Administration of the Child Care Assistance Program

2018-2019 St. Louis County and Tribal Child Care Fund Plan

Administration of the Child Care Assistance Program

Background: Counties and tribes must submit a biennial Child Care Fund Plan to the commissioner. Child Care Assistance Program (CCAP) rules and laws allow counties and tribes to establish some local policies and procedures. These local policies and procedures, when included in this plan and approved by the commissioner, are considered county/tribal policy and are used to support agency decisions during appeals. The Department of Human Services (DHS) will review and approve County and Tribal Child Care Fund Plans. Counties and tribes will receive approval letters for their Child Care Fund Plans from the commissioner of DHS. This plan period begins on January 1, 2018.

Steps to complete the plan process:

Step One – Review the plan
Determine if there are changes to policies or procedures compared to previous plans, or if there are new policies or procedures. Involve other staff as needed.

Note: New questions were added and questions were re-ordered.

Step Two – Draft the plan responses

Step Three – Inform or involve stakeholders
DHS encourages counties and tribes to develop optional policies for the Child Care Assistance Program in coordination with local child care stakeholders. This may include: parents, child care providers, culturally specific service organizations, Child Care Aware agencies (formerly known as child care resource and referral agencies), interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. Consult with other agency staff such as fraud investigators, income maintenance and employment services staff.

Step Four – Share the draft plan
Prior to submission, make copies of the proposed plan available to the public and allow sufficient time for public review and comment. See question II.D of this plan; describe methods used to make the plan available to the public, particularly to those members listed in II.D.

Step Five – Submit the plan by the deadline
Submit the plan by the deadline, and note these guidelines:

- Identify all optional county/tribal Child Care Assistance Program policies; see question IX.A.
- Do not answer questions by stating that the reviewer should refer to a previous plan.
- Submit any agency-developed forms that have not been previously submitted and approved. Do not submit DHS and MEC standardized forms. Refer to the DHS memo announcing this plan for a list of DHS created documents that are required for CCAP.
- Provide an answer to each question. Incomplete plans will be returned.

Amendments to plans

A county or tribe may amend their Child Care Fund Plan at any time, but the commissioner must approve the amendment before it becomes effective. If approved by the commissioner, the amendment is effective on the date requested by the agency unless a different effective date is set by the commissioner. Plan amendments must be approved or denied by the commissioner within 60 days after receipt of the amendment request.

Amendments include changes in county/tribal contacts, county/tribal optional policies, new or revised forms and notices. Amendments can be sent in letter form or by email to the agency’s CCAP policy specialist.

Return completed plans by Tuesday, September 19, 2017 to:
DHS.CCAP@state.mn.us
Administration of the Child Care Assistance Program

I. Child Care Assistance Program contacts

A. County or tribal agency

<table>
<thead>
<tr>
<th>COUNTY OR TRIBE NAME</th>
<th>GENERAL PHONE NUMBER</th>
<th>EXTENSION</th>
<th>GENERAL FAX NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis</td>
<td>218-726-2000</td>
<td></td>
<td>218-733-2992</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY’S FULL NAME</th>
<th>CCAP INTAKE PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis County Public Health and Human Services (PHHS)</td>
<td>218-726-2400</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAIN OFFICE STREET ADDRESS</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>320 W. 2nd Street</td>
<td>Duluth</td>
<td>55802</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAIN OFFICE MAILING ADDRESS (if different)</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

B. County or tribal branch office (if applicable)

<table>
<thead>
<tr>
<th>BRANCH NAME</th>
<th>GENERAL PHONE NUMBER</th>
<th>EXTENSION</th>
<th>GENERAL FAX NUMBER</th>
<th>EXTENSION</th>
<th>CCAP INTAKE PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis County PHHS</td>
<td>218-471-7137</td>
<td></td>
<td></td>
<td></td>
<td>218-726-2400</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF BRANCH OFFICE</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northland Office Building, 307 South 1st Street</td>
<td>Virginia</td>
<td>55792</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BRANCH NAME</th>
<th>GENERAL PHONE NUMBER</th>
<th>EXTENSION</th>
<th>GENERAL FAX NUMBER</th>
<th>EXTENSION</th>
<th>CCAP INTAKE PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis County PHHS</td>
<td>218-262-6000</td>
<td>Hibbin</td>
<td></td>
<td></td>
<td>218-726-2400</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF BRANCH OFFICE</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hibbing Annex, 1814 East 14th Avenue</td>
<td>Hibbing</td>
<td>55746</td>
</tr>
</tbody>
</table>

C. Agency contact people

This contact information is required to be completed and will be used by DHS staff to communicate with counties or tribes.

1. County or tribal CCAP administrative contact

Who is your primary contact for DHS CCAP?

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
<th>FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie</td>
<td>Waldriff</td>
<td>218-726-2021</td>
<td></td>
<td>218-733-2976</td>
</tr>
</tbody>
</table>

EMAIL ADDRESS
waldriffd@stlouiscountymn.gov

SIR EMAIL ADDRESS
X169860@cty.dhs.state.mn.us

ADDRESS
320 West 2nd Street, 1st Floor
CITY Duluth
ZIP CODE 55802
2. County or tribal client access contact
Who is your lead person/s who has contact with families receiving CCAP?

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
<th>FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amanda</td>
<td>Yates</td>
<td>218-726-2132</td>
<td>218-733-2976</td>
<td></td>
</tr>
</tbody>
</table>

**EMAIL ADDRESS**
yatesa@stlouiscountymn.gov

**ADDRESS**
320 West 2nd Street, 6th floor

3. Management of waiting list contact
Who is your waiting list contact person? The waiting list contact person identified is responsible for maintaining the waiting list and responding to the state's questions about families reported on the waiting list. Only identify one waiting list contact.

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
<th>FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amanda</td>
<td>Yates</td>
<td>218-726-2132</td>
<td>218-733-2976</td>
<td></td>
</tr>
</tbody>
</table>

**EMAIL ADDRESS**
yatesa@stlouiscountymn.gov

**ADDRESS**
320 West 2nd Street, 6th Floor

4. Provider billing contact
Who is your lead billing contact person who is able to answer questions about billing and payments?

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
<th>FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lisa</td>
<td>King</td>
<td>218-726-2153</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMAIL ADDRESS**
kinge@stlouiscountymn.gov

**ADDRESS**
320 W. 2nd Street, 4W

5. Provider registration contact
Who is your lead provider registration contact person who is able to answer questions about provider registrations?

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
<th>FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Peter</td>
<td>Moeri</td>
<td>218-726-2064</td>
<td>218-733-2992</td>
<td></td>
</tr>
</tbody>
</table>

**EMAIL ADDRESS**
moeripe@stlouiscountymn.gov

**ADDRESS**
320 West 2nd Street, Rm 104
D. Subcontracted services

Counties and tribes may contract with an agency to administer all or part of their Child Care Assistance Program. Do not include cooperative agreements with employment and training service providers that work with MFIP/DWP families to develop and approve the employment service plan.

If you are planning any changes in the administration of your CCAP, tell your CCAP policy specialist immediately. This could involve subcontracting or mergers of counties. Failing to notify DHS may delay the changes that you are planning to make.

Does your county or tribe contract with an agency for any part of the administration of CCAP?   ○ Yes   ○ No

II. Collaboration and outreach

A. How do you share information so that individuals, child care providers, social service agencies, etc. are aware of child care assistance? (Minnesota Rules, part 3400.014C, subpart 2)

Basic information about CCAP program and contact information is posted on the St. Louis County website. Child Care Aware provides regional information dissemination. SLC CCAP workers are involved in community committees such as emergency preparedness, school board, inter-congregational, early intervention inter-agency committees, cultural diversity committee, PHHS conference presenters and at community public forums. SLC has staff available in 3 of the county offices, Duluth, Virginia, Hibbing. For licensed family providers there is a quarterly newsletter distributed.

B. Agencies are required to work with other public and private community resources that provide services to families. These other resources include, but are not limited to, Child Care Aware, School Readiness, Early Learning Scholarships, Head Start, and Early Childhood Screening. List the community programs your agency works with to maximize community resources for families with young children. (Minnesota Statute, section 119B.08, subdivision 3 (1))

We have representation with collaborative programs in Lutheran Social Services, Early Childhood Inter-agency Collaboratives such as THRIVE and Early childhood mental health review team, Interdepartmental and Inter-agency collaborative with Public Health, Workforce Center, Child and Family Services Minor parent worker and Child Care Assistance Worker, Range Cross Functional meetings with Income Maintenance, Child Care, Employment Services, and Tribal representation, Tribal connections and also have discussions with the homeless project at the Steve O’Neil Apartments. St. Louis County has worked with several initiatives that have and are coordinated by Northland Foundation around young children and their families. SLC Health Dept. community services such as WIC and health screenings, utilize and coordinate with Head start programs. St. Louis County and the Community Based programs whose focus is early childhood, pre-K population have been partners in collaboration for many years. Due to this cooperative relationship, SLC’s role within these various activities range from primary to participant to information resource only.

C. How do you work with the community based programs and service providers identified above to maximize public and private community resources for families with young children? Include in this description the methods used to share information, responsibility, and accountability among these service and program providers as you work to foster collaboration among agencies and other community-based programs that provide flexible, family-focused services to families with young children and to facilitate transition into kindergarten.

Staff from Child Care Assistance program present at annual PHHS conference that has over 2500 participants. Information is daily shared in paper, email, verbal, in person and web on-line general information. SLC has a dedicated information telephone number that has a worker of the day assigned. Private, Public and non-profit agencies have SLC’s child care brochures to provide to the general public.
D. Copies of the proposed plan must be made reasonably available to the public, including those interested in child care policies such as parents, child care providers, culturally specific service organizations, Child Care Aware of Minnesota agencies (child care resource and referral), interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. **You must allow time for public review and comment prior to submitting this plan to DHS for approval.** (Minnesota Statute, section 119B.08, subdivision 3 (2))

**D1.** Describe your procedures and methods to make copies of the draft plan reasonably available to the public.

The draft plan will be posted on the St. Louis County website. Paper copies available upon request.

**D2.** How long did you allow for public review?

Sept 8th until DHS approval of plan.

E. After your plan is approved by DHS, do you post your approved county/tribal plan on your website?  

☐ Yes  ☐ No

III. Eligibility

A. Education plans under the Basic Sliding Fee Program (BSF)

Prior to completing this section, please review Minnesota Rules, part 3400.0040 and Minnesota Statutes 119B.07 in their entirety to ensure your policies are in compliance.

1. High school diploma/GED high school equivalency diploma

   1a. Do you approve all high school and GED programs?  
       ☐ Yes  ☐ No

   1b. Identify any circumstances when you would end a student’s Basic Sliding Fee education plan for a high school or GED program. Students cannot be required to maintain a certain GPA.

       Not applicable.

2. Remedial and basic skills courses (includes Adult Basic Education and English as a Second Language)

   2a. Do you approve all remedial and basic skills courses?  
       ☐ Yes  ☐ No

   2b. Identify any circumstances when you would end a student’s Basic Sliding Fee education plan for a student attending a remedial or basic skills course.

       Not applicable.

3. Post-secondary programs

   3a. Describe your policy and procedures for approving a course of study that will lead to employment for a post-secondary student under Basic Sliding Fee.

       Parent completes a "Request for Child Care Assistance for Training/Education" SLCPHHS#2202 form (Attachment A) Required are the name of the school, the occupation and degree being sought, the dates that school begins and anticipated completion end date to determine approximate length of time BSF will be needed. Whether they are currently enrolled in school. The request also requires the parent to do some research as to the employability and wages of the graduates in that occupation. Their education history provides the eligibility factor of whether they have completed a post-secondary degree before or if this is part of an ongoing education plan. Identifying any previous post-secondary education also indicates whether there was any previous scholastic probation or issues. We would allow BSF to be utilized if it is for course work required for maintaining a professional license. Approval or denial of the plan are indicated on the form and also case noted in MEC2.

       BSF CCAP Education Plans are approved by the CCAP worker if the applicants information is complete and is a standard request. BSF education plans that the CCAP worker has concerns or questions, those requests will be discussed with CCAP co-workers/Supervisor to determine if more information is necessary or approve/deny.
Additionally, starting 10/23/2017, families in Transition Year will be eligible for BSF funds for education.

3b. Identify the factors that contribute to the above policy (for example: the availability of jobs where family resides or intends to reside, wage data, job placement rates in field of study).

Completion of an education program will likely lead to higher wage employment compared to the parent's current wages or recent wage history.
At a minimum, the chosen field should allow a family to increase their income above the poverty level, for that family's household size.
The following criterion that applies to the applicant must be met.
Parent must verify enrollment into an accredited post-secondary school.
If the parent is already enrolled in a program, they are making satisfactory progress toward completion of the program as documented by the standards of the educational institution.

3c. Identify any circumstances when you would end a student's Basic Sliding Fee education plan for a student attending a post-secondary program.

Not applicable.

4. Changes to Basic Sliding Fee (BSF) education plans

4a. Do you have a different approval policy if a participant requests a change to their education plan?  ○ Yes  ○ No

B. Basic Sliding Fee Waiting List management

1. Priorities for service

Have you established sub-priorities for the fifth priority Basic Sliding Fee waiting list beyond those required in Minnesota Statute, section 119B.03, subdivision 4?

○ Yes  ○ No

Identify the additional priorities and rationale for determining those additional priorities. (Minnesota Rules, part 3400.0140, subpart 10)

5) Single parents, including single relative caretakers, employed 20 hours per week. Single parents participating in approved job search activities.
This category also includes post secondary students who meet the 20 hours per week minimum for work activity.
6) Two parent families in which both parents are employed a minimum of 20 hours per week
7) Single parent full time post-secondary students not employed, or employed less than 20 hours a week.
8) Two parent families in which one parent works a minimum of 20 hours per week and one parent is a full time post-secondary student
9) Two parent families with combinations of job search and post secondary activities or two parent families in which both are in job search activities.

2. Six month review of Basic Sliding Fee Waiting List

2a. Statute requires that you review and update your waiting list at least every six months. How are families notified of this six month review? Describe your agency's process for reviewing and updating the waiting list. Please include your agency's six month review letter in Section IX.B. If your agency does not currently have a waiting list, describe your process in the event your agency does start a waiting list.

Parents will be notified every 6 months. The notification will include the request for the parent to continue to update their status of need and to respond within 30 days of notification. Thus allowing parents to remove their names at their request or determine that their eligibility criteria has ended. When a family reaches the top of the waiting list and could be added, an application will be sent to the family. A family is removed from the waiting list when the county receives the completed application. If no application is received, the family is removed at the end of the time period allowed for returning the application. The notice sent with the application informs the family that their name
will be removed if no application is received.

2b. When families are removed from the waiting list for not responding to the six month review are they sent an additional notice or does the six month review letter include notification they will be removed from the waiting list if they do not respond?

On update notifications, Parents are informed they have 30 days to respond or they will be removed from the waiting list. If the parent has made it to the top of the list and has been sent an application, and no application is received, the family is removed at the end of the time period allowed for returning the application. The notice sent with the application informs the family that their name will be removed if no application is received. Both the update notification and the application letter will inform the client that they will be removed from the waiting list if they do not respond in the designated amount of time.

3. Applications mailed to families on the Basic Sliding Fee Waiting List
Applications must be sent to families on the waiting list when there is funding available for Basic Sliding Fee.
When do you remove the family from the waiting list?

☐ Family is removed from the waiting list when the application is sent to the family. The notice sent with the application informs the family that their name has been removed from the waiting list.

☐ Family is removed from the waiting list when you receive the completed application. If no application is received, the family is removed at the end of the time period allowed for returning the application. The notice sent with the application informs the family.

4. Temporarily ineligible families on the Basic Sliding Fee Waiting List
When a family reaches the top of the waiting list and is temporarily ineligible for child care assistance, leave the family at the top of the waiting list for a period of time not to exceed 90 calendar days, according to priority group and serve the applicant who is next on the waiting list unless an alternative procedure is provided in the agency’s plan.

Are there exceptions to the 90 day policy that extends the timeframe for a family who has reached the top of the waiting list and is temporarily ineligible?  ☐ Yes  ☐ No

C. Child care for job search activities
1. When you authorize child care assistance during job search activities for families without an approved employment plan, how many hours do you authorize?

☐ Authorize the number of hours requested by the participant

☐ Authorize a standard number of hours determined by the agency.

2. Do you verify the actual number of hours spent on job search?  ☐ Yes  ☐ No

D. Child care for school release days
How do case workers and billing workers authorize care for school release days in your agency?

☐ Authorize actual hours needed and increase or decrease hours based on known school release days.

☐ Authorize the hours care is needed when there are no school release days.

☐ Authorize the highest number of hours care is needed with the provider.

☐ Other method.

How do you communicate scheduled and authorized hours to parents, providers and billing workers?

Add a comment to the notice identifying what the schedule is, and what authorized hours are approved. Worker will not exceeding 20 hours per week if parent is in the three month period of job search.
E. Child care for families with flexible schedules

How do case workers and billing workers authorize care for families with flexible schedules in your agency?

- Authorize the typical number of hours needed and when the schedule requires additional care, the provider bills for the additional care.
- Authorize the minimum number of hours care is needed and when the schedule requires additional care, the provider bills for the additional care. Payment is made by increasing the number of hours listed in the “total hours of care authorized” field on the billing window or by creating a new Service Authorization.
- Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time that care is needed.
- Other method.

How do you communicate scheduled and authorized hours to parents, providers and billing workers?

Add a comment to the Service Authorization notice identifying what the schedule is, and what authorized hours are approved.

F. Authorizing care for clients with Employment Plans

Job counselors and CCAP workers must communicate child care needs for clients with Employment Plans. Guidance can be found in CCAP Policy Manual, Chapter 16.1.

1. Schedules and Authorizations

   CCAP workers must obtain an activity schedule or the days and times that child care is needed. Who is responsible for obtaining the schedule information from the client?

   - Job counselor provides schedule or days and times that child care is needed to CCAP worker.
   - CCAP worker obtains schedule from client.
   - Other method.

   How do CCAP workers receive schedule information for Employment Plan activities?

   If employment counselor includes a client work schedule, CCAP workers will use that schedule. Otherwise, CCAP workers will obtain schedule from client.

2. How do you communicate required information between job counselors and CCAP workers (email, fax, case notes, verbal, DHS-7054, etc.)?

   Communication includes email, fax, OnBase, case notes and phone calls. Verification documentation must be sent via email, fax or OnBase. Currently, SLC CCAP does not share the same electronic management system as Employment Services.

IV. Provider compliance policies

A. Reasons for closing a provider’s registration

Minnesota Statutes, section 119B.13, subdivision 6(d) allows counties and tribes to refuse to issue a child care authorization, revoke an existing authorization for a provider, stop payment, or refuse to pay a bill under circumstances described in the six clauses below. Counties and tribes must indicate which clauses they will include in their plan, and must apply the policies consistently to providers.

- An agency cannot implement these policies without establishing them in their plan.
- An agency must notify their CCAP Policy Specialist at least 10 days prior to closing a provider’s registration or taking any other action to enforce any of these policies, except clause 4 when notified by DHS.
- An agency that does not implement these policies may still pursue a fraud disqualification for a provider. These policies can be used in addition to, or in combination with, a fraud disqualification.
Does your agency plan to disqualify providers for reasons listed in Minnesota Statutes, section 119B.13, subdivision 6(d)?
☐ Yes  ☐ No

Which clause(s) does your agency plan to implement? Check all that apply.

☒ Clause 1: A provider admits to intentionally giving the agency materially false information on the provider's billing forms.
   If you checked Clause 1, your agency must also pursue, at minimum, a disqualification and establishment of an Intentional Program Violation (IPV) using the Administrative Disqualification (ADH) process described in Chapter 14 of the CCAP Policy Manual. The agency should consider pursuing a fraud determination through other means described in section 14.12.6 in the CCAP Policy Manual. There also may be overpayments charged to the provider applied to time periods when Clause 1 occurred. When enforcing this clause, you have the option to use MEC generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.
   What type of notice will you send to families?  ☐ MEC: generated notices  ☐ DHS optional notices
   What type of notice will you send to providers?  ☐ MEC: generated notices  ☐ DHS optional notices

Note: If your agency uses DHS optional notices, you must also close the provider’s registration in MEC. Contact your CCAP Policy Specialist for system instructions.

☒ Clause 2: The agency finds a preponderance of evidence that the provider intentionally gave the agency materially false information on the provider’s billing forms or attendance records.
   If you checked Clause 2, your agency must also pursue, at minimum, a disqualification and establishment of an Intentional Program Violation (IPV) using the Administrative Disqualification (ADH) process described in Chapter 14 of the CCAP Policy Manual. The agency should consider pursuing a fraud determination through other means described in section 14.12.6 in the CCAP Policy Manual. There also may be overpayments charged to the provider applied to time periods when Clause 2 occurred. When enforcing this clause, you have the option to use MEC generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.
   What type of notice will you send to families?  ☐ MEC: generated notices  ☐ DHS optional notices
   What type of notice will you send to providers?  ☐ MEC: generated notices  ☐ DHS optional notices

Note: If your agency uses DHS optional notices, you must also close the provider’s registration in MEC. Contact your CCAP Policy Specialist for system instructions.

☐ Clause 3: A provider is in violation of Child Care Assistance Program rules, until the agency determines the violations have been corrected.

☒ Clause 4: A provider is operating after receipt of a licensing order of suspension or revocation (this occurs when providers are appealing the revocation or suspension) or a final order of conditional license, for as long as the conditional license is in effect.

Note: Agencies do not have the option to close registrations of providers operating with conditional licenses.
   If you choose this option, DHS will send you a list once a month to inform you of providers in this category. You may act sooner if you learn of this licensing status through your licensors, etc. Contact your CCAP Policy Specialist if you are planning to take action prior to receiving the monthly DHS listing.

What licensing violations are subject to this clause?
Providers with a suspended license?  ☐ Yes  ☐ No

When applying this clause for a provider with a suspended license, what provider types will you apply the clause to?
☐ Licensed family child care  ☐ Licensed centers  ☐ Both

Providers with a revoked license?  ☐ Yes  ☐ No
When applying this clause for a provider with a revoked license, what provider types will you apply the clause to?
- Licensed family child care
- Licensed centers
- Both

When enforcing this clause, you have the option to use MEC generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families?  
- MEC generated notices
- DHS optional notices

What type of notice will you send to providers?  
- MEC generated notices
- DHS optional notices

Note: If your agency uses DHS optional notices, you must also close the provider's registration in MEC. Contact your CCAP Policy Specialist for system instructions.

- Clause 5: A provider submits false attendance reports or refuses to provide documentation of the child's attendance upon request.

How will your agency determine the provider has corrected the condition?

St. Louis County Public Health and Human Services has the right to refuse to pay a bill, revoke child care authorization, and refuse to issue a child care authorization to a provider that submits false reports or refuses to provide documentation of a child’s attendance upon request.

Providers would be required to submit monthly attendance records and submit new billing forms for the child/children. Monthly attendance records will need to be complete to show dates and times of attendance and to the extent possible, this must be documented by the person dropping off and or picking up the child.

If a provider does not comply with the request for attendance records, the agency will make a fraud referral.

To demonstrate compliance with the above requirements, the provider must submit a signed statement that they understand and will follow the requirement(s) in the future.

If the county makes the decision to close a provider registration and a provider corrects a requirement prior to the end of the 15-day notice period, then the registration will be reinstated.

If a provider corrects a requirement after their registration closes, then they must re-register using the appropriate Provider Registration form DHS-7195 or DHS-5190-52 and submit for approval.

Your agency may withhold payment for a period of up to three months beyond the time the condition has been corrected.

Will you apply a penalty period beyond when the condition is corrected?  
- Yes
- No

When enforcing this clause, you have the option to use MEC generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families?  
- MEC generated notices
- DHS optional notices

What type of notice will you send to providers?  
- MEC generated notices
- DHS optional notices

Note: If your agency uses DHS optional notices, you must also close the provider’s registration in MEC. Contact your CCAP Policy Specialist for system instructions.


How will your agency determine the provider has corrected the condition?

A provider is in violation if they charge CCAP families a higher rate than non-CCAP families and when the provider signs the provider Registration and Acknowledgement form they acknowledge that doing so or wrongfully obtaining child care will be investigated and the provider may be charged with a crime.
St. Louis County requires providers to submit copies of their billing policies to the agency at authorization and anytime a provider updates their billing and payment policies.

St. Louis County Public Health and Human Services will review billings that are submitted and compare the rates as listed by the provider. St. Louis County Public Health and Human Services may revoke the provider’s authorization and stop payment.

The provider will be required to resubmit new billing forms with the same rates charged to the Non-CCAP families.

To demonstrate compliance with the above requirements, the provider must submit a signed statement that they understand and will follow the requirement(s) in the future.

If the county makes the decision to close a provider registration and a provider corrects a requirement prior to the end of the 15-day notice period, then the registration will be reinstated.

If a provider corrects a requirement after their registration closes, then they must re-register using the appropriate Provider Registration form DHS-7195 or DHS-5190-92 and submit for approval.

Your agency may withhold payment for a period of up to three months beyond the time the condition has been corrected.

Will you apply a penalty period beyond when the condition is corrected?  ○ Yes  ○ No

When enforcing this clause, you have the option to use MEC2 generated notices or DHS optional notices to notify providers and/or families. The DHS optional notice to families communicates they are still eligible for CCAP. The DHS optional notice to providers gives specific information on why their registration closed and, according to policy, does not include provider appeal rights. Contact your CCAP Policy Specialist for samples of the DHS optional notices and instructions on how to use the notices.

What type of notice will you send to families?  ○ MEC2 generated notices  ○ DHS optional notices

What type of notice will you send to providers?  ○ MEC2 generated notices  ○ DHS optional notices

Note: If your agency uses DHS optional notices, you must also close the provider's registration in MEC2. Contact your CCAP Policy Specialist for system instructions.

B. Notification to providers

Your agency must notify all currently registered providers and any new providers wishing to register with your agency of the provider compliance clause(s) being implemented. Notification options include:

- Sending a mailing to all providers registered with your agency.
- Adding information to your agency’s provider registration packets.

How will you notify providers about the provider compliance clauses your agency is choosing to implement? Add the notification document(s) to Section IX.B and if the document(s) have not yet been approved by DHS, submit with this plan for review and approval.

This information is included in all new provider and family packets.

Note: This notice differs from the adverse action notice your agency sends when closing an individual provider’s registration under these clauses.
V. Policies applicable to legal nonlicensed (LNL) providers

A. Unsafe care criteria

Individuals must pass a background study prior to being approved as an LNL provider. You have the option to apply additional conditions, beyond the background study disqualifications, under which care is considered unsafe. DHS recommends you review the following sections of statute to ensure that your policies are not requirements that are applied to all providers:

- *Minnesota Statute, sections 119B.125, subdivision 2*
- *Minnesota Statute, sections 245C.14 or 245C.15*

Note that a conviction for a crime or offense not listed in sections 245C.14 or 245C.15 is not an automatic bar to authorization as an LNL provider. A conviction for a crime or offense not listed may only bar an authorization if the crime or offense reflects on the provider’s ability to provide care.

Do you apply additional conditions of unsafe care beyond those contained in Minnesota Statute, sections 245C.14 or 245C.15, to LNL providers or LNL care arrangements?  
☐ Yes  ☐ No

List these conditions, indicating how you will determine these conditions exist and how they impact the provider’s ability to provide care.

<table>
<thead>
<tr>
<th>Unsafe Care Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Non-licensed Providers</td>
</tr>
</tbody>
</table>

1. For reasons which reflect on the provider’s ability to give care, the provider has had a felony level conviction within the past 15 years involving the use, dissemination, sale or possession of alcohol, drugs or other controlled substances or the conspiracy to do the same; or the provider has admitted, or a preponderance of the evidence indicates, that the provider committed such an offense within the past 15 years.

2. For reasons which reflect on the provider’s ability to give care, the provider has lost parental rights to a child through an order involuntarily terminating the provider’s parental rights, or a child of the provider has been the subject of an order involuntarily transferring permanent legal and physical custody of the child to a relative under Minn. Stat. 260C.201, subd. 11(e)(1), or a similar law of another jurisdiction.

3. A responsible social services agency has determined, or a preponderance of the evidence indicates, that the provider has subjected a child to egregious harm as defined by Minn. Stat. 260C.007, subd. 14.

4. Voluntary or court ordered placement of a provider’s child out of the provider’s home within the past two years for reasons which reflect on the provider’s ability to provide care.

5. The residence or facility where the child care would be provided is not in compliance with State or local health or building code regulations such that, in the opinion of the County, the health or safety of children in the residence could be in jeopardy.

6. Documentation or other credible evidence of substantial, unsanitary conditions in the provider’s home (i.e., such as clutter that inhibits free movement in the home, un-disposed pet or other urine or feces, uncontained garbage, etc.) within the past five years.

7. Documentation or other credible evidence of the presence of a methamphetamine lab in the provider’s residence within the past seven years.

8. Documentation or other credible evidence of weapons, ammunition or illegal drugs which may have been or accessible to children in the residence within the past seven years.

9. Dangerous, uncontrolled animals on the provider’s property or in the provider’s residence.
10. Documentation or other credible evidence of recurring child neglect by the provider, other than educational neglect, within the last seven years.

11. Involuntary judicial commitment of the provider within the past two years.

12. Documentation or other credible evidence of repeated incidents of violent behavior within the past seven years.

13. For reasons which reflect on the provider’s ability to give care, less than seven years has passed since the substantiated serious or recurring maltreatment by the person of a minor under Minn. Stat. ‘626.556, a vulnerable adult under Minn. Stat. ‘626.557, or serious or recurring maltreatment in any other state, the elements of which are substantially similar to the elements of sections 626.556 or 626.557 for which: (1) there is a preponderance of evidence that the maltreatment occurred, and (2) the subject was responsible for the maltreatment.

14. Documentation or other credible evidence that the person abuses prescription drugs or uses controlled substances as specified in Minnesota Statutes, Chapter 152, or alcohol, to the extent that the use or abuse has or may have a negative effect on the ability of the provider to give care or is apparent during the hours children are in care. Any such person must have 12 consecutive months of verified abstinence before authorization as a legal non-licensed provider.

15. Documentation or other credible evidence of illegal activities in the provider’s residence or by the person which may place a child in a harmful situation (i.e., prostitution, illegal drug sales or use, etc.).

16. The presence of a known sex offender residing in the home where the child care is provided or who has access to the children.

17. The provider has received child protection services within the past five years, not including Family Assessment services; and the review of the record and assessments of the child protection staff assigned to the case provide a preponderance of evidence that the provider is unsafe or the circumstances of the child care arrangement are unsafe.

Do you apply the above unsafe care criteria to licensed providers as well as LNL providers?

☐ Yes  ☐ No

**B. Background checks for legal nonlicensed (LNL) providers**

You are required to complete a criminal background study on all LNL providers and persons residing in their households.

1. Do you charge a fee to unlicensed providers when completing the required criminal background check?

   ☐ Yes  ☐ No

   How much do you charge for the background check? Fees are not to exceed $100 annually.

   ☐ per family  ☐ per person $ 25.00

2. How often do you reauthorize providers?

   ☐ Yearly  ☐ Every Two Years  ☐ Other

3. Do you request background information from other agencies when a provider is registered by another agency?

   ☐ Yes  ☐ No
C. Records of substantiated parental complaints

Within 24 hours of receiving a complaint concerning the health or safety of children under the care of an LNL provider, an agency must relay the complaint to the agency's child protection agency, county public health agency, local law enforcement, and/or other agencies with jurisdictions to investigate complaints. When a report is substantiated, see Minnesota Rules, part 3400.0140, subpart 6, for record retention and provider payment policies.

When complaints are substantiated, how do you:

a. Maintain these records, and
b. Make this information available to the public when requested?

Complaints for Legal Non Licensed providers are not tracked by the Child Care unit. Complaints as listed in MN Rule 3400.0140, subp 6, are recorded in the child’s record or record relevant to the complaint. In all cases of child welfare services those records are kept at a minimum of 3-4 years. Case notes are recorded in 2 separate state systems, SSIS and MEC2. Where cases of health and safety of a child is substantiated, those records are kept for 10 years. Substantiated maltreatment and fatality cases within a LNL provider will be maintained within the CCAP unit. If a request was received we use our standard county policy about public information-written request is required, no charge for viewing and fee of $.25 per page for copies. Information is provided to the public per applicable data privacy laws. Reports of illegal day care are tracked in SSIS as an intake and/or assessment if necessary.

VI. Special needs rates

Special needs rates, above the standard maximum rates, can be paid to providers if approved by the commissioner of DHS (up to the provider’s charge).

A. Special needs rates for children in at-risk programs

You may choose to pay special needs rates to certain populations defined as “at-risk” in your County and Tribal Child Care Fund Plan. You must have DHS approval for these rates to be paid. At-risk means environmental or familial factors exist that could create barriers to a child’s optimal achievement. If you have chosen to pay special needs rates for specialized care to identified at-risk populations, include information for each facility that provides specialized services. If you have a contract or agreement with the identified facilities, submit the contract or agreement as an attachment to this plan.

<table>
<thead>
<tr>
<th>Identified at-risk population group</th>
<th>Facility name</th>
<th>Rate by age category</th>
<th>Rate schedule</th>
<th>Begin date</th>
<th>Documentation that supports the approved rate that is on file from the provider</th>
<th>Documentation in the file that supports that the child is included in the at-risk population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If this information changes, including additional population groups identified by your agency, new facilities, or a proposed change in rates paid, DHS must approve the change. Submit a request to amend your plan. This information will be used during case audits.

B. Special needs rates for care of sick children

You may choose to pay special needs rates for the care of sick children. Special needs rates for care of sick children apply to rates paid above the standard maximum rates to a provider that cares for sick children. You must have DHS approval for these rates to be paid.

1. Identify the provider type, rate(s) approved, rate schedule and the approved rate begin date for each special need rate currently paid above the standard maximum rate when care is for a sick child. **Do not attach client-specific information to this plan.**

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Rate by age category</th>
<th>Rate schedule</th>
<th>Approved rate begin date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
VII. Payment policies

A. Payment to two providers when a child is sick

When a child is sick and being cared for by a second provider, do you pay both the regular provider that charges an absent day if the child has not reached the absent day limit and the second provider that is caring for the child?

☐ Yes  ☐ No

Note: If the rate paid for care of sick children exceeds maximum rates, the "rates for care of sick children" must be included in the special needs rates section of this plan.

B. Submission of invoices

If a provider receives an authorization of care and a billing form for an eligible family, the provider must submit the billing form to the agency within 60 days of the last date of service on the billing form. If the provider shows good cause for the delay then you may pay bills submitted after 60 days.

1. What is your definition of good cause for delay in submitting a billing form? Agency error must be included in this definition.

   number
   1) Agency error both the provider and the County’s; 2) Computer system issues/errors; 3) Delays in authorizations or retroactive authorizations; 4) Delays due to natural disasters, flood, fire, or blizzard; 5) Documented medical conditions which prevented the provider from submitting bills on time; 6) Provider contacts the supervisor of child care and identifies a valid verification of reason.

   Providers are very good about getting their billings in on time and if they are delinquent and don’t receive payment, they are often calling into the Provider Specialist to inquire as to why they did not receive payment. At which time, the worker assesses the reason for delay. With the integrated process between Child Care Assistance and Accounting Billing Clerk, situations where a provider didn’t get paid are prevented. If a billing is submitted by a provider with more hours than authorized, either the CCAP worker is able to determine if the parent required more hours and/or the provider is contacted by the Provider Specialist regarding the billing discrepancy. Customer service practices of speaking with the parent and the provider has provided personalized service. The provider always has the option to contact the supervisor to discuss their situation.

2. When is a provider signature not needed on a billing form?

   If there is no time to be paid for child in care or in the situation where the provider dies.

3. Do you require the parent signature on the billing form?  ☐ Yes  ☐ No

   3a. When is a parent signature not needed on a paper billing form?

   It is a requirement to obtain a parent’s signature but when a parent does not sign due to moving, changing daycares, incarceration or hospitalization, the provider can submit a request for payment without parent signature. The provider’s request is entered in the comment section of the billing form. Their request is reviewed by the Supervisor who assesses the situation utilizing multiple information systems to determine whether to approve payment or not. If approved, the supervisor signs the unsigned billing form and returns it to the Payment worker.

   3b. Does your agency have any providers using MEC? PRO?  ☐ Yes  ☐ No
C. Underpayments
If you have underpaid according to Child Care Assistance Program policies, do you make corrective payments?
☐ Yes  ☐ No
If yes, under what conditions do you make corrective payments? You may apply criteria such as a dollar amount or how far back the situation occurred.

If case is still open and eligible, corrections will be made back to the last renewal or where the mistake occurred whichever is farther from the date it is discovered. If the case is closed, the situation is identified through audit, we would not be able to make the corrections until the case was reopened. Or we would utilize the HELP desk to open the case during the occurrence of the error. Because to reopen a case, we would need to determine eligibility in order to change any error that occurred previously.

D. Provider rates
Does your agency enter provider rates on MEC?  ☐ Yes  ☐ No
How do you ensure that the rates billed by the provider are the same rates reported at registration? How are discrepancies resolved?

SLC requires that all providers send in written notice of their policies and rates which are kept in the provider files. Updates occur when new rate policies/renewals are received from the provider and when new providers are added. Monitoring providers policy is noted when there is a difference in rate billed. Discrepancies are first handled by the Provider Specialist, Billing Clerk and Clerical due to the possibility of an oversight of the provider. Or if situation requires the Supervisor will work with provider for resolution. St. Louis County does not pay above the State maximum identified for our county. If a provider charges more than the maximum, it has to be in the policy the client signs acknowledging that they understand that they the client will be responsible for the difference.

E. Absent day policy
The Child Care Assistance Program limits the number of paid absent days for licensed child care providers and license-exempt centers. Payment may exceed absent day limit at the request of the provider and with the approval of the county or tribe, if at least one parent in the family:
• Is under the age of 21; and
• Does not have a high school or general equivalency diploma; and
• Is a student in a school district or another similar program that provides or arranges for child care, parenting support, social services, career and employment supports, and academic support to achieve high school graduation.

Do you have any registered child care providers that meet these requirements?  ☐ Yes  ☐ No

VIII. Program integrity
A. Agency case management reviews can be used to determine causes of errors and identify specific policies needing review.

1. Do you conduct case management reviews of CCAP?  ☐ Yes  ☐ No
   If yes, describe the process, including:
   • How cases are selected,
   • Which staff complete the reviews,
   • What forms are used (use of DHS-5312D is recommended),
   • How errors are resolved, and
   • How staff are informed of correct policy.

In regards to case reviews by St. Louis County, file selection has occurred through the PERM, Payment Error Rate Measurement process. That Department notifies St. Louis County what files it is requesting and we send in the current relevant information on that particular case. DHS also conducts a CCAP review per required by the federal government. These files are reviewed and sent to Program Compliance and Audits at DHS. A random review is
conducted when there is a client calling about their case. The review is completed by staff and/or Supervisor. The format of the review is primarily electronic through the MEC2 system. Reviewing Case members, number in household, absent parent, residence, review service agreements, identified providers, eligible activity, case notes, billing and notifications. This targeted review also occurs for the Basic Sliding Fee Educational requests. No form is utilized for the Supervisor reviews. If there are any errors found, they are corrected immediately unless policy clarification is necessary. Client is informed of the finding through a return phone call from the Supervisor. Email has also been used for notification per client request.

2. Do you conduct case management reviews of CCAP providers?  ○ Yes  ○ No

IX. Other information
A. Additional agency optional policies
Do you have any other policies that apply to the Child Care Assistance Program which are not specifically required by state or federal rule or law? (Minnesota Rules, part 3400.0140, subpart 1) (Minnesota Rules, part 3400.0150, subpart 2)
SLC follows requirements and has not added additional requirements.

B. Agency developed forms
All agency developed forms and notices used for CCAP must reflect current policy and be approved by DHS. Counties and tribes must use forms developed by DHS for administration of CCAP. Agency developed forms must not duplicate or replace DHS forms. Local agencies may create supplemental forms subject to DHS approval. Forms must be written using plain language standards and meet other communication guidelines.

Use this table to list all agency developed forms, notices, and documents.

All new and/or amended forms, notices, or written documents that have not been previously approved must be submitted with this plan for DHS approval.

Ensure that all forms and documents previously approved by DHS are in compliance with current statute, memos, bulletins, and the CCAP Policy Manual.

Note: Refer to the DHS memo announcing this plan for a list of DHS created documents required for CCAP. Do not list or submit DHS created documents.

<table>
<thead>
<tr>
<th>Name of Agency Developed Form</th>
<th>Form reflects current CCAP policy</th>
<th>Status of current form</th>
</tr>
</thead>
</table>
| St. Louis County Child Care Assistance Provider Selection Form | Agency assures compliance | □ DHS approved  
 □ Needs DHS approval AND  
 □ Form is submitted with plan |
| St. Louis County Child Care Assistance Program Information for Providers (updated) and Legal Non-Licensed Providers (updated) | Agency assures compliance | □ DHS approved  
 □ Needs DHS approval AND  
 □ Form is submitted with plan |
| CCAP Authorized Representative form | Agency assures compliance | □ DHS approved  
 □ Needs DHS approval AND  
 □ Form is submitted with plan |
| Child Care Assistance Checklist | Agency assures compliance | □ DHS approved  
 □ Needs DHS approval AND  
 □ Form is submitted with plan |
| Child Care Provider Overpayment  
This is an internal worksheet for determining overpayments and submitted to Business Services to initiate recoupment of the overpayment. | Agency assures compliance | □ DHS approved  
 □ Needs DHS approval AND  
 □ Form is submitted with plan |
X. County and tribal assurances

Check the designated boxes below to assure compliance.

A. The county or tribe is informing parents about the following as required under Minnesota Rules, part 3400.0035, subpart 1.
   - The documentation necessary to confirm eligibility for CCAP
   - Waiting list information
   - Application procedures

☐ County or tribe assures compliance

In addition, the agency uses the following:

"Parent Acknowledgement When Choosing a Legal Nonlicensed Provider" (DHS-5367) assures compliance with the following:
   - Families rights and responsibilities when choosing a provider

"Do You Need Help Paying for Child Care?" (DHS-3551) assures compliance with the following:
   - Federal and state child and dependent care tax credits
   - Earned income credits
   - Other services for families with young children
   - Child Care Aware services
   - Child Care Assistance Program eligibility requirements
   - Family copayment fees and how computed
   - Information about how to choose a provider
   - Availability of special needs rates
   - The family’s responsibility for paying provider charges that exceed county maximum payments in addition to the family copayment fee; and
   - The importance of prompt reporting of a move to another county to avoid overpayments and to increase the likelihood of continuing benefits.

☐ County or tribe assures compliance and uses DHS-5367 and DHS-3551

B. The agency is distributing the following required information to registered legal nonlicensed providers:

Distribution requirements may be accomplished by giving the materials directly to the provider, or to the parent and establishing a method to ensure that the provider receives the material as required under Minnesota Rules, part 3400.0140, subpart 5.

Use of "Health and Safety Resource List for Parents and Legal Nonlicensed Providers" (DHS-5192A) assures compliance with the following:
   - Child immunization requirements
   - Child nutrition
   - Child protection reporting responsibilities
   - Health and safety information
   - Child development information
   - Referral to Child Care Aware; and
   - Resources and training options to meet federal and/or state-required health and safety topics

☐ County or tribe assures compliance by use of DHS-5192A

OR

☐ County or tribe assures compliance by sending other materials that meet these requirements
(Do not attach copies of these materials to this plan)
C. Child Care Assistance Program (CCAP) Tasks and Timeframes

The county or tribe must perform tasks and meet timeframes required to administer the Child Care Assistance Program. These tasks include, but are not limited to:

- Assessing CCAP eligibility
- Registering child care providers
- Processing payments

These tasks and timeframes are required under the Child Care and Development Fund (CCDF), 98.11(a)(3) Administration under Contracts and Agreements, Minnesota Statutes 119B, Minnesota Rules 3400, CCAP Policy Manual, and MEC User Guide.

☒ County or tribe assures compliance

D. Child Care Assistance Program (CCAP) Funding

DHS releases a forecast twice each fiscal year (November and February) which includes the overall budget for the Child Care Assistance Program, including all child care subprograms and administrative dollars. The county or tribe is reimbursed administrative dollars as outlined in Minnesota Statutes 119B.15. In addition to receiving the Basic Sliding Fee allocation, the county or tribe contributes a fixed local match equal to that county’s/tribe’s calendar year 1996 contribution, as outlined in Minnesota Statutes 119B.11, Subd. 1.

The county or tribe is provided a calendar year Basic Sliding Fee allocation, published at least annually and based on the formula outlined in Minnesota Statutes 119B.03, Subd. 6. When there is not sufficient funding to serve all eligible non-MFIP families, the county or tribe manages the Basic Sliding Fee waiting list according to the priorities outlined in Minnesota Statutes 119B.03, Subd. 4.

☒ County or tribe assures compliance

E. Child Care Assistance Program (CCAP) Reporting

The county or tribe is required to submit timely reports to the Department of Human Services. The reports include, but are not limited to:

- Basic Sliding Fee waiting list
- Override monitoring
- Basic Sliding Fee adjustments

☒ County or tribe assures compliance
AUTHORIZED REPRESENTATIVE FORM

Purpose: This form is for Child Care Assistance clients and applicants to authorize another person to act on their behalf.

You may authorize another person(s) to act on your behalf to help you:

- Fill out forms and apply for help from the agency
- Get information related to your case
- Sign billing forms completed by the daycare provider

You can ask more than one person(s) to help you with the items listed above. The authorized person(s) may be a friend, relative, conservator acting on your behalf, a person authorized by the courts, or a person with your power of attorney. This person(s) can act for you until you notify your worker that you want this to end. Ask your worker for more information about authorized representatives. All authorized person(s) must sign and date this form.

<table>
<thead>
<tr>
<th>CLIENT INFORMATION:</th>
<th>CASE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTHORIZED REPRESENTATIVE INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I give permission to the person named to:</td>
</tr>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
</tbody>
</table>

I want to give permission for someone to act on my behalf.
I understand this person:
- Must be at least 18 years old and know my circumstances in order to provide necessary information about me.
- May be a friend, relative, someone appointed by the court or another person I give permission to.
- Can help me fill out forms, give information about me and report changes that may affect my Child Care Assistance.
- Will act for me until I no longer want him or her to. I will notify my worker in writing when I want this to end.

Client Name (please print) ___________________________ Signature of Client ___________________________ Date ___________________________

Authorized Representative Name (please print) ___________________________ Signature of Authorized Representative ___________________________ Date ___________________________

Government Services Center
320 West Second Street
Duluth, MN 55802-1495
Phone: (218) 726-2400

Hibbing Annex
1814 14th Ave E
Hibbing, MN 55746-1314
Phone: (218) 733-2992

Northland Building
PO Box 1148
Virginia, MN 55792-1148

“An Equal Opportunity Employer”
CHILD CARE ASSISTANCE CHECKLIST

Please provide the following verifications with your application:

☐ ID for all adults in the household

☐ Proof of children’s relationship to the applicant

☐ Proof of residence

☐ Child support forms for each absent parent

☐ School schedule & financial aid award letter for all adults attending school

☐ School schedule/school calendar showing start and end times for all children of school age

☐ Verification of all income. We will need income and work schedule for the most current 30 days. We also need to know your employer’s Federal Employer Identification Number (FEIN)

☐ Proof of allowable deductions

☐ Sign and date the last page of the application

If you choose a legal non-licensed provider to do your child care, a criminal background check will be done. They must also complete a First Aid and CPR course. Please contact your child care worker for further information regarding legal non-licensed providers.
CHILD CARE PARENT OVERPAYMENT

Client Name

Social Security #

Street Address

City, State, Zip

Other parent’s name (if in household)

Other parent’s Social Security #

Balance of Overpayment

Start Date

End Date

Reason for Overpayment:

Worker Name

Extension

Date
I. INTRODUCTION AND PROGRAM INFORMATION

A. Program Definitions

The Minnesota Child Care Assistance Program (CCAP) helps families pay for child care in order to work, look for work, or attend school. The CCAP program is available in all Minnesota counties and families may apply at county human service offices. The CCAP program includes these three subprograms:

- **MFIP Child Care**: for families who receive assistance through the Minnesota Family Investment Program (MFIP) or the Diversionary Work Program (DWP).
- **Transition Year Child Care**: is available to families for a full year after their MFIP case closes. If there is a waiting list for the Basic Sliding Fee Child Care Program, you may get help from this program for more than a year.
- **Basic Sliding Fee Child Care**: for other families with low incomes who meet the program requirements.

B. How to Apply: Applications may be submitted in person, by mail, via Fax or online.

In St. Louis County, applications are taken for the Child Care Assistance program at these county offices:

Government Services Center- Central Client Area, 1st Floor
ATTN: CCAP
320 West 2nd Street
Duluth, MN 55802

Northland Office Building – 2nd floor
ATTN: CCAP
307 South 1st Street
Virginia, MN 55792

St. Louis County Public Health & Human Service Dept.
Hibbing Courthouse Annex - ATTN: CCAP
1814 East 14th Ave
Hibbing, MN  55746

Ely Government Services Center
ATTN: CCAP
118 S 4th Ave
Ely MN 55731

Office hours are 8 AM to 4:30 PM, Monday through Friday.

To apply by mail: Call 218-726-2400 to speak to the Worker of the Day and request an application.

To apply with a fillable PDF: Go to https://edocs.dhs.state.mn.us/ and search for form 3550. You will need to print the form and mail or deliver it to one of the addresses listed above, or fax it to one of the fax numbers on the last page of this manual.

ApplyMN: ApplyMN is Minnesota’s secure, online system you can use to apply for cash assistance, SNAP (food support), emergency help, and child care assistance. To apply through ApplyMN, go to: applymn.dhs.mn.gov. You will need to create a user ID when applying through ApplyMN.
C. Communication Process

This section provides a guide for contacting agency staff, and information regarding what parents and providers can expect from staff in terms of communication and time frames.

Customer Service Principles: The agency customer service policy states: “as a client and customer, you can expect to receive professional services and clear information respectfully, courteously and in a timely manner.” Staff in the child care unit will observe these principles, and will also expect professional courtesy and mutual respect in interactions with parents, providers and staff of other agencies. If individuals feel that these policies are not being followed, the agency has a Customer/Client complaint procedure which gives two options. The first choice is to talk to the supervisor of the employee who is working with you. The supervisor will work with you to resolve the complaint. The second choice is to speak with a Senior Manager from the service area from which you are receiving services.

Phone calls: The child care unit will return all phone calls within 2 business days. The large majority of calls are returned either the same day or the next day. Occasionally, when call volume is high, or when staff are attending required meetings or training, the call response time is delayed. Staff will receive calls regarding eligibility issues only from parents or their legally authorized representatives. The child care unit also has staff who specialize in provider registration and provider support. These workers will respond to calls from providers concerning the provider’s information on the MEC2 payment system, and general questions concerning billing forms and payment policies. Calls regarding the timing of payments (such as “has the State issued my check?”) will be returned in the order received. The majority of payments are issued by the State within two weeks of when the billing form was received. However, State and County policy allows 21 days to make a payment from the time a complete and accurate billing form was received.

Application Processing: Applications are usually processed within two weeks of when they are received by the child care unit if all verifications and supporting documents have been submitted. State law allows 30 days for processing applications, after a complete application has been received at the agency.

AGENCY CONTACT PHONE NUMBERS:

   Child Care Workers:  Alphabetical split, see last page of this manual.
   Child Care Worker of the Day:   218-726-2400
   Legal Non-Licensed registrations:  Peter M,   218-726-2064
   Public Health and Human Services Department Administration:   218-726-2096
   St. Louis County Toll free:   1-800-450-9777 to reach any of the above staff.
   Duluth Area Child Care Assistance Supervisor:   Amanda Yates
   Range Area Child Care Assistance Supervisor:   Maria Lopez
II. PROVIDER REQUIREMENTS

A. Types of Child Care:

Legal Non-licensed (LNL) Child Care Providers are registered with the County. A friend, neighbor, or a relative who is 18 years of age or older can be registered. These providers do not have to be licensed if: a) they only provide care for relatives and/or they provide care to a single unrelated family, or b) they provide care for less than 31 days total for multiple unrelated families in any 12 month period. LNL providers are required to complete trainings and a background check.

Licensed Family Child Care Providers are self-employed and licensed by the State. Because they are licensed, they can care for more families that are not related to them. This child care is done in the provider’s home. Licensed providers are required to follow State rules for family child care homes.

Child Care Centers have teachers and assistants and have to meet State rules for their programs. They can care for as many children as their State license allows. Preschools and nursery schools are also in this category.

License Exempt Centers are programs like a child care center but they are not required to have a child care license. These include extended day school age childcare programs, extended kindergarten programs that offer more hours than half day free public kindergarten, camps licensed by the State Health Department, school age centers operated by public schools, and some other after school programs.

B. Provider Background Checks

Licensed providers have background studies completed as part of the licensing process, and legal non-licensed providers have these background studies as part of the CCAP registration process. Also, the State checks the backgrounds for licensed child care center staff.

Background studies include checks of the county Social Services records, history of child maltreatment, and criminal history checks. If the background check information includes certain crimes, child maltreatment history, and/or recent chemical dependency issues, a provider may be disqualified from providing care to families on Child Care Assistance.

State law prohibits the county from authorizing persons who have felony convictions for various crimes. Information on which crimes apply to this law is available for persons interested in providing child care. Background applicant studies are required for everyone age 13 and older in the household. If care is in the parent’s home, only the provider needs a background applicant study. Fees are $25 per person, up to a maximum of $100.

The purpose of background studies is to assist in keeping children safe in child care. However, parents have the primary responsibility to choose a provider who has the ability to provide safe care and surroundings. Parents have the right and responsibility to choose a provider who they trust and who meets the county’s requirements for registration or licensing.
C. **Additional Requirements for LNL providers**

All LNL family child care providers are required to complete First Aid and CPR training, plus state required trainings prior to authorization for CCAP payments.

Additionally, upon subsequent renewal of a provider’s registration, LNL family child care providers are required to provide verification of at least 8 hours of additional training listed in the Minnesota Center for Professional Development Registry.

D. **Choosing a Provider**

Parents have the right to:

- Choose any of the mentioned types of providers who are participating in CCAP.
- Change child care providers as needed, with 15 day advance notice.
- Use more than one provider. CCAP payments may be limited to a secondary provider.

For more information about licensed child care providers, call Parent Aware of Minnesota at 1-888-291-9811, or search online at www.parentaware.org/search.

---

### III. HOW THE CCAP PROGRAM WORKS – ELIGIBILITY

#### A. Family Copayments

Many families receiving CCAP are required to pay part of the costs of their child care. The amount of this co-payment depends on income and family size. The co-payment is subtracted from the payment to the provider, and parents pay this amount directly to their provider. If the co-payment is not paid, the State requires that child care assistance or CCAP be closed until the bill is paid, or until a payment agreement is worked out between the parent and the provider. Copayment fees are determined by the State.

#### B. Exceptions to Collection of Copayments

If a provider chooses not to collect the copayment, the provider must keep a record concerning the date of service for which they did not collect the copayment.

Also, CCAP allows someone other than the parent to pay the copayment. In these cases, the provider must keep a record of the name of the person or organization who made the payment, and the dates of service.
C. **Authorized Activities**

CCAP allows child care to be authorized only for approved activities, such as job search, work or school, and may include reasonable amount of travel time. Other uses may result in overpayments or a referral for fraud investigation. Parents need to call their child care worker:

- **before using more hours** than currently authorized, or
- when the school or work schedule changes, or
- when a job ends, or
- when they start or stop looking for work (job search).

Child care assistance can be authorized for care provided in the child’s home under special situations, if the child’s parents have authorized activities outside of the home and if one or more of the following circumstances are met:

- The parents’ qualifying activity occurs during times when out-of-home care is not available. If child care is needed during any period when out-of-home care is not available, in-home care can be approved for the entire time care is needed;
- The family lives in an area where out-of-home care is not available; or
- A child has a verified illness or disability that would place the child or other children in an out-of-home facility at risk or creates a hardship for the child and the family to take the child out of the home to a child care home or center.

DHS-6475 ‘Parent Request for In-Home Child Care’ must be completed for the state to determine whether the special situation meets eligibility.

There are limits to time that an adult family member who is not in an authorized activity can be considered temporarily absent. A temporarily absent adult family member who is participating in an authorized activity may continue to be counted as part of the CCAP family for an unlimited time period as long as the family indicates that the family member plans to return, but other absent adult family members will be removed from the CCAP family after 60 days. Adverse action notices will be sent to affected families and child care providers.

D. **Reporting Requirements**

Parents must report the following changes for each family member to their Child Care Assistance worker **within ten (10) calendar days**.

Failure to report these changes within ten (10) calendar days may result in an overpayment, termination, or closing of your Child Care Assistance, a fraud investigation and/or possible criminal charges.

- A change in family income that puts the family over the maximum amount allowed for their family size (85% SMI).
- A permanent end to a parent’s authorized activity.
- A change in address or residence.
- Child school schedule
- A change in family status or household composition
• A change in citizenship or immigration status for any child receiving child care assistance.
• A change in a parentally responsible individual’s (PRI’s) visitation schedule or custody arrangement for any child receiving child care assistance.

Additionally, scheduled reporters need to report all changes in their authorized activities. If you are not sure of your reporting type, call your child care worker.

**Provider changes must be reported fifteen (15) days in advance**

E. **Medical Leave**

CCAP has policies allowing for coverage during medical events. If you need more information regarding medical leave, please contact your child care worker.

F. **Children with Special Needs – Americans With Disabilities Act (ADA)**

The State has a policy about requirements for child care providers under the Americans with Disabilities Act (ADA). Providers are required to make “reasonable accommodations” for children with disabilities. If you have questions about compliance with the ADA, call the Dept. of Justice ADA information Line: 1-800-514-0301 (voice) or 1-800-514-0383 (TDD). You can also access their web site at [www.ada.gov](http://www.ada.gov).

The Child Care Assistance program has a process for approving special needs rates. Special needs rates must be services beyond those required to comply with the ADA. These rates are not for recovering the cost of measures required by the ADA. Please refer to the rate section of this manual for further information regarding requesting special needs rates.

G. **Overpayments**

When parents or providers are overpaid, the CCAP program will recover the overpayment as required by State policy. For overpayments to parents, this usually is done by increasing the copayment until the amount is recovered. If the family is no longer using child care, St. Louis County sends a bill to the parent. This is true even when the overpayment is due to agency error. Families will be given an opportunity to make satisfactory re-payment arrangements with St. Louis County before the CCAP program ends the authorization or denies eligibility. However, if satisfactory re-payment is not being made, the State policies will not allow child care to be authorized. Parents and providers have appeal rights if they are found to have an overpayment.
A. Payment Process

The parent or provider can mail or drop off the billing form for payment. Both the parent and their provider are responsible for the days and hours claimed on the billing form.

Only the CCAP parent or an authorized representative and the child care provider can sign billing forms that are sent in for payment. Do not sign blank billing forms. Do not sign “for” someone else. If the County finds information on a billing form is false, the County may follow through with legal action. Payments may be delayed if more hours are billed than authorized without prior approval or if billing forms are not filled out correctly.

Billing forms are entered on the MEC2 system by the St. Louis County Accounting Department. The State system then issues payments either by check or by electronic deposit. Once a billing form is processed, payments are generated nightly by the state payment system in St. Paul. Usually payment is made within two weeks of when the county receives an accurate and complete billing form. However, at times payments are delayed and the State allows 21 days for processing payments after a complete and accurate billing form is received by the county.

B. Provider Billing Practices

Providers establish their own policies for billing and payment. It is very important for parents and providers to discuss these policies ahead of time. Providers are required to give parents a written copy of their policies when they begin care and anytime a policy is updated or changed.

CCAP can pay only up to State determined Child Care Maximum Rates. If the provider charges more than the maximum rate as stated in their provider policy, the parent would be responsible for the difference.
C. **Authorization and Payment**

**CCAP will pay:**

- for the authorized hours of child care;
- up to the DHS maximum rates;
- minus the family’s co-pay amount.

**CCAP will not pay:**

- more than the provider bills;
- for more care than the authorized hours;
- for more than the CCAP maximum rates;
- for provider vacation days, provider sick days, or any other days that child care is not available, other than for holidays;
- for nonstandard hour differential payments and payments for activity fees;
- for care that is provided for a child by a child care provider who resides in the same household or occupies the same residence as the child.

CCAP payments will be limited at licensed or license-exempt child care centers to 25 children cared for by the provider who are children of the provider’s employees or reside with center employees.

**The amount paid is based on:**

- the county where care is provided
- the age of child
- the type of provider
- applicable maximum rate
- provider’s charge
- number of child care hours authorized
- hours the child is scheduled to be in care

The billing system will determine payment according to the number of hours billed per day and per week.
D. Provider Rates

The State has set maximum child care rates for each County. Providers can charge less than these rates but cannot charge more for Child Care Assistance clients than they charge for private pay clients. See Addendum A for Rate Information.

E. State Absent Day Policy

Billing for absent days

Providers may bill CCAP for absent days if:

- The care was authorized by CCAP and scheduled by the parent, but the child was absent **AND**
- It is the provider’s policy to bill all of their families for absent days **AND**
- The scheduled hours are identified in the provider’s attendance records as an absent day **AND**
- The care is available.

**CCAP will not pay for more than ten consecutive absent days of scheduled care and no more than a total of 25 in a calendar year.** If a child is absent for part of a day, the payment for that day will be for the amount of care that is scheduled and will not count toward the 25 absent day limit.

Families and providers will be told the number of absent days used by each child on the Service Authorization. Additionally, the provider will be told the number of absent days used on the Remittance Advice. **However, this information is only as current as the last bill submitted by the provider.** If a child has more than one provider, or if Billing Forms are not submitted timely, it is possible that the number of absent days that have been used will be different than the information provided.

If a provider is aware that a child has stopped attending or has been absent for 7 consecutive days, they are to notify the family’s CCAP worker immediately.
F. **Billing for holidays**

CCAP will pay a provider’s charge for up to 10 federal or state holidays per year if:

- The provider is closed and not providing care.
  
  **AND**

- The provider charges all families for these days.
  
  **AND**

- The holiday falls on a day when the child is authorized and scheduled to be in attendance.

**If care is available on the holiday, but the child is absent, count the day as an absent day.**

**The 10 recognized state and federal holidays are:**

- New Year’s Day (January 1)
- Martin Luther King’s Birthday (3rd Monday in January)
- Washington and Lincoln’s Birthdays (3rd Monday in February)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (1st Monday in September)
- Christopher Columbus Day (2nd Monday in October)
- Veterans Day (November 11)
- Thanksgiving (4th Thursday in November)
- Christmas Day (December 25)

If the holiday falls on a Saturday, the preceding day shall be a holiday. If a holiday falls on a Sunday, the following day shall be a holiday.

Participants or providers may switch other cultural or religious holidays for the 10 recognized state and federal holidays if they let St. Louis County CCAP know before or within 10 days after the substitution.

**If the provider has their daycare policy on file with St. Louis County CCAP, and this policy lists the holidays for which the daycare provider will be billing, even if the holidays differ from the above listed recognized holidays, the county can authorize payment for the provider’s listed holidays without any other notification of substitutions. Again, CCAP can only pay up to a maximum of 10 holidays per year. Make sure your provider has submitted their daycare’s policy to the county.**

If the provider’s service is not available on the holiday the provider bills for but the family needs care from another provider on that day, only one provider may be paid.

**CCAP cannot pay for provider vacation days, provider sick days, or any other days that child care is not available, other than for holidays.**
G. **Special Needs Child Care Rates**

The Child Care Assistance program policy for Special Need Rates requires the Parent and Provider request a Special Needs rate and the rate must be approved by DHS. A Special Needs Rate Variance form (DHS-4194) is completed by both parent and provider. Documentation of the child’s special needs is included with the request, and then is submitted to the CCAP county worker.

The County will complete the County Recommendation form and submit all forms to DHS. If approved, DHS will determine the rate, based on a process used by DHS. The County will receive notification of the decision and rate.

The County will notify both the parent and provider. If denied, the parent will be notified of the right to appeal.

**State Law has established:**

- The Child Care Assistance Program cannot make child care payments to someone who lives in the same home as the child.

- Payments cannot be made for child care in the child’s home unless approved by the Child Care Assistance Program.

Payments for child care in the child’s home can only be made if:

- The child’s parents work or go to school out of the home, and
- Child care out of the home is not available; or
- A child being cared for has an illness or disability that would make it hard for the family to take the child to a child care home or center.

If you are a family getting child care assistance and your child care is in your home, you must change your child care. If you think you meet the conditions to have child care in your home, call your worker.

- Child care payments for one day cannot be more than the daily rate. Child care payments for one week cannot be more than the weekly rate.

- Payments for activity fees are no longer allowed.

- The Child Care Assistance Program will not make absent day payments to legal non-licensed (LNL) family child care providers. The Child Care Assistance Program will pay for 25 absent days a year per child at a licensed provider or a license exempt center.

- The Child Care Assistance Program will not make payments to a child care center for more than 25 children at the center who are children of the center’s workers or live with center workers.

If you are a family with a child in care and you work for the child care center your child attends you may need to choose a different child care center.
Effective November 01, 2014:

St. Louis County will refuse to issue an authorization, revoke an existing authorization, stop payment issued, or refuse to pay a bill submitted by a licensed or legal non-licensed provider if:

1. The provider admits to intentionally giving the county materially false information on the provider’s billing forms;
2. The county finds by a preponderance of the evidence that the provider intentionally gave the county materially false information on the provider’s billing forms;
3. The provider is operating after receipt of an order of suspension or an order of revocation of the provider’s license;
4. The provider submits false attendance reports or refuses to provide documentation of the child’s attendance upon request; or
5. The provider gives false child care price information.

If fraud is established, disqualification periods in CCAP Policy Manual Chapter 14.12.6 will also apply.

In addition, if a provider is deemed unsafe, operating illegally and/or does not meet the Child Care Assistance Program requirements, as outlined in Chapter 2 and 11 of the CCAP Policy Manual, under current policy, the county must deny or revoke a provider’s authorization.
**MAXIMUM CHILD CARE RATES-No Quality Differential**  
**Addendum A**  
8/1/2014

### Child Care Centers  
**(Effective February 03, 2014)**

<table>
<thead>
<tr>
<th>Age Categories – Center</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>6 weeks to 16 months*</td>
<td>17 months to 33 months*</td>
<td>34 months to age 5*</td>
<td>Ages 5 to 13</td>
</tr>
</tbody>
</table>

### Licensed Family Child Care Providers  
**(Effective February 03, 2014)**

<table>
<thead>
<tr>
<th>Age Categories – Licensed Family Child Care Provider</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>6 weeks to first birthday (12 months)</td>
<td>From 12 months to 24 months</td>
<td>24 months to age 5</td>
<td>Ages 5 to 13**</td>
</tr>
</tbody>
</table>

### Legal Non-Licensed Providers  
**(Effective February 03, 2014)**

<table>
<thead>
<tr>
<th>Age Categories – Legal Non-Licensed Provider</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>Birth to first birthday (12 months)</td>
<td>From 12 months through 24 months</td>
<td>24 months to 4 months before Kindergarten</td>
<td>Ages 5 to 13</td>
</tr>
</tbody>
</table>

### Hourly Rate

<table>
<thead>
<tr>
<th>Age Categories</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$3.23</td>
<td>$3.07</td>
<td>$3.00</td>
<td>$3.00</td>
</tr>
<tr>
<td>Toddler</td>
<td>$3.00</td>
<td>$2.85</td>
<td>$2.85</td>
<td>$2.80</td>
</tr>
<tr>
<td>Preschool</td>
<td>$3.00</td>
<td>$2.85</td>
<td>$2.85</td>
<td>$2.80</td>
</tr>
<tr>
<td>School Age</td>
<td>$3.00</td>
<td>$2.80</td>
<td>$2.80</td>
<td>$2.80</td>
</tr>
</tbody>
</table>

### Full Day Rate

<table>
<thead>
<tr>
<th>Age Categories</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$34.00</td>
<td>$32.00</td>
<td>$29.66</td>
<td>$29.97</td>
</tr>
<tr>
<td>Toddler</td>
<td>$32.00</td>
<td>$25.00</td>
<td>$25.00</td>
<td>$23.65</td>
</tr>
<tr>
<td>Preschool</td>
<td>$29.66</td>
<td>$25.00</td>
<td>$25.00</td>
<td>$23.65</td>
</tr>
<tr>
<td>School Age</td>
<td>$29.97</td>
<td>$23.65</td>
<td>$23.65</td>
<td>$23.65</td>
</tr>
</tbody>
</table>

### Weekly Rate

<table>
<thead>
<tr>
<th>Age Categories</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$157.00</td>
<td>$147.27</td>
<td>$142.11</td>
<td>$149.86</td>
</tr>
<tr>
<td>Toddler</td>
<td>$147.27</td>
<td>$125.00</td>
<td>$120.00</td>
<td>$118.31</td>
</tr>
<tr>
<td>Preschool</td>
<td>$142.11</td>
<td>$120.00</td>
<td>$120.00</td>
<td>$118.31</td>
</tr>
<tr>
<td>School Age</td>
<td>$149.86</td>
<td>$118.31</td>
<td>$118.31</td>
<td>$118.31</td>
</tr>
</tbody>
</table>
Registration Fee - Centers and Family Child Care Maximum fee: $25.84

*NOTE: Registration fees may be paid up to two (2) times in 12 months per child.

** CCAP’s definition of child (Minnesota Statutes 119B.11 Subdivision 4) allows CCAP participation and payment for children through age 12, or age 14 if there are special needs. The parent must document the condition related to the special need.

Note: These definitions are found in Minnesota Statutes 245A.02, Subd. 16 and 19 and are enforced by Minnesota Department of Human Services – Division of Licensing.

245A.02 Subd. 19-

Family Day Care and Group Family Daycare child age classification:

- Newborn: A child between birth and six weeks old
- Infant: A child who is at least 6 weeks old but less than 12 months old
- Toddler: A child who is at least 12 months but less than 24 months old
- Preschooler: A child who is at least 24 months old, up to school age
- School age: A child who is at least 5 years of age, but is younger than 11 years of age

245A.02 Subd. 16-

Child Care Centers age classification:

- School age:

  A child of at least of sufficient age to have attended the first day of kindergarten or is eligible to enter kindergarten within the next 4 months but is younger than 13 years of age.
ST. LOUIS COUNTY PUBLIC HEALTH AND HUMAN SERVICES
CHILD CARE ASSISTANCE WORKERS

218-726-2400 or 1-800-450-9777 ext 2400

Fax: 218-733-2992

Amanda Yates, Duluth Area Child Care Assistance Supervisor

DULUTH CHILD CARE WORKERS

Jonathan M 726-2170 Cases A-E
Dean K 726-2145 Cases F-K
Derrick E 726-2138 Cases L-Pi
Tonia V 726-2031 Cases Pj-Z
Peter M 726-2064 Provider general information and provider registrations

RANGE CHILD CARE WORKERS

Maria Lopez, Range area Child Care Assistance Supervisor

Clarice S 262-6024 Cases A-La
Julie B 262-6056 Cases Lb-Z

Virginia: General Information Number 471-7137 Local fax 218-749-7123
Hibbing: General Information Number 262-6000 Local fax 218-262-6049
Ely: General Information Number 365-8220 Local fax 218-365-8217

St. Louis County Toll Free - 1-800-450-9777 plus Name or Extension Number
Child Care Assistance ‘Worker of the Day’ extension - 2400

Parent Aware MN

District Office: 1-888-291-9811 http://parentaware.org/search