

SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
D-13	July 1, 2016	CMD & GMD	1 of 6
SUBJECT: ADMINISTRATIVE POLICIES AND PROCEDURES FOR THE FUNDING OF CHILDCARE SERVICES			

I. PURPOSE

The purpose of this Directive is to establish guidelines for the funding of childcare services to youth, adults and dislocated workers who cannot afford child care to participate in authorized WIOA activities.

II. GENERAL INFORMATION

Section 680.900 of the WIOA regulations allows San Joaquin County (SJC) Employment and Economic Development Department (EEDD) to provide supportive services for youth, adults and dislocated workers in accordance with the policies set forth by the local Workforce Development Board (WDB). The local WDB has set policy to approve childcare for youth customers when needed to participate in a WIOA activities and for adults and dislocated workers when needed to participate in a WIOA career and training services.

WIOA funds may be used to pay for childcare services only when funds are not available from other sources. Childcare costs shall be charged to the funding source in which the recipient is eligible. Customers shall be made aware of the availability of WIOA funds for childcare services when no other source exists. Accurate information on the availability of childcare services and the referral process must be made available to all customers participating in career services.

EEDD contracts with a Community-Based Organization (CBO) to provide child care services as needed.

III. POLICY

It is the administrative policy of the Employment and Economic Development Department (EEDD) that childcare services will be made available to provide

WIOA Title I eligible Adults, Dislocated Workers and Youth in accordance with the policies and set forth in this directive.

IV. PROCEDURES

Childcare assistance requests shall be provided in accordance with the procedures set forth in this directive; and

- A. EEDD and sub-recipient staff recommending childcare services will adhere to the procedures incorporated into this directive for authorization and payment of customer's childcare.
- B. WIOA will only provide childcare assistance if other funds are not available and the EEDD staff has established the need for the provision of childcare.
- C. Childcare assistance may not be provided when a parent or legal guardian is able and available to provide care.
- D. Approval of all requests for childcare assistance will be subject to the Case Manager's adherence to the procedures specified below:

1. Needs Analysis

The Case Manager must complete the Individual Employment Plan (IEP) (See Attachment A) along with the budget sheet (Attachment B) with the customer to determine if the customer has a financial need for childcare services. The completed budget sheet must not exceed a positive balance of \$100.00.

Case Manager shall determine if the customer will benefit from childcare services based on the following conditions:

- a. The customer's number of dependents will allow them to afford unsubsidized childcare prior to completion of the 12-month follow up period, and/or
- b. The customer's long-term plan and ability to afford childcare services once the subsidized funding is no longer available.

2. Authorization of Childcare Services

- a. Funding for childcare services may be made available to any customer enrolled in a WIOA funded training program.
- b. WIOA staff may authorize funding for childcare services for participants enrolled in OJT for up to 2 weeks of employment or

up until the participant receive first paycheck from the paid employment training.

- c. No customer will be provided childcare services if in-between WIOA activities and employment. Childcare services will not be provided for sporadic job interview activities.
- d. No WIOA funds will be used at any time for a child's school tuition even if the tuition is less expensive than the allowable monthly childcare cost for the child(ren).
- e. Funding for childcare services will not be authorized at any time when the provider of services is the parent or legal guardian of the children for whom funding is provided.
- f. All exempt childcare providers must complete an Exempt Provider Orientation (EPO) conducted by the contracted CBO.
- g. In addition to attending the EPO, non-relative exempt childcare providers must complete and clear the Trustline background search with contracted CBO prior to receiving WIOA payments for providing childcare services.

3. Age of Children

- a. Child(ren) must be between the ages of newborn and thirteen (13) years, unless special needs provisions apply. Special needs shall apply only if the child is 13 or older with impairment verified by a physician or licensed/certified psychologist documenting the child cannot care for himself or herself.
- b. Part-time childcare services will be allowed before and after school for school-aged children. Full-time childcare services will be allowed for school-aged children during the child(ren)'s summer vacations, spring break, and/or off track semesters.
- c. Funding for childcare services will be provided when the customer is unavailable to take care of his or her child(ren) due to participation in WIOA funded training, services or is employed.

4. Establishing Childcare Cost

- a. Allowable costs for childcare shall be based upon the Regional Market Rate Ceilings for childcare and in-home exempt care from the latest revision of the California's Childcare Providers Ceiling (See example, Attachment C); and

- b. The customer's budget to determine how much the customer can afford to pay on his/her own once subsidized childcare ceases.

5. Referral Process

- a. Upon child care need is determined, Case Manager will complete the RGS for supportive services (Attachment D) and attach a completed Child Care Referral Form (Attachment E) and submit to the Supervisor or Department Manager for approval.
- b. Once approval is obtained Case Manager will submit the RGS to Fiscal Department for coding.
- c. Case Manager will fax the Referral/Authorization form to CBO.
- d. The Case Manager shall document the referral for childcare services in the client's case notes in addition to maintaining a copy of the Childcare Referral Authorization Form in the client file.
- e. Upon CBO's completion of the customer's childcare contract with the fiscal obligations identified, a copy shall be retained in the Fiscal Department.
- f. The Case Manager shall be responsible for advising their customer's that:
 - i In order for childcare costs to be covered, the customer must meet with the contracted CBO and complete all required paperwork and processes; and
 - ii Any change in status, such as a change in training hours or absence from school, must be reported immediately to the Case Manager and contracted CBO as this may affect childcare coverage.

6. Extensions/Terminations

- a. It is the responsibility of Case Manager to modify the Child Care Referral Form and notify the contracted CBO of any changes made to the childcare approval. This is done by submission of a modified Referral form. Additionally, Case Manager must inform Fiscal Division of the changes and a new RGS may be completed and submitted to reflect new changes.

7. Processing of Invoices

- a. Invoices shall be submitted to the Fiscal Division. Upon receipt of the previous month's childcare invoice from the contracted CBO Coordinator(s) with copies of the appropriate billings.

The staff will verify:

- 1) Customer name and social security number.
 - 2) Number of children approved for childcare and hours of approval.
 - 3) Approval of period being invoiced.
 - 4) Grant number.
 - 5) Review of invoices to ensure that they have not been paid or denied in the past and determine their allowability for payment.
 - 6) After completion of the review, staff will indicate denial or acceptance of the charge by:
 - Crossing out the invoiced amount replacing it with a 0 (zero), along with a short explanation for denial and/or,
 - Approving the payment by placing their initials alongside the invoiced amount.
- b. The review must be completed and returned to the coordinator(s) from all locations so that they may input the billing into the FMS system within three working days from the receipt of the billing.
- c. The original invoice will be returned to the Fiscal Division for processing and payment.
- d. The coordinator(s) will run two copies of the invoice which will be distributed as follows:
- 1) A copy to FRRC with a cover memorandum explaining any denials, modification or changes to the invoice and;

2) The second copy will be retained by appropriate case management staff.

e. The Childcare Coordinator(s) shall deobligate unexpended funds in the FMS tracking system on a monthly basis.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.



JOHN M. SOLIS
EXECUTIVE DIRECTOR

JMS:pv

Attachment A: Individual Employment Plan (IEP)
Attachment B: Budget Sheet
Attachment C: Example Childcare Providers Ceiling
Attachment D: RGS for Supportive Services
Attachment E: Child Care Referral Form

ATTACHMENT A

INDIVIDUAL EMPLOYMENT PLAN (IEP)

NAME: _____

Last

First

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL/MESSAGE PHONE #: _____

SSN: _____ EMAIL: _____

I. EMPLOYMENT GOALS

A. 1st Goal

1. ONET Title: _____

2. ONET Code: _____

3. WorkKeys Skill Level Requirement for 1st Goal (From WorkKeys Occupational Profiles Database)

Applied Mathematics: _____

Reading for Information: _____

Locating Information: _____

Client score

Applied Mathematics: _____

Reading for Information: _____

Locating Information: _____

WorkKeys waived – Provide justification: _____

4. Other Requirements (*examples: high school diploma, Class A license, Lift 50 lbs., type 45 wpm*)

B. 2nd Goal

1. ONET Title: _____

2. ONET Code: _____

3. WorkKeys Skill Level Requirement for 2nd Goal (From WorkKeys Occupational Profiles Database)

Applied Mathematics: _____

Reading for Information: _____

Locating Information: _____

Client score

Applied Mathematics: _____

Reading for Information: _____

Locating Information: _____

4. Other Requirements (*examples: high school diploma, Class A license, Lift 50 lbs., type 45 wpm*)

II. ACHIEVEMENT OBJECTIVES (Check all that apply)

- ☐ Increase educational level necessary to meet employment goal and attain economic self-sufficiency through referral to partner agency basic skills training, GED program, or other appropriate program.
- ☐ Increase WorkKeys skill level necessary to meet employment goal and attain economic self-sufficiency through enrollment into WIN Solutions basic workplace skills training.
- ☐ Meet employment goal and attain economic self sufficiency through direct referral and placement with employer.
- ☐ Enhance work readiness skills necessary to meet employment goal and attain economic self-sufficiency through enrollment into a work experience activity in the private and/or public/non-profit sector.
- ☐ Enhance occupational skills necessary to meet employment goal and attain economic self-sufficiency through enrollment into classroom training at a training provider listed on the Eligible Training Provider List (ETPL). Eligible training provider will be reimbursed for training through an Individual Training Account (ITA).
- ☐ Enhance occupational skills necessary to meet employment goal and attain economic self-sufficiency through referral to partner agency classroom training program.
- ☐ Enhance occupational skills necessary to meet employment goal and attain economic self-sufficiency through enrollment into On-the-Job Training (OJT) program. Employer will be reimbursed for extraordinary costs associated with training through an OJT agreement.

Other achievement objective:

Other achievement objective:

Participant Signature

Date

EEDD Staff Signature

Date

III. SERVICES TO ACHIEVE EMPLOYMENT GOALS

A. Self-Assisted Core Services (optional)

Participant received the following core services (Check all that apply):

- ☐ Eligibility determination
- ☐ Outreach, intake, and orientation
- ☐ Initial assessment (Attach copy of CASAS self assessment)
- ☐ Job search and placement assistance, career counseling
- ☐ Labor market information
- ☐ Performance and cost information on training providers
- ☐ Local workforce investment area performance information
- ☐ Supportive services availability
- ☐ Unemployment insurance claim information

The following activities require certification and enrollment:

B. Staff-Assisted Core Services

Participant received the following staff-assisted core services (Check all that apply):

- ☐ (11) Staff Assisted Job Development
- ☐ (12) Staff Assisted Job Referral
- ☐ (13) Staff Assisted Job Search
- ☐ (14) Staff Assisted Workshops
- ☐ (15) Other Core Services
- ☐ (16) Non-WIA Core Services

Justification for Intensive Services:

Participant has received a minimum of one core service (either self or staff-assisted), as identified above, and has been determined to need intensive services for the following reason (Check one):

- ☐ Participant is unemployed and has been determined by WorkNet staff to be in need of intensive services to obtain employment.
- ☐ Participant is employed, but has been determined by WorkNet staff to be in need of intensive services to obtain or retain employment leading to self-sufficiency.

C. Intensive Services

Participant received the following intensive services (A minimum of one must be checked. Check all that apply):

- ☐ (30) Case management
- ☐ (31) Comprehensive assessment (Attach copy of CareerScope assessment and/or other assessment(s))
- ☐ (32) Development of Individual Employment Plan (IEP)
- ☐ (33) Group counseling
- ☐ (34) Private sector work experience (Attach copy of W.E. Agreement)
- ☐ (34) Public/Non-Profit sector work experience (Attach copy of W.E Agreement)

- ☐ (35) WorkKeys (Attach copy of WorkKeys assessment(s))
- ☐ (36) Out of area job search assistance
- ☐ (38) Short-term prevocational services
- ☐ (39) Internships
- ☐ (40) Other WIA Intensive Services Specify: _____
- ☐ (41) Non-WIA Funded Intensive Service Specify: _____
- ☐ (42) Co-enrolled Intensive Service Specify: _____

Justification for Training Services:

Participant has met the eligibility requirements for intensive services; received a minimum of one intensive service, as identified above, and has been unable to obtain or retain employment through intensive services, and (all criteria must be met):

- ☐ After an interview, evaluation, or assessment, and case management, the participant has been determined in need of training services and to have the skills and qualifications to successfully complete the training program, and
- ☐ Participant has selected a program of training services directly linked to employment opportunities in the local area or another area where the participant is willing to relocate, and
- ☐ Participant is unable to obtain grant assistance from other sources to pay for the cost of training services.

D. Training Services

Participant received the following training services (Check all that apply):

- ☐ (50) Adult Education
- ☐ (51) Customized Training
- ☐ (52) Entrepreneurial Training
- ☐ (53) Job Readiness Training
- ☐ (54) Occupational skills training (Attach copy of ITA)
- ☐ (55) On-the-job training (Attach copy of OJT Agreement)
- ☐ (56) Private Sector Training
- ☐ (57) Skill upgrading and retraining
- ☐ (58) Workplace training and Coop Ed
- ☐ (59) Other Training Services Specify: _____
- ☐ (60) Non-WIA Funded Training Services Specify: _____
- ☐ (61) Co-enrolled Training Services Specify: _____

E. Supportive Services

Participant received the following supportive services (Circle all that apply and attach participant budget to support cost)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bus passes | <input type="checkbox"/> Mileage reimbursement (attach proof of insurance) |
| <input type="checkbox"/> Tools | <input type="checkbox"/> Child care (attach referral to FRRC) |
| <input type="checkbox"/> Testing Fees | <input type="checkbox"/> Books <input type="checkbox"/> Clothing/Uniforms |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

VII. FINANCIAL ANALYSIS:

CLIENT NAME

DATE

Number of individuals dependant upon your income

MONTHLY RESOURCES:

- 1 Wages
- 2 Child/Spousal Support
- 3 Workmen's Comp./UI
- 4 SSI/SSP,SSA
- 5 TANF
- 6 Food Stamps
- 7 Other

A. TOTAL MONTHLY RESOURCES

\$ - A

COST OF LIVING:☐ Projected☐ Actual

1	HOUSING:	Rent / Mortgage					
		Telephone/Cellphone/Pager					
		Gas/PG&E					
		Water & Sewage					
		Cable					
		Internet					
					\$	-	1
2	FOOD:	Groceries					
		Lunch Money					
					\$	-	2
3	CLOTHING:	Self & Dependents					
		Diapers					
					\$	-	3
4	PERSONAL EXPENSES:	Toiletries/Haircuts					
		Laundry/Cleaning Products					
					\$	-	4
5	MEDICAL:	Medi-Cal recipient?					
		Doctor/Dentist Bills					
		Prescription/Medicine					
					\$	-	5
6	TRANSPORTATION:	Car Payment					
		Car Insurance					
		Gas, Oil, Upkeep					
		License & Reg Fee					
					\$	-	6
7	EDUCATION & RECREATION:						
		Entertainment, Magazines					
		Tuition, Books					
					\$	-	7
8	CHILD SUPPORT PAYMENTS / CHILD CARE				\$	-	8
9	CREDIT CARDS, OUTSTANDING DEBTS						
	Institution	Balance		Monthly Payments			
					\$	-	9
B	TOTAL COST OF LIVING (Add items 1-9)				\$	-	B
C	BALANCE (A-B)				\$	-	C

**San Joaquin County
Regional Market Rate Ceilings (RMR)
Effective 1/1/2018**

Child Care Centers	Hourly	Daily	Weekly	Monthly
FT Under 2 YRS	(N/A)	\$74.94	\$312.76	\$1,240.51
PT Under 2 YRS	\$12.68	(N/A)	\$231.25	\$839.56
FT 2-5 YRS	(N/A)	\$52.20	\$260.83	\$866.37
PT 2-5 YRS	\$10.19	(N/A)	\$162.30	\$643.02
FT 6 + YRS	(N/A)	\$48.39	\$184.54	\$730.75
PT 6 + YRS	\$10.36	(N/A)	\$127.18	\$471.99

Family Day Care Homes	Hourly	Daily	Weekly	Monthly
FT Under 2 YRS	(N/A)	\$50.37	\$204.24	\$807.22
PT Under 2 YRS	\$10.25	(N/A)	\$161.55	\$611.40
FT 2-5 YRS	(N/A)	\$45.49	\$189.61	\$749.44
PT 2-5 YRS	\$9.79	(N/A)	\$148.81	\$564.99
FT 6 + YRS	(N/A)	\$38.80	\$160.01	\$633.64
PT 6 + YRS	\$8.71	(N/A)	\$129.67	\$507.77

Exempt Providers	Hourly	Daily	Weekly	Monthly
FT Under 2 YRS	(N/A)	\$35.26	\$142.97	\$565.06
PT Under 2 YRS	\$3.18	(N/A)	(N/A)	(N/A)
FT 2-5 YRS	(N/A)	\$31.84	\$132.73	\$524.61
PT 2-5 YRS	\$2.95	(N/A)	(N/A)	(N/A)
FT 6 + YRS	(N/A)	\$27.16	\$112.01	\$443.55
PT 6 + YRS	\$2.49	(N/A)	(N/A)	(N/A)

Per California Dept of Education Management Bulletin 17-17
Updated: 1/2/18

San Joaquin County
Regional Market Rate Ceilings Effective 1/1/2018
Evening Adjustment Factor @ 1.25

Child Care Centers	Hourly	Daily	Weekly	Monthly
FT Under 2 YRS	(N/A)	\$93.67	\$390.95	\$1,550.63
PT Under 2 YRS	(N/A)	(N/A)	\$289.06	\$1,049.45
FT 2-5 YRS	(N/A)	\$65.25	\$326.03	\$1,082.96
PT 2-5 YRS	(N/A)	(N/A)	\$202.87	\$803.77
FT 6 + YRS	(N/A)	\$60.48	\$230.67	\$913.43
PT 6 + YRS	(N/A)	(N/A)	\$158.97	\$589.98

Family Day Care Homes	Hourly	Daily	Weekly	Monthly
FT Under 2 YRS	(N/A)	\$62.96	\$255.30	\$1,009.02
PT Under 2 YRS	(N/A)	(N/A)	\$201.93	\$764.25
FT 2-5 YRS	(N/A)	\$56.86	\$237.01	\$936.80
PT 2-5 YRS	(N/A)	(N/A)	\$186.01	\$706.23
FT 6 + YRS	(N/A)	\$48.50	\$200.01	\$792.05
PT 6 + YRS	(N/A)	(N/A)	\$162.08	\$634.71

*** Evening/Weekend Adjustments does not apply to Exempt providers**

Updated: 1/2/18

A Proud Partner of America's Job Center of CaliforniaSM Network**REQUEST FOR GOODS AND SERVICES – SUPPORTIVE SERVICES**

Need By: _____

Request Date: _____

Requested By: _____

Approved By: _____

☐ WIOA Youth ☐ WIOA Adult ☐ WIOA D/W
☐ In-School☐ Out-School ☐ Other

QTY	UNIT	DESCRIPTION (Give Size, Color, Name, Stock No., Sample)	ITEM COST	TOTAL COST	FMD USE ONLY RGS NO.
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
Tax					

☐ Trans. Subsidy ☐ Tuition ☐ Training ☐ Supplies Books/Other Services ☐ Childcare

Vendor Name: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Participant's Name: _____ Case No.: _____

Justification: _____

Cost Estimate: _____ \$0.00

For Calcard/Voucher Attach the Following:
☐ 2 Quotes ☐ Budget ☐ QCH
FMD USE ONLY

County Account No.: 6221024800

Method: 3

Pool: 999

4820 - 46 - _____ - _____ - _____

4851 - 46 - _____ - _____ - _____

4840 - 46 - _____ - _____ - _____

_____ - 46 - _____ - _____ - _____

☐ Calcard☐ Petty Cash☐ Voucher

Available: _____ Allowable/Proper Justification: _____ Date: _____



A Proud Partner of America's Job Center of CaliforniaSM Network

RGS INSTRUCTIONS

NEED BY DATE: Enter the date the items are needed.

REQUEST DATE: Date the form is completed.

REQUESTED BY: The individual who is filling out this form **MUST PRINT** their name (and phone # please). This helps fiscal to contact the right person if any questions arise.

APPROVED BY: The Division Manager/Supervisor responsible for the applicable Grant **MUST** sign on this line.

FUNDING SOURCE: Check the applicable Grant and whether the Participant is a 30%/70%/In-School/Out-School recipient.

LOCATION: Please enter the Location where the goods/services will be used. (STKN, LODI, etc.)

DESCRIPTION: Please provide accurate, detailed information.

- A. Quantity - number ordered
- B. Unit - i.e., each, pkg., box, dozen
- C. Full Description of item ordered including: stock number; catalog name, item number/letter and page number; color and size if applicable. If more than one item is ordered, please include cost of each.
- D. Line Item Cost - total estimated cost of all units on this line (excluding tax).

TYPE OF SUPPORTIVE SERVICE: Check the appropriate box that best describes the type of supportive service.

VENDOR: Complete this portion entirely. Be sure to supply the Vendor's Federal ID# for first time purchases.

PARTICIPANT INFORMATION: Enter the Participant's full name and case number.

JUSTIFICATION: Why is this item/service needed? How will it be used? Where will it be used? This information provides supporting documentation that justifies the need for the supportive service.

COST ESTIMATE: Enter the estimated cost of the item/service. Round up to the next dollar. Include all known costs (tax, processing fees, etc.).

RPO SUPPORTING DOCUMENTATION: The following must be attached: Quote, Participant Budget and Participant QCH

EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT

San Joaquin County



56 SOUTH LINCOLN STREET

STOCKTON, CA 95203

Telephone: (209) 468-3500 Fax: (209) _____

Child Care Referral/Authorization Form

Customer's Name: _____ Phone #: _____ Center: _____

Grant Number: _____ WIOA Application Number.: _____

Referral Date: _____ Estimated Completion Date: _____

☐ Original ☐ Extension ☐ Add Child ☐ Delete Child ☐ Termination Other: _____
Section 1— EEDD

The participant named above is hereby authorized to receive child care services for: _____ child(ren)

for Approved Activity: ☐ Work Experience ☐ Classroom Training Other: _____

for Activity Period Beginning on: _____ Maximum Number of Activity Hours Per Week: _____

CHILD(REN)**INFORMATION****Name(s)****Birthdate****Age**

1. _____	_____	_____
2. _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____

- ☐ Year Round School Track ☐ A ☐ B ☐ C ☐ D
☐ Child Care from _____ to _____ when off Track
☐ Before/After School Care Only
☐ Regular School
☐ Full Time Child Care Pre-Kindergarten

Authorizing Staff: _____ Phone #: _____ Email: _____ @sjcworknet.org

Authorizing Supervisor Signature: _____ Date: _____

Section 2— SJFRRRC

*Projected Monthly Rate: \$ _____ Start Date: _____ Projected Ending Date: _____

☐ Licensed Day Care Center ☐ Licensed Childcare Provider ☐ Exempt (non-licensed)
Projected Total Amount Authorized \$ _____

*Based on the Regional Market Rate Ceiling for Childcare Providers

Copy Distribution:

Email Form to:

Family Resource and Referral Coordinator
EEDD Authorizing Staff

- Copy for Participant
- Copy for Participant File