

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



August 19, 2005

ALL COUNTY LETTER NO. 05-23

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL COUNTY FISCAL OFFICERS  
 ALL COUNTY LICENSING PROGRAM MANAGERS  
 ALL COUNTY CHIEF PROBATION OFFICERS  
 ALL COUNTY CHILD CARE COORDINATORS  
 ALL CHILD WELFARE SERVICE PROGRAM MANAGERS  
 DEPARTMENT OF EDUCATION

REASON FOR THIS TRANSMITTAL

- State Law Change  
 Federal Law or Regulation  
 Change  
 Court Order  
 Clarification Requested by  
 One or More Counties  
 Initiated by CDSS

SUBJECT: FOSTER PARENT CHILD CARE PROGRAM

REFERENCE: ALL COUNTY INFORMATION NOTICE NO. I-21-05  
 ALL COUNTY LETTER NO. 03-41

The following is an interim All County Letter (ACL), pending regulation development. The California Department of Social Services (CDSS) has established an optional child care program, entitled the Foster Parent Child Care Program, to provide child care for eligible foster children. The program is available to all counties statewide and is intended to enable a foster parent to receive child care as needed, maintain a stable home environment, and strengthen county foster care recruitment efforts.

CDSS is making available to all counties pass-through Title IV-E funding for federally eligible child care as allowed by Section 475(4)(A) of the Social Security Act, 45 Code of Federal Regulations (CFR) 1355.20(a)(1), and Senate Bill 1612 (Chapter 845, Statutes of 2004). **Funding for child care on behalf of nonfederally eligible foster children will be the responsibility of the county. No state funds have been appropriated for this program.** Counties that choose to operate the program must utilize the following standardized instructions.

**ALLOWABLE CHILD CARE COSTS**

Child care payments can be made for the child care expenses of any eligible foster child under the age of thirteen. Child care costs are not allowed for the time a child is attending school.

Child care is defined as care and supervision of a child as specified in the California Code of Regulations, Title 22, Division 12, Section 101152(c)(3).

## **CHILD CARE PROVIDER REQUIREMENTS**

Child care costs incurred during the following are allowable:

1. Foster Parent Training.
2. Foster parent's working hours.
3. Foster parent's attendance at administrative case/judicial reviews.
4. Foster parent's attendance at case conferences or team meetings.

Child Care Providers, who may be selected by the foster parent(s), must be licensed, in accordance with the Community Care Licensing regulations cited in the California Code of Regulations, Title 22, Division 12, Chapter 1, Section 101152(l)(1) and Section 102352(l)(1), or if license-exempt, the provider must comply with the conditions set forth in the CalWORKS Child Care Trustline Registry, and Health and Safety Requirements Regulations, cited in the Eligibility and Assistance Manual, Division 47, Chapter 47-600 et seq.

## **COUNTY RESPONSIBILITIES**

The County Welfare Department (CWD) is responsible for administering the Foster Parent Child Care Program and determining foster parent eligibility for child care. The CWD may manage the Foster Parent Child Care Program or contract with a public or private child care provider to render services. Counties are encouraged to coordinate with local planning councils, local resource and referral programs, and other interested entities in developing the Foster Parent Child Care Program.

The CWD is responsible for informing foster parents of the child care program and the eligibility requirements. Please refer to the attached, exemplary CalWORKS Informing Notice and Eligibility Report to assist counties in designing program specific notices and forms. Counties should have copies of the informing notice available at public counters in each office and/or given to the foster parent at initial or subsequent placements.

The county shall refer foster parents needing child care services to the local child care resource and referral program.

Should a county implement this program, it must ensure equity and consistency in awarding child care to support the foster parent's child care needs, regardless of federal or nonfederal foster care status.

## **CHILD CARE REQUEST PROCESS**

Verbal or written requests for child care are acceptable.

The foster parent requesting child care must provide:

1. The name, age, date of birth, and gender for each foster child.
2. If applicable, school hours for each foster child.
3. Hours of care needed for each foster child.
4. Provider information that includes name, address, and telephone number.
5. Reason for child care

### **Verbal Request**

When a foster parent makes a verbal request for child care, the county shall document the request on the informing notice on the same day the request is made, keep a copy in the case file, provide a copy to the social worker, and provide or mail a copy to the foster parent. The date of the request is the date the county receives the foster parent's verbal request.

### **Written Request**

A written request may include, but is not limited to, the county's child care request form, a notation on the informing notice, or a letter from the foster parent. Upon receipt of the request, the county shall date stamp the request, retain a copy in the case file, provide a copy to the social worker and provide or mail a date-stamped copy to the foster parent. The date of the written request is: (1) the date the foster parent hand-delivers the request to the county welfare office, or (2) the postmark date on which the request was mailed. If the postmark date is illegible, the date shall be three days prior to the date the request was received by the county.

### **Approval Process**

Processing Time Frame: If the required information is received from the foster parent, the county will process the request for child care within five working days. If the county has not received the required information from the foster parent within 30 days, the county may deny the child care request.

Notice of Decision: The county shall notify the foster parent whenever there is an approval, denial, change or discontinuance in the amount paid by the county for child care as required by Manual of Policies and Procedures (MPP) Sections 22-001(a)(1), 22-001 (t)(1), 22-071 and 22-072. Notices shall contain information regarding the foster parent's right to a State hearing as required by MPP Section 22-001 (a)(1) and 22-071.1.

### **METHOD OF PAYMENT**

After services are rendered, the CWD shall pay the child care provider directly. Payments shall be made according to the Foster Parent Child Care Eligibility Report, which must be completed by the foster parent and child care provider on a monthly basis. The report will include the number of hours of care provided to the child, cost per child as verified by the child care provider's rate schedule, and signatures of both the child care provider and the foster parent, under penalty of perjury, to verify the accuracy of the information.

Details of the claiming process will be outlined in the County Fiscal Letter soon to follow this ACL.

### **RATES**

The maximum Foster Parent Child Care Program rate shall be the appropriate county rate reflected in the ACL 03-41, 2003 Regional Market Rate Ceilings. If a foster family chooses a child care provider who charges a higher fee than the maximum payment rate, the foster parent(s) are responsible for the excess costs. Counties shall not be bound by the rate limit when the regional area has no more than two child care providers of the type needed by the foster parent.

Counties shall calculate payment for child care on either a monthly, weekly, daily, or hourly basis, depending on the foster family's needs and the contractual terms used by the child care provider to charge other members of the public receiving the same services. Payment shall not exceed the fee charged to other members of the public receiving the same services.

Child Care registration fees charged by the provider are to be paid, as long as the fees are the same as those charged to other members of the public for the same purpose.

**CONTACTS**

If you have any questions regarding this ACL and/or the parameters and implementation of the Foster Parent Child Care Program, please contact the Foster Care Services Support Bureau at (916) 651-7465. For questions regarding the use of federal Title IV-E funds, contact your Foster Care Funding and Eligibility Consultant at (916) 657-1912.

Sincerely,

*Original Document Signed by  
Barbara Eaton for*

MARY L. AULT  
Deputy Director  
Children and Family Services Division

Attachments: Sample of Informing Notice and Request Form (CalWORKS)  
Sample of Eligibility Report (CalWORKS)

# CalWORKs STAGE ONE CHILD CARE INFORMING NOTICE AND REQUEST FORM

If you are a California Work Opportunity and Responsibility to Kids (CalWORKs) recipient and you are employed or attending a welfare-to-work activity, you may be eligible for paid child care. Child care payments in Stage One cannot go back more than 30 calendar days from the date you request paid child care from your worker. In order to receive paid child care in Stage One, you must be determined eligible and your provider has to meet certain requirements. If you change child care providers you must also inform your worker within 30 days from the first day you receive services from your provider.

If you are seeking child care for your 11 or 12 year old, the preferred placement is in an After School Education and Safety Program. Information and site location for these programs is available on the internet at: <http://www.cde.ca.gov/ls/ba/as> and <http://www.cde.ca.gov/ls/ba/cp> or you may telephone the Child Care Resource and Referral Agency listed below.

You must sign and return this form to your worker. You may also use this form to request paid child care if you need it at this time.

Please check one of the following:

- I need paid child care assistance at this time so that I can go to work or attend my welfare-to-work activity.
- I do not need paid child care at this time. I understand that I must request paid child care from my worker if I need it in the future.
- I certify that an After School Education and Safety Program will meet all  or part  of my child care needs for my 11 or 12 year old child.

I understand that as a CalWORKs recipient, paid child care is available to me to work and attend my welfare-to-work activity. If I need assistance to find and/or choose a child care provider, I can contact the local Child Care Resource and Referral agency listed below:

Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must inform my worker as soon as I have a need for paid child care and each time I change providers.

I understand that CalWORKs will help me pay for child care only after I request paid child care. My worker's telephone number is: ( \_\_\_\_\_ ) \_\_\_\_\_ .

I understand that after I ask for help paying for child care, I will have to give my worker certain information within 30 calendar days to see whether or not I am eligible. If I cannot get the information, I can ask my worker for help to get the information I need. If I do not give my worker this information within 30 calendar days, my child care request may be denied.

I understand that I need to request paid child care within 30 calendar days from the first day I receive services from my provider. This way, my child care provider can be paid for the services s/he provides to me. I understand that I will be responsible for any child care services I receive before the 30 calendar day period.

I understand that my child care provider has to meet certain requirements in order to get paid, and I must pay for any child care services I receive if my child care provider does not meet these requirements.

I understand that I must be determined eligible in order to receive paid child care.

I have read this notice or have had it read to me, and I understand that if I have any questions or need additional information regarding this notice, I can ask my worker.

CASE NAME	CASE NO.
SIGNATURE	DATE
WORKER NAME	PHONE

# CalWORKs CHILD CARE REIMBURSEMENT REPORT

**Instructions:**

- If you have approved child care costs and want a payment, fill out and return this report to your child care worker each month. If a complete report is not received each month, 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.

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

<b>1.</b> MONTH/YEAR OF REQUEST	<b>2.</b> NAME (FIRST, MIDDLE, LAST)	CASE NAME, IF DIFFERENT	HOME PHONE (    )
WORK PHONE, IF APPLICABLE (    )	ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**3.** List the number of hours you worked or participated in a CalWORKs county approved activity each day in the month. (Do not write in the blanks on days you did not go to work or did not participate in a county approved activity.) Attach proof.

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

**4.** List your normal work or CalWORKs county approved activity hours.  
*For example: Monday-Thursday, 8:00 a.m. to 5:00 p.m.; Saturday, 1:00 p.m.-5:00 p.m., Sunday 1:00 p.m. - 4:00 p.m. and 6:00 p.m. - 9:00 p.m.*

**5.** It takes me \_\_\_\_\_ hours \_\_\_\_\_ minutes each day to go to and from my child care provider(s) and where I go to work and/or other CalWORKs county approved activity.

CHILD'S NAME	BIRTHDATE	AGE	PROVIDER'S NAME	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

**7.** I am receiving child care subsidies from another source. (If "Yes", please describe)  YES  NO

<b>COUNTY USE ONLY</b>	
Date Received:	
Worker Number:	
Case Name:	
Case Number:	
<input checked="" type="checkbox"/> the boxes below when the status for each has been verified.	
<input type="checkbox"/> Total Hours Verified	
<input type="checkbox"/> Evening/weekend Hours	
For License Exempt Provider	
<input type="checkbox"/> Applied For Trustline	
<input type="checkbox"/> Trustline Registered	
<input type="checkbox"/> Exempt From Trustline	
<input type="checkbox"/> RMR Changed	

**CERTIFICATION**

I understand that:

- I am certifying I worked or participated in other CalWORKs county approved activity on the days and hours listed above.
- Any statements made on this form are subject to investigation and verification.
- I must report to my child care worker any time a parent of a child receiving child care moves into my home or another child moves into my home, including newborns.
- I must report if my family income has reached or is over the following family fee income thresholds and has changed since last reported to child care:
 

Family Size*	Income per Month	Family Size	Income per month
1-2	\$1820 per month	3	\$1950 per month
4	\$2167 per month	5 or more	\$2513 per month
- \*Family size includes adults and children related by blood, marriage, or adoption that live in the home of the child receiving child care.
- 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.
- If I choose a license exempt child care provider, (s)he must apply for or be Trustline registered and meet Health & Safety Certification criteria unless exempt.
- 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 may be considered the employer and am responsible for complying with any applicable federal and state employment-related laws.
- I must pay back any child care payments I am not entitled to get.

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

SIGNATURE OF RECIPIENT	DATE

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

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

1. PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY \_\_\_\_\_ SOCIAL SECURITY NUMBER/TAX ID NUMBER (OPTIONAL) \_\_\_\_\_

ADDRESS WHERE CARE IS PROVIDED NUMBER STREET CITY STATE ZIP CODE PHONE ( )

BILLING ADDRESS, 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  
 Small  Large

for the family listed on the front in \_\_\_\_\_ (Month/Year), for the following child(ren): Family fee paid \_\_\_\_\_

Child's Name	Amount Charged Per Child	Rate Charged	Specify How Charged (per hour, day, week, month)
A.			
B.			
C.			
D.			
<b>Total</b>			

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 valid license number is \_\_\_\_\_.

I certify I do not need a child day care license because (only one needs to apply):

I am related to the child: Child A: \_\_\_\_\_, Child B: \_\_\_\_\_, Child C: \_\_\_\_\_, Child D: \_\_\_\_\_.  
(RELATIONSHIP) (RELATIONSHIP) (RELATIONSHIP) (RELATIONSHIP)

I care for my own family's child(ren) and the child(ren) from only one other family at any one time.

The facility is a public or private exempt 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 recreation program or school district.

The facility is a public or private recreation program.

**CERTIFICATION**

- 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.
- I understand that if I am license exempt, I must apply for Trustline and Health & Safety certification registration unless I am an aunt, uncle, grandparent of a child(ren) in my care or a school or recreation facility.
- I understand that the social security number, provided above, may be used to check whether I am also receiving CalWORKs, Food Stamps, and/or Medi-Cal benefits and that I must report this income to my eligibility worker.
- I understand that I must charge the rate I charge for participant's children listed on the front, the same or lower child care rates that I charge other clients for the same service.
- 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 State of California that the information contained in PART B on this report is true and correct.**

SIGNATURE OF PROVIDER	DATE
SIGNATURE OF RECIPIENT	DATE