School Readiness
Standard Eligibility Review Program Guide

A Publication of the
Division of Early Learning

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I. Background and Purpose

**Background**

Section 1002.82(2)(s), Florida Statutes (F.S.), requires the Division of Early Learning (DEL) to monitor and evaluate each early learning coalition’s performance in administering the School Readiness (SR) Program, verifying proper payments for SR Program services, implementing the coalition’s SR Program plan and administering the Voluntary Prekindergarten Education Program. These monitoring and performance evaluations must include, at a minimum, onsite monitoring of each coalition’s finances, management, operations and programs. The DEL Grant Agreement (Grant Agreement) Exhibit II, D.6, requires that each coalition prepare and implement an annual monitoring plan that documents the monitoring procedures planned for all contracts, grants, agreements and programs according to federal and state laws, rules and regulations; and DEL Program Guidance. The plan shall include programmatic (including eligibility) and fiscal monitoring of all subrecipients. Subrecipient eligibility monitoring shall address, at a minimum, the requirements identified in the most current rule, the School Readiness Standard Eligibility Review Program Guide and the Voluntary Prekindergarten Standard Eligibility Review Program Guide, including use of all required elements in the guides and minimum monitoring sample sizes. The monitoring includes all elements identified in the review criteria section below – VI. Summary of School Readiness Review Criteria.

**Purpose**

This monitoring program guide serves as a resource for performing SR eligibility and payment validation reviews. The following references are the foundation for validating compliance with federal and state eligibility rules and regulations – Title 45, Code of Federal Regulations (CFR) Parts 74, 98 and 99; Chapter 1002, Part VI, F.S.; Chapter 6M-4, Florida Administrative Code (FAC); Grant Agreement; Child Care and Development Fund Plan (CCDF State Plan); 2 CFR §200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

The DEL Program Integrity Unit, Accountability Section (AS), uses the SR Standard Eligibility Review Program Guide (the guide) to conduct annual eligibility and payment validation monitoring of coalitions and statewide contractors that directly deliver SR services. The guide provides instructions for DEL and coalition review of SR criteria to validate compliance with applicable regulations. The guide serves as a resource tool identifying monitoring requirements, evaluation guidelines and procedures that DEL reviewers will use to conduct and document monitoring assessments/observations. The sections and numbered indicators covered in this guide align with the SR Eligibility Review Spreadsheet and the AS Monitoring Report.

“Early learning coalition” or “coalition” refers to the entity charged with administering SR Program services based on ss. 1002.83 and 1002.84, F.S. For purposes of this review guide, the terms include applicable DEL contractors and Redlands Christian Migrant Association (RCMA). All coalitions with subrecipients that perform eligibility and payment validation reviews are responsible for ongoing subrecipient monitoring and shall use the criteria included in the guide. DEL will review a coalition’s subrecipient monitoring results. The review will include validating that the coalition evaluated all of the eligibility and payment validation criteria identified in this guide. DEL will also review all associated monitoring reports, suggested corrective actions and corrective action follow-up for the sample of cases the coalition monitored.

II. Monitoring Requirements and Subrecipient Monitoring Plan

**Monitoring requirements**

The Grant Agreement between DEL and the coalitions, along with 2 CFR §200.331(d), require each coalition to monitor its subrecipients. Subrecipient monitoring includes during-the-award monitoring to provide reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations and provisions of contracts or grant agreements and that subrecipients achieve performance goals. Therefore, a coalition (and DEL) must monitor for eligibility during the Grant Agreement period for Grant Agreement terms. Section 1002.82(2)(s), F.S., requires DEL to monitor and evaluate each coalition’s performance in administering the SR Program, verifying proper payments for SR Program services and implementing a coalition’s SR Program plan.
Monitoring plan

The Grant Agreement, Exhibit II, section D.6, requires a coalition to prepare and implement a monitoring plan for each fiscal year. The monitoring plan must document the monitoring procedures a coalition has planned for all contracts, grants, agreements and programs according to federal and state regulations, statutes and DEL guidance. Additionally, the Grant Agreement, Exhibit II, section D.6, requires coalitions to monitor the same child files within a sample for eligibility and payment validation criteria. The monitoring plan shall include monitoring of all subrecipients (including, but not limited to, contractors and material service providers) on an ongoing basis, at least quarterly. For a coalition with contracted SR services, DEL will review the coalition’s subrecipient eligibility monitoring reports, provide feedback and validation of the elements a coalition has reviewed, and monitor for elements a coalition has not included in its current monitoring process. A coalition with contracted SR services is responsible for including in its subrecipient monitoring, at a minimum, all review criteria elements identified in sections VII and VIII below. Not including all elements will result in a finding. DEL also recommends that a coalition perform desk reviews to evaluate subrecipient policies and procedures related to eligibility and conduct interviews with contractor eligibility staff, as applicable.

Coalition monitoring activities shall include, but are not limited to, a process for monitoring that included timelines for notifying the subrecipient, requirements for submitting documentation, site visit dates, desk reviews, documented sample size that adheres to DEL minimum annual sample size guidelines (for a coalition with subrecipients conducting SR eligibility), draft and final report dates, response dates and deadlines, corrective action plan requirements and resolutions, and additional processes to verify program compliance. Upon executing the Grant Agreement, a coalition certifies that it has established and shall implement a monitoring plan that includes, at a minimum, reporting, corrective action resolution and tracking.

When developing a monitoring plan to provide subrecipient compliance with eligibility requirements assurance, a coalition should consider information from 2 CFR §200 Subpart F.

During-the-award monitoring

Examples of factors that may affect the nature, timing and extent of during-the-award monitoring are

- **Program complexity** – Programs with complex compliance requirements have a higher risk of non-compliance.
- **Percentage passed through** – The larger the percentage of program awards passed through a coalition, the greater the need for subrecipient monitoring.
- **Award amount** – Larger dollar awards are of greater risk.
- **Subrecipient risk** – The entity may evaluate subrecipients as higher risk or lower risk to determine the need for closer monitoring. Generally, new subrecipients would require closer monitoring. For existing subrecipients, based on results of during-the-award monitoring and subrecipient audits, a subrecipient may warrant closer monitoring (e.g., the subrecipient has a history of non-compliance as either a recipient or subrecipient, new personnel or new or substantially changed systems).

Monitoring activities normally occur throughout the year and may take various forms, such as

- **Reporting** – Reviewing financial and performance reports the subrecipient submitted.
- **Site visits** – Perform subrecipient site visits to review financial and programmatic records and observe operations.
- **Regular contact** – Have regular contact with subrecipients and appropriate inquiries concerning program activities.

### III. Sample Size Guidance

A coalition must complete some form of quarterly monitoring activity, as documented in a coalition’s monitoring plan. However, if a coalition chooses to perform SR file monitoring less than quarterly, the coalition must still meet the minimum annual sample size for SR file reviews. Upon request, a coalition must submit quarterly subrecipient monitoring reports with corrective action(s) to DEL.

A coalition with a subrecipient performing SR eligibility services will pull a sample of cases for eligibility reviews. If the coalition conducts quarterly or monthly monitoring, the review period shall represent active cases during the last quarter. For example, if on May 10, 2021, a coalition selects the review sample, all cases within the sample should have been active and paid from January 2021 through March 2021. A coalition may complete reviews on a monthly basis to
remain timely and to consolidate results and corrective actions in a quarterly report. If a coalition conducts monitoring less than quarterly, the review period shall represent active cases during the last two quarters.

When establishing sample size, a coalition must determine the final count of the total number of SR children served, based on the previous SR fiscal year. Once determined, a coalition should use the sample size look-up table (Appendix A) to establish the number of files to review, based on enrollment count. A coalition may want to select three to four replacement files to avoid reviewing the same file twice during the same program year. A coalition may also choose to review a greater number of files if the coalition wants to provide additional assurance or if the coalition has reason to believe the program has a significant deficiency. Reviews conducted for each year should include unique files (i.e., a coalition should not review a child file more than once in a year) unless the coalition has identified a concern with eligibility determination or payment validation.

For example, if a coalition’s final prior year count is 2,500 children, a coalition must select a sample size of at least 124 unique child files for the annual total for review. If the total number of children falls between two numbers listed in the table, a coalition may round down to the nearest sample size corresponding to the total number of enrollments for the prior year (e.g., if the prior year count is 3,700, select a sample size of 126). However, rounding up a sample size calculation increases the likelihood the sample size will provide adequate population coverage. For a quarterly review, a coalition would review one quarter of the annual total. For a monthly review, a coalition would review one-twelfth of the annual total. Additionally, a coalition’s sample should represent each billing group the coalition serves. Each coalition’s sample should include representation from each eligibility category – BG1 (11, 11D, 13, 14R, HOME, FAM, IN, OUT), BG3 (TCAN, W-TCAW, AP-APP, 28A, R-RCG), BG5 (TCC), BG8 (ECON, SRMT), WRC (RC1), CF (SN) and other federal or state-funded billing groups, if appropriate.

IV. Questioned Costs

A coalition must identify questioned costs related to each noncompliance instance. A questioned cost may derive from improper payments as a result of an over or underpayment. The Grant Agreement states that unresolved questioned costs may become disallowed costs. For additional instructions, refer to the Grant Agreement, Exhibit II, F.6, and Exhibit III, A-B; DEL Program Guidance 240.01; and Rule 6M-4, FAC.

V. Additional Instructions

Criteria included in the guide are from DEL’s perspective. Each coalition, if applicable, should apply the criteria to the coalition’s subrecipient for monitoring purposes. For example, where the guide states

\[ \text{Does the coalition have grievance policies and procedures for parents?} \]

a coalition should apply

\[ \text{Does the subrecipient have grievance policies and procedures for parents?} \]

DEL has included an analysis and description of assessment activities for each criterion to provide additional guidance on monitoring activities. To assist coalitions, the SR eligibility review spreadsheet (a monitoring tool) is available to capture monitoring results. The spreadsheet includes a comment section to allow for the reviewer to clarify any noncompliance or training issues. An “*” beside a criterion number means DEL will record results on the SR eligibility review spreadsheet. The SR scorecard (a monitoring tool) is available to record review results that the spreadsheet does not include. The guide lists each criterion for the scorecard in the applicable section.

DEL encourages coalitions to access all monitoring tools on DEL’s Coalition Zone, Monitoring Guides document library. DEL will assess each coalition using the aforementioned monitoring tools and review guides. Therefore, each coalition (and applicable subrecipients) is responsible for meeting all requirements outlined in the monitoring tools and review guides.
Each SR child case file must be able to stand alone upon review. To do so, a coalition must sufficiently document each case file, demonstrating and supporting the decisions a coalition/subrecipient made in determining eligibility. If a coalition/subrecipient followed policies and procedures and narrated actions well, any reviewer should reach the same conclusions as the specialist who determined eligibility.

### VI. Summary of SR Review Criteria

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VII. SR Child Eligibility Criteria

The numbering scheme below corresponds with the SR child eligibility spreadsheet/scorecard and the AS monitoring report.

A. Payment Certificate (SR-A)

An SR child file must include a completed application and child care (payment) certificate that the parent has signed and dated. A parent must sign a payment certificate at the initial eligibility determination and at each subsequent redetermination.

The child care (payment) certificate is an authorization for services for eligible child(ren) at eligible providers. The certificate identifies child(ren) for whom a coalition authorized child care, the provider the family selected, the assessed parent copayment for each eligible child and the authorized begin and end dates.

When a family applies for SR services through the Coalition Services Portal, the family attests to the rights and responsibilities and acknowledges that the coalition offered parental choice for child care providers.

1.* Does the coalition have a completed payment certificate? (45 CFR ss. 98.2 and 98.20(b); ss. 1002.84(8), 1002.82(8) and 1002.89(5)(c), F.S.; Rule(s) 4.200(6), FAC; CCDF State Plan 4.1-4.1.6; Grant Agreement, Exhibit II, C.5.1.6 and C.5.2.2)

Analysis

− Before the coalition pays a provider, the coalition must verify that the child care payment certificate includes the child(ren)’s and the provider’s names and the signatures of the parent, the provider’s authorized representative and the authorized coalition staff.
− Section 1002.82(8)(c), F.S., and 45 CFR. s. 98.30 require the SR Program to allow parental choice through a payment certificate that grants, to the maximum extent possible, flexibility in the SR Program and payment arrangements. The payment certificate must include the beneficiary’s and the program provider’s names and, when redeemed, must include the signatures of both the beneficiary and an authorized provider representative.

Assessment activity

− Review the case record in the Coalition Services Portal for a completed eligibility screen. Review the child care payment certificate to verify completion, including a signature and date from the parent, coalition staff and the provider, completed prior to the coalition making a payment.
− List the date the coalition staff signed the initial child care (payment) certificate for the authorization period sampled on the SR spreadsheet.
− If the parent’s signature is not on the payment certificate, ask the coalition to determine whether this is due to a statewide information system error.

B. Child Care Application and Authorization Forms (Referrals) (SR-B)

Several child care eligibility categories for SR services require a documented referral, as noted in DEL Program Guidance 250.01A. For all partner referral programs, a coalition shall have a documented referral and approve child care for the period the referral authorizes if the authorized period is within program guidelines and the child meets SR Program requirements.

This section only applies to families receiving child protection services, families participating in the Welfare Transition Program (WTP) and families receiving services from a certified homelessness shelter or a certified domestic violence center. It may also apply to children in the Relative Caregiver (RCG) Program if there is a referral.

1.* If applicable, did the coalition have a complete and valid Child Care Application and Authorization (referral) Form? (45 CFR s. 98.20; Grant Agreement, Exhibit II, C.5.1.2 and C.5.1.4; Rule(s) 6M-4.200(2), FAC)
Analysis

- For DEL to consider a referral complete and valid, it must contain all required information and the signature of the referring agency representative.
- DEL considers electronic referrals acceptable if the referring agency transmits them via a secure server.

Assessment activity

- Determine whether there is a complete and valid referral for the applicable child(ren).
- A complete and valid referral must include
  - The name and contact information of the agency/caseworker submitting the referral.
  - Current authorized child care begin and end dates for the selected review period (see SR-B.2 below).
  - The name of the child(ren) authorized for eligibility.
  - Child(ren)’s birthdate.
  - Name and address of parent(s).
  - Referral eligibility, which includes status such as assistance, non-assistance, RCG, TCA applicant or recipient, TCC, At-Risk-PI, -PS, -FC, In-Home, Out-of-Home, Medicaid Eligible, custody, etc.
  - A purpose for care, such as protection, employment, work activity or education. (Note: If the referral is at-risk, the default purpose for care is protection. The referring agency may not always check this on the referral.)
  - The number of hours authorized or identified as full-time, part-time or both.
  - A transitional child care (TCC) referral must also include the TCC period.
  - A signature and date for the authorizing agency representative or supervisor. As a best practice, the referral should also include signatures from the parent and the authorizing coalition staff member.

Note – Other agencies complete referrals, which include DCF or its contracted community-based care provider (At-Risk referrals); the local sheriff’s office, if the sheriff’s office in the county is responsible for protective service investigations (also referred to as at-risk referrals); a DCF-certified homeless shelter or a DCF-certified domestic violence center; DCF ACCESS office; or the local Workforce agency (referred to as TANF, Welfare Transition, TCA, TCC, ITA or ISA referrals). Child care referrals for different programs may require slightly different information and can have a different format. The reviewer can find specific information about these types of referrals and samples of child care applications and authorizations (referrals) in Appendix D. See Appendix C for Temporary Assistance for Needy Families (TANF), Welfare Transition and Temporary Cash Assistance (TCA) definitions.

In addition, for At-Risk children who do not have a placement with a foster parent, coalitions may temporarily place them in the statewide information system under the DCF/contracted case manager and case manager’s supervisor.

Missing information on referrals – If a referral is missing dates or required items, a coalition must obtain a new referral or a coalition representative may call the referring caseworker and make the changes. A coalition representative should sign and date any changes and include the name of the authorizing caseworker from the referring agency. DEL also recommends that a coalition obtain documented confirmation of changes made to the referral via email, fax or a revised referral from the referring agency, and create a case history note in the DEL statewide information system explaining the change. A coalition should document attempts to obtain information missing on referrals and create a case history note in the DEL statewide information system.

Protective services – DEL expects a coalition to consider as a priority the safety of children under protective services or protective investigation. A coalition should not deny services due to an administrative error on the referral or if the child care authorization date is prior to the signature date of the referring agency. Coalition staff should work with the referring agency to make necessary corrections for any administrative error (the staff person should initial changes) and to obtain any missing documentation. As stated above, DEL recommends that a coalition obtain documented confirmation of changes made to the referral via email, fax or a revised referral from the referring agency, and create a case history note in the DEL statewide information system explaining the change.
Mark the monitoring tool as N/A if this section does not apply.

2.* If applicable, is the authorized eligibility period listed on the Child Care Application and Authorization (referral) Form the correct length? (Rule(s) 6M-4.200(2), FAC; CCDF State Plan 3.1.8-9)

Analysis

- The referring agency is responsible for determining the authorized eligibility period according to its established referral authorization periods. However, it is a coalition’s responsibility to verify that the length of the eligibility period is correct. Also, coalitions and RCMA will authorize all at-risk SR referrals for 12 months of child care funding—except for the relative caregiver billing group (BG3R).
- Twelve-month authorization does not apply to TANF-funded billing groups.
- For each referral renewal during the 12-month authorization of child care funding, child care services will continue in increments of the referring agency authorization periods until the 12-month authorization period is complete. If a renewal occurs at the end of the 12-month period, there must be a new redetermination and child care authorized for another 12-month period.
- For at-risk referrals that a referring agency does not renew during the 12-month period, the coalition/RCMA is responsible for verifying that the client establishes a new purpose for care in order to continue child care funding for the remainder of the 12-month authorization. The client must establish purpose for care no later than three months after the referral expires or is terminated.
- If the referring agency lists an incorrect period, a coalition must contact the caseworker to request a corrected referral or have the referring caseworker verbally authorize services for the correct length. The coalition should document any communication exchange with the caseworker. DEL recommends that a coalition obtain documented confirmation of changes made to the referral via email, fax or a revised referral from the referring agency and create a case history note in the DEL statewide information system explaining the change.
- All children eligible under Temporary Cash Assistance (billing groups BG3, BG3W and BG3R), TCA Respite (billing group WRC) and Temporary Child Care Assistance Applicant (billing group BG3AP) will receive authorization for child care funding for the period stated in the referring agency’s child care authorization.
- A coalition must receive an additional referral after the Child Care Authorized end date for TCC customers, even if the TCC eligibility period dates are within the two-year TCC period in Section B of the Child Care Authorization form.
- A coalition must receive an additional referral from the referring agency in order for services to continue under the established purpose for care beyond the initial authorized eligibility period on the referral for clients in the billing groups listed below.
- If the coalition does not receive an additional referral for an at-risk case, the coalition must verify that the client establishes a new purpose for care within three months following the referral’s authorized end date in order to continue child care funding for the remainder of the 12-month authorization.
- For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.

Assessment activity

- Determine whether the Welfare Transition Program (or local Workforce board) or DCF (or contracted community-based provider) referral includes correct child care authorized begin and end dates based on the care category (billing group) requested.

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<th>Billing Group</th>
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<td>11D</td>
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For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.

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<thead>
<tr>
<th>BG1</th>
<th>HOME</th>
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12-month SR authorization period (referral only valid in increments of the referring agency’s authorization periods – up to six months). For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.

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<tr>
<th>BG1</th>
<th>FAM</th>
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<td>FAM</td>
<td>DCF-Certified Domestic Violence Center</td>
</tr>
</tbody>
</table>

12-month SR authorization period (referral only valid in increments of the referring agency’s authorization periods – up to three months). For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.
period, the coalition will discontinue SR child care funding.

| BG1 | IN, OUT | At-risk – Protective Investigation | DCF | 12-month SR authorization period (referral only valid in increments of the referring agency’s authorization periods – **up to 60 days**). For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding. |
| BG3R | RCG | At-risk Relative/Non-Relative Caregiver | No – requires verification of current RCG payment. Relatives or nonrelatives who are caring for children whom the court placed with them, pursuant to s.39.5085, F.S., may receive a special monthly caregiver benefit that DCF establishes. | **Up to 12 months**. Based on the length of the RCG payment authorization. For at-risk children whose family’s income is at or below 85% of the SMI and whose RCG payment is discontinued prior to end of the eligibility authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent/guardian will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding. |
| BG3R | GAP | At-risk Relative Caregiver | No – requires verification of current GAP payment. | **Up to 12 months**. Based on the length of the GAP payment authorization. For at-risk children whose family’s income is at or below 85% of the SMI, and whose GAP payment is discontinued prior to end of the eligibility authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent/guardian will have three months to establish purpose for care under the assigned at-risk billing group. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding. |
| BG3 | TCAN TCAW | TCA Recipient | WTP | **Up to six months**. Based on the local Workforce service’s operating procedures. Typically authorized for three to six months. |
| BG3W | APP | TCA Applicant | WTP | **Up to 30 days**. Limit one 30-day eligibility period per application for TCA. |
| BG3AP | TCC | TCC Recipient | WTP | **Up to 24 months**. However, a coalition must redetermine eligibility annually. |
| WRC RCI | TCA Respite | WTP/DCF | **Up to 60 days**. Based on a documented referral, not to exceed 60 days. |
For TCC recipients, review the TCC begin and end date in the TCC date field, section B, on the referral, which states the potential two-year TCC period. The date must begin on the first day of the month and end on the last day of the 24th month following the begin date, such as 05/01/2019-04/30/2021. Note – The family’s current Child Care Authorization period should not exceed 12 months. Some local Career Source Agencies may issue a referral for fewer than 24 months. (See Appendix D, Section B – Eligibility, on the referral.)

Mark the monitoring tool as N/A if this section does not apply.

C. Timely Delivery of Services for Priority Groups (SR-C)

A coalition’s eligibility determination/processing shall be timely. The coalition must act upon a referral within 10 calendar days from receiving the referral for TANF/TCA/TCC and at-risk programs.

This section only applies to families receiving child protection services, families participating in WTP, a designated homelessness program or a certified domestic violence program. It may also apply to children in the RCG Program if there is a referral. Mark the monitoring tool as N/A if this section does not apply.

1.* If applicable, did the coalition act upon the Child Care Application and Authorization (referral) Form within 10 calendar days of receiving the form? (s. 1002.87(1), F.S.; CCDF State Plan 3.1.8-9; Grant Agreement, Exhibit II, C.5.1.2)

Analysis

- Exhibit II, section C.5.1.2, of the Grant Agreement requires coalitions to act upon referrals within 10 calendar days of referral receipt to determine eligibility for SR services for at-risk children or children of families receiving TANF or transitioning off of TANF.
- DEL recommends a date stamp or a coalition staff signature and date to mark the date the coalition received the child care referral. If coalitions receive referrals electronically, the date/time of receipt the electronic system records will be sufficient.
- The coalition must make (and document) every effort to act upon a referral within 10 calendar days of receiving the referral. Acting upon the referral includes scheduling intake interviews, providing child care resource and referral services, or placing children on the wait list if child care placement is not feasible due to funding or ineligibility.
- Circumstances exist in which families do not show up for eligibility determination appointments as scheduled. A coalition must maintain documentation of these instances.

Assessment activity

- Determine the date the coalition received the referral (e.g., coalition signature on referral or date stamp).
- Determine the date the coalition offered services. Check the DEL statewide information system case notes (history note) for evidence that the coalition offered services (e.g., intake interview scheduling and child care resource referral, or wait list placement).
- Compare the date the coalition received the referral to the date the coalition offered services during eligibility processing.
- Determine whether the coalition acted upon the referral within 10 calendar days of receiving it for at-risk children or children of families receiving TANF or transitioning off of TANF (TCC).

Mark the monitoring tool as N/A if this section does not apply.

D. Authorization Period (SR-D)

A coalition must provide SR services to a family within the authorization period. Authorized eligibility begins only after a coalition has established all eligibility factors. At a minimum, a coalition must redetermine eligibility annually for every family who receives CCDF-funded SR services. When an SR parent experiences a loss in purpose for care, the
coalition must provide the parent a three-month period to reestablish purpose for care, at which time the parent must meet purpose for care requirements to remain eligible. A coalition must discontinue a family’s funding at the redetermination due date if the coalition has not yet fully reestablished the family’s eligibility according to eligibility requirements. A coalition must document why a child is no longer eligible for the SR Program.

1.* Did the coalition establish the correct authorization period based on the assigned billing group? (s. 1002.84(8), F.S.; Rule(s) 6M-4.200(2)-(3), FAC; CCDF State Plan 3.1; Grant Agreement, Exhibit II, C.5.1.4.3)

Analysis

- For at-risk cases, the coalition will have to coordinate with the referring agency and the family to keep abreast of the referral status during the 12-month eligibility authorization. Documented communication between the coalition and the referring agency is acceptable proof of referral renewal (along with the new referral) during the 12-month authorization period. If the parent is responsible for submitting the referral, the parent will need to communicate with the coalition. A redetermination is not required for at-risk cases when a subsequent referral(s) is issued during the 12-month authorization period. However, the coalition must verify that the new referral is valid and update the billing group, if applicable.
- Referrals from DCF or WTP shall include the authorized child care start and end dates. The eligibility start date a coalition authorizes must not be before the start date the referring agency authorized, unless there was a previous referral that covers the previous date.
- For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not have another purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.
- Authorized eligibility for care for TCC referrals may not be before the TCC begin date or after the TCC end date. However, the referring agency may choose to limit the Child Care Authorized dates on the referral to a shorter time frame than the TCC dates on the referral.
- Coalitions must consider all factors required for initial eligibility when redetermining eligibility (income verification, purpose for care and compliance with all other eligibility requirements).
- Coalitions should have procedures in place that allow for redetermination without a face-to-face interview.
- Some billing groups may have shorter redetermination periods. See DEL Program Guidance 250.01A.
- If at redetermination, an economically disadvantaged family’s income exceeds 150% FPL but remains at or below 85% SMI, the family remains eligible for the program under graduated phase-out.
- A coalition must notify parents and child care providers if it determines a child is ineligible for financial assistance resulting from a redetermination. The coalition must give clients and providers a disenrollment notice at least two calendar weeks prior to disenrollment, as long as the two-week period does not extend beyond the client’s current authorization period.
- If parent delay caused a coalition to not complete the redetermination on the scheduled redetermination date, the coalition should document all efforts of due diligence to reestablish eligibility and timely notification to the parent that child care funding will end on the scheduled date. By rule, the coalition has 10 calendar days to determine eligibility (after receipt of documentation). If a parent submits documentation on the redetermination day, the coalition will still have 10 calendar days to determine eligibility.
- All at-risk SR referrals are subject to the 12-month eligibility authorization requirement except for the relative caregiver billing group (BG3R). Also, all children eligible under Economically Disadvantaged (billing group BG8) and Special Needs (billing group CF) are subject to the 12-month eligibility requirement.
- For each referral renewal during the 12-month authorization of child care funding, child care services will continue in increments of the referring agency authorization periods until the 12-month period is complete. If a renewal occurs at the end of the 12-month period, there must be a new redetermination and child care authorization for another 12-month period.
- For at-risk referrals that a referring agency does not renew during the 12-month period, the coalition is responsible for verifying that the client establishes a new purpose for care in order to continue child care funding for the remainder of the 12-month authorization. The client must establish purpose for care no later than three months after the referral expires.
− For at-risk children whose family’s income is above 85% of the SMI when the referral is submitted, the early learning coalition shall inform the family, the referring agency and the provider that the coalition will discontinue SR child care funding on the day after the child care authorization form expires if the family’s income is still above 85% of the SMI. The coalition should send this notice to the family, referring agency and provider within 10 business days of placing the child(ren) into care.

− Authorization period less than 12 months – The following authorization periods apply for children being served in other categories. Parents must also maintain compliance with statutory requirements specific to the program, which the referring agency must monitor –
  - **Relative Caregiver Program and the Guardianship Assistance Program** – A child may maintain eligibility under the Relative Caregiver or Guardianship Assistance programs if, upon closure of the protective services case, the guardian receives Relative Caregiver Assistance or Guardianship Assistance payments for the child in need of SR services. A child may maintain eligibility under the Relative Caregiver or Guardianship Assistance programs for up to 12 months for initial and subsequent authorizations, as the coalition determines, as long as the parent receives Relative Caregiver or Guardianship Assistance payments.
  - **Welfare Transition Program, Temporary Cash Assistance, and Transitional Child Care/Non-Temporary Cash Assistance** – Eligibility is based on a documented child care authorization that DCF or the local workforce agency issues. The Welfare Transition Program, cash assistance participant’s referral, should not exceed six months. The parent loses purpose for care under this eligibility category upon child care authorization expiration or upon notification of termination from the referring agency to the coalition, whichever comes first. If the Welfare Transition participant loses purpose for care, the coalition must use the economically disadvantaged category during the three-month period to reestablish a purpose for care.

− **Reestablishment period for purpose for care** – When a parent experiences a loss in purpose for care, the coalition must provide the parent a three-month period to reestablish purpose for care. At the end of the three-month period, the parent must meet purpose for care to remain eligible. The family’s income must be at or below 85% of the SMI. If the child served is subject to 12-month eligibility and the parent reestablishes a purpose for care, the child will remain eligible for the remainder of the 12-month authorization period. The child shall continue receiving services at the same level and the provider shall continue being reimbursed during the three-month reestablishment period –
  - **At-risk, relative caregiver and welfare transition program** – The parent no longer maintains the current purpose for care upon the child care authorization’s expiration or upon notification of termination from the referring agency to the coalition, whichever comes first. The coalition or contracted designee shall inform the parent and DCF or local workforce referral agency that when the child care authorization expires or is terminated the parent will have three months to provide documentation to establish a purpose for care under the same eligibility category or another eligibility category to continue receiving services.
  - **Economically disadvantaged** – The parent no longer maintains purpose for care upon cessation of employment, attendance at a job training or education program. The time period that surpasses the initial authorization counts toward the subsequent authorization period. A family will not be limited to a single three-month period to reestablish a purpose of care.
  - **Redetermination** – All redetermining eligible At-risk, ITA/ISA, Economically Disadvantaged and Special Needs children will be authorized for 12 months of child care.

**Assessment activity**

− Check the authorized dates on the payment certificate or in the DEL statewide information system to determine the date the coalition authorized SR services.
− Verify that the coalition did not authorize, without a timely redetermination, SR services before or beyond the authorization period.
− Verify that the coalition determined the authorization period according to statute and rule.
− If the coalition did not redetermine a case, verify that the coalition documented the reason why the child was no longer eligible for the SR Program according to [DEL Program Guidance 250.01A](#)
− Review the eligibility redetermination date and compare it to the begin date of the previous authorization
period.

Note – Rule 6M-4.200(3), FAC, allows a three-month period to extend beyond the 12-month authorization.

2.* Did the coalition determine eligibility within 10 calendar days from receipt of documentation for the initial determination or for redetermination? (Rule(s) 6M-4.208(4), FAC; Grant Agreement, Exhibit II, C.5.1.3)

Analysis

- The ELC shall make eligibility determinations for new and redetermination applicants within ten (10) calendar days of receipt of the application and supporting documentation.
- During the initial determination and redetermination an applicant must submit documentation, as applicable, to verify compliance with eligibility requirements. An office visit shall not be required for the submission of eligibility documentation or establishment of eligibility.
- Prior to the eligibility determination and enrollment, new applicants shall submit required documentation within 30 calendar days from the date on the funding notification.
- Redetermining applicants shall submit required documentation through the statewide information system prior to the redetermination date.

Assessment activity

- Review the child’s Eligibility Verification/Household Dashboard Screen in the statewide information system. (Once logged in, the analyst may use CTRL G and search by Eligibility Verification ID or Person ID. The analyst will need to select HH_# if on the Eligibility Verification screen.)
- Select “Documents” on the Household Dashboard.
- Review the “Created Date” that aligns with the sample eligibility determination period. Verify that the coalition determined eligibility, or requested additional information needed to determine eligibility, within 10 calendar days from the date listed under “Created Date.” Check case history notes if unable to verify solely using the Household Dashboard – Documents screen.
- Verify that the coalition determined eligibility within 10 calendar days from receipt of the last documentation received from the parent for either an initial determination or a redetermination.

E. U.S. Citizenship/Qualified Alien Status (SR-E)

A child must be a U.S. citizen or a qualified alien to be eligible for SR services. For children born outside of the U.S., there must be documentation in the SR child file to support the child’s legal status.

A coalition may accept a referral from Workforce for TANF/TCA recipients or an At-Risk referral form, if the Medicaid eligible box is checked, as citizenship proof.

1.* Prior to authorizing SR services, did the coalition establish and document that the child is a U.S. citizen or qualified alien? (Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); CCDF State Plan 3.1.8; Rule(s) 6M-4.208(4)(b), FAC; Grant Agreement, Exhibit II, C.5.1.4.6 and C.5.1.5)

Analysis

- The child must meet one of the following citizenship criteria –
  • A U.S. citizen.
  • A qualified alien residing in the U.S.
- Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) requires programs offering federal public benefits to verify citizenship and immigration status for program services beneficiaries. For implementing verification requirements that Title IV mandates, only the child’s citizenship and immigration status is relevant for eligibility purposes. The child is the primary beneficiary of the child care benefit.
Assessment activity

− Review the file for one of the following documents to support the child’s U.S. citizenship or qualified alien status –
  • U.S. birth certificate.
  • An original or certified copy of the child’s U.S. birth record filed according to law with the appropriate public officer.
  • U.S. passport.
  • Lawfully-admitted alien document* (e.g., Forms I-94, I-94A, I-197, I-551 and I-766) with non-U.S. passport. *Note – An individual does not qualify for federally-funded benefits if the individual is in the U.S. for a limited time period, such as tourism or as a student, and plans to return to the individual’s country of origin.
  • Certificate of U.S. citizenship or naturalization.
  • Documentation of the child’s Medicaid eligible status, except Medicaid benefits received through the emergency medical assistance program as a non-citizen or non-qualified alien –
    o This includes the Medicaid-eligible checkbox marked “yes” by the referring agency on an At-Risk referral, CF-FSP 5002 (November 2012).
    o Note – the Child Care Application and Authorization Form for Certified Homeless Shelter or Domestic Violence Center Participants, Form DEL-DV/HM, is not acceptable documentation to verify citizenship.
  • TCA/TCC referral – The child’s status as a TANF recipient, as shown on a child care authorization the referring agency submitted, is sufficient to establish the child’s citizenship.
  • If no supporting documents listed above are available for a homeless child as defined in s. 1003.01, F.S., a coalition can accept a notarized statement from the child’s parent or a homeless shelter to establish the child’s citizenship.

− If a review reveals that a coalition did not properly verify citizenship or immigration status or that an ineligible recipient (due to immigration status or otherwise) received CCDF assistance, DEL will consider such funds questioned costs and they will be subject to disallowance.

See Appendix E for additional information on citizenship and qualified alien status.

F. Child Age Requirements (SR-F)

State and federal regulations require a child to be younger than 13 years to be eligible for the SR Program. However, Rule 6M-4.200(2)(a)6, FAC, states that if a child’s age exceeds the age limit during the 12-month authorization period, the child shall continue receiving services for the remainder of the 12-month authorization period.

1.* Did the coalition confirm that the child was younger than 13 years at both the initial determination and the redetermination? (45 CFR 98.20 and 98.21(a)(1)(ii); s. 1002.87(1), F.S.; Rule(s) 6M-4.200(2)(a)6 and 4.208(4)(a), FAC; CCDF State Plan 3.1.1 and 3.1.8; Grant Agreement, Exhibit II, C.5.1.4.4)

Analysis

State regulations establish the SR Program for children from birth to younger than 13 years. However, if a child turns 13 during an eligibility authorization period, the child may continue receiving child care funding for the remainder of the authorization period.

Assessment activity

− Review the child’s file for approved documentation to establish that the child was younger than 13 years at eligibility determination.
− Review the child’s file for one of the following documents to establish child’s age –
  • Child’s birth record. (Note – When the coalition copies an original birth certificate, a watermark with the
• Child’s certificate of baptism or other religious record of the child’s birth, accompanied by an affidavit (notarized statement) stating that the certificate is true and correct, sworn to or affirmed by the child’s parent.
• An insurance policy on the child’s life that has been in force for at least two years.
• A passport or certificate of the child’s arrival in the United States. (See Appendix E – U.S. Citizenship.)
• An immunization record that a public health officer or licensed practicing physician signed.
• Florida SHOTS documentation.
• A valid military dependent identification card.
• Protective services and TANF referrals if the form includes age. (Note – Coalitions may not use the referral for Certified Homeless Shelter or Domestic Violence Center Participants, Form DEL-DV/HM, to verify age.)
• Official vital statistics records.
• If a child’s parent is unable to submit any of the supporting documentation listed above, the coalition may accept a parent’s notarized statement of the child’s age with an accompanying certificate of age that bears the signature of a public health officer or physician stating that the child’s age shown on the affidavit is true and correct.

G. Definition of a Parent (SR-G)

Rule 6M-4.200(1)(d), FAC, defines a parent as a person who has legal custody of a minor as a natural or adoptive parent, legal guardian, person who stands in loco parentis to the minor or person who has legal custody of the minor by order of a court.

Rule 6M-4.200(1)(f), FAC, defines “person who stands in loco parentis” as a responsible adult with whom the child lives, who is responsible for the day-to-day care and custody of the child when the child’s parent by blood, marriage, adoption or court order is not performing such duties.

Each applicant must meet the definition of parent in Rule 6M-4.200(1), FAC, and submit a government-issued ID and documentation of guardianship verifying the relationship to the child.

1.* Did the coalition establish and document the parent’s identity and relationship to the child? (45 CFR s. 98.2; s. 1002.97(1), F.S.; Rule(s) 6M-4.200(1)(d) and (f) and 4.208(4)(d), FAC; CCDF State Plan 3.1.8)

Analysis

- Prior to authorizing eligibility, a coalition must verify that a client requesting SR services meets the definition of a parent.
- Federal and state laws stipulate case confidentiality. Therefore, the specialist must maintain case confidentiality by speaking only to a parent with an established relationship to the child.
- To establish the relationship to the child, the parent must present an acceptable form of verification to establish their identity at the time of the eligibility determination.
- A coalition should obtain original documentation whenever possible. A coalition should allow special provisions to accommodate victims of natural disasters or other disasters.

Assessment activity

- Each applicant must meet the definition of parent from Rule 6M-4.200(1)(d), FAC, and submit government-issued ID and documentation of guardianship. To establish identity, a parent must also submit one of the following –
  - A government-issued ID, driver’s license, employment ID or student ID.
  - An immunization record and either two forms of ID showing the parent’s name or a photo ID.
  - If the document provided for applicant identity does not include a photo, a coalition must obtain two forms of ID showing the parent’s name, such as a Social Security card, voter registration card, birth record,
military document, school record, paystub, employment record or insurance card.

- **Note** – Unacceptable types of identification include photo ID made at a flea market or any type of form the parent generated that did not come from a third-party source (e.g., an application the parent completed for another type of service or One World Government IDs and IDs generated online).

- Additionally, the coalition shall keep a record of at least one of the following supporting documents to verify the parental relationship –
  - A copy of the child’s birth certificate, which includes the parent’s name or maiden name, if applicable.
  - A court order or other legal documentation that substantiates the adult’s relationship to the child(ren).
  - A valid DCF or Workforce referral that includes the child’s and parent’s names.
  - Documentation the applicant is in receipt of relative caregiver payment or TANF benefits on behalf of the child.
  - A notarized statement from the child’s parent listing the person designated as responsible for care of the child.
  - Official public or non-public school records.
  - A notarized statement from a medical professional.

- **Note** – There is no requirement to obtain ID documentation for household members other than the primary applicant and child. A statement from the parent defining household member relationships is sufficient. If a DCF or Workforce referral does not match the documentation the parent presents, the coalition must establish the parent’s relationship to the child by contacting the assigned DCF/Workforce worker to discuss the discrepancy and properly correct the referral, initial the change and enter a case history note in the file (electronically or hard-copy). DEL recommends that the coalition obtain documented confirmation of changes made to the referral via email, fax or a revised referral from the referring agency and create a case history note in the DEL statewide information system explaining the change.

- As statute requires case confidentiality, a coalition must obtain documentation of differences in name. In the event that a parent underwent a name change between the time of initial determination and redetermination, a coalition should include a history note in the file.

### H. Residency Requirements (SR-H)

SR child files must include documented evidence that the family currently resides in the state of Florida. A coalition shall verify residency information with documentation that includes an in-state physical address. There is no minimum prerequisite length of time a person must reside in Florida to obtain benefits. A family member may also be a temporary resident in a domestic violence center or homeless shelter in Florida or authorized emergency management location. A client must be a Florida resident to receive TANF benefits, which the referring agency verifies during the TANF/TCA application process (s. 414.095(2)(a), F.S.).

1.* **Did the coalition establish that the parent is a Florida resident?** (45 CFR s. 98.20(2) and (3)(i); Rule(s) 6M-4.208(4)(c), FAC; Grant Agreement, Exhibit II, C.5.1.4.5)

**Analysis**

- Case file documentation must support that the applicant lives at the address the applicant provided during the application/redetermination process as his or her residence. The address must be within the state of Florida and within the county(ies) the coalition serves.
- DEL considers this requirement met if the applicant provides a current driver’s license or employment pay stub with the same physical residential address as the one the applicant reported as his or her home.
- The address the parent provided in the file must match the DEL statewide information system unless there is a history note updating the address and providing an explanation.

**Assessment activity**

- Review the SR child file for one of the following documents to support residency. The document must show
the name and current residential address of a parent with whom the child resides –

- Government-issued document (e.g., a current property tax assessment, dated within 12 months of eligibility determination, showing a homestead exemption, a Florida driver’s license, Florida identification card) or military order showing that the child’s parent is a service member in the United States Armed Forces assigned to duty and residing in Florida when the child attends the SR Program (e.g., permanent change of station).
- Current and signed residential rental agreement, mortgage statement or receipt that contains a name and address, from a rental payment, dated within 12 months of the date the child application is submitted.
- Utility bill (electric, gas, water), cable, Internet or landline home phone bill dated within 12 months of the date the family submitted the child application.
- Pay stub from a current employer received within the last 12 months of the date the family submitted the child application.
- For children identified in s. 1002.87(1), F.S., the child’s status as a TANF recipient, as shown on a child care authorization the referring agency submitted, is sufficient to establish the child’s residency.
- For children identified in s. 1002.81(1)(a)-(d), F.S., the child’s Medicaid-eligible status, as shown on a child care authorization the referring agency submitted, is sufficient to establish the child’s residency.
- If no supporting documents listed above are available, a coalition may accept a notarized statement (affidavit) from the child’s parent and a letter from a landlord or property owner who confirms that the child resides at the address shown in the notarized statement. Parents must submit new documentation at each eligibility redetermination.

Note – A P.O. Box does not establish residency.

2.* Did the coalition authorize child care by the parent’s county of residence? (ss. 1002.83(1) and 1002.89(5), F.S.; Rule(s) 6M-4.208(4)(c), FAC)

Analysis

- The coalition serving the area where the parent resides must be the coalition that provides SR services to the family.
- SR children may attend a provider in a county outside of a coalition service area. However, the coalition of the child’s residence must provide SR services.

Assessment activity

Review file for documentation supporting county of residence (see acceptable documentation in SR-H.1).

1. Family Unit Income (SR-I)

An SR child file shall include documentation of all earned and unearned income that s. 1002.81(7), F.S., does not exclude and that the coalition used to determine a child’s eligibility and establish the applicable parent copayment based on the sliding fee scale included in an DEL-approved coalition plan. When the parents (legal or biological), married or unmarried, reside together in the home, a coalition must include any income both parents receive in the total family income. DEL rules provide guidelines for verifying employment and income.

1.* Did the coalition include appropriate documentation to fully support the gross earned and unearned household income? (s. 1002.81(7), F.S.; Rule(s) 6M-4.208(4)(f), FAC; CCDF State Plan 3.1.3, 3.1.4 and 3.1.7; Grant Agreement, Exhibit II, C.5.1.4.7)

Analysis
− The coalition must first determine whose income counts, based on the family’s billing group placement.
− A coalition shall document all earned and unearned income used to establish eligibility, unless the CCDF State Plan, section 3.1.3, excludes the income type.
− For children identified in s. 1002.81(1)(a)-(f), F.S., if income documentation (earned and unearned) is available during the initial and subsequent eligibility verification, the family or referring agency must submit it at that time. If income documentation is not available for at-risk children, the coalition shall still process the eligibility determination under the at-risk child care authorization.
− Income documentation must be current and consecutive related to the eligibility determination date.
− A coalition will consider a teen parent a separate household and determine eligibility and income consistent with the procedures for other households.
− For families who have irregular earnings (fluctuations) due to seasonal or other types of work schedules, such as retail employment during the holidays or tourism in the summer, the coalition or contracted designee must
− Calculate the average income for the previous 12 months. The average must reflect income changes that occur during the eligibility period, including situations in which a family had monthly income above 85% of the SMI, as published in the Federal Register for part of the year and lower income in other months.
− For instances where a family, upon redetermination, may not have 12 months of pay stubs, use an employer verification statement that affirms the average annual income.
− Case notes may document how the coalition used irregular earnings to calculate family income (e.g., statewide information system notes that capture the nature of the fluctuating earnings).

Note – Each early learning coalition shall maintain, for each authorization period, documentation of income calculations used to establish the family unit income for each family receiving School Readiness services within the statewide information system. This may include documenting information on a locally created income worksheet or in case notes (Rule 6M-208(4)(g)(1), FAC, effective Nov. 23, 2021).

Assessment activity
− Review the file for earned and unearned income documentation, verified from the source, to confirm that it supports income information used to assess the parent’s copayment.
− **Earned income documentation** –
  - **Applicants who are not self-employed** – Appropriate documentation sufficient to determine hours of employment and rate of pay based on one of the following –
    - Four weekly, two biweekly, two semi-monthly or one monthly pay stubs that are current and consecutive.
    - A signed employer statement that includes the number of hours the parent worked and the gross income earned for four weeks dated within four weeks of applying for SR child care funding.
    - A signed contract for employment that includes the number of hours the employer anticipates the parent will work and the anticipated gross income earnings that has a termination date of not less than nine months from the date of applying for SR child care funding.
  - **Self-employed applicants** – Appropriate documentation sufficient to determine hours worked and income, such as business account ledgers, written documentation from customers or contractors, or federal tax returns.
− **Unearned income documentation** – As rule defines, current documentation of one of the following –
  - An award letter or verification statement from the source (e.g., Department of Revenue for child support or Social Security Administration for Social Security benefits) that shows the current amount received.
  - A written statement from the absent parent stating the amount of child support paid. If the amount varies, then for each income source, the parent must provide a minimum of four weekly, two biweekly or one monthly income amounts, whichever best represents the unearned income.
  - **Child support** – If for any reason the first two sources are not available, a parent’s attestation, stating the amount of child support the parent received or did not receive, is acceptable.

2.* **Did the coalition correctly calculate the gross earned and unearned household income?** (s. 1002.81(7), F.S.;

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Rule(s) 6M-4.200(1)(c) and (k) and 6M-4.208(4)(f)6, FAC; CCDF State Plan 3.1.3, 3.1.4 and 3.1.7

Analysis

- Calculate gross family income based on the family’s billing group placement. Family unit income means the combined gross income, from all sources, of all members of the family unit who are 18 years or older who are currently residing together in the same dwelling unit. Parents may exclude any adult member of the family (and income) who is not the child(ren)’s parent if the adult is not married to the parent seeking services. Coalitions also may exclude from the family unit adult siblings of children receiving services. Finally, exclude earned income for an 18- to 23-year-old family member who is enrolled as a full-time student in a secondary school or its equivalent.
- Child support counts in the family unit income for each child in the family unit. A coalition must address child support for each absent parent. For example, if a grandmother applies for her 6-year-old grandchild and receives child support from both absent parents, the coalition must count the child support in the family unit income.
- The coalition must calculate income using the most current and consecutive four weeks of income available and reflective of future earning/receipts.
- If a family receives income monthly, the coalition must annualize income using one monthly pay stub.
- In some instances, four weeks may not reflect future earnings (e.g., partial payments, such as beginning weeks for a new job, may not reflect future earnings). In those instances, the coalition must use another calculation option, such as a statement from the employer showing anticipated hours and hourly rate.
- See Appendices G, H and I for additional information on earned and unearned income, as well as excluded income types.

Calculating income per pay period – *Note –* The below income calculations may not always be the most accurate means to calculate income when additional information is available. The coalition should always use the most accurate income calculation based on available information.

<table>
<thead>
<tr>
<th>If a parent is paid</th>
<th>Sum of gross pay</th>
<th>Divide by</th>
<th>Multiply by</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAILY</td>
<td>Once DAILY</td>
<td>Sum of gross pay received for most recent four-week work period</td>
<td># of pay stubs received in four-week work period</td>
</tr>
<tr>
<td>WKLY</td>
<td>Once WEEKLY</td>
<td>Sum of gross pay received for most recent four-week work period</td>
<td># of pay stubs received in four-week work period (typically four)</td>
</tr>
<tr>
<td>BIWK</td>
<td>Every other WEEK</td>
<td>Sum of gross pay received for most recent four-week work period</td>
<td># of pay stubs received in four-week work period (typically two)</td>
</tr>
<tr>
<td>SEMI</td>
<td>Twice a MONTH</td>
<td>Sum of gross pay received for most recent month</td>
<td># of pay stubs received in one-month work period (typically two)</td>
</tr>
<tr>
<td>MNTH</td>
<td>Once a MONTH</td>
<td>Sum of gross pay received for most</td>
<td># of pay stubs received in one-month work period</td>
</tr>
</tbody>
</table>
Division of Early Learning
SR Standard Eligibility Review Program Guide

10 MONTHS PAID BIWK  Every other WEEK  Sum of gross pay received for most recent four-week work period
| recent month | (typically one) | # of pay stubs received in four-week work period (typically two) | 21 pay periods in year |

Assessment activity

− Review the coalition’s calculation of a family’s earned and unearned income to verify that the coalition calculated income correctly in compliance with rule.
− Some billing groups do not include certain income types. Refer to the SR OCA (Other Cost Accumulator) DEL Program Guidance 250.01A and review Countable Income for the specific billing group to determine whose income counts.
− If a family reports an income change, the coalition must reevaluate the family’s eligibility using the most current four weeks of income from all sources.
− For families who have irregular earnings (fluctuations) due to seasonal or other types of work schedules (e.g., retail during the holidays, tourism in summer) the coalition must
  - Calculate the average income for the previous 12 months. The average must reflect income changes that occur during the eligibility period, including situations in which a family’s income temporarily exceeded 85% of the state median income (SMI) and lower income in other months.
  - For instances where a family, upon redetermination, may not have 12 months of pay stubs, use an employer verification statement that affirms the average annual income.
  - Document case notes on how the coalition used irregular earnings to calculate family income (e.g., statewide information system notes that capture the nature of the fluctuating earnings).

Note – Averaging family income over a period of time broadens the scope of income verification to be more reflective of annual income rather than being tied to a limited time frame that may have seasonal irregularities.

J. Authorized Hours of Care (SR-J)
Authorized hours of care for all SR services shall meet the unit of care definition. The amount of care is related to purpose for care plus reasonable travel time (one hour per day). The definition of full-time care is at least six hours, but not more than 11 hours, of child care or early childhood education services in a 24-hour period. Although full-time employment or training will most often require authorization for full-time care, there are situations in which families will need only part-time care (such as for a child who is in school and only needs before- or after-school care). The definition of part-time care is fewer than six hours of care or early childhood education services in a 24-hour period.

1.* Did the coalition authorize the appropriate hours of care based on the amount of care the family needed? (ss. 1002.81(9) and (11), F.S.; Rule(s) 6M-4.200(2), (3) and (6), FAC; 45 CFR 98.21(g); Grant Agreement, Exhibit II, C.5.1.4.2)

Analysis

− The hours of child care needed depend on the parent’s employment or education/training activities. A coalition must give consideration to the parent’s hours of employment or education/training, as well as reasonable travel time. Some parents may require child care for additional reasons (see other factors below).
− Parents who receive a referral from an authorized agency will receive care based on the authorized referral. The referral should include permitted hours per week plus reasonable travel time.
− A coalition should authorize child care based on the average amount of care needed and, therefore, does not need to make hour-for-hour determinations (e.g., if a coalition authorizes a parent for full-time care but the parent works fewer than six hours on a particular day, a coalition would still reimburse the provider at a full-time rate because, on average, the family needs care for more than six hours per day).
Assessment activity

- Review the Payment Certificate to determine whether the coalition authorized full-time or part-time care.
- **If a parent needs care due to employment**, add the total number of hours worked and determine an average number of hours worked per week. Divide the average number of hours worked per week by the number of days the client needs child care in a week. Coalitions must give consideration for travel time and breaks during work hours (for example, lunch breaks) when determining the need for full-time/part-time care (e.g., although pay stub shows parent worked eight hours in one day, the parent was actually away from home for nine hours). **However, a coalition may not combine travel time with employment hours or related activities to qualify the parent for the minimum 20 hours per week.**
- **If a referral authorized care**, determine whether the hours of care the coalition authorized are consistent with the hours of child care and transportation hours in Section C of the referral that the referring agency authorized and if the hours directly relate to hours of work or education/training, plus reasonable travel time. If there are any discrepancies, contact the referring agency to determine whether the coalition should have authorized part-time or full-time care.
- **If a parent needs care due to education (including online courses)**, determine the number of credit hours (or hours spent in class, if class hours are actually greater than credit hours) plus an additional hour of study time for each credit hour per day. Coalitions may also consider travel time.
- **Other factors to consider** –
  - A coalition may factor in hours for sleep if parents work night shift and the child is under school age.
  - A coalition must authorize children receiving part-time care on school days for full-time care on school holidays, school closures or summer break.
  - If a coalition determines during its monitoring of a provider’s attendance roster that a parent is not using full-time care as authorized, the coalition should inquire at the next redetermination to assess if the parent’s needs have changed.
- The coalition should take into consideration a child’s development and learning and promote continuity of care when authorizing child care services, offer increased flexibility for determining eligibility of vulnerable children, and should not restrict child care to the hours of a parent’s work or education. Case notes should explain the hours of care needed. **See 45 CFR 98.21(g).**

K. Family Unit Size and Relationship (SR-K)

The coalition uses family unit size along with the family’s gross annual income to determine whether the family meets the income threshold to initially qualify for SR services. A family may consist of a parent or parents living together, a parent’s minor child and any other minor child for whom the parent is legally responsible. A family may also include any other adult whom the parent considers part of the family, such as a grandparent the family supports. Statute defines family or household members as “spouses, former spouses, persons related by blood or marriage, persons who are parents of a child in common regardless of whether they have been married and other persons who are currently residing together in the same dwelling unit as if a family” (s. 1002.81(8), F.S.).

<table>
<thead>
<tr>
<th>1.*</th>
<th>Did the coalition accurately determine family unit size and relationship? (s. 1002.81(8), F.S.; Rule(s) 6M-4.208(4)(e), FAC; CCDF State Plan 3.1.3; Grant Agreement, Exhibit II, C.5.1.4.8)</th>
</tr>
</thead>
</table>

Analysis

- Family unit means parent(s) living together, their minor children and any other children for whom the parents are legally responsible.
- If a parent lives with an aunt, uncle, grandparent or non-relative whom the parent does not support, the coalition should not count that person as a member of the family unit size.
- The coalition must annualize and add together all countable income the family unit receives to determine the total household income.
- Coalitions may exclude any adult member of the family (and income) who is not the child(ren)’s parent if the adult is not married to the parent seeking services. Coalitions may also exclude from the family unit adult
siblings of children receiving services.

- The family size for a family that includes a child(ren) receiving TANF child-only benefits shall only include the child(ren) if the child(ren) resides with a guardian. If the child(ren) resides with a parent, the coalition must include the parent in the family size.

- Consider a teen parent a separate household, unless the teen and the teen’s child(ren) are included in the teen’s parent’s SR family size. Determine eligibility and income consistent with the procedures for other households.

- Each early learning coalition shall maintain for each authorization period, documentation of the income calculations used to establish the family unit income for each family receiving school readiness services within the statewide information system. This may include documenting information on a locally created income worksheet or in case notes.

**Assessment activity**

- Review the file for a statewide information system-generated or locally-developed form documenting the applicant’s family size, including a statement from the parent certifying that the household information is true and correct.

- Determine whether each SR child file includes a declaration of relationship from the parent that clearly defines household members and the relationships between adults and children.

- In cases where the coalition suspects fraud, the coalition may request additional documentation to establish family size.

- Verify that the coalition correctly determined family unit size for the family’s assigned billing group. The coalition uses the type of billing group or information on the referral (if applicable) to establish family unit size.

**Family unit size calculation by billing group summary**

<table>
<thead>
<tr>
<th>Billing Groups</th>
<th>Family Unit Size to Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>BG1-11, -11D, -HOME, -FAM, -IN; BG3AP-APP, BG3W-21W; BG5-TCC; BG8-ECON; CF-SN</td>
<td>Parent(s) and their minor children.</td>
</tr>
<tr>
<td>BG1-13, -14R; BG1-OUT</td>
<td>Related children on referral only*.</td>
</tr>
<tr>
<td>BG3-TCAN; BG3W-TCAW</td>
<td>Parent(s) and children included in the TANF assistance group.</td>
</tr>
<tr>
<td>WRC-RCI</td>
<td>Child(ren) only.</td>
</tr>
<tr>
<td>BG3-28A</td>
<td>Related children receiving RCG payment only. Relatives or nonrelatives who are caring for children whom the court placed with them, pursuant to s.39.5085, F.S., may receive a special monthly caregiver benefit that DCF establishes.</td>
</tr>
<tr>
<td>BG3R-RCG</td>
<td>Related children receiving RCG payment only. Relatives or nonrelatives who are caring for children whom the court placed with them, pursuant to s.39.5085, F.S., may receive a special monthly caregiver benefit that DCF establishes.</td>
</tr>
</tbody>
</table>

*If a referral includes siblings, the coalition must count them as part of the family unit. If there is only one child or another unrelated child on the referral, the family unit size will be one.

**L. Income Threshold Requirements (SR-L)**

In order for the coalition to approve a family for a service, the family applying must meet income eligibility requirements, unless the service is available without regard to income. DEL rules provide guidelines for verifying employment and income. An applicant must fully declare household circumstances and income on the application.

**1. Did the family unit size and household income meet the income threshold requirement?** *(45 CFR s. 98.20(q)(2); ss. 1002.81(6-8) and 1002.87(1), F.S.; Rule(s) 6M-4.200, 6M4.208 and 6M-4.400(3), FAC; CCDF State Plan 3.1.3; Grant Agreement, Exhibit II, C.5.1.4.9)*
**Analysis**

− In order to be eligible for entry into the program –
  - A family’s total household gross annual income must not exceed 150% of the FPL (BG8-ECON, BG3AP-APP, BG3-28A) and must not exceed 85% of the SMI.
  - A family may not have assets exceeding $1 million. A family member must certify this when applying for the SR program.
  - TCA clients may have a gross annual income equal to or less than 185% of the FPL to enter the program, which DCF determines (BG3-TCAN, BG3W-TCAW, WRC-RCI).
  - TCC clients must have a gross annual income equal to or less than 200% of FPL (BG5-TCC).

− In order for a family’s eligibility to continue at redetermination –
  - A family’s total household gross annual income must not exceed 85% of the SMI (BG8-ECON, BG3AP-APP, BG3-28A).
  - A family may not have assets exceeding $1 million. A family member must certify this at redetermination.
  - TCC clients must have a gross annual income equal to or less than 200% of FPL (BG5-TCC).

− Eligibility (initial and continued) for at-risk and special needs billing groups is not dependent upon family income. However, if family income is available, a coalition should count it to calculate the parent copayment (BG3R-RCG; BG1-IN, -OUT, -14R, -13, -11, -FAM, -HOME, -11D; CF-SN).

− At the end of the initial 12-month eligibility period at redetermination, if a family’s income is above 150% of the (FPL), but at or below 85% of the SMI, the family will enter the graduated phase-out. The parent shall be assessed a co-payment that is based on the approved sliding fee scale. As the family’s income increases the co-payment shall gradually increase based on the approved sliding fee scale. During graduated phase-out, the family shall report any changes in family size or income to the coalition within ten (10) calendar days. The coalition shall adjust the family’s co-payment based on the reported information and shall notify the family and provider of any changes within ten (10) calendar days. The parent co-payment shall be increased or decreased based on any reported changes, as required, that affect the parent co-payment.

**Assessment activity**

− Review criterion SR-I for the correct family income and criterion SR-K for family unit size.
− Compare family income and family unit size to the coalition’s DEL-approved sliding fee scale (see Appendix N for a sample sliding fee scale) for the applicable sample period to determine whether the family met income threshold requirements.

**M. Assessed Parent Copayment (SR-M)**

For each parent who receives SR services, the coalition shall assess a copayment based on family size and the family’s gross annual income according to the sliding fee scale included in the DEL-approved coalition plan.

1.* Did the coalition correctly assess the parent copayment? (45 CFR s. 98.45(k); s. 1002.84(9), F.S.; Rule 6M-4.400, FAC; CCDF State Plan 3.4; Grant Agreement, Exhibit II, C.5.1.4.10)

**Analysis**

− A coalition determines parent copayments using the SR Sliding Fee Schedule, which varies by coalition. A coalition’s approved early learning plan includes the coalition’s sliding fee scale. The coalition must base the fee schedule on the most recently reported FPL.
− For families receiving services as at-risk or economically-disadvantaged, the assessed copayment amount shall be in effect for the family’s authorization period, unless
  - The parent or referring agency requests and the coalition grants a waiver of the assessed copayment.
  - The eligibility determiner assessed an incorrect copayment as a result of an error of the eligibility determiner, program participant error or program participant fraud, resulting in corrective action to reduce or increase the family’s copayment.
  - An employment status, income or family size results in a lower parent copayment.
- The authorized hours of care changes.
- Copayments during graduated phase-out may be increased or decreased based on the family’s income and size.
- **Note** – This does not apply to TCA-funded families.
  - A coalition must assign all families a parent copayment and notify parents of the copayment. In cases where the coalition grants a fee waiver, the copayment may temporarily be reduced to zero. Coalitions must inform parents of the original copayment prior to waiving the fee.
  - **Coalition copayment errors.** The coalition shall not take action to recover an incorrect copayment made due to an error of the coalition or its designee. Once the error is discovered, the coalition must correct the error and apply the corrected copayment. The coalition shall notify the parent within 10 calendar days of changes to the copayment. This notification must be documented.
  - A coalition should establish a consistent practice (policy) of where to set parent copayments for at-risk clients who do not have income or do not submit income documentation. Currently, the three options are 1) Copayment at 85% of SMI, 2) Lowest copayment or 3) Most common copayment. This does not prevent a coalition from waiving copayments in compliance with statute.
  - If the family’s income decreased and the decrease resulted in a lower copayment, the coalition will adjust the copayment to the lower rate. However, if during the initial 12-month eligibility period, the family’s income increased and the increase results in an increased copayment, the coalition will not adjust the parent’s copayment. In this scenario, the coalition would increase the parent’s copayment at the next redetermination based on any income increase. Also, during subsequent eligibility authorizations, if the parent’s income is above 150% FPL, the coalition may increase the copayment if there is an increase in the parent’s income. The copayment increase could occur during the authorization period and not just at redetermination.
  - If the coalition grants the family a temporary fee waiver during the eligibility authorization, it is not considered a copayment increase when the fee waiver expires and the initial copayment assessment is reinstated.

**Assessment activity**

- Contact the DEL early learning policy analyst to verify whether a coalition’s fee scale is current. Use the coalition’s DEL-approved sliding fee scale that corresponds with the reviewed period.
- Review the assessed parent copayment to determine whether the coalition assessed it correctly (based on total gross annual income and family unit size) using the coalition’s DEL-approved sliding fee scale.
- If the income calculation in SR-I was incorrect, determine the correct parent copayment based on the correct gross annual income calculation.
- If the parent copayment the coalition assessed is different from the correct copayment amount (as the reviewer assessed), the reviewer should record it as a discrepancy. If the reviewer is unable to determine the correct income in SR-I, record it as a discrepancy.

**N. Parent Fee Waiver (SR-N)**

A coalition may, on a case-by-case basis, waive the copayment for an at-risk child regardless of the family’s income. Under the standard process for waiving a copayment for an at-risk child, the referring case manager may record the waiver on the referral or provide other written documentation requesting the fee waiver. In addition, a coalition may, on a case-by-case basis, waive the copayment for a child in a family whose income does not exceed the FPL or whose family experiences a natural disaster or an event that limits the parent’s ability to pay (e.g., incarceration, residential treatment, homelessness, an emergency situation or the parent’s participation in a parenting class or in an Early Head Start Program or Head Start Program).

1.* If applicable, did the coalition document the request and identify the reason for a temporary fee waiver?  
(45 CFR s. 98.45(k)(4); s. 1002.84(9), F.S.; Rule(s) 6M-4.400(6), FAC; CCDF State Plan 3.2.4; Grant Agreement, Exhibit II, C.5.1.4.11)

**Analysis**
− A referring agency or parent may request a temporary parent copayment waiver for at-risk children.
− A coalition must document the referring agency’s/parent’s request for a temporary parent copayment waiver. The referring agency may include the request on the referral.
− A coalition must establish a parent sliding fee scale that requires a parent copayment to allow the parent’s child to participate in the SR Program. DEL does not consider copayments that the coalition reduced to set a family’s fee at or below 10% of the family’s income as fee waivers. DEL will not evaluate them for compliance if the coalition or its contractor identified this in the sliding fee scale policy/procedures.
− A coalition may, on a case-by-case basis, waive the copayment for an at-risk child.
− A coalition may, on a case-by-case basis, waive the copayment for a child in a family whose income does not exceed the FPL and whose family experiences a natural disaster or an event that limits the parent’s ability to pay (e.g., incarceration, placement in residential treatment, becoming homeless, an emergency situation such as a household fire or burglary or the parent’s participation in parenting classes or in an Early Head Start program or Head Start Program).
− If the coalition waives the copayment during the eligibility authorization, but later reinstates to the initial fee, it is not considered a copayment increase.

**Assessment activity**

− Determine whether the coalition waived the parent copayment (the coalition may have recorded this on the referral or in case notes).
− Review the file for documentation that the coalition waived the fee on a case-by-case basis. The coalition may waive the fee at the request of the referring case manager or may have documented it on the coalition’s locally-developed form that states the reason for the waiver.
− If the household qualifies for a fee waiver, determine whether the coalition documented the approval for a waiver in the SR child file.
− Determine whether the coalition identified the reason for the temporary fee waiver.
− Confirm that the coalition considers the reason given for the waiver allowable, as the coalition plan or the coalition’s procedures for fee waivers define.

**O. Purpose for Care (SR-O)**

A family’s eligibility for SR services depends on an established purpose for care. A coalition must verify that any parent who requests funding has a purpose for care.

**1. Did the family have a documented and valid purpose for care? (45 CFR s. 98.20(a)(3); Rule(s) 6M-4.208(4)(f), FAC; CCDF State Plan 3.1.3 and 3.1.8; Grant Agreement, Exhibit II, C.5.1.4.14)**

**Analysis**

− During both initial determination and redetermination, an applicant must submit documentation, as applicable, to verify compliance with eligibility requirements.
− Each applicant must meet the program’s purpose for care requirements according to ss. 1002.81(1), (6), (14) and 1002.87(1), F.S. The coalition shall keep a record of at least one of the following supporting documents establishing purpose for care for the authorization period—
  - **At-Risk Referrals.** For children identified in s. 1002.81(1)(a)-(f), F.S., the child’s purpose for care, as stated on a child care authorization from the referring agency, is sufficient to meet this requirement.
  - **RCG.** A child is eligible under the relative caregiver program category if the guardian receives Relative or Nonrelative Caregiver Assistance payments. Relatives or nonrelatives who are caring for children placed with them by the court pursuant to s.39.5085, F.S., may receive a special monthly caregiver benefit established by DCF. Effective July 1, 2014, the Florida Legislature expanded the Relative Caregiver Program in s. 39.5085, F.S., to include nonrelative caregivers.
  - **GAP.** A child is eligible under the GAP program category if the guardian receives Guardianship Assistance payments from DCF.
  - **TCA.** For children identified in s. 1002.87(1)(a), F.S., the child’s status as a TANF recipient, as indicated
on a child care authorization submitted by the referring agency, is sufficient to establish purpose for care.

- **Employment.** For income eligible families, purpose for care is established by the parent’s work schedule as verified on one of the income documents listed in Rule 6M-4.208(4)(f)(6), FAC.

- **Education.** Each applicant requesting services in order to attend an approved educational activity according to s. 1002.81(14), F.S., shall provide an official school schedule or proof of enrollment from an accredited education institution, on official letterhead, that contains the class schedule. Use of educational activities as a purpose for care shall be limited to GED programs, secondary education programs, technical or vocational programs, associate of arts, associate of science, bachelor of arts and bachelor of science programs.

- **Exempt due to disability or age** –
  - **Disability** – In order to be exempt from work requirements due to disability, a parent must submit documentation from a physician licensed under Chapter 458 or 459, F.S., or a disability award letter from the U.S. Social Security Administration.
  - **Age** – In order to be exempt from work requirements due to age, a parent must submit proof of receipt of retirement income benefits from the U.S. Social Security Administration or documentation from a physician licensed under Chapter 458 or 459, F.S.

- **Income.** Each applicant must submit documentation of earned and unearned income according to Rule 6M-4.208(4)(f)(6)a.-e, and (4)(g), FAC. This applies to at-risk children identified in s. 1002.81(1), F.S., if available.

### Assessment activity

- To find a child’s assigned purpose for care, access the Eligibility Verification screen in the statewide information system, select the Eligibility button for sample child, select the View button for the eligibility assignment that corresponds with the sample month, see Purpose for Care listed under Care Information section.

- Determine whether the coalition properly documented the child’s assigned purpose for care based on the “Documentation Needed” listed below –

<table>
<thead>
<tr>
<th>Purpose for Care</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection</td>
<td>Valid DCF referral that lists protection as the purpose for care.</td>
</tr>
<tr>
<td></td>
<td>For RCG or GAP, proof of RCG/GAP payment that lists the child and guardian’s name is sufficient. The proof of payment must be current at the time eligibility is determined, but it may not cover the entire authorization period.</td>
</tr>
<tr>
<td>Employed</td>
<td>Any documentation listed in SR-I.2 that shows a single parent is working at least 20 hours a week. For a two-parent working family, both parents must be employed or engaged in eligible work or education activities for a combined total of at least 40 hours per week. Families who derive income from graduate assistance programs are considered employed. Coalitions may not include travel time to meet the minimum 20-hour requirement.</td>
</tr>
<tr>
<td>Education/Training</td>
<td>An official school schedule or proof of enrollment from an accredited educational institution, on official letterhead, that contains the class schedule. The documentation should include the date the semester/training period starts and the date it ends. Online courses are allowable. Screen prints showing student’s enrollment status, hours and classes in which enrolled from the educational website, are also forms of acceptable documentation. DEL requires a minimum equivalent combination of 20 hours per week to obtain purpose for care. Parents may reach the 20 hours through a combination of credit hours, actual class hours attended and study time. The coalition should add a case note explaining how the coalition determined the parent’s minimum hours needed. Use of educational activities as a purpose for care is limited to GED programs, secondary</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>education programs, technical or vocational programs, associate of arts, associate of science, bachelor of arts and bachelor of science programs.</td>
<td>Documentation that shows the client is participating in both employment and training/education activities for a combination of at least 20 hours a week. See Employed and Education/Training sections of this table for acceptable documentation.</td>
</tr>
</tbody>
</table>

See Appendix I for additional information about purpose for care.

**Note** – A coalition may not combine travel time with hours of employment or related activities to qualify the parent for the minimum 20 hours per week.
2.* If applicable, did the coalition follow the correct procedure when the family lost its purpose for care? (45 CFR ss. 98.20(a)(3)(i) and (ii) and 98.21(a)(1)(ii)(E); s. 1002.87(4)-(6), F.S.; Rule(s) 6M-4.200, FAC; CCDF State Plan 3.1.2 and 3.4)

Analysis

− If the parent loses purpose for care any time during the eligibility authorization period, the coalition shall continue to provide services for three months from the date the parent lost purpose for care, as long as the income does not exceed 85% of the SMI and the family meets the SR eligibility requirements. This applies to all billing groups.
− The parent must reestablish a purpose for care within three months in order to remain eligible for the remainder of the 12-month authorization period. The coalition does not need to complete a redetermination when a new purpose for care is established during the 12-month eligibility period, however, the coalition must verify that the new documentation (such as a referral or paystubs) is valid and update the billing group, if applicable.
− If the family does not establish a new purpose for care within the three-month period, the coalition must terminate SR services.
− If the three-month reestablishment period exceeds the family’s 12-month authorization period, the coalition must count the time period that surpassed toward the subsequent authorization period. For example – A family is authorized from July 2, 2020, through July 1, 2021, but loses purpose for care on June 1, 2021, and the coalition gives the family until Sept. 1, 2021, to reestablish a purpose for care. If the parent reestablishes a purpose for care between June 2, 2021, and Sept. 1, 2021, the coalition must list the new 12-month authorization period as July 2, 2021, through July 1, 2022. If the family does not reestablish a new purpose for care by Sept. 1, 2021, the coalition must terminate the family’s SR services.
− A family will not be limited to a single three-month period to reestablish a purpose for care during the 12-month authorization period. However, these periods may not be consecutive (a purpose for care must be established at the end of each three-month period).
− Coalitions should not count a reduction in work or education hours below 20 hours per week that occurs during a family’s 12-month authorization period as a loss of purpose for care. Do not apply the three-month period for reestablishing purpose for care. The family will remain eligible under these circumstances and the coalition will continue providing services to the family at the same level of care for the duration of the 12-month authorization.

Assessment activity

− Determine whether the child/family lost the assigned purpose for care within the eligibility authorization period –
  • **Referrals** – If the authorization end date listed on the referral is prior to the SR eligibility authorization end date, this is considered a loss of purpose for care. To remain in compliance with this criterion, the coalition must obtain a new referral (or other acceptable purpose for care, as listed in SR-O.1) within three months of the authorization end date listed on the referral.
  • **Employment** – If there is no documentation or a case note stating the parent lost a job during the eligibility authorization period, the analyst will mark this criterion N/A and state why. **Note** – A reduction in hours below 20 is not considered a loss of purpose for care, (this includes a loss of hours due to medical leave). The family will remain eligible under these circumstances and the coalition will continue providing services to the family at the same level of care for the duration of the 12-month authorization. If the parent lost employment, the coalition must obtain verification from the employer that states the date the employment ended to determine the start and end dates of the three-month time period allowed to reestablish care. This also applies to TCC families.
  • **Education** – The coalition should obtain documentation from the parent/institution to determine the parent’s ongoing enrollment status. A reduction in hours below 20 is not considered a loss of purpose for care. The family will remain eligible under these circumstances, and the coalition will continue providing services to the family at the same level of care for the duration of the 12-month authorization. The
coalition must document the parent’s intent to continue educational activities.

- Review documentation in the statewide information system, including case notes, to determine whether the coalition granted the family three months from the date of loss of purpose for care to reestablish a new purpose for care, obtained proof of the new purpose for the parent and verified the purpose for care was acceptable, or terminated the family’s SR services at the end of the three-month reestablishment period if the family did not obtain a new purpose for care.
- If a family is receiving services in the BG1 funding source, and the family provided proof of employment at eligibility determination, the family can use this as an ongoing purpose for care for the remainder of the 12-month authorization period, considering all other eligibility factors. **Note** – There is no requirement to meet the 20-hour minimum hours of employment if the family uses employment to reestablish purpose for care for the remainder of the eligibility 12-month authorization period. However, the parent will have to meet the minimum requirement upon redetermination of a new 12-month authorization period.

**P. Billing Group Eligibility (SR-P)**

Each family unit shall meet state requirements for the approved eligibility and billing group. DEL has established DEL Program Guidance 250.01A to categorize specific eligibility groups that are critical to the ability of DEL and its stakeholders to properly report on federal programs. Additionally, federal law requires a parent to have a purpose for care to receive funding. DEL standardizes codes for uniform and accurate data reporting on local, state and federal reports. A coalition’s incorrect use of codes affects the accuracy of reporting, payments and reimbursements.

1.* **Did the coalition assign the correct billing group based on SR Program requirements? (45 CFR s. 98.20; Rule(s) 6M-4.200, FAC; Grant Agreement, Exhibit II, C.5.1.4.12)**

   **Analysis**

   Once a coalition determines that a parent has a documented and valid purpose for care, it must place the family in a billing group that corresponds with the description and applicable purpose for care from the [DEL Program Guidance 250.01A](#).

   **Assessment activity**

   - Determine the family’s billing group for the review period.
   - Review the SR OCA definition for the family’s assigned billing group.
   - See [Appendix O](#) for a summary of the SR OCA billing groups.
   - Verify that the billing group is current based on the authorization period and the corresponding version of DEL Program Guidance 250.01A.
   - DEL Program Guidance 250.01A contains the billing group definitions.

   **Note** – During the 12-month eligibility period, coalitions may change the billing group between SRMAT and BG8-ECON without completing a new application and child care payment certificate. If the billing group changes from BG8 ECON to TANF during the 12-month eligibility period, the coalition must complete a redetermination for child care.

**Q. Statewide Information System Accuracy (SR-Q)**

The Grant Agreement requires a coalition to use the most current release of the DEL statewide information system. A coalition must use the DEL statewide information system to establish eligibility for child care funding. The DEL statewide information system must accurately reflect the most current household circumstances that the applicant presented to the coalition. The DEL statewide information system is the basis for reimbursement and federal and state reporting.

The review shall consist of comparing SR files against DEL statewide information system records for accuracy of entry, timeliness of processing actions, case history note narrations and data security.

1. **Does the information in the SR file match the information in the DEL statewide information system? (s.**

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1002.82(2)(q), F.S.; Grant Agreement, Exhibit II, C.2, C.5.1 and C.5.1.4)

**Analysis**

- SR file documentation must match the information the coalition entered into the DEL statewide information system.
- The case must stand alone. Proper narration of the reasons behind eligibility decisions will enable reviewers to reach the same conclusion as the authorizing worker.

**Assessment activity**

- Review and compare sampled SR provider files against the DEL statewide information system.
- Verify that data entered into the statewide information system (including the DEL-SR 20 Statewide SR Provider Contract) matches the submitted provider documentation.
- Compare the provider address listed in DCF CARES to the address listed on the DEL-SR 20.
- Document any discrepancies with sampled SR child files on the SR child eligibility spreadsheet, and any discrepancies with SR provider files on the SR scorecard.

**Case history notes** – Case history notes are a tool for the eligibility specialist to use when determining or denying eligibility for SR services. These notes can bridge gaps and explain missing documentation for income calculations or family size determinations that are not readily explained by reviewing the paperwork and documents submitted for eligibility. They are also useful in capturing what the client and coalition discussed, the next appointment date, redetermination due date and benefits or services the family received. Good case history notes enhance case management and provide valuable insight when the eligibility specialist and others monitor files.

**Note** – DEL will review this criterion using the SR spreadsheet and SR scorecard.

**R. Health and Safety Requirements (SR-R)**

Section 1002.88(1)(c), F.S., requires program providers to maintain basic health and safety of their premises and facilities for the SR Program.

All SR providers must address basic health and safety of their program(s) and facilities, and shall allow the Department of Children and Families or local licensing agency, whichever is applicable, the ability to inspect all program premises, including access to facilities, personnel and records and to monitor and verify compliance with SR health, safety and training standards, pursuant to ss. 402.311(2) and 1002.82(2)(i), F.S.

Prior to participation in the SR Program, and annually thereafter, each SR Program facility shall receive a compliance inspection based on the requirements of s. 1002.88, F.S., and minimum standards contained within the provider-type specific health and safety checklist and corresponding handbook adopted under Rule 6M-4.620, FAC. Annual inspections shall be unannounced and shall take place within the contract year at a time the department or local licensing agency (as applicable) schedules.

The Department of Children and Families or local licensing agency (as applicable) will identify any issue of noncompliance with the standards outlined in the provider-type specific health and safety checklist(s) or corresponding handbook(s) and forward it to the appropriate early learning coalition for corrective action, probation or termination, according to enforcement procedures outlined in the corresponding provider-type specific handbook and the Statewide Provider Contract for the SR Program adopted under Rule 6M-4.610, FAC.

1. **Did each sampled SR provider receive a health and safety inspection in compliance with statute and rule?**
   (ss. 1002.82(2)(i), 1002.88(1)(c) and 1002.88(2)(b), F.S.; Rule(s) 6M-4.610(2) and 4.620, FAC; 45 CFR s. 98.41; Grant Agreement, Exhibit II, C.5.10)
Analysis

− Prior to participation in the SR Program, and annually thereafter, each SR Program facility, including registered family day care homes or providers who are not subject to DCF licensure or registration, shall receive compliance inspections according to the requirements of s. 1002.88, F.S., and minimum standards contained within the provider-type specific health and safety checklist and corresponding handbook adopted under this rule.

− Providers whom DCF or one of the local licensing agencies licensed or regulates, and who have received DCF or local licensing agency inspections within four months for center-based programs or within six months for family child care homes, prior to initiation of a SR contract, do not have to complete an additional pre-contractual inspection. However, prior to execution of an initial SR contract a provider must not have any outstanding violations or issues of noncompliance pending from the most recent inspection.

− For all new providers requesting participation in the SR Program, but who DCF or local licensing do not regulate, who have not previously provided SR Program services or have had a one-year lapse in providing SR Program services, the coalition must verify that DCF or local licensing conducted a pre-contractual health and safety inspection. The provider must be fully compliant prior to the execution of a SR contract. Upon the coalition’s determination that a provider is eligible to participate in the SR Program, an early learning coalition shall complete and execute the Statewide School Readiness Provider Contract with the provider.

Assessment activity

− Complete the license number, statewide information system Provider ID, provider name and new SR provider status on the review table using the “H&S Insp.” tab on the sample selection.

− If a provider is a new SR provider, mark as N/A on the first review table the renewal inspection date, inspected annually, and doc cite columns.

− If the statewide information system does not list the provider as a new SR provider, click the search button and input the license number to look up each provider in the DCF CARES system –
  - Select the Inspection tab on the CARES page and screenshot to capture the provider’s inspections.
  - There may be several different types of inspections listed – Initial, Renewal, Routine, Complaint or Reinspection. Use the Initial or Renewal inspections to determine whether the provider received an annual inspection (within review period – July 2021). Note – CARES marks these with a solid green circle.

− If the statewide information system lists the sampled provider as a new SR Program provider as of July 2021, complete the Timely Completion of Health and Safety Inspections for New SR Providers review table. Note – For providers who are not new, either delete the row associated with the case number or mark N/A across the row in this review table –
  - List the provider type from the Health and Safety Insp. tab on the sample selection.
  - Using the steps listed above to capture the provider’s inspection screen from CARES.
  - Determine whether the inspection was fully compliant. The provider may achieve full compliance with a reinspection if the initial inspection contained findings.
  - Determine the date the coalition executed the provider’s DEL-SR 20 Provider Contract – review the Coalition Signature Date on the “New Providers as of July 2021” tab on the Data Pull or search for the provider’s SR Contract in the statewide information system.
  - Determine whether the provider received a fully compliant precontractual health and safety inspection prior to the coalition execution of an DEL-SR 20 with the provider –
    - Center-based programs may have an inspection completed up to four months prior to contract execution.
    - Family child care homes may have an inspection completed up to six months prior to contract execution.

Note – For a child development program with accreditation from a national accrediting body, and that operates on a military installation with United States Department of Defense certification, the submission and verification of annual inspections in compliance with United States Department of Defense Instructions 6060.2 and 1402.05
satisfies the health and safety requirement.

Note – DEL will review this criterion using the SR scorecard.

S. Qualifying Care and Provider Arrangements (SR-S)

To receive SR funds for providing child care services, a provider must be eligible to legally provide child care services and must have a fully-executed Statewide Provider Contract with the coalition for the SR Program. A parent may choose from a variety of eligible child care types, including licensed, licensed exempt, registered, a child development program with accreditation from a national accrediting body and operates on a military installation that with United States Department of Defense certification, a provider who has received a provisional license under s. 402.309, F.S., or informal care. A provider may not deliver the program while holding a probation-status license under s. 402.310, F.S.

Rule 6M-4.620, FAC, states that the Department of Children and Families or the local licensing agency, as applicable, conducts inspections to determine compliance with SR Program provider standards through exercise of its discretionary power to enforce compliance with the laws. The authority to inspect includes access to facilities, personnel and records. The coalition must terminate the provider contract of a SR Program provider who refuses entry or inspection. The rule requires SR providers to employ child care personnel who have satisfied the screening requirements of Chapter 402, F.S., and fulfilled DEL’s training requirements.

1. Did the coalition have a complete and fully-executed DEL-SR 20 in place with each sampled SR provider? (s. 1002.88(1)(q), F.S.; Rule(s) 6M-4.610, FAC; Grant Agreement, Exhibit II, C.5.3.2 and C.5.3.3)

Analysis

– To participate in the SR Program, a provider must complete and execute the Statewide Provider Contract for the SR Program with an early learning coalition and submit all required documentation as stated in the Statewide School Readiness Provider Contract to the early learning coalition under which the provider will operate. An early learning coalition that determines a provider is eligible to offer the SR Program shall forward a copy of the fully executed Statewide School Readiness Provider Contract to the SR provider to inform the provider of eligibility to offer the SR Program. A coalition shall keep the original fully executed Statewide School Readiness Provider Contract in compliance with applicable record retention schedules. An early learning coalition may execute and retain this contract electronically in compliance with s. 668.50, F.S., the Uniform Electronic Transaction Act.

– All SR providers who register to offer the SR Program must complete Form DEL-SR 20, and Form DEL-SR 20FFN, DEL-SR 20LE or DEL-SR 20L.

– Neither a coalition nor an SR provider may omit, supplement or amend the terms and conditions of the Statewide School Readiness Provider Contract, except for those amendments made with the execution of Form DEL-SR 20A (School Readiness Provider Contract Amendments). Neither a coalition nor an SR provider may include any attachments, addenda or exhibits to the Statewide School Readiness Provider Contract except where indicated Form DEL-SR- Form DEL-SR 20L (Licensed Provider Responsibilities), Form DEL-SR 20LE (License Exempt Provider Responsibilities) and Form DEL-SR 20FFN (Informal Provider Responsibilities).

– An early learning coalition may not pay a new SR Program provider who registers to offer the SR Program, except under the Statewide School Readiness Provider Contract. A coalition must be a party to a Statewide School Readiness Provider Contract.

– Legally operating –

  • A provider must be of legally operating status to provide SR services according to s. 1002.88, F.S.

  • To be eligible to deliver the SR program, a SR program provider must be a child care facility licensed under s. 402.305, a family day care home licensed or registered under s. 402.313, a large family child care home licensed under s. 402.3131, a public school or nonpublic school exempt from licensure under s. 402.302, a faith-based child care provider exempt from licensure under s. 402.316, a before-school or after-school program described in s. 402.305(1)(c), a child development program that is accredited by a national accrediting body and operates on a military installation that is certified by the United States Department of Defense, an informal child care provider to the extent authorized in the state’s Child Care
and Development Fund Plan as approved by the United States Department of Health and Human Services pursuant to 45 C.F.R. s. 98.18, or a provider who has been issued a provisional license pursuant to s. 402.309. A provider may not deliver the program while holding a probation-status license under s. 402.310.

− Development Block Grant Reauthorization of 2014 requires each state, including Florida, to certify that all individuals working in child care have received background screening and are eligible to work in child care based on the new elements of background screening. Child care facilities, before- and after-school programs and their associated summer camp programs, religious exempt child care providers, large family child care homes, family day care homes, nonpublic schools and public schools providing child care must rescreen personnel — including all owners, operators, child care personnel, household members, substitutes and volunteers – by Sept. 30, 2017, in order to verify compliance with the state’s CCDF Plan.

Assessment activity

− Access the statewide information system for copies of the DEL-SR 20 for all providers in the review sample — Provider, Search, click on Profile ID hyperlink (any, as long as it is the sample provider), Contracts (under Administrative Review header), Download. Note – Sort contracts by clicking on any headers in gray boxes – Coalition, Type of Contract, Program Year, etc.
− Verify that the coalition completed the contract.
− Verify there was a fully executed DEL-SR 20 before the provider offered SR services (prior to July 1 of the program year, unless the provider is a new provider or newly contracted with the coalition).
− Complete the Sampled Contract Pd., Provider Name, Provider ID on the review table using the SRC and PV tab on the sample selection.
− Note – DEL will review for the 2021-22 contract period cases with a sample month prior to July 2022.
− Obtain the SR Provider Contract (and contract amendments) for each provider using the statewide information system –
  • On banner, select Provider Search. Input the Provider ID then click Search. On the results page, click on Profile ID hyperlink (year does not matter, as long as it is the correct provider), Contracts (under Administrative Review header). Download the DEL-SR 20 for the correct coalition and program year. Additionally, select the + button associated with the contract and download all amendments. Statewide information system tip – Sort contracts A-Z or Z-A by clicking on any headers in gray boxes – Coalition, Type of Contract, Program Year, etc.
  • Review the signature date for the coalition and provider representatives. List whichever date is later in the DEL-SR 20 Execution Date column on the review table and doc cite the signature page.
  • Obtain a Statewide Provider List using the CARES system. Select Reports, Statewide Provider List, Export. Note – The analyst may filter the report to only include the counties in the sample selection. The sample may contain out of county providers. Use the Provider County ID code on the sample selection to determine which counties to include.
  • Using the Statewide Provider List (and Closed, if applicable) spreadsheet, copy and paste the License Origination Date and License Expiration Date into the review table (does not apply to school district providers, private after-school programs or informal providers).

Answer question Nos. 1-3 on the scorecard

− 1. SR Provider Contracts – Verify there was a fully executed DEL-SR 20 before the provider offered SR services. Review the execution date listed on the provider’s SR Contract (previously entered into the review table). It should be prior to July 1 of the contract period, unless the provider has not previously contracted with the coalition. If the coalition or provider signature date is after July 1 of the program/contract year, verify that the provider did not receive any SR enrollments or SR payments prior to the contract execution date. Confirm using a 5045 report or Paid Reimbursement Attendance query in Tableau.
2. Legally operating – Verify that each sampled provider was legally operating during the entire contract period –
   • Providers regulated by DCF/LLA – Review the Origination Date and the License Expiration Date listed on the Statewide Provider List (previously entered into the review table) and confirm that those dates cover the provider’s entire contract period.
   • School District Sites – Go to DOE’s Master School ID page select Download Files, Download – School Verification Report. Review the Date Open and Date Close dates for the provider and verify that the coalition did not contract with the provider outside of that period.
   • Informal providers – Review the CARES system to verify that the provider received a DCF health and safety inspection prior to the DEL-SR 20 execution date.

3. Closed Providers – Verify that the coalition terminated the SR Contract for any sampled provider listed as closed in CARES. If no providers are closed, mark N/A.

Note – DEL will review this criterion using the SR scorecard.

2. Did each sampled SR provider serving children from birth to kindergarten entry meet program assessment requirements prior to DEL-SR 20 (Statewide SR Provider Contract) execution? (Rule(s) 6M-4.740 and 6M-4.741, FAC; Grant Agreement, Exhibit II, C.5.3.1)

Analysis

• A School Readiness provider serving children from birth to kindergarten entry must have a program assessment conducted and meet the Contract Minimum Threshold to be eligible to participate in the SR Program.
• Beginning July 1, 2022, an eligible child care provider that receives a program assessment composite score at or above the Contract Minimum Threshold score, as defined in Rule 6M-4.741, FAC, (note, Rule 6M-4.741, FAC, was repealed on 11-22-22, see Rule(s) 6M-4.500(8) and 6M-4.740, FAC), shall receive a tiered Quality Performance Incentive differential rate above the established coalition reimbursement rate for each care level and unit of care. A child care provider’s Quality Performance Incentive differential shall be based on the most recent program assessment composite score. The differential will be adjusted and applied at the next monthly provider reimbursement payment. A child care provider that is currently on a Quality Improvement Plan, pursuant to Rule 6M-4.740, F.A.C., is not eligible for the Quality Performance Incentive.
• 1. Providers that receive program assessment composite scores of 4.50 to 4.99 shall receive a four (4)% Quality Performance Incentive differential.
• 2. Providers that receive program assessment composite scores of 5.00 to 5.99 shall receive a seven (7)% Quality Performance Incentive differential.
• 3. Providers that receive program assessment composite scores of 6.00 to 7.00 shall receive a ten (10)% Quality Performance Incentive differential.
• All participating School Readiness Program providers shall receive an annual program assessment prior to executing a School Readiness Contract.
• Providers that have been determined ineligible to contract based on program assessment scores may request a second assessment that meets the requirements in Form DEL-SR 740 for selected classrooms to be conducted at the provider’s expense by an observer. The new Composite Program Assessment Score must meet the Contract Minimum Threshold for the provider to be eligible for a School Readiness contract.
• Exemptions –
   • Providers meeting one of the following shall be exempt from the annual program assessment requirement:
     • A provider that has not received one Class I or more than three of the same Class II SR health and safety violations as cited by DCF or local licensing agency, as applicable, in the two-year period prior to contract execution and is a
     • Child care center with 20% or less of all filled SR child care slots out of the maximum capacity
     • Family child care homes with two or fewer of filled SR child care slots out of maximum capacity
• A provider that offers only overnight SR services.
• When a provider’s filled SR child care slots meet or exceed the exemption threshold during the operating hours from 7 a.m. to 6 p.m., per its provider type, the provider shall no longer be exempt.
• A coalition shall monitor filled SR child care slots monthly and notify a provider within 21 calendar days if the provider’s filled slots meet or exceed the exemption threshold.
• A provider must receive a program assessment within 30 calendar days of notification to continue contracting for SR services.
• Exempt providers may opt to participate in program assessment requirements by submitting a request in writing to the coalition prior to contracting. The coalition must coordinate a program assessment within 60 calendar days of receipt of the notice from the exempt provider. The request to participate in program assessment shall constitute a waiver of the exemption and subjects the provider to all of the requirements of Rule 6M-4.740, FAC.
• If a school-age only provider changes the current care levels served to include any children ages birth-kindergarten entry, and does not require a new contract to be executed, the provider is exempt from the program assessment requirement until the provider crosses the enrollment threshold of paragraph (3)(a) of Rule 6M-4.740, FAC. Once the provider meets or exceeds this threshold, the coalition must conduct the program assessment according to paragraph (3)(b) of Rule 6M-4.740, FAC.

Assessment Activity

• Copy Sampled Contract Pd., Provider Name, statewide information system Prov. ID and DEL-SR 20 Execution date from the review table in SR-S.1. Paste to S.2 review table.
• Pull the program assessments report in the QPS system – login to the Quality Performance System filter by Early Learning Coalition and Export. Note – Sampled providers may be out of county and listed under a different coalition. Use the Search function for those providers or include their “home” coalitions in the initial filter. If a provider does not appear on the report, it may be inactive. To find these providers, select the “Inactive” tab and run a separate report or look up the provider(s) individually –
  • Copy information listed in the Composite Score column that corresponds with the sampled provider’s contract period and paste it into the review table (see explanation below for “None”).
    o If a provider has ‘None’ listed in the Composite Score column, go to S: Drive, DEL_General, SR Provider Reports and save a report that corresponds with your sample contract pd.
    o If a provider has “SchoolAgeOnly” listed under the SchoolAgeOnlyEnrollments column ➔ Delete ‘None’ from scorecard table and write “N/A-SCH” (these providers are not subject to program assessment requirements).
    o If a provider has “Exempt - Center or School with 20% or less of School Readiness maximum capacity” listed under the EXEMPT_STATUS_REASON column ➔ Delete ‘None’ from scorecard table and write “Exempt”
    o Review the provider’s DEL-SR 20 to determine whether the provider was correctly listed as exempt (section II.7.f.), if not, document a finding under SR-S.1.

Answer questions Nos. 1-4 on the scorecard

1. Program Assessment Scores/Exempt/Waiver – Verify that each sampled provider met one of the following – A) received a score that was above the Contract Minimum Threshold, B) received a score below the Contract Minimum Threshold and the coalition granted a waiver, C) was Exempt or D) only served school-aged children –
   • Program Assessment Score met the Contract Minimum Threshold for the applicable contract period (2021-22 – 3.50; 2022-23 – 4.00).
   • Scored below Contract Minimum Threshold (2021-22 – 3.50; 2022-23 – 4.00) – Determine whether the coalition granted the provider a waiver. The Composite Score Waived column on the program assessment report will list “Yes” for the applicable contract year.
   • Was “Exempt” (as previously determined when completing review table).
   • Was a school-age only provider (as previously determined when completing review table).
2. Exempt provider eligibility – Health and Safety Violations – Complete the Sampled Providers Exempt from Program Assessment Requirements review table for Exempt providers. **Note** – Find the provider’s maximum license capacity on the Statewide Provider List (Capacity column). Verify that the provider did not receive one Class I or more than three of the same Class II health and safety violations within the two-year period prior to and during the DEL-SR 20 contract period –

- In **DCF CARES** – Search for provider, click the Progressive Enforcement tab, review listed findings.
- Verify there are no C1 findings listed within two years of the contract execution date and during the contact period.
- Determine whether any of the C2 findings have a 4 or higher listed. If so, click to open the drop-down menu to determine whether the provider incurred the findings within two years from the DEL-SR 20 execution date and during the contact period.
- **Note** – Receiving applicable health and safety violations is not a finding if the coalition successfully completes Nos. 4-5.

3. Exempt provider eligibility – Enrollment Thresholds – Complete the Exempt Providers Threshold Template spreadsheet (located in the SR Workpapers folder on SharePoint), for the months in which the provider was Exempt –

- Find monthly enrollments using the monthly tracking sheet from the SR regional program facilitator. Go to S: Drive, DEL_General, SR Provider Reports.
- From the month the provider received the exemption through the date DEL monitoring occurred, or the date the exemption was revoked, determine whether the provider’s SR enrollments exceeded
  - **Twenty percent** of maximum capacity if the provider type is Center.
  - **Two child care slots** if the provider type is FCCH.
- **Note** – Exceeding enrollment threshold is not a finding if the coalition successfully completes Nos. 4-5.

4. Timely Provider Notification – Request documentation from the coalition that shows the coalition notified the provider within 21 calendar days if the provider exceeded the enrollment threshold or received an applicable health and safety violation.

5. Timely Program Assessment – Review the provider’s information in the QPS system to verify that the coalition administered a program assessment within 30 calendar days of notifying the provider. **Note** – The coalition may be out of compliance with No. 4 and in compliance with No. 5.

**Note** – DEL will review this criterion using the **SR scorecard**.

| 3. If applicable, did the coalition place sampled SR providers on a Quality Improvement Plan (QIP) and verify the providers completed the deliverables defined in their DEL-SR 20 by the due date listed in the QIP notice? **(Rule(s) 6M-4.740 and 6M-4.741, FAC; Grant Agreement, Exhibit II, C.5.7)** |

**Analysis**

The Quality Improvement Plan will include performance goals and quality improvement strategies as provided for in Form OELDEL-SR 20, incorporated by reference in Rule 6M-4.610, FAC. Coalitions may choose quality improvement strategies as indicated in the coalition’s approved School Readiness Plan pursuant to Rule 6M-9.115, FAC, to develop Quality Improvement Plans for providers that need to increase program assessment scores.

**Assessment Activity**

- Access the Quality Performance System → use the Search function to look up an individual provider. Click Improvement Plans to access additional information.
- Using the QPS, verify that the coalition placed providers who met the minimum score for contracting, but did not meet the Quality Improvement Threshold, on a QIP. **Note** – This does not apply to “Exempt” or School Age Only providers.
- A coalition may waive the Contract Minimum Threshold if the coalition determines that a provider is essential to meet local child care capacity needs as defined in the coalition’s SR Plan, based on Rule 6M-9.115, FAC.
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Request verification/documentation from the coalition to confirm that the coalition determined the provider was essential to meet local child care capacity needs as defined in the coalition’s SR Plan, if applicable.

− If the QPS lists a provider as having a waiver, review the coalition’s SR Plan to verify the provider followed the process listed in the plan.
− For sampled providers who have a QIP, review Exhibit 3: Quality Improvement Plan Section in the provider’s DEL-SR 20 to determine the provider’s selected strategies.
− Verify that the provider’s selected instructors/directors successfully completed each benchmark deliverable by the due date or extension period listed in the QIP Notice. In the event of turnover, the provider must amend the QIP notice to include current personnel.
− Verify that the coalition confirmed and validated, prior to the QIP due date, evidence of completion of the selected strategies that the provider uploaded and submitted into the QPS System.
− Verify that the coalition communicated and followed up with the provider regarding project timelines, timeliness and any missing deliverables documentation, if applicable.
− Verify that the coalition monitored any QIP deliverables the provider submitted.

Note – For providers currently on a QIP, coalitions must complete a program assessment within 60 calendar days prior to the end of the 12-month QIP.

Note for scorecard

− 1. Quality Improvement Threshold – List the total number of providers sampled for the 2021-22 contract period. Next, list the number of providers who received a Program Assessment Score between 3.50 and 4.00 (from the review table completed for SR-S.2). If none of the providers did, mark question No. 1 as N/A. Doc cite QPS report –
  • Determine whether the coalition placed these providers on a QIP. Access the Provider Profile in the QPS system → select “Improvement Plans.” Screenshot and doc cite this.
  • Additionally, verify that the DEL-SR 20 reflects that the provider is on a QIP (see Section III.13.b. and Exhibit 3).
− 2. QIP for Waivers – List the number of providers who received a waiver (from the review table completed for SR-S.2). If none of the providers did, mark question No. 2 as N/A. Doc cite the QPS report. Follow the steps from question No. 1 to determine whether the coalition placed these providers on a QIP. Request verification/documentation from the coalition to confirm that the coalition determined the provider was essential to meet local child care capacity needs as defined in the coalition’s SR Plan, if applicable.
− 3. QIP Completion – List the number of providers who had a QIP (from the review table completed for SR-S.2). If none of the providers did, mark question Nos. 3 and 4 as N/A. Mark compliance indicators as N/A if Nos. 1 and 2 are also marked N/A –
  • Note – Limit the review to five sampled providers.
  • Request the provider’s QIP Notice from the coalition for sampled providers.
  • List the QIP Begin and End dates (from QIP Notice/QPS system).
  • Verify that the provider completed the QIP prior to the QIP end date by reviewing the Status column on the provider’s Improvement Plan in the QPS section. The information is also available in QPS through Program Assessment → Reports → Strategy Assignments.
− 4. Program Assessment/QIP – Only applicable if provider’s QIP end date was prior to the date of analyst review. For those providers, use the QPS system to determine whether the coalition completed a program assessment for the provider 60 calendar days prior to the QIP end date.

Note – DEL will review this criterion using the SR scorecard.

T. SR Eligibility Policies and Procedures (SR-T)

Each early learning coalition shall base priority for participation in the SR Program on s. 1002.87, F.S. In order to participate in the School Readiness Program, parents shall submit a prequalifying questionnaire; file an application, if appropriate; and provide requested documentation to an early learning coalition. If funds are available at the time of application, the coalition shall conduct an eligibility determination. If funds are not available at the time of application,
the coalition shall place the child or children on a wait list.

Coalitions shall review each submitted application and required documentation within 20 calendar days of receipt to determine whether the parent is potentially eligible, based on s. 1002.87(1), F.S. The coalition shall notify the parent if the applicant(s) meet wait list eligibility criteria. At least once every six months from the date the coalition initially placed the family on the wait list, or from the last revalidation date, the coalition shall contact the parent and request that the parent submit updated information regarding eligibility status. If the coalition determines that the family is potentially eligible based on the application, and if funding is available, the coalition shall conduct an eligibility determination, based on s. 1002.87, F.S., and Rule 6M-4.200, FAC.

Disenrollment means the removal, either temporary or permanent, of a child from participation in the SR Program. A coalition may remove a child from the SR Program in compliance with Rule 6M-4.200(6), FAC.

1. **Do the coalition’s wait list procedures and practices follow statute, rule and the Grant Agreement for serving children in the SR Program?** (s. 1002.87(1) and (3), F.S.; Rule(s) 6M-4.300, FAC; Grant Agreement, Exhibit II, C.1.3 and C.2.1-2.6; CCDF State Plan 3.3)

**Analysis**

- Each early learning coalition shall give priority for participation in the School Readiness Program as follows –
- A child younger than 13 years of age from a family that includes a parent who is receiving temporary cash assistance and subject to the federal work requirements or a parent who has an Intensive Service Account, (ISA) or an Individual Training Account, (ITA), under s. 445.009, F.S.
- An at-risk child younger than 9 years of age.
- Subsequent priority shall be given, based on the early learning coalition's local priorities identified under 1002.85(2)(j), to children who meet the following criteria –
- A child from birth to the beginning of the school year for which the child is eligible for admission to kindergarten in a public school who is from a working family that is economically disadvantaged. This priority may also include such child’s eligible siblings, beginning with the school year in which the sibling is eligible for admission to kindergarten in a public school until the beginning of the school year in which the sibling is eligible to begin sixth grade. However, the first priority for funding an eligible sibling is local revenues available to a coalition for funding direct services.
- A child, from birth to the beginning of the school year for which the child is eligible for admission to kindergarten in a public school, of a parent who transitions from the work program into employment.
- An at-risk child who is at least 9 years of age but younger than 13 years of age. An at-risk child whose sibling is enrolled in the SR Program within eligibility priority categories 1 or 2, or a child younger than school age who is from a family that is economically disadvantaged shall have priority over other children who are eligible under this group.
- A child who is younger than 13 years of age from a working family that is economically disadvantaged.
- A child younger than 13 years of age whose parent transitions from the work program into employment.
- A child who has special needs, is eligible as a student with a disability, has a current individual education plan with a Florida school district and is at least 3 years of age but is not yet eligible for admission to kindergarten in a public school.
- A child who otherwise meets one of the eligibility criteria in paragraphs (a) and (b) and subparagraphs (c)1. and 2. of s. 1002.87(1), F.S., but who is also enrolled concurrently in the federal Head Start Program and the VPK Education Program.
- A coalition must maintain its wait list according to Rule 6M-4.300, FAC.
- A coalition may have subpriorities within the nine categories listed above, as documented in its DEL-approved wait list or enrollment policy.

**Assessment activity**

- Review the coalition’s wait list policy in the approved SR Plan and the completed Certification and Questionnaire (CQ) to determine how the coalition manages the wait list. Verify that the coalition
  - Has written procedures that are compliant with rule/statute/grant agreement, and that the wait list policy in
the SR Plan aligns with the responses on the submitted CQ.

- Is using the EFSM system to process SR applications and manage the wait list.
- Has a website that includes direct access for parents to apply for the SR Program – no more than one mouse click from the home page to reach the EFSM system (parent portal).
  - Determine whether the coalition has specified local eligibility priority groups for priority groups after priorities 1 and 2 that differ from s. 1002.87(1), F.S.
- Pull an Active Wait List – Using the ELC Prod Support EFSM system – Go to Reports → SR Ad Hoc Report. Application Status – select “Active” → Child Status – select “Waiting” → Download Report. To sort the spreadsheet by Priority Group and wait list date, go to Data tab → Sort (ZA|AZ icon) → Select Sort by Priority for first level → Add Level, select Original Waiting List Date for second level (“Then by”) → OK. (Note – Run separate reports for two counties if it is a multicounty coalition.)
  - Using the coalition’s CQ and the active wait list report, determine whether the coalition currently has children awaiting placement. Note – If all children listed as “Waiting” have an original wait list date within a week from the date of report generation, do not consider them as “actively on the wait list.” The coalition likely has available funding and is regularly enrolling all children. If applicable, list the total number of children actively on the wait list.
- Active Wait List – Based on the total number of SR children listed (Note – Do not include LOCAL cases), list the priority group numbers, respective Original Wait List Date ranges for each priority group, and the number of cases on the wait list for each priority group.
  - Inactive/Enrolled from Wait List – If the coalition currently has a waiting list, run an SR Ad Hoc to determine which children the coalition enrolled into services in the past two months –
    - Using the ELC Prod Support EFSM system – Go to Reports → SR Ad Hoc Report. Select “Inactive” under Application Status and under Waiting List Off Date input today’s date as the end date and two months prior for the start date. Download Report.
    - Sort spreadsheet – On Home tab, select Sort & Filter (AZ icon) → Custom Sort. Sort by “Termination Reason” → Select Add Level, select “Priority” from drop down for “Then by,” select “Add Level” again, choose “Original Waiting List Date.” Click “OK.”

  - Note – The spreadsheet will list children who have different statuses. Only use “Child Enrolled” for this assessment activity.
  - Based on the total number of SR children listed (Note – Do not include LOCAL cases), list the priority group numbers, respective Original Wait List Date ranges for each priority group, and the Date Removed from the Waiting List date range for each priority group.
  - Determine if the coalition has locally established eligibility priority groups (based on the coalition’s SR Plan, request additional information from coalition if unclear).
  - Review the priority group numbers listed on the Wait List report and compare to the coalition’s established priority groups. Verify the priority group assignments are correct. Note – Verify that children older than kindergarten age who are listed as Priority 4 have younger siblings who are also on the wait list or already enrolled in SR services.
  - Using the Active Wait List and Inactive/Enrolled ad hoc reports, determine whether the coalition is enrolling children into care based on priorities listed in the coalition plan, s. 1002.87(1), F.S., and Rule 6M-4.300(4)(a) and (c), FAC.
  - Use the Active-Waiting SR Adhoc report to determine whether the wait list contains Priority 1 or 2 children. If there are priority 1 or 2 children on wait list, verify that the coalition had a documented lack of funding.
  - Use the Active-Waiting SR Adhoc report to determine whether the wait list contains any SR duplicate children.
  - Verify that any children whom the coalition has since placed into care (or determined ineligible for services) have the correct child status listed.
− Select a sample of at least 10 cases (different households) from the AD HOC wait list report. Search by application number in the EFSM system, and review case notes to determine whether the coalition updated the application status to “Rejected” or “Active” within 20 calendar days from the date the parent submitted the application. Note – Twenty calendar days resets to zero after each Parent Submitted date.
− Additionally, review the Submitted, Revalidation Submitted and Coalition Reviewing queues/ad hoc reports. If any cases listed are older than 20 calendar days, consider a finding.

Note – DEL will review this criterion using the SR scorecard.

2. Do the coalition’s SR policies and procedures align with rules, statutes and the DEL Grant Agreement? (ss. 1002.81 and 1002.87, F.S.; Rule(s) 6M-4, FAC; Grant Agreement, Exhibit II.C.5)

Analysis
Review the coalition’s policies and procedures and compare them to s. 1002 Part VI, F.S., Rule 6M-4, FAC, and the DEL Grant Agreement to determine whether the policies comply with SR rules and statutes.

Assessment activity
− Obtain a copy of the coalition’s local eligibility policies, forms and procedures and compare them to what is on file with the coalition’s current DEL-approved SR Plan.
− If the coalition submits documents that are part of its DEL-approved SR Plan, review the documents for compliance and write up any discrepancies as management addendum items.
− Review submitted policies, forms and procedures that are not a part of the coalition’s DEL-approved SR Plan. Look for conflicts with Rule 6M-4, FAC, s. 1002, Part VI, F.S., and the DEL Grant Agreement.
− If the coalition does not submit documents for the SR review, review the coalition’s website for policies and forms related to SR eligibility.

Note – DEL will review this criterion using the SR scorecard.

3. Does the coalition or its designee conduct internal file monitoring activities to verify accuracy of SR eligibility determinations? (Rule(s) 6M-4.208(1), FAC; Grant Agreement, Exhibit II, C.5.1.8)

Analysis
Each early learning coalition or designated contractor must determine eligibility for each applicant applying for the School Readiness Program in compliance with s. 1002.87(1), F.S., and Rule 6M-4.200, FAC. The coalition shall maintain all child eligibility documentation. Each coalition is responsible for implementing a records retention policy ensuring that it maintains all documentation compliance with law. The coalition or its designee must conduct internal file monitoring activities to ensure the accuracy of eligibility determinations.

Assessment activity
− Review the coalition’s written internal file monitoring procedure, if provided.
− Review the coalition’s completed Certification and Questionnaire in the Supplemental Documents folder on SharePoint.
− Verify that the coalition conducts internal file monitoring for SR eligibility determinations.
− Review the sample of five files the coalition provided (requested in notification letter).

Note – DEL will review this criterion using the SR scorecard.

U. SR Previous Corrective Actions (SR-U)
A coalition must submit a corrective action plan (CAP) response to DEL’s written notices of findings of non-compliance
within 30 days and implement the CAP response.

1. **Did the coalition implement SR corrective actions that the previous DEL-issued Accountability Section review report lists?** *(Grant Agreement, Exhibit II, F.8; and Exhibit III, B.1)*

   **Note** – This criterion is only applicable if a coalition had previous period SR findings with policy/procedure corrective actions that required follow-up.

   **Analysis**

   A coalition shall submit a CAP response to DEL’s written notices of findings of non-compliance within 30 days after report publication and shall implement the CAP response.

   **Assessment activity**

   - Review the previous DEL-issued AS review report to determine whether the coalition implemented SR eligibility and payment validation corrective actions.
   - Access the Program Integrity SharePoint home page and select a coalition for review under **Coalition Links**. Next, select **Program Integrity Reviews** and click on Accountability Reports. Finally, select the previous review year to access the courtesy review response (CRR) or final CAP close-out document.
   - Doc cite the CRR or CAP to support your analysis.
   - Consider it a finding if the coalition did not implement SR corrective actions from the previous report.
   - Consider it achieved if the coalition implemented the previous corrective actions and does not have a repeat of the same finding in the current review.
   - Consider it N/A if the previous report did not list any findings or if the criterion is no longer applicable.

   **Note** – Restrict the analysis to DEL-approved policies or procedures that the coalition agreed to implement as a part of the corrective action process during the previous review period.

   **Note** – DEL will review this criterion using the **SR scorecard**.

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### V. **SR Subcontractor Monitoring (SR-V)**

The Grant Agreement, Exhibit II, D.6, requires a coalition to have and implement an annual monitoring plan documenting the coalition’s planned monitoring procedures for all contracts, grants, agreements and programs. The plan must include quarterly monitoring that addresses, at a minimum, the requirements listed in the SR Standard Eligibility Review Program Guide, including using all required elements and sample sizes. The coalition shall monitor the same SR child files within the sample for eligibility and payment validation criteria.

The coalition certifies that it has established and shall implement a monitoring plan, which includes, at a minimum, monitoring or testing of coalition subrecipient activities, reporting, corrective action resolution and tracking.

1. **Does the coalition’s monitoring of its subrecipient(s) include each criterion the SR Standard Eligibility Review Program Guide lists?** *(Grant Agreement, Exhibit II, D.6)*

   **Note** – This criterion is not applicable if the coalition does not have a subrecipient for SR services.

   **Analysis**

   There must be evidence that a coalition actually monitored the criteria. DEL does not consider this requirement met if a coalition’s tool contains the required criteria, but the coalition has not monitored for it.

   **Assessment activity**

   - Review the coalition’s monitoring process to determine whether it approves its subcontractor’s policies and procedures for the SR Program, or whether its monitoring criteria include a review of SR policies and procedures.
− Review the coalition’s SR child eligibility and SR payment validation (SRPV) monitoring tools to verify that the monitoring tools include all SR monitoring criteria that DEL requires.
− Document the total number of SR and SRPV DEL monitoring criteria included on the coalition’s monitoring tools.
− List any missing required monitoring criteria from the coalition’s monitoring tool(s).
− Determine whether the coalition’s monitoring captures all of the elements in DEL’s SR Standard Eligibility Review Program Guide.
− **Required SR monitoring criteria** –
  1. Does the coalition have a completed payment certificate?
  2. If applicable, did the coalition have a complete and valid Child Care Application and Authorization (referral) Form?
  3. If applicable, is the authorized eligibility period listed on the Child Care Authorization (referral) Form the correct length?
  4. If applicable, did the coalition act upon the Child Care Application and Authorization (referral) Form within 10 calendar days of receiving the form?
  5. Did the coalition establish the correct authorization period based on the assigned billing group?
  6. Did the coalition determine eligibility within 10 calendar days from receipt of documentation for the initial determination or for redetermination?
  7. Prior to authorizing SR services, did the coalition establish and document that the child is a U.S. citizen or qualified alien?
  8. Did the coalition confirm that the child was younger than 13 years at both the initial determination and the redetermination?
  9. Did the coalition establish and document the parent’s identity and relationship to the child?
 10. Did the coalition establish that the parent is a Florida resident?
 11. Did the coalition authorize child care by the parent’s county of residence?
 12. Did the coalition include appropriate documentation to fully support the gross earned and unearned household income?
 13. Did the coalition correctly calculate the gross earned and unearned household income?
 14. Did the coalition authorize the appropriate hours of care based on the amount of care the family needed?
 15. Did the coalition accurately determine family unit size and relationship?
 16. Did the family unit size and income meet the income threshold requirement?
 17. Did the coalition correctly assess the parent copayment?
 18. If applicable, did the coalition document the request and identify the reason for a temporary fee waiver?
 19. Did the family have a documented and valid purpose for care?
 20. If applicable, did the coalition follow the correct procedure when the family lost its purpose for care?
 21. Did the coalition assign the correct billing group based on SR Program requirements?
 22. Does the information in the SR file match the information in the DEL statewide information system?
 23. Did each sampled SR provider receive an inspection for compliance with statute and rule?
 24. Did the coalition have a complete and fully-executed DEL-SR 20 in place with each sampled SR provider?
 25. Did each sampled SR provider serving children from birth to kindergarten entry meet program assessment requirements prior to SR Contract execution?
 26. If applicable, did the coalition place sampled SR providers on a Quality Improvement Plan (QIP) and verify the providers completed the deliverables defined in their DEL-SR 20 by the due date listed in the QIP notice?
 27. Do the coalition’s wait list procedures and practices follow statute, rule and the Grant Agreement for serving children in the SR Program?
 28. Do the coalition’s written School Readiness policies and procedures align with rules, statutes and the DEL Grant Agreement?
 29. Does the coalition or its designee conduct internal file monitoring activities to verify the accuracy of SR eligibility determinations?
 30. Did the coalition implement SR corrective actions that the previous DEL-issued Accountability Section review report lists?
- **Required SRPV criteria** –
  1. Did the provider document the child’s daily attendance on a paper sign-in/sign-out form or electronic attendance-tracking system according to rule?
  2. Does the certified attendance record match the child’s sign-in/sign-out sheets?
  3. If applicable, did the provider maintain appropriate documentation to support excessive absences and at-risk child absences according to rule?
  4. Did the coalition pay the provider the correct Gold Seal payment during the sample period?
  5. Did the coalition pay the provider the correct reimbursement rate and fees?
  6. Did the coalition document that the payment cleared the coalition’s financial institution/bank?
  7. Does the amount the coalition paid the provider match the amount owed based on the closed reimbursement amount in the DEL statewide information system?

**Note** – DEL will review this criterion using the **SR scorecard**.

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2. **Did the coalition follow the sample size guidelines during monitoring of its subrecipient(s) for SR child eligibility and payment validation?** *(Grant Agreement, Exhibit II, D.6)*

**Note** – This criterion is not applicable if the coalition does not have a subrecipient for SR services.

**Analysis**

- Each file in the sample must be unique. If a coalition reviewed a file more than once during the fiscal year, the reviewer will only count it as one.
- The sample should include representation from each eligibility category, including BG1 (11, 11D, 13, 14R, HOME, FAM, IN, OUT), BG3 (TCAN, W-TCAW, AP-APP, 28A, R-RCG), BG5 (TCC), BG8 (ECON), SRMAT, WRC (RC1), CF (SN) and other federal or state-funded billing groups, if appropriate.
- A coalition with a subrecipient performing SR services will pull a sample of cases for SR eligibility and payment validation reviews. The review period shall represent active cases during the last quarter.

**Assessment activity**

- Refer to the DEL statewide information system data, (report received from Data Services Unit), to determine the number of children the coalition served during the previous year.
- Use sample size guidelines (Appendix A) to determine the correct sample size. If the total enrollment falls between two numbers listed in the table, select the nearest sample size corresponding to the total enrollments for the prior year.
- Review all of the coalition’s monitoring tools and monitoring plan to determine the actual sample size the coalition monitored.
- Verify that the coalition met the minimum required sample size –
  - Verify that each file in the sample is unique. If the coalition reviews a file more than once, count the file as one.
  - Determine whether the sample includes representation from each eligibility category.
  - Verify that the coalition monitored the same SR child files within the sample for eligibility and payment validation criteria.

**Note** – DEL will review this criterion using the **SR scorecard**.

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**VIII. SR Payment Validation Criteria**

The numbering scheme below corresponds with the SR eligibility payment validation spreadsheet and the AS monitoring report.

**A. Attendance Monitoring (SRPV-A)**
A coalition shall have well-defined procedures for attendance monitoring and provider payments. A SR provider must maintain daily attendance documentation, which, at a minimum, shall include a sign-in/sign-out process that a coalition approves to validate attendance data. A coalition must implement a records retention policy for maintaining all documentation according to sub-grant award provisions.

**Note** – When DEL determines that a finding is due to a provider error rather than a coalition error, DEL will document the finding in the work papers, but not include it in the final report. However, the coalition must require the provider to correct the finding or implement corrective actions (if feasible).

### 1.* Did the provider document the child’s daily attendance on a paper sign-in/sign-out form or electronic attendance-tracking system according to rule? *(Rule(s) 6M-4.500, FAC; Grant Agreement, Exhibit I, II.4)*

**Analysis**

- Daily attendance documentation shall be maintained by each SR provider based on the terms of the Statewide School Readiness Provider Contract. The provider must record daily child attendance using a paper sign-in and sign-out form or electronic attendance-tracking system that is maintained at the provider site to validate the attendance data. For electronic attendance systems, the provider must backup records on a regular basis to safeguard against loss.

- The sign-in and sign-out forms will vary by provider but must contain the following information –
  1. Provider’s name.
  2. Child’s first and last name.
  3. Time signed in and signed out.
  4. Date (month, day, year).
  5. An authorized signature or electronic attendance-tracking system that records the date, child’s name, and electronic signature, card swipe, entry of a personal identification number, or similar daily action taken by the parent or other person dropping off or picking up the child to or from the provider site.

- The ELC shall establish a five-year records retention requirement for attendance and sign-in/sign-out records for all SR and VPK services.

**Assessment activity**

- Review documentation to verify that a provider accurately reported each child’s attendance (sign-in/sign-out sheets and submitted attendance certification) in compliance with SR rule.
Identify issues (such as those below) that could require additional investigation. These may not result in noncompliance. However, the reviewer should note these as training issues so that the coalition may discuss the issues with the provider and conduct training/technical assistance on the sign-in and -out processes –

- No absences for a particular child for an extended time period.
- The same monthly sign-in/sign-out sheet lists all children as always present.
- The sign-in/sign-out sheets show the same parent’s signature, but the handwriting is not the same.
- The time recorded on the sign-in/sign-out form is always the same.

2.* Does the certified attendance record match the child’s sign-in/sign-out sheets? (ss. 1002.82(2)(q) and 1002.89(5)(c)4, F.S.; Rule(s) 6M-4.500 and 6M-4.501, FAC; Grant Agreement, Exhibit II, C.2.1.3, 2.6 and 5.2.3)

Analysis

- A provider must complete and certify a monthly roster, using the statewide information system, that lists each child enrolled in the provider’s SR program, and includes spaces for a private provider or public school to report a child’s attendance for the calendar month. In the event the statewide information system is non-operational, the early learning coalition shall provide the SR provider with a monthly roster.
- For each calendar month that a SR provider participates in the SR program, the coalition shall not pay the SR provider until the provider submits a monthly attendance roster to the coalition which certifies the attendance of each enrolled child from the prior month.
- If a child arrives at a SR provider’s site but the provider or school refuses the child’s attendance, the provider or school must record the instructional day as a non-reimbursable absence. However, the provider may be reimbursed as a reimbursable absence in the case the child is ill as documented by the parent or provider
- The certified attendance submission shows the days for which the coalition should pay and should correspond with the sign-in/sign-out sheets showing the child’s daily attendance.
- A provider shall be reimbursed for each day that there is documented evidence that the child was in attendance.
- An SR provider shall not receive payment for a student prior to the student’s first day of attendance or after the student’s termination date that the coalition or the provider documented, on the attendance certification.
- A provider is eligible for reimbursement for each day that there is evidence (i.e., parent statement, supplemental attendance logs, etc.) that the child attended.
- For reimbursement purposes, the coalition shall not count a coalition-recognized holiday as an absence. DEL shall include reimbursements to providers of full- and part-time care for up to 12 recognized holidays per year.
- The coalition shall reimburse a provider at the rate normally received during non-emergency hours when a coalition activates its Continuation of Operations Plan (COOP).
- The coalition may consider reimbursement, in accordance with Federal and State law, for circumstances of temporary closure for individual providers when closure is beyond the control of the provider or the closure is caused by emergency circumstances, including but not limited to the declaration of a state of emergency by federal, state, or local officials, or the closure of public schools in the area in which the provider is located. In no circumstances may a coalition reimburse in excess of the pre-existing approved hours for an individual child during the temporary closure.

Assessment activity

- Review and compare the submitted attendance certification to the child’s sign-in/sign out sheets.
- Verify that days of attendance, absences, approved provider holidays and temporary closures match the child’s sign-in/sign-out sheets. Review the attendance certification on the Paid Reimbursement Attendance Report Tableau report.
- Confirm that daily codes on the submitted attendance certification are accurate, based on the child’s sign-in/sign-out sheets. If the codes are incorrect, determine whether the errors resulted in an over- or under-payment to the provider.
If applicable, did the provider maintain appropriate documentation to support excessive absences and at-risk child absences according to rule? (Rule(s) 6M-4.500(4), FAC; Grant Agreement, Exhibit II, C.5.2.3 and C.5.2.4)

Analysis

- Reimbursement shall be authorized for no more than three absences per calendar month per child except in the event of extraordinary circumstances in which case the coalition must document approval for payment based on written documentation provided by the parent justifying the excessive absence for an additional 10 days.

- Examples of extraordinary circumstances include, but are not limited to –
  - Hospitalization of the child or parent with appropriate documentation (i.e., doctor’s note, hospital admission).
  - Illness requiring home-stay as documented (i.e., doctor’s note, parent statement).
  - Death in the immediate family with appropriate documentation (i.e., obituary, death certificate, parent statement).
  - Court ordered visitation with appropriate documentation (i.e., court order).
  - Unforeseen documented military deployment or exercise of the parent(s) (i.e., military orders of deployment, reserve duty).
  - Doctor or other health-related appointments (i.e., therapy, routine).
  - Note – “Extraordinary circumstances” does not include vacation or recreational time.

- The provider shall submit written notification to the local coalition, which in turn shall determine the need for continued care if the child either
  - Has 10 unexplained absences during a total calendar month of attendance with no contact from the parent.
  - Has five consecutive days of absence during the child’s regularly scheduled attendance with no contact from the parent.

- If an at-risk child under the age of school entry has one unexcused absence or seven consecutive days of excused absences, the provider shall notify DCF (or community-based lead agency) and the coalition prior to the close of business on the day of the absence. The provider shall maintain documentation of the notification. Note – This applies to all at-risk children under the age of school entry, not just Rilya Wilson designees –
  - An at-risk child may not be disenrolled without the written approval of the Child Welfare Program Office of DCF (or community-based lead agency).
  - A notice of termination shall be maintained in the case file and provided to the parent, provider and referring agency.

- The coalition shall document in the case file all attempts to contact the parent by the coalition, provider, or referring agency, if applicable.

- If a child has five consecutive days of absences during the child’s regularly scheduled attendance or 10 unexplained absences during a calendar month, with no contact from the parent, the provider shall submit written notification to the local coalition or its designee, who in turn shall determine the need for continued care. The coalition shall document in the case file all attempts to contact the parent by the coalition, provider or referring agency, if applicable.

- If a determination is made that SR services are no longer needed, the coalition shall send a notice of disenrollment pursuant to Rule 6M-4.200(8), FAC.

Assessment activity

- If the coalition reimbursed the provider for more than three absences in a calendar month, verify that each additional absence has supporting documentation that constitutes an extraordinary circumstance.

- The coalition may not reimburse the provider for absences in excess of 13 days in a calendar month. Ten of those days must have supporting documentation.
- If a child had five or more consecutive unexcused absences, or a total of 10 or more unexplained absences during the calendar month, determine whether the provider submitted written notification to the coalition and the coalition determined the child’s need for continued care.
- If an at-risk child, younger than school age, had an unexcused absence or seven consecutive days of excused absences, review the file for documentation that the provider notified DCF and the coalition prior to close of business on the day of the absence.
- Verify whether the case file documents all attempts the coalition made to contact the parent, provider or referring agency, if applicable.

### B. Provider Reimbursement (SRPV-B)

Each coalition is responsible for implementing a records retention policy for maintaining all documentation in compliance with sub-grant award provisions. The coalition or its designee must conduct monitoring activities to verify payment accuracy for monthly reimbursement requests.

**Summary for all criteria related to payment** – When a coalition identifies a discrepancy, it must document the following information to support findings – appropriate screen prints, copies of incorrect income sheets/notices, copies of corrected calculations and copies of attendance and reimbursement records.

| 1.* Was the provider eligible for a Gold Seal differential payment during the sample period? (ss. 1002.85(2)(c)7, F.S. and 1002.945; Rule(s) 6M-4.500(8), FAC) |
| Analysis |
| - A child care provider that has a current Gold Seal Quality Care designation, as defined in s.1002.945, F.S., may receive a differential rate higher than the coalition’s base approved reimbursement rate for each care level and unit of care. |
| - The reimbursement rate for the Gold Seal differential must be a minimum of 20% above the established coalition reimbursement rate for each care level and unit of care. |
| **Assessment activity** |
| - Determine whether the provider received a Gold Seal differential payment during the sample month, or was marked as a Gold Seal provider in the data pull. |
| - Review the provider’s Gold Seal accreditation status for the sample month using DCF’s Provider Search function in the CARES system. |
| - Determine whether the provider’s Gold Seal designation is for children ages 0-5, school-aged or both. |
| - Verify that the provider received a differential that aligns with the applicable designation. If the provider was eligible for a differential, but did not receive one based on 5045 payment information, request additional information from the coalition to explain the discrepancy. |

| 2.* Did the coalition pay the provider the correct reimbursement rate and fees? (s. 1002.85(2)(c)7, F.S.; Rule(s) 6M-4.500, FAC; CCDF State Plan 4.3; Grant Agreement, Exhibit II, C.5.2.7) |
| Analysis |
| - The coalition must reimburse the SR provider at a rate that meets all of the following criteria – |
| - Not higher than the max rate listed on the coalition’s approved SR Plan Daily Payment Rate Schedule. However, a provider that is currently participating in a state or local quality improvement program, as documented by the coalition and approved by DEL, may receive a differential rate higher than the established coalition reimbursement rate for each care level and unit of care. The reimbursement rate for each state and local quality improvement differential shall be calculated using the established coalition reimbursement rate for each care level and unit of care. |
| - Matches the Approved Provider Reimbursement Rate listed in the provider’s approved SR Provider Contract (DEL-SR 20). |
• Note – SR/VPK wrap-around rates (FTV & PTV) are not included in a provider’s SR Provider Contract or the ELC SR Plan. The wrap-around rate is calculated as follows: SR daily rate (the approved FT or PT rate as listed in their SR Provider Contract) divided by max. hours = hourly rate. Payable hours times hourly rate = wrap-around rate.

### TABLE 2 - Sample Calculation of Wrap-Around Payment Rates *

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<tr>
<th>Child’s need</th>
<th>Daily rate</th>
<th>Max. hours</th>
<th>Hourly Rate</th>
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− **B.2 (a) ELC SR Plan – Daily Payment Rate Schedule** –
  - The coalition must submit a Daily Payment Rate Schedule (see Appendix L) with its coalition plan (or an amendment if rates change) that details the maximum allowable payment rates by unit (full-time/part-time), care level, Gold Seal differential and provider type.
  - The provider may not have an SR reimbursement rate that is higher than the approved pay rate by unit (full-time/part-time), care level and provider type (not including additional quality dollars).
  - For school-age children authorized part time care, a provider shall be reimbursed at a part-time rate if a child care provider is closed on a coalition-approved holiday.
  - If a school-age child is authorized full-time care during the summer, on school holidays, school closures or teacher in-service days, a provider shall be reimbursed at a full-time rate if the provider is open.

− **B.2 (b) DEL-SR 20 Statewide SR Provider Contract Rate** – The Approved Provider Reimbursement Rate listed in the provider’s DEL-SR 20 must take into account the maximum reimbursement rate and additional quality dollars, such as the provider’s Gold Seal accreditation status and qualifying child assessment score.

− **B.2 (c) Provider’s Private-pay Rate** – A parent copayment may not be equal to or greater than a provider’s private pay rate.

− **B.2 (d) Reimbursement for Quality Performance Incentive (QPI)** –
  - An eligible child care provider who receives a program assessment composite score at or above the Contract Minimum Threshold score, as defined in Rule 6M-4.741, FAC, shall receive a tiered QPI differential rate above the coalition’s approved base reimbursement rate for each care level and unit of care.
  - A child care provider’s QPI differential shall be based on the most recent program assessment composite score. The differential will be adjusted and applied at the next monthly provider reimbursement payment. Providers who receive program assessment composite scores of
    - 4.50 to 4.99 (beginning July 1, 2022) shall receive a 4% QPI differential. **Note** – Prior to July 1, 2022, composite scores of 4.00 to 4.99 qualified for a 4% differential.
    - 5.00 to 5.99 shall receive a 7% QPI differential.
    - 6.00 to 7.00 shall receive a 10% QPI differential.
  - A child care provider who is currently on a Quality Improvement Plan is not eligible for a QPI differential.

− **B.2 (e) Reimbursement for Child Assessments** –
  - An eligible child care provider, as defined in Rule 6M.4.500(8)(c), FAC, shall receive a child assessment differential reimbursement rate of 5% higher than the coalition’s approved base reimbursement rate (not including GS or other quality dollars) for each care level and unit of care.
  - To be eligible to receive the child assessment differential rate, a provider shall complete child assessments with an DEL-approved assessment tool, conducted by teachers determined reliable as defined by the child assessment tool, at least three times per year, and submit valid and reliable data to the statewide information system.
  - A provider who is currently on a Quality Improvement Plan, pursuant to Rule 6M-4.740, FAC, is not eligible for the child assessment differential reimbursement.
  - To receive the differential, all eligible SR children ages birth to kindergarten entry, who have been enrolled at the provider for at least 60 days, shall be assessed during the eligible assessment periods on all domains as defined by the DEL-approved tool chosen by the provider. If a child enrolls at the provider...
later than 60 calendar days before the end of the assessment period, the child shall be assessed in the next assessment period.

- **B.2 (f) Reimbursement for Registration Fees** –
  - If a provider has stated that it charges a registration fee in Exhibit 5 of the DEL- SR 20, the coalition shall pay the provider a registration fee for each child enrolled in the SR program.
  - The coalition shall pay the registration fee two times within a five-year period during a child’s continuous eligibility for the program. Five continuous years begins with the effective date of the rule (June 23, 2019) –
    - The coalition shall pay a registration fee of up to $75 per eligible child.
    - The payment for the registration fee shall not exceed the provider’s published private registration fee.
    - The coalition shall reimburse the registration fee with the reimbursement for the child’s first month of attendance with the provider.
    - For children currently enrolled in the program, the coalition shall reimburse the provider the registration fee the next time the fee is due to the provider after the effective date of this rule.
    - If a child is attending different providers concurrently, the coalition shall pay the registration fee to the provider that the child attends the majority of the time. If a child concurrently attends all providers an equal amount of time, the registration is paid to the provider where the child has been enrolled the longest.
    - If there is a break in the child’s eligibility of at least 12 consecutive months, the two-time limit starts over.
    - If the child’s provider permanently closes or has its contract terminated, the coalition shall pay the registration fee to the new provider. This payment is considered an exception and does not apply to the two-time limit.
    - If the family experiences hardship requiring a transfer to a different provider, the coalition shall pay the registration fee to the new provider. This payment is considered an exception and does not apply to the two-time limit. Hardship may be demonstrated by evidence of one or more of the following –
      - Illness of the child or parent requiring the family to relocate.
      - Loss of a parent resulting in family relocation.
      - Loss of employment resulting in family relocation.
      - Eviction requiring the family to relocate.
      - Natural or man-made disaster.
      - Child expulsion according to the provider’s policies.
      - Guardianship transfer.
    - The coalition shall recoup the registration fee in cases where a provider expels a child within three months of enrollment.

**Assessment activity**

- **(a) ELC SR Plan – Daily Payment Rate Schedule** – Review the approved coalition plan for the Daily Payment Rate Schedule (SR Plan Section II.I) for the maximum reimbursement rate for the unit and level of care applicable to the sample month the reviewer is monitoring –
  - Compare the approved maximum reimbursement rate (from the Daily Payment Rate Schedule) to the rate the coalition paid to the provider (from the Data Pull or 5045 report).
  - Verify that the payment (base rate + GS, if applicable) is less than or equal to the approved maximum reimbursement rate.
  - Verify the coalition reimbursed providers correctly for holidays or school closure days for school-age children authorized as FT.

- **(b) DEL-SR 20 Statewide SR Provider Contract Rate** – Review Exhibit 5: Provider Reimbursement Rates of the provider’s executed DEL-SR 20 for the Approved PROVIDER Reimbursement Rate (completed by coalition) for the unit and level of care applicable to the sample month the reviewer is monitoring –
  - Compare the DEL-SR 20 rate to the rate the coalition paid to the provider (from the Data Pull or 5045 report).
• Verify that the payment is equal to the Approved PROVIDER Reimbursement Rate (not including additional quality expenditures).
• For an SR child receiving VPK wrap care (FTV or PTV), review DEL Program Guidance 440.50 to determine whether the wrap-around readiness services rate is correct.

− (c) Provider’s Private-pay Rate – Review the provider’s executed DEL-SR 20 for the PROVIDER Private-pay Rates Reimbursement Rate (completed by provider) for the unit and level of care applicable to the sample month the reviewer is monitoring. This information may also be available on a locally-developed form, in EFS mod (Documents tab → Private Child Care Pay Rates) or the data pull –
  • Compare the private-pay rate to the fee the parent paid.
  • Verify that the parent copayment is less than or equal to the provider’s private-pay rate.

− (d) Reimbursement for Quality Performance Incentive (QPI) – Review the provider’s program assessment composite score listed in the Quality Performance System and DEL-SR 20 for the applicable review period/program year. Using the information from the Data Pull or 5045 report, verify the coalition reimbursed the provider for the correct QPI percentage rate based on the provider’s most recent composite score in effect for the sample month and Quality Performance Incentive Rate listed in Exhibit 5: Provider Reimbursement Rates of the provider’s DEL-SR 20 –
  • Composite scores of 4.50 to 4.99 (beginning July 1, 2022), 4.00 to 4.99 prior to July 1, 2022 = 4% QPI differential.
  • Composite scores of 5.00 to 5.99 = 7% QPI differential.
  • Composite scores of 6.00 to 7.00 = 10% QPI differential.
  • If a provider is on a Quality Improvement Plan, they are not eligible for the QPI differential payment.

− (e) Reimbursement for Child Assessments – Review the Data Pull/5045 report to determine whether the provider received a reimbursement for a child assessment differential for the sample child during the sample month –
  • If it appears the coalition reimbursed the provider for a child assessment differential, for the sample child, during the sample month based on the Data Pull/5045 report, review Exhibit 5: Provider Reimbursement Rates of the provider’s executed DEL-SR 20 to verify the provider was eligible for the differential.
  • Verify the coalition reimbursed the provider at a rate that is equal to 5% higher than the coalition’s approved base reimbursement rate (not including GS or other quality dollars) for the care level and unit of care.

− (f) Reimbursement for Registration Fees – Review the Data Pull to determine whether the received a reimbursement for a registration fee for the children in the selected sample during the sample month. If the Data Pull shows that the coalition reimbursed the provider for a registration fee for a sampled child during the sample month, review Exhibit 5: Provider Reimbursement Rates of the provider’s executed DEL-SR 20 to verify whether the amount paid for the registration fee matches the amount listed in the provider’s DEL-SR 20 (amount cannot exceed $75). Use the 5045 report as needed to determine whether a provider received a registration fee for the children listed in the sample.
  • Document any questioned costs. Questioned costs apply to open and closed cases.

3.* Did the coalition document that the payment cleared the coalition’s financial institution/bank? (ss. 1002.82(2)(s) and 1002.84(10), F.S.)

Analysis

− DEL considers this criterion met if the coalition provides documentation (in the form of a bank statement or canceled check) that a provider payment has cleared. This criterion does not consider whether a cleared payment matches the Final 5045 report.
− Documentation from the coalition’s internal accounting software is not an acceptable verification source for this criterion.

Assessment activity

− Review proof that the provider payment has cleared the coalition’s bank account (canceled check from the bank, EFT statement from the bank, detailed bank statement).
- Review documentation that clearly shows the amount paid to the provider to verify the provider has received payment.

4.* Does the amount the coalition paid the provider match the amount owed based on the closed reimbursement amount in the DEL statewide information system? (s. 1002.82(2)(s), F.S.)

Analysis
- The coalition shall maintain documentation for each provider from the bank or outside source that verifies a payment, EFT or check, has cleared for the applicable sample month.
- The Final 5045 Tableau Report shows the total payment based on billing groups by provider.
- A coalition shall only make payment to providers by EFT or check.
- There are several reasons the payment to the provider may not match the DEL statewide information system payment information (e.g., funding providers received from sources outside of DEL, adjustments and in situations where the coalition pays one owner for several different provider locations (such as school boards). In these cases, the coalition must provide additional documentation to explain how the coalition reconciled the payment and why the transmittal did not match the DEL statewide information system payment information.

Assessment activity
- Compare the Final 5045 Tableau Report to the bank statement/canceled check to verify that the payment amount made to the provider matches the amount listed on the report.
- Determine whether the provider payment includes reimbursement of registration fees or child assessment differentials. If it is unclear, review the questionnaire to determine how the coalition reimburses providers.
- Note and document discrepancies for under- and over-payment. When noting discrepancies, specify the total dollar amount questioned.

IX. Data Quality Edit Reports
A coalition can use data quality edit reports to enhance monitoring or in quarters when DEL does not conduct SR child file reviews.

Data quality edit reports identify items in the DEL statewide information system that may indicate data entry errors or noncompliance in eligibility files. A coalition should be using these resources at least monthly to verify that the coalition has the most current and up-to-date data accuracy. The coalition and the reviewer should work together on the items the report identifies to reach resolution and determine whether there is a need for further corrective action.

X. Reports and Corrective Action Plans
Once DEL completes a coalition monitoring review, DEL will prepare a written report. The report will address each review area, document findings, make recommendations to correct findings, identify findings that the coalition has corrected and request a CAP. Prior to publishing the monitoring report, DEL will give the coalition at least two opportunities to dispute any findings with documentation or correct findings/payments with documentation of case corrections. During the corrective action phase, DEL will offer training or technical assistance when needed or requested.

Follow-up is critical to the monitoring process. A coalition with subcontracted SR services must verify that its subcontractors complete corrective actions, which may include additional site visits or submitting documentation. Monitoring that identifies unresolved problems could lead to more serious findings.

The coalition should maintain the following documents for the DEL review –
- Original review and copies of errors noted.
- Documents submitted to dispute findings.
- Documents submitted of case corrections and payment corrections.
XI. Appendices

The following appendices provide information to supplement the reviewers’ understanding of the areas examined. Some information the appendices include may also appear in the program guide sections.
### Appendix A – **Minimum Annual Sample Size**

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Appendix B – Definitions

- **Administrative costs** – Includes those activities that 45 CFR s. 98.54 defines as administrative costs and that entities report as administrative costs for federal reporting requirements. They shall include monitoring providers using the standard methodology adopted under s. 1002.82, F.S., to improve compliance with state and federal regulations and law pursuant to the requirements of the statewide provider contract adopted under s. 1002.82(2)(m), F.S.

- **Age appropriate** – Actions, non-direct services and settings that meet a child’s need at each developmental stage.

- **At-risk child** – Includes the following children whom the Department of Children and Families (DCF) refers for SR services –
  - A child from a family DCF or a designated sheriff’s office is investigating for child abuse, neglect, abandonment or exploitation.
  - A child who is in a diversion program that DCF or its contracted provider runs and who is from a family actively participating in and complying with department-prescribed activities, including education, health services or work.
  - A child from a family under DCF or a contracted service provider’s supervision for abuse, neglect, abandonment or exploitation.
  - A child placed in court-ordered, long-term custody or under a relative or non-relative’s guardianship after DCF or its licensed contractor terminated parental custody.
  - A child in the custody of a parent who is considered a domestic violence victim and is receiving services through a certified domestic violence center.
  - A child in the custody of a parent who a DCF-certified homeless shelter verifies as homeless.

- **Authorized hours of care** – The hours of care necessary to provide protection, maintain employment or complete work activities or eligible educational activities, including reasonable travel time.

- **Billing group** – Code used within a database to identify the funding group from which the coalition pays for services.

- **Disenrollment** – The removal, either temporary or permanent, of a child from participation in the SR Program. A coalition may base removing a child from the SR Program on a reduction in available funding, participant’s failure to meet eligibility or program participation requirements, fraud or a change in local service priorities.

- **Earned income** – Gross remuneration resulting from work, professional service or self-employment. This includes commissions, bonuses, back pay awards and the cash value of all remuneration the employee receives in a medium besides cash.

- **Economically disadvantaged** – Having a family income that does not exceed 150% of the federal poverty level (FPL) for initial entry and may include being a child of a working migratory family (34 CFR s. 200.81(d) or (f)) or an agricultural employee who works for more than one agricultural employer during the course of a year and whose income varies according to weather conditions and market stability. States may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state’s income eligibility threshold, but not the federal threshold of 85% State Median Income (SMI).

- **Educational activities** – Each applicant requesting services in order to attend an approved educational activity according to s. 1002.81(14), F.S., shall provide an official school schedule or proof of enrollment from an accredited educational institution, on official letterhead, that contains the class schedule. Use of educational activities as a purpose for care is limited to GED programs, secondary education programs, technical or vocational programs, associate of arts, associate of science, and bachelor of arts and bachelor of science programs.

- **Extended-day** – Eleven or more hours of service per day.

- **Extended-year** – Synonymous with full-year and shall refer to the period during which a provider regularly provides services for 245 full days or more.

- **Family income** – The combined gross earned or unearned income from all family or household members who are 18 years of age or older and currently reside in the same dwelling unit –
  - **Appendix G** references excluded income types, and reviewers can find a completed list in the Florida CCDF State Plan, Section 3.1.3.
  - The lead agency excludes alimony and child support paid only if someone in the home pays it out. Exclude Supplemental Security Income (SSI) for children only.

- **Family or household members** – The parent(s) and the child(ren) currently residing together in the same dwelling unit (persons who are parents of a child in common, regardless of whether they have been married, and all children in their care) or person standing in loco parentis.
- **Full-choice** – A full range of SR settings and payment options, including licensed child care facilities, licensed family day care homes, licensed large family child care homes, licensed mildly ill facilities, registered family day care homes, informal care (family, friends and neighbors), faith-based care, school-based care and approved after school programs. Payments must be affordable and include a sliding-fee scale.
- **Full-day** – Availability of a minimum of 10 hours of SR services per day, including day, night, weekend and odd-hour care.
- **Full-time care** – At least six hours, but not more than 11, of child care or early childhood education services within a 24-hour period.
- **Initial eligibility** – The point at which a coalition determines a child eligible for services through a full eligibility determination.
- **In loco parentis** – A person who acts in place of a parent, assuming a child’s care and custody by a formal or informal agreement with the child’s parent.
- **Market rate** – The price a child care or early childhood education provider charges for full-time or part-time daily, weekly or monthly child care or early childhood education services.
- **Maximum extent possible** – Reasonable efforts to accommodate the SR needs of children birth to kindergarten and families in greater than 50% of a coalition’s SR programs.
- **Migrant farmworker** –
  - A migratory agricultural worker or migratory fisher, as 34 CFR s. 200.81(d) and (f), defines.
  - An agricultural worker who works for more than one agricultural employer during the course of a year and whose income varies by weather conditions and market stability.
- **Parent** – A parent by blood, marriage or adoption; a legal guardian; or a person standing in loco parentis.
- **Part-time** – Fewer than six hours of child care or early childhood education services within a 24-hour period.
- **Secondary school** – A high school or a school of corresponding grade, ranking between a primary school and a college or university.
- **Unearned income** – Income other than earned income. The term includes, but is not limited to –
  - Documented alimony and child support received.
  - Social Security benefits.
  - Supplemental Security Income (SSI) (excluding SSI payments when a child is the recipient).
  - Workers’ compensation benefits.
  - Reemployment assistance or reemployment compensation benefits.
  - Veterans’ benefits.
  - Retirement benefits.
  - Temporary cash assistance under chapter 414, F.S.
  - Cash gifts (received regularly).
- **Temporary Assistance for Needy Families (TANF)** – The Welfare Transition Program (WTP) is the state’s plan for providing temporary assistance for needy families with or expecting children and providing parents with job preparation, work opportunities and support services to enable them to leave the program and become self-sufficient. WTP provides
  - Temporary Cash Assistance (TCA).
  - Transitional Child Care (TCC).
  - A child placed permanently or on a short-term basis with a relative, who is receiving temporary cash assistance for the child. This is TANF “child only.” The TANF amount does not include the guardian’s needs.
  - TCC WTP is a family’s transition from welfare dependence to financial independence. Service provided during this period is Medicaid coverage and child care assistance.
  - A two-parent family in which one parent with whom the child resides is exempt from work requirements because of age or disability, which a Social Security Administration disability award letter states or a physician licensed under chapters 458 or 459, F.S., determines and documents, and one parent is employed or engaged in eligible work or education activities at least 20 hours per week.
- **Workforce Innovation and Opportunity Act (WIOA)** –
  - The Local Workforce Development Board outlines its priority of service policy in its local plan for WIOA. This program creates a comprehensive workforce development system, to assist job seekers and employers.
  - Provides career services and training services to eligible program participants enrolled in the program.
• A parent who has a WIOA Intensive Career Service Account or an Individual Training Account, under s. 445.009, F.S., as indicated on a child care authorization, submitted by the referring agency, is sufficient to establish purpose for care, as long as the family’s income meets the School Readiness Program income standards, and remains at or below 85% of the State Median Income (SMI). The referral must be authorized in increments of up to three months. Note: other SR eligibility factors, such as the child’s citizenship, must be verified.

– Working family –

• A single parent family in which the parent with whom the child resides is employed or engaged in eligible education activities a minimum of 20 hours per week.

• A family in which the parent(s) with whom the child resides is exempt from work requirements because of age or disability, which a Social Security Administration disability award letter states or a physician licensed under chapters 458 or 459, F.S., determines and documents.

• A two-parent family in which both parents with whom the child resides are employed or engaged in eligible work or education activities for a combined total of at least 40 hours per week.
Appendix C – Referrals

The local Workforce office or its contracted agent completes TANF/TCA and WIOA referrals. The referrals will authorize child care for

- **SR WTP** –
  - Requires documentation for employment in compliance with Rule 6M-4.208, FAC.
  - **Attending job training or educational program** –
    - A parent may qualify for child care assistance if he/she is in school or training, as Workforce Services requires. After the parent meets eligibility criteria, the determination would be whether the parent needs full-time or part-time care based on the documented referral.
    - **Educational/training documentation** – An official of the school or institution completes a current document that shows the number of classroom hours and any lab hours, the date the semester/training period starts and the date it ends. This document must be on appropriate letterhead or stationery for the school/institution or training program or contain an official seal. DEL allows online courses. However, the coalition must consider the hours that a school-age child is in school. Workforce Services may include this on the referral instead of an official school form.
    - **Combination of employment and training or education** – A documented referral from the local Workforce Services WTP.
  - **Seeking employment** – For TANF/TCA recipients who are not working and are involved in job preparation activities (based on a documented referral).
  - **Diversion program – Child care application and authorizations** – Referrals from local Workforce boards for temporary child care for a parent who has applied for cash assistance and temporary child care services to seek employment and has opted to receive diversion payments in lieu of ongoing cash assistance. Child care assistance is available under this category for 30 days from the date the up-front diversion process officially began. Once the parent receives the upfront payment, he or she may be eligible for a transitional referral.

- **SR TANF/TCA applicants** –
  - **Child care application and authorizations** – Referrals from the local Workforce board for temporary child care for a parent who has applied for TCA and temporary child care services to seek employment. A coalition should only approve child care for 30 days based on a referral.
  - **Child only** – Services a coalition provides to a child who living with a relative permanently or on a short-term basis and is receiving temporary cash assistance as a TANF “child only” case.

- **SR TCC and Training or Education (TEd)** –
  - Parent(s) must be employed to receive TCC and TEd. Authorized period on the referral may be for up to two years. The referral is the same as the one used for TANF/TCA referrals. Certification period must be for 12 months or fewer.
  - Families eligible for TCC have lost their eligibility for TANF/TCA because of excess earned income, new or increased child support, loss of time limits (with earned income) or the family’s choice not to receive TANF/TCA.
  - Rule 65A-4.218(4)(a), FAC, states that TCC customers who lose their job rather than quit or have good cause for quitting, if eligible for subsidized child care on all other factors, may continue receiving subsidized child care while they look for other employment. The maximum period to seek employment is 30 days with a TCC referral. Once the TCC referral ends or is terminated, eligible SR TCC parents can receive three months to seek a new purpose for care under another applicable billing group. They will receive subsidized child care assistance only for actual job search. If a customer with an active TCC referral becomes unemployed, the coalition must notify the referring agency. The referring agency should reevaluate the family’s eligibility for a TCC referral.
  - TEd runs concurrently with TCC (employment combined with education). TCC authorization will support employment and TEd will authorize the school hours.
  - Individual Workforce boards may have varying policies about the authorized eligibility period length. Determine whether the referral includes the eligibility period (both a start and end date), and review the time frames provided above for TCC and TEd.
  - A two-year authorization form period does not exempt the family from an annual redetermination.
SR Intensive/Career Service Account or an Individual Training Account (ITA) WIOA —

- Eligibility is based on a documented child care authorization from the local workforce development board or its contracted provider, as defined in s. 445.009, F.S.
- Child care authorizations for a parent with an Intensive Service Account or an Individual Training Account shall be valid for the duration determined by the referring entity, not to exceed increments of three months. A child may continue to maintain eligibility under the Intensive Service Account or an Individual Training Account category as long as there is a current and valid child care authorization. Each time a child care authorization is renewed during the 12-month authorization of child care funding, child care services will continue in increments defined by the referring agency, (not to exceed increments of three months).

DCF At-Risk Child Care Authorizations (referrals) —

- SR at-risk – protective services – SR services a coalition provides to a child of a family under investigation or under supervision because of an allegation of abuse, neglect or exploitation. DCF or its contracted service provider must submit a documented referral. Eligibility is not dependent on family income or work requirements.
- SR at-risk – TANF relative caregiver (RCG and GAP) – SR services a coalition provides to a child in court-ordered relative care. DCF or its contracted service provider may submit a documented referral. Eligibility is not dependent on family income or work requirements. A letter from DCF stating the individual is a relative caregiver receiving RCG or GAP payments can establish eligibility.
- SR at-risk – out-of-home (foster care) – SR services a coalition provides to a child who is in foster care. Eligibility is not dependent on family income or work requirements. DCF or its contracted service provider must submit a documented referral.
- SR at-risk – out-of-home (relative care) – SR services a coalition provides to a child who is in court-ordered relative care. Eligibility is not dependent on family income or work requirements. DCF or its contracted service provider must submit a documented referral.
- SR at-risk – diversion protective services – SR diversion services a coalition provides to children needing access to child care who DCF and its contracted community-based care (CBC) programs within the Family Safety Program Office are currently serving. Eligibility is not dependent on family income or work requirements. DCF or its contracted service provider must submit a documented referral. The submitted referral should state that the primary purpose of care is protection and status as diversion.
- To view the DCF at-risk Child Care Application and Authorization (at-risk referral), go to http://www.dcf.state.fl.us/DCFForms/Search/DCFFormSearch.aspx and select the “child welfare” category. Enter form number CF-FSP 5002 to view a sample At-Risk Child Care Application and Authorization.
- See SR Other Cost Accumulators (OCA), DEL Program Guidance 250.01A, for additional explanation.

Child Care Application and Authorization form for families receiving services from a certified domestic violence center or designated homeless program —

- SR at-risk –
  o Homeless – SR services a coalition provides to a child who is in the custody of a parent/guardian who a DCF designated-lead agency on homelessness verifies as homeless and is participating with a DCF-designated lead agency’s continuum of care services plan for homeless families. Eligibility is not dependent on family income or work requirements. A DCF-designated lead agency on homelessness must provide a documented referral.
  o Domestic violence – SR services a coalition provides to a child in the custody of a parent/guardian who is considered a victim of domestic violence and is receiving services through a certified domestic violence center. Eligibility is not dependent on family income or work requirements. A DCF-certified domestic violence center must provide a documented referral.
- See DEL Program Guidance 250.01A for additional explanation.
Appendix D – Sample Referral Forms

Welfare Transition Program Referral Form

Child Care Authorization and Referral

<table>
<thead>
<tr>
<th>Authorization</th>
<th>INITIAL AUTHORIZATION</th>
<th>REDETERMINATION</th>
<th>UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Staff Initiating Referral (Print): [Name]

Coordinating Agency: [Agency Name]

DCF: [DCF Number]

WT Contracted Provider: [Provider Name]

Privatization Provider: [Provider Name]

Unit #: [Unit Number]

Address: [Address]

City, State, Zip Code: [City, State, Zip Code]

Phone #: [Phone Number]

SECTION A: CLIENT/FAMILY INFORMATION

Print name, SSN, Date of Birth and Gender. Check appropriate box indicating ethnicity and race, enter letter designation for each race indicated by participant. i.e., (W) White, (B) Black, (A) Asian, (H) Hawaiian and (AI) American Indian. Use commas to separate each race, i.e., B, A, and AI.

RPA #: [RPA Number]

SSN: [SSN]

Date of Birth: [Date of Birth]

Gender: [Gender]

Ethnicity: [Ethnicity]

Race: [Race]

SECTION B: ELIGIBILITY

Status: [Status]

PS: [PS]

FS: [FS]

Project Safety Net: [Project Safety Net]

In Home: [In Home]

Out of Home: [Out of Home]

Recipient: [Recipient]

Respite: [Respite]

Unemployed Parent: [Unemployed Parent]

Disability: [Disability]

SECTION C: CHILD CARE AUTHORIZATION

Child care service is authorized for the participant for approved activities not to exceed a total of ___ hours per week and includes ___ hours transportation time.

Name: [Name]

SSN: [SSN]

Date of Birth: [Date of Birth]

Gender: [Gender]

Ethnicity: [Ethnicity]

Race: [Race]

SECTION D: AUTHORIZING SIGNATURE(S) certifying accuracy of information.

Applicant Signature: [Signature]

Date: [Date]

Initiating Staff Signature: [Signature]

Date: [Date]

Supervisor's Signature: [Signature]

Date: [Date]

Coordinating Agency: [Agency Name]

Date: [Date]

This form is void after 10 calendar days from authorization date.

AWI 5002, JAN 02 (Replaces AWI 5002, SEP 01)

Distribute copies to: Staff Initiating Referral, Coordinating Agency, and Participant

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Instructions for Completing the Child Care Authorization and Referral Form

Check the appropriate box to indicate if form is being used for an initial authorization, a redetermination, or an update. If form is being used to update prior authorization information, check appropriate box to indicate which information is new and use comment section of Section C to explain “Other” Category. In the “From” section, print staff person’s name who initiated the referral, check the appropriate box identifying the authorizing entity, and enter return address and staff person’s telephone number. If the agency is a contracted provider for the Welfare Transition Program or a Private Provider for the Protective Services Program, the appropriate box should be checked. NOTE: A redetermination authorization must be sent to the coordinating agency prior to the end of the initial referral.

Section A: Client/Family Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFA #</td>
<td>Enter RFA number for applicant/participant</td>
</tr>
<tr>
<td>Participant’s Name</td>
<td>Enter participant’s (Parent/Guardian/Caregiver) name</td>
</tr>
<tr>
<td>and SSN</td>
<td>Date of Birth, Gender,</td>
</tr>
<tr>
<td></td>
<td>Ethnicity and Race (Use letter as designated on form to identify race. Use multiple letters if needed to indicate more than one race and separate each letter with a comma.)</td>
</tr>
<tr>
<td>Spouse’s Name and SSN</td>
<td>Enter spouse’s name, date of birth, gender, ethnicity, and race.Use letter as designated on form to identify race. Use multiple letters if needed to indicate more than one race and separate each letter with a comma.</td>
</tr>
<tr>
<td>DOB/Gender/Ethnicity/Race:</td>
<td>Enter participant’s spouse’s name or name of child’s other parent if living in home. If no spouse/other parent is in the home enter “N/A” and indicate the marital status below the address line. Enter spouse’s SSN, Date of Birth, Gender, Ethnicity, and Race (Use letter as designated on form to identify race. Use multiple letters if needed to indicate more than one race and separate each letter with a comma.)</td>
</tr>
<tr>
<td>Address</td>
<td>Enter family’s address and phone numbers as appropriate. If the address is a P.O. Box, indicate location in the comment section to assist the coordinating agency in locating care near the individual’s residence.</td>
</tr>
<tr>
<td>Parent</td>
<td>Enter child’s other parent’s name if parent is different from spouse listed above.</td>
</tr>
<tr>
<td>Address</td>
<td>Enter address of other parent if it is not the same address listed for spouse above.</td>
</tr>
</tbody>
</table>

Section B: Eligibility

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>In Part I, indicate if family is receiving or not receiving cash assistance in the appropriate box.</td>
</tr>
<tr>
<td>At risk status</td>
<td>Indicate if child is an At-risk or Project Safety Net eligible category and for at-risk child check only one category, P1, P2, or P3.</td>
</tr>
<tr>
<td>Type of Care</td>
<td>Indicate whether care is in participant’s home, out-of-home, or in foster care.</td>
</tr>
<tr>
<td>Program Status</td>
<td>Indicate whether participant is a Welfare Transition (TCA) or Transitional (former TCA) program participant.</td>
</tr>
<tr>
<td>TCC Authorized</td>
<td>Check appropriate box to indicate if participant is receiving TCC and/or TEd child care and enter the eligibility beginning date and ending date.</td>
</tr>
<tr>
<td>Purpose of Care</td>
<td>In Part II, at least one box must be checked to establish the need for child care.</td>
</tr>
</tbody>
</table>

Section C: Authorization

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours Authorized</td>
<td>Indicate in the spaces provided, the total hours per week that child care is authorized and indicate travel hours allowed. (NOTE: This is required for referral to subsidized child care).</td>
</tr>
<tr>
<td>Children Authorized,</td>
<td>Indicate in the spaces provided child’s Legal Name, SSN, Date of Birth, Gender, Ethnicity, and Race for each child authorized to receive care. Use an additional page if there are more than 3 children for one referral.</td>
</tr>
<tr>
<td>SSN, DOB, Gender,</td>
<td></td>
</tr>
<tr>
<td>Ethnicity, and Race</td>
<td></td>
</tr>
<tr>
<td>Gross Monthly</td>
<td>Indicate in the space provided the family’s Gross Monthly Income (add total monthly earned and unearned income). Attach documentation if available.</td>
</tr>
<tr>
<td>Family Income</td>
<td></td>
</tr>
<tr>
<td>Care Authorized</td>
<td>Indicate the authorized child care start date and end date.</td>
</tr>
<tr>
<td>Comments</td>
<td>Identify which information is being changed if form is used to update prior information. Also enter any other explanatory or pertinent information.</td>
</tr>
</tbody>
</table>

Section D: Authorizing Signatures

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Signature</td>
<td>Applicant (if available) must sign and date in the space provided.</td>
</tr>
<tr>
<td>Authorizing Worker</td>
<td>Authorized worker must sign and date the referral on the date of authorization.</td>
</tr>
<tr>
<td>Supervisor’s Signature</td>
<td>Supervisor must sign if local procedures require.</td>
</tr>
<tr>
<td>Coordinating Agency</td>
<td>The authorized Coordinating Agency worker must sign and date on line indicated.</td>
</tr>
</tbody>
</table>
DCF Standardized Referral Form

At-Risk Child Care Application and Authorization

**Authorization:**
- [ ] INITIAL AUTHORIZATION
- [ ] REDETERMINATION
- [ ] UPDATE

If update, change in:
- [ ] Hours
- [ ] Children
- [ ] Address
- [ ] Custody
- [ ] Eligibility Extension
- [ ] Termination of Care
- [ ] Worker/Unit

**To:**

**FROM:** (Print Worker Name)

**EMAIL ADDRESS:**

**Division of Early Learning**

**SR Standard Eligibility Review Program Guide**

**Rev. Dec. 15, 2022**

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---

**SECTION A: CLIENT/FAMILY INFORMATION**

If address for parent/guardian is a P.O. Box, enter street address in "Comments" below.

**Social Security No.:**

**Last Name:**

**First Name:**

**Mi:** (Print)

**Date of Birth:**

**Gender:**

**Race:**

**Social Security No.:**

**Spouse or Other Parent (if applicable):** (Print)

**Last Name:**

**First Name:**

**Mi:**

**Date of Birth:**

**Gender:**

**Race:**

**Address:**

**City:**

**State:**

**Zip:**

**Day Time Phone No.:**

**Email Address:**

---

**SECTION B: ELIGIBILITY**

**I. Status:**
- [ ] Assistance
- [ ] Non-Assistance

**Rilya Wilson Act:**
- [ ] Yes
- [ ] No

**At Risk:**
- [ ] PI
- [ ] PS
- [ ] FC
- [ ] Diversion

**Placement Location:**
- [ ] In Home
- [ ] Out of Home: Relative/Non-Relative
- [ ] Foster Care

**Custody:**
- [ ] DCF Placement & Care/Custody
- [ ] Not Under DCF Placement & Care/Custody

**Medicaid Eligible:**
- [ ] Yes
- [ ] No

---

**II. FOR COALITION USE ONLY**

- [ ] Income Eligible <100%
- [ ] Income Eligible 150% - 200%
- [ ] Income Eligible 100% <=150%
- [ ] OTHER

- [ ] TANF “Child Only”
- [ ] TANF (Relative Caregiver)

---

**III. Primary Purpose of Care:**
- [ ] PROTECTION

**Secondary Purpose of Care:**
- [ ] Emergency
- [ ] Therapeutic Plan
- [ ] Employment
- [ ] Work Activity
- [ ] Education Activity (TED)

---

**IV. Parental/Agency Consent:** The completion of a developmental screening or child assessment is authorized for the child(ren) in care. Consent is given for results to be shared with the child care provider and state or local agencies for developing an intervention plan.

- [ ] Developmental screening:
- [ ] Yes
- [ ] No

- [ ] Child Assessment:
- [ ] Yes
- [ ] No

**Parent/Legal Guardian Signature:**

---

**SECTION C: AUTHORIZATION**

Child care services are authorized for this client for approved activity(ies). The minimum hours of care per child includes hours per week for reasonable transportation time.

**Children authorized to receive care:**

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Birth Date</th>
<th>Race</th>
<th>Gender</th>
<th>Employment</th>
<th>Therapeutic Plan</th>
<th>Education Activity</th>
<th>TANF At Risk (RCG)</th>
<th>TANF (Relative Caregiver)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Care Authorization from __________ through __________ (Not to exceed a 5 month period)

**Comments:**

---

**SECTION D: AUTHORIZING SIGNATURE(S):** I hereby certify that the information provided above is correct.

**Authorizing Worker:**

**Date:**

**Supervisory Approval:**

**Tel.:**

**Date:**

**Coalition:**

**Date:**

**THIS FORM IS VOID AFTER 10 CALENDAR DAYS FROM AUTHORIZATION DATE**

---

**CF-FSP 5002, Oct 2021**

**Copy To:** Coalition, Applicant/Client, and Referring Agency
At-Risk Referral – Homeless Shelter or Domestic Violence Center Participant

Child Care Application and Authorization Form for Families in a Certified Domestic Violence Shelter or Designated Homeless Program

<table>
<thead>
<tr>
<th>Authorization Type:</th>
<th>INITIAL AUTHORIZATION □  REDETERMINATION □  UPDATE □</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: (Print Worker Name)</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Organization Name</td>
<td></td>
</tr>
<tr>
<td>Mailing Address, City, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

SECTION A: FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Parent/Guardian #1 Social Security No. (optional)</th>
<th>(Print) Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the marital status:</td>
<td>□ Single □ Married □ Divorced □ Widowed □ Separated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian #2 Social Security No. (optional)</th>
<th>(Print) Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the marital status:</td>
<td>□ Single □ Married □ Divorced □ Widowed □ Separated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Contact Phone No.</th>
</tr>
</thead>
</table>

SECTION B: ELIGIBILITY

At-Risk Status:  
Please select one or more reasons for purpose of care:  
□ Designated Homeless Program Participant  
□ Certified Domestic Violence Program Participant

Verification of the following (with documentation attached):  
□ U.S. Citizen or Qualified Alien  
□ Verification of age

Comments:

SECTION C: AUTHORIZATION

HOURS: Child care service is authorized for this client for approved activity(ies) not to exceed a total of ________ hours per week.  
This total includes ________ hours per week for reasonable transportation time.

DATES: CHILD CARE AUTHORIZATION FROM ________/_______/______ THROUGH ________/_______/______

(Authorization period: 3 months or less for domestic violence program participants 6 months or less for homeless program participants)

SECTION D: AUTHORIZING SIGNATURES

I hereby certify that the information provided above is correct.

Applicant Signature: __________________________ Date: __________

Worker Authorizing Referral Signature: __________________________ Date: __________

Coalition Staff: (Print) __________________________ Date: __________

Form DEL-DV/HM, Child Care Application and Authorization Form  
November 2022

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Appendix E – U.S. Citizenship/Qualified Alien

Summary

The following references provide information to an early learning coalition and a SR subcontractor regarding required citizenship and immigration status verification for otherwise eligible SR child care assistance applicants. This section also explains how and why DEL passes down these requirements to a local coalition and how DEL monitors compliance with the requirements.

References

− Summary of Immigrant Eligibility Restrictions under Current Law (as of February 25, 2009) – U.S. Department of Health and Human Services (HHS), Assistant Secretary for Planning and Evaluation (ASPE) (Summary of Immigrant Eligibility Restrictions under Current Law.mht).
− Department of Children and Families (DCF) Economic Self-Sufficiency Policy Manual Chapter 1400 (DCF ESS Policy Manual Section 1420 - Citizenship Noncitizen Status (TCA)).

Background

− Federal Child Care Development Funds (CCDF State Plan), in part, fund SR services. CCDF is a program providing federal public benefits subject to requirements of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. Title IV of PRWORA requires programs offering federal public benefits to verify the citizenship and immigration status of beneficiaries of program services. Therefore, to qualify for SR services, a child must be a U.S. citizen, U.S. or qualified alien.
− A coalition must only serve children who meet all eligibility requirements. DEL includes the following certification regarding immigration status statement in the Grant Agreement with early learning coalitions – “The Grantee certifies that it agrees to comply with the provisions of section 432 of the Personal Responsibility and Work Opportunity Reconciliation Act (42 USC 1611) ensuring that only individuals eligible for CCDF services receive them.” A coalition must include this language in sub-contract agreements and monitor sub-contractor compliance.
− To verify compliance with the Grant Agreement and CCDF State Plan requirements, DEL includes the citizenship requirement in annual coalition eligibility monitoring. The review teams monitor the requirement based on the procedures listed below, which are based on the Federal Interim Guidance on PRWORA –
  • Verification procedures –
    o Find information on “federal public benefits” subject to the verification procedures in PRWORA. CCDF is a program providing federal public benefits.
    o Determine whether an applicant is eligible for benefits under general SR Program requirements.
    o Verify applicant’s status as a U.S. citizen or qualified alien.
  • Child’s citizenship or qualified alien documentation includes
    o U.S. birth certificate.
    o U.S. birth record filed according to law with the appropriate public officer.
    o U.S. passport.
    o Lawfully admitted alien document* (e.g., Forms I-94, I-197, I-551, & I-766) with non-U.S. passport).
    o Religious documents recorded in the U.S. shortly after birth.
    o Certificate of citizenship or naturalization.
    o Documentation of the child’s Medicaid eligible status with the exception of Medicaid benefits received through the emergency medical assistance program as a non-citizen or non-qualified alien.
    o For TANF children identified in s. 1002.87(1)(a), F.S., the child’s status as a TANF recipient, as stated on a child care authorization the referring agency submitted, is sufficient to establish the child’s citizenship.
    o If no supporting documents listed above are available for a homeless child, as defined in s. 1003.01(12), F.S., a coalition can accept a notarized statement from the child’s parent or homeless shelter to establish the child’s citizenship.
Note – If a child is eligible for SR services because of a referral from the Temporary Cash Assistance (TCA) program, the TCA program has already verified his or her citizenship and the referral can act as proof.

- **Qualified alien status (s. 431(b), PRWORA of 1996)** – The term “qualified alien” means an alien who, at the time he/she applies for, receives or attempts to receive a federal public benefit, is one of the following –
  - An alien the U.S. government lawfully admits for permanent residence under the Immigration and Nationality Act (INA).
  - An alien to whom the government grants asylum under INA section 208.
  - A refugee who gains admittance to the U.S. under INA section 207.
  - An alien who receives parole into the U.S. for a period of at least one year under INA section 212(d)(5).
  - An alien whose has deportation withheld under INA section 243(h).

Note – Afghans who are admitted into the United States and who have received **refugee status** are “qualified aliens” eligible for federal public benefits, such as CCDF. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), enacted on August 22, 1996, states that qualified aliens are eligible to receive federal public benefits, such as CCDF. Effective Sept. 30, 2021, Afghans admitted as **parolees** (rather than receiving refugee status) between July 31, 2021, and Sept. 30, 2022, are also eligible for federal public benefits, including CCDF.

Prior to recent legislation, Afghans admitted as parolees, generally, were not eligible. However, the Afghanistan Supplemental Appropriations Act of 2022 has changed the eligibility criteria for non-special immigrant parolees (non-SI parolees), also known as “humanitarian parolees.” Only the child’s citizenship or immigration status is relevant for CCDF eligibility purposes (45 CFR 98.20(c)).
Appendix F – Family Unit Income Calculations

Annualizing total household income
Some employers do not hire employees on a 12-month schedule. They may pay the employee on a cycle that is fewer than 12 months. In order to annualize the employee/parent’s income correctly, the reviewer should average his or her income and multiply it by the number of pay days the parent anticipates receiving.

Irregular fluctuations in earnings
The reauthorized CCDF law requires States to demonstrate how its processes for initial determination and redetermination of eligibility take into account irregular fluctuations in income. This is particularly important for families who rely on work that is unpredictable or seasonal in nature, such as agriculture or construction work or work associated with tourism industries. These families may experience a temporary spike in income due to working increased hours (e.g., retail during the holidays, tourism in summer) over a short period, yet those earnings are not representative of the family’s income over the course of a year.

For families that have irregular earnings (fluctuations) due to seasonal or other types of work schedules the coalition should
− Calculate the average income for the previous 12 months. The average should reflect income changes that occur during the eligibility period, including situations in which a family had monthly income above 85% of SMI for part of the year and lower income in other months.
− For instances where a family may not have 12 months of pay stubs, use an employer verification statement that affirms that the average annual income is equal to or less than 85% of SMI.
− Document case notes on how the coalition used the irregular earnings to calculate family income (e.g., statewide information system notes that capture the nature of the fluctuating earnings).

Establish parent salary/tips
If a parent has a completed employment verification form – Multiply the number of hours worked per week by the hourly wages the employee received. Take that number and multiply by 52 weeks in the year to determine annual work income. If the employer does not employ the parent for all 12 months, multiply by the number of payments the parent expects each year.

If a parent has provided four weeks of pay stubs, determine the frequency of pay and use this table –

<table>
<thead>
<tr>
<th>If a parent is paid</th>
<th>Sum of gross pay</th>
<th>Divide by</th>
<th>Multiply by</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAILY Once DAILY</td>
<td>Sum of gross pay received for most recent four-week work period</td>
<td># of pay stubs received in four-week work period</td>
<td>365 pay periods in a year</td>
</tr>
<tr>
<td>WKLY Once WEEKLY</td>
<td>Sum of gross pay received for most recent four-week work period</td>
<td># of pay stubs received in four-week work period (typically four)</td>
<td>52 pay periods in a year</td>
</tr>
<tr>
<td>BIWK Every other WEEK</td>
<td>Sum of gross pay received for most recent four-week work period</td>
<td># of pay stubs received in four-week work period (typically two)</td>
<td>26 pay periods in a year</td>
</tr>
<tr>
<td>SEMI Twice a MONTH</td>
<td>Sum of gross pay received for most recent four-week work period</td>
<td># of pay stubs received in one-month work period (typically two)</td>
<td>24 pay periods in a year</td>
</tr>
</tbody>
</table>

Note – Detect this pay rate by there being more than 14 days between pay stubs. The pay dates normally occur on the same days every month (e.g., first and 16th of each month).
If a parent is paid | Sum of gross pay | Divide by | Multiply by |
--- | --- | --- | --- |
MNTH Once a MONTH | Sum of gross pay received for most recent month | # of pay stubs received in one-month work period (typically one) | 12 pay periods in a year |
10 MONTHS PAID BIWK Every other WEEK | Sum of gross pay received for most recent four-week work period | # of pay stubs received in four-week work period (typically two) | 21 pay periods in a year |

Sample for school board employees
(See note below.) If the coalition knows the type of work the parent is doing for the school board, use the following calculations – add all pay stubs, divide by the number of pay stubs, then multiply by the number of pay periods.

<table>
<thead>
<tr>
<th>Number of pay periods</th>
<th>Type of work</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.5</td>
<td>Cafeteria attendants</td>
<td>9</td>
</tr>
<tr>
<td>21.1</td>
<td>Bus drivers</td>
<td>9</td>
</tr>
<tr>
<td>20.9</td>
<td>Food service</td>
<td>9</td>
</tr>
<tr>
<td>21.2</td>
<td>Support/admin</td>
<td>10</td>
</tr>
<tr>
<td>21.2</td>
<td>Instructional</td>
<td>10</td>
</tr>
</tbody>
</table>

Note – This table may vary by coalition. There may be other school board employees who have a different weekly schedule, and schedules may vary between school systems. The coalition should contact the local school board for an understanding of the employee’s frequency, pay schedule and to establish a local pattern.
Appendix G – Earned and Unearned Income Documentation

- Employment income (Rule 6M-4.208, FAC)
  - Wages documentation –
    - Four weeks of current and consecutive pay stubs, using gross income before any deductions, including pretax deductions. When the parent receives biweekly pay, the eligibility specialist should request two current and consecutive pay periods. For semi-monthly or monthly pay periods, the specialist should request one monthly pay stub.
    - When the parent’s employment has not been long enough to meet the standard above or when the provided pay stubs do not reflect the parent’s current pay status, the eligibility specialist must give the parent an income verification form for the parent’s employer to complete and sign. The specialist will then use hours worked times pay rate to calculate future earnings.
    - If neither of the above sources is available, the eligibility specialist must make direct contact with the parent’s employer to discuss employment income in order to arrive at an income projection that represents future earnings. Within the case record in the parent history notes, the specialist should record the name of the person contacted, title, contact date, phone number and company. Additionally, record any information the employer provided, such as projected hours, amount per hour, date the employee started and the first pay date. Many coalitions prefer to have the employer mail or fax a written statement on company letterhead – this is an excellent practice. Telephone contact with the employer is also a useful tool for understanding the family unit’s employment conditions.
  - Bonuses and overtime –
    - Bonuses –
      - If the eligibility specialist verifies the parent received a bonus, the specialist must determine the frequency by contacting the parent’s employer. If the specialist determines that the parent receives the bonus less frequently than monthly, the specialist should deduct the bonus from the pay amount, annualize the income and then add the bonus back into the annual calculation based on the frequency with which the parent receives the bonus. For example, the parent’s annual income is $10,400 and the parent receives a $200 quarterly bonus. The eligibility specialist deducts $200 from the pay stubs. The specialist annualizes the income. Then the specialist adds into the total annual income the $200 x four quarters, or $800 in a year. The total annual income calculation is $11,200.
      - In order to determine average annual bonuses earned, the eligibility specialist may use the year-to-date total divided by the number of months worked that have elapsed during the current calendar year.
    - Overtime – Coalitions may or may not include overtime in a parent’s total income calculation. If the eligibility specialist sees overtime listed in the parent’s last four weeks of income documentation or VOE, the specialist should determine the manner in which the parent receives overtime –
      - If regularly earned, include in the annualized calculation.
      - If irregularly earned, but anticipated to occur again in the next 12 months, deduct from gross paystub amount, then add on to annualized total.
      - If not regularly earned and not expected to be received again in the next 12 months, exclude.
      - If the specialist cannot determine the frequency by reviewing the pay stubs, the specialist must contact the employer to verify the income.
      - Use case notes to explain income calculation process if documentation does not clearly support it.
  - Tips documentation –
    - Many employed individuals receive tips as part of their earnings. Employees do not necessarily declare all tips in their pay stubs.
    - The eligibility specialist should contact the parent’s employer to determine whether the pay stubs fully represent income plus tips. If not, the specialist should contact the employer to obtain an estimate containing the parent’s weekly average tip amount beyond what his or her pay stub declares as earnings. Case notes should reflect whether the parent’s pay stub declares all tips, who verifies that information and when the verification occurs. Examples of jobs that usually include tips are waiters/waitresses, hair stylists/barbers, hotel employees, massage professionals, golf club employees and cab drivers.
    - A parent’s attestation stating the amount of tips he or she received is acceptable. The case history notes should contain an explanation of why the preferred source was not available.
  - Self-employment income (Rule 6M-4.208, FAC) –
Self-Employment – For purposes of income verification, DEL defines self-employment as work activities that produce income that an individual uses to meet daily living expenses. The self-employment activity must contribute to the applicant’s livelihood, and the time and effort put into the activity will show intent to make a profit. Passive or casual activities are more appropriately qualified as “hobbies” or volunteer work do not meet this criterion. Self-employed applicants shall provide appropriate documentation sufficient to determine a minimum of 20 hours worked per week, as well as income, such as business account ledgers and written documentation from customers, contractors or federal tax returns.

- Eligibility specialists determine a self-employed parent’s gross annual wages by deducting certain expenses from business, professional enterprise or partnership receipts.
- Eligibility specialists calculate income for self-employment by taking the gross receipts minus expenses. Gross receipts include the value of all goods sold or services rendered. Expenses include the cost of goods purchased as well as rent and utilities for the business property. The coalition considers any income or expense the Internal Revenue Service (IRS) considers as such as the same for SR purposes.
- DEL considers an individual who owns a business or otherwise engages in a private enterprise to be self-employed. DEL considers income derived from self-employment to be earned income.
- A parent must be able to demonstrate income (receipts) from self-employment. However, the parent may incur an operating loss, which he or she may report as $0.

Additional explanation – When an applicant applies for SR services and is self-employed, the eligibility specialist should make a determination of whether the parent meets purpose for care. A parent does not have to earn minimum wage in order for the coalition to consider him or her employed. If the business is new, it is reasonable to allow a startup period, which may vary from two to six months. If, at the time of application or redetermination, the parent has been self-employed for a reasonable period (a guideline would be more than six months) and is showing a consistent business loss, the eligibility specialist should ask additional questions, such as, “How do you meet household expenses if the only income source in the home is operating at a loss?” Based on the response, the coalition specialist should decide how to proceed. If the explanation is not adequate, the specialist may require additional documentation. Self-employment determinations vary, and the coalition must handle them on a case-by-case basis.

Self-employment income documentation – Self-employed individuals must verify earned income at application and redetermination. In addition, these individuals must make all business records available to the eligibility specialist. Examples of business records include documentation on:
- Income tax records necessary to determine gross income and deductible expenses.
- Purchases.
- Sales.
- Salaries.
- Capital improvements.
- Utility, transportation and other operating costs.
- Work calendars for tips and recording pay as received.
- IRS Tax Schedule C from the most recent year, if reflective of current earnings. The eligibility specialist should use income from Schedule C (or corporate documents if incorporated) by averaging it over the number of months of employment.

If the parent filed no taxes or his or her business is new, the parent must provide his/her current ledger/books with receipts showing business expenses and the time the parent spent “on the job” (e.g., calendars). If using books, the eligibility specialist cannot allow deductions without receipts for expenses. The parent must keep a record of incurred expenses. Examples of allowable costs of producing self-employment income include, but are not limited to:
- Identifiable costs of labor (e.g., salaries, employer’s share of Social Security, insurance).
- Stock, raw materials, seed, fertilizer and feed for livestock.
- Rent and cost of building maintenance.
- Business telephone costs.
- Costs of operating a motor vehicle when necessary, in connection with operating the business.
- Interest paid to purchase income-producing property.
- Insurance premiums and taxes the parent paid on income-producing property.
- Costs for feed for work stock.
- Cost of meals and equipment for children for whom the parent provides child care in the home.
- Travel and lodging away from home.

- **Casual labor income documentation** – Some individuals whom the coalition considers self-employed may only do lawn work or side jobs. Acceptable forms of documentation to establish income for such jobs could be written statements from each employer and a work calendar that shows dates the individual worked, for whom and amount of income received. The eligibility specialist can then use these calendars as verification but only when no other verification exists. Case notes should clearly explain why other types of earnings documentation are unavailable.

- **Child support income documentation** –
  - Verification from child support enforcement or clerk of the court website showing gross amount the household receives on the child’s behalf and the period over which the absent parent pays it. Use four weeks or one month, based on payment schedule. [https://www.myfloridacounty.com/child_support/index.html](https://www.myfloridacounty.com/child_support/index.html) gives the eligibility specialist access to child support verification through the clerk of the court, or the specialist can call 877-326-8689.
  - Written statement from the absent parent indicating what the absent parent paid over the last four weeks, including the dates the absent parent made the payments. The parent can submit copies of checks or canceled checks to accompany written statements or in lieu of written documents. The parent can use a court order if the court recently issued it. However, if the court order has existed for a period of time and the custodial parent states that the court order does not reflect current payments, the specialist should request proof of the last four weeks (one month if paid monthly) of payment and average the income.
  - If for any reason the first two sources are not available, a parent’s attestation stating the amount of child support he or she received or did not receive is acceptable. The case notes must explain why the first two alternatives were not available. The eligibility specialist must enter into the narrative the date, phone number and description of what occurred when attempting to contact an absent parent who is paying court-ordered or non-court-ordered child support. DEL considers two documented attempts due diligence. The specialist should then discuss with the custodial parent what record-keeping the parent should use to establish child support payments in the future. For example, an absent mother sends a check two to three times per month. The specialist should request copies of four weeks of checks. If the absent parent is paying in cash, then the custodial parent should maintain a calendar showing dates and payment amounts, preferably with the absent parent’s initials next to the payment.

- **Alimony** –
  - **Alimony** is money a former spouse or partner pays to the custodial parent.
  - **Alimony documentation** –
    - Court order showing amount ordered and a written statement from the payee that the payee is receiving the amount as stipulated. The parent can also submit copies of payments for four weeks.
    - When the recipient states he or she is not receiving alimony as ordered, the eligibility specialist must obtain proof of the last four weeks of payment (one month if paid monthly) from the source. This can include copies of pay stubs or payment receipts for the last four weeks. If the parent does not receive alimony weekly, the former spouse/partner should submit a written, signed and dated statement explaining what payments he or she made and when. The statement should include the address and phone number of this person in case the coalition has additional questions. The former spouse must sign the statement.

- **Temporary Assistance for Needy Families (TANF) income** –
  - **TANF documentation** –
    - The coalition must verify the parent’s receipt of TANF funds with the case manager or by an award letter showing how much the recipient receives and who the grant includes.
    - Acceptable documents include the referral on which the referring caseworker includes income amount, award letter or ACCESS screen print the client initiates. TANF recipients can now obtain a benefits letter from ACCESS, which will include income counted and benefits authorized, from any computer with Internet access.
  - **Relative Caregiver (RCG) funding** –
    - **RCG funding documentation** –
      - Verification from the case manager or an award letter/ACCESS printout showing how much the recipient receives and who the grant includes.
      - Letter from DCF stating the individual is a relative caregiver for the child.
    - **Note** – Grant amounts for Relative Caregiver are
      - Age 0-5 – $242/child.
- Age 6-12 – $249/child.
- Age 13 through 17 – $298/child

**Other Countable Income and Documentation**

- **Social Security Administration (SSA) payments** –
  - This type of income is referred to as Social Security (formerly OASDI-Old Age, Survivors Disability Insurance). In order to qualify for this benefit, the individual must have worked at least five years and paid into Social Security. This type of insurance is not means-tested but based on the amount of money paid in for a minimum of five years. Once the beneficiary reaches retirement age, becomes permanently disabled or dies (after the period of pay-in), the individual, spouse or dependent children can receive benefits on the beneficiary’s claim. In the event that the primary beneficiary dies, the surviving spouse and children can receive benefits under the primary beneficiary’s claim. Children can receive benefits as a survivor until they turn 18 or complete undergraduate school (college). The amount the SSA recipient and his/her dependents receive depends on what the primary beneficiary paid in from his/her work history. It varies by family.
  - **SSA documentation** –
    - Award letter from the Social Security Administration. The SSA updates this letter annually. The amount may change each January and the award letters are usually updated in November.
    - Written letter from the Social Security Administration showing current year of monthly gross payments before deductions, if any. If documenting a disability, the eligibility specialist should determine from whose claim the SSA draws the benefit in order to verify the claimant is, in fact, disabled.
  - **Note** – An eligibility specialist should not accept a check to verify the amount the parent receives, as this may not be a gross monthly payment amount.
  - **Supplemental Security Income (SSI)** –
    - The SSA pays SSI to disabled individuals. The SSA can pay SSI to children from birth or to a disabled adult. The SSA does not base SSI on work history (the work history may be insufficient or non-existent) but instead only on the individual’s disability. This is a means-tested benefit. It has income and asset limits. Additional information regarding SSI is available at [http://www.socialsecurity.gov/pubs/EN-05-11015.pdf](http://www.socialsecurity.gov/pubs/EN-05-11015.pdf).
    - **SSI documentation** –
      - Eligibility specialists should consider SSI benefits that adults receive but not SSI benefits that children receive as counted income.
      - Award letter from the Social Security Administration. The SSA updates this letter each January.
      - Written letter from the Social Security Administration showing current year of monthly gross benefits before deductions. When the Social Security Administration withholds income from SSA/SSI to recover an overpayment, exclude the portion withheld as income.
  - **Note** – For annual income updated each January, the correct eligibility certification practice is that the coalition should redetermine the case in January so that the individual’s income will include the annual increase. Failure to do so could result in questioned costs. The eligibility specialist should observe this for SSA/SSI benefits.
  - **Reemployment compensation/worker’s compensation** (s. 1002.87(5), F.S.; Rule 6M-4 FAC) –
    - The coalition must verify a family’s receipt of reemployment compensation or worker’s compensation when the family reports receiving such income.
    - **Reemployment/worker’s compensation documentation** –
      - Recent award letter showing gross amount of benefits an individual received.
      - Written statement on letterhead from the employer paying worker’s compensation, which authorized personnel signed.
  - **Note** – Receiving this income often announces loss of purpose for care.
    - **Note** – An eligibility specialist identifying that a family unit under review is receiving this income should initiate action to indicate the family has loss purpose for care. A parent can receive 90 days to seek employment after becoming unemployed or ceasing to attend a job training or educational program.
  - **Other potentially countable income** –
    - Either earned or unearned income. The family must receive this income on a regular basis.
    - If the family unit declares a member of the family unit’s receipt of any other type of regularly recurring monies, the eligibility specialist must verify the income from its source. Documentation must also identify the frequency and the gross amount of income the individual receives. The specialist would include any such monies a member of the family unit receives in the total family unit income.
- **Imputed income** –
  - The value of a non-cash service or benefit provided by employers to employees that is considered taxable and which must be treated as income. It is not included in the net pay received by an employee because it has already been received as a benefit in some other form. Unless specifically exempt (by DCF Guidance on TCA, Chapter 1800 – Income), imputed income will be counted with a parent’s gross income.
  - Examples are optional items such as the value of employer paid insurance premiums for the employee’s domestic partner or for a child over the age of 27.
Appendix H – Quick Reference Table

Counted Income Types and Required Documentation

- **Salary/tips** –
  - Current and consecutive pay stubs for the last four weeks.
  - Completed employment verification form with verifiable signatures.
  - A letter on company letterhead. The letter must include a verifiable signature (from payroll, human resources or company manager), hire date, rate of pay and number of hours the parent will work per week.

- **SSA/SSI that adults receive** – Requires current yearly award letter showing the received amount. The amount changes each January. The SSA usually releases award letters in November prior to the change.

- **Received child support** –
  - The coalition must verify court-ordered child support through the clerk of the court when paid.
  - Non-court-ordered child support requires a written statement from the absent parent.
  - Documentation showing proof of child support receipt or non-receipt.

- **Self-employed** – This requires a current tax return. If the parent did not file taxes or the business is new, the parent must provide his/her current ledger/books with receipts showing business expenses and time the parent spent “on the job.” If using books, the eligibility specialist cannot allow deduction without receipts for expenses. Never allow depreciation, meals or entertainment.

- **Reemployment Assistance (formerly Unemployment compensation)** – Requires a benefits award letter showing current monthly amount from the reemployment office.

- **Retirement benefits** – Requires an award letter showing current monthly amount.

- **Cash gifts (received regularly)** – Requires written statement from the source with the amount and how often the parent receives the gift(s).

- **TANF/ TCA** – Requires monthly award letters stating the award amount or, for Child Care Authorization programs, the referral with the award amount included.

- **Veteran benefits** – Requires current yearly award letter stating the benefit amount.

- **Alimony received** – Requires court order or proof of payment receipt.

- **Recurring cash contributions** – Requires average of one month of payments.

- **Work release payments** – Requires monthly benefit amount.

- **Money the parent received from an employer as an employee benefit for child care paid directly to employee** – Requires amount paid per month.

Excluded Income Types and Required Documentation

- **Adoption benefits/adoption subsidy payments** (DEL guidance) – If a foster parent/legal guardian/relative adopts a child and he/she receives adoption benefits, the eligibility specialist does not count this income in the family’s total gross income. Requires a current monthly statement showing the adoption benefit amount.

- **Disaster relief or other forms of temporary assistance for families in natural disaster areas.**

- **Documented alimony (paid out of the home)** – In order to exclude documented alimony, a parent must submit a court order and proof of payment or pay stubs showing the parent is, in fact, receiving the alimony. Exclude the monthly amount paid.

- **Documented child support payments (paid out of the home)** – In order to exclude documented child support, a parent must submit a court order and proof of payment or pay stubs showing the absent parent is, in fact, paying the child support. Exclude the monthly amount paid. The coalition must verify this income before excluding it.

- **Earned income of a child who is 18 and enrolled as a full-time student in a secondary school or equivalent** – The coalition can exclude earned income for any currently enrolled high school student who, since attaining the age of 18 years, or a student with a disability who, since attaining the age of 22 years, has not terminated school enrollment or received a high school diploma, high school equivalency diploma, special diploma or high school completion certificate.

- **Earned income tax credits or dependent care credits** – Tax credits that parents receive are excluded income.

- **Economic stimulus payment** – One-time payment the U.S. government makes to taxpayers to stimulate the economy.

- **Federal nutrition programs** – Examples are SNAP, WIC and school meals.

- **Food stamp benefits** – Eligibility specialists must include these benefits in the DEL statewide information system to meet federal reporting requirements. However, they are excluded income.

- **Foster care payments** – Payments a foster care parent receives to provide for foster child needs.
- **RCG or GAP payments** – Current award letter showing the monthly amount received. The coalition must verify this income before excluding it.

- **Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance** – Housing assistance and associated utility expense payments that Housing and Urban Development (HUD) issues directly to a landlord.

- **Foster parent and court ordered relative and non-relative caregiver income** – An eligibility specialist should not consider these individuals part of the child’s family unit.

- **Independent Living Grant** – Money the federal government gives to an individual who has a severe physical or mental impairment that substantially limits his/her ability to obtain, maintain or advance in employment.

- **Lump sum settlement** – Some or all of a benefit comes in a lump sum (single payment) rather than in monthly payments.

- **Military housing assistance or other military allotment/bonuses** – Assistance an active duty member receives.

- **Money borrowed with an established repayment plan** – A coalition cannot include as income money borrowed with an established repayment plan.

- **One-time-only gifts** – Non-recurring monies an individual receives once as a gift (e.g., birthday present).

- **Sale of personal assets** – Such assets include stocks, bonds, house, car and insurance policies.

- **Scholarships, education loans, grants, income from work-study programs** – Work-study income is non-taxable income that the eligibility specialist should exclude. Pell Grants and others grants that are primarily for school expenses are also excluded income.

- **SSI paid to children** – SSI that children receive. The coalition must verify this income before excluding it.

- **State and territory tax credits** – A direct reduction in the amount of income taxes one might owe by the amount of the credit one receives.

- **Volunteers in Service to America (VISTA) payments** – Payments VISTA volunteers receive are excluded income.

**Note** – See the state’s CCDF Plan 3.1.3, for additional types of excluded income.
Appendix I – Purpose for Care
Each parent living in the same family unit of any child whose parent(s) request funding must meet a purpose for care. In order to qualify for SR services, the family must need care for:

- **Protection** – The family must present supporting documentation, such as a referral stating the child is the subject of an investigation or is receiving protective services supervision. If a child receives RCG TANF funds, the family must submit a notice from DCF stating the RCG TANF income amount. The family/child must have an open at-risk case or must have a letter from DCF stating it is a relative caregiver receiving RCG payment or a child meeting the definition of an at-risk child whom DCF diverted from foster care placement by continuing to receive concentrated services in the parent’s home.

- **Regional Workforce Welfare Transition Program Participant** – Each TANF recipient subject to the work activity requirements must participate in a work activity for the number of hours allowable under federal law. The local Workforce Board determines the participant’s program participation. The referral should state the participant’s activity. If the participant has employment in addition to participating in a work activity, the coalition must obtain employment verification. Reviewers can find additional information on this program in s. 445.024, F.S.

- **Employment (minimum of 20 hours per week for single parents and a combined total of at least 40 hours per week for a two-parent family)** –
  - Documentation for employment that complies with Rule 6M-4.208, FAC.
  - If a parent experiences a break in employment, the eligibility specialist must request that the parent provide documentation to verify when the loss of employment began –
    - A family shall maintain eligibility for SR services during an interruption in employment activity, with an option to return to that activity. Interruption in employment activity includes circumstances such as seasonal employment, school system-related employment or leave in compliance with the Family Medical Leave Act.
    - If the redetermination period for seasonal or school system-related employment falls within a temporary interruption of employment with an option to return, the eligibility specialist must request that the parent provide verification for when he or she expects to resume employment and schedule an appointment accordingly.
    - Coalitions should not count a reduction in work or education hours below 20 hours per week that occurs during a family’s 12-month authorization period as a loss of purpose for care. Do not apply the three-month period for reestablishing purpose for care. The family will remain eligible under these circumstances, and the coalition will continue providing services to the family at the same level of care for the duration of the 12-month authorization. During the authorization period, the child shall be considered eligible and shall receive services at least at the same level, regardless of a change in family income remaining at or below 85% SMI or a temporary change in the ongoing status of the child’s parent as working or attending a job training or educational program.
  - **Attending job training or educational program (20 hours per week or more)** – A parent may qualify for child care assistance if he or she is in school or training the equivalent of 20 hours or more per week. After the parent meets eligibility criteria, the determination would be whether the parent qualifies for full-time or part-time care. This depends on the number of hours of care the child needs (more than six hours attended daily = full time; fewer than six hours attended daily = part time). Therefore, if a parent is attending school full-time, as the parent’s educational institution defines, the coalition may authorize full-time care on a case-by-case basis, taking into consideration the parent’s schedule. The number of hours the parent needs for an educational activity may include class time, study time and lab time. This is an expanded definition of working family (s. 1002.81(14), F.S.).
  - **Educational/training documentation – minimum of 20 hours per week for single parents and a combined total of at least 40 hours per week for a two-parent family** –
    - A current document that a school or institution official completes that states the number of classroom hours and any lab hours, the date the semester/training period starts and the date it ends. This statement must be on appropriate letterhead or stationery for the school/institution or training program or contain an official seal. The coalition may allow online courses. A coalition should consider study time at a rate of one hour of study time for each credit hour per day. Use of educational activities as a purpose for care is limited to GED programs, secondary education programs, technical or vocational programs, associate of arts, associate of science, bachelor of arts and bachelor of science programs.
    - Coalitions should not count a reduction in work or education hours below 20 hours per week that occurs during a family’s 12-month authorization period as a loss of purpose for care. Do not apply the three-month period for
reestablishing purpose for care. The family will remain eligible under these circumstances, and the coalition will continue providing services to the family at the same level of care for the duration of the 12-month authorization.

- **Combination of employment and training or education** – minimum of 20 hours per week for single parents and a combined total of at least 40 hours per week for a two-parent family.

- **Seeking employment (supported by documentation and time-limited)** – A child who is ineligible due to a parent’s job loss or cessation of education or job training shall continue to receive SR Program services for at least three months to enable the parent to obtain employment.

- **Disability** – An individual who receives benefits from the Social Security Administration’s disability programs can use the award letter from the Social Security Administration as evidence of a disability (s. 1002.81(14)(c), F.S.) –
  - **Permanent disability** – A family in which the parents are exempt from work requirements due to a disability as a physician, who Chapter 458 or 459, F.S., licenses, determines (s. 1002.81(14)(c), F.S.).
  - **Temporary disability** – If there is a letter from a licensed physician stating that the parent is temporarily disabled, the purpose of care is then temporary disability and the client remains eligible for SR services. The letter must state the anticipated duration of the disability. Under the Family Medical Leave Act, the employee has to provide notice and medical certification from the health care provider to the employer if the employee will be out of work for an extended amount of time. U.S. Department of Labor, Wage and Hour Division, Frequently Asked Questions – [http://kb.dol.gov/DOLFAQLandingPage?agency=WHD](http://kb.dol.gov/DOLFAQLandingPage?agency=WHD).

- **Disability or Age exemption documentation** –
  - Award letter showing receipt of SSI/ SSA disability for the individual claiming disability.
  - For SSA benefits, the award letter must state it is for the benefit of the individual claiming disability. **Note** – The individual may claim to receive SSA income under the spouse’s benefit. This does not establish disability for that individual.
  - If the individual is exempt from work due to age, a physician licensed under chapter 458 or 459, F.S., should determine and document the disability unless the individual receives SSA due to age. The individual may provide a letter with check boxes to the physician. The physician would check the appropriate box and provide his or her signature.
  - Receipt of SSA/SSI benefits establishes that the individual is disabled if the award letter states that the specific benefit type the individual is receiving can establish that the individual is the disabled person.
  - If the award letter for SSA/SSI does not establish disability, the individual must present a doctor’s statement to the coalition that he or she is permanently or temporarily disabled. If the individual is temporarily disabled, the statement must include the anticipated duration of the disability. **If the disability is permanent, the coalition would only require one statement, but the individual and his or her doctor can update the statement as needed. If the disability is temporary, the statement must include time parameters.**
  - It is not necessary for the doctor to state the individual’s diagnosis. It is sufficient for the doctor’s statement to say that the individual is “permanently disabled” or “temporarily disabled.”
Appendix J – TANF Payment Schedule, TCA, Guardianship Assistance Program and Non-Relative RCG

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<th>Filing Unit</th>
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Temporary Cash Assistance (TCA)
The TCA program provides cash assistance to families with children under the age of 18 or under age 19 if full-time secondary (high school) school students who meet the technical, income and asset requirements. The program helps families become self-supporting while allowing children to remain in their own homes. Pregnant women may also receive TCA, either in the third trimester of pregnancy if unable to work or in the ninth month of pregnancy. Parents, children and minor siblings who live together must apply together.

Eligibility Rules
A person must pass all eligibility rules to get TCA benefits. Some of the eligibility rules are
− **Time limits** – The adult lifetime limit on cash assistance is a total of 48 months as an adult. Child-only cases have no time limit.
− **Work rules** – Some people must participate in work activities unless they meet an exemption. Regional Workforce boards provide work activities and services needed to get or keep a job.
− **Income and deductions** – Gross income must be less than 185% of the FPL and countable income cannot be higher than the payment standard for the family size. Individuals get a $90 deduction from their gross earned income. Individuals receiving benefits also get an additional earned income deduction as an incentive to get and keep a job.
− **Citizenship** – Individuals must be U.S. citizens or qualified noncitizens.
− **Residency** – Individuals must live in the state of Florida.
− **SSN** – Individuals must provide a Social Security Number or proof they have applied for one.
− **Assets** – A family’s countable assets must be equal to or less than $2,000. Licensed vehicles needed for individuals subject to the work requirement may not exceed a combined value of $8,500.
− **Relationship** – A child must live in the home a parent or child’s blood relative maintains.
− **Child support cooperation** – The parent or the child(ren)’s caretaker relative must cooperate with child support enforcement to identify and locate the parent(s) who do not live in the child(ren)’s home, to prove a child’s legal relationship to the parent and to petition the court to order child support payments.
− **Immunization** – Children under age 5 must be up-to-date with childhood immunizations (shots).
− **Learnfare** – Children age 6 to 18 must attend school and parents/caretakers must attend school conferences.

TCA – RCG Program
This program provides monthly cash assistance to relatives who meet eligibility rules and have custody of a child under age 18 whom a Florida court has ordered dependent and DCF Child Welfare/Community Based Care (CW/CBC) contracted provider placed in the relative’s home. The monthly cash assistance amount is higher than the Temporary Cash Assistance for one child, but less than the amount paid for a child in the foster care program.

Only the child’s income and assets matter when determining eligibility and payment amounts. TCA bases payments on the child’s age and any countable income. Monthly payments for children with no countable income are
− Age 0 through 5 – $242 per child.
− Age 6 through 12 – $249 per child.
− Age 13 through 17 - $298 per child

Eligibility Rules
Only the child must pass all eligibility rules to get RCG benefits. Some of the eligibility rules are
− **Citizenship** – Individuals must be U.S. citizens or qualified noncitizens.
− **Residency** – Individuals must live in the state of Florida.
− **SSN** – Child must have a Social Security Number or prove he/she has applied for one.
− **Assets** – Child’s countable assets must be equal to or less than $2,000.
− **Relationship** – Relative caregiver must be within the specified degree of relationship to the child’s parent or stepparent.
- **Income** – Child’s net countable income cannot exceed the payment standard for the child’s age (see payment amounts above).
- **Child Support Cooperation** – Relative caregiver must cooperate with child support enforcement to identify and locate the parents, to prove a child’s legal relationship to the parent and to petition the court to order child support payments.
- **Immunizations** – Children under age 5 must be current with immunizations.
- **Learnfare** – Child age 6 to 18 must attend school.

Detailed information about the Temporary Cash Assistance Program is available in the [Temporary Cash Assistance Program Fact Sheet](#).

---

### Guardianship Assistance Program (GAP)

#### Monthly Financial Support

Under the Guardianship Assistance Program, caregivers are eligible to receive a minimum of $333 monthly payment per child once the caregiver has met all eligibility criteria –
- The child must be placed with a relative or fictive kin.
- The court must have approved the child’s placement with the relative or fictive kin.
- The relative or fictive kin has been licensed as a foster parent specific for the child whom the person is seeking benefits.
- The relative or fictive kin has been eligible to receive a foster care room and board payment for the child for at least six consecutive months.
- The permanent guardianship case plan must include Guardianship Assistance Program language.
- The court case must close in permanent guardianship.

#### Nonrelative caregiver financial assistance (RCG)

The Florida Legislature expanded the Relative Caregiver Program in s. 39.5085, F.S., to include nonrelative caregivers. The Legislature has made a commitment to assist nonrelatives who assume court ordered custody and care of a dependent child in the role of a substitute parent because of a court's determination of child abuse, neglect, or abandonment. The Legislature recognizes that some children have a close relationship with a person who is not a relative, and that this person should qualify for financial assistance for providing the child with a safe, stable home environment. A Unified Home Study (UHS) must be completed for any court recommended nonrelative caregiver. The nonrelative caregiver must be capable of providing a safe, stable home environment for the dependent child and assure the child’s safety and well-being.
Appendix K – **Sample Payment Certificate form** –

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<th><strong>Non-transferable Child Care Certification</strong></th>
<th><strong>School Readiness Program</strong></th>
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<tr>
<td><strong>Social Security Number:</strong></td>
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| **Home Address:**              |                                             |                             |
| **City:**                      | Tallahassee                                 |                             |
| **State:**                     | FL                                          |                             |
| **Zip:**                       | 32304                                       |                             |

| **Home Phone:**                |                                             |                             |
| **Work Phone:**                |                                             |                             |
| **Employer:**                  |                                             |                             |

| **ENROLLED CHILD INFORMATION** |                                             |                             |
| **Name:**                     |                                             |                             |
| **Date of Birth:**            |                                             |                             |
| **Social Security Number:**   |                                             |                             |

| **PROVIDER INFORMATION**       |                                             |                             |
| **Provider:**                  |                                             |                             |
| **Phone:**                     |                                             |                             |
| **Address:**                   |                                             |                             |

| **ENROLLMENT INFORMATION**     |                                             |                             |
| **Eligibility Start:**         | 7/22/2019                                   |                             |
| **Counselor:**                 | N/A                                         |                             |
| **Eligibility End:**           | 7/21/2020                                   |                             |
| **Case Worker:**               | N/A                                         |                             |

| **Eligibility Category:**      |                                             |                             |
| **Eligibility Group:**         |                                             |                             |
| **Eligibility Code:**          |                                             |                             |

| **Gold Seal Rate:**            | $0.00                                       |                             |
| **Reimbursement Rate:**        | $0.00                                       |                             |
| **Parent Full-time Co-Pay:**   | $2.50                                       |                             |
| **Parent Part-time Co-Pay:**   | $1.25                                       |                             |

| **Enrolled On:**               | 7/22/2019                                   |                             |
| **Unit of Care:**              | PT                                          |                             |
| **Billing Group:**             | BGC                                         |                             |

| **Unit of Care / Day of Care:**|                                             |                             |
| **Monday**                     | FT                                          |                             |
| **Tuesday**                    | FT                                          |                             |
| **Wednesday**                  | FT                                          |                             |
| **Thursday**                   | FT                                          |                             |
| **Friday**                     | FT                                          |                             |
| **Saturday**                   |                                             |                             |
| **Sunday**                     |                                             |                             |

| **Privacy Act Statement:**     |                                             |                             |
| **Social security numbers are requested on this form under s. 119.071(5)(a)2., F.S., for use in the records and data systems of the Office of Early Learning (OEL) and Early Learning Coalitions. Social security numbers will be used for routine data requests, state and federal reporting requirements, identification, and to verify eligibility for the School Readiness Program including, but not limited to, family income. Submission of social security numbers on this form is voluntary and not a condition of enrollment in the School Readiness Program.** |

I certify that by use of this certificate that I am exercising my choice of caregiver for my child. Other placement options in licensed and subcontract facilities and homes have been explained to me. OEL, the early learning coalition, and its contracted provider, if applicable, are indemnified from and its contract provider are indemnified from all possible liability for payments to the caregiver that I select and from liability for the quality of care my child receives. I understand that I have access to my children at any time and that I may visit the provider’s setting at any time during care hours.

Signature of Parent: __________________________ Date: __________

Signature of Provider: __________________________ Date: __________

Signature of Early Learning Coalition Counselor: __________________________ Date: __________
Appendix L – **Daily Payment-Rate Schedule – Coalition SR Plan Element**

**DAILY PAYMENT-RATE SCHEDULE** (Effective ________________________________)

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<th>Licensed Family Child Care Homes</th>
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**Part-Time Daily Rates (Completed by COALITION)**

<table>
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<tr>
<th>CARE CODE</th>
<th>Description</th>
<th>Licensed or Exempt Centers and Public/Non-Public Schools</th>
<th>Gold Seal Differential</th>
<th>Licensed Family Child Care Homes</th>
<th>Gold Seal Differential</th>
<th>Registered Family Child Care Homes</th>
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<td>In School</td>
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<tr>
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## Appendix M – SR Reimbursement Rates Example

<table>
<thead>
<tr>
<th>Core Code</th>
<th>Description</th>
<th>Provider's Private Pay Rates</th>
<th>Coalition Maximum Reimbursement Rates</th>
<th>Approved Provider Reimbursement Rate without Gold Seal (Column A or B, whichever is lower)</th>
<th>Gold Seal Differential (Column B × percentage)</th>
<th>Approved Provider Reimbursement Rate with Gold Seal (Column C + D amount cannot exceed column F)</th>
<th>Provider's Private Pay Rates Upper Limit (Column A + 20%)</th>
<th>QPI Differential Rate (Column C × tier percentage)</th>
<th>Local QI Level Differential Rate (Column C × tier percentage)</th>
<th>Total Payment Rate (Column E + G + H; cannot exceed column F)</th>
<th>Contracted Slots Differential Rate (per child tagged for contracted slots)</th>
<th>Child Assessment Differential Rate (Column C × tier percentage)</th>
</tr>
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<tbody>
<tr>
<td>INF &lt;12 Months</td>
<td>$28.80</td>
<td>$30.80</td>
<td>$29.80</td>
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<tr>
<td>TOD 12 &lt;24 Months</td>
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<tr>
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<tr>
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</tbody>
</table>

- **Gold Seal Designation**
  - Effective Date: 07/01/2019
  - End Date: 06/30/2020

- **Quality Performance Incentive (QPI)**
  - 7%
  - Effective Date: 07/01/2019
  - End Date: 06/30/2020

- **Child Assessment Effective Date**
  - 07/01/2019
  - End Date: 06/30/2020

- **Local Quality Improvement (QI)**
  - Effective Date: 07/01/2019
  - End Date: 06/30/2020

- **Contracted Slots**
  - Effective Date: 07/01/2019
  - End Date: 06/30/2020
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<th>Care Code</th>
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<th>PT</th>
<th>PTBA</th>
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<td>TOD</td>
<td>12-24 Months</td>
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<td>2YR</td>
<td>24-36 Months</td>
<td>$24.73</td>
<td>$16.55</td>
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<td>PR3</td>
<td>36-48 Months</td>
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<td>PR4</td>
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<td>$15.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>SPCR</td>
<td>Special Needs</td>
<td>$33.43</td>
<td>$25.07</td>
<td>$25.00</td>
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</table>
Appendix N – 2022 Sliding Fee Scale

| Daily Fee | FPL ≤ 33% | 33% | 34% | 35% | 36% | 37% | 38% | 39% | 40% | 41% | 42% | 43% | 44% | 45% | 46% | 47% | 48% | 49% | 50% | 51% | 52% | 53% | 54% | 55% | 56% | 57% | 58% | 59% | 60% | 61% | 62% | 63% | 64% | 65% | 66% | 67% | 68% | 69% | 70% | 71% | 72% | 73% | 74% | 75% | 76% | 77% | 78% | 79% | 80% | 81% | 82% | 83% | 84% | 85% | 86% |
|-----------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 0.26      | 0.33      | 0.39 | 0.45 | 0.51 | 0.57 | 0.62 | 0.68 | 0.73 | 0.79 | 0.85 | 0.90 | 0.95 | 1.00 | 1.05 | 1.10 | 1.15 | 1.20 | 1.25 | 1.30 | 1.35 | 1.40 | 1.45 | 1.50 | 1.55 | 1.60 | 1.65 | 1.70 | 1.75 | 1.80 | 1.85 | 1.90 | 1.95 | 2.00 | 2.05 | 2.10 | 2.15 | 2.20 | 2.25 | 2.30 | 2.35 | 2.40 | 2.45 | 2.50 | 2.55 | 2.60 | 2.65 |

Notes: 100 Percent FPL was calculated using 202 days.
Revised 12/15/22
# Appendix O – Summary of SR OCA

<table>
<thead>
<tr>
<th>BG/Elig.</th>
<th>Purpose for care</th>
<th>Work requirements</th>
<th>Child age</th>
<th>CCAA Form (Referral)</th>
<th>Income eligible</th>
<th>Household size</th>
<th>Countable income</th>
<th>Auth. period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BG3-TCAN</strong></td>
<td></td>
<td>Based on federal work requirements from referring agency</td>
<td>Birth-&lt;13</td>
<td>Yes – WTP</td>
<td>Yes – ≤185% FPL (determined by DCF)</td>
<td>Children &lt;18 and household members 18≥ included in the TANF assistance group</td>
<td>Countable unearned income from all household members included in the TANF assistance group. Employment income should not exist for this category.</td>
<td>Based on referral – max six months</td>
</tr>
<tr>
<td>TCA Not Working</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>BG3W-TCAW</strong></td>
<td></td>
<td>Based on federal work requirements from referring agency</td>
<td>Birth-&lt;13</td>
<td>Yes – WTP</td>
<td>Yes – ≤185% FPL (determined by DCF)</td>
<td>Children &lt;18 and household members 18≥ included in the TANF assistance group</td>
<td>Earned and countable unearned income from all household members who are included in the TANF assistance group.</td>
<td>Based on referral – max six months</td>
</tr>
<tr>
<td>TCA Working</td>
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<td></td>
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<tr>
<td><strong>BG2-ITA or ISA</strong> (billing group, pending)</td>
<td></td>
<td>Based on Workforce WIOA requirements from referring agency</td>
<td>Birth-&lt;13</td>
<td>Yes – WIOA</td>
<td>Yes – ≤85% SMI</td>
<td>Children &lt;18 and household members 18≥ included in the TANF assistance group</td>
<td>Earned and countable unearned income from all household members who are included in the family unit.</td>
<td>Based on a referral for Intensive Career Services or Training Services. – max three months</td>
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<td><strong>WRC-RCI</strong></td>
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<td>Based on federal work requirements from referring agency</td>
<td>Birth-&lt;13</td>
<td>Yes – WTP</td>
<td>Yes – ≤185% FPL (determined by DCF)</td>
<td>Children &lt;18 and household members 18≥ included in the TANF assistance group</td>
<td>Earned and countable unearned income from all household members who are included in the TANF assistance group.</td>
<td>Based on referral – max 60 days</td>
</tr>
<tr>
<td>TCA Respite</td>
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</tr>
<tr>
<td><strong>BG1-11D</strong></td>
<td></td>
<td></td>
<td>Birth-&lt;13</td>
<td>Yes – DCF/or its contracted provider</td>
<td>No – Use to calculate parent copayment if available</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>If available, earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>12 months. For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-</td>
</tr>
<tr>
<td>At-Risk Diversion</td>
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<tr>
<td>BG/Elig.</td>
<td>Purpose for care</td>
<td>Work requirements</td>
<td>Child age</td>
<td>CCAA Form (Referral)</td>
<td>Income eligible</td>
<td>Household size</td>
<td>Countable income</td>
<td>Auth. period</td>
</tr>
<tr>
<td>----------</td>
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<tr>
<td>BG1-HOME</td>
<td>At-Risk Homeless</td>
<td>CP N/A Birth-&lt;13</td>
<td>Yes – DCF-designated lead agency homelessness</td>
<td>No – Use to calculate parent copayment if available</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>If available, earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>12 months. For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.</td>
<td></td>
</tr>
<tr>
<td>BG1-FAM</td>
<td>At-Risk DV</td>
<td>CP N/A Birth-&lt;13</td>
<td>Yes – DCF-Certified Domestic Violence Center</td>
<td>No – Use to calculate parent copayment if available</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>If available, earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.</td>
<td></td>
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<tr>
<td>BG1-11</td>
<td>At-Risk In Home</td>
<td>CP N/A Birth-&lt;13</td>
<td>Yes – DCF/ or its contracted provider</td>
<td>No – Use to calculate parent copayment if available</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>If available, earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>12 months. For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.</td>
<td></td>
</tr>
<tr>
<td>BG1-13</td>
<td>CP N/A Birth-&lt;13</td>
<td>Yes – Use to calculate parent</td>
<td>Related child(ren) on referral only</td>
<td>If available, child(ren)’s income only</td>
<td>12 months. For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.</td>
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### BG/Elig.

**Purpose for care**
- At-Risk Foster Care
- BG1-14R At-Risk Out Home
- BG1-IN Protective Investigation In Home
- BG1-OUT Protective Investigation Out Home

<table>
<thead>
<tr>
<th>BG/Elig.</th>
<th>Purpose for care</th>
<th>Work requirements</th>
<th>Child age</th>
<th>CCAA Form (Referral)</th>
<th>Income eligible</th>
<th>Household size</th>
<th>Countable income</th>
<th>Auth. period</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-Risk Foster Care</td>
<td>DCF/ or its contracted provider</td>
<td>copayment if available</td>
<td>Birth-&lt;13</td>
<td>Related child(ren) on referral only</td>
<td></td>
<td></td>
<td></td>
<td>referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.</td>
</tr>
<tr>
<td>BG1-14R At-Risk Out Home</td>
<td>CP</td>
<td>N/A</td>
<td>Birth-&lt;13</td>
<td>Yes – DCF/ or its contracted provider</td>
<td>No – Use to calculate parent copayment if available</td>
<td>Related child(ren) on referral only</td>
<td>If available, child(ren)’s income only</td>
<td>12 months. For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.</td>
</tr>
<tr>
<td>BG1-IN Protective Investigation In Home</td>
<td>CP</td>
<td>N/A</td>
<td>Birth-&lt;13</td>
<td>Yes – DCF/ or its contracted provider</td>
<td>No – Use to calculate parent copayment if available</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>If available, earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>12 months. For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.</td>
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<tr>
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<td>Birth-&lt;13</td>
<td>Yes – DCF/ or its contracted provider</td>
<td>No – Use to calculate parent copayment if available</td>
<td>Related child(ren) on referral only</td>
<td>If available, child(ren)’s income only</td>
<td>12 months. For at-risk children whose family’s income is at or below 85% of the SMI and who do not receive a renewed referral during the 12-month authorization period and do not establish a purpose for care (i.e., employment/educational activities, disability, etc.), the parent will have three months to establish purpose for care under the at-risk billing group assigned. If the client does not reestablish a purpose for care by the end of the three-month period, the coalition will discontinue SR child care funding.</td>
</tr>
</tbody>
</table>
### BG/Elig. Purpose for care Work requirements Child age CCAA Form (Referral) Income eligible Household size Countable income Auth. period

<table>
<thead>
<tr>
<th>BG3R-RCG</th>
<th>At-Risk RCG</th>
<th>CP</th>
<th>N/A</th>
<th>Birth-&lt;13</th>
<th>No – Must verify RCG payment (exclude from income calculation)</th>
<th>No – Use to calculate parent copayment if available</th>
<th>Related child(ren) only</th>
<th>If available, child(ren)’s income only</th>
<th>≤12 mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BG8-ECON</td>
<td>Economically Disadvantaged</td>
<td>EM, ET, TT, ME, DI</td>
<td>Parent must be employed or engaged in eligible educational activities at least 20 hrs/wk unless disabled. 2 parent families, both must be working or engaged in eligible education activities a combined total of 40 hrs/wk unless disabled.</td>
<td>Birth-&lt;13</td>
<td>No</td>
<td>Yes –  ≤150% FPL for initial; ≤85% SMI for cont’d</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>Earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>12 months.</td>
</tr>
<tr>
<td>BG3AP-APP</td>
<td>TCA Applicant</td>
<td>EM, ET, TT, JS, WA</td>
<td>Based on federal work requirements from referring agency</td>
<td>Birth-&lt;13</td>
<td>Yes – WTP</td>
<td>Yes –  ≤150% FPL</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>Earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>One ≤30 day pd.</td>
</tr>
<tr>
<td>BG3-28A</td>
<td>TANF Child Only</td>
<td>EM, ET, TT, DI</td>
<td>Guardian must be employed or engaged in eligible educational activities at least 20 hrs/wk unless disabled</td>
<td>Birth-&lt;13</td>
<td>No — Verification of TANF child only payment</td>
<td>Yes –  ≤150% FPL for initial; ≤200% FPL for cont’d</td>
<td>Child(ren) only</td>
<td>Child(ren) income only</td>
<td>≤12 mo.</td>
</tr>
<tr>
<td>BG5-TCC</td>
<td>Transitional Child Care</td>
<td>EM, TT</td>
<td>Employment or Both Employment and Education or Training based on documented referral.</td>
<td>Birth-&lt;13</td>
<td>Yes – WTP</td>
<td>Yes –  ≤200% FPL;  ≤200%FPL for cont’d</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>Earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>≤12 mo.</td>
</tr>
<tr>
<td>CF-SN</td>
<td>Special Needs</td>
<td>SN</td>
<td>N/A</td>
<td>3- Admission to Kindergarten</td>
<td>No – IEP from local school district</td>
<td>No – Use to calculate parent copayment if available</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>Earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>12 months.</td>
</tr>
</tbody>
</table>
### Purpose for care key

Employment (EM), both employment and training or education (TT), education and training (ET), job search (JS), work activity (WA), respite services (WR), child protection (CP), migrant employed (ME), disability (DI), special needs (SN).

### Excluded income

A child’s earned income, including a concurrently enrolled high school student who has attained 18 years or a concurrently enrolled student with a disability who has attained 22 years.

<table>
<thead>
<tr>
<th>BG/Elig.</th>
<th>Purpose for care</th>
<th>Work requirements</th>
<th>Child age</th>
<th>CCAA Form (Referral)</th>
<th>Income eligible</th>
<th>Household size</th>
<th>Countable income</th>
<th>Auth. period</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRMAT</td>
<td>EM, ET, TT, DI</td>
<td>SR Match OCA Payment Code, SRMAT. Parent must be employed or engaged in eligible educational activities at least 20 hrs/wk unless disabled. 2 parent families – both must be working or engaged in eligible education activities a combined total of 40 hrs/wk</td>
<td>Birth-&lt;13</td>
<td>No</td>
<td>Yes ≤200% FPL for initial; ≤85% SMI for cont’d</td>
<td>Children &lt;18 and household members 18≥ residing in same dwelling unit.</td>
<td>Earned and countable unearned income from all household members who are a part of the family unit.</td>
<td>12 months.</td>
</tr>
</tbody>
</table>
### Appendix P – Other Income Types

<table>
<thead>
<tr>
<th>Income Type Description</th>
<th>Child Only Cases</th>
<th>All Other BGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include Income? Y or N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADOPTION BENEFIT</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>ALIMONY</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Exclude – Exclude documented court-ordered alimony paid out of the home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include – Include alimony when the family unit received the income.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASH</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Exclude non-recurring monies, such as those received as a gift. Recurring means a consistent amount of cash received at preset intervals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD SUPPORT</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Exclude – Exclude documented court-ordered child support paid out of the home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include – Include child support when the family unit received the income.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD STAMPS</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>FOSTER CARE</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>MILITARY FOOD</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>HOUSING ASSISTANCE</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>MILITARY HOUSING</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>PENSION</td>
<td>N/A</td>
<td>Y</td>
</tr>
<tr>
<td>RELATIVE CAREGIVER (RCG payment, Nonrelative RCG payment, or GAP)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>RETIREMENT BENEFITS</td>
<td>N/A</td>
<td>Y</td>
</tr>
<tr>
<td>SSA DISABILITY</td>
<td>N/A</td>
<td>Y</td>
</tr>
<tr>
<td>SSA SURVIVOR</td>
<td>N/A</td>
<td>Y</td>
</tr>
<tr>
<td>SOCIAL SEC BENEFITS (Received by children - survivor, disability, retirement)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>SSI ADULT</td>
<td>N/A</td>
<td>Y</td>
</tr>
<tr>
<td>SSI CHILD</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>TEMP CASH ASSISTANCE</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>TANF assistance is included as income, such as the TANF received by WTP program participants. In a child only case, TANF received by the child, (TANF Child only), is included in the child's income calculation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNEMPLOYMENT</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>WORKERS COMP</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>
Appendix Q – Food Assistance Program Facts

General Information about Food Assistance and SUNCAP

The Food Assistance Program helps people with low-income buy healthy food. A food assistance household is normally a group of people who live together and buy food and cook meals together. If your household passes the Food Assistance Program's eligibility rules, the amount of food assistance benefits you get depends on the number of people in your household and how much money is left after certain expenses are subtracted.

Eligibility Rules

Individuals must pass all eligibility rules to get food assistance benefits. Some of the eligibility rules are

- **Identity** - Individuals must show proof they are the person they claim to be. Applicants must provide proof of their identity.
- **Work Rules – FAQs** - Healthy adults, 18 to 50 years of age, who do not have dependent children or are not pregnant, can only get food assistance benefits for 3 months in a 3-year period if they are not working or participating in a work or workfare program.
- **Income and Deductions** – Most households must pass a gross income limit less than or equal to 200% of the Federal Poverty Level (FPL). Households with a member disqualified for breaking Food Assistance Program rules, felony drug trafficking, running away from a felony warrant, or not participating in a work program must have gross income less than or equal to 130% of the FPL. Households with people who are age 60 or older, or disabled, must only meet the net monthly income limit. Some household expenses may be subtracted from the total monthly income in the food assistance budget. The budget may subtract for shelter expenses, dependent care, medical expenses, child support paid, utility deductions, and earned income deduction.
- **Residency** – Individuals must live in the state of Florida.
- **Citizenship** – Individuals must be a U.S. citizen or have a qualified noncitizen status.
- **SSN** - Individuals must provide a Social Security Number or proof they have applied for one.
- **Child Support Cooperation** – Certain individuals must cooperate with the state’s child support enforcement agency to prove a child’s legal relationship to their parent and to get the court to order child support payments.
- **Assets** – Most food assistance households may have assets such as vehicles, bank accounts, or property and still get help. Households with a disqualified member must meet an asset limit of $2,250 or $3,250 effective October 1, 2014 (if the household contains an elderly or disabled member).
- **Change Reporting** – Households must report when the total monthly gross income exceeds 130% of the Federal Poverty Level for the household size and when work hours of able bodied adults fall below 20 hours per week when averaged monthly. The household must report these changes within 10 days after the end of the month of the change.

Ineligibility Reasons

People who are convicted of drug trafficking, who are running away from a felony warrant, who break Food Assistance Program rules on purpose, who are noncitizens without a qualified status, and some students in colleges or universities are not eligible for food assistance benefits.

Foods You Can Buy With Food Assistance Benefits

Households can use food assistance benefits to buy breads, cereals, fruits, vegetables, meats, fish, poultry, dairy, and plants and seeds to grow food for your household to eat. Households cannot use food assistance benefits to buy nonfood items such as pet foods, soaps, paper products, household supplies, grooming items, alcoholic beverages, tobacco, vitamins, medicines, food to eat in the store, or hot foods.

SUNCAP

The SUNCAP Program is a special Food Assistance Program for individuals who receive Supplemental Security Income (SSI). You may be eligible to receive food assistance benefits through the SUNCAP Program without any additional application, paperwork, or interviews. If you already receive food assistance benefits in the regular Food Assistance Program, you may be automatically put in the SUNCAP Program when you become SSI eligible. If your food assistance benefits will go down because of SUNCAP, you may choose to continue receiving your food assistance benefits under the regular Food Assistance Program.

Detailed information about the Food Assistance Program is available in the Food Assistance Program Fact Sheet. For information about other ACCESS Florida programs, visit Medicaid and Temporary Cash Assistance.