

CHILD WELFARE CHILD CARE JOB AID

CATEGORIES	UNITS
Infant: 0-18 months	<ul style="list-style-type: none"> • Hourly rate= Less than 6 hrs, Daily rate= More than 6 hrs (Make sure to use both) • Enrollment Fee: One time only unless child has been out of day care for at least 6 months, then reauthorize • Activity Fees Only once per year, primarily for June, July, and August (occurrence) • Follow chart for recommended number of units to use in authorization
Toddler: 18 months-3 yrs	
Preschool: 3 yrs-attending school, usually 5/6 yrs	
School Age: Attending school (usually 5/6 yrs)-13 yrs	

	FULL TIME	PART TIME	SCHOOL AGE **
DAYS	23	13	5
HOURS	138	115	92
2 MONTHS	46	26	10
	276	230	184
3 MONTHS	69	39	15
	414	345	276
4 MONTHS	92	52	20
	552	460	368
5 MONTHS	115	65	25
	690	575	460
6 MONTHS	138	78	30
	828	690	552
7 MONTHS	161	91	35
	966	805	644
8 MONTHS	184	104	40
	1104	920	736
9 MONTHS	207	117	45
	1424	1035	828
10 MONTHS	230	130	50
	1380	1150	920
11 MONTHS	253	143	55
	1518	1265	1012
12 MONTHS	276	156	60
	1656	1380	1104

****School Age:** If authorization months cover June, July and/or August use 23 days and 138 hours for each month the authorization is needed for full-time care.
Note: Units include travel time allowed by car

CHILD CARE TIPS

- **Child Care Authorizations needed:** CFSS Worker and or IMFC Worker will complete the CC-25 to request authorization of Child Care.
- **Need Change:** CFSS Worker will complete an updated CC-25. A worker who receives the updated CC-25 will update authorizations (units and description) when there is change in job, school, medical appointments, etc.
- **Safety Plan/Case Plan:** Document the child’s need for child care in a safety plan/case plan if a CFSS worker needs Child Care for a Non-Court involved Case or Court involved Case.
- **Two-Parent HH:** In order for two-parent HH to be eligible for CC they must be participating in activity at the same time (work, school, Etc)
- **Authorization Periods:** Create authorization periods no longer than 6 months for all cases unless the need for care is less than 6 months. A CFSS/IMFC worker will need to submit a new CC-25 if need to renew/extend child care authorizations.
- **Joint Custody:** Parents with joint custody may both receive CC Subsidy when the children reside with them, but not at the same time. [392 NAC 3-001](#), [392 NAC 3-001.02](#)
- **Multiple Providers:** If HH needs more than one provider to be authorized provide a detailed description as to the reason and timeframe each provider is approved to provide care
- **Transportation:** CC transportation may be authorized to and from home and is paid per one way trip per child. Transportation will not be authorized if there is a working vehicle identified. The only exception will be if the parent(s) go to work prior to the Child Care opening.

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- **In-Home Child Care:** In-Home CC may be authorized if child has special need, client needs CC during evening, overnight, weekend, or holiday hours, or if there are 3 or more children in care 392 NAC 3-010.01
- **Age Limit:** CC can be authorized for children age 12 or younger *unless* there is a special need 392 C 1-003
- **Special Needs Child Care:** Prior to authorization of Special Needs Child Care verification of a special need outlined in 392 NC 1-003 is needed. Verification needs to be a medical statement and or the CC-6 Special Needs Child Care form completed by a Licensed Medical Practitioner. The CFSS worker will need to obtain this documentation prior to filling out the CC-25. The worker creating reviewing the request for authorization will send a CC-2 to the appropriate RD mail box. RD staff will contact the provider and verify the extra care needed for the special needs child and negotiate the appropriate rate per 392 NAC 4-003.08A. A Social Service Exception (HHS-2A) is needed for approval of Special Needs Child Care. The RD Staff will complete the HHS-2A and send to be approved by the local office designee.
- **Provider ID:** Check to see if requested provider is approved for Child Care Subsidy by asking for Provider ID. If HH does not have the provider ID#, check for provider name/address under N-FOCUS Organizations.
- **Non-CC Subsidy Provider:** If HH requests a provider that is not approved for Child Care Subsidy, gather provider's information, complete CC-2 and email to appropriate service area RD mailbox
- **Communication from Resource Development:** Resource Development (RD) will communicate directly with the Child Welfare Staff that completed the referral.
- **Provider Not Approved:** If Resource Development determines the provider cannot be approved, request verification from the provider regarding the time period the provider provided care and the hours and days care was provided. When this is received, issue a reimbursement (reimbursement child care authorization) in the client's name and the client will reimburse the provider for the time child care was provided. Once the provider is denied, the worker may allow payment for up to 10 days after client notification if the client needs time to find a new provider. 392 NAC 4-001.02A
- **Closing Child Care Program Case:** When closing a Child Care Program Case always close/terminate the child care authorization so a notice will be sent to the provider.
- **Child Care Funding and IV-E Eligibility:** If a child is IV-E eligible, and is in a IV-E eligible placement, NFOCUS makes a payment from IV-E. If not, NFOCUS automatically makes the payment from Child Care Subsidy.

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392 NAC 3-008.01 Child Care Subsidy Need for Service

The case manager authorizes child care services for eligible clients only if each parent or usual caretaker:

1. Is employed;

2. Is actively seeking employment. The case manager may authorize child care for Employment First clients as defined in the EF Self-Sufficiency Contract. For non-EF clients, the case manager may authorize child care for two consecutive calendar months per program year July 1 through June 30 to enable the client to seek employment. Following the loss of employment, the client may receive two consecutive calendar months. Each time the client loses employment, s/he is entitled to two months of child care to allow him/her to seek employment;

3. Is participating in an EF activity that is included in the EF Self-Sufficiency Contract;

4. Requires child care to obtain medical services including physician's services, mental health services, alcoholism treatment, HEALTH CHECK (EPSDT) and its follow-up, or to obtain family planning services;

5. Is enrolled in and regularly attending vocational or educational training to attain a high school or equivalent diploma or an undergraduate degree or certificate (including English as second language classes). Child care is not allowed for any activity if an individual is pursuing a second undergraduate degree or any post-graduate schooling. Neither parent in a two-parent family is eligible for child care if one is pursuing a second undergraduate or post-graduate degree. See 392 NAC 3-008.01B for the limit on education;

An undergraduate degree means a bachelor's degree from a four-year institution. If, for example, a client has a certificate to be a nurse's aid, she can receive Child Care Subsidy to go back to school to get a bachelor's in nursing. Example 1: Dad is pursuing a masters degree and Mom is working. They are not eligible for child care for school or work because Dad is working on a post-graduate degree. Example 2: Mom is working on a masters degree and working part-time. She is not eligible for either her work or school time because she is working on a post-graduate degree.

6. Is participating in on the job training;

7. Is incapacitated as documented by Form CC-3E;

8. Would benefit from child care services in situations of abuse, neglect, or exploitation where a report will be made to the State Central Register;

9. Has a child in foster care and requires child care to receive Social Services Block Grant or community services directed toward the return of the child to the home; or

10. Needs to escort a child to receive medical care or visit a child in the hospital.

In assessing the client's need for service, take into account if the client has household members, friends, or relatives who can reasonably provide child care at no cost to the client.

If more than one parent or usual caretaker is included in the family size, a reason listed must apply to each adult.

Guidelines for Child Care for AmeriCorps Participants:

1. If a client is receiving (or is authorized to receive) Child Care Subsidy at the time s/he joins AmeriCorps, we will continue Child Care Subsidy for the client to participate in AmeriCorps (and any other activities, such as school, that fall within our guidelines).

2. If a client is not receiving (or is not authorized to receive) Child Care Subsidy at the time s/he joins AmeriCorps, we will not authorize Child Care Subsidy. The client must apply for child care through AmeriCorps CARE. Furthermore, in this case, we will not authorize child care for another activity (such as school) while a client is an AmeriCorps participant in AmeriCorps CARE.

Need for service tips:

- Foster Parent attendance at case conference/team meetings, judicial reviews, and FP training are eligible for Child Care services if they are IV-E eligible only.
- Enhancement of child's social skills/peer relationships or socialization – considered to be social service or recreational activity is non-allowable need for service.

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Child Care Authorization Descriptions

(**Hours used are examples; adjust as appropriate)

WORK: FULL-TIME

CHILD CARE IS AUTHORIZED FOR TIME (NAME OF CLIENT) IS WORKING AT (NAME OF EMPLOYER (S)), INCLUDING TRAVEL TIME, UP TO 45 HRS/WK. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT. FAMILY FEE IS: \$____/MONTH.

WORK: PART-TIME

CHILD CARE IS AUTHORIZED FOR TIME (NAME OF CLIENT) IS WORKING AT (NAME OF EMPLOYER (S)), INCLUDING TRAVEL TIME, UP TO 30 HRS/WK. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

SELF EMPLOYMENT (HOURS BASED ON MONTHLY GROSS INCOME DIVIDED BY MINIMUM WAGE)

CHILD CARE IS AUTHORIZED FOR THE TIME (NAME OF CLIENT) IS CONDUCTING THEIR (NAME OF SELF EMPLOYMENT BUSINESS) SELF EMPLOYMENT, UP TO 40 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT. FAMILY FEE IS: \$____/MONTH.

ATTENDING CLASSES ON CAMPUS (INCLUDE IN DESCRIPTION THE CLASS SCHEDULE)

CHILD CARE IS AUTHORIZED FOR THE TIME (NAME OF CLIENT) IS ATTENDING CLASSES AT (NAME OF COLLEGE/SCHOOL) FOR SEMESTER/QUARTER & YEAR), UP TO 25 HOURS/WEEK, INCLUDING TRAVEL TIME. CLIENT ATTENDS CLASS: MONDAY (START TO END), TUESDAY (START TO END), WEDNESDAY (START TO END), THURSDAY (START TO END) AND FRIDAY (START TO END). BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

ATTENDING ONLINE CLASSES (AUTHORIZE THE TOTAL CREDIT HOURS TAKE WITH NO TRAVEL TIME)

CHILD CARE IS AUTHORIZED FOR THE TIME (NAME OF CLIENT) IS TAKING ONLINE CLASSES AT (NAME OF COLLEGE/SCHOOL) FOR (SEMESTER/QUARTER & YEAR), UP TO 15 HOURS/WEEK (TOTAL CREDIT HOURS), NO TRAVEL TIME ALLOWED. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

WORKING - BEFORE/AFTER SCHOOL AGED CARE

CHILD CARE IS AUTHORIZED FOR BEFORE AND AFTER SCHOOL AND DAYS WHEN SCHOOL IS OUT FOR TIME (NAME OF CLIENT) IS WORKING AT (NAME OF EMPLOYER), INCLUDING TRAVEL TIME, UP TO 45 HRS/WK. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

WORKING & ATTENDING CLASSES (INCLUDE IN DESCRIPTION THE CLASS SCHEDULE)

CHILD CARE IS AUTHORIZED FOR THE TIME (NAME OF CLIENT) IS ATTENDING CLASSES AT (NAME OF COLLEGE/SCHOOL) FOR SEMESTER/QUARTER & YEAR) & EMPLOYED AT (NAME OF EMPLOYER), UP TO 40 HOURS/WEEK (#HOURS FOR SCHOOL + # OF HOURS FOR WORK), INCLUDING TRAVEL TIME. CLIENT ATTENDS CLASS: MONDAY (START TO END), TUESDAY (START TO

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ND), WEDNESDAY (START TO END), THURSDAY (START TO END) AND FRIDAY (START TO END). SEMESTER/QUARTER ENDS MONTH DAY AND YEAR). BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

TWO PARENTS WORKING/ATTENDING SCHOOL

CHILD CARE IS AUTHORIZED FOR THE TIME THAT 'BOTH' (NAME OF CLIENT) AND (NAME OF CLIENT) ARE ATTENDING SCHOOL AT (NAME OF COLLEGE/SCHOOL) FOR (SEMESTER/QUARTER AND YEAR) AND/OR (NAME OF CLIENT) IS WORKING AT (NAME OF EMPLOYER) AND (NAME OF CLIENT) IS WORKING AT (NAME OF EMPLOYER) UP TO 45 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME BOTH PARENTS ARE ENGAGING IN EITHER EMPLOYMENT OR SCHOOL. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

CHILD CARE PROVIDER FOR NON-SCHOOL DAYS

CHILD CARE IS AUTHORIZED FOR NON-SCHOOL DAYS FOR (NAME OF CHILD) WHILE (NAME OF CLIENT) IS WORKING AT (NAME OF EMPLOYER) AND/OR ATTENDING SCHOOL AT (NAME OF COLLEGE/SCHOOL) FOR (SEMESTER/QUARTER AND YEAR), UP TO 45 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

CHILD CARE PROVIDER FOR EVENING/WEEKEND SHIFTS/CLASSES

CHILD CARE IS AUTHORIZED FOR EVENINGS AND/OR WEEKENDS FOR (NAME OF CHILD) WHILE (NAME OF CLIENT) IS WORKING AT (NAME OF EMPLOYER) AND/OR ATTENDING SCHOOL AT (NAME OF COLLEGE/SCHOOL) FOR (SEMESTER/QUARTER AND YEAR), UP TO 45 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME SPECIFIED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

MEDICAL APPOINTMENTS

CHILD CARE IS AUTHORIZED FOR THE TIME (NAME OF CLIENT) IS ATTENDING MEDICAL APPOINTMENTS/THERAPIST APPOINTMENTS, UP TO 10 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT

IN-HOME CHILD CARE (ONE AUTHORIZATION FOR ALL CHILDREN AUTHORIZED UNDER THE PARENT'S NAME)

IN-HOME CHILD CARE IS APPROVED FOR (NAMES OF ALL THE CHILDREN) FOR WHILE (NAME OF CLIENT) IS WORKING AT (NAME OF EMPLOYER) AND/OR ATTENDING SCHOOL AT (NAME OF COLLEGE/SCHOOL) FOR (SEMESTER/QUARTER AND YEAR), UP TO 40 HOURS/WEEK, INCLUDING TRAVEL TIME. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT. FAMILY FEE IS: \$____/MONTH.

TRANSPORTATION CHILD CARE

TRANSPORTATION CHILD CARE TO AND FROM HOME IS APPROVED FOR (NAME OF CHILD) UP TO 10 ONE WAY TRIPS PER WEEK. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

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ENROLLMENT FEE

ONE TIME ENROLLMENT FEE OF \$25 (*If a center, it is \$25; if a licensed home, it is \$15*) IS APPROVED FOR (*NAME OF CHILD*). BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT.

ACTIVITY FEE

SUMMER ACTIVITY FEES (UP TO 3 OCCURRENCES) OF \$25/MONTH (*If a center, it is \$25; if a licensed home, it is \$5*) ARE APPROVED FOR (*NAME OF CHILD*) FOR THE SUMMER MONTHS OF JUNE, JULY AND AUGUST. BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE TIME APPROVED ABOVE. IF USED FOR OTHER REASONS CLIENT IS RESPONSIBLE FOR PAYMENT. (*Usually activity fees are for summer, but some programs make field trips at other times of the year. Even if it is summer, they may start activities in May.*)