eligibility for the child care earned income disregard in the calculation of their cash grant.
- When the family's cash aid is suspended due to the failure to meet gross income or net income requirements.
- When a member of the family is working and pays child care costs during a month he/she does not get paid. For example, the recipient works from the 15th through the 30th of the month and pays \$150 for child care in that month, but does not get paid until the 1st day of the following month. Formerly, since this family was ineligible for a disregard, the family was ineligible for SCC.
- When a family is discontinued from aid and is ineligible for the child care earned income disregard for the last two months of aid. For example, child care costs were incurred in November and reported timely in December, but the family is discontinued from aid on December 31. Formerly, since this family was ineligible for a disregard during the last

two months of aid, the family did not receive those two months of child care reimbursement. The family would not be eligible to receive Transitional Child Care (TCC) until January 1 and could only receive reimbursement from TCC for child care costs incurred after January 1.

In addition, the removal of the disregard requirement affects which children in the home are eligible for SCC. Therefore, the regulations in MPP Section 44-503 were amended to allow SCC payments not only for the children in the assistance unit (AU) but also for the children who would be in the AU, but for the receipt of federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP). This amendment aligns SCC with the other Title IV-A child care programs including the Transitional Child Care (TCC) Program and California Alternative Assistance Program (CAAP).

#### SCC Payment Determination

The SCC regulations have been revised to require counties to use only the "monthly" rate ceilings located in the current Regional Market Rate Ceilings for California Child Care Providers (RMRs) when determining the appropriate rate ceiling in SCC. A copy of the current rate ceilings can be obtained from the county GAIN/NET/SCC/TCC Coordinator or by contacting CDSS.

The modification of using only monthly rate ceilings resulted in the necessity to revise the definitions for part-time and full-time care. According to MPP Section 44-502, "full-time care" is now defined as child care provided more than 147 hours in the month and "part-time care" is now defined as child care provided for 147 hours or less in the month.

Counties must notify SCC recipients of the revised payment limits when issuing approved SCC payments. (Refer to NOA # M44-504 in Attachment 3.)

#### County Responsibilities

The language in the SCC regulations requiring the provider's social security number (SSN) has been removed. However, the payment request form (SCC 6) allows the provider the option to include his/her SSN. Therefore, if the provider provides his/her SSN, the SCC regulations require counties to compare the provider's SSN with the Medi-Cal Eligibility Data System (MEDS) to determine whether the provider is receiving AFDC, Food Stamps, and/or Medi-Cal benefits. If the provider is also on aid, counties are encouraged to notify the provider's worker. The worker can then verify that the provider reported the earned income on his/her CA 7/SAWS 7.

Reporting Requirements

The revisions to the SCC regulations result in changes to the Title IV-A Child Care Monthly Statistical Report, Form ACF 115 (State). Formerly, SCC statistics were reported entirely as a subset to the disregard since families had to be eligible for the disregard in order to receive SCC. However, families can now receive an SCC payment for the entire amount of their monthly child care costs even though they were ineligible for the disregard. Therefore, an updated Form ACF 115 (State) and instructions have been included in Attachment 4.

Forms and Notices of Action

Copies of the revised SCC forms and the instructions for their use are included in Attachment 2.

Copies of the revised SCC NOAs and NOA messages, including instructions for their use, are included in Attachment 3.

ATTENTION: FORMS COORDINATORS AND STOCK CLERKS - Print only a limited supply of these forms and NOAs because they will be revised within the next 60 days due to the implementation of Trustline.

REVISED SUPPLEMENTAL CHILD CARE (SCC) PROGRAM  
FORMS AND INSTRUCTIONS

Attached are reproducible copies of the revised Supplemental Child Care (SCC) Program forms and instructions. All of the SCC forms are "Required - Substitute Permitted". The SCC forms are attached and discussed in the following order:

- o Supplemental Child Care (SCC) Program Information, SCC 5  
(Revised 5/95)
- o Monthly Child Care Eligibility Report, SCC 6 (Revised 3/95)
- o Child Care Payment Calculation Worksheet, SCC 7 (Revised  
4/95)
- o Child Care Repayment Agreement, SCC 10 (Revised 5/94)

To obtain a camera-ready copy of the English and/or Spanish versions of the SCC forms, telephone or write to:

CDSS Forms Management Unit  
744 P Street, MS 7-182  
Sacramento, CA 95814  
(916) 657-1907/ATSS 437-1907

Supplemental Child Care (SCC) Program Information, SCC 5

The SCC 5 is used to satisfy all on-going SCC informing requirements. The SCC 5 should be provided, along with a Monthly Child Care Eligibility Report (SCC 6), to all AFDC applicants and AFDC recipients at redetermination and when they obtain employment.

Monthly Child Care Eligibility Report, SCC 6

The SCC 6 is a document that the recipient and his/her child care provider completes, which must be submitted to the county every month with his/her CA 7/SAWS 7, in order to receive either an SCC or California Alternative Assistance Program (CAAP) payment. If a recipient submits his/her CA 7/SAWS 7 with a verification of child care costs but does not submit an SCC 6, the recipient is eligible for the child care income disregard but not SCC.

When submitted, all items on the SCC 6 should be complete before the county can authorize an SCC payment. However, if an SCC 6 is received by the county with any item left blank, the county can decide that the SCC 6 is not incomplete because the information was provided on a previous SCC 6 (i.e., the provider's address) or the information is in the case file (i.e., the child's birthdate). When the submitted SCC 6 is determined to be

incomplete, counties must deny the payment using denial NOA #M44-503. However, if the recipient completes and resubmits the SCC 6 by the first day of the payment month, the county is required to rescind the denial and reconsider eligibility for the SCC payment according to MPP Section 44-507.26. The approval NOA #M44-504 is used to rescind the payment denial.

Child Care Payment Calculation Worksheet, SCC 7

The SCC 7 provides an optional worksheet for calculating the monthly child care payment and/or overpayment for both SCC and CAAP.

Child Care Repayment Agreement, SCC 10

The SCC 10 is an agreement between the recipient and the county specifying how an SCC and/or CAAP overpayment is to be repaid.



## SUPPLEMENTAL CHILD CARE (SCC) PROGRAM INFORMATION

### What is SCC?

- The SCC Program helps pay child care costs for working Aid to Families With Dependent Children (AFDC) recipients who have child care costs that are more than the amount deducted from their earnings when figuring their monthly aid amount. This deduction is called a Dependent Care Income Disregard. The maximum amounts allowed as a dependent care income disregard are \$175 for a child aged 2 years or older and \$200 for a child under age 2.
- SCC pays up to a limit based on the age of the child, the special needs of the child, the type and location of care, and whether care is provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.
- SCC payments are not counted against your cash aid. However, it may lower your Food Stamps.

### Can I get SCC?

To get SCC you must meet the following rules:

- You must be on AFDC and have child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care. The child must be in your home and in your assistance unit or getting federal foster care or SSI/SSP.
- Your child care provider must be at least 18 years old, not a parent or legal guardian of the child, not a member of your AFDC assistance unit, and licensed with the State of California unless he/she is exempt. Exempt means non-licensed care of your children by a friend, neighbor, or relative in your home or his/her home. The friend or neighbor may only care for your children and theirs without a license. Exempt care also includes after school programs provided by school districts.
- You must be working and give us proof of your child care costs on a Monthly Child Care Eligibility Report (SCC 6) along with your Monthly Eligibility Report (CA-7/SAWS 7) no later than the 11th day of the report month.

### What are my rights?

Your rights are:

- To be told in writing when your SCC payments are approved, denied, changed or stopped.
- To choose the child care provider that is best for you and your child(ren).
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing, you will not get aid paid pending the hearing. You shall be paid for child care services only at the level authorized by the county action under appeal.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint if you feel you have been discriminated against.

### What are my responsibilities?

To get SCC, you must:

- Give us proof of your child care costs by the 5th day of every month on a Monthly Child Care Eligibility Report (SCC 6). When it is not given to us by the 11th day of the month, your SCC payment is late. When it is not given to us by the first day of the next month, your SCC payment is denied.
- Give us the facts that we need and show proof of them as needed.
- Agree to pay back any SCC that you were not entitled to get.

### When will I stop getting SCC?

You will stop getting SCC when:

- You are no longer getting AFDC.
- You are no longer working.
- You do not give us a timely Monthly Child Care Eligibility Report (SCC 6).
- You become eligible for and able to get child care benefits from another subsidized program.
- You no longer have an eligible child in the home.
- Your child care provider is not licensed with the State of California and needs a license or your provider is not 18 years of age or older.

### Penalty warning

- Failure to report facts or giving wrong or incomplete facts to the SCC Program can result in legal prosecution with penalties of a fine, imprisonment, or both.

### Additional Information:

What other programs are available to help with child care costs?

- The California Alternative Assistance Program (CAAP) allows working AFDC recipients to receive child care assistance and Medi-Cal instead of a cash grant. Ask your worker.
- The Transitional Child Care (TCC) Program may help you pay your child care costs for up to 12 months after you stop getting AFDC because you are working. Ask your worker.
- The At Risk Child Care Program (ARCCP) may help you pay your child care costs if you are not getting AFDC or TCC and are working. You can call toll-free 1-800-998-9114 for more information.
- The California Department of Education (CDE) has a subsidized child care system. For more information contact your local Resource and Referral Agency.

**MONTHLY CHILD CARE ELIGIBILITY REPORT****Instructions:**

- If you work and paid child care costs and want an SCC or CAAP payment, fill out and return this report to your worker by the 5th of the month with your CA 7/SAWS 7. If a complete report is not in by the 11th, your child care benefits may be late, denied, or stopped.
- PART A must be filled out by you and PART B, on the back of this form, must be filled out by each child care provider. If needed, ask your worker for more copies.
- If you are getting CAAP payments and want to get cash aid, write that on your CA 7/SAWS 7.

**PART A - RECIPIENT FILLS IN THIS SECTION.**

NAME (FIRST, MIDDLE, LAST)	CASE NAME, IF DIFFERENT	HOME PHONE ( )	WORK PHONE, IF APPLICABLE ( )
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

2. List the number of hours you worked each day in the month. (Do not write in the blanks on days you did not go to work.) Attach proof, if available.

Month/Year of Request: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS

3. List your normal work hours.

For example: Monday-Thursday, 8:00 a.m. to 5:00 p.m.; Saturday, 1:00 p.m.-5:00 p.m.

4. It takes me \_\_\_\_\_ hours \_\_\_\_\_ minutes each day to go to and from my child care provider and where I go to work.

5. List your child care costs for the month:

CHILD'S NAME	BIRTHDATE	AGE	PROVIDER'S NAME	AMOUNT OWED	AMOUNT PAID

6. My child care provider has changed since my last request for a child care payment.  
(If "yes", your new provider must be approved before you can get a payment.)

☐ YES ☐ NO☐ RMR Changed**CERTIFICATION**

I understand that:

- I am certifying I went to work on the days and hours listed above.
- Any statements made on this form are subject to investigation and verification.
- The hours of child care reported on this form are reasonably related to the hours I work.
- I have the right to choose the child care provider who is best for me and my child(ren).
- The provider must have a license or be exempt from having a license in order for me to get a child care payment.
- The information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must pay back any child care payments I am not entitled to get.
- The county does not act as the child care provider's employer, and does not have a business relationship with the child care provider when a child care payment is paid.
- If I choose child care in my home, I am the employer and am responsible for the social security tax. I also understand that if I have the child care provider work 20 hours a week or more in my home, I have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes according to the Fair Labor Standards Act (FLSA).
- I am certifying that I have paid the child care provider(s) listed above for the care provided.
- I am authorizing the county to get any verification necessary to process this request.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in PART A on this report is true and correct.

SIGNATURE OF RECIPIENT

DATE

**COUNTY USE ONLY**

Date Received:

Worker Number:

Case Name:

Case Number:

(✓) the boxes below  
when the status for each  
has been verified.

☐ Total Hours Verified
☐ Evening/weekend  
Hours

**PART B - ONLY CHILD CARE PROVIDER FILL IN THIS SECTION.**

1. PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY

SOCIAL SECURITY NUMBER/TAX ID NUMBER (OPTIONAL)

HOME ADDRESS

NUMBER

STREET

CITY

STATE

ZIP CODE

PHONE

( )

ADDRESS WHERE CARE IS PROVIDED, IF DIFFERENT THAN ABOVE.  
ADDRESS

NUMBER

STREET

CITY

STATE

ZIP CODE

PHONE

( )

2. I provided child care in: ☐ My Home ☐ Child's Home ☐ Family Day Care Home ☐ Day Care Center  
for the recipient listed on the front in \_\_\_\_\_, 19\_\_\_\_\_, for the following child(ren):

MONTH

Child's Name	Amount Paid Per Child	Date Paid	Rate Charged	Specify How Charged (per hour, day, week, month)
A.				
B.				
C.				
D.				

3. List the number of hours you provided child care to each child for each day of the month:

Child	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A.																																
B.																																
C.																																
D.																																

Other information:

4. For the boxes listed below, check (✓) the one that applies to you.

- ☐ I certify I am a licensed child care provider and my license number is \_\_\_\_\_.
- ☐ I certify I do not need a child day care license because:
- ☐ I am related to the child: Child A: \_\_\_\_\_, Child B: \_\_\_\_\_, Child C: \_\_\_\_\_, Child D: \_\_\_\_\_  
(relationship) (relationship) (relationship) (relationship)
- ☐ I care for my own child(ren) and the child(ren) from only one other family at any one time.
- ☐ The facility is a public or private school which operates a program before and/or after school for school-age children, providing the program offered by a school is operated by the school and run by qualified teachers employed by the school or school district.
- ☐ The facility is a public or private recreation program.
- I declare that I am at least 18 years of age.
  - I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct and that I have received payment for these costs. I understand that I should not sign this form if I have not been paid for my child care.
  - I understand that the social security number, if provided above, will be used to check whether I am also receiving AFDC, Food Stamps, and/or Medi-Cal benefits.
  - I understand that I must charge the recipient listed on the front the same or lower child care rates that I charge other clients for the same service.
  - I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
  - I understand that the County does not act as my employer or have a business relationship with me when I get a child care payment.
  - I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in PART B on this report is true and correct.

SIGNATURE OF PROVIDER

DATE

COUNTY USE ONLY

# CHILD CARE PAYMENT CALCULATION WORKSHEET

☐ California Alternative Assistance Program (CAAP)

☐ Supplemental Child Care (SCC) Program

CASE NAME:

CASE NUMBER:

WORKER NUMBER:

MONTH: <input type="text"/>	CHILD #1	CHILD #2	CHILD #3
1. Child's Name and Eligibility Information	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> part-time <input type="checkbox"/> full-time	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> part-time <input type="checkbox"/> full-time	Name: _____ <input type="checkbox"/> eligible provider <input type="checkbox"/> work hrs related to hrs of care <input type="checkbox"/> eligible child <input type="checkbox"/> part-time <input type="checkbox"/> full-time
2. Actual Monthly Child Care Cost:			
3. Monthly Rate Ceiling:			
4. Maximum Reimbursement: (Lesser of 2 or 3) =			
5. Amount Received From Child Care Disregard (for SCC only): -			
6. Child Care Reimbursement Amount: (4 minus 5) =			
7. Total Child Care Reimbursement Amount: (All Item 6s) =			
8. Overpayment Adjustment: -			
9. Net Child Care Reimbursement Amount: (7 minus 8) =			
<b>CHILD CARE PAYMENT RECOMPUTATION</b>			
10. Child Care Payment Previously Authorized:			
11. Correct Payment:			
12. Overpayment (If 10 is Larger Than 11):			
13. Underpayment (If 11 is Larger Than 10)			
WORKER INITIAL/DATE:			

## CHILD CARE PAYMENT CALCULATION WORKSHEET

### Purpose

This worksheet is used to compute and document California Alternative Assistance Program (CAAP) or Supplemental Child Care (SCC) program payment amounts and/or overpayments on a monthly basis. It can also serve to collect certain data elements needed for monthly statistical reporting purposes.

- Enter a check mark in the box for the correct child care program, CAAP or SCC.
- Enter the month for which you are computing the payment.
- Enter the case name, case number, and worker number.

Item 1: Enter each child's name and enter a check mark in the applicable boxes to verify the following information for each child:

- Eligible provider.
- Eligible child.
- Work hours related to hours of care.
- Part-time (147 hours or less per calendar month) or full-time (more than 147 hours per calendar month).

Item 2: Enter the actual monthly child care cost for each child.

Item 3: Enter the monthly Regional Market Rate (RMR) amount for each child based on the RMR chart using the following information:

- The care provider's geographic location in California.
- The type of care provided (i.e., a licensed day care center, in-home exempt care, etc.).
- The number of hours of care, either on a full-time or part-time basis.
- The child's age.
- How the provider charges (hourly, daily, weekly, or monthly).
- A child with special needs.

Item 4: Enter the maximum reimbursement per child (the lesser of Item 2 or Item 3).

Item 5: For SCC only, enter the amount used to reduce the net countable income through the child care disregard process.

Item 6: Enter the reimbursement amount by deducting Item 5 from Item 4.

Item 7: Add all Item 6 amounts and enter the combined total in Item 7. This figure gives the total combined reimbursement amount for the family.

Item 8: Enter any overpayment adjustment amount.

Item 9: Enter the net child care reimbursement amount (Item 7 less Item 8).

### SCC RECOMPUTATION

Item 10: Enter the original child care payment amount.

Item 11: Enter the correct child care payment amount.

Item 12: Enter the difference between Item 10 and Item 11 (only if Item 10 is larger than Item 11).

Item 13: Enter the difference between Item 10 and Item 11 (only if Item 11 is larger than Item 10).

Worker Initial/Date: Enter the initials of the worker and the date the computation was completed.

**CHILD CARE  
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER

CASE NAME

WORKER

DATE

**I. REPAYMENT TERMS AND CONDITIONS**

Your total ☐ Supplemental Child Care (SCC) overpayment or ☐ California Alternative Assistance Program (CAAP) overpayment is \$ \_\_\_\_\_. You must repay what you owe by using one or more of the methods listed in Section III.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Return the signed agreement within ten days. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you want to pay in cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you do not return this agreement within ten days of the date this notice was mailed to you, the County will demand payment and take other action to collect the overpayment.

If you have any questions, please call your worker.

**II. I understand that:**

- Any changes in my ability to pay can change my monthly payments.
- If anything changes, I can ask the County to enter into a new repayment agreement with me.
- If I do not pay as agreed, no longer get AFDC, or for any reason this agreement no longer works, the County will require a new repayment agreement.
- If I do not pay back the County as I have agreed, they can sue me to get back the amount owed, even if it is beyond three years. I may have to pay collection costs, attorney fees, court costs, and interest.
- If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
- The County may ask other family members to repay if I do not repay the overpayments.

Put your initials here \_\_\_\_\_ to show that you have read and understand items 1 through 6 in Section II above.

**III. Check below the ways you want to repay. Fill in the amount(s) you will repay.****1. Cash Payment**

You may repay all or part of what you owe with cash.

- ☐ I will repay by lump sum cash payment of \$ \_\_\_\_\_ by \_\_\_\_\_.
- ☐ I will repay by monthly cash payment of \$ \_\_\_\_\_ by the first day of each month beginning \_\_\_\_\_.

**2. Grant Reduction**

You may repay by having your AFDC payment reduced.

- ☐ I will repay by having my AFDC grant reduced by \$ \_\_\_\_\_ each month.

**IV. CHECK THE BOX BELOW THAT APPLIES TO YOU**

- ☐ I can begin repayment within 30 days from the date this notice was mailed to me.
- ☐ I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by \_\_\_\_\_.

Mail this form and payments to:

Bring this form and payments "in person" to:

**Sign your name below and enter the date.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**V. To be completed by the County**

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_

for \_\_\_\_\_ County.

Signature \_\_\_\_\_

## CHILD CARE REPAYMENT AGREEMENT - SCC 10

### INSTRUCTIONS:

The Child Care Repayment Agreement, SCC 10, is used to secure a written repayment agreement with a participant who has a Supplemental Child Care (SCC) or California Alternative Assistance Program (CAAP) overpayment and is no longer receiving SCC or CAAP payments. It may be sent with the SCC Demand Notice of Action, M44-508A, or the CAAP Demand Notice of Action, NA 118, to be completed and returned by the participant. The County may also use this form in a meeting with the individual to document the terms of repayment.

#### Section I

- The County indicates if the participant was overpaid in the SCC Program or the CAAP.
- The County fills in the total amount of the overpayment.

(This section gives instructions to the participant on completing this agreement and explains the process for repayment.)

#### Section II

- The participant reads and puts his/her initials in the box at the end of Section II indicating that he/she understands items 1 - 6 in that section.

#### Section III

- The participant checks the box that represents the payment method chosen and, as appropriate, fills in the payment amount and the date repayment will begin.

#### Section IV

- The participant checks the box to indicate the timeframe for beginning the repayment.
- The participant must enter the date on which he/she will begin repayment if he/she cannot repay within 30 days from the date the agreement was mailed to him/her.
- The County must indicate to the participant where to mail or bring the payment and agreement.
- The participant signs and dates the agreement.

#### Section V

- The appropriate County employee enters the name of the person who accepted the agreement, the date the agreement was accepted, and in what county the agreement was made.
- The County worker who is securing the agreement must sign the agreement.

REVISED SUPPLEMENTAL CHILD CARE (SCC)  
NOTICE OF ACTION FORMS AND MESSAGES

The SCC NOA messages were revised to cover the most common situations which would require client notification. Should a complex message or situation arise that is not covered by an existing NOA message, counties may modify or create new NOA messages using the AFDC language standards as a guideline.

The following revised SCC Notice of Action forms and messages are attached and discussed:

M44-504 (Rev.3/95)      Approval - Approval of SCC Payment

The M44-504 is used to approve and issue an SCC payment when the recipient completed and submitted a Monthly Child Care Eligibility Report (SCC 6) and met all the SCC eligibility criteria. This NOA is also used for a change in the SCC payment limit due to a change in the child care provider, hours of care, age of the child, and annual update of rate ceilings. This NOA includes a computation of the SCC payment amount.

M44-504A (New 3/95)      Approval - Partial Approval of SCC Payment

The M44-504A is used to approve and issue an SCC payment when the amount of the SCC payment is less than was requested by the recipient on the SCC 6. A partial payment is necessary when 1) some of the reported child care hours were not related to the work hours; or 2) when one child or one child care provider is ineligible while another child or provider is eligible. This NOA includes a computation of the SCC payment amount.

M44-503 (Rev.3/95)      Denial - Denial of SCC Payment

The M44-503 is used to deny an SCC payment when an SCC 6 has been submitted but is ineligible for payment.

M44-503A (New 3/95)      Denial - Denial of SCC Payment for  
Registration Fee

The M44-503A is used to deny the SCC payment of an application, registration, or service fee charged by the child care provider.

M44-508 (Rev.3/95)      Change - SCC Overpayment Adjustment

The M44-508 is used to notify a current SCC recipient of an overpayment and the subsequent adjustment(s) in future SCC payments.



Attachment 3 - Page 2

M44-508A (Rev.3/95) Demand - SCC Overpayment Demand Notice

The M44-508A is used to notify a recipient of an SCC overpayment when the recipient is no longer receiving SCC payments and/or cash aid.

M44-508B (New 3/95) Change - SCC Underpayment Adjustment

The M44-508B is used to notify a recipient of an SCC underpayment.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your Supplemental Child Care (SCC) Payment for the month of \_\_\_\_\_ has been approved for the amount of \$ \_\_\_\_\_.

The County will only pay child care for the days and hours related to your work hours and only up to a payment limit set by the State of California. The SCC payment limit is based on the child's age and special needs, the type of care, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

The SCC payment is what you paid for your child care or the payment limit, whichever is less, minus any amount of child care disregard allowed when we figured your cash aid amount.

You must give us a completed Monthly Child Care Eligibility Report (SCC 6) each month with your monthly report (CA 7/SAWS 7) when you want an SCC payment.

SCC payments will be paid to you by the first day of the month after you give us a completed SCC 6 with your monthly report (CA 7/SAWS 7). However, if you send in your report late or incomplete, your SCC payment may be late or denied.

You can call your worker if you think this notice is wrong.

Your SCC payment limit and payment amount are figured on this notice.

Child's name: \_\_\_\_\_  
Provider's name: \_\_\_\_\_

## Section A

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

## Section B.

1. Lesser amount of two above \$ \_\_\_\_\_
2. Amount allowed in the disregard - \_\_\_\_\_
3. Subtotal = \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_

## Section A

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

## Section B.

1. Lesser amount of two above \$ \_\_\_\_\_
2. Amount allowed in the disregard - \_\_\_\_\_
3. Subtotal = \_\_\_\_\_

TOTAL OF SECTION B SUBTOTAL(S) \$ \_\_\_\_\_  
Adjustment to collect overpayment - \_\_\_\_\_  
TOTAL MONTHLY SCC PAYMENT =\$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-504, 44-505.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your payment for Supplemental Child Care (SCC) for the month of \_\_\_\_\_ has been approved for the amount of \$ \_\_\_\_\_. This amount is less than you asked for.

#### HERE'S WHY:

- ☐ You did not give us a Monthly Child Care Eligibility Report (SCC 6) signed by each of your child care providers.
- ☐ One of your child care providers is not eligible for SCC. To get an SCC payment, your provider must be at least 18 years old; not be a parent, legal guardian or member of your assistance unit; and have a day care license or not need one.
- ☐ One of your children is not eligible for an SCC payment. To get SCC for your child, your child must be under the age of 13 or cannot care for him/herself or under court supervision.
- ☐ All of the child care hours you reported were not related to your work hours so we cannot pay all of your child care costs.
- ☐ Other:

The County will only pay child care for the days and hours related to your work hours and only up to a payment limit set by the State of California. The SCC payment limit is based on the child's age and special needs, the type of care, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

The SCC payment is what you paid for your child care or the payment limit, whichever is less, minus any amount of child care disregard allowed when we figured your cash aid amount.

You must give us a completed Monthly Child Care Eligibility Report (SCC 6) each month with your monthly report (CA 7/SAWS 7) when you want an SCC payment.

SCC payments will be paid to you by the first day of the month after you give us a completed SCC 6 with your monthly report (CA 7/SAWS 7). However, if you send in your SCC 6 late or incomplete, your SCC payment may be late or denied.

You can call your worker if you think this notice is wrong.

Your SCC payment limit and payment amount are figured on this notice.

Child's name: \_\_\_\_\_  
Provider's name: \_\_\_\_\_

#### Section A

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

#### Section B.

1. Lesser amount of two above \$ \_\_\_\_\_
2. Amount allowed in the disregard - \_\_\_\_\_
3. Subtotal = \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_

#### Section A

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

#### Section B.

1. Lesser amount of two above \$ \_\_\_\_\_
2. Amount allowed in the disregard - \_\_\_\_\_
3. Subtotal = \_\_\_\_\_

TOTAL OF SECTION B SUBTOTAL(S) \$ \_\_\_\_\_

Adjustment to collect overpayment - \_\_\_\_\_

TOTAL MONTHLY SCC PAYMENT =\$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-504

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_, the County has denied your Supplemental Child Care (SCC) payment for the month(s) of \_\_\_\_\_.

## HERE'S WHY:

- ☐ You were not in the AFDC assistance unit.
- ☐ You were not working.
- ☐ You did not need child care since another parent or legally-responsible person is in the home and can provide the child care.
- ☐ Your child \_\_\_\_\_ is 13 or more years old (which is over the age we can pay for) and is not disabled or under court supervision.
- ☐ The Monthly Child Care Eligibility Report (SCC 6) you sent in this month is incomplete. If you complete and return the SCC 6 no later than the first day of next month, the county may give you an SCC payment.
- ☐ Your Monthly Child Care Eligibility Report (SCC 6) was late.
- ☐ You are no longer getting AFDC cash aid.
- ☐ Your child care costs, which are over the amount allowed as a disregard when we figured your cash aid, are over the SCC payment limit.
- ☐ Your child \_\_\_\_\_ is not in your AFDC assistance unit or receiving Supplemental Security Income (SSI) or foster care.
- ☐ Your child care provider does not have a day care license and must have one.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ Other:

You can call your worker if you think this notice is wrong.

If you are no longer getting AFDC cash aid but are working and need child care, you may be able to get help from the Transitional Child Care (TCC) Program. Ask your worker.

**Rules:** These rules apply. You may review them at your welfare office:  
MPP 44-503, 44-506, 44-507.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_, the County has denied your request for the Supplemental Child Care (SCC) payment of the application, registration, or service fee charged by your child care provider.

## HERE'S WHY:

- ☐ You already paid the fee to the same child care provider for the same child during the same time period.
- ☐ The fee charged by your child care provider must be added to your monthly child care costs and must be under the SCC payment limit. When we added the fee amount to your child care costs, it was over the payment limit.
- ☐ Your child care provider does not have a day care license and cannot charge a fee.
- ☐ You did not give us a copy of the provider's rules which tells us about the fee.
- ☐ Other:

You can call your worker if you think this notice is wrong.

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-504

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_, the County will lower your Supplemental Child Care (SCC) payment(s) by \$ \_\_\_\_\_ each month.

## HERE'S WHY:

You were overpaid.

This notice shows how much you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Your monthly SCC payment(s) will be cut each month until the amount you owe is paid back. The most we can take is 10% of your SCC payment or \$21, whichever is greater.

If you stop getting SCC payments before your overpayment is paid back, the County will take action to collect. If you go off aid before your overpayment is paid back, the County may take what you owe out of your state income tax refund.

If you get AFDC, you may ask to have your AFDC grant lowered to pay what you owe.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

You can call your worker if you think this notice is wrong.

Month and Year \_\_\_\_\_  
SCC Amount Paid \$ \_\_\_\_\_  
Less SCC Amount You  
Should Have Been Paid - \_\_\_\_\_  
Overpayment Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_  
SCC Amount Paid \$ \_\_\_\_\_  
Less SCC Amount You  
Should Have Been Paid - \_\_\_\_\_  
Overpayment Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_  
SCC Amount Paid \$ \_\_\_\_\_  
Less SCC Amount You  
Should Have Been Paid - \_\_\_\_\_  
Overpayment Amount = \_\_\_\_\_

Total Overpayment (you owe) From This Notice: \$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-508.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

While you were getting Supplemental Child Care (SCC) payments, you were overpaid. Though you no longer get SCC payments, you still owe us for your overpayment. The amount of your overpayment is \$ \_\_\_\_\_ and is due now.

You must pay back the overpayment or show the County your pay back plan within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.

This notice shows how much you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

If you get AFDC, you may ask to have your cash aid lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you have any questions, call your county welfare office.

**WARNING:** If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you have gone off aid before your overpayment was paid back, the County may take what you owe out of your State income tax refund.

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-508.

Month and Year \_\_\_\_\_  
SCC Amount Paid \$ \_\_\_\_\_  
Less SCC Amount You  
Should Have Been Paid - \_\_\_\_\_  
Overpayment Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_  
SCC Amount Paid \$ \_\_\_\_\_  
Less SCC Amount You  
Should Have Been Paid - \_\_\_\_\_  
Overpayment Amount = \_\_\_\_\_

Month and Year \_\_\_\_\_  
SCC Amount Paid \$ \_\_\_\_\_  
Less SCC Amount You  
Should Have Been Paid - \_\_\_\_\_  
Overpayment Amount = \_\_\_\_\_

Total Overpayment (you owe) From This Notice: \$ \_\_\_\_\_

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

You were underpaid for your Supplemental Child Care (SCC) Program payment(s) for the month(s) of \_\_\_\_\_.  
You were underpaid in the amount of \$\_\_\_\_\_.

## HERE'S WHY:

You should have gotten an SCC payment in the amount of \$\_\_\_\_\_, but you got \$\_\_\_\_\_.

The amount you were underpaid is figured on this notice.

The County will use any part of this money to help pay for any child care overpayment amount that you may owe before you get any money.

The County will correct the underpayment and send you a check within 30 calendar days from the date of this notice.

If you have any questions, call your worker.

Month and Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

SCC Amount You Should Have Been Paid \$ \_\_\_\_\_

SCC Amount You Were Paid - \$ \_\_\_\_\_

Amount of SCC Underpayment = \$ \_\_\_\_\_

Month and Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

SCC Amount You Should Have Been Paid \$ \_\_\_\_\_

SCC Amount You Were Paid - \$ \_\_\_\_\_

Amount of SCC Underpayment = \$ \_\_\_\_\_

Subtotal of SCC Underpayments Owed = \$ \_\_\_\_\_

Overpayment Adjustment, if applicable - \$ \_\_\_\_\_

**TOTAL UNDERPAYMENT (we owe you)**  
**FROM THIS NOTICE** = \$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-508.11



State of California  
Department of Social Services

Manual Msg. No: M44-504  
Action: Approve  
Reason: Child Care  
Title : Approval of SCC  
Payment

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-504,  
44-505

Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date : 2/1/95

MESSAGE:

Your Supplemental Child Care (SCC) payment for the month of \_\_\_\_\_ has been approved for the amount of \$\_\_\_\_\_.

The County will only pay child care for the days and hours related to your work hours and only up to a payment limit set by the State of California. The SCC payment limit is based on the child's age and special needs, the type of care, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

The SCC payment is what you paid for your child care or the payment limit, whichever is less, minus any amount of child care disregard allowed when we figured your cash aid amount.

You must give us a completed Monthly Child Care Eligibility Report (SCC 6) each month with your monthly income report (CA 7/SAWS 7) when you want an SCC payment.

SCC payments will be paid to you by the first day of the month after you give us a completed SCC 6 with your monthly report (CA 7/SAWS 7). However, if you send in your SCC 6 late or incomplete, your SCC payment may be late or denied.

You can call your worker if you think this notice is wrong.

Your SCC payment limit and payment amount are figured on this notice.

Child's name: \_\_\_\_\_  
Provider's name: \_\_\_\_\_

Section A.

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

Section B.

1. Lesser amount of two above \$ \_\_\_\_\_  
2. Amount allowed in the disregard - \_\_\_\_\_  
3. Subtotal = \$ \_\_\_\_\_

Child's name: \_\_\_\_\_  
Provider's name: \_\_\_\_\_

Section A.

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

Section B.

1. Lesser amount of two above \$ \_\_\_\_\_  
2. Amount allowed in the disregard - \_\_\_\_\_  
3. Subtotal = \$ \_\_\_\_\_

TOTAL OF SECTION B SUBTOTAL(s) \$ \_\_\_\_\_  
Adjustment to collect overpayment - \_\_\_\_\_  
TOTAL MONTHLY SCC PAYMENT = \$ \_\_\_\_\_

INSTRUCTIONS for Approval of SCC Payment - M44-504

Use to approve an SCC payment and for a change in the SCC payment limit due to a change in provider, hours of care, age of the child, and the annual update of the rate ceilings. This NOA can also be used to rescind the denial sent for an incomplete SCC 6 when the recipient has resubmitted a complete SCC 6 by the first day of the payment month.

Enter the payment month and the amount of the SCC payment.

Complete the applicable computation(s) for each child and provider.

Complete the computation for the TOTAL MONTHLY SCC PAYMENT.

State of California  
Department of Social Services

Manual Msg. No: M44-504A  
Action: Approve  
Reason: Child Care  
Title: Partial Approval  
of SCC Payment  
Form No.: NA 100  
Effective Date: 2/1/95  
Revision Date:

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-504

MESSAGE:

Your payment for Supplemental Child Care (SCC) for the month of \_\_\_\_\_ has been approved for the amount of \$\_\_\_\_\_. This amount is less than you asked for.

HERE'S WHY:

- ☐ You did not give us a Monthly Child Care Eligibility Report (SCC 6) signed by each of your child care providers.
- ☐ One of your child care providers is not eligible for SCC. To get an SCC payment, your provider must be at least 18 years old; not be a parent, legal guardian, or member of your assistance unit; have a day care license or not need one.
- ☐ One of your children is not eligible for an SCC payment. To get SCC for your child, your child must be under the age of 13 or cannot care for him/herself or under court supervision.
- ☐ All of the child care hours you reported were not related to your work hours so we cannot pay all of your child care costs.
- ☐ Other:

The County will only pay child care for the days and hours related to your work hours and only up to a payment limit set by the State of California. The SCC payment limit is based on the child's age and special needs, the type of care, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

The SCC payment is what you paid for your child care or the payment limit, whichever is less, minus any amount of child care disregard allowed when we figured your cash aid amount.

You must give us a completed Monthly Child Care Eligibility Report (SCC 6) each month with the your monthly income report (CA 7/SAWS 7) when you want an SCC payment.

SCC payments will be paid to you by the first day of the month after you give us a completed SCC 6 with your monthly report (CA 7/SAWS 7). However, if you send in your SCC 6 late or incomplete, your SCC payment may be late or denied.

You can call your worker if you think this notice is wrong.

Your SCC payment limit and payment amount are figured on this notice.

Child's name: \_\_\_\_\_  
Provider's name: \_\_\_\_\_

Section A.

Your child care costs \$ \_\_\_\_\_  
Your payment limit \$ \_\_\_\_\_

Section B.

1. Lesser amount of two above \$ \_\_\_\_\_  
2. Amount allowed in the disregard - \_\_\_\_\_  
3. Subtotal = \$ \_\_\_\_\_

Total of Section B Subtotal(s) \$ \_\_\_\_\_  
Adjustment to collect overpayment - \_\_\_\_\_  
TOTAL MONTHLY SCC PAYMENT = \$ \_\_\_\_\_

INSTRUCTIONS For Approval of Partial SCC Payment - M44-504A

Use to approve an SCC payment when a part of the request is denied.

Enter the payment month and the payment amount.

Under "Here's Why," check the appropriate reason box. When you check the "other" box, specify the reason for the action.

Complete the applicable computation(s) for each eligible child and provider.

Complete the computation for the TOTAL MONTHLY SCC PAYMENT.

State of California  
Department of Social Services

Manual Msg. No: M44-503  
Action: Denial  
Reason: Child Care  
Title: Denial of SCC  
Payment

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-503.1  
44-506.2, 44-507

Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date : 2/1/95

MESSAGE:

As of \_\_\_\_\_, the County has denied your Supplemental Child Care (SCC) payment for the month(s) of \_\_\_\_\_.

HERE'S WHY:

- ☐ You were not in the AFDC assistance unit.
- ☐ You were not working.
- ☐ You did not need child care since another parent or other legally-responsible person is in the home and can provide the child care.
- ☐ Your child \_\_\_\_\_ is 13 or more years old (which is over the age we can pay for) and is not disabled or under court supervision.
- ☐ The Monthly Child Care Eligibility Report (SCC 6) you sent in this month is incomplete. If you complete and return the SCC 6 no later than the first working day of next month, the County may give you an SCC payment.
- ☐ Your Monthly Child Care Eligibility Report (SCC 6) was late.
- ☐ You are no longer getting AFDC cash aid.
- ☐ Your child care costs, which are over the amount allowed as a disregard when we figured your cash aid amount, are over the SCC payment limit.
- ☐ Your child, \_\_\_\_\_, is not in your AFDC assistance unit or receiving Supplemental Security Income (SSI) or foster care.
- ☐ Your child care provider does not have a day care license and must have one.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.

☐ Other:

You can call your worker if you think this notice is wrong.

INSTRUCTIONS for SCC Payment Denial - M44-503

Use to deny SCC payment(s).

Enter the effective date and the month(s) that the child care costs were incurred and which is now being denied for payment.

Check all appropriate boxes and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

State of California  
Department of Social Services

Manual Msg. No: M44-503A  
Action: Denial  
Reason: SCC Payment  
Title: Denial of SCC  
Payment for  
Registration Fee  
Form No.: NA 100  
Effective Date: 2/1/95  
Revision Date :

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-504

MESSAGE:

As of \_\_\_\_\_, the County has denied your request for the Supplemental Child Care (SCC) payment of the application, registration, or service fee charged by your child care provider.

HERE'S WHY:

- ☐ You already paid the fee to the same child care provider for the same child during the same time period.
- ☐ The fee charged by your child care provider must be added to your monthly child care costs and must be under the SCC payment limit. When we added the fee amount to your child care costs, it was over the payment limit.
- ☐ Your child care provider does not have a day care license and cannot charge a fee.
- ☐ You did not give us a copy of the provider's rules which tells us about the fee.
- ☐ Other:

You can call your worker if you think this notice is wrong.

INSTRUCTIONS for Denial of Registration Fee - M44-503A

Use to deny a request for SCC payment of registration, application, or service fee.

Enter the date of denial.

State of California  
Department of Social Services

Manual Msg. No: M44-508  
Action: Change  
Reason: SCC Payment Change  
Title: SCC Overpayment  
Adjustment

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-508

Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date: 2/1/95

MESSAGE:

As of \_\_\_\_\_, the County will lower your Supplemental Child Care (SCC) payment(s) by \$\_\_\_\_\_ each month.

HERE'S WHY:

You were overpaid.

This notice shows how much you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Month and Year \_\_\_\_\_

SCC Amount Paid	\$ _____
Less SCC Amount You	
Should Have Been Paid	- _____
Overpayment Amount	= _____

Total Overpayment (you Owe) From This Notice: \$ \_\_\_\_\_

Your monthly SCC payment(s) will be cut each month until the amount you owe is paid back. The most we can take is 10% of your total SCC payment or \$21, whichever is greater.

If you stop getting SCC payments before your overpayment is paid back, the County will take action to collect. If you go off aid before your overpayment is paid back, the County may take what you owe out of your state income tax refund.

If you get AFDC, you may ask to have your cash aid lowered to pay what you owe.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

You can call your worker if you think this notice is wrong.



INSTRUCTIONS for SCC Overpayment Adjustment - M44-508

Use to notify recipient of overpayment and subsequent SCC payment adjustment.

Fill in the effective date of SCC payment adjustment and amount of average payment and adjustment amount (10% of payment or at least \$21).

Complete an overpayment computation for each month. Fill in the amount of the original SCC payment and the amount it should have been. The difference is the overpayment amount. If there is more than one month, add each month's overpayment together to determine the total amount of overpayment.

Fill in address of the county office that could process a cash repayment.

State of California  
Department of Social Services

Manual Msg. No: M44-508A  
Action: Demand  
Reason: SCC Overpayment  
Title: SCC Overpayment  
Demand Notice

Auto ID No. :  
Source : SCC  
Regulation Cite: MPP 44-508

Form No.: NA 100  
Effective Date: 11/1/93  
Revision Date: 2/1/95

MESSAGE:

While you were getting Supplemental Child Care (SCC) payments, you were overpaid. Though you no longer get SCC payments, you still owe us for your overpayment. The amount of your overpayment is \$ \_\_\_\_\_ and is due now.

You must pay back the overpayment or show the County your pay back plan within ten calendar days from the date this notice was mailed. If you do not, the County will take action to collect.

This notice shows how much you were paid and what you should have been paid for each month of overpayment. It also shows the total amount you owe.

Month and Year \_\_\_\_\_

SCC Amount Paid	\$ _____
Less SCC Amount You	
Should Have Been Paid	- _____

Overpayment Amount = \_\_\_\_\_

Total Overpayment (you Owe) From This Notice: \$ \_\_\_\_\_

If you get AFDC, you may ask to have your cash aid lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order, send or bring it to:

If you pay by cash, pay in person and ask for a numbered receipt with the County's name on it.

If you have any questions, call the county welfare office.

WARNING: If you think this overpayment is wrong, this is your last chance to ask for a hearing. The back of this page tells how. If you have gone off aid before your overpayment was paid back, the County may take what you owe out of your state income tax refund.

INSTRUCTIONS for SCC Demand Notice - M44-508A

Use to notify recipient of overpayment and subsequent demand for repayment.

Fill in the amount of the overpayment and the pay back date.

Complete an overpayment computation for each month. Fill in the amount of the original SCC payment and the amount it should have been. The difference is the overpayment amount. If there is more than one month, add each month's overpayment together to determine the total amount of overpayment.

Fill in address of the county office that could process a cash repayment.

State of California  
Department of Social Services

Manual Msg. No: M44-508B  
Action: Change  
Reason: SCC Payment Change  
Title: SCC Underpayment  
Adjustment  
Form No.: NA 100  
Effective Date: 2/1/95  
Revision Date:

Auto ID No. :  
Source : SCC  
Regulation Cite: M44-508.11

MESSAGE:

You were underpaid for your Supplemental Child Care (SCC) Program payment(s) for the month(s) of \_\_\_\_\_. You were underpaid in the amount of \$\_\_\_\_\_.

HERE'S WHY:

You should have gotten an SCC payment in the amount of \$\_\_\_\_\_ but you got \$\_\_\_\_\_.

The amount you were underpaid is figured on this notice.

The County will use any part of this money to help pay for any child care overpayment amount that you may owe before you get any money.

The County will correct the underpayment and send you a check within 30 calendar days from the date of this notice.

Month and Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

SCC payment amount you should have been paid \$ \_\_\_\_\_

SCC amount you were paid - \_\_\_\_\_

Amount of SCC Underpayment = \$ \_\_\_\_\_

Month and Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

SCC payment amount you should have been paid \$ \_\_\_\_\_

SCC amount you were paid - \_\_\_\_\_

Amount of SCC Underpayment = \$ \_\_\_\_\_

Subtotal of SCC Underpayments Owed = \$ \_\_\_\_\_

Overpayment Adjustment, if applicable - \$ \_\_\_\_\_

TOTAL UNDERPAYMENT (we owe you) FROM THIS NOTICE = \$ \_\_\_\_\_

If you have any questions, call your worker.

INSTRUCTIONS for SCC Underpayment Adjustment - M44-508B

Use to notify recipient of an underpayment.

Fill in the month(s) in which the underpayment occurred and the total amount of the underpayment.

Fill in the correct amount that the SCC recipient should have received and the amount they had received instead.

Complete an underpayment computation for each child.

Complete the Total Underpayment computation.

SEND TO: DEPARTMENT OF SOCIAL SERVICES  
INFORMATION SERVICES BUREAU  
744 P STREET, MAIL STATION 12-81  
SACRAMENTO, CALIFORNIA 95814

**TITLE IV-A CHILD CARE MONTHLY STATISTICAL REPORT**

		COUNTY	COUNTY CODE	MONTH ENDING / /
<b>PART A. FAMILIES RECEIVING TITLE IV-A CHILD CARE</b>				
	<b>TOTAL (a)</b>	<b>COMMENTS</b>		
1. Total number of families receiving services during month (Sum of 1.a. through 1.p. below).....	1			
<u>AFDC-FG FAMILIES</u>				
a. On AFDC-FG with disregard.....	2			
1. with Supplemental Child Care (SCC) (This is a subset of (and not included in) 1.a. above) ....	3			
b. AFDC-FG receiving SCC only.....	4			
c. AFDC-FG California Alternative Assistance (CAAP) Families.....	5			
d. AFDC-FG NET families.....	6			
e. AFDC-FG TRIBAL JOBS families.....	7			
f. Transitional Child Care (TCC) (former AFDC-FG) Families.....	8			
g. GAIN families.....	9			
h. Cal-Learn families.....	10			
<u>AFDC-U FAMILIES</u>				
i. On AFDC-U with disregard.....	11			
1. with Supplemental Child Care (SCC) (This is a subset of (and not included in) 1.i. above) .....	12			
j. AFDC-U receiving SCC only.....	13			
k. AFDC-U California Alternative Assistance (CAAP) Families.....	14			
l. AFDC-U NET families.....	15			
m. AFDC-U TRIBAL JOBS families.....	16			
n. Transitional Child Care (TCC) (former AFDC-U) Families.....	17			
o. GAIN families.....	18			
p. Cal-Learn families.....	19			

**PART B. TITLE IV-A CHILD CARE - BY TYPE AND EXPENDITURES**

	TOTAL (a)	LICENSE EXEMPT PROVIDER CARE				LICENSED PROVIDER CARE	
		RELATIVE		NON-RELATIVE		FAMILY DAY CARE (f)	CENTER CARE (g)
		IN CHILD'S HOME (b)	OUTSIDE CHILD'S HOME (c)	IN CHILD'S HOME (d)	OUTSIDE CHILD'S HOME (e)		
2. Total number of children receiving services (sum of 2.a. through 2.p.).....	20	21	22	23	24	25	26
a. On AFDC-FG with disregard.....	27	28	29	30	31	32	33
1. SCC (This is a subset of (and not included in) 2.a. above) .....	34	35	36	37	38	39	40
b. AFDC-FG receiving SCC only.....	41	42	43	44	45	46	47
c. AFDC-FG California Alternative Assistance (CAAP) Children.....	48	49	50	51	52	53	54
d. AFDC-FG NET children.....	55	56	57	58	59	60	61
e. AFDC-FG TRIBAL JOBS children.....	62	63	64	65	66	67	68
f. Transitional Child Care (former AFDC-FG) Children.....	69	70	71	72	73	74	75
g. GAIN Children .....	76	77	78	79	80	81	82
h. Cal Learn children .....	83	84	85	86	87	88	89
i. On AFDC-U with disregard.....	90	91	92	93	94	95	96
1. SCC (This is a subset of (and not included in) 2.i. above) .....	97	98	99	100	101	102	103
j. AFDC-U receiving SCC only.....	104	105	106	107	108	109	110
k. AFDC-U California Alternative Assistance (CAAP) Children.....	111	112	113	114	115	116	117
l. AFDC-U NET children.....	118	119	120	121	122	123	124
m. AFDC-U TRIBAL JOBS children.....	125	126	127	128	129	130	131
n. Transitional Child Care (former AFDC-U) Children.....	132	133	134	135	136	137	138
o. GAIN Children .....	139	140	141	142	143	144	145
p. Cal-Learn children .....	146	147	148	149	150	151	152
3. Total expenditures for children receiving services (sum of 3a. through 3.p.).....	153	154	155	156	157	158	159
a. On AFDC-FG with disregard.....	160	161	162	163	164	165	166
1. SCC (This is a subset of (and not included in) 3.a. above) .....	167	168	169	170	171	172	173
b. AFDC-FG receiving SCC only.....	174	175	176	177	178	179	180
c. AFDC-FG California Alternative Assistance (CAAP) expenditures.....	181	182	183	184	185	186	187
d. AFDC-FG NET expenditures.....	188	189	190	191	192	193	194
e. AFDC-FG TRIBAL JOBS expenditures.....	195	196	197	198	199	200	201
f. Transitional Child Care (former AFDC-FG) expenditures.....	202	203	204	205	206	207	208
g. GAIN expenditures.....	209	210	211	212	213	214	215
h. Cal Learn expenditures.....	216	217	218	219	220	221	222
i. On AFDC-U with disregard.....	223	224	225	226	227	228	229
1. SCC (This is a subset of (and not included in) 3.i. above) .....	230	231	232	233	234	235	236
j. AFDC-U receiving SCC only.....	237	238	239	240	241	242	243
k. AFDC-U California Alternative Assistance (CAAP) expenditures.....	244	245	246	247	248	249	250
l. AFDC-U NET expenditures.....	251	252	253	254	255	256	257
m. AFDC-U TRIBAL JOBS expenditures.....	258	259	260	261	262	263	264
n. Transitional Child Care (former AFDC-U) expenditures.....	265	266	267	268	269	270	271
o. GAIN expenditures.....	272	273	274	275	276	277	278
p. Cal Learn expenditures.....	279	280	281	282	283	284	285
CONTACT PERSON	TITLE			TELEPHONE NUMBER			
				(       )			

TITLE IV-A CHILD CARE  
MONTHLY STATISTICAL REPORT INSTRUCTIONS  
FORM ACF 115 (STATE) (Rev. 3/95)

## CONTENT

This monthly report form is designed to collect child care data for families receiving Title IV-A child care services while the parents/caretakers work or participate in an approved education and training program. This includes receipt of Title IV-A Child Care benefits from the following programs:

- AFDC Dependent Care Disregard
- Supplemental Child Care (SCC)
- California Alternative Assistance Program (CAAP)
- Non-GAIN Education or Training (NET)
- Tribal JOBS Program
- Transitional Child Care (TCC)
- Greater Avenues for Independence (GAIN) Child Care
- Cal-Learn *Child Care*

## PURPOSE

The purpose of this report is to collect **all** child care information to meet the Federal uniform Title IV-A reporting requirements mandated by the U.S. Department of Health and Human Services.

## DISTRIBUTION

Data from the At Risk Child Care Program (ARCCP) will be compiled with data from this report and transmitted to the Social Security Administration, U.S. Department of Health and Human Services (DHHS). The ARCCP is reported once a year to DHHS. It also will be compiled into summaries for use by departmental managers and other interested agencies and individuals.

## DUE DATE

Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

State Department of Social Services  
Information Services Bureau  
744 P Street, Mail Station 12-81  
Sacramento, CA 95814

When data is unavailable, transmit a report by the due date containing all available information. In a footnote, indicate when the Department can expect to receive the missing data. Please forward missing figures as soon as possible.

## DEFINITIONS

**AFDC Dependent Care Disregard** - The Dependent Care Disregard allows AFDC families that work to receive a deduction of their child care costs from their earned income in the compilation of their AFDC grant. The maximum deduction allowed per child is \$175 per month for a child 2 years of age or older and \$200 per month for a child under age two.

**Supplemental Child Care (SCC)** - Recipients of AFDC, who are working and have child care costs in excess of *the amount allowed as a dependent care income disregard in their grant computation*,



shall be eligible for child care assistance from the SCC Program. The SCC Program was implemented statewide on November 1, 1993.

**California Alternative Assistance Program (CAAP)** - Recipients of, and applicants eligible for AFDC, who have earned income shall be eligible for CAAP if they decline or refuse a cash grant. CAAP participants are eligible to receive child care assistance and Medi-Cal benefits. The CAAP Program was implemented statewide on May 1, 1994.

**Non-GAIN Education and Training (NET) Program** - The NET program provides child care assistance to AFDC recipients who participate in approved education or training programs and are not enrolled in the GAIN program.

**Tribal JOBS** - In California, children reported as receiving Tribal JOBS child care are children of American Indian recipients receiving JOBS services from the California Indian Manpower Consortium (CIMC). Currently, councils of tribes in 22 counties have provided CIMC authority to serve their members. Counties involved with CIMC's Indian Tribal JOBS Program (ITJP) are Butte, Colusa, Del Norte, El Dorado, Fresno, Glenn, Inyo, Humboldt, Kings, Lake, Lassen, Madera, Mendocino, Modoc, Mono, Plumas, Riverside, San Bernardino, Shasta, San Diego, Siskiyou, and Tuolumne.

**Transitional Child Care Program (TCC)** - Mandated by the Family Support Act of 1988, TCC provides funding for child care to former AFDC recipients for up to 12 months when certain criteria are met. The TCC Program was implemented statewide on April 1, 1990.

**Greater Avenues for Independence (GAIN)** - The Family Support Act of 1988 created the Job Opportunities and Basic Skills (JOBS) program, which is designed to assist recipients to become self-sufficient by providing needed employment-related activities and support. In 1985, California implemented the GAIN program to assure needy families with children obtain the education, training and employment that will help them avoid long-term welfare dependency. Child care and other services in support of employment or education and training activities are provided in the GAIN program.

**Cal-Learn** - The Cal-Learn Program serves pregnant and custodial teen parents under the age of 19 who have not obtained a high school diploma and are receiving AFDC. The Cal-Learn Program provides fiscal incentives and disincentives as well as needed supportive services and intensive case management to encourage these teen parents to stay in or return to school and graduate. The Cal-Learn Program was implemented on April 1, 1994.

## **INSTRUCTIONS**

Fill in the information requested on the report form and show the figures required for each item. If for any item there is nothing to report, enter "0". Do not leave any items blank. If needed, when completing this form, please use the following abbreviation: NA - Not Available. (When NA is used, please provide a footnote indicating when the missing data will be available.)

**Important Note:** Information on Title IV-A Child Care cases reported on the ACF-115 (State) must be retrievable for future use (i.e. surveys).

### **PART A. FAMILIES RECEIVING CHILD CARE**

Part A summarizes the number of families receiving Title IV-A child care services. (Report the actual number of families receiving services and received a reimbursement in a given report period.)

- 1. Number of families receiving services during the report month** - Enter the total number of families receiving Title IV-A child care services and reimbursement for this reporting month. [This section includes families who receive a child care income disregard or participate in SCC, CAAP, NET, Tribal JOBS, TCC, Cal-Learn or GAIN Child Care.] (Item 1 column (a) (cell 1) equals the sum of cells 2,4,5,6,7, 8, 9,10,11,13,14,15,16, 17, 18 & 19.)

**PLEASE NOTE: Do not include item a.1. SCC numbers (cells 3 and 12) in item**

- 1.** This would result in a duplicate count of families receiving services.

#### **AFDC FAMILY GROUP (FG) PROGRAM SEGMENT**

- a. **On AFDC-FG with Disregard** - Enter the total number of AFDC-FG families who receive a child care income disregard.
  - 1. **SCC Families** - Enter the total number of AFDC-FG families receiving SCC payments and who received a child care income disregard in their grant computation.
- b. **AFDC-FG SCC Families** - Enter the total number of eligible AFDC-FG families receiving only SCC.
- c. **AFDC-FG CAAP Families** - Enter the total number of eligible AFDC-FG families receiving CAAP payments.
- d. **NET Families** - Enter the number of AFDC-FG families receiving a NET payment(s).
- e. **Tribal JOBS Families** - Enter the number of AFDC-FG families receiving a Tribal JOBS child care payment(s).
- f. **TCC Families** - Enter the number of families, who were previously AFDC-FG eligible, receiving a TCC payment(s).
- g. **GAIN Families** - Enter the number of AFDC-FG families receiving a GAIN child care payment(s).
- h. **Cal-Learn Families** - Enter the number of AFDC-FG families receiving a Cal-Learn child care payment(s).

#### **AFDC UNEMPLOYED PARENT (U) PROGRAM SEGMENT**

- i. **On AFDC-U** - Enter the number of AFDC-U families who receive a child care income disregard.
  - 1. **SCC Families** - Enter the total number of AFDC-U families receiving SCC payments and who received a child care income disregard in their grant computation.
- j. **AFDC-U SCC Families** - Enter the total number of eligible AFDC-U families receiving only SCC payment(s).
- k. **AFDC-U CAAP Families** - Enter the total number of eligible AFDC-U families receiving CAAP payments.

- l. **NET Families** - Enter the number of AFDC-U families receiving a NET payment(s).
- m. **Tribal JOBS Families** - Enter the number of AFDC-U families receiving a Tribal JOBS child care payment(s).
- n. **TCC Families** - Enter the number of families, who were previously AFDC-U eligible, receiving a TCC payment(s).
- o. **GAIN Families** - Enter the number of AFDC-U families receiving a GAIN child care payment(s).
- p. **Cal-Learn Families** - Enter the number of AFDC-U families receiving a Cal-Learn child care payment(s).

**Note:** Under the AFDC program segment, a family should be counted only in the segment for its latest program status for the report month.

## **PART B. CHILD CARE - BY TYPE OF CARE AND EXPENDITURES**

Part B summarizes the number of children receiving care and the expenditures by the type of child care.

### **INFORMATION FOR COLUMNS (b) THROUGH (g)**

**License-Exempt Provider Care** is divided into two categories; Relative and Non-Relative Provider Care. This care is exempt from licensure if the caregiver cares for the children of only one family in addition to his/her own children, and cares for the child in the caregiver's home, the child's own home, or in a facility exempt from licensure.

**Relative** - Relative care is provided during a portion of the 24 hour day by a relative other than the child's own parents or a person(s) who is legally responsible to care for the child, i.e., the guardian.

Column b. **In Child's Home** - Enter the number of children who were provided child care by an exempt relative/caregiver in the child's own home.

Column c. **Outside Child's Home** - Enter the number of children who were provided child care by an exempt relative/caregiver in the caregiver's own home.

**Non-Relative** - Non-relative care is exempt child care provided by a person not related to the child.

Column d. **In Child's Home** - Enter the number of children who were provided child care by an exempt non-relative/caregiver in the child's own home.

Column e. **Outside Child's Home** - Enter the number of children who were provided child care by an exempt non-relative caregiver in the caregiver's home.

**Licensed Provider Care** - This care is provided by providers licensed by the California Department of Social Services (CDSS), licensed by the County through an Interagency Agreement (IA) with the CDSS or in a facility exempt from licensure.

Column f. **Family Day Care** - Enter the number of children who were provided child care in a licensed Family Day Care setting. Small family day care homes care for up to six children in a private residence other than the child's own home. Large family day care homes care for twelve or fewer children in a private

residence other than the child's own home, have a fire clearance, and an assistant who is at least 18 years of age.

Column g. **Center Care** - Enter the number of children who were provided child care in a licensed child day care center. A licensed child day care center is licensed to care for groups of more than twelve children in non-residential facilities. Staff must meet educational requirements and maintain specified adult/child ratios. The facility must meet building, fire and zoning codes. Child care provided by a facility exempt from licensure that is operated on school grounds and operated by public employees, such as a before and after school program, should also be included in this section.

2. **Total Number of Children Receiving Services** - Enter the total number of children receiving Title IV-A child care services. [This section includes families who receive a child care income disregard or participate in SCC, CAAP, NET, Tribal JOBS, TCC, Cal-Learn or GAIN.] (Item 2, column (a), (cell 20), equals the sum of cells 27, 41, 48, 55, 62, 69, 76, 83, 90, 104, 111, 118, 125, 132, 139 and 146.)

Do **not** include SCC numbers in item 2. This would result in a duplicate count of children receiving services.

**Note:** Children who have multiple providers should be reported under all appropriate columns. For example, if a child spends 30 hours a month in Family Day Care and 20 hours a month in the child's home, by a non-relative, the count would be reported in **both** the Family Day Care (column f.) and in the Child's Home (column d.). The sum of columns (b) through (g) for Items 1 and 2 should be equal to or **greater** than column (a).

#### **AFDC FAMILY GROUP (FG) PROGRAM SEGMENT**

- a. **On AFDC-FG with Disregard** - Enter the total number of children of AFDC-FG families who receive a child care income disregard.
1. **SCC Children** - Enter the total number of children of AFDC-FG families receiving SCC payments along with a child care disregard. (This number is a sub-item of 2a. above and should **not** be included in item 2a.)
- b. **SCC Children** - Enter the total number of children of eligible AFDC-FG families receiving only SCC payment(s).
- c. **CAAP Children** - Enter the total number of children of eligible AFDC-FG families receiving CAAP payment(s).
- d. **NET Children** - Enter the total number of children of AFDC-FG families receiving NET payment(s).
- e. **Tribal JOBS Children** - Enter the total number of children of AFDC-FG families receiving Tribal JOBS child care payment(s).
- f. **TCC Children** - Enter the number of children of previously AFDC-FG eligible families receiving TCC payment(s).
- g. **GAIN Children** - Enter the number of children of AFDC-FG families receiving GAIN child care payment(s).

- h. **Cal-Learn Children-** Enter the number of children of AFDC-FG families receiving Cal-Learn child care payment(s).

#### **AFDC UNEMPLOYED PARENT (U) PROGRAM SEGMENT**

- i. **On AFDC-U with Disregard** - Enter the total number of children of AFDC-U families who claim and receive a child care income disregard.
- l. **SCC Children** - Enter the total number of children of AFDC-U families receiving SCC payments along with a child care disregard. (This number is a sub-item of 2.i. above and should **not** be included in item 2.i.)
- j. **SCC Children** - Enter the total number of children of eligible AFDC-FU families receiving only SCC payment(s).
- k. **CAAP Children** - Enter the total number of children of AFDC-U families receiving CAAP payment(s).
- l. **NET Children** - Enter the total number of children of AFDC-U families receiving NET payment(s).
- m. **Tribal JOBS Children** - Enter the total number of children of AFDC-U families receiving Tribal JOBS child care payment(s).
- n. **TCC Children** - Enter the number of children of previously AFDC-U eligible families receiving TCC payment(s).
- o. **GAIN Children-** Enter the number of children of AFDC-U families receiving GAIN child care payment(s).
- p. **Cal-Learn Children-** Enter the number of children of AFDC-U families receiving Cal-Learn child care payment(s).
3. **Total Expenditures for Children Receiving Services** - Enter the total expenditures, excluding administrative costs, for children receiving Title IV-A child care services. This includes all Title IV-A child care expenditures for children of those families which receive the child care income disregard, SCC, CAAP, NET, Tribal JOBS, TCC, GAIN or Cal-Learn child care payments. (Item 3 column (a) (cell 153) equals the sum of cells 160, 167, 174, 181, 188, 195, 202, 209, 216, 223, 230, 237, 244, 251, 258, 265, 272 and 279; Item 3 column (a) (cell 153) will also equal the sum of cells 154 through 159). Unlike Items 1.a. and 2.a., include SCC expenditures in Item 3.a. This will not result in a duplicate count because the SCC expenditures are separate from disregard expenditures.
- a. **On AFDC-FG with Disregard Expenditures** - Enter the total child care expenditures for children of AFDC- FG families who received the Title IV-A child care income disregard. **Enter the actual amount disregarded from the AFDC-FG grant.** (Item 3.a. column (a) equals the sum of cells 161 through 166.)
1. **SCC Expenditures** - Enter the total expenditures for children of AFDC-FG families receiving SCC payments along with a child care disregard. (Item 3.a.1. column (a) equals the sum of cells 168 through 173.)

- b. **SCC Expenditures** - Enter the total expenditures for children of eligible AFDC-FG families receiving only SCC payments. (Item 3.b. column (a) equals the sum of cells 175 through 180.)
- c. **CAAP Expenditures** - Enter the total expenditures for children of eligible AFDC-FG families receiving CAAP payment(s). (Item 3.c. column (a) equals the sum of cells 182 through 187.)
- d. **NET Expenditures** - Enter the total child care expenditures for children of AFDC-FG families receiving NET payment(s). (Item 3.d. column (a) equals the sum of cells 189 through 194.)
- e. **Tribal JOBS Expenditures** - Enter the total expenditures for children of AFDC-FG families receiving Tribal JOBS child care payment(s). (Item 3.e. column (a) equals the sum of cells 196 through 201.)
- f. **TCC Expenditures** - Enter the total expenditures for children of previously AFDC-FG eligible families receiving TCC payment(s). (Item 3.f. column (a) equals the sum of cells 203 through 208.)
- g. **GAIN Expenditures** - Enter the total expenditures for children of AFDC-FG families receiving GAIN child care payment(s). (Item 3.g. column (a) equals the sum of cells 210 through 215.)
- h. **Cal-Learn Expenditures** - Enter the total expenditures for children of AFDC-FG families receiving Cal-Learn child care payment(s). (Item 3.h. column (a) equals the sum of cells 217 through 222.)
- i. **On AFDC (U) with Disregard Expenditures**- Enter the total expenditures for children of AFDC-U families who received a Title IV-A child care income disregard. **Enter the actual amount disregarded from the AFDC-U grant.** (Item 3.i. column (a) equals the sum of cells 224 through 229.)
  - 1. **SCC Expenditures** - Enter the total expenditures for children of AFDC-U families receiving SCC payments along with a child care disregard. (Item 3.i.1. column (a) equals the sum of cells 231 through 236)
- j. **SCC Expenditures** - Enter the total expenditures for children of eligible AFDC-U families receiving only SCC payments. (Item 3.j. column (a) equals the sum of cells 238 through 243.)
- k. **CAAP Expenditures** - Enter the total expenditures for children of the eligible AFDC-U families receiving CAAP child care payment(s). (Item 3.k. column (a) equals the sum of cells 245 through 250.)
- l. **NET Expenditures** - Enter the total expenditures for children of AFDC-U families receiving NET payment(s). (Item 3.l. column (a) equals the sum of cells 252 through 257.)
- m. **Tribal JOBS Expenditures** - Enter the total expenditures for children of previously eligible AFDC-U families receiving Tribal JOBS child care payment(s). (Item 3.m. column (a) equals the sum of cells 259 through 264.)

- n. ***TCC Expenditures*** - Enter the total expenditures for children of previously eligible AFDC-U families receiving TCC payment(s). (Item 3.n. column (a) equals the sum of cells 266 through 271.)
- o. ***GAIN Expenditures*** - Enter the total expenditures for children of AFDC-U families receiving GAIN child care payment(s). (Item 3.o. column (a) equals the sum of cells 273 through 278.)
- p. ***Cal-Learn Expenditures*** - Enter the total expenditures for children of AFDC-U families receiving Cal-Learn child care payment(s). (Item 3.n. column (a) equals the sum of cells 280 through 285.)

**Note:** Round expenditures to the nearest dollar. All expenditures reported should reflect the actual payments made during the report period, regardless of when the child care services were rendered.

Amend Section 40-021.3 to read:

40-021 IMPLEMENTATION OF SUPPLEMENTAL CHILD CARE PROGRAM

40-021

- .1 The adoption of Chapter 44-500 and the amendment of Sections 40-131.3, 40-181.1, and 44-111.3 which implement the Supplemental Child Care (SCC) Program shall be effective November 4, 1993. Counties are required to meet the SCC informing requirements at application and redetermination beginning November 4, 1993.

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- .2 Chapter 44-500 is being adopted to implement the Supplemental Child Care (SCC) Program to comply with the provisions of Welfare and Institutions Code Section 11451.7 (Chapter 69, Statutes of 1993).
- .3 Section 40-131 is being amended to require all AFDC ~~recipients~~ applicants be informed about the SCC Program at the time of AFDC ~~redetermination~~ application.
- .4 Section 40-181 is being amended to require that AFDC recipients are informed about their eligibility for SCC when they become employed.
- .5 Section 44-111 is being amended to exempt SCC payments from consideration of income for AFDC.

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Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code.



Amend Section 40-131.3u. to read:

40-131 INTERVIEW REQUIREMENT (Continued)

40-131

.3 Content of Application Interview (Continued)

- u. The availability of ~~and the information necessary to request~~ supplemental child care payment for working recipients who have child care costs as specified in Section 44-507.111 and the Monthly Child Care Eligibility Report (SCC 6) necessary to request the supplemental child care payments.

Authority Cited: Sections 10553, 10554, 10604, and 18904, Welfare and Institutions Code.

Reference: Sections 10613, 11209, 11324.8(a), AB 312, Chapter 1568, Statutes of 1990, 11451.7, 11500(b), and 11511(a), Welfare and Institutions Code; 7 USC 2020(i), 7 CFR 273.2(j), 42 USC 616(f), 682(c)(2), (3) and (4), 45 CFR 250.20, 45 CFR 250.40(a) and (b); 45 CFR 255.1; 45 CFR 256.1(b).

Amend Section 40-181.1(1) to read:

40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY (Continued) 40-181

.1 General County Responsibility (Continued)

- (1) The county shall inform recipients of the availability of/ ~~and the information necessary to request/~~ supplemental child care payments to all assistance units which have reported earned income as specified in Section 44-507.113 and the Monthly Child Care Eligibility Report (SCC 6) necessary to request supplemental child care payments. (Continued)

Authority Cited: Sections 10553, 10554, 10604, 11265.1, and 18904, Welfare and Institutions Code.

Reference: 482 U.S.C. 616(b) and (f); 45 CFR 233.28 and 235.112(b); 7 CFR 273.16(b); and Sections 10553, 10554, 10604, 11451.7 and 11486, Welfare and Institutions Code.

Amend Section 44-111.3 to read:

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION AS INCOME  
(Continued)

44-111

.3 Exemption of Payments from Public Sources (Continued)

- g. Reimbursements for child care costs made under the Supplemental Child Care (SCC) Program are exempt from consideration as income.  
(Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11008.15, 11255, and 11451.7, Welfare and Institutions Code; 42 USC Section 602(g)(1)(E)(i); Section 202(a), Public Law 100-485; 45 CFR 244.0(c); 45 CFR 233.20(a)(4)(ii); 45 CFR 233.20(a)(11)(v)(C); 45 CFR 255.3(f)(1); and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992.

Adopt Chapter 44-500 and Section 44-501 to read:

44-500 SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

44-501 INTRODUCTION TO SUPPLEMENTAL CHILD CARE

44-501

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The Supplemental Child Care (SCC) Program is mandated by Welfare and Institutions Code Section 11451.7 (Chapter 69, Statutes of 1993). It provides funding for child care to working AFDC recipients when certain eligibility criteria are met. The objective of SCC is to remove one of the most formidable barriers to employment for AFDC families with young children which is the high cost of child care. In assisting these families with their child care costs, it is hoped that they will obtain and maintain employment which will ultimately result in self-sufficiency from the welfare system.

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Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code.

Amend Sections 44-502(e)(1), (r)(2), and (r)(3) to read:

44-502 DEFINITIONS

44-502

The following definitions pertain only to Chapter 44-500. The definitions shall be used in conjunction with the balance of the Supplemental Child Care Program regulations and do not stand alone.

- (a) (1) "AU" means the AFDC assistance unit.
- (b) (1) "Budget Month" means the month used to determine the amount of the SCC payment.
- (c) (1) "Child Care Disregard" means the limited dependent care earned income disregard amount used to reduce the net countable income in the AFDC grant computation as specified in Section 44-113.217.
- (d) (1) "Date of Receipt" means the date that a document is received by the county welfare department, either through the mail or delivered in person.
- (e) (1) "Exempt from Licensing" means a child care provider who is not required to obtain a day care license as defined by Title 22, Division 12, Section 101158.

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(A) Examples of when a day care license is not required.

1. The nonrelative child care provider cares for the children of only one family in addition to his/her own children, either in the home of the child or provider;
2. The child care provider cares only for children to whom the provider is related; or
3. The child care provider is a public or private school or a recreation program as defined in Health and Safety Code Section 1596.792.

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- (f) (1) "Full-time Care" means child care provided by a child care provider for more than 147 hours per calendar month.
- (g) through (o) Reserved
- (p) (1) "Payment Month" means the month following the report month and the month in which the recipient receives the SCC payment.
- (2) "Part-time Care" means child care provided by a child care provider for 147 hours or less per calendar month.

(q) Reserved

(r) (1) "Rate Ceiling" means the 75th percentile of the regional market rate or the 100th percentile of the regional market rate when the region has no more than two providers giving that age and category of care.

(2) "Regional Market Rate" means the costs of child care in each county differentiated by age of child, special needs of the child, type of care, and whether the care is provided full- or part-time as established in the Regional Market Rate Ceilings for California Child Care Providers.

(3) "Report Month" means the month in which a recipient is required to submit the monthly report (CA 7/SAWS 7, Rev. 1/93) and the Monthly Child Care Eligibility Report (SCC 6) which contain information from the previous month, also known as the budget month.

(s) (1) "SCC" means the Supplemental Child Care Program.

(t) through (z) Reserved

Authority Cited: Sections 10553/ and 10554, ~~and~~ 11508, Welfare and Institutions Code ~~and~~ 45 CFR 255.4.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 255.4; and Section 1596.792, Health and Safety Code.

Repeal Section 44-503.12; renumber Sections 44-503.13, .14 et seq., and .15 to Sections 44-503.12 et seq., .13 et seq., and .14, respectively; and amend Sections 44-503.11, .12, and .13 to read:

44-503 PROGRAM ELIGIBILITY

44-503

.1 An AU shall be eligible for SCC if all of the following conditions are met:

.11 A member of the AFDC AU is working and the county determines that adequate dependent care can not be provided during his/her working hours by a ~~person~~ parent or other person in the recipient's AU who is legally responsible for the child.

~~/12 The AU is eligible to receive the child care earned income disregard in their AFDC computation as specified in section 44-111/117/~~

.112 The child care costs were paid for a child ~~in the AFDC AU~~ who meets ~~one~~ of the following conditions:

.121 The child:

(a) Is in the AU; or

(b) Would be AFDC-FG/U eligible but for the receipt of federal foster care or Supplemental Security Income/State Supplementary Payment (SSI/SSP).

.122 The child is:

~~/111~~ (a) Under the age of 13.

~~/112~~ (b) Physically or mentally incapable of caring for himself/herself based on a written statement of a physician or a licensed or certified psychologist and meets the age requirements under the AFDC program, as specified in Section 42-101.

~~/113~~ (c) Under court supervision as specified in Welfare and Institutions Code Sections 601 and 602 and meets the age requirements under the AFDC program, as specified in Section 42-101.

.143 The child care provider meets all of the following conditions:

.1431 Is 18 years old or older.

.1432 Is not a parent or legal guardian of the child.

.1433 Is not a member of the AU.

.1434 Has a day care license or is exempt from licensing.

.1435 Has a ~~valid social security number (SSN)~~ provided the necessary information as specified in Sections 44-506.12 through .15.

.154 The AU has provided the necessary information to determine SCC eligibility as specified in Section 44-506.1.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections ~~11301.1~~ and 11451.7, Welfare and Institutions Code; 45 CFR 233.20; and 45 CFR 255.2, .3, .4, and .5.



Amend Sections 44-504.11 and .4 to read:

44-504 PAYMENT ELIGIBILITY

44-504

- .1 SCC payments shall reimburse child care costs which do not exceed the monthly rate ceiling less the amount allowed for a child care earned income disregard in the AFDC computation as specified in Section 44-113.217.

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- .11 The Regional Market Rate ceilings are determined based on a statistically valid survey of the rates established by child care providers for private clients *in accordance with Welfare and Institutions Code Section 11308(b).*

.111 The rate ceilings are determined based on:

- (a) The age of the child,
- (b) The special needs of the child,
- (~~b~~c) The type of care provided,
- (~~d~~d) The number of hours of care, either full-time or part-time care as defined in Sections 44-502(f)(1) and (p)(2), and
- (~~d~~e) The care provider's geographic location in California.

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- .2 The county shall only issue a SCC payment when the child care hours claimed are for the following:

- .21 Work hours.
- .22 Transportation time between the worksite and the child care provider.
- .23 When necessary, hours based on the provider's standard billing practice.

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- .24 Examples of eligible hours.

- .241 Example: A day care provider charges all families based on a weekly rate. The provider charges for any days the SCC child is absent, regardless of the reason (i.e., holidays, sick days and vacation). The provider also charges for days the parent is on holiday. Since this is the provider's billing practice for nonsubsidized families, a request for payment which includes these days would meet the payment eligibility requirements under this section.

.242 Example: A provider charges all families based on an hourly rate. The provider only charges for hours of care provided. The SCC child attends school and needs only after-school care. The county would compare the hours worked, including transportation time, to the hours of care, taking into consideration the time the child is in school.

.243 Example: A provider charges all families based on an hourly rate. The parent works from 4 p.m. to 12 a.m. The provider charges for nine hours of child care, because the parent leaves the child in care a half hour before starting work and a half hour after ending the work shift. The county would compare the hours worked including transportation time to the hours of care. A request for payment for nine hours of care would meet the payment eligibility requirements of this section.

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.3 The county shall not approve a SCC payment to a new child care provider if a payment was made for the same period of time to the prior-authorized provider unless the change was due to an emergency situation under Section 44-504.31.

.31 An emergency situation occurs when care cannot be provided or the provision of care places the child at risk of harm.

.4 ~~When the beginning date of SCC eligibility is after the first of the month/~~  
The SCC payment as defined in Section 44-505.1 shall be prorated from the beginning date of aid in accordance with the procedures in Section 44-315.7, when the beginning date of aid is after the first of the month.

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.41 Example: The total monthly SCC payment amount is \$150. However, aid began on March 17th and March has 31 days. The Reciprocal Table in Section 44-315.73 shows a figure of .4839 for the 17th day of a 31-day month. The total monthly SCC payment amount X the reciprocal = the prorated SCC amount ( $\$150 \times .4839 = \$72.585$ ). The \$72.585 is rounded down to \$72 which is the amount of the SCC payment.

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.5 The county shall not issue SCC payments pending a state hearing if SCC Program eligibility is denied. If a county reduction of the SCC payment is appealed, the recipient shall be entitled to the reduced amount of the SCC payment pending the state hearing.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 255.1(c) and (e) (4); 45 CFR 255.2(a) (1); and 45 CFR 255.4(a) (2) and (3), (c) (2) and (i) (1).

Amend Section 44-505.12 and modify Handbook Examples 1, 2, and 3 to read:

44-505 PAYMENT COMPUTATION

44-505

- .1 When the AU is determined eligible for the SCC payment, the county shall pay the difference between:
  - .11 The actual child care costs paid up to the applicable monthly rate ceiling, and
  - .12 The allowable child care earned income disregard or the portion thereof, used in Section 44-113.217 to reduce the net countable income.
- .121 If no child care earned income disregard is allowed in the AFDC computations as specified in Section 44-113.217, reduce the amount determined in Section 44-505.11 by \$0.

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Example 1: When net countable income subtotal computed in Section 44-113.21 exceeds the total child care earned income disregard allowed.

AU of 3, (parent and 2 children, ages 5 and 1 years).  
Monthly child care costs are \$200 for the 5 year old and \$250 for the 1 year old. Gross income is \$750.

Computation from Section 44-113.21

Gross income	\$750
Standard work expense disregard	<u>-90</u>
	\$660
\$30 disregard	<u>-30</u>
	\$630
1/3 disregard	<u>-210</u>
Subtotal	\$420
Child care earned income disregard for the 5 year old (maximum allowed for a child over 2)	<u>-175</u>
	\$245
Child care earned income disregard for the 1 year old (maximum allowed for a child 2 years and under)	<u>-200</u>
Net Income to AU	<u>\$ 45</u>

SCC Computation

Actual child care paid for 5 year old	\$200
Monthly rate ceiling	<u>330</u>
Lesser of two above	200
Disregard allowed for 5 year old	<u>-175</u>
SCC payment for 5 year old	= \$ 25

Actual child care paid for 1 year old	\$250
Monthly rate ceiling	<u>389</u>
Lesser of two above	250
Disregard allowed for 1 year old	<u>-200</u>
SCC payment for 1 year old	= \$ 50

Total SCC Payment	= \$ 75
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Example 2: When net countable income subtotal computed in Section 44-113.21 is less than the allowable child care earned income disregard.

AU of 3, (parent and 2 children, both over 6 years). Monthly child care costs are \$175 per child. Gross income is \$375.

Computation from Section 44-113.21

Gross income	\$375
Standard work expense disregard	<u>-90</u>
	\$285
\$30 disregard	<u>-30</u>
	\$255
1/3 disregard	<u>- 85</u>
Subtotal	\$170 <sup>1</sup>
Child care earned income disregard (maximum allowed for 2 children over 2 years)	<u>-350</u>
	- \$180
<u>Net Income to AU</u>	<u>\$-0-</u>

SCC Computation

Actual child care paid for first child	\$175
Monthly rate ceiling	<u>240</u>
Lesser of two above	175
Portion of disregard used for first child	<u>-170<sup>1</sup></u>
SCC payment for first child	= \$ 5

Actual child care paid for second child	\$175
Monthly rate ceiling	<u>240</u>
Lesser of two above	175
Portion of disregard used for second child	<u>- 0<sup>2</sup></u>
SCC payment for second child	= \$175

Total SCC Payment	= \$180
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<sup>1</sup> Here, only \$170 of the allowable \$175 child care earned income disregard was used to reduce countable income, i.e., only \$170 was needed to reduce the income to -0-.

<sup>2</sup> Here, none of the allowable \$175 child care earned income disregard was used to reduce the net countable income, i.e., the net countable income was entirely offset in the computation for first child.

Example 3: When net countable income subtotal computed in Section 44-113.21 results in the recipient not receiving any amount of the allowable child care earned income disregard.

AU of 3, (parent and 2 children, ages 4 and 1 years). Monthly child care cost is \$45 for each child. Gross income is \$120.

Computation from Section 44-113.21

Gross income	\$120
Standard work expense disregard	-90
	<u>\$ 30</u>
\$30 disregard	-30
Subtotal	<u>\$-0-</u>
Child care earned income disregard (maximum allowed)	- 90
	- \$ 90
<u>Net Income to AU</u>	<u>\$-0-</u>

SCC Computation

Actual child care paid for 4 year old	\$ 45
Monthly rate ceiling	<u>160</u>
Lesser of two above	45
Portion of disregard used for 4 year old	- 0 <sup>1</sup>
SCC payment of 4 year old	= \$ 45
Actual child care paid for 1 year old	\$ 45
Monthly rate ceiling	<u>-180</u>
Lesser of two above	45
Portion of disregard used for 1 year old	- 0 <sup>1</sup>
SCC payment of 1 year old	= \$ 45
Total SCC Payment	= \$ 90

<sup>1</sup> Here, none of the allowable child care earned income disregards were needed to reduce the net countable income subtotal since it was already reduced to \$0 prior to deducting any child care earned income disregards.

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.2 Counties shall round payments to the nearest lower whole dollar.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 233.20(a)(11)(i)(D); 45 CFR 255.3(h)(2); 45 CFR 255.4(a) and (a)(2)(iii); and the Preamble in Federal Register, Volume 54, Number 97, page 42233.

Amend Sections 44-506.1, .14, .15, .16, .17, .18, and .3 to read:

44-506 RECIPIENT RESPONSIBILITIES

44-506

- .1 The recipient shall provide the following information ~~to determine SCC payment eligibility~~ using the Monthly Child Care Eligibility Report (SCC 6) by the fifth calendar day of each report month along with the monthly report process under Section 40-181.22. ~~Information~~ An SCC 6 not received by the eleventh calendar day of the month shall be considered late.
  - .11 Verification of employment and the number of hours of employment;
    - .111 Acceptable verification shall be pay stubs.
    - .112 Self-certification by the recipient of hours worked is acceptable only if pay stubs are not available or are incomplete.
  - .12 Total child care hours provided during the month;
  - .13 Total child care costs for the month;
  - .14 The child care provider's name, and address/ ~~and social security number~~ and ~~SSN or tax identification number;~~
  - .15 Whether the provider is a licensed child day care center, licensed family day care home, or an exempt child day care provider;
  - .16 A certification from the exempt child day care provider that he/she is at least 18 years of age and whether he/she is a relative of the SCC recipient/ ~~and when not related, that he/she provided the SCC recipient the name, address and telephone numbers of two character references, and a statement as to his/her health, education or experience, criminal record, and names and ages of other persons in the home providing care.~~
  - .17 A declaration, signed under penalty of perjury, by the child care provider that the information submitted under Sections 44-506.12 through .16 is true and correct ~~to the best of his/her knowledge.~~
  - .18 A declaration, signed under penalty of perjury, by the recipient that the information submitted under Section 44-506.1 is true and correct ~~to the best of his/her knowledge.~~
- .2 The failure to meet the requirements in Section 44-506.1 shall result in a denial of the SCC payment.
- .3 The failure to provide the ~~information~~ SCC 6 required in Section 44-506.1 by the eleventh calendar day of each month may result in a delay of the SCC payment.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code/ ~~and~~ social security Act/ 42 U.S.C. Section 1320 (b)(7).

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 255.1(e); 45 CFR 255.2(a) and (g); ~~and~~ 45 CFR 255.4(h); and 42 U.S.C. Section 1320(b-7) (Section 402 of the Social Security Act).



Repeal Section 44-507.14 and renumber Sections 44-507.15 and .16 to Sections 44-507.14 and .15, respectively; repeal Sections 44-507.26, .261, and .273 and renumber Sections 44-507.27, .271, and .272 to Sections 44-507.26, .261, and .262, respectively; and amend Sections 44-507.11, .111, .112, .113, .12, .14, .21, .22, .23, .24, .25, .251, .261, .262, .31, .311, and .313 to read:

#### 44-507 COUNTY RESPONSIBILITIES

44-507

##### .1 General

- .11 The county shall inform applicants and recipients in writing about the availability of ~~and the information necessary to request~~ SCC payments and shall provide the Monthly Child Care Eligibility Report (SCC 6) necessary to request SCC payments at the following intervals:
  - .111 At the time of application as specified in Section 40-131.3(u).
  - .112 At the time of annual redetermination ~~as specified in Section 40-181.2.~~
  - .113 When earned income is first reported as specified in Section 40-181.11.
- .12 At the intervals specified in Section 44-507.11, the county shall inform current SCC recipients in writing that a failure to provide ~~information~~ the SCC 6 in a timely manner could result in delay of issuance or denial of SCC payments.
- .13 At the intervals specified in Section 44-507.11, the county shall inform the SCC recipient in writing of his/her right to request a state hearing regarding SCC benefits and that aid paid pending the state hearing decision is not available as specified in Section 44-504.5.
- ~~114~~ ~~Counties shall verify the child care provider's SSN with the Social Security Administration according to provisions in Division 20/~~
- ~~134~~ When provided, ~~C~~counties shall compare the child care provider's SSN with the Medi-Cal Eligibility Data System (MEDS) to determine whether the provider is receiving AFDC, Food Stamps, or Medi-Cal benefits.
- ~~135~~ Counties shall inform SCC recipients of the availability of the Transitional Child Care Program according to Section 40-173.8.

##### .2 Action on SCC Payment Requests

- .21 The county shall issue the SCC payment to eligible recipients by the first of the month following the report month unless the ~~verification of child care costs~~ SCC 6 is received after the eleventh day of the report month.

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- .211 Example: If child care costs were paid in November and reported by December 5th, the county shall issue the SCC payment by January 1.

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- .22 When the ~~verification of child care costs~~ SCC 6 is received after the eleventh day of the report month, the county shall issue the SCC payment within 30 calendar days from the receipt of verification of child care costs.
- .23 The county shall deny an SCC payment by the first day of the payment month when the ~~verification of child care costs~~ SCC 6 was submitted timely but the recipient did not meet the eligibility criteria specified in Sections 44-503 and 44-504.
- .24 The county shall deny an SCC payment when the ~~verification of child care costs~~ SCC 6 was submitted after the first day of the payment month unless the recipient had good cause under Section 40-181.233.
- .25 The county shall deny an SCC payment when an incomplete ~~child care information~~ SCC 6 is submitted.
- .251 The county shall inform the recipient within ten calendar days after the date of receipt of the ~~child care information~~ SCC 6 that the denial shall be rescinded if complete child care information is received by the first day of the payment month.
- ~~126 The county shall deny an SCC payment when the child care provider's SSN is determined not to be valid as specified in section 44-503/143 and section 44-507/141~~
- ~~1261 The county shall inform the recipient that the denial will be rescinded if additional information regarding the validity of the provider's SSN is received within ten calendar days after the date of the notice and the county determines that the child care provider's SSN is valid~~
- .276 The county shall rescind the denial of the SCC payment and grant SCC in the following situations:
- .2761 When the recipient provides the completed ~~child care information~~ SCC 6 by the first day of the payment month; or
- .2762 When the recipient provides the completed ~~child care information~~ SCC 6 after the first day of the payment month but meets the good cause criteria specified under Section 40-181.233.
- ~~1273 When the recipient provides additional information which results in the county's determination that the child care provider's SSN is valid~~

.3 SCC Notice Requirements

- .31 The county shall issue an appropriate Notice of Action (NOA) to SCC recipients, pursuant to procedures specified in MPP ~~Division 22/~~ Sections 22-021 and 22-022 for the following types of SCC actions and changes:
- .311 Approval of an SCC payment ~~and that~~ shall include an explanation of the SCC payment amount and ~~an explanation of~~ the rate ceiling.
- .312 Denial of an SCC payment.
- .313 Change in the rate ceiling described in Section 44-504/72(r)(1).
- .314 Collection of overpayment from SCC recipients under Section 44-508.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 233.28(e); 45 CFR 235.110; 45 CFR 255.1(e); 45 CFR 255.2(a), (g), (g)(2), and (h); 45 CFR 255.4(c)(2), (f)(2), and (h); and 45 CFR 256.4(c).

Amend Sections 44-508.41, .432, and .433 to read:

44-508 UNDERPAYMENTS AND OVERPAYMENTS

44-508

.1 General Criteria

- .11 Underpayments occur when an SCC payment made to the recipient is less than what he/she is entitled to receive.
  - .111 Action to correct underpayments shall be taken within 30 calendar days from the date the county determines that an underpayment exists.
- .12 Overpayments occur when an SCC payment to the recipient exceeds what he/she is entitled to receive.

HANDBOOK BEGINS HERE

- .121 An overpayment may be all or a portion of an SCC payment.

HANDBOOK ENDS HERE

- .13 The county shall take all reasonable steps necessary to promptly correct any underpayment and collect any overpayment that is known to the county.
  - .131 The county shall refer cases of suspected fraud to the county Special Investigative Unit (SIU) under MPP Section 20-005.
  - .132 The county shall attempt recovery efforts in all cases of current and former AFDC recipients.
- .14 The county shall recover SCC overpayments from any person who was a member of the AU at the time the AU was overpaid.

.2 Initiating Recovery

- .21 When the county has determined that an overpayment exists, the county shall calculate the amount of the overpayment and determine the appropriate method of recovery under Sections 44-508.3 and .4.
  - .211 Recovery methods may be used concurrently.
- .22 The county shall take steps to initiate recovery within 30 calendar days from the date the overpayment is discovered by notifying the individual in writing that he/she has an overpayment and how recovery will occur under Sections 44-508.3 and .4.

.3 Overpayment Recovery from Current SCC Recipients

.31 Balancing

.311 When an individual has both an overpayment and an underpayment, the county may offset one against the other.

.32 SCC Payment Adjustment

.321 The overpayment is to be adjusted from the current SCC payment subject to Section 44-508.322.

(a) When the current SCC payment amount is not enough to recover the entire overpayment, the remaining amount of the overpayment shall be applied to succeeding month(s) and the adjustment process shall be repeated.

.322 Recovery from the current SCC payment(s) shall be ten percent of the total payment or \$21 dollars, whichever is greater, but the recovery shall not exceed the current SCC payment.

.33 Voluntary Cash Recovery

.331 The county shall accept any voluntary cash payment from an individual to pay any portion of an existing overpayment.

.4 Overpayment Recovery from Former SCC Recipients

.41 The county shall demand in writing, the repayment of any outstanding overpayment amount from any individual who is no longer eligible to receive SCC payments ~~of AFDC~~.

.42 SCC overpayments shall be adjusted from the recipient's AFDC grant when:

.421 The recipient and the county voluntarily agree with the amount of the AFDC grant adjustment.

.422 The individual signs a written agreement with the county.

.43 Once the demand letter for repayment has been sent, the county shall continue recovery efforts of SCC overpayments in:

.431 All cases of fraud;

.432 All cases of current AFDC recipients;

.433 All cases of former AFDC recipients when the overpayment amount would equal or exceed the cost of recovery.

.44 The county shall recoup SCC overpayments from families receiving Transitional Child Care (TCC) payments by following TCC overpayment collection procedures under Section 47-190.

.5 Overpayment Record Maintenance

- .51 The county shall maintain a record of the overpayment including all notices and agreements, the repayment dates and amounts recovered.
- .52 Once collection of the overpayment is completed, the overpayment records shall be retained in accordance with requirements for records retention of public assistance cases, as specified in Section 23-350.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 205.10; 45 CFR 255.2(h); 45 CFR 255.4(j)(1), (4), (5), (6), (7), and (8); and the Preamble in Federal Register, Volume 54, Number 197, page 42234.

Amend Section 44-509.11 to read:

44-509 DATA COLLECTION

44-509

.1 The county shall collect and report data as required by CDSS.

.11 Information shall include/ ~~but not be limited to~~ the following:

.111 Total number of AFDC families receiving SCC payments each month, including the

(a) Number of AFDC-FG families receiving SCC payments each month, and

(b) Number of AFDC-U families receiving SCC payments each month.

.112 Total number of children receiving SCC payments each month by the type of child care (i.e., licensed or exempt, relative or non-relative, inside or outside child's home, family day care, or center care);

(a) Number of AFDC-FG children receiving SCC payments each month by the type of care, and

(b) Number of AFDC-U children receiving SCC payments each month by the type of care.

.113 Expenditures for children receiving SCC payments each month by the type of child care (i.e., licensed or exempt, relative or non-relative, inside or outside child's home, family day care, or center care);

(a) Amount of expenditures for AFDC-FG children each month by type of care, and

(b) Amount of expenditures for AFDC-U children each month by type of care.

.114 Number of months that each family has received child care services.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code and Federal Action Transmittal JOBS-ACF-AT-92-1.