

CHILD CARE PROVIDER HANDBOOK



Nebraska Department of Health and Human Services

January 2008

Dear Child Care Provider:

Thank you for your interest in providing care for children whose families receive Child Care Subsidy.

This handbook was developed to provide you with information you need as you provide child care for Nebraska Department of Health and Human Services customers.

The handbook provides definitions of terms used by the Department, an explanation of how families qualify for child care subsidy, program standards, provider approval process and the authorization and billing process.

Examples of the forms that are used and how to complete these forms are also included.

If you have any questions regarding this process, please feel free to contact your local Nebraska Department of Health and Human Services child care worker.

Sincerely,

Nebraska Department of Health and Human Services Child Care Subsidy Program

Child Care Services Provider Handbook Overview

The Nebraska Department of Health and Human Services (NDHHS) provides child care services to eligible families to support employment, training, education and/or other approved needs. As a child care provider, you are an important part of our service delivery system. This handbook will provide you with information you need as you provide child care to HHS clients.

Specific policies of DHHS pertaining to child care may be found in the Nebraska Administrative Code (NAC) 391 and 392.

The first step will be the completion of the "Child Care Provider Agreement" (CC-9B). The CC-9B is the formal agreement of rates and policies that is signed by both you and your assigned DHHS staff person so that you may be approved to provide child care services.

When you are selected by a client to provide child care, a social services case manager will send you a Provider Authorization. This form will authorize you to provide care and will give you an indication of the service needs of the client. If the client is responsible for the first dollar portion of the monthly cost of care, the amount will be indicated on the Authorization.

You will also receive a billing form (DHHS-5N), and attendance sheets to be used in the billing process. You will complete the DHHS-5N using the information from the Provider Authorization. Special attention must be given for those billings where the client is responsible for a portion of the cost of care. A completed attendance sheet must accompany each billing.

More detailed instructions will be found in this handbook.

Please note that inaccurate or incomplete billings will result in delaying payment to you, so please read this handbook carefully and follow the instructions that are provided.

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I. DEFINITIONS

Child care is the business of exercising the care and supervision of children age 12 or younger or children age 18 or younger with special needs, for compensation or hire, for part of a day, in lieu of the care or supervision normally exercised by parents in their own home.

IN-HOME CHILD CARE: Care provided to children in their own homes.

LICENSE EXEMPT: Home care provided outside the client's home to a maximum of six children from one family or three or fewer children from more than one family.

FAMILY CHILD CARE HOME I: A licensed child care operation in the provider's place of residence which serves eight or fewer children at any one time. A Family Child Care Home I provider may be approved to serve no more than two additional school-age children during non-school hours when no more than two infants are present.

FAMILY CHILD CARE HOME II: A licensed child care operation either in the provider's place of residence or a site other than the residence, serving 12 or fewer children at any one time.

CHILD CARE CENTER: A facility licensed to provide child care for 13 or more children.

CASE MANAGER: Staff who are assigned responsibility for determining, with the client, the services needed and for authorizing the provision of services.

RESOURCE DEVELOPMENT WORKER: Staff who are assigned resource development duties and are responsible for: 1) resource recruitment; 2) provider approvals and agreements; 3) staff development and training; 4) provider training; and 5) public relations.

FULL DAY OF CARE: Five hours and 46 minutes (6 hours) through 9 hours (9 hours and 59 minutes) unless the child care program defines its day as more than 9 hours.

WAIVER: Refers to a special Medicaid program that funds child care services for children with severe medical disabilities. The needs of these children are assessed by DHHS staff and a nurse; then a care plan is set with the family.

SPECIAL NEEDS: Requirement for extra care because of an acute or chronic physical or mental condition. Acute special needs include temporary conditions that require special medical attention and isolation from other children, e.g., recovery from surgery, etc. Chronic special needs include longstanding medical or behavioral problems that require special medical, behavioral or other services at all times, e.g., medically fragile, attention deficit, etc. To be considered a child with a special need, the child must have one or more of the following conditions which are not related to chronological age:

1. Emotional impairment: including behavioral impairment, requiring special equipment or assistance;
2. Developmental age level lower than chronological age and requires assistance via special supervision;
3. Movement impairment: requires assistance or unable to move;
4. Sensory impairment: requires special environment modifications or assistance;
5. Speech impairment: requires special equipment or assistance;
6. Hygiene: requires assistance or special equipment;
7. Feeding: requires special equipment or assistance;
8. Toileting: requires assistance or special equipment;
9. Medical conditions: requires respiratory aids or special procedures;
10. Therapy required: physical, occupational, speech, or respiratory;
11. Medications: requires assistance or special procedures.

Childhood diseases such as measles, chicken pox, flu, etc., are not considered special needs.

A special need must be documented by a physician or licensed or certified psychologist.

II. CLIENTS SERVED

The majority of families receive child care services from DHHS to support employment or training.

The parent must have applied for child care services from the Department of Health and Human Services and be determined eligible to receive payment for his/her child care. The parent must meet program guidelines. If the parent is above a certain income level, he/she will be responsible to pay part of the child care cost. The parent must pay his/her part of the monthly child care cost to remain eligible for Social Service child care assistance.

III. PROGRAM STANDARDS

Payments to child care providers come from a combination of federal and state funds. Therefore, as a child care provider for DHHS, you must meet program standards.

A. GENERAL STANDARDS

The following General Standards must be met by all providers:

1. You need to have a Social Security or Federal Identification (FID) number, whichever is appropriate, before completing an agreement;
2. You cannot be the parent or stepparent of the minor child receiving services nor the foster parent, legal guardian, spouse, or minor child of the service client;
3. You will be paid through the Department of Health and Human Services Child Care Subsidy program for services provided from the date authorized by the case manager;
4. You must provide service only as authorized and in accordance with Nebraska Department of Health and Human Services standards;
5. You must submit Form DHHS-5N (N-FOCUS Social Services Billing Document) after service is provided and within 90 days;
6. You must accept DHHS reimbursement as payment in full for the contracted service(s) unless service is authorized on a sliding fee basis;
7. You must accept a rate that is reasonable, necessary and does not exceed the amount you charge private-paying clients;
8. You must apply to DHHS clients the same standards you apply to private-paying persons;
9. You must retain financial and statistical records for four years to support and document all claims; and allow Federal, State or local officials responsible for program administration or audit to review service records;
10. You must permit Federal, State or local officials to monitor and evaluate the program by means such as inspecting your facility, observing service delivery, and interviewing you and/or staff members;
11. You must keep current any State or local license or certification required for service provision;
12. You need to respect every client's right to confidentiality and safeguard confidential information;
13. You cannot discriminate against any employee, applicant for employment, DHHS program participant or applicant because of race, color, religion, sex, disability or national origin;
14. You must not assign or transfer any interest in your Agreement. That is, no payment for authorized services made under the Agreement can go to anyone other than the provider named in the Agreement;
15. As a potential provider, you must not engage in or have an ongoing history of criminal activity that may be harmful or may endanger individuals for whom you provide services;
16. As a potential provider, you must not have a history of chronic incorrect and/or inaccurate billings whether intentional or unintentional for services that have been provided or have a criminal history of financial mismanagement;
17. You must -
 - a. Notify the appropriate Department case manager if a child(ren) does not attend your child care for more than three consecutive days; and
 - b. Prohibit smoking within any part of your indoor child care setting;
18. You must allow Central Registry checks on yourself or a family member, if appropriate, or if you are an agency, you must agree to allow Department staff to review your agency policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse, neglect, and law violations are in place;
19. If you are an agency provider, DHHS staff will review your agency policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse or neglect are in place. If you are an individual provider, DHHS staff will check the Abuse and Neglect Central Registries to determine if there are any substantiated reports of abuse or neglect by you. If you provide services in your own home, DHHS staff will also check the Abuse and Neglect Central Registries to determine if there are any substantiated reports of abuse or neglect by your household members. If a report of abuse or neglect has been substantiated, DHHS staff will not contract with you. If you are a current DHHS Child Care Subsidy provider and if a report of abuse or neglect concerning you (or a household member) as perpetrator is substantiated, staff will immediately terminate the provider agreement and notify case management;
20. In the event a client quits without giving prior notice and the client does not receive child care from you again, then you may bill for three (3) days of absence only if you charge privately by enrollment.

B. PROVIDER STANDARDS

1. Licensed Providers

If you are licensed as a Family Child Care Home I, Family Child Care Home II, or Child Care Center, you must maintain a current license and comply with the specific requirements of the license.

2. In-home Child Care Providers

If you are approved to care for children in the child's home, you will complete Form CC-0350, "In-Home Day Care Self Certification Checklist." This form and the CC-9B, "Child Care Provider Agreement," will be completed. By completing and signing the Self-Certification Checklist, you certify that:

- a. You are at least 19 years old or meet the special conditions (for specific conditions, see "Age Qualification Exceptions" under Program Standards, Part D);
- b. You have no obligation to perform housekeeping activities;
- c. You will not engage in or have an ongoing history of behaviors which are harmful to or which may endanger the health or morals of children including a conviction for, an admission of, or substantial evidence of crimes against child(ren), crimes involving intentional bodily harm, crimes involving the illegal use of controlled substances or crimes involving moral turpitude;
Note: The Department in reviewing an application where there is a conviction for, an admission of, or substantial evidence of crimes against child(ren), crimes involving intentional bodily harm, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude by the caregiver will not approve or allow an approval to remain in effect if these circumstances have current and direct bearing on the provider's ability to provide care and/or show that children would be placed at risk.
- d. You must, on request, provide written permission for the Department to request criminal history information from law enforcement or criminal justice agencies and the name(s) by which you have been known. The Department will clear your name with the Child Abuse and Neglect Central Register on child abuse and neglect and the Adult Abuse and Neglect Central Registry. The Department may request background information on you from law enforcement or criminal justice agencies;
- e. You demonstrate the physical, mental, and emotional capacity to provide care for children. A statement from a medical professional may be requested if there is reasonable cause to question your capacity to provide care;
- f. You will provide continual supervision of children;
- g. You will discuss with the parent/guardian the hours of care, care for ill children, disciplinary practices, meals, snacks, napping schedules, and toilet training practices (if applicable) before care is provided;
- h. You will dispense prescription or non-prescription medication only with prior written permission and written instructions from the child's parent/guardian;
- i. You will make arrangements with the parent/guardian on how to handle medical and other emergency situations;
- j. You will develop a plan for the evacuation of children from the home in emergencies such as fire or tornado.

3. License Exempt Child Care Home Provider

If you become an approved vendor to care for three or fewer children from more than one family or up to six children from one family and choose not to become a Family Child Care Home I provider, you will complete the Form CC-0351, "Self Certification Checklist." This form and the CC-9B, "Child Care Provider Agreement," must be completed. By completing and signing the Self-Certification checklist, you certify that you will:

1. Be at least 19 years old or meet the requirements at 392 NAC 5-001.02A and 5-001.02B;
2. Provide care for a maximum of 6 children. The provider's children, grandchildren, or foster children count in the maximum if they are age 12 or younger. A child(ren) age 13 or older is included in the maximum if the provider is being paid to provide child care for the child, either from a private payer or the Department. The Department will pay for a maximum of:
 - a. Three children from different families; or In addition, the provider may have a maximum of 3 of his/her own children, grandchildren, or foster children age 12 or younger in the home. Care for these children will not be paid.
 - b. Six children from one family. The provider must not have other children, grandchildren, or foster children age 12 or younger

c. Included in the limits in 2a and b are a maximum of 2 infants (children 17 months or younger), including any infant children of the provider.

3. Not engage in or have an ongoing history of, nor have other household members who engage in or have an ongoing history of, behaviors which are harmful to or which may endanger the health or morals of children. It is understood that the Department, in reviewing an application where there is a conviction for, an admission of, or substantial evidence of crimes against child(ren), crimes involving intentional bodily harm, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude by the caregiver or any other household member, will not approve or allow an approval to remain in effect if these circumstances have current and direct bearing on the provider's ability to provide care and/or show that children would be placed at risk.

The Department will conduct background checks on the provider and household members with the Child Abuse and Neglect Central Register and the Adult Protective Services Central Registry. The Department may request background information on the provider or household members from law enforcement or criminal justice agencies. The provider will, if requested, provide written permission for the Department to request criminal history information and the name(s) by which s/he and members of the household have been known;

4. Demonstrate the physical, mental, and emotional capacity to provide care for children. A statement from a medical professional may be requested if there is reasonable cause to question the provider's capacity to provide care;

5. Not have employment which interferes with providing care for children;

6. Ensure children will always be supervised;

7. Arrange with another person, age 16 or older, to substitute for the caregiver in an emergency;

8. Notify parents/guardians of child(ren) in care when care will/has been provided by a substitute caregiver;

9. Discuss with the parent/guardian hours of care, care for ill children (if provided), disciplinary practices, meals, snacks, napping schedules, and toilet training practices (if applicable) before care is provided;

10. During the hours of operation, the home must be open to announced and unannounced visits by parents of all children for whom care is being provided. Parents must always have access to their children at all times their children are in care;

11. Have an operable telephone available for use within the home;

12. Maintain a record of the parent/guardian's work and home phone numbers and the phone number of the child(ren)'s physician;

13. Keep emergency numbers within easy access near the telephone;

14. In the case of a medical emergency, call 911 or the local medical emergency phone number;

15. Keep areas and equipment where care is provided clean and in good repair;

16. Have operable utilities, i.e., electricity, heat, water;

17. Have an operable telephone available for use within the home;

18. Maintain a record of the parent/guardian's work and home phone numbers and the phone number of the child(ren)'s physician;

19. Keep emergency numbers within easy access near the telephone;

20. Serve nutritious meals and snacks to children in care;

21. Keep cooking and eating areas and equipment clean and in good repair;

22. Store perishable foods served to child care children in covered containers;

23. Have a sufficient number of safe, age-appropriate play materials available for the child care child(ren)'s use;

24. Have first aid supplies available, but inaccessible to children. Supplies are to include fever thermometer, soap, bandaids, gauze, tape, and scissors;

25. Dispense prescription and non-prescription medications only with prior written permission and written instructions from the child's parent/guardian;
26. Keep firearms, medications and poisons, furnace and water heater inaccessible to children;
27. Develop and practice an evacuation plan with the children for use in emergencies such as fire or tornado. A plan must also be developed to handle medical emergencies;
28. Have available at least 35 square feet of indoor child care space for each child in care;
29. Provide and use clean and comfortable napping and sleeping arrangements for the children in care;
30. Maintain the home, including toilet facilities, clean and in good repair;
31. Maintain the home to be free from fire hazards such as exposed wiring, storage of combustibles near a fire source (furnace, water heater, stove), and blocked exits;
32. Develop an emergency procedure to reach children should they become locked into an area of the home which can be locked;
33. Maintain proper vaccinations for household pets susceptible to rabies;
34. Maintain an outdoor play area free of safety hazards;
35. When transporting children, use age appropriate restraints which comply with state law; and
36. During evening care, have children age 7 or younger sleep only on a floor level where an adult is present

C. AGE QUALIFICATION

You must be at least 19 years old except as described in the following regulations. Minors younger than 16 are not eligible to be providers.

Minors who are 16, 17, or 18 years of age may be approved as providers of Child Care Services if:

1. They would not be absent from school or a training program in order to provide service required;
2. They would not be absent from regular employment without employer permission in order to provide service required;
3. They are acceptable to the client; and
4. They are supervised by a parent or guardian.

Parental permission: A provider age 18 or younger (unless he/she is an emancipated minor) shall obtain the signature of his/her parent or legal guardian on Form CC-9B.

D. RE-EVALUATION RENEWAL

Your provider agreement will be renewed prior to the expiration date of the current agreement (CC-9B). HHS will re-evaluate each provider once a year, or more often if necessary using established child care standards.

E. IMPORTANT TAX INFORMATION

Note: You are not an employee of the Department of Health and Human Services and are considered to be self-employed. Therefore, the Department does not withhold federal or state income tax or federal unemployment insurance tax for provision of services. If you provide in-home services, you are considered an employee of the client.

SOCIAL SECURITY TAX WITHHOLDING

In some situations, the Nebraska Department of Health and Human Services withholds Social Security taxes (Federal Insurance Contribution Act, FICA) from provider payments. Individual in-home providers who are not self-employed are considered employed by the client for whom they provide service. The Nebraska Department of Health and Human Services, upon receiving a signed Form IRS-2678, "Employer Appointment of Agent," acts on behalf of these clients to withhold mandatory FICA taxes and pay the client's matching share to the Internal Revenue Service. (Form IRS-2678 is signed by the client and maintained in the client's file.)

EARNED TAXES FOR SOCIAL SECURITY

In-Home Child Care providers are subject to Social Security tax payment according to requirements of the Household Employee Act.

The Department shall withhold this tax from all payments to affected providers. If a provider's earnings do not reach the income limit per calendar year per client/family, the amount withheld for that year is refunded.

W-2 FORMS

Form W-2 is sent to each provider who has earned qualifying FICA wages by providing in-home services. A separate W-2 form is provided for each client served as the client is considered the employer. A provider may receive more than one W-2 form.

IRS FORM 1099

One Form 1099 is issued to each provider for all Non-FICA qualifying wages earned as the provider is considered self-employed. If more than one Form 1099 is received, this indicates an incorrect F.I.D. or Social Security number.

The CC-9B is a provider agreement for child care services and related transportation ONLY. If you are approved to provide any other Department of Health and Human Services Block Grant service (e.g., chore, homemaker, family support, etc.), you will also be required to complete a "Service Provider Agreement."

TAX STATEMENTS

By January 31 of each year, DHHS shall issue Forms 1099 and W-2, "Wage and Tax Statement," to Department of Health and Human Services providers, with copies to the Internal Revenue Service. The total amount paid to each provider is determined by adding the amounts shown on Forms 1099 and W-2.

IV. Authorization and Billing Process

The Provider Authorization contains the following information.

Types of Authorization

You will get one of three types of authorization: Provider Authorization, Provider Authorization Update, or Provider Authorization Closure.

A. Provider Authorization

An authorization serves as the legal document that gives you permission to provide service(s) and to bill the Department. This form is completed by the DHHS case manager.

- Authorization number will change any time the date is changed.

B. Provider Authorization Update

You may notice an increase in rates or an increase in units.

- Authorization number will not change because date does not change.

C. Provider Notice of Discontinued Service

- Voids any previous Authorization

- "Through" date is changed to an earlier date

- "Closure" is under the Provider Authorization title

- When an Authorization is ended before the expiration date, you will be sent a Notice of Discontinued Service. Payment for any child care provided to that client after the date on the notice will be the responsibility of the client. Questions regarding this notice should be directed to the case manager whose name and phone number appear on the letter.

D. Name of client/parent/caretaker

E. Name and client ID's for all clients authorized to receive care

- Authorized client and corresponding client ID number

- Authorization number

- Authorized client (child's) name, ID number and Provider Authorization number that will be used on the DHHS-5N billing document

- Although the Provider Authorization authorizes the family to receive child care services from you, ONLY those children listed on this form are eligible. DHHS will not be responsible for payment for children NOT authorized on this form.

F. Multiple Authorizations

- You may receive multiple authorizations for one client depending on the age of the child(ren).

- Children are categorized by age, infant (0 to 18 months); toddler (18 months to 3 years); preschool (3 years to kindergarten); school age (kindergarten and older).
- The age range of the children will determine which category they fall under and how many authorizations you receive.

G. Service Codes

Infant	8903	Child Care Special Needs	3223	Activity Fee	7964
Toddler	6679	Family In Home Care	8775	Enrollment Fee	6529
Preschool	9946	In Home CC Special Needs	4907		
School Age	3580	Transportation	5641		

H. Monthly portion of the cost of care for which the client/parent/caretaker is responsible to pay (Family Fee).

- For many DHHS clients, their eligibility for DHHS assistance depends on their participation in the monthly cost of care. How much a client must pay is determined by the case manager and is shown on the Provider Authorization. The family fee is considered the first dollar portion of the cost of care. For example, if a client is responsible for \$100, the client pays the first \$100 of the monthly child care. What this means is if the client's total cost of care is \$250 per month, the client pays \$100 and DHHS pays \$150. If that same client should have a total cost of care of \$100, the client would pay \$100 and the billing document would be submitted with no DHHS charge. This is needed to document that the fee was collected.
- Although the client is responsible to pay the first dollar portion, a cooperative agreement may exist between you and the client as to when his/her portion of the monthly cost of care will be paid.

I. Authorization Period

- **All Authorizations** have a beginning and ending date.
- Authorization period defines the period of time within which you may bill.
- You will not be paid for care provided past the "through" date or before the "from" date of the authorization period.

J. Approximate schedule of the client/parent/caretaker

- Depending on the circumstances, the client's schedule may be outlined on the lower part of the Authorization. Clarification of the client's schedule can be obtained by contacting the case manager.
- Specific arrangements for drop-off and pick-up times must be established with the client receiving care. If the family's schedule changes significantly (10 hours or more) and case manager approval is not received, HHS will not pay for additional care.

K. Authorized Units and Rates

1. Authorized Units

- Hourly or daily units listed on the Authorization are for the total time frame of the Authorization period
- less than 6 hours are hourly units
- 6 hours or more are daily units

2. Authorized Rates

Rates on the Provider Authorization are per hour or per day and are based on the rates on your Child Care Provider Agreement.

3. Frequency

- Hour (HR)
- Day (DY)
- Occurrence (OC)
- One Way Trip (OW)

4. Billing Process

The DHHS-5N billing document is completed using information found on the Provider Authorization.

The Provider Authorization generates the Billing Document. Depending on when the first Authorization is generated your first Billing Document may be blank. After that you will receive a Preprinted Billing Document by mail. A blank Billing Document can be requested from the Resource Development Worker as needed.

A convenient way to keep track of how many units you have billed, either hourly or daily, is to visualize your Provider Authorization as a checkbook with a beginning and ending balance. Start with the units authorized and

subtract the units billed each month from the total. Contact the Case Manager if you are close to using up the authorized units before the Provider Authorization expires.

BILLING DOCUMENTS ARE COMPLETED AS FOLLOWS:

Field 1: Provider Information

A. Office Number:

Enter the Office Number found on the Provider Authorization (upper right hand corner)

B. Office Name:

Enter the name of the office found on the Provider Authorization (upper left hand corner)

C. DHHS Provider ID:

A computer generated number found on the Provider Authorization and entered on this document

D. Owner Tax Number: Leave this blank

E. Provider Name:

Enter your name from the Provider Authorization and the provider address

F. Phone Number:

Enter your telephone number from the Provider Authorization

Field 2: This field represents the line number of the billing document.

Field 3: Client Name: Enter the name of the Authorized Client from the Provider Authorization.

Field 4: Client ID Number: Enter the Client ID number from the Provider Authorization (each client will have a different computer generated number).

Field 5: Authorization Number: Enter the Authorization Number from the Provider Authorization (be sure to use the number from the most current Authorization).

Field 6: Service Code: Enter the Service Code from the Provider Authorization.

Field 7: Service From Date: Enter the date service provision began for this billing (month, day, year, i.e., 1-1-08).

Field 8: Service thru Date: Enter the date service provision ended for this billing (month, day, year, i.e., 1-31-08).

Field 9: Frequency: Enter the frequency being billed for the client, which is shown under Authorized Units and Rates on the Provider Authorization (i.e., hr. dy.).

Field 10: Units: Enter the number of units per frequency actually provided.

Field 11: Rate: Enter the rate per unit per frequency which is shown under Authorized Units and Rates on the Provider Authorization.

Field 12: Total Charge: Enter the total charge for services provided which equals Units provided times Rate per unit.

Field 13: Customer Obligation: Enter the family fee from the Provider Authorization. This is the amount the client/parent/caretaker is responsible for. (If there is no fee listed, leave this blank.)

Field 14: DHHS Charge: Enter the DHHS charge that equals the Total Charge minus the Family Fee.

Field 15: Provider/Preparer Signature: Your signature or preparer's signature to authorize billing to be submitted for payment.

Field 16: Signature Date: Enter the date the billing document is signed. Date must be after service has been provided.

Field 17: Service Approval Signature: To be signed by the service approval worker of DHHS after billing has been received in local office.

Field 18: Approval Date: The date the DHHS worker signs for approval.

Field 19: Total DHHS Charge: Enter the total of all DHHS charges of lines being billed.

- If the information in Field 1 of this document is preprinted incorrectly, notify your Resource Development Worker. Do NOT use the preprint until he/she has corrected the situation and given you additional information.
- If the client number is incorrect in Field 4, draw a line through the client number. Do not alter any of the present information.

- If there is no charge for a client for this billing period, leave the line blank. It will appear on the next billing document as long as the client is eligible to receive services.

Send in copies 1, 2, and 3 with completed Attendance Sheets for billing. Fourth (4th) copy is for your file.

- If problems develop with your payment, Adjustment Claims will be generated and completed by Local Office staff.

ATTENDANCE CALENDARS:

You must complete the Attendance Calendar to accurately reflect the dates on which child care services were provided as well as the exact number of hours of service provided. For each day, partial hours of service provided should be rounded up to the next quarter hour:

- 1 through 15 minutes will be shown as 15 minutes (.25 or 1/4)
- 16 through 30 minutes will be shown as 30 minutes (.5 or 1/2)
- 31 through 45 minutes will be shown as 45 minutes (.75 or 3/4)
- 46 through 60 minutes will be shown as 1 hour (1)

Attendance Calendars are to be completed for each child whose child care costs will be billed to DHHS. While the Attendance Calendars may assist you in completing your Billing Document (DHHS-5N) by recording the actual hours of care, you will complete the Billing Document (DHHS-5N) using the appropriate units of service, policies and definitions found on your Child Care Provider Agreement (CC-9B.) An Attendance Calendar must be attached to all billing documents submitted in order for your billing to be processed.

FOR IN-HOME CARE, LICENSE-EXEMPT FAMILY CHILD CARE HOMES, AND FAMILY CHILD CARE HOMES I AND II:

You must use the Attendance Calendar CC-17. Only one family should be on each Attendance Calendar. You and the client/parent/caretaker must sign the calendar at the end of the billing period.

CHILD CARE CENTERS:

You must use the Attendance Calendar CC-19 for a Child Care Center. You can use computerized attendance calendars as long as they capture all the same information that is on the Department attendance calendars and have been approved for content by Resource Development staff.

SIGNATURE ON ATTENDANCE CALENDARS:

An Attendance Calendar must **NOT** be signed **BEFORE** service is provided. Parents must not sign a blank Attendance Calendar. Both you and the client are verifying the hours on the Attendance Calendar by your signatures.

BILLINGS FOR FAMILIES WITH MONTHLY FEES

If you provide child care to a client/family who is responsible to pay a portion of the cost of care, you must collect the fee from the client and deduct the fee from your Billing Document (DHHS-5N).

V. Helpful Hints

A GOOD START

A good start in child care begins with an interview with the parent and child before an agreement is made. This will help you know the parent and child and will give you and the parent an opportunity to clarify the arrangements which need to be understood in advance. A list of things to cover might include:

A three-way interaction is desirable for the first interview.

- You can observe the relationship between the parent and child.
- You can observe how the parent disciplines the child.
- You can form a preliminary relationship with the child so the child will have some familiarity with you when the parent leaves the first day.
- You can review your specific policies and provide a written copy to parents at this time.

Child's Needs, Dislikes, Habits

- Discuss eating, sleeping and toileting habits.
- Discuss child's play activities, favorite toys, sharing techniques, bringing own toys or restrictions.
- Discuss the need to furnish an extra set of clothes and how accidents are handled.
- Discuss the type of discipline used in the child's home and your discipline practices.

NUTRITION SENSE

Mealtime should be a pleasant, happy time. Children can be involved in simple food preparations or table setting. Nutrition involves the food eaten and how the body utilizes food. Good and adequate food is needed to live, grow, remain healthy and as an energy source.

A child should not be forced to eat. This could provoke feeding problems. If a child consistently has a poor appetite, check with the parents. There may be a problem which needs professional help. Food should not be withheld as a disciplinary measure.

Serve small portions, arranged attractively and vary flavors, colors and textures (children like to crunch!). Introduce new foods periodically and encourage children to explore new tastes.

SELF-CONFIDENCE AND CHILDREN

Perhaps the only thing more difficult than being a parent is being a child. Children are faced with a world full of adults, all of whom are bigger and have had more experience at living. When adults tell a child something, the child tends to believe it. As adults, we communicate our ideas to children, not only with our words but also with our actions and our behavior towards them. If significant adults tell children they are incompetent and not okay, the child will always believe it. Fortunately, the opposite is also true. If we tell children through our behavior and our words that they are capable and okay, they are likely to believe us. With a positive self-concept, boys and girls are better equipped to meet new situations, accept disappointments, get along with other people and are able to view the world and themselves in a more realistic light. The child care provider is a very significant adult in the life of a child and can have a major influence on how that child learns to look at himself/herself.

Steps a Child Care Provider Can Take to Help Children Develop Self Confidence:

- Let children know that you think they are okay.
- Allow children a chance to figure things out for themselves, but make them aware that you will help them if they need or ask you.
- Set standards and goals that children can achieve.
- Provide a generally reassuring emotional environment.
- Let children know that they are valued.
- Approach problems positively without putting blame on anyone, and with the expectations that the problems can be successfully handled.
- Acceptance should come before achievement, not after.

Some Things to Remember About Self-Confidence:

- Self-confidence is built developmentally, not all at once. It is often a process of two steps forward and one step back. Don't be surprised if a child who seems to be developing more self-confidence returns to an old behavior that had previously been discarded. Many times children need to return to old behaviors for assurance and can then continue their progression.
- Shyness should be accepted — not punished and definitely not criticized. If given support, reassurance, and affection, children can work themselves out of shyness.
- When a child fails at something, the failure should be faced straightforwardly, honestly, without making excuses and then forgotten and discarded.
- Expect that children will succeed. Let them know that as they grow and develop, they will be able to do things that now seem too much for them.
- Something done well can restore self-respect and give children the necessary reassurance to take risks. In times of stress, children will sometimes involve themselves in an activity that they are sure they can do well. This is healthy and helpful in restoring self-confidence. Negative feelings are okay, and it is not wrong to express them. Tears are, in a sense, a safety valve that help re-establish emotional equilibrium.
- Children usually identify quite strongly with their parents. A child care provider should never say anything derogatory about a child's parent while the child is present.
- Self-confidence is, to a certain extent, contagious. Children are helped by living with others who have courage and whose hopes for children are realistic, not exaggerated.

Most of this information was collected from a book called The Roots of Self-Confidence by Edith G. Neisser, published by Science Research Associates, Inc., 259 East Eric Street, Chicago, Illinois 60611.

RESOURCES WHEN HELP IS NEEDED

As a provider, if you are aware of a parent who is isolated or overwhelmed and you feel the children are sometimes paying the price for that situation, please refer them to the Parent Assistance Line (800-642-9909) for confidential help.

For questions about child care resources and training, call the Child Care Hotline at the Early Childhood Training Center (800-89-CHILD).

Questions about licensing should be directed to your Child Care Resource Specialist or the Central Office of the Department of Health and Human Services Regulation and Licensure at 1-800-600-1289.

DOLLARS AND SENSE

As a prospective child care provider, you should check into the financial aspect of caregiving. The actual fee charge is generally modest but in some cases, it is an advantage to work through deductions allowed for using a private home for business purposes.

You are classified as a self-employed person and are, therefore, liable for self-employed Social Security payments. Check with your nearest Social Security Office. This allows you to build up Social Security credits in your own right. Form 1040 Schedule E, or the latest equivalent form, is filed with the income tax form.

If the combined family income, including your earnings, is too low to pay tax, using deductions is not the best method. If the combined income is at a level where you pay income tax, check with your Internal Revenue Office to determine whether the work involved in keeping records is worthwhile. Two types of expenditures are possible — direct expenditures such as cost of food and toys; the indirect expenditures relate to the use of the house, such as rent, utilities, mortgage payments, etc. Consultation with your attorney or accountant is advised.

DIRECT EXPENDITURE TIPS

Keep good records of all expenditures. Separate out the deductible direct expenses for food, toys, supplies, cribs, cost of advertisements (exclude your own family expenses). Keep sample weeks of costs for food, breakfast, snacks, and lunch. Itemize all costs. For example, if the cost of food is \$18, divide by three children and the cost per child per week would be \$6. Then figure the number of weeks per year that each child was in your care. For example, \$6 a week per child for 40 weeks is \$240. For three children, it would be \$720.

Be sure to carefully check on supplies used. The quarters and dollars add up! Remember the extra diapers, the crafts, the birthday treats, etc.

INDIRECT EXPENDITURES

This is more complicated because it involves prorating the portion of the house used for caregiving. Indirect expenditures include a portion of rent, mortgage, interest, property tax, utility bills, and even the telephone. Depreciation is a major item and should be investigated by the provider. Each provider will have a unique item or area eligible for consideration so an example will not be cited in the handbook. For your protection, it is wise to consult the Internal Revenue Service as soon as possible. Remember, two days before April 15 is too late.

The best advice to a provider who desires to use the business deduction method is: Save receipts and cancelled checks for the customary period in the event of an audit.

INSURANCE SENSE

Liability insurance is necessary. If you transport children, be sure your automobile insurance covers the child care children. In some cases, a good home owner's or renter's policy is adequate. Discuss this with your insurance agent.

The crucial thing to remember is the need for you to offer good supervision. This will reduce the likelihood of accidents. You have a responsibility to call a physician or ambulance in case of any serious injury in addition to contacting the child's parents. This physician will decide whether or not to treat the child if the parents cannot be reached.

CHILD CARE DEDUCTIONS/FLEX DOLLARS

Some parents may claim child care deductions of income tax or may have a flexible benefit option with their employer and will require a receipt for care given. It is a good idea to buy a receipt book with a carbon copy to be kept for your records. You may also be asked to provide your Social Security or Federal Identification (FID) number.

DISCIPLINE IN THE CHILD CARE HOME

Discipline is one step in the long, slow building process of a person's knowledge of what is right and wrong, of what

is acceptable and not acceptable, and of what the do's and don'ts in life are all about.

No one is born knowing how to get along in the world. Someone must show or teach acceptable behavior to each child as he/she grows out of babyhood through childhood, adolescence and into adulthood.

A discipline system should demonstrate for the child what he/she is expected to do rather than a listing of what he/she shall not do. It should set forth clearly for the child what is good and appropriate behavior and demonstrate it so that he/she knows what is being asked of him/her. If any consequences are to occur from a child's behavior, it is preferable that they be positive responses to appropriate behavior rather than negative responses from inappropriate behavior.

The goal of discipline is to help the child to learn the skills necessary to control his/her own actions and decisions. It is to help the child develop his/her own controls from within rather than depending on outside controls from an adult. Learning self-control is a long process which takes many years. We cannot expect a child to learn all these skills in the first few years of life.

Discipline and punishment are two separate approaches to child care. Some of the worst behaved children are ones who are often punished. Punishment rarely creates in a child the wish to be good, to do right, or please the adult. Punishment usually makes a child master the art of being annoying as he/she can be while not quite stepping outside the rules that would involve a chastisement.

We all respond more willingly to discipline that is loving, firm and kind than to that which is cold, angry and scornful.

Discipline which is humiliating, frightening or physically harmful to the child should not be used at any time. A child should never be struck or forcibly isolated. It is recognized that there are times when firm restraint may need to be used. Its use should only be when required to protect the child from harming himself or others. When the need for the restraint is over, it should be explained to the child why the action was necessary. Licensing regulations prohibit certain forms of discipline. Licensed providers must consult their Regulation Booklet or Child Care Resource Specialist regarding discipline practices.

When a child feels liked and appreciated, when he/she feels that the grown-ups are "on my side," he/she is willing to pay attention to the adult's words and unspoken wishes. The more the adult gives and supports, the more the child desires to please and conform to expectations.

CHILD ABUSE OR NEGLECT

It is very difficult to accept the fact that parents can intentionally mistreat their children. We believe that parenting is one of the toughest jobs any of us will ever take on and is one for which we receive the least preparation. No other task requires such absolute commitment of time, energy, and emotions.

Due to economic and family changes in our society and ever increasing personal stress, many parents hurt or harm their children even though their intentions may be to provide the best love and care possible.

As a child care provider, you are in a position to be aware of possible child abuse or neglect situations. In your daily contact with children, you have the opportunity to observe signs which may indicate abuse or neglect.

Here are some things to look for:

- Does the child frequently have cuts, bruises, fractures, or other injuries? (All children occasionally have accidents. We are talking about a child who has more than his share of accidents.)
- Does the child appear pale and malnourished? Is the child lacking essential medical care?
- Is the child apathetic (having or showing little feeling or emotion) or withdrawn? Is the child dirty, smelly, or inappropriately dressed?
- Has the child told you anything which indicates he is not receiving proper care?

If you should observe any of these signs, it is possible that the child is not receiving proper care. Nebraska has a law that states if anyone, even child care providers, have reason to believe a child is being abused, they must notify the proper authorities. Failure to report such cases is a misdemeanor.

When you suspect abuse or neglect:

- Call the police, Child Protective Services or the Abuse/Neglect Hotline (800-652-1999).
- When you report, please give your name and address. Anonymous reports will be investigated but it gives credibility to your report if you are willing to give your name. You need not worry that your name will be used.

- Persons reporting such offenses are immune from liability except for maliciously false accusations.

Be assured that the focus will be on helping the parents, not punishing them. Services will be provided to protect the abused child and preserve the family. Only if the children are in immediate danger will they be removed from the home. Every effort will be made to improve parental functioning.

Child abuse/neglect is a community problem. We must all assume responsibility for seeing that all children have the love and care that will enable them to grow into healthy and productive members of society.

SMALL CLAIMS COURT

Small claims court can be used to recover child care money owed by parents. It will cost you a fee and the costs of having the subpoena served. Check with your local court to determine the exact cost. Small claims court is available to you and you need to determine whether to pursue this avenue based on the amount involved. To file in small claims court, contact the Clerk Magistrate of your county court.

VI. Resources for Child Care Providers **THE IMPORTANCE OF IMMUNIZATION**

Children need 80 percent of their vaccinations in the first two years of life. This requires multiple doses of vaccine given in about five visits to a health care provider. Because many people in our country have not seen a case of diphtheria, polio, or pertussis in several generations, they do not realize how much damage these diseases can cause. Some even believe these diseases are a thing of the past and that there is no reason to immunize their children. Deaths and disabilities from vaccine-preventable diseases, even “mild” ones, still occur in the United States even though immunizations are available.

Ten vaccine-preventable diseases are potentially fatal: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, Hemophilus influenzae type b (Hib), hepatitis B and varicella. Tetanus kills 3 of 10 people it strikes. Diphtheria kills 1 of 10. Polio, pertussis, measles, mumps, rubella (German measles), hepatitis B, and one type of spinal meningitis are also deadly but preventable just like tetanus and diphtheria.

During January-April 1997, three young women (23, 25, and 32 years old) in the United States died from chicken pox. Each of these healthy women was unvaccinated and susceptible to varicella when she was exposed to an unvaccinated preschool child who had chicken pox. Each woman developed severe complications and died within 3 to 15 days after the chicken pox rash broke out.

In 1994, Heather Whitestone was named Miss America — the first Miss America with a physical challenge. The country admired her for her beauty, talent, and poise as well as her ability to assume a very public role in spite of her inability to hear. Heather became deaf as a result of Hemophilus influenzae type b (Hib) meningitis, a disease that is now preventable by vaccination.

The more children who are immunized, the less chance of an epidemic — and the less risk for those who are vulnerable because they are very young, have deficient immune systems, or lack medical care. So, in addition to protecting individual children, immunizations protect the entire community.

In a child care setting, it is extremely important that parents keep their children up-to-date with the shots for their age. Child care facilities usually care for children of different ages and the younger children must rely on the older children to be immunized so that they are safe. Even babies who are up-to-date on their shots must rely on the rest of the children to be immunized because some immunizations, like measles and chicken pox, can't be given until a child is one year old and others require multiple doses before the child builds up full immunity. When parents choose not to immunize, their decision not only affects their own child but every other child in the home or center. A child unprotected through immunization can become a deadly carrier of an otherwise preventable disease.

Often, when children aren't immunized, epidemics can recur. For example, a major cause of the measles epidemic of 1989-1991 was the failure to vaccinate children on time at 12 to 15 months of age. This epidemic affected more than 55,000 people in the United States; about 11,000 were hospitalized and approximately 120 died. More recently, outbreaks of rubella and, again, measles have occurred in parts of the United States.

To maintain a safe and healthy environment for your kids, make sure that all of them are up-to-date on their immunizations. New children should have their immunization records when they enroll. Records should be checked annually in September with the parents to see that each child is fully immunized for his/her age. (Children who are 20 months old should be checked again in March to see if they meet the age specific requirements. If they do, the records don't need to be reviewed again until kindergarten.)

Finally, keep up to date on your own immunizations. Immunizations aren't just for children. The chart below shows all the immunizations people need throughout their lives.

Handwashing Prevents Infection

Immunization Timing

Age 2 months	Interval from previous dose	Age 4 months	Interval from previous dose	Age 6 months	Interval from previous dose	Age 12 months	Interval from previous dose	Age 15 months	Interval from previous dose	Age 2 years	Interval from previous dose
DTaP	1-2 months	DTaP	1-2 months	DTaP	1-2 months	HepB*	2-12 months and at least 4 months after 1st dose	DTaP	6-12 months	HepA	2nd dose 6-12 months after first
HepB*	1-2 months	HepB	1-2 months	Hib	1-2 months	Hib	2-8 months and on or after first birthday				
Hib	1-2 months	PCV (Pneumo)	1-2 months	PCV (Pneumo)	1-2 months	PCV (Pneumo)	6-8 weeks and on or after first birthday				
PCV (Pneumo)	1-2 months	Polio (IPV)	2-14 months	Polio (IPV)	2-14 months	MMR	On or after first birthday				
Polio (IPV)	1-2 months					Varicella	On or after first birthday				

Before Kindergarten

IPV, DTaP, and MMR #2.
Also, unless already given, HepB and Varicella.

Before 7th Grade

Unless already given, HepB series, MMR #2, Varicella, and Td booster.

Influenza vaccine is now recommended for all children 6-23 Months and any other children with chronic diseases that would put them at risk. One shot is normal unless it is the first time they get influenza vaccine; then it's two (2) shots spaced one month apart.

This is a suggested schedule. For alternatives and details, consult the latest "Recommended Childhood Immunization Schedule, United States."

* HepB series can be started at birth, the second dose given at 1-2 months and the third dose at 6 months.

† This dose can be skipped if Pedvax Hib® and/or Comvax® (combined Hib and HepB vaccine) are used exclusively for the infant doses.

By: Barbara Ludwig, Nebraska Department of Health and Human Services, Family Health

Handwashing is the single most important thing to do to help prevent the spread of infectious diseases. It's also the simplest and most economical way to wash away germs that can cause colds, flu, upset stomachs, diarrhea, hepatitis A, or impetigo.

Germs can be left on various surfaces and spread through body secretions. Respiratory tract infections spread through coughs, sneezes, and runny noses. Intestinal tract infections spread through urine and stool. Other diseases spread through direct contact, or touching. Unfortunately, it isn't easy to tell who is contagious and who isn't, so it's best to **always** follow procedures that prevent the spread of contagious diseases. The best way to stop disease is to practice good handwashing.

HOW TO WASH YOUR HANDS

Use this method to make sure your hands are free of germs:

HOW:

- Use SOAP and RUNNING WATER. Use warm water rather than hot or cold water because it's gentler on your skin and is not as likely to cause chapping as hot or cold water. (Any soap is good; anti-bacterial soap is not necessary.)
- Rub your hands vigorously for at least 15 seconds as you wash them.
- Wash ALL surfaces, including
 - backs of hands
 - wrists
 - between fingers
 - under fingernails
- Rinse your hands well. Leave the water running.
- Dry your hands with a single-use towel.
- Turn off the water using a PAPER TOWEL instead of bare hands.

WHEN:

- When you come to the center in the morning.
- Before preparing or serving food.
- After diapering a child, or wiping his or her nose, or cleaning up messes.
- After you've been to the bathroom — either with a child or by yourself.
- If you've been interrupted to care for another child while you were preparing food or spoon-feeding an infant.

Remember that children are copycats and they will do what they see you do. So provide them a good example for a healthy life.

The following list shows some of the germs that can be removed by washing your hands regularly:

Haemophilus	Causes pinkeye.
Beta Streptococci Group A	Causes a sore throat.
Shigella	Causes diarrhea.
Bacteroides	Causes ear infections or vaginitis.
Escherichia coli (E. coli)	Causes diarrhea or urinary tract infection.
Proteus	Causes urinary tract infections.
Clostridium difficile	Causes colitis.
Pseudomonas aeruginosa	Causes infection in wounds and produces blue-green pus.
Klebsiella	Causes infections in wounds.
Staphylococcus	Causes boils and skin irritations.
Influenza A	Causes pneumonia among other things.
Bacillus species	Causes general infection.

Don't spread these germs to others. Wash your hands often, particularly after going to the bathroom and before eating.

KEEP YOUR CHILD SAFE FROM CHOKING

Choking can be a problem in young children because they may not have enough muscle control to chew and swallow foods properly. Foods that are small or slippery, such as peanuts or hot dogs, might slip down a young child's throat before he has a chance to chew them. Foods that are dry and difficult to chew, such as popcorn and nuts, might be swallowed whole by your child. Foods that are sticky or tough to break apart, such as peanut butter or tough meat, could get lodged in your child's throat.

Change Foods to Make Them Safe

Some foods can be changed to make them safer for young children. Try these ideas.

FOOD	KIND OF CHANGE
Hot dogs	Cut in quarters lengthwise, then into small pieces
Whole grapes	Cut in half lengthwise
Nuts	Chop finely
Raw carrots	Chop finely or cut into thin strips
Peanut butter	Spread thinly on crackers; mix with applesauce and cinnamon and spread thinly on bread
Fish with bones	Remove the bones

PREVENT CHOKING!

Do not serve these foods to children under the age of 4.

Spoonfuls of peanut butter	Hard candy
Mini marshmallows	Popcorn
Large chunks of meat	Raw peas
Nuts, seeds, peanuts	Whole grapes
Raw carrots (<i>in rounds</i>)	Ice cubes
Fish with bones	Raisins
Other dried fruit	Pretzels, chips
Hot dogs (<i>whole or sliced into rounds</i>)	

SECONDHAND SMOKE

Children who are around smokers can't help breathing in their secondhand smoke which contains many dangerous chemicals that are particularly harmful to children.

When someone smokes around a newborn, the infant has a higher risk of Sudden Infant Death Syndrome (SIDS). Children who breathe in cigarette smoke have a higher risk of developing other serious medical problems, including: ear infections and hearing problems, upper respiratory infections, bronchitis, pneumonia, lung cancer, heart disease, cataracts or eye disease, or asthma.

Children with asthma are especially sensitive to secondhand smoke. Secondhand smoke can actually increase the number of asthma attacks. Exposure to the smoke of ten cigarettes per day raises a child's chances of getting asthma even if that child has never had any symptoms.

In addition to the dangers of secondhand smoke, you are a role model for the children in your care. You want to set a good example. Smoking around children can also pose fire and burn dangers.

With all of these dangers, it's easy to understand why ***child care providers should provide smoke-free environments for children.***

Follow these tips:

- If you are a smoker, quit! If you can't quit right away, never smoke indoors or in a car; only smoke outside.
- Don't let anyone else smoke in your house or car, or around the children in your care.
- Don't give up trying to quit. The more you try the more likely you are to succeed.

REMEMBER:

1. Secondhand smoke harms the health of the children in your care.
2. Children learn from the examples set by adult role models.
3. The parents and the children in your care need you.

FOR MORE INFORMATION CONTACT: Tobacco Free Nebraska, Division of Public Health, Health Promotion, and Education 402/471-2101 or 1-800-745-9311.

SECONDHAND SMOKE AND CHILDREN

Secondhand smoke, also called environmental tobacco smoke (ETS), is the smoke breathed out by smokers and the smoke from the burning end of a cigarette, cigar or pipe. The smoke from the burning end of a cigarette has many harmful chemicals. Exposure to secondhand smoke is called involuntary smoking, or passive smoking.

Did you know that:

- Children who breathe secondhand smoke are more likely to suffer from pneumonia, bronchitis, and have more ear infections.
- Children who breathe secondhand smoke are more likely to develop asthma. If they have asthma and breathe secondhand smoke, they are more likely to have more asthma attacks.
- Every year an estimated 150,000 to 300,000 cases every year of infections, such as bronchitis and pneumonia, occur in infants and children under 18 months of age who breathe secondhand smoke, resulting in between 7,500 and 15,000 hospitalizations!

You can protect yourself and your family outside of your home by making sure your child's day care, school and after-school programs are smoke-free.

Resources:

For more information on health programs and special events, contact the following:

American Lung Association at 1-800-LUNG-USA

<http://www.lungusa.org/noframes/learn/smoke/smosecondha.html#HURT>

American Cancer Society

http://www.cancer.org/docroot/PED/ped_10.asp?siteArea=who

Contact the National Resource Center for Health and Safety in Childcare

1-800-598-KIDS(5437) or e-mail Nati.child.res.ctr@uchsc.edu to inquire about free educational packets containing printed information and a 12-minute videotape describing the harmful effects of secondhand smoke.

HOW TO TELL IF FOOD IS SAFE

- Look at the expiration date on unopened containers of food. Do not use food past this date—even if it looks okay.
- Inspect food for spoilage every day. How does it smell? How does it look? If a food smells spoiled or looks moldy, don't serve it to children, and don't eat it yourself. If food is moldy, throw it all out—don't just take out the moldy part. **Remember, food does not have to look or smell bad to be unsafe.**
- Do not use food in cans that are leaking or have bulges. These bulges are caused by gas produced by dangerous bacteria inside the can.
- Do not serve home-canned foods. Bacteria may grow in improperly canned foods and cause serious illness.
- Do not use foods in unlabeled cans or packages without labels.
- Do not use food in cans that are dented or rusted, in jars that are cracked or have broken seals, or in packages that are torn. These openings may allow the food to be contaminated.
- Discard refrigerated leftovers within 24 hours.

WHEN IN DOUBT, THROW IT OUT!

PHYSICAL ACTIVITY AND CHILDREN

During childhood, children learn basic motor skills that provide the basis for lifetime physical activity. Activity for children should focus on high volume (lots of time devoted to it) and moderate intensity. This may include active play done in several activity sessions daily.

Lifetime physical activities learned early in life (such as walking, bicycling, doing physical work around home) contribute to active lifestyles. Parents and caregivers should encourage this daily lifestyle activity.

Children need activity for the development of all parts of health related to physical fitness as well as promoting healthy bone development. Opportunities to learn basic motor skills and develop all parts of fitness should be provided.

Given the chance and encouragement, most children will choose to play and be active. This is especially true if time is provided and the children spend time outdoors daily.

Being more active as a child may make a person more active as an adult. This is important for disease prevention.

Basic guideline: Children should be involved in moderate to vigorous intensity activity for at least 30 minutes (ideally 60 minutes) on a daily basis. This may be distributed throughout the day. Get children outdoors as much as possible and allow as much time/space for active play.

Reference: Toward an Understanding of Appropriate Physical Activity Levels for Youth, Physical Activity and Fitness Research Digest, President's Council on Physical Fitness and Sports, Series 1, No. 8, 1994.

TIPS ON TOYS

TOY SELECTION

- *Choose toys according to child's age, interests and skill level.
- *Look for well-made toys and follow age and safety information on the warning labels.
- *Children under age three can choke on small toys and toy parts.

SUPERVISION

- *Supervise children while they play to avoid injury.
- *A toy intended for an older child may be dangerous in the hands of a younger child.

INTERACTION

- *Join in child's play.
- *Participation adds to the child's fun and development.

STORAGE

- *Teach children to put toys away after playing. Safe storage prevents falls and other injuries.

MAINTENANCE

- *Check old and new toys regularly for damage such as sharp edges or small parts.
- *Make any repairs immediately or throw away damaged toys.

References

National SAFE KIDS Campaign

Toy Manufacturers of America, Inc.

THE DO'S AND DON'TS OF CHILD SAFETY SEAT USE

DO use a federally approved car seat for every ride—no matter how short the distance. Make sure it's used properly. Most car seats used today are improperly fastened, used without a tightly secured harness, or compromised in some other manner.

DO place all children and young adolescents in the backseat whenever possible. It is usually the safest place for any occupant of any age.

DO NOT place a rear-facing infant under age 1 or any child in front of an airbag. The infant must ride in the backseat.

DO keep infants under age 1 rear-facing to cushion the head and back and allow the weak neck and spine time to develop.

DO read the vehicle owner's manual to determine if your vehicle can secure a car seat and if you need any special hardware.

DO NOT put car seats into side-facing seats (in extended-cab pickups, trucks, mobile homes, and sport vehicles), backward-facing seats (in station wagons), or jump seats that spring down into a seating position. These types of seats are prohibited for use by the car seat manufacturer.

NEBRASKA STATE LAW - CHILD RESTRAINTS AND SAFETY BELT LAW FOR LICENSED CHILD CARE

PROVIDERS: All Nebraska licensed child care providers are required when transporting children under their care to have all children under age 5 correctly secured in a federally approved child passenger restraint. Children age 6 through age 17 must use an occupant protection system.

DO choose a child safety seat that is appropriate for the child's age and weight. The following are guidelines:

- *Infants until at least 1 year old and at least 20 pounds should be in **rear-facing car seats**.
- *Children over 1 year old and between 20 and 40 pounds can be in **forward-facing car seats**.
- *Children between 40 and about 60/80 pounds (usually 4 to 8 years old) should be in **booster seats**.
- *Usually children over 80 pounds and 8 years old can fit correctly in **lap/shoulder belts**.

References:

National SAFE KIDS Buckle Up Program

Car Seats-All You Need to Know, American Baby Magazine, April 1998

The Child and Adult Care Food Program



The Child Care Food Program was established in 1968 in response to the need to provide adequate nutrition to a growing number of children in day care. In 1988, eligible adults were included in the program which is now called the Child and Adult Care Food Program (CACFP).

Good nutrition, the development of desirable eating habits and learning about food choices are vital building blocks for young children. Provisions must be made to ensure that these building blocks are in place in order to promote good health throughout life.

The goal of the Child and Adult Care Food Program is to see that well balanced meals are served and that good eating habits are taught in child care settings. The CACFP provides nutritious meals and snacks served to eligible children in child care centers, family day care homes, and outside school-hours centers, as well as to eligible adults in adult care centers.

The CACFP is administered by the Nebraska Department of Education. Funding for the program is provided by the U.S. Department of Agriculture: All Program funds come from tax dollars, which is why all recipients must be accountable for how these funds are used.

THE PROGRAM SERVES:

- Children through age 12.
- Children of migrant workers, through age 15.
- Physically and mentally disabled persons receiving care in a center where most children are 18 years old and under.
- Adults in nonresidential day care settings.

ELIGIBILITY REQUIREMENTS FOR FAMILY DAY CARE HOMES:

- All homes must be licensed or approved by a federal, state or local licensing authority.
- Family day care home providers who participate in the CACFP must be affiliated with one of Nebraska's sponsoring organizations.

SERVICES OF THE SPONSORING ORGANIZATION:

- To provide reimbursement for meals served. The reimbursement rate is determined by the number of enrolled participants who are served meals, and the rates are set by the U.S. Department of Agriculture. Reimbursement rates are the same in all sponsoring organizations.
- To provide technical assistance and training on nutrition, food service operations, program management and recordkeeping.
- To review and monitor program services to ensure good nutrition for all children. Sponsors review homes on-site three times per year.

SOME RESPONSIBILITIES OF THE DAY CARE HOME PROVIDER:

- To serve meals meeting program requirements.
- To keep daily records of attendance, menus, and number of meals served.
- To attend training activities that relate to the Child and Adult Care Food Program.
- To educate children about proper nutrition and establishing healthy eating habits.

The Child and Adult Care Food Program is available to all individuals regardless of race, color, national origin, age, sex or disability. Any person who believes that he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington, DC. 20250.



THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) APPROVED SPONSORS OF FAMILY DAY CARE HOMES

Child Nutrition Services

241 N. 12th, Ste D
Tecumseh, Nebraska 68450

Telephone: (402) 335-4044 or 1-800-927-7122

E-mail: cns@alltel.net

Contact: Jody Wellensiek

Counties Served: Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Nuckolls, Otoe, Pawnee, Richardson, Saline, Sarpy, Seward, Thayer, York

Family Service Child Care Food Program

501 South 7th Street
Lincoln, Nebraska 68508

Telephone: (402) 441-7949 or 1-800-642-6481

Contact: Megan Evenson

Counties Served: Adams, Antelope, Arthur, Blaine, Boone, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Chase, Cherry, Clay, Colfax, Cuming, Custer, Dakota, Dawson, Deuel, Dixon, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York

Heartland Family Service

6720 N 30th St
Omaha, Nebraska 68112

Telephone: (402) 457-7766

Contact: Tammy Green

Counties Served: Burt, Butler, Cass, Dodge, Douglas, Lancaster, Otoe, Sarpy, Saunders, Washington

Midwest Child Care Association

7701 Pacific Street
Omaha, Nebraska 68114

Telephone: (402) 551-2379 or 1-800-876-1892

Contact: Janet White Phelan or Janet Herzog

Counties Served: Adams, Buffalo, Burt, Cass, Colfax, Cuming, Dakota, Dodge, Douglas, Hall, Hamilton, Kearney, Lancaster, Madison, Merrick, Otoe, Phelps, Pierce, Platte, Sarpy, Saunders, Seward, Stanton, Washington, Wayne, York

Offutt Child Development Center

55 SVS/SVYC MBB 2084
109 Grant Circle, Suite 10
Offutt AFB, Nebraska 68113-2084

Telephone: (402) 294-2203

Contact: Yong Alati

Counties Served: Sarpy

Panhandle Family Day Care

89a Woodley Park Road
P.O. Box 69

Scottsbluff, Nebraska 69363

Telephone: (308) 632-1363 or 1-800-915-2237

Contact: Nancy J. Bentley or Tonya Richter

Counties Served: Arthur, Banner, Blaine, Box Butte, Brown, Buffalo, Chase, Cherry, Cheyenne, Custer, Dawes, Dawson, Deuel, Dundy, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Harlan, Hayes, Hitchcock, Hooker, Kearney, Keith, Keya Paha, Kimball, Lincoln, Logan, Loup, McPherson, Morrill, Perkins, Phelps, Red Willow, Rock, Scotts Bluff, Sheridan, Sherman, Sioux, Thomas, Valley

Provider's Network, Inc.

5645 "O" Street, Suite C
Lincoln, Nebraska 68510

Telephone: (402) 464-4335 or 1-800-764-4335

Contact: Gaylene Barstow

Counties Served: Adams, Antelope, Boone, Buffalo, Burt, Butler, Cass, Clay, Colfax, Cuming, Dodge, Douglas, Fillmore, Gage, Greeley, Hall, Hamilton, Holt, Howard, Kearney, Lancaster, Madison, Merrick, Nance, Otoe, Pierce, Platte, Polk, Saline, Sarpy, Saunders, Seward, Stanton, Washington, Wayne, Wheeler, York

Rates of Reimbursement change July 1 of each year. The current rates are posted on the Nebraska Department of Education, Child and Adult Care Food Program website: <http://www.nde.state.ne.us/NS/cacfp/overview.htm> or contact a Program Sponsor in your area. Reimbursement rates are the same for all sponsors.

Child care centers, family child care homes, and license-exempt providers are eligible to participate in the Child and Adult Care Food Program (CACFP). Child care centers and family child care homes must be licensed; license-exempt providers must have a current provider agreement with DHHS in order to participate. The Nebraska Department of Education provides reimbursement for meals served in qualifying child care programs. It is important to remember that if you are licensed and allow your license to lapse, or are license-exempt and no longer have a provider agreement with DHHS, you are no longer eligible for reimbursement through CACFP and will be required to pay back any CACFP benefits for which you were not eligible. DHHS will not maintain a provider agreement for providers who are not serving children through the Child Care Subsidy Program.

Appendix Forms

N-Focus Org ID Number

Child Care Provider Agreement

Agreement Number

This Agreement is entered into by and between the State of Nebraska, Department of Health and Human Services (hereinafter the "Department"), and the following child care provider " _____," (hereinafter the "Provider").

This Agreement governs the provision of child care and child care related issues. This Agreement is also governed by Nebraska Department of Health and Human Services program manual, Nebraska Administrative Code (NAC) Titles 391, 392, and 480, the Nebraska Revised Statutes, which are incorporated herein as if fully set out; along with any and all attachments to this Agreement.

- I. **Term of Agreement:** This Agreement shall be in effect from _____ to _____ at which time a new Agreement must be signed if service provision is to continue.

II. **Provider Information:**

- 1) Full legal name: _____
- 2) Provider address: _____
(Street) (City) (Zip code)
- 3) Provider mailing address, if different from location: _____

(Street) (City) (Zip code)
- 4) Provider telephone number(s): _____

(Home) (Cell) (Work)
- 5) Location(s) of child care facility.
Address: _____
(Street) (City) (Zip code)
- 6) SSN or FID: _____ - _____ - _____
- 7) Drivers license (State, Number, and expiration date): _____
(Proof of drivers license is not required if the Provider is not transporting children in care and does not have a driver's license.)

- III. **Scope of Services by Provider:** The Provider agrees that for good and valuable consideration as described in Section IV, the Provider shall perform the following services and abide by the following provisions.

- 1) A secondary Agreement by an approved individual provider of service(s) under this Agreement is not allowed (this does not include substitute child care providers for emergencies or illness).
- 2) A secondary Agreement by an agency provider, is _____, is not _____, allowed under this Agreement. If allowed, the service(s) to be provided by the person(s) with a secondary Agreement is/are _____

The Provider named in section II is responsible for the performance of any person(s) with a secondary Agreement.

- 3) The Provider agrees that the type of child care provided will be (Check one)
- | | | |
|--|--|---|
| <input type="checkbox"/> In Home | <input type="checkbox"/> License-Exempt Family Child Care Home | <input type="checkbox"/> Licensed Family Child Care Home II |
| <input type="checkbox"/> Licensed Family Child Care Home I | | <input type="checkbox"/> Child Care Center |
- 4) A full day of care means more than 5 hours and 59 minutes (6 hours) through 9 hours or longer if the child care program defines its day of care as longer than 9 hours.
- 5) The Provider defines an infant as a child from birth to 18 months; a toddler as a child from 18 months to 3 years; a preschool child as a child from 3 years and older who does not yet attend kindergarten; and a school age child as a child who attends kindergarten and above.
- 6) The Provider will not bill or provide child care to be paid through the Department before the start date on the authorization from the worker.
- 7) The Provider agrees to provide service only as authorized in accordance with the Department's standards as set out in this Agreement.
- 8) The Provider is an independent contractor and agrees that she/he is not providing services as an employee of the State of Nebraska, or of the Department.
- 9) Within 90 days of provision of services, the Provider shall submit Form HHS-5N, "N-FOCUS Health and Human Services Billing Document."
- 10) The Provider agrees to accept Department reimbursement as payment in full for the agreed upon service(s), unless the client is eligible on a sliding fee basis. The Provider will not charge clients the difference between this agreed upon rate and the private pay rate.
- 11) The Provider agrees not to charge the Department for the client's fee.
- 12) The Provider agrees to accept a rate which does not exceed the amount charged to private-paying individuals.
- 13) The Provider agrees to apply to clients of the Department of Health and Human Services the same standards applied to private-paying individuals.
- 14) The Provider agrees to retain financial and statistical records for four years to support and document all claims and allow federal, state, or local officials responsible for program administration and/or audit to review service records at any time.
- 15) The Provider agrees to maintain records regarding hours of care, and billing amounts.
- 16) The Provider agrees to permit federal, state, and local officials to monitor and evaluate the program by means such as inspecting the facility, observing service delivery, and interviewing the provider, or if an agency, the staff members, with or without notice.
- 17) The Provider agrees to keep current any state or local license required for service provisions.
- 18) The Provider agrees not to discriminate against any employee, applicant for employment, or Health & Human Services Program participant or applicant because of race, age, religion, sex, disability, ethnicity, or national origin.
- 19) The Provider agrees to understand and accept responsibility for the client's safety and property.
- 20) The Provider agrees to meet all standards pertaining to the service provided.
- 21) The Provider agrees to prohibit smoking within any part of an indoor child care facility. (This does not apply to child care provided in a provider's home or the child's home).
- 22) The Provider agrees to allow Central Registry checks on the Provider, a family member if appropriate, or if an agency, allow Department staff to review agency policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse, neglect, and law violations are in place.

- 23) The Provider agrees to notify the appropriate Department case manager if a child(ren) does not attend the child care for three consecutive days.
- 24) The Provider will notify the Department worker if the Provider has a change of address, phone number, or someone moves into the household if care is being provided in the Provider's home.
- 25) The Provider is responsible for billing correctly.
- 26) The Provider will contact the Department within 24 hours or the next business day if she/he has any reason to believe she/he has received an overpayment.
- 27) The Provider understands the limitations on hours of care placed upon each client of the Department of Health & Human Services as outlined in the service authorization, and shall honor those limitations.
- 28) The Provider understands that she or he must bill in accordance with the terms of the Provider Agreement and billing in excess of services rendered will jeopardize the Provider Agreement and will require reimbursement to the Department.
- 29) The Provider understands that he or she may be subject to civil or criminal prosecution if it is determined that the Provider fraudulently billed for services.
- 30) The provider agrees to provide accurate and complete information and notify his or her Resource Development worker of any changes that would impact the Child Care Subsidy Provider Agreement. The following are changes that need to be reported to the Resource Development worker within ten days:
 - a. Change in persons living in the Provider's home (if child care is provided in the Provider's home);
 - b. Any arrest, misdemeanor ticket other than a traffic violation, pending criminal charges, and any felony/misdemeanor convictions of the Provider (or anyone in the home if child care is provided in the Provider's home);
 - c. Relocation to a new home (if child care is provided in the Provider's home) or to a new facility;
 - d. Selling and/or changing ownership of the child care business;
 - e. Any Child Protective and/or Adult Protective Service contacts (for any one in the home if child care is provided in the Provider's home);
 - f. Employment which would have an effect on provision of child care;
 - g. Change in phone number or discontinuation of phone service;
 - h. Hiring of new staff, if licensed as a Family Child Care Home II; and
 - i. Notification of any Intentional Program Violations (IPV) with DHHS.

Failure to report any of the above changes to the Resource Development worker could result in the Child Care Subsidy Agreement being terminated.

IV. The child care will be provided as specified on the Provider Authorization and charges to the Department will be made within the following defined rates and using the identified service codes.

Child Care	Hourly Rate	Daily Rate
Infant (8903)		
Toddler (6679)		
Pre-School (9946)		
School Age (3580)		
Family In-Home (8775)		
Reduced rate for add'l children in the same household See attach. D.		
Same Rate		
No Age Difference		

Other rate definitions than defined previously are indicated below:

Description	Service Code	Rate
Special Needs	3223	
Enrollment Fee	6529	
Activity Fee	7964	

Waiver Only	Hourly Rate	Daily Rate
Disability Related Child Care (9704)		
Disability Related In-Home Child Care (2500)		
Transportation (5641)	Trip	

If additional space is needed to define rate agreement or additional policies, attach a separate page marked Attachment "B." Attachment B is incorporated by reference as if fully set out.

For providers providing care for foster children or children receiving subsidized guardianship or adoption subsidy only: The provider may bill for times when the child is not in attendance or not in attendance fulltime only if:

- 1) The provider is licensed;
- 2) The provider has written policies specifying that he or she charges private paying families by enrollment; and
- 3) The child attends the child care facility for a minimum of 30 hours a week.

The provider is allowed to charge a maximum of one daily unit for a day when the child is not in care or is in care for less than six hours.

Other _____

V. Private Pay Rates: The Provider's private pay rates are included in a separate page marked Attachment D. The Provider understands that payment will be the lower of:

- 1) The Department maximum; or
- 2) The Provider's private rates.

The Provider is responsible for providing a copy of his or her private pay rates whenever they change.

- VI. **Assignability:** The Provider agrees not to assign or transfer any interest, rights, or duties in this Agreement, i.e., no payment for authorized services made under this Agreement can go to anyone other than the service provider named in this agreement.
- VII. **Amendment:** Sections II and IV of this Agreement may be amended upon the agreement and signature of both parties. The party requesting a change in the terms must notify the other party at least sixty (60) days before the date the proposed change is to be implemented, except for rates regulated by the Nebraska Department of Health & Human Services.
- VIII. **Cancellation:** Except as provided herein, either party of this Agreement may cancel this agreement for any reason upon submission of at least 30 days advance written notice to the other party **TO ALLOW FOR ARRANGEMENT OF ALTERNATE SERVICE PROVISION FOR SERVICE CLIENTS**. The Department may waive the notice requirement when the Department determines the health or safety of a child is in jeopardy. Only such payments as have already accrued for services rendered prior to the effective dates of termination shall be made to the provider upon such termination.
- IX. **Confidentiality:** The Provider agrees that any and all information gathered in the performance of this Agreement, either independently or through the Department, shall be held in the strictest confidence, and shall be released to no one other than the Department without the prior written authorization of the Department.
- X. **Breach of Agreement:** Should the Provider breach this Agreement, the Department may, at its discretion, terminate the agreement immediately, or within 30 days upon written notice to the Provider. The Department shall pay the Provider only for such child care as had been properly completed and authorized by the Department. This provision shall not preclude the pursuit of other remedies for breach of agreement as allowed by law.
- XI. **Drug-Free Workplace:** The Provider hereby assures the Department that it will operate a drug-free workplace in accordance with State guidelines.
- XII. **Business Practices:** The Provider agrees to obey all the laws of the State of Nebraska in conducting said business.
- XIII. **Overpayments and Right to Setoff:** The Department shall take reasonable steps necessary to promptly correct overpayments. The Department will send a demand letter allowing the Provider a choice of reimbursing all or part of the overpayment. If the Provider does not cooperate in a method of repayment of said overpayment, or does not respond within 30 days, the Department may reduce, or totally forfeit future claims of the Provider, for the same or different children, or from another service for which the Provider is getting payments from the Department.
- XIV. **Department Responsibilities:** The local office will determine eligibility for services and authorize appropriate services for individuals. The Provider must adhere to the authorized services. The local office will notify Providers of any changes to a client's eligibility or terms of services authorized. The Department will honor claims and make payments for services that were authorized and provided in accordance with the Department's policies and standards.
- XV. **Misleading or False Information:** The Department has the right to refuse to enter into a Provider Agreement or terminate an existing Provider Agreement if the Provider is found to have given misleading or false information to the Child Care Licensing Agency, or any other part of the Department of Health and Human Services.
- XVI. I certify that I have read and understood the standards as stated and referenced in this agreement and agree to comply with all terms and conditions of this agreement.
- XVII. I certify that I have received a Child Care Provider Handbook.

 Provider/Agency Representative

 Date (Month – Day – Year)

 Parent or Legal Guardian signature (if required)

 Date (Month – Day – Year)

 Signature of Authorized Representative – Department of Health and Human Services

 Date (Month – Day – Year)

The purpose of the Child Care Subsidy Program is to assist low income families with child care. Care can be provided:

1. To children age **12 and younger**; it is available to youth age **13 through 18 only if a physician or licensed or certified psychologist has provided a written statement that the child has a special need**;
2. Only when there is a need for child care as defined in 392 NAC 3-008, which includes:
 - a. **Employment** that has the potential to allow a family to become economically self-sufficient - this means we may not be able to continue to authorize child care if after a few months, the cost of child care is more than you earn. Child care is only authorized for those hours when the parent is actually working and reasonable travel time to and from work and child care;
 - b. **Actively Seeking Employment** - for families that are not Employment First clients, child care can only be authorized for two consecutive calendar months per program year (July 1– June 30). No further child care can be authorized to look for work until that client has lost a job and is again seeking employment. The HHS worker may ask the parent to provide a record of the dates and places that they looked for work;
 - c. **Participation in an approved Employment First Activity** - Child care may be authorized for any approved EF activity. This means either the DHHS worker or the case manager from the EF contractor has approved the activity;
 - d. **For a parent to obtain medical services** (such as doctor visits, Health Check, etc.) for themselves or another of their children or to visit their child in the hospital;
 - e. **Enrollment in and regular attendance at vocational or educational training to attain a high school diploma or GED or an undergraduate degree or certificate** (including English as a second language classes) that will result in a parent becoming employed and self sufficient. Child care is not allowed for those pursuing a second undergraduate degree or any post-graduate degrees. Child care is not authorized for correspondence courses or independent study. For on-line classes, it can be authorized for one hour per week for each credit hour. Child care can be authorized for structured individual tutoring or group preparation time (such as GED preparation, ESL, and Adult Basic Education). Child care is not allowed for study time (unless it is a reasonable period of time between classes).
 - f. **Participation in on the job training**;
 - g. **Incapacitation as verified by a medical doctor** - a specific form will be given by the worker to document need for child care due to incapacity; and
 - h. **Needs which might be authorized by a Protection and Safety worker** as part of a plan with a family.

Important Information:

- **Child care authorization cannot begin before the date the parent reports a need for child care or a change to the worker.** Example: If you start care today or change your child care provider today and do not report it to your worker for two weeks, child care will not be authorized for the two weeks before you contact your worker.
- **The parent is responsible to report the need for child care and any changes** - It is not the responsibility of the child care provider.
- For two parent households, **both parents must have one of the needs** for child care listed previously for child care to be authorized.
- Some families are required to pay a part of their child care expense. This is called a fee or obligation. **This fee must be paid** or the child care case will be closed until the parent has made a satisfactory arrangement with the provider for payment of the fee.

- Child care in the child's home is called In-Home Child Care and can only be paid if the child has a special need (which must be documented by a medical doctor) or a childhood illness OR if child care is needed during evening (after 6 PM or before 5 AM), overnight, weekend, or holidays hours if there are no other available child care arrangements OR if there are three or more children in care. The In-Home provider may be an individual (other than the parent) who lives with the child only if the child has a special need or a childhood illness.
- Let your worker know if the non-custodial parent is court ordered or pays for any of the child care costs.
- **Child care can only be used for the purpose authorized.** If you use child care for another purpose, you may be required to repay DHHS for the unauthorized child care. If it is determined by a hearing officer that you committed an Intentional Program Violation, you will be disqualified for:
 1. Up to a year for the first violation;
 2. Up to two years for the second violation; and
 3. Permanently for a third violation.

The following are some **examples** of when unauthorized use of child care could be considered fraud: Child care is authorized for while you work. You quit work and continue to take your child to the provider and Child Care Subsidy pays for child care OR you take your child to the provider on your days off and when you are ill but have not provided your DHHS worker with medical documentation so that it can be authorized. OR child care is authorized for you to attend an EF Activity; you do not participate in the approved activity but take your child to the provider and Child Care Subsidy pays for the child care.

- The parent who is requesting Child Care Subsidy must cooperate in establishing and collecting child support if there is a noncustodial parent. This applies only for a child who is receiving Child Care Subsidy. This requirement may be waived in the case of domestic violence.

PLEASE TALK WITH YOUR WORKER IF YOU HAVE ANY QUESTIONS ABOUT USE OF THE CHILD CARE SUBSIDY PROGRAM.

Information mailed/given to: _____ on _____
 Client Name or Signature Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LINCOLN OFFICE
1050 "N" ST
LINCOLN NE 68508

Office Number -
Worker Name -
Phone Number -
Toll Free Number -
Date of Notice -
Mail Date -

PROVIDER AUTHORIZATION
Child Care

Telephone:

Provider ID:

On behalf of the client named below, the Department of Health and Human Services authorizes you to provide the service indicated below. This document authorizes you to provide and bill for the listed service in accordance with the units of service, the rate of charge and the authorization period stated. In providing authorized services you accept responsibility and liability for injury to client(s) or damage to clients' property resulting from negligence by you or your employees in the provision of services. All billings must be received by the Department within ninety (90) days of service provision.

Case Number:
Telephone:

Changes in the parent/caretaker's schedule of 10 or more hours in a week must be reported to the case manager. The case manager must be notified if a child does not attend the child care for three consecutive days.

Authorized Service:
Service Code:

Authorized Clients
JONES, FRANCIÉ

Client ID#

Authorization #

Authorized Period:

Authorized Units:

Authorized Rate:



N-FOCUS BILLING DOCUMENT

***All billings must be received within ninety (90) days of service provision**

Claim Number:

1. PROVIDER INFORMATION

(A)Office No.:		(B)Office Name:		(C)DHHS Provider ID:		(D)Owner Tax No.:						
(E)Provider Name				(F)Phone Number:								
				Ext.								
2. Ln	3. Client Name	4. Client ID Number	5. Authoriz. Number	6. Service Code	7. Service From Date	8. Service Thru Date	9. Freq	10. Units	11. Rate	12. Total Charge	13. Cust Oblig	14. DHHS Charge
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
15. Provider/Preparer Signature (see notice on reverse side)				16. Signature Date		17. Service Approval Signature		18. Approval Date		19. Total DHHS Charge		



In-Home, License-Exempt Home, and Family Child Care Home I & II Attendance Calendar

Provider: _____ Address: _____ Phone: _____

Prepared by: _____ Date Prepared: _____ Mo./Year: _____

Attendance By Days, the 1st through the 15th

Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Hours	Total Days
1.	IN																
	OUT																
	IN																
	OUT																
Total number of hours per day																	
Transportation Trips																	
2.	IN																
	OUT																
	IN																
	OUT																
Total number of hours per day																	
Transportation Trips																	
3.	IN																
	OUT																
	IN																
	OUT																
Total number of hours per day																	
Transportation Trips																	
4.	IN																
	OUT																
	IN																
	OUT																
Total number of hours per day																	
Transportation Trips																	

Parent's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

The exact number of hours (to the quarter hour) of care provided must be indicated for each day you provided care. Submit the original to the local office, give the pink copy to the parent, and retain the yellow copy for your records. Report only time that the child is actually in attendance.

WARNING TO PARENTS: Do not sign blank calendars. By signing, you agree that the times recorded on this attendance sheet accurately reflect the attendance of your child(ren) with this care provider. If you sign a blank calendar or a calendar with inaccurate time and attendance, you may be billed for any improper charges. You will also be expected to pay for care that was not for an activity authorized by DHHS.

WARNING TO PROVIDERS: Do not ask a parent to sign a blank calendar. Make sure you have completed the form before the parent signs it. If the time entered on this document is incorrect, you may be assessed an overpayment.



In-Home, License-Exempt Home, and Family Child Care Home I & II Attendance Calendar

Provider: _____ Address: _____ Phone: _____

Prepared by: _____ Date Prepared: _____ Mo./Year: _____

Attendance By Days, the 16th through the 31st

Child's Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	Total Days
1.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
2.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
3.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
4.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		

Parent's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

The exact number of hours (to the quarter hour) of care provided must be indicated for each day you provided care. Submit the original to the local office, give the pink copy to the parent, and retain the yellow copy for your records. Report only time that the child is actually in attendance.

WARNING TO PARENTS: Do not sign blank calendars. By signing, you agree that the times recorded on this attendance sheet accurately reflect the attendance of your child(ren) with this care provider. If you sign a blank calendar or a calendar with inaccurate time and attendance, you may be billed for any improper charges. You will also be expected to pay for care that was not for an activity authorized by DHHS.

WARNING TO PROVIDERS: Do not ask a parent to sign a blank calendar. Make sure you have completed the form before the parent signs it. If the time entered on this document is incorrect, you may be assessed an overpayment.



Child Care Center Attendance Calendar

Center: _____ Address: _____ Phone: _____

Prepared by: _____ Date Prepared: _____ Mo./Year: _____

Attendance By Days, the 1st through the 15th

Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL Hours	TOTAL Days
1.	IN																
	OUT																
	IN																
	OUT																
Total number of hours per day																	
Transportation Trips																	
2.	IN																
	OUT																
	IN																
	OUT																
Total number of hours per day																	
Transportation Trips																	
3.	IN																
	OUT																
	IN																
	OUT																
Total number of hours per day																	
Transportation Trips																	
4.	IN																
	OUT																
	IN																
	OUT																
Total number of hours per day																	
Transportation Trips																	

Provider's Signature: _____ Date: _____

The exact number of hours (to the quarter hour) of care provided must be indicated for each day you provided care. Submit the original to the local office and retain the copy for your records. Report only time that the child is actually in attendance.



Child Care Center Attendance Calendar

Center: _____ Address: _____ Phone: _____

Prepared by: _____ Date Prepared: _____ Mo./Year: _____

Attendance By Days, the 16st through the 31st

Child's Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL Hours	TOTAL Days
1.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
2.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
3.	IN																	
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	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
4.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		

Provider's Signature: _____ Date: _____

The exact number of hours (to the quarter hour) of care provided must be indicated for each day you provided care. Submit the original to the local office and retain the copy for your records. Report only time that the child is actually in attendance.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. BOX 95026
301 CENTENNIAL MALL
LINCOLN NE 68509-5026

Mail Date -

NOTICE OF DISCONTINUED SERVICE AUTHORIZATION

This is to notify you that, effective the dates listed below, we will no longer reimburse you for the service(s) listed. This list includes services (noted by *****) that were authorized to begin after the date of this notice.

If you continue providing these services for any of the below named individuals after the effective end date, they will be responsible for payment unless you receive a new authorization from the Department.

If you have questions, please contact the appropriate authorization worker.

Provider:
Program Case:
Authorization Worker:

DHHS OFFICE:
Program: CC
Telephone Number:

Client Name	Service	Authorization #	Effective End Date
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