Child Care Assistance

Policy & Procedure Manual

State of Alaska
Department of Health and Social Services
Division of Public Assistance

Child Care Program Office

http://www.hss.state.ak.us/dpa/programs/ccare/

Child Care Assistance Policy & Procedures Manual

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Part I: Administrative & General	Section: 100
Title: Mission & Purpose	Cross Reference Section(s): 110
Reference: CCPO	Revised: July 1, 2010

MISSION
The State of Alaska Division of Public Assistance mission is "To promote self-sufficiency and to provide basic living expenses to Alaskans in need." The Child Care Program Office (CCPO) mission is: "We support families in accessing quality child care."

VISION
The CCPO vision is: "Safe, healthy child care is available and affordable for all families in Alaska."

To accomplish the mission and achieve the vision, the CCPO will employ these strategies regarding families accessing quality child care:

Access:
- Helping families pay child care costs
- Providing child care referrals for families
- Recruiting child care providers

Quality:
- Licensing child care facilities
- Providing professional development opportunities
- Distributing consumer information
- Offering financial and technical support to facilities
- Supporting early care and education initiatives

PURPOSE OF THE MANUAL
This manual is to serve as the policy and procedures guide for the administration of the Child Care Assistance Program (CCAP): PASS II and III.

This manual cannot anticipate every situation that may occur while administering this program and working with families and child care providers. Designees for the CCAP may encounter circumstances where the manual does not provide enough detail to make a decision.

PRUDENT PERSON JUDGMENT
Designees are expected to exercise sound and reasonable judgment when encountering specific family or provider situations. Decisions made and reasons for the decision must be documented thoroughly to allow others to understand what actions were taken and the reasons for these actions. Documentation of a decision includes writing electronic case

notes in the Integrated Child Care Information System (ICCIS) and maintaining supporting verification, as applicable, in the hard copy file.

Verification of information is crucial to good decision making. Verification may include copies of pay stubs, employer records or statements of hours worked, statements from clients or third party collateral contacts, proof of age, provider written notice to families, attendance records, or other documents specific to the eligibility determination.

INQUIRIES and CONSULTATION

Designees should consult with the CCPO if they are unable to reach a decision on eligibility, or have questions about a particular issue.

For questions or additional guidance on policy or procedural issues for PASS I, II or III child care assistance or licensing, designees are encouraged to e-mail inquiries to the CCPO Policy Mailbox at dpaccp@alaska.gov. Client names, dates of birth, social security numbers or other sensitive information are not to be used in the subject line or body of the email for confidential reasons. The ICCIS case number and client initials are to be used. When sending sensitive information , designees are to utilize the YouSendIt program.

- For PASS I guidance the subject line of the email should begin with PASS 1 then the designated Level as outlined below.
- For PASS II/III guidance the subject line of the email should begin with the Level as outlined below, then the topic. Requests should also include the designees preferred solution and reasoning. Designees must provide complete and specific information regarding the issue, including the ICCIS identification number.

For provider payment status inquiries, address change requests, Payment Vendor Number (PVN) requests, supplemental payment requests and general questions contact CCPO@alaska.gov

Concerns regarding health and safety pertaining to licensed providers should go to the regional licensing supervisor.

Quarterly Cumulative Fiscal Reports (CFR) and Narrative Reports are sent to the Grants and Contracts office at: Stephen.bower@alaska.gov. Narrative Reports must provide descriptions and details of the local program accomplishments for the specific quarter and must be submitted on the form prescribed by the CCPO.

Send ICCIS questions and concerns to EISHELP@alaska.gov with a subject line that begins with ICCIS.

Response time: The CCPO requires the designee to categorize each request into one of three levels described below. Levels will be determined based on the content of the question or guidance needed. Designee's delay in working a case does not necessarily constitute a higher level of priority.

The subject line of your message shall include an appropriate level for response and a short description of the concern. For example, "Level II - Irregular Income for Spouse." The body of the message needs to include the ICCIS case number, your specific question and all pertinent case specific information. Individual names are not to be used in the subject line or body of the email however, initials and ICCIS case number may be.

- Level I: Designee needs a response within 48 hours regarding a critically important issue.
- Level II: Response is needed within five (5) working days regarding a less time-critical question or concern.
- Level III: Please identify if this is a hypothetical situation, or a real scenario. It may also be tabled for general discussion during a statewide teleconference, if appropriate. The CCPO will acknowledge this request within five (5) working days, but a decision or full response may be tabled for future discussions.

Part I: Administrative & General	Section: 105
Title: Program Overview	Cross Reference Section(s):
Reference: 7 AAC 41.012	Revised: July 1, 2010

PROGRAM OVERVIEW

The CCAP actively supports quality child care for eligible families within the State of Alaska through the federally funded Child Care and Development Block Grant (CCDBG) program.

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act authorized states to further develop CCAP, to aid public assistance recipients and low to moderate income families, as they work or participate in education or training programs.

PASS PROGRAM

The State of Alaska has developed the Parents Achieving Self-Sufficiency (PASS) program as a method to provide child care subsidies to eligible families.

The PASS program is divided into three categories:

- **PASS I** provides child care assistance to recipients of the Alaska Temporary Assistance Program (ATAP). ATAP is funded federally through Temporary Assistance for Needy Families (TANF). Recipients must be involved in work search, currently employed or participating in an activity approved in the family self-sufficiency plan. In most instances, families work with Work Services contractors who request child care authorizations from the CCPO. Families receiving ATAP cash benefits are to be referred appropriately for assistance with their child care needs.

- **PASS II** provides child care assistance for low to moderate income families for up to 12 consecutive months following ATAP case closure due to employment or other reasons. A family's ATAP history is not necessarily a guarantee for PASS II eligibility. A family can apply for PASS II at any time during this eligibility period.

- **PASS III** assists low to moderate income families in need of child care assistance. It is not required that these families be past participants in either the PASS I or PASS II programs.

CCAP must work closely with the Child Care Resource and Referral (CCR&R) agency serving their community. Designees must refer:

- families needing assistance finding appropriate child care to meet their needs,
- families with children who may have a developmental disability, and
- child care providers for training and resources within their community.

They also work with various government agencies as well as community organizations to provide a continuum of services. These agencies include, but are not limited to, the following:

- Department of Health and Social Services (DHSS) Divisions:
  - Public Assistance
    - Child Care Program Office to include Child Care Assistance and Licensing
    - Work Services Contracted Providers who administer PASS I
  - Office of Children's Services (OCS)
  - Public Health
- Department of Education and Early Development:
  - Head Start
  - Preschool Certification
  - Child and Adult Care Food Program
- Department of Labor & Workforce Development:
  - Alaska Job Center Network
- Alaska Native Organizations
- Municipality of Anchorage
  - Adult and Child Licensing

Part I: Administrative & General	Section: 110
Title: Confidentiality and Civil Rights	Cross Reference Section(s):
Reference: 7 AAC 41.400 & 7 AAC 78	Revised: May 1, 2011

CONFIDENTIALITY

It is against the law to use or disclose information obtained from PASS I, II, or III households to any person other than the applicant or recipient, with the following exceptions:

- Persons directly involved in the administration and enforcement of the Alaska Temporary Assistance Program.
- Persons directly involved in other state or federally funded assistance programs including, but not limited to PASS I, II, and III, and Tribal Organizations administering TANF or Child Care and Development Fund (CCDF) Child Care Assistance Programs.

To Ensure Confidentiality:

- Files must be kept in a manner that maintains confidentiality of personal information.
- ICCIS user logins and passwords must be kept confidential and not shared.
- Eligibility reviews must occur in locations that ensure confidentiality.
- Personal family and provider information must be pertinent to eligibility and discussed only in a professional context.
- Release of Information forms signed and dated by the participating parent or provider must be used when requesting information from other sources.
- Information may be released to an agency that provides a Release of Information form signed and dated by the appropriate individual.
- Client's names are not to be used in email communication.

When sending confidential or sensitive information to email addresses that are not state sponsored DHSS requires the use of a platform for file transfer called YouSendIt to send encrypted messages. Designees have been granted access to the DHSS account and must ensure the use of this program for all email correspondence containing sensitive information. Access the website and sign up at:

http://www.yousendit.com/multiuser_registration.php?multiuser=thor.ryan@alaska.gov

Systems Operations and Network Services Security Manual: Refer to "DHSS Privacy & Security Procedures" Rev. 05-08 grant appendix for specific information regarding confidentiality of computer records and networking concerns.

Sole Person Office: In a sole person Child Care Assistance (CCA) office, the local administrator must have an authorized, back-up (substitute) administrator. The authorized person must have on file, with the CCPO, a signed DHSS confidentiality form and security agreement. The authorized back-up person is not required to work within the designee's agency. The back-up person must have their own passwords to use the

computer systems. Providers or parents who participate in PASS I, II, or III programs cannot serve as the back-up administrator.

CIVIL RIGHTS

The department or designee will not discriminate against any applicant or participant in any aspect of program administration, including, but not limited to, the certification of families and approval of providers, the issuance of program benefits, the administrative review process or the conduct of any other program service, for reasons of age, race, color, sex, handicap, religious creed, national origin or political belief.

Part I: Administrative & General	Section: 115
Title: Limited English Proficiency	Cross Reference Section(s):
Reference: CCPO	Revised: July 1, 2010

LIMITED ENGLISH PROFICIENCY

If an individual is not able to speak, read, or write English, or the individual requests translation services, the designee must make every effort to arrange for translation services. Designees may provide this assistance through one-on-one, or group orientations, using the following methods:

- Telephonic interpreter service provided by the department
- Resources within the community that provide translation services
- Bilingual employees of the designee
- Friends and family of the applicant or participant as a last resort

Individuals who can understand English but are unable to read the application or other printed materials must have these read aloud to them.

Designees must help the family or provider complete the application or other required forms by making sure the individual understands each question that is read. Designees may not complete the application or other forms for them. Applicants may have someone of their choosing complete the application document and other forms on their behalf, but the applicant must sign where required. If the designee or an interpreter assists with translation or reading of the information, the reader's or translator's name must be documented in an ICCIS case note. The designee must also document the relationship between the reader or translator and the applicant.

The case note should include: InSync interpreter (name), bilingual staff member – (name), language used and any other information to assist the family with future interactions.

Translation services are provided free of charge to designees through:

InSync Interpreters at 1-866-722-3431

Designees should use InSync services as necessary, even if the applicant declines the offer for translation services. This will ensure the designee is obtaining appropriate and accurate eligibility information.

Part I: Administrative & General	Section: 120
Title: State of Alaska Responsibilities	Cross Reference Section(s):
Reference:	Revised: July 1, 2010

OVERVIEW

The state and the designee work together to deliver CCAP services. The CCPO is the designee's primary contact; however, other state agencies providing services, include but are not limited to:

- Department of Administration issues warrants to participating providers and in-home families after an interface with ICCIS
- DPA Program Integrity and Analysis (PI&A) monitors designees' program and grant agreement requirements. Research Analysts with PI&A provide data/reports
- Systems Operations Office (SysOps) maintains the computer management system
- Grants and Contracts Office oversees fiscal reporting
- Benefits Issuance and Recovery Unit provides recoupment action for benefit overpayments

The responsibilities and activities of the CCPO include, but are not limited to:

- review and interpret Federal CCDF regulations
- develop and interpret State of Alaska regulations and statutes regarding the PASS I, II, and III CCAP and Child Care Licensing programs
- develop CCAP policy manual
- provide interpretation and clarification of policies to designees and the public at: dpaccp@alaska.gov
- provide templates of required child care forms and notices of action
- provide training and technical assistance to designees statewide
- provide an electronic management information system, ICCIS
- provide training and a user guide on ICCIS applications
- provide ICCIS "help desk" support at: EISHELP@alaska.gov
- prepare and issue grant, monitor fiscal and program reporting, approve grant award payments
- conduct grant and program monitoring, desk audits and case file reviews, measure authorizations for payment, and provide feedback to designees
- coordinate monthly toll free teleconferences with designees
- provide grantee access, at no cost, to telephone interpretive services for serving families and providers with limited English proficiency
- provide a list of eligible child care providers on the CCPO web-site at: http://www.hss.state.ak.us/dpa/programs/ccare
- notify families, providers and communities of changes to regulations
- provide designees with monthly caseload reports
- provide designees with barrier crime matrix and process for background checks

Part I: Administrative & General	Section: 125
Title: Designee Responsibilities	Cross Reference Section(s):
Reference: 7 AAC 41.015	Revised: July 1, 2010

OVERVIEW

The CCAP is administered on a statewide basis through designees, DPA staff and contractor agencies. These entities must comply with all federal and state regulations, policies and procedures, and are responsible for providing continuity of the program to customers. Designees may employ a local administrator or subcontract with a separate entity.

DESIGNEE/ADMINISTRATOR RESPONSIBILITIES

Designees and DPA staff are the primary community contacts who interact closely with families and providers participating in the CCAP. In accordance with the Alaska Administrative Code, they are responsible to perform the duties outlined below.

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7 AAC 41.015. Responsibilities of designees.

(a) The department may designate an entity or a municipal government to administer child care assistance program services within a specified geographic area for PASS II and PASS III families and child care providers under this chapter. A municipality will be given preference over other organizations, as required by AS 47.25.001(b)(2).

(b) If the department designates an entity or municipal government to perform certain functions on the department's behalf, those functions may include one or more of the following:

(1) for providers and for PASS II and PASS III families:

(A) provide program information;

(B) obtain completed applications or renewals;

(C) verify and evaluate information supplied by providers and families for participation in the child care assistance program and payment of benefits related to that participation;

(D) verify that the provider's child care license or approval is in good standing;

(E) request additional information if necessary to evaluate eligibility;

(F) approve or deny participation in the program;

(G) determine the amount of child care to authorize, including determination of the family contribution toward the eligible cost of care; for a two-parent family, evaluate and discuss with the parents, the parent's work schedule options, and determine the necessity for more than full-time care;

(H) submit applications, evaluations, decisions, or recommendations, and related reports, to the department upon request;

(I) provide ongoing review for compliance with the applicable provisions

of this chapter and refer suspected noncompliance to the department;

(J) determine whether a provider or family becomes ineligible for participation in the program, and, if so, discontinue authorization and payment and issue notice in accordance with 7 AAC 41.460 and 7 AAC 41.465;

(K) except as provided in (e) of this section, receive and process complaints;

(2) in addition to (1) of this subsection

(A) for a nonrelative provider approved under 7 AAC 41.200(d), monitor providers for compliance with the applicable health and safety standards of this chapter; the provisions of this subparagraph do not apply to the requirement dealing with criminal history checks under 7 AAC 41.205(b); and

(B) for a relative provider approved under 7 AAC 41.200(e),

(i) obtain documents and review information related to background checks in accordance with 7 AAC 41.205(c) and (d);

(ii) as necessary, request the department to review information obtained under 7 AAC 41.205(c) and (d); and

(iii) monitor providers for compliance with the applicable health and safety standards of this chapter.

(c) A designee shall refer a provider subject to licensure under AS 47.32 and 7 AAC 57 to the department.

(d) A designee shall deny or discontinue a family's or a provider's participation in the program if the family or provider is ineligible under AS 47.25.001 - 47.25.095 or this chapter. Subject to 7 AAC 41.460 and 7 AAC 41.465, the designee shall mail to the providers authorized agent or family's responsible party, as applicable, a written determination of denial or discontinuance of participation in the program and a notice of request for administrative review form. Under 7 AAC 41.530, 7 AAC 41.535, 7 AAC 41.490 and 7 AAC 41.495, a designee may submit to the department a recommendation regarding any change in program participation based on noncompliance with AS 47.25.001 - 47.25.095 or this chapter.

(e) A designee shall immediately report to the department any noncompliance with an applicable health and safety requirement of this chapter. The department will evaluate the report and, if the department determines that an investigation is warranted,

(1) conduct the investigation;

(2) develop a plan with the designee for a coordinated investigation; or

(3) authorize the designee to conduct the investigation and submit a report and recommendation to the department.

(f) The department may separately approve, deny, monitor, and investigate providers and families, regardless of whether a designation has been made under this section.

(g) If the designation under this section is accomplished through a grant or contract, the designee shall administer its grant or contract in compliance with this chapter, other applicable state or federal law, and the grant or contract, regardless of whether the designee has subcontracted administrative duties to a subcontractor. Any subcontract must require the subcontractor to administer the subcontract in compliance with this chapter, and other applicable state or federal law.

(h) A designee shall use forms prescribed by the department to administer the child care assistance program unless the department authorizes, in writing, the use of another form that provides the same information as the prescribed form.

Part I: Administrative & General	Section: 130
Title: Designee Records Management	Cross Reference Section(s): 205& 305
Reference: 7 AAC 78 & 7 AAC 41	Revised: July 1, 2010

CASE FILES

The case file is the permanent record, which contains the application and materials supporting the application, the eligibility decision, and all documentation and verification supporting eligibility factors. The case file is a combination of documentation maintained in a hard copy file and electronically in ICCIS.

Items entered into the file must be clear and complete enough so that any person who views the file will be able to easily reconstruct what action occurred, why it occurred, who took the action, and when it was taken. Case files shall be maintained for each family and provider participating in the CCAP.

Family case files must be maintained in a consistent manner within the designee's office, with the most current forms on top and the most permanent forms on the bottom.

Each hard copy family file shall contain the following information:

- A complete family application for each certification period
- Government issued photo identification for each adult who is considered part of the family
- Print out of the EPLS search results
- Verification of child support received or paid
- Developmental disability documents for children 13 through 18 years of age
- Verification of incapacitation for a participating parent
- Custody documents if relevant to determining the family's eligibility
- Certification of age for children in the household under the age of 18
- Income verification and documentation and if self employed, a current business license
- Education or training documentation
- Complete copies of all notices issued to the family
- Child care authorizations issued for the family
- Special Needs Supplemental Authorization from CCR&R, as applicable
- Applicable waiver or written notice of ending or changing child care services

In-home Provider: Families utilizing an in-home caregiver must have, in their family file, the above items in addition to the following:

- Parent In-Home Agreement
- Criminal background clearance information for the selected provider only, even if residing with the family
- Copy of government issued photo identification for the selected provider
- Caregiver Verification Form signed by the selected provider and the family
- Copy of Signed Health and Safety Guidelines for In-Home Care

Provider case files shall be maintained in a consistent manner within the designee's office, with the most current forms on top and the most permanent forms on the bottom.

Approved Provider:

- Completed Approved Provider Application
- A copy of a government issued photo identification of the provider
- A copy of a completed State of Alaska Substitute W-9 form
- Criminal background clearance information for provider and all household members 16 years of age and older in the Approved Provider's residence
- Completed Child Care Provider Rates and Responsibilities form
- Completed Approved Provider Health and Safety Requirements form
- A copy of provider's Disaster Preparedness Plan
- A copy of provider's Emergency Evacuation Plan
- CPR and First Aid Certifications, obtained before approval or within 6 months of approval
- Print of the EPSL search results
- Substitute Caregiver form signed by the approved provider and substitute, if applicable
- Criminal background clearance information for the substitute, if applicable
- A copy of government issued identification for the substitute, if applicable

Approved Relative Providers at Initial Application and at Renewal:

- Completed Approved Relative Provider Application documenting their relationship to the child(ren) in care
- A copy of a government issued photo identification of the provider
- A copy of a completed State of Alaska Substitute W-9 form
- Criminal background clearance information for provider and all household members 18 years of age and older
- Print of the Sex Offender Registry check results
- Completed and notarized Release to Review Background Information form for the provider and each household member 16 years of age and older
- A completed Child Care Provider Rates and Responsibilities form
- A completed Approved Provider Health and Safety Requirements form
- A copy of provider's Disaster Preparedness Plan
- A copy of provider's Emergency Evacuation Plan
- CPR and First Aid Certifications, obtained before approval or within 6 months of approval
- Print of the EPLS search results
- Substitute Caregiver form signed by the approved provider and substitute, if applicable
- Criminal background clearance information for the substitute, if applicable
- Copy of government issued identification for the substitute, if applicable

Licensed, Tribal-Certified or Military-Certified Providers:

- Completed Licensed/Certified Provider Application, if licensed after July 1, 2010 this is required in conjunction with their next license renewal
- A signed Child Care Provider Rates and Responsibilities form
- A copy of the provider's current child care license issued by the department or Municipality of Anchorage. This must contain a signature from the licensing entity.
- A copy of a completed State of Alaska Substitute W-9 form
- Print of the EPLS search results
- A copy of the provider's current certificate or other approval granted by the United States Department of Defense, the United States Coast Guard, or a Tribal Organization whose provider standards meet or exceed the department's standards

NOTE: When the ownership or location changes for a licensed provider or any other reason for which a new license is issued, they must submit a Licensed/Certified Provider Application, new Child Care Provider Rates and Responsibility form, copy of the new child care license and a new State of Alaska Substitute W-9 form to continue to participate with child care assistance.

TRANSFERRING FAMILIES

When a participating family physically moves from one community to another they must reapply with the designee in the family's new community. Information may be requested and shared between designees. If requested, the former designee shall, whenever possible, provide the requested information within 2 working days hours. Both designees enter case notes in ICCIS documenting the dates and actions taken.

DESIGNEE RECORD MANAGEMENT

Designees receiving funds from the state and/or federal government are required to maintain records documenting appropriate expenditures of program funds. Designees must also maintain records for program monitoring purposes by both state and federal personnel.

The following documentation must be maintained by the designee:

- Executed grant agreements, grant amendments, subcontracts, pertinent correspondence, monitoring reports, designee copies of invoices and corresponding billing reports, audits, tax reporting documents, equipment inventories, wait lists, provider files, parent files, databases and computerized records, and all other grant program records. If designee sub-contractor is not located at the same location as the designee the following records may also be kept at the sub-contractors location: wait lists, provider files, parent files, databases and computerized tracking systems.
- Documentation of receipt and use of administrative funds may be maintained with agency fiscal information but must be available for review by state or federal monitoring staff.
- Records will be maintained separately by state fiscal year. Records will be maintained for the current year and for three years prior. Records will also be maintained until satisfactory resolution of any findings from a monitor, payment

audit or appeal. Closed or denied family files are stored with records of the state fiscal year in which the file was closed.

- Program monitors and correspondence pertaining to the monitors must be kept in a separate file.

ADMINISTRATIVE EXPENSES

Designees submit Cumulative Fiscal (CFR) and Narrative reports for expenses incurred in the operation of the CCAP to the department.

Reports, both financial and narrative, must be completed in the timeframe and format provided or approved by the department. Designees submit these reports electronically to Department of Health and Social Services Grants and Contracts.

Administrative expenses include costs listed within the grant agreements, and delineated under 7 AAC 78.160.

Part I: Administrative & General	Section: 135
Title: Insufficient Program Funds	Cross Reference Section(s):
Reference: 7 AAC 41.050	Revised: July 1, 2010

INSUFFICIENT PROGRAM FUNDS

If the CCPO determines that available funding is not sufficient to provide full program benefits for participating families, or to add new families, the CCPO may dictate one or more of the following:

- terminate or require designees to terminate program benefits for participating families
- limit the eligible activities required for program benefits
- establish a wait list
- reduce program benefits for all participating families by a percentage based on any shortfall in available funding

In the event that PASS II or III families would need to be removed from program participation due to lack of funding, the CCPO or its designee must give 30 days written notice to families being removed and to their providers.

Priority for Retention: If any of the above measures are taken, the highest priority for retention in the CCAP will be given to participating families who are lowest on the "Family Income and Contribution Schedule" based on income, household size and are involved in either of the following eligible activities:

- working
- attending school, if child care assistance has been paid for full-time student status for less than five years. Full time student status is equivalent to 12 credit hours per semester.

Part I: Administrative & General	Section: 140
Title: Wait Lists	Cross Reference Section(s):
Reference: 7 AAC 41.050	Revised: July 1, 2010

WAIT LISTS

In the event of a projected shortfall in statewide funding for the CCAP, the CCPO may establish the need for implementing a wait list through the designees. The wait list shall prioritize eligible families applying for participation in the event additional funding becomes available.

Wait List Exemptions: An eligible family which includes one or more of the following individuals will not be placed on a wait list but will immediately receive benefits upon their eligibility determination:

- a new child of a participating family
- a child with special needs; benefits are limited to this child
- a child with parent(s) aged less than 20 years who are enrolled in a high school completion program
- a child whose parent(s)' ATAP participation ended within the last 12 months because of employment

Prioritization: An eligible family is first placed within one of two categories. The highest category is Priority 1.

- Priority 1: An eligible family in which a single parent is, or both parents are, working, or attending school, if child care assistance has been paid for full-time student status for less than five years.
- Priority 2: An eligible family in which a parent is seeking work, or attending school, if child care assistance has been paid for full-time student status for five years or more.

Within these two categories, highest priority for service is given to eligible families with the lowest family income. If all other priorities are equal, families shall be prioritized on the wait list by the date of program application, with the longest standing application receiving highest priority.

Maintenance: Each family must contact the designee on a monthly basis to determine the status of the wait list. The designee shall document in ICCIS case notes the date of contact and verbally verify eligibility criteria. Eligibility will be re-determined for any family reporting changes. A family that fails to maintain monthly contact shall have their name removed from the wait list.

Processing the Wait List: It is difficult to process the wait list and simultaneously add new eligible families. Therefore, designees will "freeze" the wait list when they first begin to process the wait list. Newly eligible families will be placed on a

separate wait list until the original (or "frozen") wait list has been processed. The designee processes the "frozen" wait list by contacting families to put on the program until the projected amount of available funding is committed. At this point, the newly eligible families will be added from the separately maintained wait list.

Transferring Applying Families: A family who is on a wait list in one community may transfer to a wait list in another community and maintain their original date of program application.

A participating family moving from one community to another will be placed on the new community's wait list maintaining the original date of the family's program application.

Statistics: Designees are required to maintain current statistics on all wait listed families. All wait listed families will be counted for statistical purposes as specified by the CCPO.

Part I: Administrative & General	Section: 145
Title: Intentional Program Violations: PASS II/III	Cross Reference Section(s):
Reference: 7 AAC 41.410 & .425	Revised: July 1, 2010

Intentional Program Violations occur when a family or provider deliberately misrepresents, conceals, or withholds a material fact that results in a payment to the family or provider. Sanctions may be imposed if a participating PASS II or III family or provider is found to have violated specific program requirements.

Sanctions for an Intentional Program Violation (IPV): A participating family or participating provider that violates a program requirement as described in this section will be subject to a sanction.

A family is subject to a sanction if the family does the following:

- Reports incomplete or inaccurate income or eligibility information for benefits
- Refuses to keep required information current, or report changes that might affect program eligibility or family contribution amount within seven days of the change
- Refuses to comply with family responsibilities, including paying their required family contribution to the provider
- Provides false or misleading information, or withholds information, in order to receive program benefits
- Falsifies attendance records to reflect more time a child was in care than actually occurred
- Refuses to cooperate with a monitoring review or investigation concerning eligibility, services provided by a participating provider, or general program compliance
- Refuses to comply with a repayment plan, or cooperate with the plan development

A provider may be subject to a sanction if the provider does the following:

- Refuses to maintain eligible provider status
- Provides false or misleading information or withholds necessary information which results in erroneous determination of eligibility or payment of benefits
- Refuses to maintain records concerning program requirements
- Refuses to cooperate with a review or investigation, or allow inspection of the provider's facility or records
- Provides care which places the health, safety or welfare of those in care at risk
- Charges a participating family a higher rate than that charged other families for the same service
- Falsifies attendance records to reflect more time a child was in care than actually occurred
- Refuses to comply with a repayment plan, or cooperate with the development of the plan

- Refuses to comply with a plan of correction

Sanction Procedures: If the CCPO or designee determines that a family or provider intentionally violated a program requirement, the department will send a written notice to the family or provider. A copy of the notice is kept in the family or provider's file as part of the permanent record. The CCPO's notice must contain the following:

- The determination and basis of that decision. For example, the specific program requirement that was violated.
- Any actions the CCPO will take, and the effective date for any such actions
- Advise the family or provider regarding their right to appeal the decision

Sanctions are effective 15 days after the family or provider receives the written notice unless he or she requests a fair hearing.

Continuance of Benefits: A participating family has the right to request continuance of benefits up to their period of eligibility, or until the end of the hearing process, whichever occurs first.

Types of Sanctions imposed by the CCPO, or in conjunction with, the Licensing Unit, on a provider or a family may include one or more of the following actions:

- Limit the types of child care that may be used
- Limit the number of children a provider may care for
- Program Suspension, including suspending authorizations and payments for up to six (6) months
- Program Termination, ending authorizations and payments, and revoking approval status

Suspension and Termination Clarifications:

List of Eligible Providers: The CCPO will remove the name of any suspended or terminated provider from the "List of Eligible Providers." The effective date is that of the CCPO's final decision. If suspended, a provider may be reinstated to the "List of Eligible Providers" after the end of the suspension period when the provider again meets all program requirements.

Billings: A provider is not allowed to bill for child care assistance services during suspension from, or after termination from, the program.

Termination: If terminated from the Child Care Assistance Program for an intentional program violation, a parent or provider is not allowed to participate further in the program in any capacity – either as a parent or child care provider under PASS II or III.

Part I: Administrative & General	Section: 150
Title: Incorrect Payment of Benefit	Cross Reference Section(s): 145
Reference: 7 AAC 41.475 & .495	Revised: July 1, 2010

INCORRECT PAYMENT

An incorrect payment occurs when a family or a provider receives a benefit or payment

- which was not calculated correctly,
- was paid incorrectly, or
- the family was not entitled to receive

When a provider reports to the designee that a participating family has failed to pay their co-pay it is treated as non-compliance not an incorrect payment of benefits. The parent is sent a Child Care Assistance – Information Needed notice asking for proof of payment of the co-pay. Action is taken based on the parent's response. A report of the parent not paying the amount the provider charges above the state rate is not acted on by the designee. For purposes of the CCAP payments made by a family to a provider are applied to the co-pay first.

Incorrect authorization or payment concerns brought to the attention of the Local Administrator must be reviewed and corrected for future months in a timely manner ensuring the family is notified of any adverse action to be taken.

Designees are to submit to the CCPO, as outlined below, current and past months that are determined to be in error.

A family or provider who is the subject of an incorrect payment review may continue to participate in the program during the review process. If the family or provider refuses to cooperate at any level of a review they may be terminated from the program. Families must be noticed of any change resulting in an adverse action 10 days prior to the effective date of the change.

Overpayment Procedure:

If the overpayment is $99.99 or less, the designee will document the details in an ICCIS case note and make any appropriate future correction(s), with applicable adverse action, but will not pursue repayment. The detailed case note will include the re-calculation of the benefit, if applicable, the month the incorrect payment occurred, and the corrective action required and taken.

When an Incorrect Payment totaling $100 or more is suspected, the designee will submit the Incorrect Payment Preliminary Review Form and any supporting documents by mail, fax or email to the CCPO policy mailbox.

The timeframe to include, as appropriate, is 12 months prior to the month the overpayment was discovered.

Within 30 days of receiving the Incorrect Payment Preliminary Review Form, the CCPO will conduct a fact finding review and make a determination if an overpayment of benefits or program violation exists. The review may include, but is not limited to, the following processes:

- Review of State of Alaska and contracted databases
- Review of the family, provider, designee, or department records
- Announced or unannounced inspections of the child care location
- Interviews with the family, provider and/or collateral contacts

Provider: If an overpayment of benefits to a provider is determined the CCPO will send written notification to the provider and designee, that includes:

- the basis for the determination
- notification the overpayment will be adjusted from the next month's or future month's billings unless the provider contacts the designee within 15 days and makes alternative arrangements and
- the right to appeal by requesting an administrative review

The designee shall document all contact with the provider and confirm with the CCPO prior to adjusting the billings to ensure a Request for Administrative Review has not been received.

The designee shall work with the provider to establish a repayment plan if an alternative arrangement is requested. Designees shall make every effort to document the alternate agreement by utilizing the Financial Repayment Agreement. Adjustments shall be completed within 90 days of notification to the provider and completed in the same fiscal year. Designees must contact CCPO for approval to recoup outside of the 90 days or current fiscal year.

For federal reporting requirements, designees will ensure at least $1 for each child on the provider's bill is paid. Designees will not recoup the entire overpayment at one time if it would mean the provider would not receive a payment, unless the provider has contacted the designee and agreed to this arrangement.

If the provider closes, no longer submits CCA billings, fails to comply or stops compliance with an established repayment plan, the CCPO will submit a claim to the Division of Public Assistance, Benefits Issuance and Recovery Unit (BIRU) for collection of the remaining balance. Upon notification from the BIRU that the provider fails to comply or stops compliance with a repayment plan developed with the BIRU, the CCPO will debar the provider. The BIRU will notify the CCPO when a provider has repaid the overpayment in full. The CCPO will remove the debarment in ICCIS.

Family: If an overpayment to a family has been determined, the CCPO will send a referral to the BIRU for collection action. The BIRU will send written notification, including the right to appeal by requesting an administrative review, to the family.

Reasonable Repayment Plan: The BIRU will work with the family to establish a repayment plan. The repayment plan will establish a reasonable minimum dollar amount to be paid monthly, and set forth a realistic timeframe to fully repay the sum due to the PASS II or III CCAP. If a family refuses to cooperate in the development of a repayment plan, the BIRU will take action to recover the overpayment through collection procedures.

Failure to Comply: The BIRU will notify the CCPO if the family:

- did not contact them to make arrangements for repayment and they are going forward with collection action or
- has failed to comply or has stopped compliance with an established repayment plan

Upon notification the CCPO will debar the family in ICCIS and notify the designee. A family that has been debarred in ICCIS will not be allowed to participate in PASS II or III CCAP until they come into compliance with a repayment plan or their debt is paid in full, whichever occurs first.

The BIRU will notify the CCPO when a family has repaid the overpayment in full. The CCPO will remove the debarment in ICCIS and notify the designee.

Underpayment Procedure:
If through the course of a file review, Administrative Review or Fair Hearing errors are found that when corrected would result in the family being "owed" $100.00 or more and the family is still participating in CCAP, adjustments will be made through the billing process and documented in the Supplemental Reason line.

An Incorrect Payment Preliminary Review Form will be completed and submitted to the CCPO for approval. The family will be contacted by phone with a follow up in writing advising them of the incorrect amount and that the adjustment will be made as follows:

Designees or CCPO accounting staff will be given documentation to file with the provider's billing report forms that support making the adjustment(s).

As long as the family is eligible and participating in CCAP the portion of their co-pay that they are responsible to pay directly will be adjusted. The co-pay established on the authorization document will be paid to the provider by the CCAP.

The family's provider will also be contacted both by phone and with a follow up notice explaining that an error was made and as a corrective measure the family will not be paying their co-pay to the provider for specific months and amounts. The provider will be receiving that co-pay amount from the State along with their billing payment.

Example:

During the course of working an incorrect payment claim it is discovered the family's income was calculated incorrectly and their monthly co-pay should have

been $23 instead of $147 for the six month certification period CCA benefits were actually underpaid. ($147 -$23 = $124 per month underpaid)($124 x 6 = $744 underpaid for the six month period)

The family is still participating in CCAP and their current co-pay is $94.

In this example the family's current co-pay is $94 so it will take 8 months to "repay" the $744. (744 ÷94 = 8) If the family's co-pay amount changes before the amount owed is repaid, repayment will continue but in the amount of the new co-pay. This could result in either a shorter or longer repayment period.

If the family changes providers prior to the completion of the repayment plan, their new provider must be contacted and advised of how the family's co-pay will be received. Accounting staff must also be notified and given supporting documentation for adjustments to be made with the new provider billing report processing.

No payments or adjustments will be made if at any time the family's participation ends. Any remaining amount owed to the family will be entered in a case note and adjusted, following the above procedure, if and when the family again participates.

Part 1: Administrative & General	Section: 155
Title: Administrative Reviews	Cross Reference Section(s):
Reference: 7 AAC 41.515	Revised: July 1, 2010

ADMINISTRATIVE REVIEWS

Any family or provider, applying or participating, who disagrees with a written determination may request an administrative review from the CCPO. The request must be in writing.

The Request for Administrative Review (RAR) form must be provided with each notice sent to a family or provider.

The request for review must be submitted to the CCPO in writing and must be received or postmarked no later than 15 calendar days after receipt of the written notice of determination. If a request for administrative review is received by the designee, it must be date stamped and forwarded to the CCPO within 24 hours and documented in an ICCIS case note.

The RAR form, or other written request, must be signed by the family or provider requesting the review and contain the following:

- A copy of the written determination being requested for administrative review
- An itemized list of each alleged violation of statute or regulation upon which the request is based
- Factual arguments supporting the allegation of the family or provider
- The specific relief sought

Administrative reviews will be conducted by a person not involved with the decision under review, or subordinate to the person who made the decision.

Continuation of Benefits: If a determination by a designee results in the termination of previously authorized benefits for a participating family, the family may choose to request continued benefits at the level previously authorized pending the outcome of the administrative review.

The designee will be notified when a family has requested a continuation of benefits. The designee will issue an authorization document for the month the request was received and up to the following month if the time allowed for the review to be conducted extends into that month. The family will be responsible for re-payment of any overpayment as a result of the outcome of the review.

This does not apply if the designee's determination is based upon substantial evidence of threat or harm to a child in care.

Timeframe: The CCPO will issue a decision to grant or deny the relief sought and provide the family or provider, and designee, a copy of the decision postmarked within 15 calendar days after receipt of the request.

Final Decision: The administrative review decision constitutes the final department decision, unless the family or provider requests a Fair Hearing.

Part I: Administrative & General	Section: 160
Title: Fair Hearings	Cross Reference Section(s):
Reference: 7 AAC 49.040 - .180	Revised: July 1, 2010

FAIR HEARINGS

A family or provider may request a fair hearing regarding any written determination from either the designee or the department even if they did not request an administrative review. The request may be made to the division orally or in writing by a family, provider or a responsible person acting on the family's or provider's behalf.

Written requests for fair hearing must be submitted to the CCPO and must be received or postmarked no later than 30 calendar days after receipt of the written notice of determination. Oral requests are to be documented in an ICCIS case note including the name of the individual making the request, date and time. If a request for fair hearing is received by the designee, it must be date stamped and forwarded to the CCPO within 24 hours and documented in an ICCIS case note.

Continuation of Benefits: A family requesting a Fair Hearing may request a continuation of benefits pending the hearing decision. This request will be honored and the CCPO will notify the designee for appropriate action.

Appeal Process: Unless the family or provider agrees to a shorter time period, the division will mail a notice stating the date, time, and place of the hearing within 10 days after receiving a hearing request, and at least 15 days before the date the hearing is scheduled. The place must be one reasonably convenient to both parties involved.

The Request for a Fair Hearing may be denied, dismissed or terminated for the following reasons: the parent or provider withdraws the request in writing; the issues affect groups of recipients, or all recipients, and is not one of incorrect benefit computation; or the issues are not relevant to this program, or the client fails, without good cause as determined by the hearing authority, to appear in person, telephonically, or by authorized representative at the scheduled hearing.

The commissioner or his/her designee will appoint a hearing authority to decide the dispute, subject only to appeal to the director. The hearing authority will be an employee of the department who has not participated in the action at issue. In most cases, he or she will render a decision no later than 90 days after the date of receipt by the division of a request for a hearing.

If the parent or provider is not satisfied with the decision of the hearing authority, the client may file an appeal to the department director in writing within 15 days after receipt of the hearing authority's decision. Except as provided in applicable federal law, within 30 days after receipt of the appeal request, the director shall review the hearing record, the hearing authority's decision, and applicable laws, regulations, and policies, and render a decision on the appeal. The director's decision constitutes final administrative action.

Part I: Administrative & General	Section: 165
Title: Program Participation Prohibitions	Cross Reference Section(s):145 & 150
Reference: 7 AAC 41.055, .520 &.525	Revised: July 1, 2010

PROGRAM PARTICIPATION PROHIBITIONS

A provider or family may be prohibited from participating in the CCAP for either of the following:

- Individual has been debarred in accordance with Title 45 of the Code of Federal Regulations, Part 76 (EPLS).
- One or both of the parents in a family is ineligible because of placement upon the departmental List of Ineligible Families due to an intentional program violation.

List of Ineligible Families: The CCPO will maintain a list of individuals determined to be ineligible to participate in the CCAP due to a past unpaid debt to either the state or a child care provider. Individuals maintained on the list have not participated in the CCAP since the program converted to the ICCIS electronic case management system. Individuals determined ineligible after conversion to ICCIS will have the debar box checked in ICCIS.

Families may be debarred from participation if they refuse to comply with an established repayment plan, refuse to cooperate with the establishment of a payment plan or for an unresolved non-compliance. Families will not be debarred for a confirmed non-payment of their family contribution (co-pay) or an incorrect payment of $99.99 or less.

Excluded Parties List System (EPLS): The federal listing of persons who are precluded from participation because of debarment in accordance with Title 45 of the Title 45 of the Code of Federal Regulations, Part 76 is available on-line at: http://www.epls.gov/

Procedure: At the time of initial application and any subsequent renewal, designees are required to conduct a search for the names of all parent(s) or the family's responsible party or the administrator and/or authorized agent identified for the provider.

- Federal EPLS
- List of Ineligible Families (only at initial application) and
- ICCIS for the debar check
    - Application screen for providers
    - General screen for families, individually select both Primary 1 and Primary 2

Results from these searches must be documented in the family or provider ICCIS case note and a print of the results is maintained the file. If the individual, family or provider, is found on any of these searches they are not eligible to participate.

Part II: Providers	Section: 200
Title: Provider Eligibility	Cross Reference Section(s): 130, 205 & 330
Reference: 7 AAC 41.200, .235 & .370	Revised: May 1, 2011

OVERVIEW

The State of Alaska reimburses child care providers serving children of eligible, low to moderate income families participating in the CCAP. Only eligible providers may be paid with public funds through the PASS CCAP.

Child care services must be provided in the provider's residence with the exception of eligible in-home care and licensed facilities.

ELIGIBLE START DATE

A provider's Child Care Assistance Application is considered submitted when the CCPO or designee receives an application with at least, the person's full name, address and signature. A provider is not considered "eligible," nor should any authorization document be issued, to this provider, until each requirement under the CCAP is met, including participation in an orientation.

The provider's start date is the first of the month following the date all necessary documents and information are received and the CCPO or designee determines they are eligible, except Licensed/Certified provider's effective dates will be the date the last needed item was received to complete the CCA application.

Applicants may be approved prior to their obtaining age appropriate CPR and First Aid certifications. These certifications must be obtained within six months of approval. Providers who are approved will a start date July 1, 2011 or after must maintain current age appropriate CPR and First Aid certifications for their entire approval period.

Renewing Licensed/Certified effective dates will be the same as their new license effective date if they submit all child care assistance required documentation prior to their license expiration or the date the last needed item was received if received after their license expiration date. Licensed/certified providers may experience a lapse in eligibility depending on licensing requirements and timeframes.

Renewing Approved Relative Providers will not have a lapse in their eligibility if they submit all necessary documentation prior to the end of their approval timeframe. The eligibility start date will be the date the last item needed from the provider was received after their approval end date. This does not include the CCPO or designee receiving Child Protective Service (CPS) results from the Office of Children's Services (OCS). However, for renewing Approved Relative Providers their eligibility will be ended, with appropriate notice, should CPS results reflect a barring condition.

For Approved Providers: The provider's application approved date in ICCIS begins the 12 consecutive months.

ELIGIBLE PROVIDER TYPES

Child Care providers who are eligible to participate in the CCAP include the following:

- facilities with a current child care license issued by the State of Alaska, Department of Health & Social Services to operate in the State of Alaska
- facilities with a current child care license issued by the Municipality of Anchorage, Department of Health and Human Services
- US Department of Defense or Coast Guard Certified
- Tribally Approved or Certified with standards that meet or exceed the State of Alaska's standards
- Nationally accredited or certified day camp or similar facility or program
- Approved Provider
- Approved Relative Provider
- In-home Provider

Legally Exempt Child Care Providers: Child care providers who are otherwise exempt from licensure, and provide child care services to children whose families participate in the CCAP must be approved by the designee or the department prior to receiving payments through the program. Providers can only be in one provider status type at any one time. There are three types of legally exempt providers:

- **Approved Child Care Provider** – is a sole caregiver who provides child care services to eligible children in their private residence. An approved provider may care for no more than a total of five children under 13 years of age, including the provider's own children under 12 years of age. No more than four children may be unrelated to the provider, and no more than two children may be under the age of 30 months. This type of child care provider may participate one time only under the CCAP. The eligibility period is for a maximum of one year that runs 12 consecutive months. If a provider's status ends or they discontinue providing care, the 12-month time limit continues. After the 12-month period the individual may participate only as a Licensed Provider, Approved Relative Provider or as the caregiver to an eligible family utilizing in-home care.

- **Approved Relative Child Care Provider** – is a sole caregiver who provides child care services in their private residence only to eligible children who are their grandchildren, great-grandchildren, sibling, niece or nephew, great-niece or great-nephew. When caring for siblings, they must reside in different residences. Approved Relative providers may care for no more than a total of five children under 13 years of age, including the provider's own children under 12 years of age. No more than two may be under the age of 30 months. This type of provider may be approved for participation in the program biennially. A new application is required every two years in order to continue to participate in the program.

- **In-home Provider** – is a sole caregiver who provides child care services in the child's own home. An eligible family selects the caregiver to provide care for eligible children residing in the child's home. An in-home child care provider is considered an employee of the family within whose home he or she works. A provider may not simultaneously be both an employee of the resident parent (in-

home provider) and a legally exempt Approved or Approved Relative Provider who is an independent contractor. An in-home provider remains eligible as long as they are providing care for the same family and there is no break in eligibility for the family. A new in-home application is needed if the family has a break in eligibility; however, new background and CPS clearances are not needed unless the break in eligibility is more than 100 days.

An in-home application is needed from the new family when in-home services end with one family and the provider is selected by another family to provide in-home care. The family must apply to the Background Check Program (BCP) for clearance, submit the BCP's ROI and pay the applicable fee. However, if the provider does not have break of more than 100 days of participation with the CCA program, new fingerprints and CPS clearances are not needed.

An in-home caregiver may provide care for more than one family as long as the schedule of care needed and appropriate travel time do not overlap. At no time may an in-home caregiver bring children other than their own, into a home where they are conducting in-home services.

Status Change: If a provider requests to change their status from an Approved Provider to an Approved Relative Provider or from Approved Relative Provider to Approved Provider, a new application is required with all the appropriate documents. Providers changing from Approved Relative to Approved must apply to the Background Check Program (BCP) for criminal history clearance regardless of when they obtained an Interested Person's Report.

- Providers changing status from Approved to Licensed are required to:
  - submit a new Child Care Provider Rates and Responsibilities form (CC12)
  - notify the designee and their participating families 30 days prior to a new rate being charged or paid
  - submit a copy of their current, signed child care license
  - submit a copy of a new completed State of Alaska Substitute Form W-9

Parent and provider share residence: When the parent and provider reside in the same residence, the provider type may be either in-home or Approved/ Relative, if the relationship requirements are met.

Approved status requires all household members, <u>including</u> the children in care's parent(s) to complete the background check process as the provider has the ability to bring other children into the home.

Approved Relative status requires all household members age 18 and older, <u>except</u> the parent(s) of children in care to submit criminal history information.

Parents participating in CCAP: Parents may not be approved to provide care and receive subsidy payment for their own child. During the hours of operating as a child care provider, their own child(ren) must be included in the total capacity and they may

not be authorized for coverage under CCAP. Parents who are employees of a licensed provider may participate in CCAP even if, at times, they are the sole caregiver in lieu of the licensed provider or assigned to care for their own child.

Two families residing at the same residence: When two or more families reside at the same residence they may each select an in-home caregiver even if the caregivers would be providing child care services at the same time. Capacity is limited to the eligible children of the family each caregiver has been selected to provide care. The caregivers may not bring their own children into this setting if by doing so the total number of children for both families exceeds five.

The families may both select the same in-home caregiver as long as the total number of eligible children for both families does not exceed a total of five. The in-home caregiver may bring their own children only if by doing so the total number of children does not exceed five.

Part II: Providers	Section: 205
Title: Application Requirements	Cross Reference Section(s): 130, 165, 200 & 210
Reference: 7 AAC 41.200, .205 & 7 AAC10.900 - .990	Revised: May 1, 2011

OVERVIEW

To participate in the Child Care Assistance Program (CCAP) an applicant must submit a completed application packet and all required information, not be listed on the Excluded Parties List Service (EPLS), receive criminal background clearance and participate in an orientation prior to being approved.

Age appropriate CPR and first aid certifications must be obtained within six months of the applicant's approval period.

Within 30 days of receipt, provider applications are to be entered into ICCIS and appropriate notice issued to the applicant of their Pend status, specifically identifying missing documents and a due date to provide them to the CCA office.

Applications are denied if the applicant fails to provide the required documentation, is listed on the EPLS, and/or fails to complete the necessary steps to receive criminal background clearance by the prescribed due date. An additional five days is given prior to taking the action to deny the application to allow for receipt of items mailed and postmarked on or before the due date.

A new application packet is not needed if the applicant provides the missing documentation and/or completes the criminal background clearance process within 60 days of the date their application was originally received. The application is re-opened in ICCIS using the original dates of submission. The effective date of their approval is the first of the month following the date the last needed information is received.

A new application packet is needed when information is not submitted within 60 days of the date the original application was received. However, all criminal background information previously submitted and/or clearance received is to be used if it was submitted/received/ issued within 90 days of the date the new application is date stamped received.

Approved Provider Application packets include the following forms that must be submitted to the CCA office:

- *Approved Provider Application (CC21)*
- *State of Alaska Substitute Form W-9*
- *Child Care Provider Rates and Responsibilities* form (CC12)
- *Get Out Alive!* Disaster *Preparedness and Emergency Evacuation Plan (CC10)*
- *Approved Provider Health and Safety Requirements (CC11)*

In addition to the above application packet, applicants must :

- submit a copy of their government-issued photo identification.
- apply to the Alaska Background Check Program (BCP) to receive criminal background clearance for each individual 16 years of age or older residing in the residence in which care is provided.

Individuals are eligible to be Approved Providers one time regardless if they provided care less than the allowable 12 consecutive months. Approved Providers who t do not provide care the entire twelve consecutive months or notify the CCA office they are no longer providing care may continue only if they are within the 12 consecutive months of their approval date and there is time remaining.

Applicants who have previously been approved as an Approved Provider (non relative) may participate after the 12 consecutive months as a provider only if they are licensed, provide relative only care or are an in-home caregiver.

A complete list of all the forms included in the application packet that is to be sent to applicants is included in Appendix 415.

Approved Relative Provider Application packets include the following forms that must be submitted to the CCA office:

- *Approved Relative Provider Application (CC21)*
- *State of Alaska Substitute Form W-9*
- *Child Care Provider Rates and Responsibilities* form (CC12)
- *Get Out Alive! Disaster Preparedness and Emergency Evacuation Plan(CC10)*
- *Approved Provider Health and Safety Requirements(CC11)*

In addition to the above packet, applicants must submit:

- a copy of their government issued photo identification.
- a signed and notarized *Release to Review Background Information* form (CC13) for the applicant and each individual residing in the residence in which care is provided , who is 16 years of age and older.
- criminal background information, at the level of an interested person (IPR), issued by the Department of Public Safety within 90 days of the date the application is received, for the applicant and each individual residing in the residence in which care is provided, who is 18 years of age and older.

Clearance must also be received from the Office of Children's Services (OCS) for each individual 18 years of age or older residing in the residence in which care is provided. See section 210 for detailed guidance on obtaining results or clearance from OCS.

These documents must be received biennially for the provider to continue participation. The CCPO or designee must send a renewal notice along with the application packet at least 45 days prior to the end of the Approved Relative Provider's eligibility. There is no lapse in eligibility as long as the provider submits the required documents prior to their

eligibility ending unless the CPS check results indicate an identified barring condition/barrier for the provider or any applicable household member.

A complete list of all the forms included in the application packet that is to be sent to applicants is included in Appendix 415.

Licensed/Certified Provider Application packets include the following forms that must be submitted to the CCA office:

- *Licensed/Certified Provider Application*
- *State of Alaska Substitute Form W-9*
- *Child Care Provider Rates and Responsibilities* form(CC12)

Licensed/Certified providers must submit a copy of their current child care license or certification issued by the State of Alaska, Department of Health & Social Services; the Municipality of Anchorage, Department of Health and Human Services; the US Department of Defense or Coast Guard; or Tribal Organization that is signed by the issuing authority.

Licensed/Certified providers must renew their participation based on the length of their child care license/certification to continue participation. If the provider closes or if there is a lapse in their license or certification they must re-apply for CCAP participation.

Providers licensed/certified prior to July 1, 2010 are not required to complete this application until their next license renewal.

Substitute Caregiver: In order for a substitute caregiver to be used by an Approved or Approved Relative applicant the applicant shall ensure, at least 10 days prior to using a substitute that the substitute caregiver submits to the designee or department:

- a completed Child Care Assistance Program Substitute Caregiver form, verifying:
    - the name of the provider they are substituting for,
    - their relationship to children in care,
    - care will be provided at the Approved/Approved Relative provider's address,
    - they have read, understand and are capable of complying with the provider responsibilities under this program.
- a signed *Release to Review Background Information* form CC13, if substituting for an Approved Relative provider; the substitute must also meet the definition of a relative. See 7AAC 41.990 (48) for definition
- a copy of their government issued photo identification
- criminal background clearance information applicable to the provider type as noted earlier in this section

A substitute caregiver may not provide care for more than 30 days in any 12-month period on behalf of a participating provider without prior CCPO or designee approval. A substitute caregiver may substitute for multiple participating providers; however, the substitute caregiver must submit a complete Child Care Assistance Program Substitute Caregiver form and all other documentation listed above for each facility with which they

will be associated. The participating provider must track and identify dates on the billing form(s), whenever a substitute caregiver is used. The CCPO or designee will track this information in ICCIS and in the participating provider's file.

A substitute caregiver may provide care for 30 days or less at each separate facility. The 30 days in any 12-month period correlates to the participating provider's approval period.

Each Approved (Non-Relative) provider using a substitute caregiver must identify them as a staff member with their facility in the BCP database and ensure the criminal background clearance process is completed. This association may require additional fees to the BCP.

ORIENTATION

An orientation with the CCPO or designee is required prior to a provider's initial approval being issued and if they have not participated in an orientation after July 1, 2010. Renewing Approved Relative and Licensed providers must attend an orientation at the time of their renewal, if they have not attended since July 1, 2010. Renewing providers do not need to participate in an orientation during subsequent renewals. Providers licensed prior to July 1, 2010 and approved providers who become licensed and have already participated in an orientation are to be offered the opportunity but are not required to participate in another orientation.

The orientation may be conducted in-person or telephonically at the CCPO's or designee's discretion. The orientation for approved / approved relative and in-home provider applicants must include guidance and discussion covering:

- Rights and Responsibilities
- Health and Safety requirements
- Child Care Provider Rates & Responsibilities
- Notification requirements for ending services for a child
- Authorization document explanation
- Billing Report Forms

The CCPO or designee may choose to provide a separate orientation for licensed providers excluding health and safety requirements as those are defined by licensing regulations and monitored by Child Care Licensing Specialists.

REQUIRED CHECKS

When conducting the searches listed below, include any maiden names and/or aliases for each relevant person in the provider's facility. When a name on any of these search lists appears and/or there is any question about a provider's eligibility, consult the CCPO.

EPLS: Designees must review the Excluded Parties List Service (EPLS), for the identified authorized agent, administrator and/or provider applicant, at: http://www.epls.gov/

List of Ineligible Families/Provider (Debar List): The CCPO or designees must review the "Debar List" maintained and distributed by the CCPO for the family (if using an in-home caregiver)/provider applicant and all appropriate household members and document the results in an ICCIS case note. The CCPO or designee must also review the individual information in ICCIS for the debar box. The results of this review are documented in an ICCIS case note.

Documentation: A screen print of each individual checked on the EPLS is to be maintained in the provider's file. CCPO or designee must document the results of each of the conducted checks with the results in an ICCIS case note identifying who was checked and results for each of the sources: **EPLS, List of Ineligible Families/Providers (Debar List)**.

Sex Offender Registry: As part of the **Approved Relative** Provider applicant process, the CCPO or designee must review the Sex Offender/Child Kidnapper Registration Central Registry compiled by the State of Alaska, Department of Public Safety for the applicant, any substitute caregivers and all household members 16 years of age or older. A screen print of each search is to be maintained in the provider's file and the date and result of each check is to be documented in the Staff/HH screen of ICCIS for each individual. The registry is reviewed on-line at: http://www.dps.state.ak.us/nSorcr/asp/

No State Trooper office: If an Approved **Relative** Provider applicant lives in a community that does not have a State Trooper's office, the CCPO or designee will provide the applicant the Department of Public Safety's Request for Criminal Justice Information form which is accessible at:
http://www.dps.alaska.gov/Statewide/background/default.aspx

Approved Relative provider applicants are to request Criminal Justice Information available to an **Interested Person (IPR)**, for the applicant and each household member 18 years of age and older residing in the residence in which care is provided. Completed forms are to be mailed, with the appropriate fee listed on the form, to the Criminal Records and Identification Bureau in Anchorage.

APPROVAL

Once all the required application documents and criminal background clearances are received and the applicant has participated in an orientation, the CCPO or designee will issue the appropriate approval notice documents based on the provider type.

Approved and Approved Relative provider's approval effective date will be the first of the month immediately following completion of all the requirements.

Approved providers' who become licensed and Licensed/Certified providers' effective date will be the date the last needed information was received to complete the CCA application.

Renewing Approved Relative and Licensed/Certified providers will not have a lapse in eligibility if they submit all required documents to CCPO or designee prior to the end of their approval period or license expiration. CPS results do not need to be received prior to the end of the Relative provider's approval period.

The State of Alaska Substitute Form W-9 is forwarded to the CCPO general mailbox at CCPO@alaska.gov requesting a PVN to be established for the provider. The assigned PVN will be returned to the requestor by the CCPO.

APPROVED PROVIDER TO LICENSED PROVIDER PROCESS

To remain eligible to participate in the CCAP beyond the 12 consecutive months, Approved (Non-Relative) Providers must apply and become licensed before the end of their approval timeframe. The CCPO Eligibility Technician (ET) or designee will follow the steps below to ensure the Approved Provider is aware of the requirement and has opportunity to be contacted by the licensing office.

1. The CCPO ET or designee sends a Child Care Assistance Approved Provider – Notice of Licensing Requirement to the Approved Provider at least 150 days (5 months) prior to the provider's approval end date.
2. The CCPO ET or designee sends an electronic notification to the appropriate regional Child Care Licensing Supervisor, sets an alert and makes a case note in ICCIS to check on the status and documents action taken.
3. If the Approved Provider does not request and submit a completed licensing application packet prior to their approval end date, their Approved Provider status expires at their approval end date unless there are extenuating circumstances and child care licensing is able to work with the Approved Provider.
4. An Approved Provider seeking to become licensed must submit a completed application packet to licensing at least 90 days prior to their approval end date. *If a completed application packet is not received within the required 90 days, no extension of their Approved status will be granted by the CCPO or designee without approval from the Child Care Program Office's Program Coordinator II.*
5. The CCPO ET or designee monitors their alerts in ICCIS to check the status of the licensing application packet. If a packet has been received, the CCPO ET or Designee will send the provider the CCA Licensed/Certified Provider application.
6. The Child Care Licensing Supervisor will communicate with the CCPO ET or designee when licensing is not able to process the licensing application prior to the approval end date and may request a 30-day extension of the provider's approval period. The Licensing Supervisor makes a case note in ICCIS.
7. The CCPO ET or designee will extend the Approved Provider's approval period for 30 days and issue authorization documents for families using the provider based on the family's certification period. Family certification periods are not extended or affected based on the provider's extended approval period.

8. The CCPO ET or Designee will notify the Approved Provider and send them a copy of any authorization documents created as a result of the extension.
9. The Licensing Supervisor will contact the CCPO ET or designee in the event that an additional extension is needed beyond the original 30-days.
10. The CCPO ET or designee makes the final determination on whether or not an extension is granted. There may be other issues involved in making this determination. The CCPO ET or designee may at any time ask CCPO policy to review the case, but the CCPO ET or designee will make the final determination.
11. If the Approved Provider submits the CCA Licensed/Certified application the CCPO ET or designee will change the Approved Provider's rates only once the child care license has been issued and a Rates and Responsibilities form (CC12) has been received.
12. If the child care licensing process has been completed and a license has been mailed to the provider but the CCPO ET or designee has not received a copy of the signed license from the provider, authorization documents may be created only after the CCPO ET or designee confirms through ICCIS Application, License and Case Note screens the license has been mailed.

Part II: Providers	Section: 210
Title: Prohibited Offenses / Variances	Cross Reference Section(s): 200, 205, Appendix
Reference: 7 AAC 41.205 & 7 AAC 10.900 - .990	Revised: May 1, 2011

PROHIBITED OFFENSES

CCA Program regulations require persons who have contact with children in care to be free from problems that may pose a risk to children.

An individual may not work, volunteer, or reside in the home where child care is provided or in any other part of the residence with an opportunity to access the part of the home where child care is provided if the individual:

- is the alleged perpetrator of an incident of child abuse or neglect in which the Department of Health and Social Services found the evidence available substantiates the allegation, or the information available to the department demonstrates to the department the individual's inability to adequately provide care and supervision to children
- was the subject of prior adverse licensing action, or
- has been charged with, convicted of, or found not guilty by reason of insanity, or adjudicated as a delinquent for any offense on the Barrier Crime Matrix in Appendix Section 400.

Applications are denied for the items listed above and the applicant is not eligible to apply for a variance for these items unless there is also a barring charge or conviction.

An individual who is in contact with children in care may be required to submit an evaluation from a probation officer or health care professional attesting that the person would not pose a significant risk to the health, safety, or welfare of any child in care.

Results from both the criminal background search and Child Protective Service (CPS) checks from the Office of Children's Services (OCS) must be received, for the applicant and all applicable house hold members, before any action to approve or deny is taken.

Approved Relative criminal background information and clearance: Individuals applying to become an Approved Relative Provider, and all household members 18 years of age and older, must submit, to the designee or department, a Release to Review Background Information form (ROI) and a printout of their criminal background history as found at the level of an Interested Person's Report (IPR).

A notarized ROI must be submitted for each household member that is 16 or 17 years of age, that is also signed by the parent/guardian.

The designee or department evaluates any items listed on the IPR to determine if a barring condition exist. The following information for the applicant and all household members age 18 and older, is submitted electronically or by fax for CPS clearance to the CCPO at: dpaccp@alaska.gov with the subject line of CPS check:

- Social security number
- Date of birth
- Last name
- First name
- Middle name
- Any aliases

The CCPO forwards the information for Child Protective Service (CPS) checks to be completed. Results of the checks conducted are forwarded to the designee. The designee updates each individual's information in the Staff/HH screen in ICCIS.

If no barring conditions exist and there are no substantiated child abuse records, the applicant's criminal history is clear.

When a charge and/or conviction is present on the IPR that is a barring condition for the applicant or any household member, the application is denied once the specified timeframe has passed for the applicant to provide any missing information from their application and the CPS results have been received. Applications that are denied due to a barring crime or condition must also be given the opportunity to re-apply with a new application and a Request for Variance.

Approved (non-relative) and In-Home Provider criminal background information and clearance: The designee submits electronically or by fax, the following information, for the applicant and all household members who are 16 years of age or older, to the CCPO at: dpaccp@alaska.gov with the subject line of BCP/Prober:

- Last name
- First name
- Any aliases
- Date of Birth
- Social Security Number
- Email address for applicant (if provided)
- Facility Name
- Physical Address
- Mailing Address
- Phone/fax
- Primary contact name

The CCPO forwards the information to the Alaska Background Check Program (BCP).

The BCP creates a Provider Identification Number (PIN) and password that is used by the applicant to apply on-line. If an email address has been provided, the BCP sends this information directly to the applicant and the CCPO. The CCPO issues a notification of the PIN number and mails it to the applicant regardless if they have already received an email from the BCP.

The provider applicant must apply directly to the BCP by:

- accessing and completing an application either on-line or paper copy
- submitting BCP's ROI for each household member 16 years of age or older
- paying a $25 application fee for each household member 16 years of age or older and,
- submitting one finger print card with the Certification of Positive Identification form for each household member 16 years of age or older.

Provisional Clearance

The Provisional clearance is the preliminary review that allows an applicant to operate until the final clearance is received or barring crimes or conditions are identified.

The BCP conducts a series of criminal and civil registry checks including CPS, which takes approximately 24 to 48 hours. If no barrier conditions are found, notification of Provisional clearance is posted on the Facility Status Page of the BCP's database. Results are not be posted until the BCP has received their ROI for each individual, however, clearance may be posted even if they have not received the finger print card or payment.

CCPO accesses the applicant's information contained in the BCP database to monitor status updates. When the BCP has received an application, finger print card(s) with the Certification of Positive Identification for all household members, 16 years of age or older, all applicable fees and granted Provisional clearance, the CCPO notifies the designee via email of the clearance. The designee will update each individual's information in the Staff/HH member screen in ICCIS.

Once Provisional clearance is received for each individual in the home the designee takes action to approve the application.

If a barring crime/condition is found during this process, the BCP mails notification to the CCPO, applicant and individual, if the barrier is for a household member, advising them a barring condition exists. The designee ensures the BCP checks are completed, updates each individual in the Staff/HH screen of ICCIS, denies the application and sends the applicant and/or individual written notice with the specific barring crime/condition information and advises them of the right to request a variance.

Final Clearance

Individuals who are processed through the BCP are "flagged" and the BCP is notified of any law enforcement involvement. The BCP notifies the individual and the CCPO if a barring crime is identified through this process.

The Provisional clearance is valid until the results of the fingerprint based criminal history checks are processed, which may take several months, or until a notification through the flagging process results in a barring condition.

Final clearance is issued, by the BCP, after they receive the fingerprint based results and no barrier conditions are found. The BCP sends written notice of the Final clearance to the individual and the CCPO. The CCPO forwards notification to the designee who updates each individual's information in the ICCIS Staff/HH screen.

If a barring condition is found during this final process, the BCP mails notification to the CCPO, applicant and individual, if the barrier is for a household member, advising them a barring condition exists. The designee sends the provider written notification that the provider's status is ending due to the barring condition and advises them of their right to re-apply with a new application and a variance application.

The variance process will be followed if the applicant chooses to apply. Final clearance is not issued until a variance is granted.

VARIANCE

If the provider applicant has the barring condition they may re-apply with a new application and a Request for Variance. If a household member has the barring condition, the provider applicant may submit a Request for Variance on their behalf. Provider applications cannot be approved until a variance is granted.

Requests for Variance must be submitted to the department within 30 days of the provider applicant notification that a barrier condition exists.

Individuals that need assistance understanding the Variance application, process or required documentation may contact the CCPO directly for assistance.

A designated CCPO staff member works with all providers to complete the Request for Variance and assist, as needed, in gathering necessary documentation. The designated CCPO staff member presents the completed Request for Variance information and all supporting documentation to the CCPO variance committee.

The CCPO variance committee evaluates and makes a recommendation to approve or deny the requested variance. This recommendation is submitted to the Department of Health and Social Services (DHSS) background variance committee who makes the final determination.

The DHSS variance committee's recommendation is submitted to the DHSS Commissioner for signature. The Commissioner can overturn the department's recommendations.

Variances are not granted or denied until the Commissioner's signature is obtained. Notification of the final determination is sent to the CCPO who distributes to the applicant and designee.

This process may take 90 or more days to complete. Provider Applications cannot be approved until a variance is granted with the Commissioner's signature.

Part II: Providers	Section: 215
Title: Provider Responsibilities	Cross Reference Section(s):205 & 220
Reference: 7 AAC 41.200, .210 & .470	Revised: July 1, 2010

PROVIDER RESPONSIBILITITES

The provider's responsibilities include, but are not limited to, those described below:

- respecting and maintaining the confidentiality of families participating in the CCAP,
- not discriminating against participating families on the basis of race, color, national origin, religion, sex, age or handicap,
- obtaining emergency information about the child from the child's parent and maintain the information on a form prescribed or approved by the department,
- refusing admission of a child if it would place the provider beyond the conditions of approval,
- complying with all applicable state and federal regulations,
- offering a participating family any discount rate offered to non-program families,
- charging CCAP families the rate provided on the Child Care Assistance Rates and Responsibilities form which may not be higher than rates charged non-CCAP families for the same service,
- providing written notice of any rate increase to the CCPO or designees, as appropriate, and participating families at least 30 days prior to the actual increase.
- having a valid authorization before billing for child care services,
- immediately notifying the DHSS, OCS, and/or the regional Child Care Licensing unit regarding any abuse, harm or serious risk of harm to children in care,
- notifying the CCPO or designee, and participating families, in writing at least 14 days before discontinuing child care services for that family,
- notifying the CCPO or designee, in writing, 30 days prior to any closures, temporary or permanent of more than 5 days in a month,
- using only substitute caregivers who are determined eligible by the CCPO or designee, and who have completed all the required documents,
- ensuring that a substitute caregiver will not provide care for more than 30 days in any 12-month period without prior CCPO or designee approval,
- continuously maintaining the Health and Safety Requirements for participation in the CCAP,
- cooperating with designee or department for compliance or monitor reviews and/or investigations

Records: Providers must maintain records pertaining to the operation of their child care that include but are not limited to:

- Child Emergency Information forms,
- Attendance records,
- Copies of billing report forms submitted for payment,
- Disaster Preparedness Plan (floor and written),

- Documentation of completed evacuation drills,
- Child Care Provider Rates and Responsibilities,
- Approval notification,
- Variance notification, if applicable

Emergency Information: Upon admitting a child into care, a provider must obtain emergency information from the child's parent regarding any drug or other allergies; medications or treatments the child may need; emergency contact information for the child's parent and at least one other local contact person; signed permission from the parent for emergency transport, care and treatment; and the parent's preferred hospital and doctor.

The provider must maintain a record of this emergency information on a form prescribed by the department. The Emergency Information form must be reviewed and updated as new information is received or semi-annually. Designees and providers may obtain Emergency Information forms from the CCPO.

Complaints: Participating providers and families choosing in-home care must cooperate with the department or designee for purposes of monitoring reviews, inspections, or investigations to determine compliance, including allowing access to the premises where child care is provided, to relevant records and to children for purposes of conducting interviews.

It is always best for the investigative entity to receive information first hand; however, designees are to take information regarding a complaint about participating providers. As soon as possible in the call, the designee shall advise the caller that the information they give will be documented and immediately forwarded to the CCPO for review and investigation if deemed necessary. Additionally, the caller may receive a follow up call from a representative of the CCPO. If the caller chooses they can contact the CCPO directly.

If the caller prefers to continue with the designee, the designee shall complete the Complaint Intake Form collecting at least the provider's name, the allegation(s), the approximate time period the allegation(s) occurred and the name and contact number of the caller, whenever possible. General categories of complaints are: Abuse, Neglect, Licensing requirements, Health & Safety, Facility Policies and Other.

Designees should not ask probing questions and will not be conducting the investigation or determining action to be taken. An ICCIS case note titled "Report of Concern" is entered with the contents stating only the date the report was received and to whom it was forwarded.

Designees who are mandatory reporters must also follow the procedures established for their agency.

Complaints received regarding a Licensed provider:

- Document using the Complaint Intake form;
- Submit Complaint Intake form to Regional Child Care Licensing Supervisor;
- Enter a case note in ICCIS that contains:
  - Date the complaint was received;
  - Date forwarded to Regional Licensing Supervisor by either fax or email.

Complaints received regarding an Approved or In-Home provider:

- Document using the Complaint Intake form;
- Submit Complaint Intake form to the Program Coordinator II in the Child Care Program Office
- Enter a case note in ICCIS that contains:
  - Date the complaint was received;
  - Date forwarded to the Program Coordinator II by either fax or email.

The CCPO Program Coordinator II, in collaboration with the Regional Child Care Licensing Supervisor will determine the appropriate action to be taken, assign a licensor to investigate as warranted, and notify designee of the final outcome upon completion of the investigation.

Part II: Providers	Section: 220
Title: Health & Safety Requirements	Cross Reference Section(s): 200, 205
Reference: 7 AAC 41.215, .220, .470 & 7AAC 10.900 - .990	Revised: May 1, 2011

HEALTH AND SAFETY REQUIREMENTS FOR APPROVED PROVIDERS:
A provider must meet health and safety requirements to be approved for participation in the CCAP. All health and safety requirements must be included and discussed during the provider orientation. The provider is responsible to provide satisfactory evidence of compliance with these health and safety requirements, if requested.

To participate in the program, an approved provider must demonstrate the following:

1. Be at least 18 years of age
2. Be able to prevent exposure of children to high risk, including exposure to physical hazards and encounters with persons or animals posing a possible danger
3. Provide care for no more than a total of five children under 13 years of age, including the provider's own children under 12 years of age. Of those five children, no more than two may be under the age of 30 months. For an approved relative provider, all children must be related to the provider. Each child, whether present or not, is counted toward the maximum allowed until that child no longer receives care from the provider.
4. Certify that the provider and each resident or worker in the facility is not prohibited from providing care under 7AAC 10.900-990 and 7 AAC 41.205
5. Ensure that any person in contact with children in care is responsible and exercises sound judgment, does not abuse a child or engage in an exploitive or sexual act with a child, and is free of any physical, behavioral, or domestic violence problem that would pose a significant risk to the health, safety, or welfare of children in care.
6. Provide a parent with access to the parent's child whenever the child is in care.
7. Directly provide care and supervision of children except in an emergency when an identified individual of good reputation and character may provide care for part of a day, or when using a substitute provider who is also eligible to participate.
8. Provide supervision of all children in the provider's care appropriate to each child's age and developmental needs and that is adequate to prevent injury.
9. Maintain attendance records that reflect the dates and time children are in care.
10. Provide daily activities to promote a child's individual physical, social, intellectual, and emotional development that includes time for meals, snacks, sleep, toileting, and indoor and outdoor exercise according to individual need.
11. Ensure that children in care are not subject to corporal punishment. Corporal punishment means the infliction of bodily pain as a penalty for a disapproved behavior; it includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, or any other action that seeks to induce pain.

12. Administer medication to a child in the provider's care only with the written permission of the child's parent.
13. Keep emergency information on each child and contact the child's parent in case of illness or injury; and report immediately to the CCPO or designee the death, serious injury or illness of a child which requires outside medical personnel; fire or other emergency situations affecting the child care facility.
14. Obtain first aid and age appropriate cardiopulmonary resuscitation (CPR) certification within six months of being approved, unless the certification is not available within 60 road miles of the provider. If that is the case, the provider would need to receive instruction through training videos or other material, and pass the first available course offered within 60 road miles.
15. Take precautions against the spread of infectious disease by washing the provider's hands before food handling, preparation, serving, eating, or table setting; after toileting and assisting a child with toileting or diapering; after handling an animal, animal waste, or an animal cage; before and after giving medication or participating in moist play such as painting, cooking or molding clay; and whenever hands are contaminated with bodily fluids including nose wiping; encouraging children to wash their hands at similar times; and ensuring that children in the provider's care have all immunizations required.
16. Provide sufficient nutrition so that a child is fed nutritious meals and snacks according to individual need; an infant is fed on demand; and except for medical reasons, a child is not denied a meal or snack, force fed, or otherwise coerced to eat against the child's will.

Certification for First Aid and CPR.
Providers must obtain First Aid and age appropriate CPR certifications within six months of their approval effective date. "Age-appropriate" is dependent on the ages of children who will be in care. For example: a provider cares for infants and toddlers. The age-appropriate course for them to take is Infant/Pediatric.

If a provider applicant has a current certification they must submit to the department or designee, a copy of their certification within six months of their approval date.

Providers approved with an effective date of July 1, 2011 or after must maintain current, age appropriate CPR and First Aid certifications for the their entire approval period.

On-line courses are not acceptable for individuals residing within 60 road miles of communities that regularly offer hands on courses. If that is the case, the provider needs to pass the first available hands on course offered within 60 road miles.

ENVIRONMENTAL HEALTH AND SAFETY REQUIREMENTS: An Approved Provider, whether relative or non-relative, must meet environmental health and safety requirements to be approved for participation in the CCAP. All health and safety requirements must be included and discussed during the provider orientation. The provider is responsible to provide satisfactory evidence of compliance with these health and safety requirements, if requested.

To participate in the program, an approved provider must demonstrate the following:

1. Submit a copy of a disaster preparedness and emergency evacuation plan that ensures the complete evacuation to children, including children of limited mobility, within 150 seconds during an emergency.
2. Conduct and document emergency evacuation drills at least once a month, unless postponed due to severe weather.
3. Ensure that the provider's child care facility has at least two means of emergency escape that are remote from each other and that provide unobstructed access to the outside of the building; at least one means of emergency escape must be an exterior door.
4. Have at least one AC primary power or monitored battery powered smoke detection device and at least one fully charged 2A:10BC dry chemical fire extinguisher strategically located on each level.
5. If heating or cooking with oil, wood, natural gas or propane, install an operating carbon monoxide detector in each hallway outside of, or within, each sleeping area, and regularly inspect, test and service such. If in a multi-level facility, at least one operating carbon monoxide device must be installed on each level.
6. Have an ample supply of safe, drinkable water in the provider's child care home.
7. Maintain a functional telephone or other identified means of communication.
8. Maintain a smoke-free, drug-free, and alcohol-free home and vehicle environment. (In accordance with AS 10.10.85, smoke-free means that smoking accessories (ash trays, lighters, etc) are not visible or accessible to children and no smell of smoke from cigars or other smoking products is evident in the home or vehicle.)
9. Transport children in safe vehicles using appropriate child restraints.
10. Ensure the provider's child care home is free of fire hazards.
11. Take the necessary precautions to make the provider's child care home free of hazards that can cause injury or disease to children both inside and outside the building keeping the child care facility in a clean, safe and sanitary condition.
12. Maintain sanitary areas for proper care, storage, refrigeration, and preparation of food, ensuring that food is not adulterated, and wash fruits and vegetables with potable water before use.
13. Install and maintain hot water temperature controls so that hot water delivered to plumbing fixtures accessible to children is not more than 120 degrees Fahrenheit;
14. Storing cleaners, medicines, and other harmful substances in a place inaccessible to children.
15. Obtain furniture and play equipment that is durable, safe, easy to clean, and that is kept clean and in good repair.
16. Convey, store and dispose of solid waste to minimize odor, and avoid attracting or harboring pests.
17. Install and use safety gates to prevent access to stairs for infants and toddlers.
18. Install electrical outlet covers that are accessible to children under age five.
19. Maintain clean and sanitary toileting facilities.

20. Have safe and sanitary equipment and supplies for diapering and toileting infants and toddlers, including accessibility for hand washing.
21. Ensure that firearms in the provider's child care home are unloaded and stored in a locked gun safe or other locked place inaccessible, and not visible, to children. Ammunition must be stored separately from the firearms in a place that is inaccessible to children and the provider must tell each parent that firearms are present in the facility.

The provider must cooperate with local designee staff, child care licensing representatives, DPA/CCPO staff and food services program staff or their representatives for purposes of investigations relating to determining the provider's compliance with these requirements.

Part II: Providers	Section: 225
Title: Program Rates	Cross Reference Section(s): 340
Reference: 7 AAC 41.025	Revised: May 1, 2011

PROGRAM RATES

Rates are established under the *Child Care Assistance Program Rate Schedule* to ensure eligible families have equal access to child care services comparable to care provided for families not eligible to receive CCAP subsidies. Rates are set by type of facility, category of care and geographic area.

The CCPO may adjust the rates to expand capacity for child care, address market imperfections, and/or address a shortage of available care such as for infants or parents working non-traditional hours.

Categories of care are differentiated by the child's age group and units of time that care is authorized. The categories of care include Infant, Toddler, Pre-school Age, and School-Age children.

Rate types include full-time, part-time and hourly.

Monthly Maximum: The maximum amount paid on behalf of the family during a month is equal to the full-time monthly enrollment rate plus the part-time monthly enrollment rate for the rate region of the facility, category of care and type of facility.

If the child is in two different types of facilities, the facility type with the higher state rate determines the monthly maximum. Each facility will be paid at the lesser of the provider's own rate or the state rate, for care authorized not to exceed the above established maximum for the combined usage.

In-Home Care: The program rate for an approved in-home caregiver is the same as the rate for an approved provider under the CCAP. The monthly maximum for in-home care cannot exceed $3252.00 total to cover all the participating children in the family.

Special Needs Supplement: A child under 13 years of age may qualify for supplemental program rates through the Alaska Inclusive Child Care Program (Alaska IN!) These supplemental rates are set at 25%, 50%, 75% and 100%.

See Section 350: Special Needs Supplement for further details.

Part II: Providers	Section: 230
Title: Authorizations	Cross Reference Section(s): 240
Reference: 7 AAC 41.035, .040, .310 & .340	Revised: July 1, 2010

CHILD CARE AUTHORIZATIONS

The authorization document is an assurance to both the parent and provider that child care costs will be paid for the days and hours listed on the authorization document, according to the current child care assistance rate schedule for the named children during the period specified on the authorization document. Authorization documents must be mailed to the family and provider. Additionally, they may be faxed.

The child care authorization document identifies:

- the children for whom child care is authorized
- the provider selected by the family
- the child care authorized, including each category of care, which is based on the expected participation by each parent in an eligible activity
- whether the authorization is issued based on enrollment, attendance or hourly
- the anticipated eligible cost of care including the family contribution and maximum benefit amount to be paid
- the period of time for which the authorization is effective
- a registration fee to a licensed provider may be paid annually up to $50 per child if the provider charges
- the parent is responsible for any costs a provider charges over the authorized rate in addition to the monthly co-pay
- for care authorized on an attendance basis it is paid only for the time the child is actually in care

Effective Dates

Authorizations are effective only for the dates specified and must not exceed six months. At no time is an authorization document to be written that exceeds a family's certification period or a provider's approval or license end date.

Enrollment Authorizations

An enrollment authorization is an assurance to both the family and the provider that child care will be paid by the state at the specified rate and time period shown on the authorization document. This authorization will be paid as long as the child attended at least one day during the month. Enrollment authorizations may be issued on a full-time or part-time month or daily basis.

Attendance Authorizations

An attendance authorization is an assurance to both the family and the provider that child care will be paid by the state, at the specified rate and time period shown on the authorization document. This authorization will be paid for the number of days and/or

hours the child is actually in care. Attendance authorizations may be issued on a full-time or part-time month, daily or hourly basis.

Attendance authorizations 17 or more days of care must include a statement: **"Payment will be made for authorized days the child is in attendance, not to exceed the monthly (full-time or part-time) enrollment rate."** The appropriate timeframe of full or part month must be identified in this statement.

Hourly authorizations may be on an enrollment or attendance basis and are only issued when the parent's schedule of eligible activities requires:

- more than 10 hours of care per day, or
- when up to 2 hours of care per day is needed.

Authorizations for school age children
A school-age child who has a part-time enrollment authorization may need full-time care for in-service days, school closures and up to 5 days per month if the child is too ill to attend school. For these authorizations, the variable section of the authorization document must include, **"Payment will be made for full time days the child is in attendance, at the difference of a full time day minus the part time daily rate, not to exceed the monthly (full-time or part-time) enrollment rate."** The appropriate timeframe of full or part month must be identified in this statement.

Care will not be authorized or paid for children that have been suspended or expelled from school.

Multiple authorizations can be issued if a family chooses to use more than one provider in a month. The family's co-pay is authorized and owed to the primary provider.

Typically, the authorized care should not overlap. However, if care cannot be provided due to a facility closure or illness and an enrollment authorization has been issued to a primary provider, payment for care may overlap. Each authorization must clearly indicate whether that provider is the primary or secondary provider.

FACILITY CLOSURES

Providers must submit written notice to participating families and the designee 30 days prior to temporary, more than five days, or permanent closures.

If a provider temporarily closes their facility for 5 or fewer days in a month and a parent whose child attends that facility asks the designee for an authorization for another provider for the closure days, the designee should issue an attendance authorization to the second provider.

Full time enrollment authorizations should not be issued for a family to a provider who has notified the designee of a temporary closure more than 5 days in a month. If an authorization document was issued prior to the notification, the designee will change that month's enrollment authorization to attendance or part-time month. Current month

authorization documents cannot be changed due to the family not receiving prior notice of adverse action.

If the parent chooses a secondary provider to cover the primary provider's closure dates, the designee will issue an attendance or part-time enrollment authorization document to cover these timeframes.

AUTHORIZATION CHANGES

When it is identified a child has been in care for 5 or fewer days during a month in which an enrollment authorization was issued, or the family reports a change, the designee must work with the family to determine the child care needs and document the results in an ICCIS case note.

If the level of care authorized needs to be changed and it negatively affects the family's co-pay amount or level of care, the designee will apply adverse action timeframes and send written notice to the family prior to the effective date of the change.

The authorization document must be canceled beginning with the first unpaid month covered in the previous authorization. A new authorization document is created through ICCIS covering all the unpaid months incorporating the level of care or co-pay changes based on the adverse action timeframe. The new authorization document is sent with a Notice of Authorization Change to the provider(s).

TERMINATION OF SERVICES

If either a family or provider chooses to terminate services prior to the last day of care on the authorization document a 14 day written advance notice is required. The party initiating the termination must notify the other party and the designee. The designee must document receipt of the intended termination in ICCIS case notes for both the family and provider.

If the provider is the initiating party and fails to give the family and the designee 14 days written notice the authorization will end on the last day the child attended care regardless if the authorization extends beyond that date.

Written 14-day Notification is not required if the:

- family reports an allegation of abuse, harm or serious risk of harm to a child in their provider's care or
- family and provider may mutually agree to waive the required 14 day notice. This mutual agreement must be in writing and submitted to the designee.

OFFICE OF CHILDREN'S SERVICES (OCS)

When the foster parent needs child care for their own children and foster children they will apply with the designee for services. If care is needed for foster child(ren) only, the family should be referred to OCS as they will handle the transaction.

Part II: Providers	Section: 235
Title: Provider Charges, Billing & Payment	Cross Reference Section(s): 205 & 215
Reference: 7 AAC 41.245, .250 & .345	Revised: July 1, 2010

PAYMENT OF PROGRAM BENEFITS

After deducting a family's co-payment, the department or designee shall verify for payment the lesser amount of the rates established in the *Child Care Assistance Program Rate Schedule*, the provider's own rate, or the amount billed.

Registration Fees: Only licensed providers or those certified or approved by the United States Department of Defense, the United States Coast Guard or a Tribal Organization whose provider standards meet or exceed the standards of the Department of Health and Social Services may be paid for a registration fee.

The amount paid for a registration fees may not exceed $50 per child, per provider, per program, per calendar year even if the provider's fee is a family charge. Registration fees are included on the provider's billing report form for a month in which the family received a benefit and the child attended at least one day. Registration fees will not be paid for families who are financially eligible but their contribution exceeds the cost of their child care.

Designees track the registration fee payments to ensure multiple payments are not made on behalf of a child.

Payment for multiple authorizations: The state maximum monthly payment amount per child is a full-time enrollment plus a part-time enrollment. The family is responsible to pay for any additional amount.

PROVIDER CHARGES

Providers must submit a Child Care Provider Rates and Responsibilities (CC12) form listing their current rates, registration fees, and schedule of operation to the CCPO or designee to participate in the CCAP.

Each participating provider must ensure that rates charged to CCAP participating families are not higher than rates charged to non-participating families. Providers who offer discounts must apply the discount to all families who similarly qualify and bill accordingly.

Providers may have defined their age categories differently than the CCAP and/or may have an age category of children not accepted into their facility. Due to ICCIS limitations and restrictions it is difficult to enter the providers charges accurately into the ICCIS rate screen.

Every age category must have a charge entered even if the provider has specified they do not care for a particular age category or does not have a specific rate for an age category. In these instances the state rate is entered with a comment indicating no care provided for that age or no provider rate for that age category.

When the provider has defined their age category differently than the state the provider's rate for the age category is entered based on the provider's definition. For example if the provider defines an infant to be 0 through 12 months and a toddler to be 12 through 18 months, the providers' rates for both categories as they have defined them are entered into ICCIS. A comment is also entered describing the provider's age definitions.

RATE CHANGES

All rate changes are effective on the first day of the month. Providers are responsible to submit an updated Provider Rates and Responsibilities form to the CCPO or designee and all CCAP families, at least 30 calendar days prior to the effective date of any rate increase.

The rate increases will become effective the first of the month following the required 30 calendar days.

In the event a provider decreases their rates they are not required to provide a 30 calendar day notice, however, the changed rate is not effective until the first of the month following the change.

BILLING STATEMENTS

To receive payments through the CCAP on behalf of eligible families, providers must submit a completed unaltered monthly Billing Report Form CC19 06-3929 (Rev. 7/06) to the department or designee according to the timeframe shown below:

- For the first ten months of the state fiscal year, July through April, no later than the last day of the third month following the month in which charges occurred
- For the last two months of the state fiscal year, May and June, no later than 31 days after the end of the state fiscal year

Any Billing Report Form or correction submitted later than the applicable timeframe will not be paid. Any submission outside the defined timeframes must be approved by the CCPO CCAP Program Coordinator II.

The provider is to complete the form except the right side under For CCA Use Only which the designee or CCPO completes. Billing Report Instructions describe how each section is to be completed.

Corrections and Signatures: Providers must complete Billing Report Forms legibly, in ink or typed. Corrective tape, correction fluid and erasers are not acceptable and the billing report is returned with the Child Care Assistance Provider – Billing Report Form Returned Unpaid notice indicating why it was not paid. Providers may correct any errors by lining through the incorrect information, entering correctly and initialing. Faxed

copies or electronic submissions of Billing Report Forms are acceptable.

An original, signed Billing Report Form must be submitted each fiscal year. Providers utilizing a signature stamp must submit a Billing Report Form using an ink color other than black.

Provider's with CCAP children in care during the month of July are to submit that month's billing report form with the provider's authorized agent's original signature or stamp. If care is not provided for the month of July, or the provider becomes eligible after July, the Billing Report Form for the first month care is provided must be submitted with an original signature or stamp.

Designees must ensure the provider has complied with this requirement.

Billing Report Review Process: The designee must ensure, an individual other than who issued the authorization document, completes the billing review and verification process in ICCIS. Prior to verifying a billing for payment in ICCIS, the designee must review the report comparing it to the authorization documents issued for each child. The designee completes the information on the right side of the report form under For CCA Use Only.

The billing is then verified in the Payment Options screen in ICCIS for payment. When payment is verified for an amount that is different than what the provider submitted by more than $1.00 the designee documents the adjustment in the comment section for the child adjusted, signs, dates and copies the billing report. The copy is sent to the provider with the Billing Report Form – Adjusted notice indicating the reason the payment was adjusted.

Provider's billing reports are to reflect actual attendance for each child, and if care was provided by an approved substitute. Providers set their rates and must bill according to their currently published rates as submitted on the Rates and Responsibilities form. Actual reimbursement is based on the lesser of the provider rates and submitted billing, or the CCAP established rate schedule.

Designees are to mail processed provider Billing Report Forms to the CCPO on a daily basis. The billing report forms are to be put in alphabetical order by the provider's PVN.

CCPO staff prints a daily transaction report to match each provider billing report processed and verified in ICCIS. Designees must send the billing report forms they verify to the CCPO on a daily basis to match with these transaction reports.

SUPPLEMENTAL PAYMENTS

When a billing is submitted for an amount for more than authorized, the designee must review the family and/or provider information to determine if the additional amount should be paid. If it is determined the amount over the authorized amount is to be paid, the designee enters the additional amount, up to and including $150, in the supplemental field in the ICCIS Payment Option screen for the specific child(ren) indicated on the

provider's Billing Report Form. Designees are not able to verify multiple supplemental payments, for an individual child, that when added together equal more than $150.00 or for supplemental amounts that exceed the monthly maximum of a full time month plus a part time month.

If the additional amount to be paid **exceeds $150** the designee will complete the verification process of the provider's billing except for the child for whom the supplement is needed and send an email request to the CCPO general mail box at CCPO@alaska.gov

The email must include the:

- subject heading of "Supplemental payment request"
- month the supplemental is needed for
- provider's name and ICCIS identification number
- Family Name and ICCIS #
- child's name
- supplemental amount needed
- detailed specific reason the additional amount is needed

Only the CCPO may authorized and make a supplemental payment over $150.00. If approved the CCPO will add the supplemental amount to the payment, verify the payment for the child and reply to the designee's email that the supplemental payment was approved and the payment was verified.

The designee must attach the CCPO's response to the provider's Billing Report Form and send both with that day's submission. If the CCPO is unable to process the supplemental request on the same day it is requested, the provider's Billing Report Form is to be held and submitted upon receiving the supplemental confirmation or denial.

PAYMENT FOR ENROLLMENT AUTHORIZATIONS

Payment is based on the rate established in the *Child Care Assistance Program Rate Schedule* or the provider's own rate, whichever is less as long as the child attended at least one day in the billing month. No payment will be made to a provider for a month during which the child never attended.

When an enrollment authorization was issued and the child attends fewer than five days during that billing month, the department or designee will document in the family's ICCIS case note and make payment based on actual attendance of the child if the:

- family leaves a provider giving a 14 day written notice,
- 14 day written notice is mutually waived,
- family becomes immediately ineligible, or
- provider bills for a lesser amount.

School closure rate difference: A school-age child who has a part-time enrollment authorization may need full-time care for in-service days, school closures or if they are too ill to attend school.

In these cases, the rate is equivalent to paying the difference between the daily part-time rate and daily full-time rate. Payment can only be made at this difference in daily rates if the variable section of the authorization document includes, **"Payment will be made for full time days the child is in attendance, at the difference of a full time day minus the part time daily rate, not to exceed the monthly (full-time or part-time) enrollment rate."**

When a family with an enrollment authorization needs care for more than five full or part time days in a week, the sixth and/or seventh day will be paid at the daily rate in addition to the enrollment rate.

The sixth day of care does not have to be consecutive. This additional care will be paid for those months that family's work week spans into the next month.

PAYMENT FOR ATTENDANCE AUTHORIZATIONS

The designee will verify child care costs based on the attendance rates published in the *Child Care Assistance Program Rate Schedule* and the child's actual attendance during the month.

If a child's actual attendance is 17 or more days during a month, an attendance authorization will be paid based on the monthly enrollment rate.

When a family with an attendance authorization used care for more than five full or part time days in a week, the sixth and/or seventh day will be paid at the daily rate in addition to the authorized amount.

The sixth day of care does not have to be consecutive. This additional care will be paid for those months that family's work week spans into the next month.

Payment for additional care cannot automatically be made when a family with an attendance authorization uses more care than is authorized unless the variable section of the authorization document includes a statement, " Payment will be made for authorized days the child is in attendance, not to exceed the monthly (full-time or part-time) enrollment rate.

Part II: Providers	Section: 240
Title: Provider Records	Cross Reference Section(s):
Reference: 7 AAC 41.255	Revised: July 1, 2010

PROVIDER RECORDS

All provider's and families using in-home caregivers must keep records for at least three years for the CCAP purposes. These records must be made available for inspection upon request from the Department of Health and Social Services, or a designee acting upon the department's behalf.

Required records for providers to maintain at their facility include:

- licenses and/or permits required for operation
- copies of Child Care Provider Rates and Responsibilities forms
- State of Alaska Substitute W-9 form
- copies of all monthly Provider Billing Report Forms submitted
- daily attendance records that reflect the actual times and dates when children were in care
- documented emergency evacuation drills conducted
- emergency information cards for children in care
- health & safety requirements

Families using in-home caregivers must maintain files:

- Employer records
- Parent/Provider agreement
- Caregiver Verification form
- Daily attendance records
- Copies of all monthly in-home billing report forms
- State of Alaska Substitute W-9 form

Part II: Providers	Section: 245
Title: Emergency Suspension & List of Eligible Providers	Cross Reference Section(s):
Reference: 7 AAC 41.430 &.445	Revised: July 1, 2010

EMERGENCY SUSPENSION
When the CCPO determines a provider's continuation in the program would result in imminent threat to the health, safety, or welfare of a child in care, the department issues an emergency suspension to the provider either orally and/or in writing.

Timeframe: The emergency suspension is effective immediately and extends for a period necessary to allow the department time to investigate and reach a final decision.

While under emergency suspension the provider is not allowed to bill for any services rendered, after the suspension effective date, on behalf of participating families. Designees shall cancel all existing authorization documents from the effective date of the suspension forward.

LIST of ELIGIBLE PROVIDERS
The CCPO maintains a list of current licensed and approved providers who are eligible to participate in the PASS CCAP. The list may also be viewed on-line at: http://www.hss.state.ak.us/dpa/programs/ccare/

When under suspension, an approved or licensed provider is removed from the List of Eligible Providers maintained by the CCPO. The provider's name may be reinstated on this list only after the suspension period ends and if the provider continues to meet all program requirements.

Part II: Providers	Section: 250
Title: Facility Closure	Cross Reference Section(s): 215 & 235
Reference: CCPO	Revised: July 1, 2010

FACILITY CLOSURE

A participating provider that either permanently or temporarily closes for more than five days, in a month, must provide at least 30 days written advance notice to families and the designee.

Closures of less than five days do not require notice to the designee.

If a provider temporarily closes their facility for five or fewer days, in a month, and a parent whose child attends that facility requests an authorization for another provider for those days, the designee will issue an attendance authorization to the second provider.

If a provider temporarily closes their facility for more than five days, in a month, and has given the required 30 day notice, the designee will change authorization documents based on the provider's availability to meet the needs of the family.

If a provider temporarily closes their facility for more than five days, in a month, and does not give a 30 day written notice to the family and designee, the authorization will end on the last day the child attended.

Part II: Providers	Section: 255
Title: Provider Changes Affecting Payments	Cross Reference Section(s):
Reference: CCPO	Revised: July 1, 2010

PROVIDER EIN or SSN
All providers, except in-home providers, receiving State funds will have a unique Payment Vendor Number (PVN). The vendor number allows payment to be processed through the State of Alaska Accounting System, (AKSAS). When a payment is issued, the vendor number and payment reference, either an individual's Social Security Number (SSN) or an Employer Identification Number (EIN).

Change of Provider EIN or SSN
If an individual or business wishes to change the payment reference from their SSN to an EIN, the provider must submit either an IRS statement of the new EIN or a State of Alaska SubstituteW-9 form to the CCPO or designee. If submitted to the designee, they shall proceed as outlined below depending upon the type of provider. The designee shall document each change in an ICCIS case note and:

- Add the new EIN number to the application screen in ICCIS.
- E-mail CCPO@alaska.gov using subject line "ICCIS EIN Change."
    - Include the facility number, provider name and new EIN number.
- Fax a copy of the IRS statement of new EIN number or a Substitute W-9 form to the attention of the Administrative Support Unit at the CCPO.

Families using in-home caregivers do not need to forward any information to the CCPO, only add the new EIN number to the application screen in ICCIS.

CHANGE IN PROVIDER TAX STATUS
All child care providers establish their child care business with a specific tax status on the State of Alaska Substitute W-9 form, which include:

- Sole Proprietorship – Individual
- Partnership
- Limited Liability Corporation (LLC) or
- Corporation

If a provider changes their tax status a new State of Alaska Substitute W-9 form is required to indentify the new status. The designee shall document the change in an ICCIS case note and:

- E-mail CCPO@alaska.gov using subject line "PVN Business Type Change"
    - If the provider is licensed, the licensing specialist should be included on the email.
- Fax a copy of the State of Alaska Substitute W -9 form to the CCPO Attention: Accounting, PVN Issue.

CHANGE IN PROVIDER NAME

If a provider's personal name, not the facility name, changes the designee shall proceed as outlined below depending upon the type of provider.

- **In-home Provider**
  - Make necessary name changes in ICCIS to both the family and provider module.
  - No information needs to be forwarded to the CCPO.
- **Approved or Approved Relative Provider**
  - Make necessary name changes in ICCIS.
  - E-mail CCPO@alaska.gov using subject line "ICCIS Name Change." Include facility number, plus the old and new name for the provider.
  - Fax a copy of the legal document (marriage certificate, divorce paper, etc) showing the name change to CCPO Administrative Support Unit.
  - If ICCIS files indicate the provider has also applied for licensure, e-mail the appropriate Licensing Specialist informing them of the change.

The CCPO will ensure AKSAS and ICCIS are updated.

- **Licensed Provider (Licensing Staff Only)**
  - Licensing Staff will follow the same procedures designees do, as listed above.

CHANGE IN PROVIDER MAILING ADDRESS

If a provider's mailing address changes, the designee shall proceed as outlined below depending upon the type of provider.

- **In-home Provider**
  - Make necessary changes in ICCIS to both the family and provider module.
  - No information needs to be forwarded to the CCPO.
  - PVN will be automatically assigned to an in-home provider when the payments are run.
- **Approved or Approved Relative Provider**
  - Make necessary changes in ICCIS.
  - E-mail CCPO@alaska.gov using subject line "ICCIS Facility Mailing Address Change."
  - The CCPO will forward to appropriate staff to synchronize AKSAS and ICCIS with the updated information.
  - Physical address changes do not need to be forwarded to the CCPO unless it also affects the mailing address.
  - If ICCIS files indicate the provider has also applied for licensure, e-mail the appropriate Licensing Specialist informing them of the change.
- **Licensed Provider (Licensing Staff Only)**
  - Licensing Staff will follow the same procedures designees do, as listed above.

STOP PAYMENT PROCESS

If a provider or parent requests a Stop Payment;

- The designee shall inform the provider or parent using an in-home caregiver, Stop Payments are not issued for a minimum of 10 business days after the original warrant was mailed.

- If the provider or parent locates the original warrant, they must immediately mark it void and mail the warrant to the CCPO.
- The designee contacts the CCPO to obtain the proper warrant number and issue or mailing date.
- In conjunction with the CCPO, the designee re-verifies the provider or parent's mailing address in ICCIS and in AKSAS.
- The designee faxes a copy of the billing and completed Stop Payment request to the Accounting Technician at the CCPO.
- After a Stop Payment is posted in AKSAS, the CCPO notifies the designee by email.
- In order to reissue the payment the designee verifies the stop payment in ICCIS. then completes the verification process in ICCIS and enters "Reissue for warrant <enter #>" in the supplemental reason field.

Part II: Providers	Section: 260
Title: Provider Notices	Cross Reference Section(s):
Reference:	Revised: May 1, 2011

PROVIDER NOTICES

The CCPO has generated notices to fit most provider situations and only these are to be used in their unaltered state. If a circumstance arises that does not fit any of the provided notices, the designee is to contact the CCPO for guidance.

Notices must include what is required of the provider, the date the information is due and the consequences for not providing the requested information. Notices have date blocks, free form space or a combination. Designees are to use this space to inform the provider specifically what is required using a message and tone that are professional and appropriate. Information provided in the free form spaces is not to be in all capitalized letters or in bold.

The appropriate regulation citation must be referenced on each notice specific to the action or requirement. Many notices have a drop down menu to aid in the selection of the appropriate citation.

When a provider has been notified in writing information is needed to determine their eligibility to participate in CCA, the postmark date must be considered prior to taking action to deny an application or end participating provider's case. Prior to taking an action, designees must wait an additional five days to ensure mail has been received. Mail that is postmarked as having been sent on the 10th day are to be date stamped with the date actually received by the designee and accepted as submitted within the prescribed time.

Documentation

Each notice issued must be documented in an ICCIS case note using the name of the notice as the subject line. Within the body of the case note a brief description of what is being required of the provider and when the information is due. This will allow any viewer to know what is being required of the provider and follow the action taken.

Notices issued must include the Request for Administrative Review form. It is preferred this form be duplexed onto the back side of the first page of notice. If duplexing is not possible, the Request for Administrative Review must be stapled to the notice.

All pages of each notice sent must be contained in the provider file or the family file if using an in-home caregiver.

APPLICATION NOTICES: The following notices are to be used during the application process through the final determination.

Child Care Assistance Provider Application – Pended

All provider applications that are received but are missing required information or document, fare sent this notice informing them what missing item(s) is still needed. Applicants must be given at least 10 days from the notice date to provide the information.

This notice is also used for non-relative applications when the provider has submitted all the needed information but background clearance(s) have not been received.

Child Care Assistance Approved Relative Provider Application - Pended for Child Protection Safety History Check
When an Approved Relative Provider application is complete but results of the OCS check have not been received the provider is sent this notice to advise them the results from this check is still needed but the provider has done everything needed.

Child Care Assistance Approved Provider Application - Approved
This notice is sent once the provider's application is complete and the criminal history and CPS clearances are given. The approved effective date is the first of the month following receipt of the complete application, background clearances and the provider has participated in an orientation. This is the first month of their 12 consecutive months.

If the provider has submitted evidence of obtaining First Aid and CPR Certifications, the end date is the last day of the 11th month following the approved effective month.

If the provider needs to obtain First Aid and CPR Certifications the end date is the last day of the sixth month following the approved effective month.

> **Child Care Assistance Approved Provider Approval Summary**
> This document is to be sent with the Approved notice. The summary Details the effective dates, capacity, the provider and facility names, address where care is provided, the mailing address and the provider's ICCIS number.

Child Care Assistance Relative Provider Application - Approved
This notice is sent once the provider's application is complete and the criminal history and CPS clearances are given. The approved effective date is the first of the month following receipt of the complete application, background clearances and the provider has participated in an orientation.

If the provider has submitted evidence of obtaining First Aid and CPR Certifications, the end date is the last day of the 23rd month following the approved effective month.

If the provider needs to obtain First Aid and CPR Certifications the end date is the last day of the sixth month following the approved effective month.

> **Child Care Assistance Approved Provider Approval Summary**
> This document is to be sent with the Approved notice. The summary

Details the effective dates, capacity, the names of the related children to be in care, the provider and facility names, address where care is provided, the mailing address and the provider's ICCIS number

Child Care Assistance Approval – Licensed or Certified Provider
This notice is sent when the application has been completed. The effective date for new participating licensed/certified providers is the date the last needed item was received to complete the application. The effective date for renewing providers is the same as their license/certified effective date if they have submitted all required CCA documentation prior to the expiration of their license/certification or the date the last needed item was received, if after the expiration of their license/certification. The end date is the same as the date on the provider's license or certification. An approval summary is not sent. This notice is updated and sent in conjunction with the provider's license renewal.

Child Care Assistance Approved Provider Application - Denied
When an applicant has not completed the application process or a barring condition is identified this notice is sent detailing the reason for the denial. If the denial is due to failing to provide requested information the specific item(s) not provided must be listed.

Child Care Assistance Approved Provider – Barring Condition for Applicant
When the provider application has been denied due to an identified barring condition for the applicant this notice is sent with the denial notice advising the applicant of the barring condition, what the condition is and the barring time period. The applicant is also advised of the right to request a variance.

Child Care Assistance Approved Provider – Barring Condition Identified
When the provider application has been denied due to an identified barring condition for a household member of the applicant this notice is sent with the denial notice advising the applicant of the name of the individual with the barring condition, what the condition is and the barring time period. The applicant is also advised of the right to request a variance on the household member's behalf.

Child Care Assistance Approved Provider – Barring Condition for Individual
This notice is sent to the household member identified with a barring condition. The notice describes what the condition is and the barring timeframe. The individual is also notified the provider may request a variance on the individual's behalf.

Child Care Assistance Approved Provider – Barring Condition for Individual CINA
This notice is used when the CPS results identify a Child In Need of Aid (CINA) substantiation for the applicant or a household member. It is sent to the individual detailing the substantiation.

PARTICIPATING PROVIDER NOTICES: The following notices are to be used to communication information that is needed or changes that have been made with participating providers.

Child Care Assistance Approved Provider – CPR and First Aid Reminder
All approved providers must have age appropriate CPR and First Aid certifications within six months of their approval. If a provider has not submitted a copy of these certifications, this notice is sent 45 days prior to the end of the sixth month to remind the provider.

Child Care Assistance –Notice of Authorization Change
When a family's authorization document has been changed this notice is sent with a copy of the new authorization document.

Child Care Assistance –Notice of Change
When a provider submits information that requires a review, update or change to their case this notice is sent to advise the provider of the action taken.

Child Care Assistance Provider –Information Needed
This notice is used when information is needed from the provider after their approval has been issued. The specific information needed must be clearly listed.

Child Care Assistance Approved Provider – Notice of Licensing Requirement
Approved providers must obtain licensure from either the State of Alaska Child Care Licensing or the Municipality of Anchorage prior to their approval expiration date in order to remain eligible to receive subsidies from the CCAP. This notice is sent 150 days (five months) prior to their approval expiration.

Child Care Assistance Provider – Adjusted Billing Report Form
Any time a provider's Billing Report Form is verified for an amount different than what the provider submitted this notice is used to advise them of the specific reason(s) for the adjustment.

Child Care Assistance – Billing Report Form Returned Unpaid
When a provider's billing report form cannot be paid at all for a specific reason this notice is used.

Child Care Assistance Approved Relative Provider – Renewal Notice
This notice is to be sent to all relative providers 45 days prior to their expiration. They must submit a new application, Interested Person's Reports and the department must submit the applicable household member names for CPS clearance at each 2 year renewal.

Child Care Assistance Provider – End of Approval Status
Approved non-relative providers are sent this notice following the last day of their approval timeframe if they did not obtain licensure.

Relative providers are sent this notice following the last day of their approval timeframe if they did not submit a renewal application. This notice is sent when an Information Needed notice is sent and the provider does not provide the requested information.

Part III: Families	Section: 300
Title: Eligibility	Cross Reference Section(s): 105, 305
Reference: 7 AAC 41.300, .305-.312, .350, .360 & .365	Revised: December 19, 2011

ELIGIBLE FAMILIES
Families receiving Alaska Temporary Assistance Program (ATAP) benefits may be eligible for child care coverage under the Parents Achieving Self Sufficiency (PASS) I Program and are to be referred to the appropriate Work Service Contractor providing supportive services for families in the community.

A family's eligibility for participation in the PASS II/III Child Care Assistance Program (CCAP) is dependent upon meeting financial and non-financial eligibility criteria. A family consists of biological parent(s) or other adult(s) acting in loco parentis and all children residing in the same household.

ELIGIBLE CHILDREN
Children in an eligible family participating in the program remain in the same age category for **the full calendar month in which they reach the next age category**. Eligible categories are:

- Infant: A child from birth through 18 months of age.
- Toddler: A child 19 months of age through 36 months of age.
- Preschool Age: A child 37 months of age through 6 years of age.
- School Age: A child 7 years of age through 12 years of age.
- A child 13 years through 18 years of age may participate, if the child has a developmental disability as verified in writing by a physician or certified psychologist. Eligibility ends effective the last day of the month in which the child reaches 19 years.

A child is **not** eligible for child care assistance during the time he or she is eligible to attend school or kindergarten, according to the local school district, unless he or she is five or six years old and is attending a licensed child care facility. Coverage for a school age child may be paid for up to five days in a month in which the child was too ill to attend school.

Citizenship and Alien Status: Children for whom child care assistance is sought must meet citizenship criteria prior to being found eligible for coverage. To be eligible a child must be a citizen or national of the United States or a qualified alien.

When reviewing citizenship and immigration requirements, only the status of the child is considered. A parent's citizenship or alien status has no effect on a family's eligibility.

United States citizens and nationals: United States citizens and nationals include:

- Individuals born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, Virgin Islands or the Northern Mariana Islands
- Naturalized citizens
- U.S. Nationals born in American Samoa or Swain's Island. An individual **not** born in American Samoa or Swain's Island, but one of his or her parents were born there, **may** be a U.S. National.

Citizenship is only verified if questionable. Acceptable documentation includes birth certificates, certificates of citizenship or naturalization provided by the U.S. Citizenship & Immigration Service (USCIS), U.S. passports or other official identification verifying citizenship or immigration status. Verification from other social service agencies is not acceptable.

Qualified Aliens: A qualified alien is a person who is one of the following:

- An alien lawfully admitted for permanent residence
- An alien granted asylum
- A refugee
- An alien granted parole for at least one year by the US Citizenship and Immigration Services (USCIS)
- An alien who has had deportation withheld under section 241(b)(3) or 243(h) of the Immigration and Naturalization Act (INA)
- An alien granted conditional entry under immigration law in effect before April 1, 1980
- A battered spouse or child, or parent or child of a battered person, with a petition pending under INA section 204(a) or 244(a) or
- Victims of trafficking under the Trafficking Victims Protection Act of 2000, including certain family members of victims of a severe form of trafficking.

Qualified aliens who entered the U.S. <u>on or before</u> August 22, 1996 may receive child care assistance benefits if they are eligible. In determining when a qualified alien entered the U.S., use the individual's original date of entry, regardless of any subsequent changes in alien status.

Five Year Bar: Qualified aliens who arrived in the U.S. on or after August 22, 1996, are prohibited from receiving federal child care assistance benefits until they have been in the U.S. for five years or until they become U.S. citizens.

Exemptions: This five-year bar <u>does not</u> apply to the aliens listed below and they may immediately qualify for child care assistance, regardless of their date of entry into the United States:

- Refugees admitted under Section 207 of the Immigration and Naturalization Act (INA)
- Asylees admitted under Section 208 of the INA
- Aliens whose deportation has been withheld under Section 241(b)(3) or 243(h) of the INA

- Cuban/Haitian entrants as defined in section 501(e) of the Refugee Education Assistance Act of 1980;
- Aliens admitted as Amerasian immigrants;
- U.S. military veterans or active-duty military, their spouses, and dependent children and
- Victims of trafficking under section 107(b)(1) of the Trafficking Victims Protection Act of 2000

Documentation: The following documents are acceptable for determining qualified alien status and whether the qualified alien meets the five-year limitation.

- Lawful Permanent Resident: Form I-551, or for recent arrivals, a temporary I-551 stamp in a foreign passport or on a Form I-94.
- Refugees: Form I-94 endorsed to show entry as a refugee under section 207 of the INA and date of entry to the U.S.; or Form I-668B or I-766 annotated "274a.12(a)(3)" or Form I-571.
- Asylees: Form I-94 annotated with a stamp showing grant of asylum under section 208 of the INA; a grant letter from the Asylum Office of the USCIS; Form I-668B or I-766 annotated "274a.12(a)(5)"; or an order of an Immigration Judge granting asylum.
- Alien who has had deportation withheld under Sections 241(b)(3) or 243(h) of the INA: Order of an Immigration Judge showing deportation withheld under Section 241(b)(3) or 243(h) and date of grant; or Form I-668B or I-766 annotated "274a.12(A)(10)."
- Alien granted conditional entry under the immigration law in effect before April 1, 1980: Form I-94 with a stamp showing admission under Section 203(a)(7), refugee conditional entry; or Form I-668B or I-766 annotated "274a.12(a)(3)."
- Battered spouse or child of a U.S. citizen or permanent legal resident: (1) an approved or pending petition showing a prima facie case that he or she is protected under the Violence Against Women Act; and (2) verification that the individual responsible for the battery or cruelty is no longer living in the household of the victim.
- Victim of Trafficking: letter of certification from the Office of Refugee Resettlement (ORR). The validity of this letter must be verified and ORR notified of benefits the individual has applied for by calling the toll-free trafficking verification line at 1-866-401-5510. Form I-797 indicating a Class T-3(child) Visa.

PROGRAM PARTICIPATION FOR CCPO STAFF MEMBER/DESIGNEE

CCPO and designee staff members may participate in the CCAP provided all eligibility criteria are met and they are in compliance with all program policies and procedures.

When a CCPO or designee staff member is a program participant a third party must work the CCPO or designee's application and determine benefits. The third party must be a supervisor or other unrelated neutral person within the CCPO or designee agency, and may not be a co-worker or subordinate of the CCPO or designee staff member. The CCPO or designee's staff member's supervisor or unrelated neutral person must:

- Determine eligibility,
- Calculate the child care assistance benefit, and
- Issue authorization documents and notices

The Provider's monthly Billing Report form must be reviewed and processed for payment by an individual, other than the CCPO or designee staff member or the individual who created the authorization for the CCPO or designee's staff member's child care authorization document. If the local administrator is a subcontractor of the designee agency, an employee of the designee agency may perform the eligibility review.

MINOR PARENTS

Parents who are under 18 years of age may participate in the CCAP providing all eligibility criteria are met. A minor parent residing in the family home with their own parent(s) or minor parents residing in the family home of either of the mother or the father's parents who also have a child care assistance case, may apply as their own family unit or may be included in the other family unit. The eligibility requirements are met by the applicant, not the minor parent(s), when included in the other family unit.

When a minor parent(s) applies as their own family unit they are not to be included with any other household.

GUARDIANSHIP

Any adult who can demonstrate they effectively have physical custody and financial responsibility for a child needing care can apply.

Guardianship does not have to be legally established nor does a blood relationship need to exist for a family to be considered for eligibility. However, guardianship does not exist in situations that arise primarily out of convenience.

Examples of allowable guardianship situations include the following:

- A single parent is away from home for over 45 days of extended military training, leaving their child in the care of a friend.
- A single parent has to be out of town for extended medical treatment and leaves their child in the care of the parent's sister, who is employed.
- A single parent has given physical custody of their children to the children's grandparents while the parent attends college in another town.
- Foster parents who care for wards of the State, and meet all child care assistance eligibility criteria.

Examples of guardianship situations that are **not** allowable include:

- A single parent wants to go on vacation. They leave their child with the parent's sister, who has agreed to watch the child while the parent is gone.
- A person takes in a friend or relative's child for a summer visit.

HOUSEHOLD COMPOSITION

Parents and their minor children will be included in the family size when determining eligibility for the CCAP. Children 17 years of age are included through the month in which they turn 18 years of age, unless the family's initial application is received after their 18th birthday. Families transitioning from PASS I to PASS II will include the 17 year old through the month in which they turn 18 years of age even if the application is received after the 18th birthday.

Age verification must be provided for each child listed on the application as needing care. Unborn children are not considered part of the household composition until birth.

Aunts, uncles, grandparents or other adults who reside with the family are not considered in the family size.

Children in the Home: A child is considered part of the family unit if the child is present in the home at least 50 percent of the time for which child care is requested.

Second Parent in the Home: A second parent is considered to be part of the family unit. His/Her participation in an eligible activity and income are included in the family's eligibility determination. However, if one of the parents in a two parent family unit is out of the home due to participating in an eligible activity or incapacitation, the CCPO or designee will waive the signatory requirement of the parent who is away and document the action in a case note.

Married adults who are "separated" and not residing together are not considered a two parent family. Only the parent in the home is considered when determining the eligibility criteria.

Blended Families: Unmarried adults with children of their own, but no children in common, are considered two separate family units.

Unmarried parents with biological or adopted children in common are treated as a single-family unit. The family unit consists of the parents, the common child(ren) and any other children residing in the home.

Married adults with no children in common are considered a family unit consisting of both adults and all the children residing in the home.

ELIGIBLE ACTIVITIES

To be eligible to participate in the CCAP, each adult included in the family unit must be engaged in an eligible activity. Eligible activities include the following:

- Paid employment
- Seeking work
- Attending an education or training program with the intent of improving employability (associated library/laboratory work and/or courses in English as a Second Language are considered eligible activities)

- Jury duty (for active program families only)
- Pursuing a high school diploma or GED

Paid Employment is considered an eligible activity when the parent receives income in cash as wages, salary, or commission from an employer in exchange for work performed. Self-employment is considered paid employment, and therefore an eligible activity, when the self-employed individual possesses a business license and operates with the intent of making a profit.

Seeking Work is considered an eligible activity when the parent is actively contacting prospective employers, completing and submitting employment applications, and attending job interviews with the intent of obtaining employment. Authorizations for seek work will be based on the interview between the CCPO or designee and parent to determine the appropriate level of care needed. A parent will be allowed a maximum of 80 hours of seek work time in a calendar year.

Education is considered an eligible activity when an educational program is a structured learning environment and facilitated by an instructor or teacher. The course of study must include specific goals, objectives and standards and lead to a certificate of mastery or completion, state license, diploma or degree. To determine eligibility of an education program, the CCPO or designee reviews the course registration.

Individual courses at the post-secondary education level are considered eligible activities even without a formal declaration of a major course of study.

If eligible, child care may be authorized for class time, plus one hour per credit hour each week for library/study or laboratory activities, tutoring or attending workshop sessions that are required for completion of a school course or class. A maximum of one additional hour of library/study or laboratory time may be authorized, per class, upon verification of the time needed from the instructor.

Training programs must be structured learning environments that have specific objectives, identifiable skills to be mastered and a start and end date. To determine eligibility of a training program, the CCPO or designee reviews the training registration or documentation and maintains a copy in the parent's file.

Jury Duty is considered an eligible activity for active program parents only. Verification of a participating parent's time spent at jury duty is only required if questionable.

INCAPACITY

A parent is considered incapacitated when he or she is incapable of caring for children in the family by reason of hospitalization, or being physically unable to care for a child as determined by a physician.

A parent who is incapacitated must provide a completed Health Status Form, completed by a physician making the incapacitation determination or similar documentation from a physician that states the parent is not capable of caring for the children in the family.

In a two parent family unit, when an incapacitation is determined to be for a specified timeframe the incapacitated parent will be considered to be capable of caring for the children in the home and required to be engaged in an eligible activity after the stated end date unless a new incapacitation determination has been made by the physician and supporting documentation is submitted to the CCPO or designee.

If a permanent incapacitation has been determined by a physician or the specified timeframe of the incapacitation has lapsed, the family must submit verification to continue the incapacitation with each renewal for participation in the CCAP.

A two parent family in which one parent is incapacitated may participate in the program and receive program benefits if the other parent in the family is working, seeking work, or attending an education or training program.

In a single parent family unit in which the parent is currently participating in the CCAP, when an incapacitation is determined to be for a period of 30 days or less the incapacitated parent will be considered to be capable of caring for the children in the home and required to be in an eligible activity after the stated end date.

If a permanent incapacitation has been determined by a physician for a single parent currently participating in the CCAP, the family may continue to receive program benefits up to the end of the following month after the identification of a permanent incapacitation.

ABSENCE FROM THE HOME

A family in which there are two parents and one parent is out of the home due to working or attending an education or training program, may participate in the program and receive program benefits if the other parent in the family is not absent and is working, seeking work, or attending an education or training program.

If a participating family consists of only one parent who is temporarily away from the child or children due to working or attending an education or training program, the family may continue to receive program benefits up to the end of the following month. After that, the family's program eligibility is terminated.

Whether or not the parent will be absent beyond the end of the following month when the family's program eligibility ends, he or she may wish to establish, if eligible, an informal guardianship prior to termination of their program benefits.

The CCPO or designee must clearly document in case notes the reason why the parent is absent from the home. Verification for a parental absence is required.

Part III: Families	Section: 305
Title: Application and Responsibilities	Cross Reference Section(s): 300, 310, 330, 345
Reference: 7 AAC 41.305, .315, .320, & .355	Revised: December 19, 2011

APPLICATION PROCESS

To participate or continue in the Child Care Assistance Program (CCAP), a family must apply to a designee serving the community either where the family lives or conducts their eligible activity. If a designee does not serve the family's community, the family may apply to the Child Care Program Office (CCPO) and receive service through distance delivery.

The family application process includes completing and submitting a complete and accurate application, participating in an interview either face to face or telephonically, and providing all information and documentation needed to determine eligibility at least annually. The process begins with the family submitting an application on a form prescribed by the CCPO, and ends with written notification of eligibility (approval) and issuance of an authorization document, or notification of ineligibility (denial) from the CCPO or designee to the family.

An application is considered submitted when the CCPO or designee receives the application form containing current and accurate information regarding children, family income, hours of employment or training, work activities and other factors that would affect eligibility. Families are to read and sign a family responsibilities form prescribed by the department. The Child Care Assistance Application revised 10/11 includes this signature in the Statement of Truth on page five. The family should keep the Your Rights and Responsibilities pages of the application, pages 7 and 8.

Applications received must be date stamped with the date received. Applications are to be registered (see page 5 of this policy, Actions Taken on an Application) and case noted in ICCIS within 24 hours or one business day of receipt and worked the day they are received or within 10 days of receipt whenever possible.

An application is considered active once date stamped received. Notification of approval or denial must be issued within 30 calendar days from the date the application is received. The CCPO or designee will work with the applicant to complete the application process.

If a family submits an application but does not follow through within the prescribed timeframe within the CCA Application Received Pended notice the application is denied. A new application is not needed if the family submits the needed information, or completes the required action from the CCA Application Received Pended notice, within 60 days of the date the application was received. The CCPO or designee will contact the help desk at EISHelp@alaska.gov, to re-open that application.

Submitting an application
Parent(s) may request a Child Care Assistance (CCA) application by phone, in writing/electronically or in person. The CCPO or designee must make a reasonable attempt to give or mail an application to the parent(s) the same day they request it.

Parent(s) must be advised they may submit an application the same day they contact the CCPO or designee. Applicants shall be advised the determination of eligibility cannot be made until an application form is completed, all required documentation is submitted and an interview is conducted, if needed. The CCPO or designee should make every effort to provide the parent(s) with information regarding any missing documentation and conduct the interview, if needed while the parent(s) is/are in the CCPO or designee's office.

The CCPO or designee must provide families the Child Care Assistance Application, form CC08 (06-3917), for:

- initial benefit eligibility
- renewal of benefits, if needed
- re-application following a determination notice of closed
- re-application more than 60 days following a determination notice of denied
- a family moving from one CCAP service area to another
- two participating families, with at least one child in common, combining households
- a change of household that involves the other parent of the child(ren) in common now living in the same home
- a change of household resulting from the marriage of a participating parent
- families requesting a status change from inactive to active

When a participating family's circumstances change and a new application is required, information in the Integrated Child Care Information System (ICCIS) must be updated to reflect a new certification period (see page 7 of this policy, Certification Period). The family must complete the application process which includes an interview.

A new Child Care Assistance Application, form CC08 (06-3917) is not needed when:

- an Administrative Review or Hearing decision overturns the determination
- the Incorrect Payment process reveals a case was closed or denied incorrectly
- a complete application is not processed by the CCPO or designee within the required 30 days
- the number of children in the family changes

PASS I eligibility: Applications received from families receiving Alaska Temporary Assistance Program (ATAP) benefits are to be denied and the family referred to the appropriate Work Service Contractor providing supportive services for families in the community.

Eligible signatures
The application must be signed by the parent who certifies, under penalty of perjury, the truth of the information contained in the application (Statement of Truth). The signing

parent is considered the "Responsible Party" and the applicant. A faxed copy of the application is acceptable and an original signature on file is unnecessary.

In two-parent families, both parents, regardless of their marital status, must sign the Statement of Truth and Release of Information areas contained in the application. The required signature of the second parent is waived if the second parent is away from the home due to participating in an eligibility activity or incapacitated in a way that prohibits being able to sign the forms. The CCPO or designee will obtain a completed and signed Employment Away From Community of Residence or Health Status CC 24(06-3982) form from the applying parent.

When a two-parent family has an existing ICCIS case assigned, this case number is used for subsequent applications regardless of who signs the application as the Responsible Party.

INTERVIEW PROCESS

An interview between the CCPO or designee and the applicant is part of the annual application process and must be completed prior to making a final eligibility determination or issuing authorization documents.

Applications cannot be denied prior to notifying a family of the requirement to participate in an interview. Notification of this requirement is included in the Child Care Assistance Application Received – Pended notice, if used to request other missing information, or in a Child Care Assistance Application Received -Interview Needed notice.

Whenever possible, interviews are to be conducted at the time the family brings the application to the CCPO or designee's office in person. If the family needs to be scheduled for an interview later the same day no notice is required to be sent to the applicant; however, if the interview is scheduled for a time other than later the same day, a Child Care Assistance Application Received- Interview Scheduled notice must be issued to the family.

If the family fails or refuses to participate in an interview within the specified timeframe identified in the notice, their application may be denied.

Interviews may be conducted face-to-face or by telephone based on the preference of the family. During the interview the CCPO or designee must discuss with the family information submitted or missing on the application. The appropriate standard case note template must be used to document in ICCIS whether only the interview was conducted or if a determination was made at that time.

Additionally, the CCPO or designee will document in the case note:

- explanation of authorization document and type(s) of care
- answers to the applicant's questions about the Child Care Assistance Program
- discrepancies between the submitted application and supporting documentation

- any changes that may have occurred since the application was submitted
- results of the EPLS search for each parent in the family and
- results of the State debarment search for each parent in the family for the initial application

DOCUMENTATION

Documentation is the recording in the parent's file of what is verified and how and why certain decisions were made that lead to the eligibility determination. Sources of verification include documentary evidence, collateral contacts, and verbal or written statements made by the applicant.

Documentary evidence includes, but is not limited to, hard copies of items such as pay stubs, employer verifications, proof of age, work schedules, child care billing forms, etc. Collateral contacts may be used to obtain information that will help determine the family's eligibility, and may include but are not limited to, inter-agency staff, medical providers or employers who supply pertinent information about the family.

The applicant has the primary responsibility for providing documentary evidence to support statements made and to resolve any questionable information. Questionable information is unclear or inconsistent information that contradicts the application, statement(s) made by the applicant or other information received by the CCPO or designee. When questionable information from another source contradicts statements made by the applicant, the applicant must be provided an opportunity to clarify and verify their circumstances.

When a family has been notified in writing of information needed to determine or maintain their eligibility to participate in the CCAP, a date (10 days from notice issuance) by which the information must be received is provided in the notice. The family may submit the requested information in person, via fax, scan and email, or via mail. If submitting the information via mail, the postmark date must be considered prior to taking action to deny an application or close a participating family's case. Prior to taking an action, the CCPO or designee must wait an additional five days beyond the date specified in the notice to ensure mail has been received. Mail that is postmarked as having been sent on the 10th day are to be date stamped with the date actually received by the CCPO or designee and accepted as submitted within the prescribed time. It is good practice to retain envelopes for information that is post marked and/or received after the due date.

VERIFICATION REQUIREMENTS

Families applying for participation in the Child Care Assistance Program must provide the following information that is maintained in the family's file:

- a government issued photo identification for parent(s) applying for child care assistance
- proof of gross countable income
- proof of allowable deductions/expenses
- proof of age for children needing care listed on the application, and
- proof of alien status, for children needing care, if not a U.S. citizen

Photo identification for the parent(s), proof of age for the child(ren) and proof of alien status for the child(ren) identity documents submitted with the family's initial application are to be maintained in the family's file and are not required to be submitted with each subsequent application.
Verification for proof of age includes: birth or baptismal certificates; adoption records; confirmation papers; hospital, midwife or physician's records; certificates of Indian blood; immigration or naturalization records; school records or vaccination records. Legibly copied, faxed or scanned documents are acceptable for file copies.

Verification for gross countable income includes: pay stubs; employer verifications; Work Number confirmations; tax documents for self employed individuals; Social Security Administration letters; Veterans Administration letters; Child Support Services Division printouts; written statements from absent parent stating amount and frequency paid for child support; signed child support affidavits or court orders for child support to be paid and pay stubs showing withholdings.

ACTIONS TAKEN ON THE APPLICATION: The CCPO or designee must assign each family case to the appropriate office caseload when registering the application in ICCIS. The case must then be assigned to the appropriate worker's caseload for subsequent actions.

The same day or next business day following receipt of the application the CCPO or designee will:

- review the application for completeness,
- enter (register) the application in the Application and Demographics screens of ICCIS at a minimum and enter a case note acknowledging receipt of a complete or incomplete application,
- "Green track" all applications that are complete and have all the required supporting documentation,
- "Red track" all applications that need additional information.

Green track applications have all the supporting verification documents submitted with the application: all information is entered into the appropriate ICCIS screens and the family interview is conducted either at the time the application is submitted or the same day or next business day following the receipt of the application. The application is processed through to a determination including the "Child Care Assistance Application – Approved" or "Child Care Assistance Application Denied" notice and appropriate authorization documents the same or next business day. If this is not possible due to the volume of applications received, it is expected all applications will be worked and a determination of denied or approved issued within 10 days of receipt.

Pending an Application: The application process includes: obtaining all pertinent information from the application form, participation in an interview annually, and receipt of all the verification necessary to make an eligibility determination. The CCPO or

designee must pend an application (Red track) when a family has not completed the application process.

Red track applications do not have all the supporting verification documents submitted with the application. All information is entered into the appropriate ICCIS screens and the application is worked through to Pend status the same or next business day. If this is not possible due to the volume of applications received, it is expected all applications will be pended within 10 days of receipt. It is also expected all red track applications will be worked and a determination of approved/authorization or denied issued within 30 days of receipt. This allows for situations when a worker processes the application on the 10th day, issues a Pend notice allowing 10 days to receive additional information, and then makes the determination within 10 days of receiving the pended items.

The CCPO or designee must send the appropriate written notice to the applicant allowing them at least 10 days to provide any missing, necessary information and/or schedule participation in an interview if this has not already been conducted.

Applications are denied if the applicant fails to provide the required documentation or complete the interview within the prescribed timeframe of the notice.

Determination of Eligibility: The family must be sent written notice of the final determination of Child Care Assistance Application - Approved or Child Care Assistance Application - Denied regarding their application along with a copy of the worksheets used to calculate the family's income and the *Family Income and Contribution Schedule*. The notice must include the right to request an administrative review and notification that they may reapply at any time.

All actions taken must be documented in ICCIS case notes and the applicable screens updated.

ELIGIBLE START DATE

A family's eligibility start date will be the date an application is date stamped as received in the CCPO or designee's office. The CCPO or designee must take action on the application to pend for more information, approve or deny the same or next business day following receipt or within 10 days of when the application was received if not possible due to volume.

If the CCPO or designee is unable to make a final determination on an application within 30 days of receipt, the effective date will remain the date it was received as long as the family submits any missing required information within 10 days of being notified by the CCPO or designee.

When all needed information is received and an interview is completed within 30 days of the application submission date the family's eligible start date is the date the application was received.

A new application is not needed if the applicant provides the needed information and/or completes the interview within 60 days of the date their application was originally received. However, the family's eligible start date will be affected depending on when the information is received.

When needed information is submitted 31 through 60 days after the initial application submission date, the family's eligible start date will be the date the last piece of information is submitted or the interview is completed.

A new application is needed if all information is not submitted or the interview is not completed within 60 days following the submission of their application.

Any change that is reported by an applying family during the application process must be considered and appropriate action taken before the final determination is issued.

There is no retroactive eligibility for Pass III.

The eligible start date for families selecting in-home care is the date an application is date stamped as received in the CCPO or designee's office and the family completes the application process. However, the benefit start date for the identified caregiver is the date approval is issued.

PASS II: CCA may only be made retroactive if a parent is transitioning from PASS I to PASS II. The PASS II effective date is normally the first of the month following the end of PASS I participation; however, the family ***may*** receive post Alaska Temporary Assistance Program child care coverage through the PASS I program, for the month following their Temporary Assistance case closing. Family PASS II eligibility is determined by the Temporary Assistance eligibility worker and issues a W150 notice to the family and appropriate designee. Designees may process PASS II approvals retroactively up to 60 days prior to receiving a PASS II/III application as long as the family was PASS II eligible.

CERTIFICATION PERIOD

A family's certification period is the length of time the family is considered eligible based on the initial application determination, not to exceed six months; however, an application is only required annually. When registering a family's application the certification period is automatically set at six months from the family's eligible start date. This timeframe may not exceed six months, however, may be less with detailed documentation as to the reason for the shorter timeframe.

Families who receive seasonal, commission, or other irregular income are certified for the six month timeframe with an income redetermination at three months. A Child Care Assistance - Information Needed notice must be sent timely to ensure request and receipt of appropriate proof of income and/or other eligibility factors. Authorization documents are issued without a lapse in coverage for the remainder of the certification period after review of this information.

The family is not required to submit a new application for this review unless there are other circumstances as outlined on page one of this section under Submitting an Application. If a new application is requested, it is treated as a new certification period.

When applications are registered and approved in ICCIS the certification period is six months. There may be months within the certification period in which the family does not receive an authorization document, for example, because their contribution exceeds the cost of their child care or care is not needed for one month.

If the CCPO or designee determines a shorter certification period is warranted due to expected changes that will substantially affect the family's eligibility or benefit, the reason(s) for the shorter certification period must be documented in an ICCIS case note.

SIX MONTH ELIGIBILITY EVALUATION

The family's eligibility must be reviewed at least every six months. After an approval determination is made on an application, the CCPO or designee must send a Child Care Assistance – Eligibility Evaluation Information Needed notice requesting any changes the family experienced during this certification period or expects for the following six month certification period. This notice must be sent 45 days prior to the end of the last month care is authorized in the certification period.

Written response received from the family after the notice is issued and prior to expiration of their current authorization will be accepted and processed for their eligibility to continue. The CCPO or designee will make a determination based on the changes reported by the family, which may include a new income calculation.

The written response from the family is considered receipt of a renewal application for the purpose of updating the ICCIS application screen and for setting the next certification period, not to exceed six months, or for determining the reason for closure.

If the family is determined eligible, the CCPO or designee will issue a Child Care Assistance – Notice of Change advising them of the next timeframe they are determined eligible for, not to exceed six months and their new co-pay, if applicable, along with the authorization document.

If no response is received within the specified timeframe on the notice, the family's case is closed and the Child Care Assistance-Closure Notice is sent.

Families currently participating in the PASS II/III Program who are receiving Alaska Temporary Assistance Program (ATAP) benefits are to be referred to the appropriate Work Service Contractor providing supportive services for families in the community at this review period or at the renewal period whichever comes first.

RENEWING

The CCPO or designee must send a Child Care Assistance Renewal Notice with an application, 45 days prior to the end of the final authorization document issued for the

family's certification period. Renewing families must complete an interview prior to a new certification period being established and authorization documents issued.

An interview, either face to face or telephonically, must be conducted that includes the CCPO or designee reviewing the application, discussing/re-verifying information and documenting as outlined in the Interview Process earlier in this section.

A participating family must complete an entire application at least annually. Each renewal application received must be registered in ICCIS reflecting the new six month certification period.

The family's eligibility must be reviewed at least every six months. After an approval determination is made on an application, the CCPO or designee must send a Child Care Assistance – Eligibility Evaluation Information Needed notice requesting any changes the family experienced during this certification period or expects for the following six month certification period. This notice must be sent 45 days prior to the end of the last month care is authorized in the certification period.

If a family provides an application that is received or postmarked after the last day of their certification period, the application is treated as an initial application and not a renewal. The family may experience a lapse in child care coverage.

FAMILY CHANGING SERVICE AREA

When a participating family physically moves from one community to another they must reapply with the CCPO or designee in the family's new community. Information is shared between the CCPO and/or both designees and provided within two working days, if requested. The CCPO and/or both designees enter electronic case notes in ICCIS documenting the dates and actions taken.

If the CCPO or a designee receives an application or other means of notification and the family is already active in ICCIS the designee shall request as needed from the former designee's file:

- proof of age for children on the application needing care,
- court documents if any,
- developmental disability documents for children 13 through 18 years of age, if any, and
- verification of incapacitation, if any

The CCPO or designee must coordinate to ensure the family is appropriately covered based on the parent's eligible activity while in each service area. The CCPO or new designee will contact the family for an interview and identify any additional information needed to determine authorization documents to be issued.

Before an authorization document can be issued it must be determined if the parent gave at least a 14 day notice to their former provider or if the notice requirement was mutually

waived and whether the parent has communicated to the prior designee their intention to end participation in that CCAP delivery area.

FAMILY RESPONSIBILITIES

A family participating in the CCAP is responsible to follow all program rules and report changes. They must:

- select a participating provider,
- provide documentation to support information provided on the application , if requested by the department or designee,
- pay the portion of the family's authorized child care costs not paid on the family's behalf (co-pay),
- pay the child care provider the difference between what the provider charges and what is paid on the family's behalf,
- renew eligibility in a manner timely enough to provide authorization for continuity of care,
- review the provider's attendance records and monthly billing statement, if requested by the CCPO or designee, to verify that care was billed only for hours of eligible activity,
- give the provider at least 14 day's written notice of the family's intent to terminate child care except:
    - in the case of sudden program ineligibility
    - in the case of an allegation of abuse, harm, or serious risk of harm to a child in the provider's care
    - upon mutual agreement between the provider and the family

REPORTING CHANGES

Families applying for CCA are required to report any changes or anticipated changes in circumstances that may affect their eligibility or subsidy amount.

Changes reported after the interview, but before an eligibility determination is made, will be considered in the initial determination.

Families participating in the program are required to notify the designee within 10 days following a change that may affect the family's eligibility or co-payment amount. The CCPO or designee may require the family to supply additional information to verify the reported changes.

A family must report:

- changes in employment for any adult family member
- when the family size changes
- a move or a new mailing address or telephone number
- changes in any family member's legal obligation to pay child support
- changes in income in excess of $200 a month
- any other change that would affect the family's benefit or eligibility and
- when changing provider

The CCPO or designee is to document and take action on all reported changes within 10 days of receipt. Authorization documents that are in effect for the month the change is reported will not be changed but future months are to be canceled and reissued as warranted by the reported change. Appropriate adverse action timeframes must be applied (see section 345 for more information).

The exception is when a child is added to the family during a month in which an authorization document has already been issued. Appropriate adverse action timeframes must be applied. In these situations the child is added and an authorization document including this new child is issued without a change to the family's co-pay. The family's co-pay is adjusted for the first of the next month.

How to Report Changes:
Changes may be reported in writing/electronic, by telephone, or in person. All reports of change must be documented in an ICCIS case note that includes the name of the person making the report, date report made and received, other pertinent reported information and actions taken by the CCPO or designee.

Part III: Families	Section: 310
Title: Income Determination	Cross Reference Section(s):305 & 320
Reference: 7 AAC 41.305 & .325	Revised: July 1, 2010

EVALUATING INCOME

Designees must use and document their prudent person judgment when evaluating the family's income from all sources to anticipate an estimate of the monthly countable income. The following must be evaluated to anticipate what income is expected to be received from each source:

- amount,
- frequency from each source,
- how this information was verified,
- the method(s) used to calculate the monthly income including the conversion factor used,
- any changes or anticipated changes are expected within 30 days of application and,
- effects, if any, the changes may have on the estimate of income

If a family is determined to be financially ineligible for the month of application designees should evaluate income eligibility for the month following the month the application was received.

If the family is anticipating changes to their income within 30 days of receipt of the application, the income must be verified through collateral contact or other means and the application processed.

METHODS FOR CALCULATING MONTHLY INCOME

An estimated prospective monthly income is calculated to determine the family's financial eligibility. The preferred methods to be used are:

- Anticipated Monthly Income
- Averaging Seasonal, Commission or other Irregular Income

Anticipated Monthly Income: Estimate the income anticipated to be received by projecting, the family's countable gross monthly income, from when the family application was submitted. Anticipated income and allowed deductions must be verified by hard copy or collateral contact in conjunction with taking client statement into consideration.

Anticipated monthly income is calculated by using information about the estimated amount of income from each source and the frequency of income from each source. The estimate is made using the amount of income anticipated to be received per pay period and applying an appropriate conversion factor.

Conversion factors take into account third and fifth paychecks, so those "extra" paychecks are not estimated separately. For individuals who are paid twice a month it is not necessary to calculate each pay period for the year.

A single pay stub or employer verification can be used, if they are found to be a reasonable reflection of anticipated earnings, in conjunction with the family interview to estimate the amount of income.

Unemployment benefits cannot be anticipated unless they are currently being received. Do not include income from this source if it is not currently being received.

Income Frequencies

Monthly Income: If income is received in a single monthly payment, no conversion factor is applied unless this is new employment and the verification is less than a full month. When less than a full monthly pay period is provided, the designee should average the number of hours worked per week and apply the weekly conversion of 4.3 to reach the average monthly income.

Twice-Monthly Income: If income is received in two monthly payments, typically on the same dates, such as the 5th and 20th, the estimated amount of income per pay period is multiplied by two to arrive at the monthly income.

If only one pay stub is received or if using employer verification, the designee should average the number of hours worked per week and apply the weekly conversion of 4.3 to reach the average monthly income.

Bi-Weekly Income: If income is received 14 days apart, typically the same day of the week, such as every other Friday, the estimated amount of income per pay period is multiplied by 2.15 to arrive at the monthly income.

Weekly Income: If income is received 7 days apart, normally on the same day of the week, the estimated amount of income per pay period is multiplied by 4.3 to arrive at the monthly income.

Averaging Seasonal, Commission or other Irregular Income: Employment in an occupation that has regular pay periods, even though the work is not for a full year, is not considered seasonal and should be calculated using the Anticipated Method.

Income is considered irregular when payments are not made on a regular schedule. When income is received on a regular schedule but the amounts vary it is not considered irregular.

Seasonal, commission or irregular income is to be averaged over the period of time engaged in the eligible work activity, or when the income is earned, not to exceed 12 months.

Proof of income for the 2 most recent payments received, an employer statement or the family' last year's tax documents are needed to obtain the average monthly income.

Designees must re-determine family eligibility at least every three months. The family's certification period can be six months and authorization documents may be issued for the entire certification period. Designees send a Child Care Assistance – Information Needed notice as early as possible in the 3rd month, of the family's certification period, requiring the family to report changes to eligibility factors that include family size, eligible activity and income.

Reported changes, even if the family reports no change, are acted upon and applied to future authorizations as needed based on the appropriate adverse action timeframe. The family is sent a Child Care Assistance – Notice of Change to inform the family of their continued or changed eligibility and any revised or new authorization documents.

Seasonal self-employment is to be calculated as described in Self-Employment Income, Section 320.

INCOME DESCRIPTIONS

Income from any source is countable unless specifically excluded. The following describes types of income: earned, unearned and excluded.

Earned Income for only the parent(s) of the family is considered when determining the family's monthly income. Employment in an occupation that has regular pay periods even though the work is not for a full year is not considered seasonal and is calculated using the Anticipated Method.

Wages: Wages include, but are not limited to: monetary compensation for services as an employee, including gross earned income, advances, tips (as reported by the employee), and commissions; military pay; earnings from on-the-job training programs under the Workforce Investment Act; and jury duty payments.

Verification: Acceptable verification of wages includes, but is not limited to, a statement signed and dated by the employer, an employer's wage record, paycheck stubs, military leave and earnings statements (LES), or a collateral contact with the employer or other person authorized to verify payroll information.

Advance Wages/Draws: A payment or payments received by a parent from his or her employer as an advance on future earnings. Designees document the advance amount and timeframe over which it would be recaptured by the employer.

Verification: Acceptable verification includes, but is not limited to, official documents stating the date and amount an advance was given, paycheck stubs, or a letter from the employer.

Irregular income: A payment or payments that are not received on a set schedule or that are received sporadically. An example of irregular income is payment for day labor work.

Seasonal Income: A payment or payments that is received at the beginning or end of a particular "season" of work activity or is received on an irregular basis.

Self-Employment Income: Self-employment includes occupations such as small businesses, crafts, boarding house manager/owner, or ownership of rental property.

If this is a new self-employment activity and no revenue is generated or the income is less than the minimum wage, only the first three months of this activity is considered at the actual income or zero, whichever is more.

For the purpose of income determination, the designee calculates the greater of the self-employment income or, if the time engaged in a self-employment activity exceeds three months, the amount equal to the number of hours in the parent's proposed work schedule attributable to the self-employment activity, multiplied by minimum wage. If the parent changes a self-employment activity that is substantially different from the original activity, a three month period at zero or actual income, if less than minimum wage is allowed before minimum wage is calculated.

Verification: The parent is responsible to verify all income and expenses claimed. Acceptable sources of verification are tax records including Schedule C, bookkeeping records, account statements, schedule of self-employment hourly activities, etc.

Unearned Income of all family members is considered when determining the family's monthly income.

SSA/SSI/VA Income: Social Security Administration (SSA) – retirement, survivors, and disability benefits; Supplemental Security Income (SSI) – benefits for aged, blind, and disabled persons; and Veteran's Administration (VA) benefits are considered unearned income.

When an individual is initially determined eligible for these programs they may receive a retroactive payment for any previous months the agency has determined they were eligible. This payment is not considered a lump sum as the benefit will continue monthly. The retroactive payment is to be prorated forward based on the number of retroactive months the payment covered, not to exceed 12 months.

Verification: Verify with a copy of the current check, current Social Security or Veteran's Administration award letter, or documentation from the Social Security Administration or Veteran's Administration verifying the monthly amount.

Child Support: All child support payments received, both current and arrearage, is considered unearned income if payment is a cash contribution made directly to the family

member or by way of a third party i.e. CSSD. Child support income that is anticipated or currently being received when the determination is made, is included in the family's monthly income if it is anticipated to continue or is received on a regular basis.

When this type of income is unpredictable or cannot be anticipated when it may be received it is not included in the monthly income.

When an increase of more than $200 is received and expected to continue, the designee must apply the adverse action timeframe when re-evaluating the new anticipated income for the remainder of that certification period.

Child support contributions that are paid as "in-kind" rather than in cash to a family member are not counted as income in determining eligibility.

When an applicant indicates the other parent of children in the family, pays child support by way of paying another financial obligation for the parent the amount of that other payment is not counted as child support income for this family's eligibility, even if a court document directs the parent to make this type of payment.

Verification: Acceptable verification includes, but is not limited to, the payment stub issued by the Child Support Services Division (CSSD), a child support affidavit form completed and signed by the noncustodial parent, or a printout from CSSD's computer system.

Educational Income: Educational income includes educational grants, scholarships, fellowships, veteran's educational benefits, and educational related cash gifts of awards paid to a student or to the institution on behalf of the student. Educational income is excluded to the extent that they are used for tuition, school fees, books, and required supplies. Any remaining money from the grant or scholarship is considered countable income and is prorated over the period of time it was intended to cover.

Note: Any educational loan on which payment is deferred is considered excluded income.

Verification: Verification of educational income includes, but is not limited to, a signed and dated statement from the payer documenting the full amount of the educational income and the period it is intended to cover, a financial aid letter, or a copy of the award letter.

ANCSA Distributions: Alaska Native Claims Settlement Act (ANCSA) cash distributions paid in excess of $2,000 annually to each individual shareholder by a Regional or Village Native Corporation count as income. The individual shareholder receiving the distribution must be included in the family unit and the money accessible to the participating family in order to be counted.
The distribution amounts received are tracked for a calendar year, regardless of the CCA application month, and applied to the family's income. The amount received in the

calendar year that is over $2,000 will be prorated over the months until the next distribution not to exceed 12 months. The prorated amount does not need to be over $200 per month to be considered countable income.

Designees should use the Native Dividend tracking sheet to document income received for each shareholder in the family.

Verification: If there is any reason to doubt an individual's statement that he or she has received or expects to receive an ANCSA payment, or reason to doubt the amount of that payment, verification must be sought from the individual or his/her Native Corporation.

Lump Sums: Lump sums are one-time, nonrecurring payments that exceed $500 including, but not limited to, insurance proceeds, disability and death benefits, awards and cash gifts, inheritance, terminal leave, severance pay, and net gambling or lottery winnings. The amount of the lump sum that is in excess of $500 is countable.

Amount in Excess of $500:
$1 - $499 = prorate over 4 months
$500 - $999 = prorate over 8 months
$1,000 and over = prorate over 12 months

Verification: Acceptable verification of lump sums includes, but is not limited to, pay stubs or other documentation from the employer, a letter from the paying source verifying the amount issued, or a copy of the award letter.

Non-lump sums: Cashing-out sick or vacation leave and receiving a draw against future earning are not considered lump sum payments, as these could reoccur whenever a person has accrued leave. The lump sum payment must be received during a period of CCA participation. A raise retro-actively paid and received, is not treated as a lump sum payment. These situations are treated as irregular income with the intended period to be for the three months following the month the income was received.

Employer provided housing: When an employer offsets or pays a portion of the employee's rent, the amount paid on behalf of the employee is counted as unearned income. The individual must also receive earned income from this employer.

In situations where the employer provides "free housing" or pays the full amount, the valued amount or an amount based on the HUD Fair Market Rate for a similar size rental in the geographic area or the amount actually paid is counted as unearned income in addition to earned income from the employer.

A collateral contact with the employer is acceptable verification of the rental value.

The most current HUD Fair Market Rate can be accessed at:
http://www.ahfc.state.ak.us/rental/fair_market_rents.cfm

Diversion payments – only the portion of the payment that is paid directly to the family is counted. Payments made to vendors or other parties directly on the family's behalf are not counted.

OTHER SOURCES OF UNEARNED INCOME INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. regular cash support payments from an absent family member or another person who does not live in the household, unless specifically excluded (i.e. loans)
2. Unemployment Insurance Benefits (UIB) including amounts garnished. Income that is garnished is countable. A garnishment is different from a recoupment. Recoupment occurs from an income source to repay an overpayment from that source. A garnishment reduces income to repay a debt. Designees must examine the reason an income is being reduced to determine if the reduction is a garnishment or a recoupment.
3. alimony payments
4. child support payments, both current and arrearage
5. adoption subsidies, if child is included in the family size
6. foster care payments, if foster care children are included in the family size
7. annuities, insurance, pensions, retirement, and disability benefits (NOTE: Annuity payments paid quarterly shall be averaged over three months and counted as monthly income. Annuity payments paid annually shall be averaged over twelve months and counted as monthly income.)
8. veteran's payments and military cash allowances
9. worker's compensation
10. social security payments
11. investment income and capital gains
12. public assistance cash benefits: ATAP including diversion payments and Adult Public Assistance (APA)
13. federal cost-of-living allowances (COLA)
14. scholarships and education grants for other than tuition and books
15. fellowships and assistanceships
16. employer contributions for child care costs
17. strike benefits from a union fund
18. housing allowances or fair market value of employer-provided housing;
19. stipends
20. room and board paid to the family by others in the household
21. net rental income (gross rental income minus allowable costs of doing business)
22. dividends, interest, net royalties, and periodic receipts from estates or trust

EXCLUDED INCOME:

Loans are excluded as income, including educational loans on which repayment is deferred.

Alaska Permanent Fund Dividends

Federal Income Tax Refunds

Earned Income Tax Credits (EITC): Advance payments of earned income tax credits received from an employer are excluded as income. A single earned income tax credit payment received after the end of the tax year is also excluded.

Federal Non-Cash Benefits, including Medicare, Medicaid, Food Stamps, and supplements through the WIC Program (Women, Infants and Children)

DEDUCTIONS FROM INCOME:

Child Support: Legally obligated child support payments, both current and arrearage, incurred by a household member are allowable deductions only for the amount paid. Child support payments that are not legally obligated are not allowed as a deduction.

Legally obligated child support payments include child support payments to a person or agency outside the household, and payments to a third party. These third party payments may include rent, utility payments, and health insurance premiums.

Verification of the legal obligation may include: CSSD computer information or hard copy documentation, a court or administrative order.

Acceptable verification of paid child support may include: CSSD computer information or hard copy documentation, canceled checks, wage withholding statements, verification of withholding from unemployment insurance benefits, or statements from the custodial parent regarding direct payments or third party payments.

Catastrophic Medical and Dental Payments: The amount paid for catastrophic medical and dental expenses can be allowed as a deduction if the payments are for allowable medical and dental expenses and:

- exceed 10 percent of the family's monthly income; and
- have been made for more than 60 days; and
- are projected to be an ongoing expense for more than six months.

Only the portion of the family's total monthly payment that exceeds 10 percent of their gross monthly income is allowable as a deduction.

INCOME DETERMINATION

This procedure is used to calculate the amount of monthly income that is used to determine a family's income eligibility and contribution amount. Designees are to utilize the CCPO developed worksheets to assist with the monthly income determinations. It may be necessary to calculate the family's income from each source separately to achieve the total monthly income.

- **Total Gross Income:** Calculate the family's countable gross monthly income using one of the methods described earlier in this section. Include monthly gross earned income, the greater of self-employment income or minimum wage calculation, if applicable, and any unearned income, unless excluded.

- **Deduct Catastrophic Medical/Dental Payments:** Determine the total amount of catastrophic medical and/or dental payments. Subtract from the family's gross income the amount that is in excess of 10 percent of their gross income. Deductions for catastrophic medical or dental payments may be averaged for a period considered appropriate, but not to exceed 12 months.
- **Deduct Legally Obligated Child Support Payments: Both Current and Arrearage**
- **Determine Eligibility and Contribution Amount:** The amount of income remaining will be compared to the current Family Income and Contribution Schedule to determine income eligibility and family contribution amount.

DOCUMENTATION

Clear and detailed documentation is an essential part of establishing a family's income eligibility and contribution amount. Information is gathered through the family's interview, collateral contacts or by verifying documentation provided. Designees must describe the reasoning about what income is anticipated to be received. In each situation, designees must document in ICCIS case notes the following:

- amount,
- frequency from each source,
- how this information was verified,
- the method(s) used to calculate the monthly income including the conversion factor used,
- actual income calculation,
- any changes or anticipated changes are expected within 30 days of application and,
- effects, if any, the changes may have on the estimate of income,
- reasoning for including/excluding information available if not used in monthly income

Part III: Families	Section: 315
Title: Educational Income	Cross Reference Section(s):
Reference: 7 AAC 41.305	Revised: July 1, 2010

EDUCATIONAL INCOME

Designees must evaluate the source of income a family receives for educational purposes and exclude all allowable expenses to determine the countable amount that is to be prorated for the period of time the income is intended. Educational income is calculated separately from any earned or other unearned income the family may be receiving.

Sources of countable educational income include scholarships, educational grants, fellowships and assistantships.

Items that are needed in order for the family to participate in an educational endeavor and associated fees are deducted from the income to reach the countable amount. Allowable expenses include tuition, school fees, books, and required supplies. In some cases, the school, institution, or other grantor earmarks educational income for specific educational-related expenses. However, if the income is not earmarked, the amount used for or intended to be used for allowable expenses will be deducted from the total educational income. Expenses for meals, travel, and lodging are not allowed. Costs not related to attendance are not allowed.

Designees are to total the educational income from all sources and subtract all the allowable expenses to determine the total countable educational income. Once the total educational income is determined that amount is divided by the number of months in the term the income is intended to be used to arrive at the monthly countable educational income.

If the educational income is received after the period it is intended to cover, prorate the net educational income over the entire period of its intended use. Apply the prorated amount only to the months remaining.

> **Example:** A parent applies for child care assistance on September 5th. The $2,000 educational grant received for the current semester is intended to cover the months of August – December. After all allowable expenses are deducted from the grant, $500 remains. This amount is prorated over 5 months (Aug – Dec). The resulting amount is countable income for those months only. Since the parent didn't apply until September, the $100 will be considered as monthly income for the whole months of September through December.

Verification of educational income includes, but is not limited to, a signed and dated statement from the payer documenting the full amount of the assistance and the period it is intended to cover, a copy of the award letter, or the financial aid letter. If the number of months the income is intended to cover cannot be established, a statement from the school is needed specifying the date started and the intended date of completion.

The student must provide documentation verifying the amounts claimed for allowable educational expenses exceeding the amounts earmarked by the institution, and for

educational expenses that are not earmarked. Students will not be required to present identifiable receipts for each allowable expense. A statement from the student listing the type of expense and amount may be accepted provided the expense is reasonable.

Educational funds that are paid directly to the institution that are in excess of the allowable expenses are not counted as income when the parent does not have access to the funds. If these funds are accessible or given to the parent they are then counted. These payments must be confirmed or verified by the institution.

Part III: Families	Section: 320
Title: Self-Employment Income	Cross Reference Section(s):
Reference: 7 AAC 41.305 & .325	Revised: July 1, 2010

SELF-EMPLOYMENT

Eligibility must be determined at least every three months for families that include self-employment income or activity. A new application is not required every three months but the designee must request updated income verification for all members to evaluate the family's eligibility. Designees will evaluate the family's income to determine if the benefit amount will be changed. Changes due to income increases will be effective based on adverse action timeframes.

Self-employment endeavors vary depending upon the nature of each self-employment enterprise. **Exact instructions fitting every situation are impossible to provide.** Designees shall use *prudent judgment* in calculating self-employment income and thoroughly document relevant information. The IRS Form 1040C from the prior year may be used when available. Consideration must be given to changes in the business activity or profit/loss.

Instances that involve corporations or partnerships determining self employment may be complicated; refer to the CCPO for assistance.

When using tax documents that include earnings from an employer or other source as well as self-employed earnings, designees may not mix the income sources when determining the monthly income.

Relevant information includes the type of verification used to determine adjusted gross self-employment income and allowable costs of doing business (noting which expenses are not allowed), and for seasonal self-employment, the period engaged in the self-employment activity.

Definition: Self-employment is the process of actively earning income directly from one's own business, trade, or profession. Self-employment may include income from a trade or business, hobby, commercial boarding house, rental property, or other income producing property. Persons are considered self-employed if they:

- are responsible for obtaining or providing a service or product; and
- earn income directly from their own business; and
- are not required to have federal income tax and FICA payments withheld from their earnings; and
- have a current State of Alaska business license (or proof of application to obtain) and all other required licenses or permits, and a commercial fishing permit, if a self-employer fisher person; and
- are not required to complete an IRS W-4 form for an employer; and
- are not covered by worker's compensation.

Individuals who lease their boat or fishing permit and are not actively involved in the fishing operation are not considered self-employed. In these cases, the income obtained from the lease of the boat or permit is considered unearned income.

SELF-EMPLOYMENT DEFINITIONS:

Period of Self-Employment: the months in which a self-employed individual is actively engaged in producing, or attempting to produce, self-employment income.
The period of self-employment may include 30 days prior or 30 days after which maintenance or preparation of tools or equipment is the only self-employment activity performed.

Monthly Self-Employment Income: earned on a monthly basis during any or all months throughout the year. Examples of monthly self-employment include but are not limited to, persons involved in crafts, cosmetic sales, taxi drivers, hair dressers or rental property owners.

Seasonal Self-Employment Income: earned during a specified season or during part of a year. Examples of seasonal self-employment include but are not limited to, persons such as fishers, deck hands, trappers, snow plow operators and lawn services.

Gross Self-Employment Income: the total amount of money the trade or business produces. Gross self-employment income is computed by totaling the gross business receipts (income) for the business enterprise.

Adjusted Self-Employment Income: the gross self-employment income less allowable costs of doing business. To determine adjusted gross self-employment income, subtract the total amount of allowable costs of doing business from the gross self-employment income. The amount of self-employment earnings countable to a self-employed individual is the adjusted gross self-employment income.

Self-Employment Costs of Doing Business: non-personal expenses incurred by the self-employed individual as a direct result of earning the self-employment income.

Durable Goods: items of value purchased for use in the self-employment enterprise that are usually used for more than one year or season and can usually be sold once the self-employment business ends. Durable goods include such items as office equipment, vehicles, playground equipment, computers, fishing nets (gill nets, seine nets), tools and file cabinets.

Overtime: Overtime is considered any time worked over 8 hours a day, or over 40 hours a week.

Allowable Costs of Doing Business: costs for non-personal costs of doing business which are directly related to producing the self-employment income, and which are not specifically prohibited. If a declared expense is determined to be an allowable cost of doing business, the expense is deducted in calculating adjusted gross income in the month it is paid.

Allowable costs include, but are not limited to the following:

- labor, including gross wages for an employee, employee life and health insurance premiums, and mandatory employer contributions to employee benefits plans such as unemployment insurance and social security
- stock and inventory, including the actual amount plus tax of a product purchased for resale
- payments (including interest and principle) on the purchase of income-producing real estate and capital assets, equipment, machinery, and other durable goods
- Insurance premiums, taxes, assessments, and utilities on income producing property. When part of the household's home is used as the place of business, a percentage of the mortgage interest, insurance, taxes, and utilities can be allowed as allowable costs of doing business. To get this allowance, the household must document, as separate and identifiable, the costs on that portion of the home used in the business.
- service, maintenance, and repair of business property and business equipment
- rental costs of business property and business equipment
- business supplies
- costs for advertisement
- licenses and permit fees
- legal and professional fees, such as fees to lawyers and accountants
- Business travel, including costs incurred by the self-employed individual to travel outside their community to sell goods or services, purchase business equipment, and seek repair for business equipment. Transportation costs incurred commuting to and from work, regardless of distance or mode of transport, are not allowable costs of doing business.
- Vehicle maintenance and repairs. Allowable costs for vehicles used over 50 percent of the time for the business include gas, oil, registration and licensing fees, and replacement of worn items such as tires. When a vehicle is used less than 50 percent of the time for the business, a flat rate per mile is allowed which compensates for all business related costs. The self-employed individual is responsible for providing acceptable documentation of the business-related mileage.
- purchase of non-durable items
- any expense judged by the designee to be reasonable and necessary to the efficient and profitable operation of the business

Example: Allowable costs of business for a self-employed fisher person include commercial boat payments; commercial fishing and boat licenses; fishing permit renewal fee; boat engine fuel and oil; repair and maintenance costs to the boat, engine, spare motors, fishing gear, and line; boat mortgage, grid, and haul-out fees; rain gear and fish cleaning gloves; bait; utility costs to maintain the boat year round; crew member wages/shares; crew food and transportation (if paid for by the self-employed fisher person); and charts.

Expenses not allowed as a cost of doing business includes the following:

- durable goods

- depreciation
- amortization
- net losses from previous periods
- federal, state, and local income taxes
- monies set aside for retirement purposes, except when paid for a non-household member employee
- personal work-related expenses such as transportation to and from work, including costs to travel outside the home community to work
- normal living expenses incurred by the self-employed individual and family members, such as shelter and food
- personal costs for the self-employed individual and his or her family such as life and medical insurance and entertainment
- undeclared costs of doing business

Verification of Self-Employment Income and Costs of Doing Business: Each self-employed individual is required to provide verification of self-employment income and allowable costs of doing business. Costs of doing business must be clearly identified as business expenses. If written verification of self-employment income and expenses is not readily available, verbal verification is acceptable.

Self-Employment Business Records: The self-employed person's business records are the best and preferred method of verification. Self-employment has no "employer" verification. The self-employed person is the employer, and thus, business records maintained by the individual are acceptable verification. Third party verification or income and expense receipts are not necessary when complete business records are provided.

Individual receipts for income and costs of doing business can be accepted. The self-employed person has primary responsibility to calculate the income and expense types and amounts in an organized manner.

Tax Forms: Income tax documents provide acceptable documentation of self-employment income and expenses. Examples may include Schedule C Form 1040, Profit or Loss From Business (Sole Proprietorship); Schedule E Rental and Royalty, or Schedule F Farm; and Form 1065, Partnership: Schedule K-1 Partner's Share of Income. No additional verification is required for allowable costs listed on the tax forms.

Third Party Collateral Contacts: Written documentation from a third party verifying the self-employed person's income or expenses is acceptable. This may include but is not limited to verification from city or borough offices, taxicab owners, salon owners, parent companies, fish processors/canneries, and Department of Fish and Game.

CALCULATING SELF-EMPLOYMENT INCOME

Monthly self-employment income is calculated on a month-to-month basis, even if the self-employment income is not received every month. Adjusted monthly gross self-

employment income is determined by subtracting the allowable costs of doing business incurred from the monthly gross self-employment income.

If this is a new self-employment activity and no revenue is generated or the income is less than the minimum wage, only the first three months of this activity will be considered at the actual income or zero, whichever is more.

Designees calculate the greater of the self-employment income or, if the time engaged in a self-employment activity exceeds three months, the amount equal to the number of hours in the parent's proposed work schedule attributable to the self-employment activity, multiplied by minimum wage. If the parent changes a self-employment activity that is substantially different from the original activity, a three month period at zero or actual income, if less than minimum wage is allowed before minimum wage is calculated.

When using the minimum wage to calculate earnings overtime the regular hourly rate is multiplied by 1.5 for time engaged in the self-employment activity that is over 8 hours a day, or over 40 hours a week.

Situations that require a parent to be absent from the home to engage in their self-employment activity require a reasonable estimation of the time the parent is engaged in the activity. Calendars accounting for the parent's time are not required.

Seasonal Self-Employment Income: Income for individuals who are engaged only in seasonal self-employment activities and the income is meant to meet the family's needs for the calendar year will be "annualized" (prorated over 12 months).

To annualize a family's annual adjusted gross seasonal self-employment income calculate the individual's annual adjusted gross income using the income and expenses for the most recently completed available period of self-employment.

If the individual has seasonal self-employment in addition to other income either from an employer or other self-employment, each source is to be treated separately. The seasonal income is not annualized but is prorated over the number of months the individual is engaged in the seasonal activity. The income from the other source is anticipated using the appropriate income calculation method.

Depending on the sources of income for the family, the designee will do the following:

- Seasonal self-employment income only and is expected to continue:
    - Use annualized income
- Seasonal self-employment income in addition to another source of income. Each individual's income is calculated separately by adding:
    - the prorated income for the seasonal self-employment and
    - anticipated income for income from the other source

Part III Families	Section: 325
Title: Family Contribution and Schedule	Cross Reference Section(s)
Reference: 7 AAC 41.330 - .335	Revised: July 1, 2010

FAMILY CONTRIBUTION

A participating family is required to contribute toward the cost of child care by paying a percentage of their gross countable income as determined on the *Family Income and Contribution Schedule*. This is more commonly referred to as the family co-pay.

Payment is made to the provider, by the CCAP, for the remainder of the eligible cost of care on behalf of the family, up to the program rate set by the department.

When the provider charges more than the relevant state program rate, the family is responsible to pay the difference to the provider as established between the two of them. The provider is responsible for obtaining that amount, and may request payment in advance from the family for services to be provided.

If the family uses more than one provider, in a month, the family's co-pay is owed to the primary provider as identified in the authorization document.

Family Income and Contribution Schedule: The purpose of this schedule is to determine the maximum family monthly income eligibility for participation in the CCAP. By using monthly income and family size, a designee determines where a family falls on a sliding fee scale according to family size and income level, and the amount the family will pay toward the cost of child care for the family.

Part III: Families	Section: 330
Title: Authorizations	Cross Reference Section(s): 235, 240
Reference: 7 AAC 41.035, .040, .310 & .340	Revised: July 1, 2010

CHILD CARE AUTHORIZATIONS

The authorization is an assurance to both the parent and provider that child care costs will be paid for the days and hours listed on the authorization document, according to the current child care assistance rate schedule for the named children during the period specified on the authorization document.

The child care authorization document identifies:

- the children for whom child care is authorized
- the provider selected by the family
- the child care authorized, including each category of care, which is based on the expected participation by each parent in an eligible activity
- whether the authorization is issued based on enrollment, attendance or hourly
- the anticipated eligible cost of care including the family contribution and maximum benefit amount to be paid
- the period of time for which the authorization is effective
- a registration fee to a licensed provider may be paid annually up to $50 per child if the provider charges
- the parent is responsible for any costs a provider charges over the authorized rate in addition to the monthly co-pay
- for care authorized on an attendance basis it is paid only for the time the child is actually in care and the parent is in an eligible activity

The authorization documents must be mailed to the family and provider. Additionally, they may be faxed.

Authorization Document Issuance

Designees must obtain information during the interview considering custody and visitation that affects eligibility, school hours and closure days, dates of eligible activities, need for travel and or sleep time, knowledge of the parent's history of program use, provider's schedule of operation, notification of a provider's temporary or permanent closure date and other relevant factors, prior to issuing the authorization document.

Designees must detail the rationale used for the authorization document issued in an ICCIS case note.

Authorizations must not contain any confidential information about the family including; family's eligible activity, place of employment, hours, requirement of a work calendar, school the child attends or renewal date.

Authorization documents include the following:

- length of the authorization
- enrollment or attendance and
- units of care assigned, not to exceed the allowable maximum of a full month plus a part month:
    - full-time month, part-time month,
    - full-time days, part-time days or
    - hourly

Effective Dates
Authorizations are effective only for the dates specified and must not exceed six months. Authorization documents begin on the first day of the family's identified benefit start date and end on the last day of the month of the certification period or eligible activity. Effective dates should not overlap except when issuing an authorization document to a secondary provider. This overlapping child care period must be documented in the ICCIS case notes.

At no time is an authorization document to be written that exceeds a family's certification period or a provider's approval or license end date.

PASS II authorization documents may be issued retroactively to the PASS II start date, as long as the provider selected by the family is eligible to participate in the CCAP as of the PASS II start date. Any retroactive authorization over 60 days needs the written approval of the CCPO.

Authorizations for school age children
Care shall not be authorized for a child enrolled in a private, public, or home school for hours when the child is in school. A school-age child who has a part-time enrollment authorization may need full-time care for in-service days, school closures and up to five days if the child is too ill to attend school. For these authorizations, the variable section of the authorization document must include, **"Payment will be made for full time days the child is in attendance, at the difference of a full time day minus the part time daily rate, not to exceed the monthly (full-time or part-time) enrollment rate."** The appropriate time frame of full or part month must be identified in this statement.

Care will not be authorized or paid for children that have been suspended or expelled from school.

If a child is age five or six and eligible to attend school or kindergarten in his/her local school district, child care shall not be authorized to an approved provider during the time that child could be attending school or kindergarten. However, child care could be authorized for children through age 6 during school or kindergarten hours if the child attends a licensed facility or private kindergarten run by a licensed facility.

Multiple authorizations can be issued if a family chooses to use more than one provider in a month.

Families may need more than one provider under these or other scenarios:

- The schedule of eligible activities extends beyond normal child care hours.
- The child care provider cannot provide care due to provider illness or facility closure.
- The child is ill and cannot be cared for at the regular child care facility or cannot attend school.
- The provider does not have room for the child during periods needed.

Typically, the authorized care should not overlap. However, if care cannot be provided due to a facility closure or illness and an enrollment authorization has been issued to a primary provider, payment for care may overlap. Each authorization must clearly indicate whether that provider is the primary or secondary provider.

The family's co-pay is authorized and owed to the primary provider.

Seek work activities should not be routinely authorized as hourly. Designees should evaluate if a part-time authorization is warranted instead of an hourly. Seek work is limited to 80 hours in a calendar year.

Travel Time: Care may be authorized for travel time between a parent's eligible activity and their participating provider.

A maximum travel time may be authorized of one-half hour before and one-half hour after an eligible activity unless the parent travels more than 30 miles from the provider or uses public transportation. In these circumstances the maximum travel time of up to one hour before and one hour after an eligible activity may be authorized.

In no case will care be authorized for travel between the family's place of residence and the participating provider.

Sleep time: May authorize child care for sleep time as follows:

- **Sleep Time:** Care may be authorized for up to eight hours before or after a parent works a night shift, if necessary for a parent to participate in a work activity. Night shift is defined as work activity requiring of a minimum of six hours between the time of 8:00 pm and 6:00 am.

UNITS OF CARE are:

- Full-time month = 17 days or more
- Part-time month = 17 or more part-time days in a month
- Full-time day = more than five (5) but not more than ten (10) hours of care in a day
- Part-time day = more than 2 hours up to and including five (5) hours of care in a day
- Hourly = care by the hour up to 2 hours a day

Units of care may be combined on one authorization document not to exceed the monthly maximum of a full time month plus a part time month. Units of care are not restricted to a daily maximum as long as the monthly maximum is not exceeded.

Enrollment
An enrollment authorization is an assurance to both the family and the provider that child care will be paid by the state at the specified rate and time period shown on the authorization document. This authorization is paid as long as the child attended at least one day during the month. Enrollment authorizations may be issued on a full-time or part-time month or daily basis.

Full-time monthly enrollment authorizations are issued when the parent participates in an eligible activity four or five days a week on a consistent basis, even if it is less than 40 hours per week, and the child needs care for that time.

Enrollment authorizations are not issued for schedules that are inconsistent or sporadic.

When a family's benefit start date is after the first of the month but is the first working day of the month a full time month authorization is not allowed in ICCIS. For these months an authorization for 17 FT days is issued.

Part-time monthly enrollment authorizations are issued when the parent is participating in an eligible activity for 17 or more part-time days in a month and the child needs care for that time.

Attendance
An attendance authorization is an assurance to both the family and the provider that child care will be paid by the state, at the specified rate and time period shown on the authorization document. This authorization is paid for the number of days and/or hours the child is actually in care. Attendance authorizations may be issued on a full-time or part-time month, daily or hourly basis.

An attendance authorization should be used for these or other scenarios. Clearly document in ICCIS case notes when:

- a parent has an erratic schedule of eligible activities
- a parent's participation in eligible activities has been inconsistent or sporadic
- a parent is participating in seek work activities, if applicable

Attendance authorization documents specify the number of units being authorized. If the parent's schedule is unpredictable, an estimated number of units can be used. Attendance authorizations for 17 or more days of care must include a statement: **"Payment will be made for authorized days the child is in attendance, not to exceed the monthly (full-time or part-time) enrollment rate."** The appropriate time frame of full or part month must be identified in this statement.

Hourly
Authorizations are only issued when the parent's schedule of eligible activities requires

- more than 10 hours of care per day, or
- when only 1or 2 hours of care per day is needed.

This type of authorization may be on an enrollment or attendance basis. When a parent's schedule requires more than 10 hours of care per day they should be issued a full time or part time, depending on the numbers of days per week plus 1 or 2 hours per day depending on the amount needed.

FACILITY CLOSURES

Providers must submit written notice to participating families and the designee 30 days prior to temporary or permanent closures.

If a provider temporarily closes their facility for five or fewer days in a month and a parent whose child attends that facility asks the designee for an authorization for another provider for the closure days, the designee issues an attendance authorization to the second provider.

Full time enrollment authorizations should not be issued for a family to a provider who has notified the designee of a temporary closure more than five days in a month. If an authorization document has been issued prior to the notification the designee will change that month's enrollment authorization to attendance or part-time month. Current month authorization documents cannot be changed due to the family not receiving prior notice of adverse action.

If the parent chooses a secondary provider to cover the primary provider's closure dates, the designee issues an attendance or part-time enrollment authorization document to cover these time frames.

AUTHORIZATION CHANGES

When it is identified a child has been in care for five or fewer days during a month in which an enrollment authorization was issued, or the family reports a change, the designee must work with the family to determine the child care needs and document the results in an ICCIS case note.

If the level of care authorized needs to be changed and it negatively affects the family's co-pay amount or level of care, the designee applies adverse action and sends written notice to the family prior to the effective date of the change.

The authorization document must be canceled beginning with the first unpaid month covered in the previous authorization. A new authorization document is created through ICCIS covering all the unpaid months incorporating the level of care or co-pay changes. The new authorization document is sent with a Child Care Assistance -Notice of Authorization Change to the family and their provider(s).

Changes reported that will benefit the family become effective the first of the month following notification to the designee. Notification of adverse action is not required for changes that decrease the family's co-pay or increase the level of care.

TERMINATION OF SERVICES

If either a family or provider chooses to terminate services prior to the last day of care on the authorization document a 14-day written advance notice is required. The party initiating the termination must notify the other party and the designee. The designee must document receipt of the intended termination in ICCIS case notes for both the family and provider.

If the provider is the initiating party and fails to give the family and the designee 14-days written notice the authorization document is canceled and re-issued to end on the last day the child attended care. The family's co-pay remains on the authorization document to this provider and the adjusted authorized care will be based on attendance.

If the family is the initiating party and fails to give the provider and the designee 14-days written notice, the authorization will be paid as authorized and based on the provider's submitted billing report form. A new authorization document may not be issued for the 14-days following the last day the child was in care. The designee must submit an Incorrect Payment Preliminary Form to the CCPO to pursue repayment by the family.

When a family notifies the department or designee and their provider of the family's intent to change providers and an enrollment authorization has been issued for that month, the authorization must be canceled and re-issued.

- The reissued authorization cannot be written to extend the certification period.
- The designee will ensure that both the family and provider are sent reissued authorizations within 10 days.

Written 14 day Notification is not required if the:

- family reports an allegation of abuse, harm or serious risk of harm to a child in their provider's care or
- family and provider mutually agree to waive the required 14-day notice. This mutual agreement must be in writing and submitted to the designee.

OFFICE OF CHILDREN'S SERVICES (OCS)

When the foster parent needs child care for their own children and foster children they will apply with the designee for services.

If care is needed for foster child(ren) only, the family is referred to OCS to handle the child care needs of the family.

Part III: Families	Section: 335
Title: In-home Care	Cross Reference Section(s): 200, 210
Reference: 7 AAC 41.025 & .370	Revised: July 1, 2010

IN-HOME CARE

An eligible family may choose to hire an in-home caregiver to care for the family's children within the family's home. A parent serving as an in-home provider will not be approved to participate in the CCAP for the care of his or her own child.

A family choosing to hire an in-home caregiver must select an individual who is:

- at least 18 years of age,
- caring only for children residing in the family's home. The provider may also bring her/his own if the total number of children does not exceed five,
- employed by the family and
- free from prohibitive crimes and/or conditions and has received a provisional clearance from the Alaska Background Check Unit (BCU)

An in-home child care packet shall be provided to a family choosing in-home care. The contents of the packet must include state and federal employment information, a reminder that the parent is responsible for compliance with applicable labor laws and tax requirements (such as paying at least minimum wage), and a health and safety checklist.

As the employer of the in-home child care provider, the family is responsible for complying with minimum wage standards and both federal and state employer tax requirements.

The designee is not responsible for verifying the family is in compliance with tax and labor laws.

Individual forms in the packet must include the following:

- IRS Publication 926: Household Employer's Tax Guide
- IRS Form SS-4: Application for Employer Identification Number
- IRS Form W-2: Wage and Tax Statement
- IRS Form W-4: Employees Withholding Allowance Certificate
- USCIS Form I-9: Employment Eligibility Verification
- CSSD Form CSSD 04-1050: Alaska New Hire Reporting
- DOL form TREG: Alaska Employer Registration form for Daycare Services

The family is responsible to provide to the designee:

- completed and signed Parent/In-Home Provider Agreement
- completed and signed Caregiver Verification form,
- a copy of the selected provider's government issued photo identification
- signed Health and Safety Guidelines for In-home Care

RECORDS

The family, as the employer of an in-home caregiver, is responsible to ensure the forms are submitted to the proper agency and must maintain files containing the above information for a minimum of three years for the purposes of the CCAP.

VERIFICATION

The designee will submit the needed information to the CCPO, see **Section 210**, for the in-home caregiver's criminal history to be processed.

ELIGIBILITY START DATE

Families choosing in-home care must meet the financial and non-financial eligibility criteria as well as the approved provider eligibility criteria. Therefore, a family's eligibility start date is the date the last needed item, from either the family or in-home caregiver, is received.

Designees do not establish files for in-home caregivers. Caregiver information is kept in the parent file.

Caregivers may provide care for more than one family as long as the schedule of care needed and appropriate travel time do not overlap. At no time may an in-home caregiver bring children other than their own, into a home where they are conducting in-home services.

Two families residing at the same residence: When two or more families reside at the same residence they may each select an in-home caregiver even if the caregivers would be providing child care services at the same time. Capacity is limited to the eligible children of the family each caregiver has been selected to provide care. The caregivers may not bring their own children into this setting if by doing so the total number of children for both families exceeds five.

The families may both select the same in-home caregiver as long as the total number of eligible children for both families does not exceed a total of five. The in-home caregiver may bring their own children only if by doing so the total number of children does not exceed five.

TRANSITION FROM PASS I TO PASS II/III

Families wanting to retain the same in-home provider when they transition from PASS I to PASS II must meet the above criteria. The family must apply to the designee for participation in PASSII and complete the application process.

If the family applies to the designee within 90 days of being sent notice W150 of PASS I coverage ending there will be no lapse in eligibility for the in-home caregiver. The provider does not need to complete the background requirements again and the family's eligible start date is the date the application was date stamped as received by the designee or appropriate retroactive PASS II start date.

Should the family fail to apply to the PASS II/III program within the 90 day timeframe, and the family is found eligible to select in-home care, the provider will need to complete the background process again.

AUTHORIZATION AND PAYMENT

A single authorization covering all in-home child care hours and days is issued to the family. The caregiver is identified in the variable portion of the authorization document but does not receive a copy.

A family choosing in-home care submits their in-home Billing Report Form and receives any payments. Currently, the monthly amount paid to a family shall not exceed $3252. (This monthly maximum is equal to two times the minimum hourly wage which is currently $7.75 established under AS 23.10.065, multiplied by 210.)

The family is fully responsible for paying their provider at least the minimum wage established under AS 23.10.065 or the amount of the family's program benefits including the family's co-pay, whichever is more. If a provider claims that a family has not paid her or him, the provider is referred to the Department of Labor to file a complaint.

The maximum state payment rate will be based on the allowable rate for approved care according to the program rate schedule. The family may not bill the state for costs not paid to their provider. In addition, the family shall not bill for any care not authorized by the designee.

Part III: Families	Section: 340
Title: Special Needs Supplement	Cross Reference Section(s): AK IN! Manual
Reference: 7 AAC: 41.025	Revised: July 1, 2010

SPECIAL NEEDS SUPPLEMENT

Families participating in the CCAP who have a child, under the age of 13 years, identified as having a qualifying special need may be eligible for their provider to receive a special needs supplemental payment through the Alaska Inclusive Child Care Program (Alaska IN!). The supplemental payment is to be used by the provider for inclusion of the child with special needs into their program.

Designees are to refer families who have identified on their initial CCA application or when made aware, that a child under the age of 13 years may have special needs, to the Resource and Referral Network, thread.

The family must initiate the process by contacting thread and completing the application and process. thread makes a determination if the child meets the requirements and develops a plan with the family' child care provider. thread creates a Special Needs Supplemental Authorization and sends it to the designee.

Eligibility Start Date: The family and provider must first be approved eligible to participate in CCA for a Special Needs Supplement to be authorized. This may take up to and including 60 days. The Special Needs Supplement cannot be authorized for a period in which the family or provider was not eligible for CCA.

Authorization: Special Needs Supplemental Authorizations issued are provider specific and do not follow the child. The child may use more than one provider and each provider may be eligible to receive the supplemental payment. The family must contact thread if they change providers for continued participation with a new provider. The process described above is repeated before any supplemental payment for special needs is made to the new provider.

Designees must cancel and reissue any existing CCA authorization documents to include the identified percent for the Special Needs Supplement. Authorization documents may not be reissued for a prior fiscal year but may be retroactively issued beginning the month eligibility for the supplement was determined by thread.

Eligibility End Date: The designee must communicate with thread when a family who has been authorized for a Special Needs Supplement changes providers, closes their case or is otherwise no longer participating CCAP. When there is more than a 60 day break in CCAP participation the family must re-apply with thread to be eligible for a Special Needs Supplemental authorization.

Determining and verifying the Supplemental Rate: Special Needs Supplements, unlike regular child care assistance payments, are not subject to a monthly maximum dollar amount. Supplemental payments are not made for any month the child did not attend.

The eligible cost of care is the lesser of the state rate or the provider rate for the category of care multiplied by the special needs percentage. Eligible cost of care is the authorized amount for enrollment based authorizations or the actual attendance for attendance based authorizations. See example below:

a) Cost of care x b) special needs % = c) Special needs supplemental amount

Cost of Care	$210.00
SNS 75%	157.50
Co-pay	- 36.00
	$331.50

Part III: Families	Section: 345
Title: Adverse Action and Notice Requirements	Cross Reference Section(s):
Reference: 7 AAC 41.405 & 7 AAC 49.070	Revised: July 1, 2010

NOTICE OF ACTION

When taking an action that either does not result in a change or reduce the family's benefit a notice must be issued timely. In order to be issued timely it must be sent within 10 days of acting on the reported change.

Adverse action: The CCPO or designee must give written notice to a participating family at least10 days before taking any action that would adversely affect their benefit by reducing coverage or level of care, terminating eligibility, or increasing their co-pay.

DPA produces an adverse action calendar that is distributed to designees each month. Situations requiring an action and notice must refer to the calendar to ensure the appropriate timeframes and deadlines are used.

Exceptions to adverse action timeframes include the following:

- the family indicates in writing they no longer want to participate,
- the family's whereabouts are unknown and mail directly to their last known address was returned by the post office with no known forwarding address,
- factual evidence exists of the death of the participating child, or
- factual evidence exists of the death of a participating single parent

General Notice Requirements: The CCPO has generated notices to fit most family situations and only these are to be used in their unaltered state. If a circumstance arises that does not fit any of the provided notices, the designee is to contact the CCPO for guidance.

Notices must include what is required of the family, the date the information is due and the consequences for not providing the requested information. Notices have date blocks, free form space or a combination. Designees are to use this space to inform the family specifically what is required using a message and tone that are professional and appropriate. Information provided in the free form spaces is not to be in all capitalized letters or in bold.

The appropriate regulation citation must be referenced on each notice specific to the action or requirement. Many notices have a drop down menu to aid in the selection of the appropriate citation.

Documentation
Each notice issued must be documented in an ICCIS case note using the name of the notice as the subject line. Within the body of the case note a brief description of what is being required of the family for whom and when the information is due. This will allow any viewer to know what is being required of the family and follow the action taken.

Notices issued must include the Request for Administrative Review form. It is preferred this form be duplexed onto the back side of the first page of notice. If duplexing is not possible, the Request for Administrative Review must be stapled to the notice.

All pages of each notice sent must be contained in the family file.

Application process notices. The following notices are used during the application process.

Child Care Assistance Application Received – Pended
This notice is used with both new and renewal applications when required information is missing, including scheduling and participating in an interview. The information listed must be specific to this family and their application. A numbered list is preferred. For example,

Item(s) Needed:
1. Name and telephone number for your selected child care provider
2. A copy of your government issued photo identification.
3. Proof of age for child – Betty
4. Schedule and participate in an interview with this office.

This information is to be included in your ICCIS case note along with the date the items are due to be received.

In situations when this notice was used, the parent provided all the requested information and participated in an interview during which you identify additional information needed from the parent, this notice is issued again listing the newly identified items. The family must again be given at least 10 days to provide the information.

Child Care Assistance Application Received – Interview Needed
Applying parents must participate in an interview with each certification period. If the application and no additional documentation is need, this notice advises the parent of the requirement to participate in the interview process.

If a parent fails to contact the office and arrange for an interview by the due date listed in the notice but does so within 30 days of when their application was received, the interview is to be scheduled and conducted even if the interview itself takes place after the 31st day of receiving the application.

Child Care Assistance Application Received – Interview Scheduled
At times programs are able to conduct interviews at the time or the same day the parent contacts the office for scheduling. In those circumstances this notice is not needed.

If the interview is scheduled for any future day, this notice is sent even if it knowingly will not be received until after the scheduled interview date.

Child Care Assistance Application - Approved
Used when an applicant is determined to be eligible to participate. Eligible dates used correspond to the date the application was actually received and when their certification period begins and ends.

The family's co-pay and the name of the provider are listed separately for each month of the certification period if there are differences from month to month. The full certification period of: MM – MM : co-pay $0 is owed to provider ABC can be used if the family's co-pay is the same for the certification period.

The worksheet showing the math calculations used to determine the family's monthly income must be included along with the *Family Income and Contribution Schedule.*

Child Care Assistance Application Denied – Failure to Provide
Use this notice if any of the requested information is not received. The notice is issued after the 35th day from the date their application was received.

If the requested information is received, or postmarked as mailed after the noticed due date but before the 31st day, the information is accepted and application worked.

When issuing, the item(s) that were not provided must have been included in the "Pend" notice. Item(s) not received are clearly identified:

1. Proof of age for child - Betty

Child Care Assistance Denied – Over Income
This is used only when it is determined through the application process the family's monthly countable income is over the allowable maximum for their family size.

Child Care Assistance Denied
This notice is used when the family is determined not eligible to participate for a reason other than being over the income limit or failing to provide needed information. The specific reason for the denial must be included in the notice for example; there are no child care age eligible children in your family.

Participating family notices. Situations arise during a family's certification period requiring written notification. The following notices are used:

Child Care Assistance – Notice of Contribution Change
This notice is used when the family reports a change in their income that affects their monthly contribution. The worksheet showing the math calculations used to determine the family's monthly income must be included along with the *Family Income and Contribution Schedule.*

Child Care Assistance - Information Needed
This notice is used to request changes in factors that affect the family's eligibility for cases requiring a three month eligibility review. It is also used when information is reported and additional verification or documentation is needed from the family.

Child Care Assistance – Notice of Change
This notice is used to inform the family the outcome of a review regarding any reported change or information. Notice must be sent even if the reported information does not result in a change in the family's benefit.

Child Care Assistance Renewal Notice
These are to be mailed to participating families 45 days prior to the last date of coverage listed on the authorization document. List only those items that are pertinent to the family, including to schedule and participate in an interview. Do not request information that is maintained in the family's file for example, a copy of the parent's government issued identification.

Child Care Assistance Closure
This notice is used when a participating family does not submit a new application to renew their participation and when information was requested during the family's certification period and it was not provided. A "Renewal" or an "Information Needed" notice must be sent prior to issuing a "Closure" notice and the necessary timeframe for receiving the information in the mail has lapsed.

The notice indicates a future date the case will close or a past date the case was closed based on the reason for the closure and timeframes involved.

OTHER
A letter has been provided to designees to be used upon notification of a family's Temporary Assistance case closing. This letter is to be sent when the designee either receives a copy of the W150 notice issued by DPA or receives the mailing labels from the CCPO for families who have been sent the W150 in the past month.

Receipt of Child Care Assistance Application
Many providers want confirmation of a family's participation. Designees may provide this form to the family indicating an application has been received by their office. The family may share the form with whomever they choose.

Part III: Families	Section: 350
Title: ICCIS Program Status	Cross Reference Section(s):
Reference: ICCIS Users Guide	Revised: July 1, 2010

PROGRAM STATUS

There are eight program status types in ICCIS: open, inactive, closed, denied, pended, received, renewed and suspended.

Closed: Closed status applies to participating families whose eligibility has ended. ICCIS does not automatically revert to closed status. Designees shall close the ICCIS file within the first 10 days of the month following the closure date identified in the notice.

Denied: Denied status is used for initial or renewing applicants.

Inactive: Inactive status means retention of eligibility while not actively receiving benefits. This is a temporary status used only at the family's request and must not be used instead of another more appropriate status. The family must apply and be determined eligible for program participation prior to placement in this status. Designees must contact the CCPO prior to placing a family in inactive status.

Open: When a family's participation has been approved.

Pended: A family has not submitted all the required documentation or information necessary for the eligibility to be determined.

Received: A family's application has been submitted but eligibility has not been determined.

Renewal: Used to register the receipt of a renewal application.

Suspended: A family's participation may be suspended for a period of time as determined by the department due to a sanction.

Part IV: Appendix	Section: 400
Title: Barrier Crime Matrix	Cross Reference Section(s): 210
Referenced: 7 AAC 10	Revised: July 1, 2010

The following pages are a matrix of crimes that are identified as barriers to child care provider participation in the CCAP.

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10.905
January 5, 2007

The crimes listed in this document bar an individual from being associated in any manner described in 7 AAC 10.900(b) with any entity or individual service provider that is subject to the requirements of 7 AAC 10.900 – 7 AAC 10.990.

DISCLAIMER: this matrix is provided as an information tool only. The department does not warrant that the information in this document is accurate, nor should anyone rely upon this document as controlling legal authority regarding the time associated with any barrier crime. The regulations are the legal authority that should be relied upon and if there are any questions, individuals should refer to the regulations which will control if there are any discrepancies.

BARRIER CRIME *[See notes at end of table for conditions that increase some barrier times]*	A Barrier Within the Following Time Periods					See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	1 Year	
ATTEMPT, SOLICITATION, AND CONSPIRACY						
AS 11.31.100 (attempt to commit a crime)						
Unclassified felony if the crime attempted is murder in the first degree	X					(b)(1)
Class A felony if the crime attempted is an unclassified felony other than murder in the first degree	X					(b)(1)
Class B felony if the crime attempted is a class A felony	Same barrier as the class A felony attempted					
Class C felony if the crime attempted is a class B felony	Same barrier as the class B felony attempted					
Class A misdemeanor if the crime attempted is a class C felony and is a barrier crime	Same barrier as the class C felony attempted					
Class B misdemeanor if the crime attempted is a class A or class B misdemeanor and is a barrier crime	Same barrier as the misdemeanor attempted					
AS 11.31.110 (solicitation to commit a crime)						
Unclassified felony if the crime solicited is murder in the first degree	X					(b)(1)
Class A felony if the crime solicited is an unclassified felony other than murder in the first degree	X					(b)(1)
Class B felony if the crime solicited is a class A felony	Same barrier as the class A felony solicited					
Class C felony if the crime solicited is a class B felony	Same barrier as the class B felony solicited					
Class A misdemeanor if the crime solicited is a class C felony and is a barrier crime	Same barrier as the class C felony solicited					
Class B misdemeanor if the crime solicited is a class A or class B misdemeanor and is a barrier crime	Same barrier as the misdemeanor solicited					
AS 11.31.120 (conspiracy to commit a crime)						
Unclassified felony if the object of the conspiracy is murder in the first degree	X					(b)(1)
Class A felony if the object of the conspiracy is a crime punishable as an unclassified felony other than murder in the first degree	X					(b)(1)
Class B felony if the object of the conspiracy is a crime punishable as a class A felony	Same barrier as the class A felony involved in the conspiracy					
Class C felony if the object of the conspiracy is a crime punishable as a class B felony	Same barrier as the class B felony involved in the conspiracy					
OFFENSES AGAINST THE PERSON						
AS 11.41.100 (murder in the first degree) *Unclassified Felony*	X					(b)(1)
AS 11.41.110 (murder in the second degree) *Unclassified Felony*	X					(b)(1)
AS 11.41.120 (manslaughter) *Class A Felony*	X					(b)(1)
AS 11.41.130 (criminally negligent homicide) *Class B Felony*	X					(b)(1)
AS 11.41.200 (assault in the first degree) *Class A Felony*	X					(b)(1)
AS 11.41.210 (assault in the second degree) *Class B Felony*	X					(b)(1)
AS 11.41.220 (assault in the third degree)	X					(b)(4)
AS 11.41.230 (assault in the fourth degree) *Class A Misdemeanor*			X			(d)(1)(A)
AS 11.41.250 (reckless endangerment) *Class A Misdemeanor*			X			(d)(1)(B)

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10.905
January 5, 2007

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BARRIER CRIME *[See notes at end of table for conditions that increase some barrier times]*	A Barrier Within the Following Time Periods					See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	1 Year	
AS 11.41.260 (stalking in the first degree) *Class C Felony*		X				(c)(1)
AS 11.41.270 (stalking in the second degree) *Class A Misdemeanor*			X			(d)(1)(C)
AS 11.41.300 (kidnapping)						
Unclassified Felony	X					(b)(1)
Class A Felony (victim released without serious injury . . .)	X					(b)(1)
AS 11.41.320 (custodial interference in the first degree) *Class C Felony* (*"crime involving domestic violence"*)	X					(b)(2)
AS 11.41.330 (custodial interference in the second degree) *Class A Misdemeanor*			X			(d)(1)(D)
AS 11.41.410 (sexual assault in the first degree) *Unclassified Felony* (*"sex offense"*)	X					(b)(1)
AS 11.41.420 (sexual assault in the second degree) *Class B Felony* (*"sex offense"*)	X					(b)(1)
AS 11.41.425 (sexual assault in the third degree) *Class C Felony* (*"sex offense"*)	X					(b)(11)
AS 11.41.427 (sexual assault in the fourth degree) *Class A Misdemeanor* (*"sex offense"*)	X					(b)(11)
AS 11.41.434 (sexual abuse of a minor in the first degree) *Unclassified Felony* (*"sex offense"*)	X					(b)(1)
AS 11.41.436 (sexual abuse of a minor in the second degree) *Class B Felony* (*"sex offense"*)	X					(b)(1)
AS 11.41.438 (sexual abuse of a minor in the third degree) *Class C Felony* (*"sex offense"*)	X					(b)(11)
AS 11.41.440 (sexual abuse of a minor in the fourth degree) *Class A Misdemeanor* (*"sex offense"*)	X					(b)(11)
AS 11.41.450 (incest) *Class C Felony* (*"sex offense"*)	X					(b)(11)
AS 11.41.452 (online enticement of a minor)						
Class B Felony if the defendant was required to register as a sex offender or child kidnapper (*"sex offense"*)	X					(b)(1) and (b)(3)
Class C Felony if not required to register as a sex offender or child kidnapper	X					(b)(3)
AS 11.41.455 (unlawful exploitation of a minor) *Class B Felony* (*"sex offense"*)	X					(b)(1)
AS 11.41.458 (indecent exposure in the first degree) *Class C Felony* (*"sex offense"*)	X					(b)(11)
AS 11.41.460 (indecent exposure in the second degree) (*"sex offense"*)						(b)(11)
Class A misdemeanor if before a person under 16 years of age;	X					(b)(5)
Class B misdemeanor if before a person 16 years of age or older	X					(b)(5)
AS 11.41.500 (robbery in the first degree) *Class A Felony*	X					(b)(1)
AS 11.41.510 (robbery in the second degree) *Class B Felony*	X					(b)(1)
AS 11.41.520 (extortion) *Class B Felony*	X					(b)(1)
AS 11.41.530 (coercion) *Class C Felony*			X			(d)(1)(E)
OFFENSES AGAINST PROPERTY						
AS 11.46.120 (theft in the first degree) *Class B Felony*		X				(c)(2)(A)
AS 11.46.130 (theft in the second degree)			X			(d)(2)
AS 11.46.140 (theft in the third degree) *Class A Misdemeanor*				X		(c)(1)(A)
AS 11.46.220 (concealment of merchandise) if a			X			(d)(2)

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January 5, 2007

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BARRIER CRIME *[See notes at end of table for conditions that increase some barrier times]*	A Barrier Within the Following Time Periods					See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	1 Year	
AS 11.46.260 (removal of identification marks) if a			X			(d)(2)
AS 11.46.270 (unlawful possession) if a			X			(d)(2)
AS 11.46.280 (issuing a bad check)						
If		X				(c)(2)(B)
If			X			(d)(2)
AS 11.46.285 (fraudulent use of an access device)						
If		X				(c)(2)(C)
If			X			(d)(2)
AS 11.46.290 (obtaining an access device or identification document by fraudulent means)			X			(d)(2)
AS 11.46.300 (burglary in the first degree)		X				(c)(2)(D)
AS 11.46.310 (burglary in the second degree)			X			(d)(2)
AS 11.46.320 (criminal trespass in the first degree)				X		(e)(1)(B)
AS 11.46.360 (vehicle theft in the first degree)			X			(d)(2)
AS 11.46.400 (arson in the first degree)	X					(b)(6)
AS 11.46.410 (arson in the second degree)	X					(b)(6)
AS 11.46.430 (criminally negligent burning)				X		(e)(1)(C)
AS 11.46.475 (criminal mischief in the first degree)		X				(c)(2)(E)
AS 11.46.480 (criminal mischief in the second degree)		X				(c)(2)(F)
AS 11.46.482 (criminal mischief in the third degree)			X			(d)(2)
AS 11.46.484 (criminal mischief in the fourth degree)				X		(e)(1)(D)
AS 11.46.486 (criminal mischief in the fifth degree)					X	(f)(1)
AS 11.46.500 (forgery in the first degree)		X				(c)(2)(G)
AS 11.46.505 (forgery in the second degree)			X			(d)(2)
AS 11.46.510 (forgery in the third degree)				X		(e)(1)(E)
AS 11.46.520 (criminal possession of a forgery device)			X			(d)(2)
AS 11.46.530 (criminal simulation) If a			X			(d)(2)
AS 11.46.550 (offering a false instrument for recording in the first degree)			X			(d)(2)
AS 11.46.565 (criminal impersonation in the first degree)		X				(c)(2)(H)
AS 11.46.600 (scheme to defraud)		X				(c)(2)(I)
AS 11.46.620 (misapplication of property) If a			X			(d)(2)
AS 11.46.630 (falsifying business records)			X			(d)(2)
AS 11.46.660 (commercial bribe receiving)			X			(d)(2)
AS 11.46.670 (commercial bribery)			X			(d)(2)

BARRIER CRIMES MATRIX FOR THE BARRIER CRIMES LISTED IN 7 AAC 10.905
January 5, 2007

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BARRIER CRIME *[See notes at end of table for conditions that increase some barrier times]*	A Barrier Within the Following Time Periods					See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	1 Year	
AS 11.46.710 (deceptive business practices)						
Class C Felony			X			(d)(2)
Class A misdemeanor				X		(e)(1)(F)
AS 11.46.730 (defrauding creditors)						
If Class B Felony		X				(e)(2)(J)
If Class C Felony			X			(d)(2)
AS 11.46.740 (criminal use of computer) Class C Felony			X			(d)(2)
OFFENSES AGAINST THE FAMILY AND VULNERABLE ADULTS						
AS 11.51.100 (endangering the welfare of a child in the first degree)						
If Class B Felony (if child dies)	X					(b)(7)(A)
If Class C Felony (if the child suffers sexual contact, sexual penetration, or serious physical injury)	X					(b)(7)(A)
If Class A misdemeanor (if the child suffers physical injury)	X					(b)(7)(A)
AS 11.51.110 (endangering the welfare of a child in the second degree) *Violation*			X			(d)(3)(A)
AS 11.51.120 (criminal nonsupport)						
Class C Felony			X			(d)(3)(B)
Class A misdemeanor				X		(e)(2)
AS 11.51.121 (aiding the nonpayment of child support in the first degree) Class C Felony			X			(d)(3)(C)
AS 11.51.130 (contributing to the delinquency of a minor) *Class A Misdemeanor*			X			(d)(3)(D)
AS 11.51.200 (endangering the welfare of a vulnerable adult in the first degree) Class C Felony	X					(b)(7)(B)
AS 11.51.210 (endangering the welfare of a vulnerable adult in the second degree) *Class A Misdemeanor*	X					(b)(7)(C)
OFFENSES AGAINST PUBLIC ADMINISTRATION						
AS 11.56.740 (violating a protective order) *Class A Misdemeanor [if domestic violence crime]*				X		(e)(3)(A)
AS 11.56.745 (interfering with a report of a crime involving domestic violence) *Class A Misdemeanor*				X		(e)(3)(B)
AS 11.56.750 (unlawful contact in the first degree) *Class A Misdemeanor*					X	(f)(2)
AS 11.56.755 (unlawful contact in the second degree) *Class B Misdemeanor or Violation*					X	(f)(2)
AS 11.56.765 (failure to report a violent crime committed against a child) *Class A Misdemeanor*			X			(d)(4)(A)
AS 11.56.807 (terroristic threatening in the first degree) *Class B Felony [if domestic violence crime]*		X				(c)(3)
AS 11.56.810 (terroristic threatening in the second degree) *[if domestic violence crime]*			X			(d)(4)(B)
AS 11.56.815 (tampering with public records in the first degree)			X			(d)(4)(C)
AS 11.56.835 (failure to register as a sex offender or child kidnapper in the first degree)	X					(b)(8)(A)
AS 11.56.840 (failure to register as a sex offender or child kidnapper in the second degree) *Class A Misdemeanor*	X					(b)(8)(B)

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BARRIER CRIME *[See notes at end of table for conditions that increase some barrier times]*	A Barrier Within the Following Time Periods					See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	1 Year	
OFFENSES AGAINST PUBLIC ORDER						
AS 11.61.120 (harassment) *Class B Misdemeanor [if domestic violence crime]*					X	(f)(3)
AS 11.61.123 (indecent viewing or photography)						
Class C Felony	X					(b)(9)(A)
Class A misdemeanor	X					(b)(9)(A)
AS 11.61.125 (distribution of child pornography) *("sex offense")*						
Class A Felony	X					(b)(9)(B)
Class B Felony	X					(b)(9)(B)
AS 11.61.127 (possession of child pornography) [illegible] *("sex offense")*	X					(b)(9)(B)
AS 11.61.128 (electronic distribution of indecent material to a minor)						
Class B Felony if the defendant was required to register as a sex offender or child kidnapper	X					(b)(3)
Class C Felony if not required to register as a sex offender or child kidnapper	X					(b)(3)
AS 11.61.130 (misconduct involving a corpse) *Class A Misdemeanor*			X			(d)(5)(A)
AS 11.61.140 (cruelty to animals) *Class A Misdemeanor*			X			(d)(5)(B)
AS 11.61.145 (promoting an exhibition of fighting animals, if [illegible])			X			(d)(5)(C)
AS 11.61.190 (misconduct involving weapons in the first degree) *Class A Felony*		X				(c)(4)(A)
AS 11.61.195 (misconduct involving weapons in the second degree) *Class B Felony*		X				(c)(4)(B)
AS 11.61.200 (misconduct involving weapons in the third degree) [illegible]			X			(d)(5)(D)
AS 11.61.240 (criminal possession of explosives)						
Class A Felony		X				(c)(4)(C)
Class B Felony		X				(c)(4)(C)
Class C Felony			X			(d)(5)(E)
Class A misdemeanor				X		(c)(4)
AS 11.61.250 (unlawful furnishing of explosives)			X			(d)(5)(F)
OFFENSES AGAINST PUBLIC HEALTH AND DECENCY						
AS 11.66.110 (promoting prostitution in the first degree)						
Class A Felony – If the person who was induced or caused to engage in prostitution was under 16 years of age	X					(b)(10)(A)
Class B Felony						
If the person who was induced or caused to engage in prostitution was 16 or 17 years of age at the time of the offense *("sex offense")*	X					(b)(10)(A)
If the person who was induced or caused to engage in prostitution was 18 years of age or older at the time of the offense		X				(c)(5)

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BARRIER CRIME *[See notes at end of table for conditions that increase some barrier times]*	A Barrier Within the Following Time Periods					See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	1 Year	
AS 11.66.120 (promoting prostitution in the second degree) *Class A Felony*						
If the person who was induced or caused to engage in prostitution was under 16 years of age	X					(b)(10)(B)
If the person who was induced or caused to engage in prostitution was 16 or 17 years of age at the time of the offense *("sex offense")*	X					(b)(10)(B)
If the person who was induced or caused to engage in prostitution was 18 years of age or older at the time of the offense			X			(d)(6)
AS 11.66.130 (promoting prostitution in the third degree) *Class A Misdemeanor*						
If the person who was induced or caused to engage in prostitution was under 16 years of age	X					(b)(10)(C)
If the person who was induced or caused to engage in prostitution was 16 or 17 years of age at the time of the offense *("sex offense")*	X					(b)(10)(C)
CONTROLLED SUBSTANCES						
AS 11.71.010 (misconduct involving a controlled substance in the first degree) *Unclassified Felony*		X				(c)(6)
AS 11.71.020 (misconduct involving a controlled substance in the second degree) *Class A Felony*		X				(c)(6)
AS 11.71.030 (misconduct involving a controlled substance in the third degree) *Class B Felony*		X				(c)(6)
AS 11.71.040(a)(1), (a)(2), (a)(5), (a)(6), (a)(7), (a)(8), or (a)(10) (misconduct involving a controlled substance in the fourth degree) *Class C Felony*			X			(d)(7)
IMITATION CONTROLLED SUBSTANCES						
AS 11.73.010 (manufacture or delivery of an imitation controlled substance)			X			(d)(8)
AS 11.73.020 (possession of substance with intent to manufacture)			X			(d)(8)
AS 11.73.030 (delivery of an imitation controlled substance to a minor) *Class B Felony*		X				(c)(7)
AS 11.73.040 (advertisement to promote the delivery of an imitation controlled substance)			X			(d)(8)
OTHER CRIMES						
AS 21.36.360 (fraudulent or criminal insurance acts)						
Class B Felony		X				(c)(8)
			X			(d)(10)
AS 28.35.030 (operating a vehicle, aircraft or watercraft while intoxicated)						
(n) – A (if the person convicted has been previously convicted two or more times since January 1, 1996, and within 10 years preceding the date of the present offense)		X				(c)(9)

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BARRIER CRIME *[See notes at end of table for conditions that increase some barrier times]*	A Barrier Within the Following Time Periods					See 7 AAC 10.905 at:
	PERMANENT	10 Years	5 Years	3 Years	1 Year	
AS 28.35.032 (refusal to submit to chemical test)						
(p) – A Class C Felony (if the person is convicted under this section and either has been previously convicted two or more times since January 1, 1996, and within the 10 years preceding the date of the present offense, or punishment under AS 28.35.030(n) or 28.35.032(b) was previously imposed within the last 10 years)		X				(e)(10)
AS 47.30.815 (limitation of liability; bad faith application a felony [willful initiation of an involuntary civil commitment procedure without good cause] *Felony*			X			(d)(11)

IMPORTANT NOTES

(1) Under AS 12.62.900(23) "serious offense" means a conviction for a violation or for an attempt, solicitation, or conspiracy to commit a violation of any of the following laws, or of the laws of another jurisdiction with substantially similar elements: (A) a felony offense; (B) a crime involving domestic violence; (C) AS 11.41.410 - 11.41.470; (D) AS 11.51.130 or 11.51.200 - 11.56.210; (E) AS 11.61.110(a)(7) or 11.61.125; (F) AS 11.66.100 - 11.66.130; (G) former AS 11.15.120, former 11.15.134, or assault with the intent to commit rape under former AS 11.15.160; or (H) former AS 11.40.080, 11.40.110, 11.40.130, or 11.40.200 - 11.40.420, if committed before January 1, 1980.

(2) Under AS 12.63.100(6) "sex offense" means (A) a crime under AS 11.41.100(a)(3) [murder in the first degree], or a similar law of another jurisdiction, in which the person committed or attempted to commit a sexual offense, or a similar offense under the laws of the other jurisdiction; in this subparagraph, "sexual offense" has the meaning given in AS 11.41.100(a)(3); (B) a crime under AS 11.41.110(a)(3), or a similar law of another jurisdiction, in which the person committed or attempted to commit one of the following crimes, or a similar law of another jurisdiction: (i) sexual assault in the first degree, (ii) sexual assault in the second degree; (iii) sexual abuse of a minor in the first degree; or (iv) sexual abuse of a minor in the second degree; (C) a crime, or an attempt, solicitation, or conspiracy to commit a crime, under the following statutes or a similar law of another jurisdiction: (i) AS 11.41.410 - 11.41.438; (ii) AS 11.41.440(a)(2); (iii) AS 11.41.450 - 11.41.458; (iv) AS 11.41.460 if the indecent exposure is before a person under 16 years of age and the offender has a previous conviction for that offense; (v) AS 11.61.125 or 11.61.127; (vi) AS 11.66.110 or 11.66.130(a)(2) if the person who was induced or caused to engage in prostitution was 16 or 17 years of age at the time of the offense; or (vii) former AS 11.15.120 , former 11.15.134, or assault with the intent to commit rape under former AS 11.15.160 , former AS 11.40.110, or former 11.40.200.

(3) Under AS 18.66.990(3) "domestic violence" and "crime involving domestic violence" mean one or more of the following offenses or an offense under a law or ordinance of another jurisdiction having elements similar to these offenses, or an attempt to commit the offense, by a household member against another household member:
(A) a crime against the person under AS 11.41; (B) burglary under AS 11.46.300 - 11.46.310; (C) criminal trespass under AS 11.46.320 - 11.46.330; (D) arson or criminally negligent burning under AS 11.46.400 - 11.46.430; (E) criminal mischief under AS 11.46.475 - 11.46.486; (F) terrorist threatening under AS 11.56.807 or 11.56.810; (G) violating a protective order under AS 11.56.740(a)(1); or (H) harassment under AS 11.61.120(a)(2) - (4).

(4) Regardless of the barrier crimes listed above – or the barrier times shown above -- the following is a permanent barrier under 7 AAC 10.905(b)(3): a crime that is a felony and involves a victim who was a child under 18 years of age at the time of the conduct, including a crime where the perpetrator was a person responsible for the child's welfare; in this paragraph, "person responsible for the child's welfare" has the meaning given in AS 47.17.290.

(5) Even though some class B felonies are not classified as permanent barriers, if there is a conviction for two or more those felonies, that constitutes a permanent barrier under 7 AAC 10.905(b)(12).

(6) AS 47.05.310(e) provides: The department may not issue or renew a license or certification for an entity if an individual is applying for a license, license renewal, certification, or certification renewal for the entity and that (1) individual has been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under AS 47.10, AS 47.24, or AS 47.62 or a substantially similar provision in another jurisdiction, or to have committed medical assistance fraud under AS 47.05.210 or a substantially similar provision in another jurisdiction; or (2) individual's name appears on the centralized registry established under AS 47.05.330 or a similar registry of this state or another jurisdiction.

Part IV: Appendix	Section: 405
Title: Provider Orientation	Cross Reference Section(s): 205
Referenced:	Revised: July 1, 2010

The orientation may be conducted in-person or telephonically at the designee's discretion. The orientation must include guidance and discussion covering:

- Regulations 7AAC 41.210 -. 240
- Health and Safety requirements
- Rates & Responsibilities form
- Notification requirements for ending services for a child
- Authorization document explanation
- Completing and submitting Billing Report Forms

HEALTH AND SAFETY REQUIREMENTS FOR APPROVED PROVIDERS:
A provider must meet health and safety requirements to be approved for participation in the CCAP. All health and safety requirements must be included and discussed during the provider orientation. The provider is responsible to provide satisfactory evidence of compliance with these health and safety requirements, if requested.

To participate in the program, an approved provider must demonstrate the following:

1. Be at least 18 years of age
2. Be able to prevent exposure of children to high risk, including exposure to physical hazards and encounters with persons or animals posing a possible danger
3. Provide care for no more than a total of five children under 13 years of age, including the provider's own children under 12 years of age. Of those five children, no more than two may be under the age of 30 months. For an approved relative provider, all children must be related to the provider. Each child, whether present or not, is counted toward the maximum allowed until that child no longer receives care from the provider.
4. Certify that the provider and each resident or worker in the facility is not prohibited from providing care under 7AAC 10.900-990 and 7 AAC 41.205
5. Ensure that any person in contact with children in care is responsible and exercises sound judgment, does not abuse a child or engage in an exploitive or sexual act with a child, and is free of any physical, behavioral, or domestic violence problem that would pose a significant risk to the health, safety, or welfare of children in care.
6. Provide a parent with access to the parent's child whenever the child is in care.
7. Directly provide care and supervision of children except in an emergency when an identified individual of good reputation and character may provide care for part of a day, or when using a substitute provider who is also eligible to participate.
8. Provide supervision of all children in the provider's care appropriate to each child's age and developmental needs and that is adequate to prevent injury.
9. Maintain attendance records that reflect the dates and time children are in care.
10. Provide daily activities to promote a child's individual physical, social, intellectual, and emotional development that includes time for meals, snacks, sleep, toileting, and indoor and outdoor exercise according to individual need.
11. Ensure that children in care are not subject to corporal punishment. Corporal punishment means the infliction of bodily pain as a penalty for a disapproved behavior; it includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, or any other action that seeks to induce pain.
12. Administer medication to a child in the provider's care only with the written permission of the child's parent.
13. Keep emergency information on each child and contact the child's parent in case of illness or injury; and report immediately to the CCPO or designee the death, serious injury or illness of a child which requires outside medical personnel; fire or other emergency situations affecting the child care facility.
14. Obtain first aid and age appropriate cardiopulmonary resuscitation (CPR) certification within six months of being approved, unless the certification is not

available within 60 road miles of the provider. If that is the case, the provider would need to receive instruction through training videos or other material, and pass the first available course offered within 60 road miles.

15. Take precautions against the spread of infectious disease by washing the provider's hands before food handling, preparation, serving, eating, or table setting; after toileting and assisting a child with toileting or diapering; after handling an animal, animal waste, or an animal cage; before and after giving medication or participating in moist play such as painting, cooking or molding clay; and whenever hands are contaminated with bodily fluids including nose wiping; encouraging children to wash their hands at similar times; and ensuring that children in the provider's care have all immunizations required.
16. Provide sufficient nutrition so that a child is fed nutritious meals and snacks according to individual need; an infant is fed on demand; and except for medical reasons, a child is not denied a meal or snack, force fed, or otherwise coerced to eat against the child's will.

Certification for First Aid and CPR.
Providers must obtain First Aid and age appropriate CPR certifications within six months of their approval effective date. "Age-appropriate" is dependent on the ages of children who will be in care. For example: a provider cares for infants and toddlers. The age-appropriate course for them to take is Infant/Pediatric.

If a provider applicant has a current certification they must submit to the department or designee, a copy of their certification within six months of their approval date.

On-line courses are not acceptable for individuals residing within 60 road miles of communities that regularly offer hands on courses.

ENVIRONMENTAL HEALTH AND SAFETY REQUIREMENTS: An Approved Provider, whether relative or non-relative, must meet environmental health and safety requirements to be approved for participation in the CCAP. All health and safety requirements must be included and discussed during the provider orientation. The provider is responsible to provide satisfactory evidence of compliance with these health and safety requirements, if requested.

To participate in the program, an approved provider must demonstrate the following:

1. Submit a copy of a disaster preparedness and emergency evacuation plan that ensures the complete evacuation to children, including children of limited mobility, within 150 seconds during an emergency.
2. Conduct and document emergency evacuation drills at least once a month, unless postponed due to severe weather.
3. Ensure that the provider's child care facility has at least two means of emergency escape that are remote from each other and that provide unobstructed access to the outside of the building; at least one means of emergency escape must be an exterior door.

4. Have at least one AC primary power or monitored battery powered smoke detection device and at least one fully charged 2A:10BC dry chemical fire extinguisher strategically located on each level.
5. If heating or cooking with oil, wood, natural gas or propane, install an operating carbon monoxide detector in each hallway outside of, or within, each sleeping area, and regularly inspect, test and service such. If in a multi-level facility, at least one operating carbon monoxide device must be installed on each level.
6. Have an ample supply of safe, drinkable water in the provider's child care home.
7. Maintain a functional telephone or other identified means of communication.
8. Maintain a smoke-free, drug-free, and alcohol-free home and vehicle environment. (In accordance with AS 10.10.85, smoke-free means that smoking accessories (ash trays, lighters, etc) are not visible or accessible to children and no smell of smoke from cigars or other smoking products is evident in the home or vehicle.)
9. Transport children in safe vehicles using appropriate child restraints.
10. Ensure the provider's child care home is free of fire hazards.
11. Take the necessary precautions to make the provider's child care home free of hazards that can cause injury or disease to children both inside and outside the building keeping the child care facility in a clean, safe and sanitary condition.
12. Maintain sanitary areas for proper care, storage, refrigeration, and preparation of food, ensuring that food is not adulterated, and wash fruits and vegetables with potable water before use.
13. Install and maintain hot water temperature controls so that hot water delivered to plumbing fixtures accessible to children is not more than 120 degrees Fahrenheit;
14. Storing cleaners, medicines, and other harmful substances in a place inaccessible to children.
15. Obtain furniture and play equipment that is durable, safe, easy to clean, and that is kept clean and in good repair.
16. Convey, store and dispose of solid waste to minimize odor, and avoid attracting or harboring pests.
17. Install and use safety gates to prevent access to stairs for infants and toddlers.
18. Install electrical outlet covers that are accessible to children under age five.
19. Maintain clean and sanitary toileting facilities.
20. Have safe and sanitary equipment and supplies for diapering and toileting infants and toddlers, including accessibility for hand washing.
21. Ensure that firearms in the provider's child care home are unloaded and stored in a locked gun safe or other locked place inaccessible, and not visible, to children. Ammunition must be stored separately from the firearms in a place that is inaccessible to children and the provider must tell each parent that firearms are present in the facility.

The provider must cooperate with local designee staff, child care licensing representatives, DPA/CCPO staff and food services program staff or their representatives for purposes of investigations relating to determining the provider's compliance with these requirements.