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I. DEFINITIONS

“Administrative delay” means either the parent or **vendor** does not provide needed information for eligibility purposes to the local department within the **30-day** application-processing period due to circumstances beyond their control.

“Applicant” means a person who has applied for child care services and the disposition of the application has not yet been determined.

“Approved Activity” means the reason identified in the service plan that child care subsidy and services are needed. An approved activity may be the parent’s full time or part time employment, the parent’s education or training leading to employment, or the children’s need for child protective services.

“Assigned Activity” for VIEW means participation in, but not limited to, job search, employment (subsidized or unsubsidized), Community Work Experience, on-the-job training, job skills training, job readiness training, education, internships, or a practicum in conjunction with work; for FSET means participation in a component listed on the FSET Plan of Participation.

“Background Checks” means a sworn statement or affirmation as may be required by the *Code of Virginia*, the Criminal History Record Check, the Sex Offender and Crimes Against Minors Registry check, and the Central Registry Child Protective Services check.

“Case Management Services” means services that include, but are not limited to, application, assessment, eligibility determination, notices of action, consumer education and/or service planning.

“Case Manager” means the worker designated by the local departments of social services, a private sector contractor or a private community-based organization including non-profit entities, churches, or voluntary organizations that provide case management services.

“CCDF” means Child Care and Development Fund, the federal block grant for child care that was authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193).

“Certified preschools” means preschool or nursery school programs operated by private schools that are accredited by a statewide accrediting organization (or another accrediting organization recognized by the Board of Education) and are certified by the Virginia Department of Social Services.

“Child care services” means those activities that assist eligible families in the arrangement for and/or purchase of child care for children for care that is less than a 24 hour day. It also means activities that promote parental choice,

consumer education to help parents make informed choices about child care, activities to enhance health and safety standards established by the state, and activities that increase and enhance child care and early childhood development resources in the community.

“Child care subsidy” means payments to **vendors** or reimbursement payments to parents to assist eligible families with the cost of child care.

“Child day center” means a child day program offered to two or more children under the age of 13 in a facility that is not the residence of the **vendor** or of any of the children in care, or 13 or more children at any location.

“Child day program” means a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period.

“Child protective services (CPS)” means the identification, receipt, and immediate response to complaints and reports of alleged child abuse or neglect for children under 18 years of age. It also includes assessment, and arranging for and providing necessary protective and rehabilitative services for a child and his family when the child has been found to have been abused or neglected or is at risk of being abused or neglected.

“Children with Special Needs” means children with documented developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities.

“Community Work Experience” means work for benefits in a public or non-profit agency.

“Co-payment” means a specific fee that is a portion of a household’s income that is contributed toward the cost of child care.

“Department” means the Virginia Department of Social Services.

“Disqualification” means the time period that clients or **vendors** are disqualified from participating in the subsidy programs due to a finding of fraud or due to failure to repay an overpayment according to the repayment schedule entered into with the local department.

“Diversions Assistance” means a one-time lump sum payment to an individual or third party vendor to prevent long-term receipt of TANF.

“Early Head Start” means a family-focused child development program serving children from birth to three years of age under Section 645A of the Head Start Act.

“Earned Income Disregard” means a certain amount of earned income that is not taken into consideration when determining eligibility for TANF benefits.

“Education leading to employment” means the pursuit of basic remedial instruction to achieve a basic literacy level, instruction in English as a second language, preparation for GED or Adult Education, the completion of high school, associate degree or certificate, work at the college level or bachelor degree from a college or university if the course of instruction is limited to a curriculum directly related to the fulfillment of an individual's educational goal to obtain useful employment in a recognized profession or occupation.

“Family” means any individual, adult or adult(s) and/or children related by blood, marriage, adoption, or an expression of kinship who function as a family unit.

“Family day home” means a child day program offered in the residence of the **vendor** or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the **vendor’s** own children and any children who reside in the home, when at least one child receives care for compensation.

Family day homes serving six through twelve children, exclusive of the **vendor’s** own children and any children, who reside in the home, shall be licensed. However, no family day home shall care for more than four children under the age of two, including the **vendor’s** own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered. A family day home where the children in care are all grandchildren of the **vendor** shall not be required to be licensed (*Code of Virginia* 63.2-100).

“Family day system” means any person who approves family day homes as members of its system; who refers children to available family day homes in that system; and who, through contractual arrangement, may provide central administrative functions including, but not limited to, training of operators of member homes; technical assistance and consultation to operators of member homes; inspection, supervision, monitoring, and evaluation of member homes; and referral of children to available health and social services. Currently “Infant/Toddler Family Day Care” serving Northern Virginia is the only licensed family day system in the state.

“Federal regulated **vendor**” means a **vendor** regulated by the federal government.

“Federal Poverty Guidelines” means the income levels by family size, determined by the federal Department of Health and Human Services, to be used as

guidelines in determining at what level families in the country are living in poverty.

“Fee” means a charge for a service and may include, but is not limited to, co-payments, charges above the Maximum Reimbursable Rate, or charges for registration or transportation.

“Fee Child Care” means the program that provides child care subsidy to low-income parents from the Child Care Development Fund that usually requires a parental co-payment.

“Finding of child care fraud” means the conviction of child care fraud by a court of appropriate jurisdiction.

“Fraud” means the knowing employment of deception or suppression of truth in order to receive services one is not entitled to receive.

“FSET” means Virginia’s Food Stamp Employment and Training Program, a multi-component employment and training program that provides Job Search, Job Search Training, Education, Training, and Work Experience to certain Food Stamp recipients.

“Full-time employment” means regularly scheduled activities that engage a participant in employment for 30 or more hours per week.

“Good cause” means a valid reason why, in a two-parent household, a parent or any other person under Virginia law responsible for the support of the children cannot provide the needed child care.

“Head Start” means the comprehensive federal child development programs that serve children from birth through age five, pregnant women, and their families (as established by the Head Start Act (42 USC §9840)).

“Head Start Wrap-Around” means the subsidy program that pays for additional hours beyond those provided by Head Start/Early Head Start in order to provide full day/full year child care services for Head Start/Early Head Start enrolled children.

“In loco parentis” means an adult(s) with whom the child is living who has assumed responsibility for the day-to-day care and supervision of the child.

“Income eligible” means that eligibility for child care subsidy is based on income and family size.

“In-home” means child care provided in the home of the child and parent when all the children in care reside in the home and the **vendor** does not live in the home.

"Job Search" means (for VIEW) a structured, time-limited period during which the participant is required to search for and/or obtain employment. In order to complete the job search, the participant is required to apply for a set number of jobs or find employment.

"LEARNFARE" means child care services provided to a TANF minor parent to enable them to attend school in compliance with compulsory school attendance laws.

"Level 1 Maximum Reimbursable Rates" means the rates paid to a child care **vendor** who is not licensed, approved by a licensed family day system, or approved under local ordinance according to §15.2-914 of the *Code of Virginia*.

"Level 2 Maximum Reimbursable Rates" means the rates paid to a child care **vendor** who is licensed by the Virginia Department of Social Services, approved by a licensed family day system, or approved under local ordinance according to §15.2-914 of the *Code of Virginia*.

"Local department" means the local department of social services of any county or city in the Commonwealth of Virginia.

"Local department web site" means the intranet web site for the Division of Child Care and Development at:

<http://localagency.dss.virginia.gov/divisions/cc/index.html>

"Local government-approved recreation program" means a program of recreational activities offered by local governments, staffed by local government employees, attended by school-age children, and subject to safety and supervisory standards established by local governments.

"Local ordinance-approved provider" means a child care program approved under local ordinance according to § 15.2-914 of the *Code of Virginia*. Currently, three localities (Fairfax, Alexandria, and Arlington) approve providers under local ordinance.

"Maximum Reimbursable Rate" means the maximum rate paid for child care services through the subsidy program that is established by the Department and set out in the state Child Care and Development Fund plan filed with the United States Department of Health and Human Services.

"Non-fraud overpayment" means an overpayment that was caused by the local department, or by an inadvertent household or **vendor** error.

"Office of Early Childhood Development" (OECD) is the title of the division that administers the Child Care Subsidy Program.

"On-the-Job Training" means training that is provided by an employer during routine performance of a job.

"Parent" means a parent by blood, marriage or adoption and also means a legal guardian, person cohabiting (as man and wife) with the natural or adoptive parent of a minor child(ren), or other person standing in loco parentis.

"Participant" means a TANF or TANF-UP recipient who is participating in the VIEW program.

"Part-time employment" means any regularly scheduled activity that engages a participant in employment for a minimum of eight hours but less than 30 hours per week.

"Provider" means a person, **entity** or organization providing a child **care** program. **Also referred to as Vendor. Multiple facilities/sites operated by the same person, entity or organization are considered separate vendors.**

"Purchase of Service Order" means a form/certificate sent to a vendor to authorize the delivery of services to a customer.

"Relative vendor" means a child care **vendor** related to the parent or child by blood, marriage or adoption.

"Religiously exempt center" means a child day center operated by a religious institution exempt from licensure.

"Resource and referral" means services that provide information to parents to assist them in choosing child care and may include assessment of the family's child care needs, collection, and maintenance of information about child care needs in the community, and efforts to improve the quality and increase the supply of child care.

"Sanction" means to reduce or suspend a participant's TANF grant and/or food stamp allotment for noncompliance with regulations or statutes.

"Satisfactory progress" means that the participant in any educational or training activity is meeting, on a periodically measured basis of less than one year, such as a term or quarter, a consistent standard of progress based on written policy developed by the educational institution or training agency.

"Service plan" means the written, mutually agreed upon activities and responsibilities between the local department and the parent in the provision of child care services. **Details of the child care service plan must be**

documented in the case record in the child care case narrative labeled as such or on a labeled service plan form.

“Subsidy programs” means the Department programs that assist low income eligible families with the cost of child care, including the TANF, FSET, Head Start-Wrap-Around, Fee and Transitional child care programs.

“Sworn Statement or Affirmation for Unregulated Providers and Local Department Approved Providers” (032-02-094) (Sworn Statement or Affirmation) means the statement signed by a child care provider disclosing whether or not he/she has ever been (i) the subject of a founded case of child abuse or neglect or (ii) convicted of a crime or is the subject of pending action within the Commonwealth or any equivalent offense outside the Commonwealth.

“TANF” means Temporary Assistance for Needy Families, the program administered by the Department through which a relative can receive monthly cash assistance for the support of his eligible children.

“TANF assistance unit” means a household composed of an individual or individuals who meet all categorical requirements and conditions of eligibility for TANF.

“TANF-capped child” means a child who the TANF worker has determined to be ineligible for inclusion in the TANF Assistance Unit because the child was born more than 10 full months after the mother’s initial TANF payment was issued.

“TANF-UP program” means the program that provides aid to dependent children who are deprived of parental support or care by reason of the unemployment of the parents.

“Training leading to employment” means the development of specific work attitudes, behaviors, or skills leading to job readiness as well as the development of specific technical or vocational skills that lead to employment in a recognized occupation and results in other than a baccalaureate or advanced degree.

“Transitional child care” means the program that provides child care subsidy to eligible former TANF recipients after the TANF case closes.

“Unregulated vendor” means any child care **vendor** who is not state licensed, Department of Education approved, licensed family day system approved, local ordinance approved, voluntarily registered, religiously exempt, or a certified pre-school and is not required to be regulated.

“USDA Child and Adult Care Food Program” means the United States Department of Agriculture program that reimburses participating, eligible child

care **vendors** for nutritious meals and snacks served to children in care while parents work.

“VACIS” means the Virginia Client Information System. It is an automated statewide case information system.

“Vendor” means a provider who can sell services. **Multiple facilities/sites operated by the same person, entity or organization are considered separate vendors.**

“Verifiable act of compliance” means (for VIEW) the beginning of, continuance in, or completion of an assigned activity during a VIEW sanction, as specified in the TANF Manual, Chapter 1000, Section 13, Compliance.

“VIEW” means Virginia Initiative for Employment Not Welfare, the Job Opportunities, and Basic Skills (JOBS) Training Program as implemented in the Commonwealth of Virginia.

“Virginia Department of Education-approved child care” means child care programs operated in public schools by local school divisions. A list of these child care programs is available on the local department web site under Child Care and Development Division, CCD Documents.

“Virginia Preschool Initiative for At-Risk Four-Year-Old Children” means the joint state-local program operated by the Virginia Department of Education to benefit four-year-old children who are at risk of educational failure and who are not being served by Head Start.

“Voluntarily Registered Family Day Home” means a family day home serving fewer than six children, exclusive of the **vendor’s** own children and any who reside in the home, that becomes state registered on a voluntary basis using approved standards.

II. LEGAL BASE

- The Child Care Development Block Grant Act of 1990 (42 USC 9801 *et seq.*), as amended by the Personal Responsibility and Work Opportunity Act of 1996 (Public Law 104-193) and the Balanced Budget Act of 1997, as implemented in regulation at 45 CFR Parts 98 and 99.
- *Code of Virginia*, Sections 63.2-217, 63.2-319, 63.2-510, 63.2-611, 63.2-616
- Food Stamp Act of 1977, as amended

III. GOALS

Child care services are child-centered, family-focused services that support the family goals of economic self-sufficiency and child development by providing for the supervision, protection and well-being of the child while the parent is participating in an approved activity. The purpose of the Child Care and Development Fund is to increase the availability, affordability, and quality of child care services.

Toward this end, policies and service strategies shall be designed to meet the following goals:

- To provide low-income families with the financial resources to find and afford quality child care for their children.
- To ensure that the family child care program contributes to the broader objective of self-sufficiency.
- To provide child care to children whose parents are trying to achieve independence from public assistance.
- To promote parental choice in the selection of child care.
- To empower working parents to make their own decisions about the child care that best suits their family's needs.
- To provide consumer education to help parents make informed choices about child care.
- To ensure that subsidy dollars are provided to the neediest families.
- To enhance the quality and increase the supply of child care for all families.
- To improve the coordination among child care programs and early childhood development programs.

IV. CHILD CARE SUBSIDY PROGRAMS

Child care subsidy, to the extent of available funding, is provided through the following programs:

A. TANF CHILD CARE

1. Eligibility Criteria

- a. Child care subsidy and services are made available to recipients of TANF (VIEW and non-VIEW) who meet the non-financial eligibility requirements in Section V. B of this chapter.
 - b. Recipients of TANF (VIEW and non-VIEW) are considered income eligible for child care subsidy and services without a determination of the family's income eligibility.
2. Supporting Approved or Assigned Activity
- a. Child care is provided to support an approved activity of a TANF recipient including:
 - (1) Full-time employment and part-time employment;
 - (2) Education leading to employment or training leading to employment as long as participants show they are making satisfactory progress (see definition of satisfactory progress);

NOTE: Payment for child care for the attainment of post baccalaureate education is not allowed, except with local only funding.

- (3) Child protective services (CPS). Child care subsidy may be paid for children whose family(ies) is receiving CPS in cases open through the family assessment track, through the investigation track, or open as CPS ongoing.
- b. Child care can be provided to support an assigned activity for VIEW participants (see definition of assigned activity).
3. TANF Child Care for Additional Children
 - a. Child care subsidy and services are also made available for needed child care for:
 - b. a TANF-capped child;
 - c. a child who receives Supplemental Security Income (SSI), if the parent is on the TANF grant and if the child would have been in the public assistance unit were it not for the receipt of SSI;
 - d. children who are not in the TANF Assistance Unit but who are financially dependent upon the parent who is in the TANF Assistance Unit; and
 - e. children of a parent who is a minor in a TANF public assistance unit to enable the minor parent to attend school in compliance with compulsory school attendance laws (LEARNFARE). This assumes the parent of the minor cannot provide the care because of work, education/training, disability, or another hardship exemption.
4. VIEW Sanction

A VIEW participant who has been sanctioned may receive child care subsidy if such subsidy is necessary to maintain employment or to perform a verifiable act of compliance (see definitions).

5. VIEW Participant in Inactive Status

A VIEW participant who has been placed in an inactive status due to a family crisis not of the participant's own making may continue to receive child care subsidy in order to assist in returning to an active status (see VIEW policy). Payment continues to be paid using the VIEW child care budget line (871). See Child Care Program Budget Lines ([Appendix B](#)) and Child Care Program Budget Lines' Descriptions ([Appendix C](#)).

6. TANF Recipient Working and in Education/Training

If a TANF recipient is both working and in education/training, the agency may choose to pay for the child care from both of the applicable budget lines with the payment separated based upon the hours spent in each activity, or the agency may provide child care from the budget line for which the majority of hours are committed.

B. FOOD STAMP EMPLOYMENT AND TRAINING (FSET) CHILD CARE

1. Eligibility Criteria

Child care subsidy and services are made available to children of parents in Virginia's FSET program if:

- a. the family meets the non-financial eligibility requirements in Section V. B. of this chapter; and
- b. the family meets the income eligibility requirements in Section V. C. of this chapter.

2. Supporting Approved Activity

Child care is provided to support the parent's participation in an assigned FSET component listed on the FSET Plan of Participation.

C. TRANSITIONAL CHILD CARE

1. Eligibility Criteria

Up to 12 consecutive months of child care subsidy and services are made available to eligible children of former TANF recipients if:

- a. the family meets the non-financial eligibility requirements in Section V. B. of this chapter;
- b. the child received TANF (VIEW or non-VIEW);
- c. the TANF case is closed; and
- d. the family meets the income eligibility requirements in Section V. C. of this chapter.

EXCEPTION:

If a VIEW participant is determined to be ineligible for Transitional child care due to income, the local department may provide child care subsidy for **three months** immediately following the TANF case closure. VIEW funds (budget line 872), not CCDF funds, are to be used for payment and no co-payment is assessed.

The VIEW worker is responsible for determining if the former participant meets the VIEW requirements to receive these child care subsidies. The child care worker is responsible for assuring that all other applicable child care policies are followed, including, but not limited to non-financial eligibility requirements, **vendor** requirements, Maximum Reimbursable Rates (Appendices H and I), etc.

Such payments count against the 12-month Transitional period if the former VIEW participant is income eligible for Transitional child care after this 90-day period. If the former participant is determined to be income eligible for the remainder of the 12-month Transitional period, a co-payment is assessed.

2. Supporting Approved Activity

Child care is provided to support an approved activity including:

- a. For former TANF recipients (VIEW or non-VIEW), full-time employment or part-time employment of parents.

- b. For former VIEW participants, training as approved and monitored by the VIEW worker as part of VIEW Transitional Employment and Training.
3. Child Care for Children Not in TANF Assistance Unit
 - a. Transitional child care services include needed child care for children who were not in the TANF assistance unit, but who are dependent upon the parent including:
 - b. a TANF-capped child;
 - c. a child who receives Supplemental Security Income (SSI), if the parent was on the TANF grant and if the child would have been in the public assistance unit were it not for the receipt of SSI;
 - d. children who were not in the TANF Assistance Unit, but who are financially dependent upon the parent who was in the TANF Assistance Unit; and
 - e. children of a parent who was a minor in a TANF public assistance unit to enable the minor parent to attend school in compliance with compulsory school attendance laws (LEARNFARE). This assumes the parent of the minor cannot provide the care because of work, education/training, disability, or another hardship exemption.
4. Notice of Transitional Child Care

The local department must inform the former TANF recipient that Transitional child care is available. This information shall be made available at the time of initial TANF eligibility and at the time of notification of ineligibility for TANF. An automated letter is generated by the ADAPT system and is sent by the local department to each parent whose TANF case is closed. The letter informs the parent of potential eligibility for Transitional child care.

See Section V. J. 3. c. of this chapter for information on notices to terminate Transitional child care.

5. Transitional Eligibility Period

The Transitional eligibility period for eligible children of former TANF recipients starts the first day of the month following closure of the TANF case and ends 12 months later.

Example: A customer's TANF case is closed. She does not find employment for two months. She can apply for Transitional child care at the point she is employed for her remaining months of Transitional eligibility (in this case 10 months).

6. Funding

- a. If parents meet the eligibility criteria for Transitional child care, Transitional funding shall be used, except in situations where Notices of Action do not permit payment in a timely manner. In these cases TANF/Working funding may be used for one month to give the local department time to set up Transitional funding.
- b. If there is a delay between the last TANF check and closure of the TANF case and the family is income eligible, child care subsidies are made using TANF child care funds (budget line 871) until the TANF case is closed. Such payments do not count against the 12-month Transitional period.

7. Diversionary Assistance

Receipt of Diversionary Assistance does not qualify an individual for Transitional Child Care.

D. HEAD START WRAP-AROUND CHILD CARE

This program is for extended day and extended year child care beyond times covered by federally funded Head Start core hours.

1. Eligibility Criteria

Head Start Wrap-Around child care subsidy and services are made available to families with Head Start-enrolled children if:

- a. the family meets the non-financial requirements in Section V. B. of this chapter; and
 - b. the family meets the income eligibility requirements in Section V. C. of this chapter.
2. Supporting Approved Activity

Child care is provided to support an approved activity for parents of Head Start-enrolled children including:

- a. Full-time employment and part-time employment;
- b. Education leading to employment or training leading to employment as long as participants show they are making satisfactory progress (see definitions);

NOTE: Payment for child care for the attainment of post baccalaureate education is not allowed, except with local only funding.

- c. Child protective services (CPS). Child care subsidy may be paid for children whose family(ies) is receiving CPS in cases open through the family assessment track, through the investigation track, or open as CPS ongoing.
3. Verification of Enrollment

Verification of a child's enrollment in Head Start is required in order to receive Head Start Wrap-Around child care subsidy. Confirmation by telephone from the program in which the child is enrolled is sufficient verification. Documentation of the confirmation of enrollment shall be recorded in the case record.

4. Payment for Siblings

If a local department has a waiting list for Fee Child Care, Head Start Wrap-Around funds may be used to pay for child care for eligible siblings of an enrolled Head Start/Early Head Start child.

If there is no local department waiting list, child care for the siblings of the enrolled Head Start child will be paid from Fee child care budget lines 881 or 883.

A co-payment is assessed to the family when non-Head Start children receive child care subsidy.

5. Payment for Summers

Head Start Wrap-Around funds (budget line 878) may be used for child care subsidy for families with a child enrolled in a Head Start/Early Head Start program for the summer prior to attendance in a part-year Head Start/Early Head Start program and for the summer following the end of a part-year Head Start/Early Head Start program.

6. Eligibility Redetermination

See policy for Head Start Wrap-Around eligibility redetermination in Section V. I. 2. of this chapter.

E. FEE CHILD CARE PROGRAM

1. Eligibility Criteria

Fee child care subsidy and services are made available to children in eligible low income families to the extent of available funding if:

- a. the family meets the non-financial requirements in Section V. B. of this chapter; and
- b. the family meets the income eligibility requirements in Section V. C. of this chapter.

2. Supporting Approved Activity

Child care is provided to support an approved activity including:

- a. Full-time employment and part-time employment;
- b. Education leading to employment or training leading to employment as long as participants show they are making satisfactory progress (see definitions);

NOTE: Payment for child care for the attainment of post baccalaureate education is not allowed, except with local-only funding.

- c. Child protective services (CPS). Child care subsidy may be paid for children whose family(ies) is receiving CPS in cases open through the family assessment track, through the investigation track, or open as CPS ongoing.

3. Notice of Limited Funding Form

Recipients of Fee child care subsidy must be advised that funding for this program is limited and that continued assistance cannot be guaranteed. They must sign the Notice of Limited Funding form (032-02-422) at application and at each annual redetermination to document that they are aware that funding can be terminated for this program. A copy of the form must be filed in the case record.

4. Subsidy-Capped Child

At the option of the local department of social services, a child born to a family 10 months or more after the initial date of receipt of Fee child care subsidy may receive Fee child care subsidy or be placed on the agency waiting list.

5. Five-Year Limit

Localities may limit receipt of Fee child care subsidies to a maximum of five years. The 60 months do not have to be consecutive. Each family receiving a Fee child care subsidy shall be given at least 12 months notice before the five-year limit is imposed. Receipt of Fee child care subsidy in another locality may impact the total number of months of receipt of child care subsidy in the present locality. Receipt of Transitional, Head Start Wrap Around, FSET, or TANF child care does not count toward the five years.

6. Waiting List

- a. Waiting List Policy

In the Fee Child Care program, it may become necessary to place a family on a local department waiting list due to lack of funds. Therefore, local departments shall have a waiting list policy for these child care funding sources. Prior receipt of TANF or Head Start Wrap-Around services shall not be a reason for preferential placement on a waiting list.

Proposed policy for a waiting list must be approved by the Department prior to submission to the local board of social services. A waiting list policy must assure that decisions are made uniformly.

b. Screening

If funds are not immediately available to provide services, the family must be screened prior to being placed on the waiting list. Screening may be done by telephone, by a face-to-face interview, or the local department may mail a screening form to the family. Verification of eligibility criteria is not required to screen a family for the waiting list. The family's declaration regarding eligibility criteria, such as, but not limited to, employment, income, and ages of children, is acceptable.

The waiting list screening tool is available through the local department web site. If the screening tool indicates the family may be eligible, the waiting list database will be updated automatically. If a local screening form is used, the waiting list database must be updated in order to place a family on the waiting list.

Local departments shall monthly review the "Screened Only" Waiting List Report (available on the local department web site). Families on this list for more than 30 days shall be deleted from the "Screened Only" list.

c. Placement on Waiting List

- (1) If the screening indicates the family may be eligible for assistance, they are to be placed on the waiting list.
- (2) All families on the waiting list must be entered into the Waiting List Database managed by the Department.
- (3) Families who are receiving Transitional child care may be placed on the waiting list no earlier than 60 days prior to the end of their Transitional eligibility.

- (4) Families who are receiving Head Start Wrap-Around child care may be placed on a waiting list no earlier than 60 days prior to the end of their child's Head Start enrollment.

d. Updating Waiting List

- (1) Each local department shall update its waiting list each April and October.
- (2) The Waiting List Database will notify local departments each month of families who have been on the waiting list for 90 days or more. The agency may use this tool to update its waiting list quarterly, or the agency may do a mass update each April and October.
- (3) Updated family information may be obtained by letter, phone call, or in-person. The worker should assess continued interest in being on the waiting list and obtain a current address and telephone number. The local department shall not require a face-to-face interview to update a family's waiting list status.
- (4) When families are removed from the waiting list, they must be deleted from the Waiting List Database. Instructions for deletion of information from the waiting list can be found at the local department web site.

e. Family's Right to Apply for Services

Families must be advised that they have the right to apply for services rather than be screened for the waiting list. If they apply and are determined to be eligible for child care assistance but funds are not available to immediately serve them, they are to be placed on the waiting list. The Notice of Action to deny the application must advise the applicant that they are being placed on the waiting list and why.

f. Referral to Community Resources

When sufficient funds are not available to provide immediate assistance, families should be advised of other community resources that may be available to help them. These resources may include, but are not limited to, Head Start, the Virginia Preschool Initiative for At-Risk Four-Year-Old Children, and programs that offer scholarships or services based on a sliding fee scale, including YMCA/YWCA programs, church programs and local not-for-profit programs

V. CASE MANAGEMENT PROCESS

Case management activities must be **clearly labeled and** recorded in the case record by completing the mandated forms contained in this manual, by completing case management forms designed locally and approved by the Department in writing and/or by completing the Child Care Subsidy Contact Sheet/Case Narrative (032-05-0402-00-eng). The written approval of locally developed forms must be kept on file in the local department.

A. APPLICATION and ASSESSMENT

1. Application Form

- a. Parents who request child care services must sign a Service Application (032-02-0109-04) and cooperate with an assessment by the local department.
- b. The VIEW/TWA/Transitional Activity and Service Plan (032-02-0302-04) will serve as the application for child care for VIEW participants. The FSET Plan of Participation (032-02-0075-03) will serve as the application for child care for FSET participants.
- c. Former VIEW or FSET participants who apply for Transitional, Fee, or Head Start Wrap-Around child care must sign a service application (032-02-0109-04) if only the VIEW/TWA/Transitional Activity and Service Plan (032-02-0302-04) or the FSET Plan of Participation (032-02-0075-03) is in the case record.

2. Intake

Local departments must explain to applicants for child care:

- a. how eligibility is determined;
 - b. the importance of providing accurate and thorough information; and
 - c. the rights and responsibilities of applicants (see child care parent responsibilities in G. below).
3. Assessment of Needs

The family's need for child care shall be assessed at the time of application.

Parents shall be informed of the full range of services offered by the agency. If the family identifies other needs, an assessment of those needs shall be completed. See Volume VII, Section I, Chapter B for information on assessments and service plans.

Details of the assessment and service planning must be documented in the case record on a form labeled as a service plan, in the child care case narrative, on the VIEW Activity and Service Plan or on the FSET Plan of Participation, whichever is appropriate. If the Assessment and Service Plan are recorded in the case narrative, they must be clearly labeled as such.

4. Opening Case

A case shall be opened on all families that are to receive child care services, and appropriate case management procedures found in department manuals shall be followed.

B. NON-FINANCIAL ELIGIBILITY REQUIREMENTS

Child care services are provided to children in eligible families that meet the following criteria:

1. Need for Child Care/Good Cause
 - a. Families served must have an established need for child care subsidy to support an approved or assigned activity.
 - b. In two-parent households, there must be good cause why either parent cannot provide the needed child

care before payment for child care will be made. Documentation of the finding of good cause shall be entered into the case record.

2. Citizen/Qualified Alien
 - a. Children served must be citizens of the United States or qualified aliens.
 - (1) Applicants for and recipients of child care subsidy must declare that the children for whom they are applying or receiving child care subsidy are citizens or qualified aliens by signing the Affidavit of United States Citizenship or Legal Presence in the United States form (032-05-0036-00-eng).
EXCEPTIONS:
 - (a) For children in a TANF assistance unit, parents are not required to sign the Affidavit of United States Citizenship or Legal Presence in the United States form because verification of citizenship/alien status is required for TANF.
 - (b) If eligibility for child care subsidy is determined by a non-profit charitable organization (not a governmental agency), parents are not required to sign the Affidavit of United States Citizenship or Legal Presence in the United States form to verify that their children are citizens or qualified aliens. Currently, the only non-profit charitable organization that determines eligibility for child care subsidy is Rural Family Development of the Virginia Council of Churches.
 - (2) Local departments must accept the parent's declaration that their children are citizens or qualified aliens unless there is reason to question the validity of the declaration.

Appendix D contains information on the definitions of “U.S. citizen” and “qualified aliens” and procedures to verify citizenship or alien status if the local department has reason to question the validity of the parent’s declaration.

3. Residence

Children served must reside in the locality where application for child care subsidy and services is made.

4. Age of Children

Children served must be under age 13, or under the age of 18 if they are physically or mentally incapable of caring for themselves (see definition of Children with Special Needs), or subject to court supervision.

5. School Attendance

Child care must not be purchased for children who are eligible to attend public kindergarten or for older children during that portion of a day when appropriate public education is available, unless there are valid and documented reasons the children must be out of school.

6. Immunization Requirements for Children

All children receiving services under the CCDF must be age-appropriately immunized according to requirements of the State Board of Health. The current form required by the Virginia Department of Health (MCH-213 F, Rev 04/07), a physician’s form, the Childhood Immunization Certification form (032-03-960/2) or other Health Department form shall be accepted as documentation.

a. Initial Documentation

- (1) Parents must provide documentation of immunizations at the time of application for child care subsidy and services unless the child is exempt from this requirement (see b. below). Also, see grace period in c. below.

- (2) Documentation shall include the date the immunizations were received and shall be signed by a physician, his/her designee, or an official of a local health department. Copies of this verification must be maintained by the caseworker to assist in verifying that children continue to be age-appropriately immunized.

b. Exemptions from Immunization Requirement

Documentation of immunization is not required for any child:

- (1) whose parent submits an affidavit to the **vendor**, on the "Certification of Religious Exemption" (CRE) stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices;
- (2) whose physician or a local health department states on the "Childhood Immunization Certification" form that one or more of the required immunizations may be permanently or temporarily detrimental to the child's health. The statement shall include an estimated date for when immunizations can be safely administered;
- (3) who receives TANF, for as long as that TANF eligibility continues;
- (4) who is currently enrolled in Head Start/Early Head Start, for as long as that enrollment continues;
- (5) whose **vendor** is a state licensed child day center, a licensed family day system-approved family day home, a licensed or voluntarily registered family day home, or a religiously exempted child day center. Immunization documentation requirements for these children are waived as of the date of a signed purchase order with a state licensed center or licensed, system-approved, or voluntarily registered

family day home and for as long as the child is cared for by this **vendor** or another state licensed center or licensed, system-approved, or voluntarily registered family day home; or

- (6) who attends a public school in Virginia or a private school that is accredited by the Virginia Department of Education.

c. Grace Period

Children may be served under the CCDF while families are taking the necessary actions to comply with the immunization requirements. Customers must provide documentation of up-to-date immunizations within 30 days of approval for child care in order to continue to receive CCDF funds (unless one of the above exemptions applies).

d. Form

The current form required by the Virginia Department of Health ("School Entrance Health Form" - MCH-213 F Rev.04/07) may be downloaded from the Virginia Department of Health web site at: www.vdh.virginia.gov/Epidemiology/Immunization/documents/SchoolForm.pdf. Instructions for this form may also be found at the Virginia Department of Health web site. The Childhood Immunization Certification form (032-03-960/2) in [Appendix S](#) may be downloaded from the local department web site.

e. Subsequent Documentation

Parents must provide documentation of additional immunizations once every six months for children under the age of two years, once between each child's fourth and sixth birthday and as indicated by a physician or designee.

7. Children of Owners/Operators of Family Day Home

A child of an owner or operator of a family day home shall not be eligible to receive a child care subsidy if that child will be cared for in the home of the owner or operator.

C. INCOME ELIGIBILITY REQUIREMENTS

1. State Income Eligibility Scale

The Department establishes the income scale for determining financial eligibility for Transitional, Fee, FSET, and Head Start Wrap-Around child care subsidy.

Unless a local alternate scale is approved, the income eligibility scale established by the Department must be used for determining financial eligibility for the Transitional, Fee, FSET, and Head Start Wrap-Around child care programs. See State Income Eligibility Scale for Child Care – Appendix A.

2. Metropolitan Statistical Area Groupings

Localities are grouped by local median income with some adjustments made for actual cost of care. In using the State Income Eligibility Scale, the worker must first determine into which group the local department falls (Group I, II, or III. See Appendix F).

3. Alternate Income Eligibility Scales

Proposed alternate income eligibility scales shall be approved by the Department prior to submission to the local board of social services.

Requests from local departments to deviate from the standard income eligibility schedule must be approved by the Department prior to implementation. Alternate income eligibility scales are not expected to result in a higher cost per case. Requests for deviation that would serve fewer families will be considered only upon submission of adequate justification. Any alternate income eligibility scales or descriptions of pilot programs will be submitted to the U. S. Department of Health and Human Services (HHS) upon approval by the Department.

Any change to an approved alternate Income Eligibility Scale must be approved by the Department prior to implementation of the change. Requests for approval shall be submitted to the Department.

4. Determining Family Unit

The following individuals living in the household must be included in the family unit:

- a. Parents including:
 - (1) biological parents including the father of a child born out-of-wedlock, if paternity can be established;
 - (2) adoptive parents;
 - (3) stepparent;
 - (4) legal guardian(s);
 - (5) adult(s) standing in loco parentis for children under age 18; and
 - (6) person cohabiting (as man and wife) with the natural or adoptive parent of a child(ren) under age 18.
- b. All the parents' children under age 18.

5. Determining Income Eligibility

Local departments determine income eligibility by measuring the family unit's countable gross monthly income and family size against the percentage of the federal poverty guidelines for their locality. (See State Income Eligibility Scale – Appendix A)

Families whose countable gross monthly income for their family size is at or below the percentage of the federal poverty guidelines for their locality are income eligible for child care subsidy.

EXCEPTION:

If the applicant or current recipient is an individual who is not financially responsible for the child under Virginia law, income eligibility is determined by measuring the family unit's countable gross monthly income and family size against 250% of the federal poverty guidelines. Biological

parents (including the father of a child born out-of-wedlock, if paternity can be established), adoptive parents, stepparents, and a person cohabiting with a natural or adoptive parent as man and wife are financially responsible for the child under Virginia law.

6. Countable Income

- a. Count only income, not resources.
- b. In determining income eligibility, include all gross earned and unearned income received by the family unit except certain types of disregarded income listed in 7. below.
- c. Count net income from self-employment, farm, or non-farm. This is gross receipts minus expenses. Do not count the value of goods consumed by the family.

If the client indicates that they are self-employed, they must provide documentation to show they are legitimately engaged in self-employment. The proof could include, but is not limited to, income tax records or other proof of earnings, a business license, or rent receipts for office space. The client must earn at least minimum wage for actual hours worked.

If the client has been self-employed for a year, in order to be eligible for child care subsidy, they must provide proof of earnings, preferably tax return information. If the client has been self-employed for less than a year, they must provide proof of earnings equivalent to minimum wage for actual hours worked within three months of approval. If they are unable to provide such proof of earnings, they will no longer be eligible for child care subsidy.

- d. Local departments must verify income and the parent must assist in obtaining the verification. **If pay stubs are the type of verification, the most recent pay stubs available must be used. The reason for using pay stubs over two months prior to income verification needs to be documented in the case narrative.**

- e. Record income verifications on the back of the local department's copy of the service application.
- f. Accept a parent's written statement that she has no income unless there is reason to doubt the statement.

7. Disregarded Income

Disregard the following types of income received by any member of the family unit determining income eligibility and co-payment amounts for Transitional, Head Start Wrap-Around, FSET, and Fee child care subsidies:

- Supplemental Security Income;
- TANF benefits, including TANF match payments;
- Transitional payments of \$50.00 per month to former VIEW participants;
- Diversionary Assistance payments;
- General Relief benefits;
- Value of food stamp benefits;
- Value of USDA donated food;
- Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965;
- Value of supplemental food assistance under the Child Nutrition Act of 1966 and lunches provided under National School Lunch Act;
- Child support paid to another household;
- Earnings of a child under the age of 18 years;
- Garnisheed wages;
- Earned income tax credit (EITC);
- Lump sum child support payments;

- Any scholarships, loans, or grants for education except any portion specified for child care;
- Payment to AmeriCorps volunteers;
- Tax refunds;
- Lump sum insurance payments;
- Monetary gifts for identifiable one time occasions or normal annual occasions;
- Basic Allowance for Housing (BAH) for military personnel if individual is living on base and entire BAH deducted on leave and earning statement;
- Clothing Maintenance Allowance for military;
- Vendor payments made by non-financially responsible persons;
- Loans and other money borrowed;
- Money received from sale of property such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property in which case the net proceeds would be counted as income from self-employment);
- Earnings of less than \$25.00 a month;
- Capital gains;
- Withdrawals of bank deposits;
- GI Bill benefits;
- Reimbursement, such as for mileage;
- Foreign government restitution payments to Holocaust survivors;
- Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation;

- Monetary benefits provided to the children of Vietnam Veterans as described in 38 U.S.C. 1823 (c).

8. Converting Income to a Monthly Amount

To get a monthly amount, multiply the weekly income by 4.3 or the bi-weekly income by 2.15. **If a client is paid semi-monthly, multiply this amount by 2 for the monthly amount.**

9. Income Averaging

If income fluctuates, average the amount over a period sufficient to take the fluctuations into consideration. Usually three months is sufficient, however, for farm income or seasonal employment, a year may be necessary.

D. CO-PAYMENTS

1. Co-payment scales are established by the Department.
2. Co-Payment Amounts

All families receiving child care subsidy have a co-payment responsibility of 10% of their countable monthly gross income or the co-payment established by an approved local alternate scale, except:

- a. TANF recipients;
- b. Participants in the FSET program whose countable gross monthly income is at or below 100% of the monthly federal poverty guidelines; and
- c. Families in the Head Start Wrap-Around program whose countable gross monthly income is at or below 100% of the monthly federal poverty guidelines if all the children receiving a subsidy are enrolled in a Head Start/Early Head Start program.

EXCEPTION:

If siblings of a Head Start/Early Head Start enrolled child are receiving a subsidy through the Head Start Wrap-Around program because the local department

has a waiting list for the Fee child care, a co-payment is assessed even if the family's countable gross monthly income falls at or below 100% of the monthly federal poverty guidelines.

The co-payment for Head Start families will remain the same during the period of income eligibility outlined in Section V. I. 2. of this chapter. However, if a co-payment is assessed and the family's countable gross monthly income decreases, the family may request a decrease in their co-payment. If they request a change, the local department will re-evaluate the income and decrease the co-payment, if applicable.

3. Countable Income

In determining co-payments, income to be counted includes all earned and unearned income received by the family unit except certain types of disregarded income listed in Section V. C. 7 of this chapter.

4. Prorating Co-Payments

Local departments may prorate the co-payment when a partial month of care is all that is needed. Prorating the co-payment is an option and may be limited to the first and last month of subsidy to lessen the administrative burden on localities.

5. Assistance with Co-payments

Local departments have the option of assisting parents with the payment of the child care co-payment as determined by the sliding fee scale using local only funds. Local policy for the subsidy of parent co-payments shall be approved by the local board of social services and recorded in the minutes. Local policy governing subsidy for parent co-payments shall be applied uniformly.

6. Alternate Co-payment Scales

Requests from local departments to deviate from the standard co-payment schedule must be approved by the Department prior to submission to the local board of social services.

Alternate co-payment scales are expected not to result in a higher cost per case. Requests for deviation that would result in a higher cost per case will be considered only upon submission of adequate justification. Any alternate co-payment scales or descriptions of pilot programs will be submitted to the U. S. Department of Health and Human Services (HHS) upon approval by the Department.

Any change to an approved alternate co-payment scale must be approved by the Department prior to implementation of the change. Requests for approval shall be submitted to the Department.

E. SERVICE PLAN

A written service plan shall be completed for every child care case. See Volume VII, Section I, Chapter B for information on Service Plans.

Service plans must be labeled and recorded in the child care case narrative or on a form labeled as a service plan.

If parents are active in VIEW, the VIEW/TWA/Transitional Activity and Service Plan (032-02-0302-07-eng) will serve as the service plan. If the parents are FSET participants, the FSET Plan of Participation (032-02-0075-03) will serve as the service plan.

During the development of the service plan, the worker shall discuss with the parent the responsibilities outlined in G. below and also outline the agency and **vendor** responsibilities. Service plans should be updated at least annually. A new form does not have to be completed. Check to see that the information is still accurate and re-date the form **or the case narrative**.

F. CONSUMER EDUCATION

Local departments must advise families who receive child care subsidy that they have full parental choice of all legally operating child care **vendors** who meet the **vendor** requirements of the subsidy program.

Appropriate consumer education shall be provided by the local department, or a recognized resource and referral agency, to parents to assist them in gaining needed information about child care services, availability of **vendors**, and how to identify and monitor quality child care.

Characteristics that affect program quality include:

1. Staff qualifications and training
2. Staff/child ratios
3. Appropriate child development curriculum
4. Group size
5. Provisions for health, safety and nutrition
6. Evaluation procedures
7. Parental involvement

Other recognized components include stability of care, shared values and approaches to child rearing, staff-child interactions, and physical, emotional, and social environment. Compliance with all regulatory standards is no guarantee of a quality child care program, given the varying meaning of quality to different individuals. As a result, parents are responsible for ensuring that their children's care meets their family's criteria for quality care.

G. PARENTAL RESPONSIBILITIES

Local departments must inform parents of the following responsibilities:

1. Responsibility to Report Changes
 - a. Parents must be informed of their responsibility to report changes specified on the Child Care Parent Responsibilities form (032-02-0420-04-eng) to the local department within 10 calendar days of when they occur.

Parents must also be informed that failure to report changes specified on the Child Care Parent Responsibilities form may result in case closure, parents being required to repay child care costs, and prosecution for fraud.

Changes that need to be reported include:

- (1) **changes to the family's gross monthly income causing the total amount to exceed the maximum monthly income level allowed for a family of its size in the locality where the child care services have been authorized;**

- (2) **household no longer has income;**
- (3) **changes in number of household members;**
- (4) **change of address;**
- (5) **change in education/training activity (including class days/hours and curriculum);**
- (6) **change of address;**
- (7) **change of providers**
- (8) **child receiving child care services reaches his/her 13th birthday; and**
- (9) **change in the number of hours child(ren) need child care.**

- b. The parent and the worker must sign the Child Care Parent Responsibilities form (032-02-420) that outlines the responsibilities listed above. By reading and signing this form, parents become informed about their responsibilities and obligations. The worker must review the contents of this form with applicants and provide clarification, if needed.

A copy must be given to the applicant and the original maintained in the case record.

2. Responsibility to Cooperate in Eligibility Determination Process

It is the parent's responsibility to cooperate fully in the assessment and eligibility determination process including providing documentation of immunization (see Section V. B. 6. of this chapter)

3. Responsibility for Use of Child Care

Parents shall use child care only for activities that have been authorized.

4. Responsibility to Pay Fees

It is the parent's responsibility to pay all fees owed directly to the **vendor**. Parental failure to pay fees (e.g., co-payments, charges above the Maximum Reimbursable Rate, non-covered registration fees, etc.) and/or any back fees owed may result in case closure.

5. Responsibility to Choose and Monitor Child Care

It is the parent's responsibility to choose the **vendor** of child care and to monitor that care.

6. Responsibility to **Vendors**

It is the responsibility of parents to deliver the child to the child care setting clean and well; to pick the child up promptly at the agreed upon time; to inform the **vendor** when the child will not be coming due to illness; to pick up the child during the day if the child becomes ill; and if transportation is being provided, to get the child safely and promptly to the pick-up site and to meet the child promptly at the discharge point.

7. Responsibility to Pay Overpayments

It is the parent's responsibility to pay fraud-related overpayments or non-fraud overpayments according to the repayment schedule entered into with the local Department (see Section X. of this chapter). Parental failure to pay overpayments may result in case closure.

8. **Responsibility to Respond to Correspondence**

The parent must be told to respond to all agency correspondence within specified timeframes.

H. **LOCAL DEPARTMENT CONTACTS**

1. **A face-to-face meeting with the applicant is required during the initial eligibility process. At the time of this meeting, the Child Care Parent Responsibilities form (032-02-0420-04-eng) must be reviewed with the applicant, and a copy of the signed form must be given to the applicant. This form provides the client with a list of changes that they are required to report.**

The following documentation is required and must be clearly identified in the case record for initial eligibility determination:

- **Service Application (or VIEW/TWA/Transitional Activity and Service Plan or FSET Plan of Participation)**
 - **Service Plan (or VIEW/TWA/Transitional Activity and Service Plan or FSET Plan of Participation)**
 - **Assessment of Need**
 - **Income Verification**
 - **Documentation of Employment and/or**
 - **Documentation of Education/Training**
 - **Parent Responsibilities Form**
 - **Affidavit of Citizenship**
 - **Income Eligibility/Co-Payment Worksheet (Fee Cases)**
 - **Fee Payment Agreement (Fee Cases)**
 - **Provider Rate Verification Form**
 - **Notice of Limited Funding (Fee Cases)**
 - **Notices of Action**
 - **Case Narrative**
 - **Generic Case Document (GCD)**
 - **Childhood Immunization Certification**
 - **Other information necessary to determine eligibility**
- 2. One additional contact must be made with the client during the 12-month eligibility period.**

The purpose of **this** contact is to evaluate whether the child care services authorized are meeting the needs of the child and parent. In some cases, other services will be needed by the family and will be provided directly or arranged for by the service worker. **If the worker becomes aware of a change in eligibility as a result of any contacts, changes to the eligibility status must be made.** Revisions to a written service plan **and/or notations in the child care case narrative must** be made accordingly.

I. REASSESSMENT/ELIGIBILITY REDETERMINATION

An eligibility redetermination is required every 12 months for child care cases. The 12-month cycle begins with the effective date of the child care case approval. Eligibility redetermination means that all eligibility criteria must be evaluated.

Refer to the list under Section H.1. above for criteria which must be evaluated. The client does not have to complete a new Service Application. The Service Application on file should be updated. Updates should be clearly dated. A new Affidavit of Citizenship

does not need to be completed unless child care assistance is requested for additional children. A new Notice of Limited Funding is not required for continuing Fee subsidy cases.

This redetermination may be conducted by phone or in person.

1. **Details of this redetermination must be labeled and recorded in the child care case narrative or on an appropriate, clearly identified form. This documentation can include, but is not limited to, current pay stubs, current class schedules or current education/training progress reports.**
2. For Head Start Wrap-Around child care, once initial eligibility is determined, income eligibility will continue without redetermination as long as the child remains enrolled in Head Start/Early Head Start and is otherwise eligible.

If Head Start enrollment begins for a second child before enrollment ends for the first child, eligibility is not redetermined.

If enrollment ends for one child before enrollment begins for a second child in the family, income eligibility will be redetermined before the second child can receive child care assistance. Income eligibility will then continue again without redetermination as long as that child remains enrolled in Head Start/Early Head Start.

Example 1: A child is enrolled in Early Head Start at age two. Enrollment continues uninterrupted. When this child is four years old, her two-year-old brother begins Early Head Start. In this situation, income eligibility for the family continues based on the initial determination. If there was no fee established initially, no fee is assessed when the second child is added.

Example 2: A child is enrolled in Head Start at age four. Her enrollment ends May 31. In July of the same year, her brother is enrolled in Head Start. Income eligibility must be determined and a fee assessed, if appropriate, prior to approving child care subsidy for the brother.

3. If information is received prior to the date of the annual review that affects eligibility, the local department must perform a redetermination within 30 days of receipt of that information.

J. NOTICES OF ACTION

1. Due Process

Applicants and recipients will be afforded due process through timely written notices of any action deciding or affecting his eligibility for services or co-payment amount.

Such written notice shall include the reason for the action and the notice of appeal rights and procedures, including the right to a fair hearing if the applicant or recipient is aggrieved by the local department's action or failure to act on an application.

2. Application

Parents must be given a Notice of Action (032-02-103) or letter if no action was taken on the application within **30** days of its being received by the local department. If a letter is used, it must contain all appeal information found on the Notice of Action form.

a. Once eligibility is determined, parents must be given a Notice of Action (032-02-103) or letter to inform them if the application has been approved or denied.

b. If the application was approved, the Notice of Action must indicate:

(1) the date the application was approved;

(2) the effective date of the payment of child care;

(3) the services approved; and

(4) the amount of the co-payment, if any.

3. Change or Termination

a. If the local department proposes to terminate child care subsidy, reduce child care subsidy, suspend a payment, or increase in the amount of the co-payment, a written Notice of Action (032-02-103) or letter must be given to the parent at least 10 days in advance of the date the action is to become effective.

b. When mailed, the local department must send the Notice of Action in enough time before the date the action is to become effective (14 days is suggested) to ensure that the parent has a 10 day notice

- c. When terminating Transitional child care, the Notice of Action must be sent 60 to 90 days prior to termination. This will enable the local department to continue services within the twelve month period of eligibility should an appeal occur and give the client adequate time to prepare for the termination of eligibility.

4. Right to Fair Hearing

If the parent disputes the decision made by the local department on her child care case, she is entitled to a fair hearing. (See Volume VII, Section I, Chapter H for information on service appeals).

Local departments must send copies of all hearing decisions to their appropriate child care consultant.

K. TERMINATION

1. Reasons for Termination

- a. For Transitional Child Care, child care subsidy shall be terminated when the 12 month eligibility period is ended, unless the family requests and is found to be eligible for Fee Child Care and funds are available.
- b. Other reasons for terminating child care include:
 - (1) discontinuation of employment or other approved or assigned activity;
 - (2) the parent no longer meets the non-financial or financial eligibility requirements;
 - (3) failure to pay required fees;
 - (4) failure to make satisfactory arrangements to pay back fees owed;
 - (5) failure to make satisfactory progress in education/training;
 - (6) failure to provide necessary verifications/information;
 - (7) at the parent's request

- (8) moved from locality;
- (9) children out of home;
- (10) failure to report changes specified on the Child Care Parent Responsibility form (032-02-420);
- (11) disqualification (see Section XI. of this chapter);
- (12) lack of funds.

2. Documentation of Termination Reasons

Adequate documentation supporting the reasons for termination must be filed in the case record and included on the Notice of Action sent to the parent.

3. Planning and Assessment

Termination of child care services shall be planned by the local department jointly with the parent and . The local department shall determine if continued services are needed and assist the family with appropriate referrals. The local department shall discuss with the parent the importance of preparing the child in advance, if at all possible, for any change in child care. Planning and preparation of the child is especially important when care is terminated for school-age children who are moving from supervised child care into being alone for a portion of the day.

Once child care subsidy is terminated, continuing social services may be needed by the family and/or a referral to another service agency. The local department shall complete an assessment of need.

Details of this planning and assessment must be labeled and recorded in the child care case narrative or on a form labeled as a service plan.

L. REQUIRED DOCUMENTATION

Local departments shall assure that case records are maintained accurately in accordance with case management policy in department manuals. Volume VII, Section I, Chapter B provides a listing of generic forms required for the case record and also discusses case record organization. Required child care forms are found in section N. below.

M. CASE TYPES

For cases receiving child care subsidy, the following guidelines shall be used to select the appropriate VACIS case type:

EMPLOYMENT - VIEW WITH CHILD CARE/OTHER SUPPORT -
CODE 92

Code 92 is used in cases where a VIEW registrant is being assessed or receiving child care. This is the code used for VIEW cases.

EMPLOYMENT - CHILD CARE/OTHER SUPPORT - NON VIEW -
CODE 96

This code is appropriate for TANF employment cases (non VIEW) receiving child care, for Fee child care cases, for Head Start Wrap-Around child care, for Transitional child care, and FSET child care.

N. FORMS USED IN SERVICE PLANNING

1. Required Child Care Forms

- a. Provider Rate Verification form (032-02-091): used by all providers to give to the local department, in the absence of a published rate schedule, written verification of the child care rates charged the general public.
- b. Child Care Income Eligibility/Co-payment Worksheet (032-02-093/1): to provide a standardized format to determine and document income eligibility and client co-payment amount for Transitional, Head Start Wrap-Around, and Fee child care programs.
- c. Child Care Fee Payment Agreement (032-02-090): used in order to have in writing the agreed upon arrangements for the payment of fees to a **vendor**.
- d. Health and Safety Checklist for Unregulated Providers (032-02-001): used to document compliance with health and safety requirements for child care subsidy (not applicable to grandparents, great grandparents, aunts, uncles or adult siblings).
- e. Child Care Parent Responsibilities Form: used to inform customers of their responsibilities to cooperate with

eligibility determination, what constitutes fraud and also the consequences of fraud.

- f. Sworn Statement or Affirmation (032-02-094)
- g. Notice of Limited Funding for Child Care Assistance (032-02-422): used for Fee cases only.
- h. **Child Care Subsidy Contact Sheet/Case Narrative (032-05-0402-00-eng) or a local equivalent.**

2. Optional Child Care Forms

- a. Emergency Medical Authorization Card

Emergency Medical Authorization Card (032-02-057/1): used for family day care or in-home care, regulated or unregulated. This card is used by the parent to give the **vendor** of family or in-home care authority to obtain emergency medical care for a child when the parent or another designated person cannot be located. It should be documented in the record if the card was given to parents.

- b. **Vendor Agreement**

Local departments may develop written agreements with child care **vendors** that establish the standard operating procedures to be used to approve and to make payments for child care subsidy programs. The content of such agreements must be approved by the Department prior to use.

3. Local Department Forms

Local departments may develop their own version of any of the above forms, but must have the Department's written approval of the form(s) prior to use. **Written state approval of locally developed forms must be maintained by the local department.**

VI. CHILD CARE **VENDORS**

A. **VENDORS THAT MAY BE USED AS PROVIDERS**

- 1. All **vendors** who participate in the subsidy program must:

- a. Be at least 18 years of age;
- b. Be operating legally according to the *Code of Virginia*;
- c. Meet all local ordinances and business requirements.

2. Parental Choice

Families who receive child care subsidy have full parental choice of all legally operating child care **vendors** who meet the **vendor** requirements of the subsidy program.

Local departments must not establish policies that limit parental choice of **vendors**.

3. Relative Care

A child's relative may be paid as a child care **vendor** as long as the individual is not a part of the public assistance unit or legally responsible for the child(ren) needing care. See exception in Section V. B. 7. of this chapter for children of owners or operators of family day homes.

4. In-Home Care

The cost for in-home care must not exceed the local Maximum Reimbursable Rate and must meet minimum wage requirements.

Exception:

The cost may exceed the local Maximum Reimbursable Rate for children with special needs.

Before making any payments for in-home care, local departments must assure that the definition of in-home child care is met (see definition of In-home). For in-home care, FICA (Social Security taxes) and unemployment taxes must be withheld and paid by the local department. See Authorization to Act as Agent on Customer's Behalf for In-Home Care (032-05-0035-00-eng) – Appendix U.

In-home care may be approved when the total child care cost does not exceed the local Maximum Reimbursable Rate and still allows payment of at least the minimum wage as required by the Fair Labor Standards Act for Domestic Service.

In-home **vendors** are paid at least minimum wage by the hour, not by a rate per child. For instance, if a **vendor** cares for three children full time, she would be paid at least minimum wage for the number of hours per week for which care is needed if this amount does not exceed what the agency would have paid for these children in a family day home paying up to the Maximum Reimbursable Rate per individual child.

When calculating the minimum wage for in-home care in Fee child care cases, include the parent's portion of the payment (co-pay).

B. **VENDOR REQUIREMENTS**

1. Access to Children

- a. **Vendors** used must afford parents unlimited access to their children when they are in care.
- b. **Vendors** must afford state and local department staff unlimited access to children in care when one or more children in care receive a child care subsidy.

2. Required Documentation

- a. The checks, statements/affirmations, and documentation of training required in this subsection must be received by the local department before subsidy payments may be made. **Vendors must complete four hours of skills training within one year of the date of the vendor's approval to receive child care subsidy payments and annually thereafter.**
- b. The **vendor**/other agent must request and pay for the necessary clearances and checks. Local departments may choose to pay for the necessary clearances and checks using Quality Initiative funds or local only funds; however, such a policy must be applied uniformly.
- c. Local departments must enter required documentation on disqualified **vendors** (see Section XI. B. of this chapter) into the Disqualified Providers database on the Department's web site. Instructions for and information on this process are on the OECD Documents' page under "Child Care Subsidy Provider Disqualification Information

and Process” and “Child Care Subsidy Disqualified Provider Listing.” The letters required to be sent to **vendors** when they are placed on the list and removed from the list may also be found on this page of the web site.

3. Initial Background Checks

a. All **vendors**, any employee, prospective employee, volunteers, agents involved in the day-to-day operation, all agents who are alone with, in control of, or supervising one or more children; and any other adult (18 years of age or older) living in a family day home shall provide to the local department the following background checks:

- (1) State Criminal History Record Check or Sex Offender and Crimes Against Minors Registry Check through the Virginia State Police;
- (2) Central Registry Child Protective Services Check; and
- (3) Sworn Statement or Affirmation as to whether the individual has ever been (i) the subject of a founded complaint of child abuse or neglect or (ii) convicted of a crime or is the subject of any pending criminal charges within the Commonwealth or any equivalent offense outside the Commonwealth.

EXCEPTIONS:

Vendors and other individuals subject to background checks in the following child care programs are not required to provide initial or subsequent background checks to a local department to qualify for child care subsidy because these individuals are subject to background check requirements in regulations for their type of child care:

- (a) licensed child day centers
- (b) licensed family day homes

- (c) Virginia Department of Education-approved child care
 - (d) religiously exempt child day centers
 - (e) voluntarily registered family day homes
 - (f) licensed family day system-approved homes
- b. The local department must not accept background checks that are dated more than three years prior to the date the signed service application is received.
- c. Any individual who begins employment, service, or residence in the home after the local department's approval of the **vendor** for child care subsidy must provide the required background checks to the local department within 30 days of the individual's beginning date of employment, service, or residence in the home.
- d. Payment of child care subsidy must be denied if:
 - (1) the Virginia State Police name search for criminal history and/or sex offender and crimes against minors registry search shows that the person checked has been convicted of a barrier crime; or
 - (2) the Central Registry Child Protective Services Check reveals that the person checked is in the CPS Central Registry as "Founded."
- e. The criminal history and/or sex offender and crimes against minors search is completed through the Virginia State Police. One of two forms used by the Virginia State Police to conduct this investigation must be completed. The forms are SP-167 (Criminal History Record Name Search Request) and SP-230 (Criminal History Record/Sex Offender and Crimes Against minors Registry Search Form). SP-167 is used by **vendors** requesting searches on themselves and must be notarized. SP-230 is used for household members, assistants and/or substitutes.

These forms may be downloaded from the Virginia State Police web site at www.vsp.virginia.gov. The forms may be completed on line and one copy signed and mailed to

the Virginia State Police or the form may be printed for completion. If the form is not completed on line, two signed copies must be sent to the Virginia State Police.

A charge of up to \$20.00 per search, payable to the Virginia Department of State Police by certified check, money order, charge card, or agency check, is required for this service. Personal checks or cash are not accepted.

Local departments must not use the Virginia Criminal Information Network (VCIN) for child care subsidy purposes.

For a complete listing of child care barrier crimes refer to Appendix E.

- f. A Central Registry Release of Information form (032-02-0151-07-eng) must be completed for each individual required to have a CPS background check.

This request form must be signed by the person for whom the search is being conducted, and the signature must be notarized. If applicable and available, the maiden name and all names used by the **vendor** shall be added.

A completed request form must be sent to the Virginia Department of Social Services at:

Virginia Department of Social Services
7 North Eighth Street
4th Floor, CPS Central Registry
Richmond, VA 23219

Requests must be accompanied by \$5.00 in the form of a cashier's check, a company/business check, or a money order (no cash or personal checks) payable to the Virginia Department of Social Services. Local departments are exempt from the fee. Incomplete forms and requests not accompanied by a check or money order, when necessary, shall be returned unprocessed.

If the name being searched is not located in the CPS Central Registry, notice of such shall be transmitted to the requesting party.

If there is insufficient information contained in the CPS Central Registry regarding the name being searched, and the result of the search is "unable to be determined," notice of such shall be transmitted to the requesting party along with a request for specific additional information that should be completed and returned for further inquiry. For further instructions, see Volume VII, Section III, Chapter A, Child Protective Services.

Local departments of social services must follow the laws related to confidentiality. See Volume VII, Section III, Chapter A, Child Protective Services, Part IX: Confidentiality for rules of confidentiality.

- g. The Sworn Statement or Affirmation for Unregulated Providers and Local Department Approved Providers form (032-02-094) and an explanation of the form can be found in Appendix Q of this chapter.
4. Subsequent Background Checks
- a. See exceptions for subsequent background checks in B. 3. a. above.
 - b. Background checks remain valid for three years for **vendors** and other individuals subject to background checks in the following child care programs:
 - (1) certified preschools
 - (2) unregulated **vendors**
 - (3) local government-approved recreation programs
 - (4) local ordinance-approved child care programs
 - c. In order for the background checks to remain valid for three years:
 - (1) the **vendor** must provide continuous services under the child care subsidy program; and
 - (2) the individual subject to background checks must maintain continuous employment, residence or service with that **vendor**.

- d. The **vendor** or individual subject to background checks must provide current background checks to the local department after three years have elapsed, when there has been a break in subsidy participation, or when there has been a break in employment, residence, or service with that **vendor**.

5. Initial Tuberculosis Screening for Unregulated **Vendors**

- a. The **vendor**, all adults (18 years of age or older) living in the household, and any assistants providing care shall be screened for tuberculosis.

EXCEPTIONS:

- (1) Grandparents, great grandparents, aunts, uncles and adult siblings of the children in care (if the adult sibling resides in a separate residence), are exempt from this requirement unless otherwise subject to regulation.

- (2) Local government-approved recreation programs may certify by submitting a letter signed by the director that for each staff person working directly with children, the program has a statement signed by a physician, the physician's designee, or an official of a local health department that the individual is free of tuberculosis in a communicable form.

- b. The **vendor**/other agent must request and pay for the tuberculosis screening.
- c. The results of each tuberculosis screening shall be forwarded to the service worker in the form of a statement that she is free of tuberculosis in a communicable form. The statement shall be signed by a physician, the physician's designee, or an official of a local health department.
- d. Payment of child care subsidy must be denied if the result of the tuberculosis screening shows that the person is not free of tuberculosis in a communicable form.

6. Subsequent Tuberculosis Screening for Unregulated **Vendors**

At the option of the local department, subsequent tuberculosis screening(s) may be required.

7. Initial Health and Safety Checklist for Unregulated **Vendors**

- a. The checklist is intended as a self-assessment tool to help the parent and **vendor** assess the health and safety of the care the child will receive in child care. The parent and the child care **vendor** shall fill out the form together in the home where care will be provided. The checklist shall be completed, signed by both the parent and **vendor**, and forwarded to the worker.

EXCEPTIONS:

- (1) Grandparents, great grandparents, aunts, uncles and adult siblings of the children in care (if the adult sibling resides in a separate residence) are exempt from this requirement unless otherwise subject to regulation.
- (2) Local government-approved recreation programs may certify by annually submitting a letter signed by the director that the program complies with the safety and supervision requirements established by their local government.
- b. Payment of child care subsidy must be denied if the health and safety checklist is returned incomplete.

Payment of child care subsidy cannot be denied based solely upon the responses to the statements on the checklist.

- c. After receiving the completed health and safety checklist, the worker shall approve or deny payment and shall send a copy of the checklist to the parent and to the **vendor** for their records.
- d. Completion of the Health and Safety Checklist (032-02-001/2) for unregulated **vendors** is not a regulatory process and does not meet requirements for participation in the USDA Child and Adult Care Food Program. **Vendors** who wish to participate in the Child and Adult Care Food Program must apply to an authorized USDA Food Program administrator.

8. Subsequent Health and Safety Checklist for Unregulated
Vendors

The Health and Safety Checklist shall be completed every three years for unregulated child care **vendors**.

9. First Aid and CPR

- a. Whenever a child is in care for whom child care subsidy is received, the **vendor** or a staff member on site must have current certification in first aid and cardiopulmonary resuscitation (CPR) as appropriate for the age of the children in care.
- b. The first aid and CPR certification must have been issued by one of the following:
 - (1) American Red Cross;
 - (2) American Heart Association;
 - (3) National Safety Council;
 - (4) American Safety and Health Institute (ASHI);
 - (5) Medic First Aid;
 - (6) EMS Safety Services;
 - (7) Community college;
 - (8) Hospital;
 - (9) Rescue squad; or
 - (10) Fire department.
- c. The cost of the first aid and CPR training will be borne by the **vendor**.
- d. The **vendor** must provide documentation of her or a staff member's current first aid and CPR certification to the local department before any child care subsidy payments will be made.

EXCEPTIONS:

(1) A **vendor** or a staff member in the following child care programs are not required to provide current first aid and CPR certification to a local department to qualify for child care subsidy because these individuals are subject to first aid and CPR requirements by regulations for their type of child care:

- (a) licensed child day centers
- (b) licensed family day homes
- (c) Virginia Department of Education-approved child care

(2) The following **vendors** may certify by annually submitting a letter signed by the director that the **vendor** or a staff member has current certification in first aid and CPR:

- (a) Religiously-exempt child day centers
- (b) Voluntarily registered family day homes
- (c) Certified pre-schools
- (d) Local government-approved recreation programs
- (e) Licensed family day system-approved providers

10. Skills Training

a. The **vendor** and other individuals who work directly with children must annually complete four hours of skills training relating to child health, safety, and/or development.

Orientation training on local department policy or financial requirements for **vendors** shall not count toward the four-hour skills training requirement.

b. The cost of the skills training will be borne by the **vendor**.

- c. **Vendors** and other individuals who work directly with children must provide documentation of annual skills training to the local department.

EXCEPTION:

A **vendor** or a staff member in the following child care programs are not required to provide documentation of annual skills training to a local department to qualify for child care subsidy because these individuals are subject to annual skills training requirements in regulations for their type of child care:

- (1) licensed child day centers
- (2) licensed family day homes
- (3) licensed family day system-approved providers
- (4) Virginia Department of Education-approved child care

- d. The following **vendors** may certify by annually submitting a letter signed by the director that the **vendor** and other individuals who work directly with children complete four hours of skills training annually:

- (1) Religiously-exempt child day centers
- (2) Voluntarily registered family day homes
- (3) Certified pre-schools
- (4) Local government-approved recreation programs

- e. **Vendors** must complete four hours of skills training within one year of the date of the **vendor's** approval to receive child care subsidy payments and annually thereafter.

Other individuals who work directly with children must complete four hours of skills training within one year of the date of the **vendor's** approval for child care subsidy or within one year of the date the individual begins to work directly with children and annually thereafter.

VII. TYPES OF PAYMENT

A. DIRECT PAYMENT TO **VENDOR**

Local departments will make payment for child care subsidy by means of direct payment to the **vendor** upon submission of an invoice. This is the standard method of payment to be used.

At the discretion of the local department, the reimbursement method of payment may be used in appropriate situations.

Local departments may use a modification of the department's Purchase of Service Order form (032-02-126/3) to make direct payment to **vendors**. Such a modified form must be approved in writing by the department prior to its use and meet all requirements found in department manuals to ensure that it contains all necessary elements to authorize the delivery of service to the family.

B. EARNED INCOME DISREGARD FOR TANF RECIPIENTS

TANF recipients may choose to take the earned income disregard for child care expenses. If they choose this option, no child care case will be opened because the TANF recipients will be handling their child care payments on their own from funds from their assistance grant. Prior to completing the child care service authorization for a TANF recipient, the service worker must receive assurance from the local eligibility worker (TANF) that the recipient has not chosen the earned income disregard for child care.

C. CHILD CARE FOR CHILDREN IN FOSTER CARE

Foster care funding sources, not the Child Care and Development Fund nor the programs outlined in this chapter, are to be used for payment for child care for children in foster care (see Volume VII, Section III, Chapter B, Foster Care for instructions on how to purchase child care services for children in foster care).

EXCEPTIONS:

If a local department maintains custody of a child, but the child is in the physical custody of his parent(s) and the parent(s) need child care in order to maintain employment or to attend an approved education/training program, the parent(s) may apply for Fee child care in the locality in which they reside.

If a minor adolescent is in an Independent Living situation and has a child who receives TANF benefits, application can be made for TANF child care funds. If the minor's child does not receive TANF benefits, application can be made for Fee child care. If the local department has a Fee child care waiting list, funding for child care may be available through the Comprehensive Services Act funding.

VIII. DETERMINING PAYMENT AMOUNT

A. MAXIMUM REIMBURSABLE RATES

1. Established by the Department

The Department will establish local Maximum Reimbursable Rates (MRR) for child care for all localities in the state by type of care. Local departments shall not establish their own maximum monthly rates of pay.

2. Used to Determine Subsidy Payments

Local departments must pay the rates and fees **vendors** charge the general public, up to the Maximum Reimbursable Rate of the jurisdiction in which the **vendor** is located, or a lower rate that has been negotiated with a **vendor**.

EXCEPTIONS:

- a. For children with special needs, payment **of up to two times the Maximum Reimbursable Rate for the type of child care needed** is allowed when it is appropriate as determined by the local department in consultation with the parent, **vendor**, and appropriate professional. **Details of this consultation must be recorded in the case record.**
- b. For out-of-state **vendors**, the local department's Maximum Reimbursable Rate shall be used.

3. Total Cost of Care

- a. The total cost of care, excluding the single annual registration fee, but including special programs and transportation, must not exceed the Maximum Reimbursable Rate for the type of care.

The total cost of care must be identified and entered on the Purchase Order as one child care cost.

- b. For eligible families, local departments must purchase needed child care for all eligible children to support the approved or assigned activity. See exception in Section IV. E. 4. of this chapter for a subsidy-capped child in the Fee Child Care Program.
- c. Unless there are extenuating circumstances, local departments shall purchase only the amount of child care required to support the approved activity.

4. Annual Registration Fee

A single annual registration fee will be paid to licensed vendors if they charge this fee to the general public. Child care subsidy funds may be used to pay up to \$100 for the annual registration fee. Licensed vendors include all vendors eligible to receive reimbursement at Level 2 rates.

When a single annual registration fee is not included in the rate charged by the **vendor**, it shall be paid by the local department separately. The annual registration fee may be made in two separate payments.

No child care subsidy funds may be used to pay vendor activity fees.

5. Unit Price

The unit price of service shall be based on a week or less. **The unit of care for each day is .2. Using this unit of care, a five day week of care equals 1.0 units.**

Rates paid will be based on **vendor** enrollment and attendance practices and department payment policies.

The Maximum Reimbursable Rates are presented by locality as weekly, daily, and hourly rates for center and family care for both Level 1 and Level 2. Maximum Reimbursable Rates are included as Appendices H and I to this chapter.

See Maximum Reimbursable Rate Per Type of Provider (Appendix G).

Hourly rates are based on care six hours or less per day. The daily rate must be used if the hourly rate times the number of hours exceeds the daily rate. The weekly rate must be used if the daily rate times the number of days exceeds the weekly rate.

6. Age Range Definitions

In applying the appropriate Maximum Reimbursable Rate, the local department may use the age range definitions used by the **vendor** or those used by the Division of Licensing Programs. Once a local department has chosen to use either **vendors'** definitions or to use the Division of Licensing Program's definitions, those same age range definitions must be used in every case.

The age definitions used by the Division of Licensing Programs for child day centers are:

- a. Infants - children from birth to 16 months,
- b. Toddlers - children from 16 months up to two years,
- c. Preschool - children from two years up to the age of eligibility to attend public school (five years by September 30),
- d. School age - children eligible to attend public school.

7. Less Than Full Time Care Needed

If less than a full week of care is needed, the unit price to be used will be the most economical rate for the amount of care required within the limits of the local Maximum Reimbursable Rates.

If the **vendor** charges the general public a weekly rate for less than full-time care, and the rate is within the limit of the local Maximum Reimbursable Rate and no part-time care is available, the full-time rate may be used until part-time care can be found.

Customers are expected to find **vendor** who charge for only the time required if at all possible.

8. Transportation Services

Transportation services shall be paid using child care funds only when the transportation services are provided by the **vendor** and the total cost of all services provided by the **vendor** does not exceed the established Maximum Reimbursable Rate for the type of care.

9. **Additional Payments**

For individuals participating in an approved activity for TANF, Transitional, Head Start Wrap-Around, or Fee child care; in an assigned activity for VIEW; or in an assigned FSET component, child care **shall** also be purchased:

- a. for up to two weeks prior to the start of employment or training if child care arrangements would otherwise be lost.
- b. for up to one month during a break in employment or training if a subsequent activity is scheduled to begin within that period and if child care arrangements would otherwise be lost.
- c. for up to four weeks in a twelve month period if the parent is ill or incapacitated for justifiable reasons as set forth in a service plan **or in the child care case narrative and labeled as such**. This time period may be extended for justifiable reasons **documented in writing in the case record**.
- d. for up to four weeks in a twelve month period if the child is absent from care for justifiable reasons as set forth in a service plan **or in the child care case narrative**. This time period may be extended for justifiable reasons **documented in writing in the case record**.
- e. from a **vendor** other than the primary **vendor** if the child is sick. A second Purchase of Service Order covering the same time period as the first is allowable. The local department will make payment to the primary **vendor** following the enrollment policy of the **vendor**. **The details of this arrangement must be recorded in the case record in addition to the purchase information.**
- f. for care while a parent sleeps. This may be done in situations where the parent works non-traditional hours and must sleep for some of the hours while the children

are awake. The total number of hours covered will not exceed the number that would have been needed for work only. **The details of this arrangement must be recorded in the case record in addition to the purchase information.**

10. Child Placed in Facility with Rate above MRR

Parents who choose to place a child in a facility with a rate above the Maximum Reimbursable Rate are responsible for payment of any additional amount, unless the local department elects to pay the additional amount out of local only funds.

11. Subsidizing Cost above Maximum Reimbursable Rate

When agencies use local only funds to subsidize the cost of care above the Maximum Reimbursable Rate, this policy shall be approved by the local board of social services and recorded in the minutes, including the maximum allowable subsidy. Subsidy decisions shall not be made on an individual case basis.

12. Payment for In-Home Care

For in-home care, payment is at least minimum wage but not more than the Maximum Reimbursable Rate for the number of children in care. See Section VI. A. 4. of this chapter for more information on in-home care.

B. BEGINNING DATE OF SERVICE PAYMENT

1. Eligibility Determined within **30** Days

The beginning date of service payment is the date the signed application is received by the local department if the family is determined eligible within **30** days.

2. Eligibility Determined after **30** Days

If the eligibility determination is made more than **30** days after the signed application is received by the local department, payment may begin only on the date eligibility is actually determined, except in the case of administrative delay. See definition of administrative delay.

3. Receipt of Required **Vendor** Documentation

- a. No payment may be made until all required documentation is received and approved by the local department.
- b. If the **vendor** returns required information to the local department within **30** days after the signed client application is received, payment shall be made retroactive to the date the signed application was received by the local department.
- c. If due to administrative delay, the **vendor** returns required information to the local department more than **30** days after the signed client application is received, payment shall be made retroactive to the date the signed application was received by the local department.
- d. Payment must not be made to licensed family day homes or child day centers prior to the effective date of their initial license. Payment must not be made to the following **vendor** prior to the effective date of their initial registration, certification, or approval unless they meet all requirements for **vendors** in Section VI. of this chapter:
 - (1) voluntarily registered family day home;
 - (2) family day system-approved provider;
 - (3) Department of Education-approved provider;
 - (4) local ordinance-approved provider;
 - (5) certified pre-school;
 - (6) religiously exempt child day center; or
 - (7) local department-approved provider.

C. FINANCIAL MANAGEMENT OF CHILD CARE CASES

1. Funding Plan

For each active child care case, the worker should develop a funding plan with a goal of providing continued child care for the family as they pursue self-sufficiency.

2. Monitoring Expenditures

Tracking expenditures on a monthly basis in relation to monthly allocations is the most effective method of managing annual allocations and continuing cases without interruption. The local department should make adjustments in the planned monthly allocations for those times of the year when costs for care fluctuate.

The local department should regularly monitor encumbrances and expenditures to monitor how billed charges compare to funds encumbered for each case. As case changes occur, unused funds should be unencumbered to maximize the use of allocations.

Monthly expenditure reports and other statistical reports are available on the local department web site under "CCD Reports."

3. Mandated Programs

Payment of child care subsidies for children in the following programs is mandated:

a. Budget line 871

- (1) VIEW
- (2) Transitional
- (3) TANF Working
- (4) Learnfare
- (5) FSET

b. Budget line 878

- (1) Head Start Wrap-Around

See Child Care Programs Budget Lines ([Appendix B](#)) and Child Care Program Budget Lines' Descriptions ([Appendix C](#)).

4. Requesting Additional Funding

In certain instances, local departments will have caseloads that cannot be continued within fiscal year allocations. If this occurs, local departments may request additional funding. Justifiable

requests for additional funding in non-mandated budget lines will be approved only to the extent of available funds.

A "Request for Supplemental Funding-Child Care Subsidy Program" (032-02-0098-01-eng) (Appendix W) must be completed when requesting additional funds that require local matching funds.

5. Reducing Caseloads

If additional funding is not provided for Fee child care or TANF child care for (non-VIEW) education and training, local departments should reduce cases through attrition, if possible, until the appropriate caseload and expenditure levels are attained. No new cases should be added during this time. If caseloads cannot be reduced through attrition, local departments may close cases to reduce expenditures to funding levels. When the proper expenditure levels are attained, cases may be added to the caseload as other cases are closed.

IX. FRAUD

The *Code of Virginia* (63.2-522) deems guilty of larceny any person who obtains assistance or benefits by means of a willful false statement or who knowingly fails to notify of a change in circumstances that could affect eligibility for assistance. Welfare fraud is larceny, and recipients deemed guilty of larceny, upon conviction, are subject to penalties as specified in the *Code of Virginia*, Chapter 5 18.2-95 *et seq.*

When it is suspected that there has been deliberate misrepresentation of facts in order to receive child care subsidy, the local department must determine whether or not fraud was committed. There must be clear and convincing evidence that demonstrates that the household or **vendor** committed or intended to commit fraud.

Suspected instances of child care fraud shall be referred to the fraud staff for investigation. Local departments shall send copies of fraud investigation final reports to their appropriate child care consultant.

X. REPAYMENT

A. OVERPAYMENT DUE TO FRAUD

In addition to any criminal punishment, anyone who causes the local department to make an improper vendor payment by withholding

required information or by providing false information will be required to repay the amount of the improper payment.

B. NON-FRAUD OVERPAYMENT

In cases of non-fraud overpayment, the parent and the **vendor** may continue to participate in the subsidy program as long as a repayment schedule is entered into with the local department and payments are made according to that schedule.

C. OVERPAYMENT DUE TO LOCAL DEPARTMENT ERROR

If an overpayment related to eligibility for services or related to co-payment amount was made as a result of an error by the local department, the local department will not seek to recoup those funds from the parent or the **vendor**.

D. REPAYMENT SCHEDULE

1. Repayment will be in either a lump sum or according to a written repayment schedule between the responsible person and the local department. The repayment schedule must be signed by the responsible person and an authorized local department representative.
2. In establishing the repayment schedule for a parent, local departments must not require monthly repayment amounts that exceed **5%** of the family's gross monthly income.
3. Local departments must have a tracking system to ensure that claims are established and satisfied. **This information must be recorded in the case record.**

XI. DISQUALIFICATION

A. PARENTS

1. Parents will be disqualified from participating in the child care subsidy program for three months upon the first finding of child care fraud, 12 months upon the second finding, and permanently upon the third finding (see definition of finding of child care fraud).
2. Parents who fail to enter into a written repayment schedule with the local department for overpayment due to fraud or for non-fraud overpayment will be disqualified from participating in the

child care subsidy program until entering into a written repayment schedule.

3. Parents who fail to make three consecutive payments according to the written repayment schedule with the local department for overpayment due to fraud or for non-fraud overpayment will be disqualified from participating in the child care subsidy program until all delinquent payments are made.

Upon payment of all delinquent payments according to the written repayment schedule, child care subsidy payments will resume for parents who are otherwise eligible and who are not disqualified according to A. 1. above.

B. VENDORS

1. **Vendors** will be permanently disqualified from participating in the child care subsidy program upon the first finding of child care fraud.
2. **Vendors** who fail to enter into a written repayment schedule with the local department for non-fraud overpayment will be disqualified from participating in the child care subsidy program until entering into a written repayment schedule.
3. **Vendors** who fail to make three consecutive payments according to the written repayment schedule with the local department for non-fraud overpayment will be disqualified from participating in the child care subsidy program until all delinquent payments are made.

Upon payment of all delinquent payments according to the written repayment schedule, child care subsidy payments will resume for **vendors** who are otherwise eligible.

XII. COMMUNITY COORDINATION

Local departments shall coordinate child care services with existing child care resource and referral agencies, early childhood education programs, schools, private for-profit and non-profit child care **vendors**, and other groups in the community involved in child care and early childhood development. This will be done in order to ensure understanding of the department's program, to enhance parental choice, to increase the availability and quality of child care services, and to maximize coordination of child care services in the community.

Local departments may contract with other local governmental or non-profit agencies for the management of certain child care services.

The Department must give prior approval to any such contract, review the contract annually, and monitor the local department's administration of said contract. The local department shall assure that the contractor meets all department guidance and reporting requirements and provides the services specified in the contract. The local department will follow local procurement procedures.

XIII. LOCAL RECRUITMENT AND TRAINING OF **VENDORS**

It is the responsibility of the local department to work with other organizations in the community in efforts to encourage the development of child care resources to meet unmet need. This can be done by encouraging the expansion of family day homes, center care and other forms of care such as for school-age children.

It is also the responsibility of the local department to work cooperatively with other community resources in making adequate training opportunities available to all child care **vendors**.

XIV. COMPLAINTS IN THE CHILD CARE SETTING

A. CHILD ABUSE OR NEGLECT

All complaints regarding possible child abuse or neglect occurring in a child care setting must be referred to the Child Protective Services unit at the local department serving the area where the child care service is located. Information regarding the complaint shall be shared with the worker responsible for licensure or approval.

In situations when parents select a **vendor** for whom there are child protective services concerns, local departments must weigh the **vendor's** right to confidentiality with the parent's right to be informed and the child protected. If parents have been informed and continue to place their child in an unsafe environment, a referral to Child Protective Services may be in order.

B. OTHER COMPLAINTS

All other complaints should be referred to the approval authority. In the case of licensed day care centers or licensed family day homes, the complaint would go to the licensing unit at the Department's office serving that area. In the case of local department approved child care **vendor**, the complaint would go to the unit that approved the **vendor**

at the local department. The toll free information Hot Line for the Division of Licensing Programs may be used to report concerns regarding current child care arrangements (1-800-543-7545).

XV. 801 REPORT

The Child Care and Development Block Grant Act requires states to collect on a monthly basis case-level data on families and children receiving child care subsidy (ACF- 801 Report). Data required to be collected and reported to the Child Care Bureau include demographics, family income and co-payments, and the type of **vendor**.

Each month a sample of families receiving child care subsidy is selected and local departments are sent an automated notification of the case number of the family(ies) in their caseloads that have been selected for review. Local departments must complete the online 801 form (available on the local department web site) to provide the required information on these children and families by the date specified in the notification.

XVI. APPENDICES

- A. STATE INCOME ELIGIBILITY SCALE FOR CHILD CARE
- B. CHILD CARE PROGRAM BUDGET LINES
- C. CHILD CARE PROGRAM BUDGET LINES' DESCRIPTIONS
- D. CITIZENSHIP AND ALIENAGE DEFINITIONS/DOCUMENTATION
- E. BARRIER CRIMES
- F. METROPOLITAN STATISTICAL AREA GROUPINGS
- G. MAXIMUM REIMBURSABLE RATES PER TYPE OF PROVIDER
- H. LEVEL 1 MAXIMUM REIMBURSABLE RATES
- I. LEVEL 2 MAXIMUM REIMBURSABLE RATES
- J. AFFIDAVIT OF UNITED STATES CITIZENSHIP OR LEGAL PRESENCE IN THE UNITED STATES (032-05-0036-00-eng)
- K. INCOME ELIGIBILITY/CO-PAYMENT WORKSHEET (032-02-093)
- L. CHILD CARE PARENT RESPONSIBILITIES (032-02-0420)
- M. NOTICE OF LIMITED FUNDING FORM (032-02-422)
- N. WAITING LIST SCREENING FORM (032-02-423)
- O. CHILD CARE PROVIDER RATE VERIFICATION (032-02-091)
- P. CHILD CARE FEE PAYMENT AGREEMENT (032-02-090)
- Q. SWORN STATEMENT OR AFFIRMATION (032-02-094)
- R. HEALTH AND SAFETY CHECKLIST FOR UNREGULATED PROVIDERS (032-02-001)
- S. CHILDHOOD IMMUNIZATION CERTIFICATION (032-03-960)
- T. CHILD'S EMERGENCY MEDICAL AUTHORIZATION (032-02-057)
- U. AUTHORIZATION TO ACT (032-05-0061-00-eng)
- V. CHILD CARE SUBSIDY CONTACT SHEET/CASE NARRATIVE
032-05-0402-00-eng

W. REQUEST FOR SUPPLEMENTAL FUNDING CHILD CARE
SUBSIDY PROGRAM (032-02-0098-01-eng)

Appendix A

State Income Eligibility Scale for Child Care Subsidy

Maximum Monthly Income Level
10/01/2008 – 05/31/2009

Family Size	100% of Federal Poverty Guidelines	GROUP I 150% of Poverty	GROUP II 160% of Poverty	GROUP III 185% of Poverty	250% of Poverty
1	\$867	\$1,300	\$1,387	\$1,604	\$2,167
2	\$1,167	\$1,750	\$1,867	\$2,159	\$2,917
3	\$1,467	\$2,200	\$2,347	\$2,714	\$3,667
4	\$1,767	\$2,650	\$2,827	\$3,269	\$4,417
5	\$2,067	\$3,100	\$3,307	\$3,824	\$5,167
6	\$2,367	\$3,550	\$3,787	\$4,379	\$5,917
7	\$2,667	\$4,000	\$4,267	\$4,934	\$6,667
8	\$2,967	\$4,450	\$4,747	\$5,489	\$7,417
9	\$3,267	\$4,900	\$5,227	\$6,044	\$7,831
10	\$3,567	\$5,350	\$5,707	\$6,599	\$7,998

Appendix B

Child Care Program Budget Lines

LANCER CODE	LASER CODE BUDGET LINE	PROGRAM DESCRIPTION	CO-PAYMENT?	FUNDING PERCENTAGES		
				FEDERAL	STATE	LOCAL
540	87101	VIEW (all VIEW cases)	No	50%	40%	10%
541	87102	Transitional (former VIEW case)	Yes	50%	40%	10%
517	87103	Transitional (not a former VIEW case)	Yes	50%	40%	10%
529	87104	TANF Working (non-VIEW)	No	50%	40%	10%
543	87105	Learnfare	No	50%	40%	10%
507	87106	FSET	Yes (if income is above federal poverty guidelines or paying for siblings not enrolled in Head Start)	50%	40%	10%
544	87801	Head Start Wrap-Around	Yes (if income is above federal poverty guidelines)	100%		
521	88102	Fee Program	Yes	50%	40%	10%
527	88103	TANF Education/Training (non-VIEW)	No	50%	40%	10%
545	88302	Fee Program	Yes	100%		
547	88304	TANF Education/Training (non-VIEW)	No	100%		
378	89001	Quality Initiative Grant	N/A	50%	34.5%	15.5%

Appendix C

Child Care Program Budget Line Descriptions

<p>Budget Line 87101</p>	<p>VIEW Working Child Care is mandated in the <i>Code of Virginia</i> and all justifiable requests for supplemental funding will be approved. TANF recipients enrolled in VIEW are eligible for child care to support an assigned activity. For VIEW Working Child Care there is no co-payment.</p>
<p>Budget Line 87102</p>	<p>Parents may receive up to 12 months of child care subsidy to support employment (or training when approved by VIEW for Transitional Employment and Training) if they have received TANF (former VIEW case), the TANF case is closed, and they are found to be income eligible. This includes needed child care for children who are not on the assistance unit, but dependent on the parent. For Transitional Child Care there is a co-payment of 10% of gross income.</p>
<p>Budget Line 87103</p>	<p>Parents may receive up to 12 months of Transitional Child Care subsidy to support employment if they have received TANF (not a former VIEW case), the TANF case is closed, and they are found to be income eligible. This includes needed child care for children who are not on the assistance unit, but dependent on the parent. For Transitional Child Care there is a co-payment of 10% of gross income.</p>
<p>Budget Line 87104</p>	<p>TANF Working Child Care subsidy assists (VIEW exempt) working families receiving TANF benefits. If there is a need for child care and all eligibility requirements are met, recipients of TANF are eligible for needed child care to support employment. For TANF Working Child Care there is no co-payment.</p>
<p>Budget Line 87105</p>	<p>Learnfare Child Care is for children of a minor/teen parent in a TANF public assistance unit to enable them to attend school and comply with compulsory school attendance laws. Priority shall be given for child care subsidy to teen parents engaged in completing high school. This assumes the parent of the minor teen cannot provide care because of work, education/training, disability, or another hardship exemption. For Learnfare Child Care there is no co-payment.</p>
<p>Budget Line 87106</p>	<p>FSET Child Care is considered a federally mandated service. This type of child care subsidy is available for children of recipients of Virginia's Food Stamp Employment and Training (FSET) program while participating in an activity approved by an FSET worker. For FSET Child Care, there is no co-payment if the family's income is at or below 100% of the federal poverty guidelines.</p>
<p>Budget Line 87801</p>	<p>The Head Start Wraparound program is mandated in the Appropriations Act and all justifiable requests for supplemental funding will be approved. This is a child care subsidy program that pays for additional hours beyond those provided by Head Start in order to provide full day/full year child care services for Head Start enrolled children. There is no co-payment for families with income at or below the federal poverty guidelines if all children are enrolled in Head Start. Families must be found to be income eligible and must pay a co-payment of 10% of their gross income if their income exceeds the federal poverty guidelines or if the siblings of a Head Start enrolled child also need child care subsidy.</p>

Budget Line 88102	Same as Budget Line 88302 except this budget line requires a 10% local match.
Budget Line 88103	Same as Budget Line 88304 except this budget line requires a 10% local match.
Budget Line 88302	Fee Child Care program provides child care subsidies to income eligible clients who are employed, in approved education/training activities, or in need of protective services. For Fee Child Care there is a co-payment of 10% of gross income. It is the same as budget line 88102 except this budget line is 100% federally funded.
Budget Line 88304	The TANF Education and Training Child Care program provides child care services for TANF families in education or training. For TANF Education and Training Child Care there is no co-payment. It is the same as budget line 88103 except this budget line is 100% federally funded.
Budget Line 89001	These are funds that are available to local departments of social services to enable the implementation of initiatives to develop, enhance, and strengthen the quality of care delivered to children. This budget line requires a 15.5% local match.

Appendix D

Citizenship and Alienage Definitions/Documentation

A. Citizenship or Qualified Alien Status

As a condition of eligibility, all applicants/recipients for child care subsidy shall provide a signed statement attesting, under penalty of perjury, to their children's citizenship or alien status. The parent must sign the declaration for all children in the family unit for whom child care subsidy is being requested.

The written declaration is to be obtained at the time of application or when child care subsidy is requested for a new child.

Child care subsidy payments shall not be made for any child for whom the citizenship or alien status declaration requirement has not been met.

B. Definition of Citizenship/Alienage Status

1. Citizenship – A child is a U.S. citizen if he is:

- a) born in the United States, regardless of the citizenship of his parents; or
- b) born outside the United States of U.S. citizen parents (the mother if born out of wedlock); or
- c) born outside the United States of alien parents and has been naturalized as a U.S. citizen. A child born outside the United States of alien parents automatically becomes a citizen after birth if his parents (the mother if born out of wedlock) are naturalized before he becomes 16 years of age.

2. Alienage - An alien must be a qualified alien as defined below. If a child does not meet the definition of a qualified alien, he does not meet the alienage requirement.

"Qualified alien" is defined as:

- (a) an alien granted asylum under Section 208 of the INA;
- (b) a refugee admitted to the U.S. under Section 207 of the INA, or an alien who is admitted to the U.S. as an Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988 (as contained in section 101(e) of Public Law 100-202 and amended by the 9th proviso under MIGRATION AND REFUGEE ASSISTANCE in title II of the Foreign Operations, Export Financing, and Related

Programs Appropriations Act, 1989, Public Law 100-461, as amended), or an alien who is a victim of human trafficking.

- (c) an alien paroled into the U.S. under Section 212(d)(5) of the INA for a period of at least one year;
- (d) an alien granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- (e) an alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of the INA (as amended by section 305(a) of division C of Public Law 104-208);
- (f) an alien who is a Cuban or Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980; or
- (g) a battered alien child, and/or an alien child of battered parents who fit certain criteria.

Note: The State assists qualified aliens to the full extent permitted by federal law.

3. Verification of Immigration Status

Verification of immigration status may be obtained at application, redetermination, and as children are added, if the local department has reason to question the validity of the parent's written statement of a child's citizenship or legal alien status. Use as verification the U.S. Citizenship and Immigration Services (USCIS) documents provided by the parent or, if the child is a victim of human trafficking, using documentation from the federal Office of Refugee Resettlement.

If a parent presents expired documents as evidence of the child's immigration status, refer the parent to the local USCIS office to obtain documentation of status. In unusual cases involving parents who have physical or mental disabilities that limit their ability to obtain or provide the required evidence, the worker should make every effort to assist the parent to obtain the required evidence. If the parent can provide an alien registration number, the worker should file a Form G-845, along with the alien registration number and a copy of any expired USCIS document presented with the local USCIS office to verify status.

C. Systematic Alien Verification for Entitlements (SAVE) Program

1. Local departments should not use the SAVE system to confirm the status of human trafficking victims since their status is verified by the federal Office of Refugee Resettlement.
2. Once documentation of the child's immigration status has been provided, if the local department questions the validity of the documentation, the validity of the documentation may be determined by comparing the alien information with current immigration records maintained by USCIS. This is accomplished through the Systematic Alien Verification for Entitlements (SAVE) Program and is intended to prevent the payment of child care subsidy for children who are ineligible aliens. The use of SAVE is optional by local departments for the Child Care Program.

Verification is obtained through two processes:

- (a) Primary verification – online access by authorized personnel to immigration files by logging on at: <https://www.vis-dhs.com/WebOne/vislogin.aspx?JS=YES>
- (b) Secondary verification – a manual procedure completed in addition to primary verification via the Document Verification Request, Form G-845, available at: <http://www.uscis.gov/graphics/formsfee/forms/files/g-845.pdf>

Certain situations may arise where it may not be possible to access primary verification and secondary verification must be accessed or additional information is needed that can only be obtained through the secondary procedure. These situations are addressed in the Secondary Verification section below.

For child with temporary or conditional alien status, local departments may verify through SAVE when their temporary status expires. Once verification has been obtained through SAVE, children with permanent resident status require no further verification of their alien status.

3. Primary Verification

Primary verification is the online access to immigration records. Local workers must attempt the online method before attempting the manual, paper-trail method of secondary verification unless circumstances listed in the Secondary Verification section exist.

Information obtained through SAVE must be compared with the original immigration document. If discrepancies are noted, the secondary

verification process may be initiated. No negative action may be taken against the child on the basis of the automated verification only.

4. Secondary Verification

The following circumstances require that the local department skip online procedures and perform secondary verification:

- (a) Online response is "Institute Secondary Verification;
- (b) Discrepancies are revealed when comparing primary verification to the original immigration document or the primary verification does not clearly indicate whether the child is a qualified alien;
- (c) Documents have no Alien Registration Number (A-Number) or documents presented are not identified in Procedures to Verify Citizenship/Alien Status in this Appendix;
- (d) Immigration documents contain an A-Number in the A60 000 000 or A80 000 000 series;
- (e) The document presented is any other form of USCIS fee receipt;
- (f) The document presented is Form I-181 or I-94 in a foreign passport that is endorsed "Processed for I-551, Temporary Evidence of Lawful Permanent Residence," and the I-181 or I-94 is over one year old;
- (g) Any of the items presented as documentation appears to be counterfeit or altered;
- (h) The document presented is a USCIS receipt indicating the parent has applied for a replacement document for one of the qualified alien statuses;
- (i) Documentation is needed to substantiate status as a victim of abuse;
- (j) There is no USCIS file for the individual;
- (k) The documents presented are expired and the parent has a physical or mental disability that precludes obtaining new documents on the child from the local USCIS office.

5. Secondary Verification Procedures

- a) Complete the top portion of the USCIS Form G-845, Document Verification Request that is available at:
<http://www.uscis.gov/graphics/formsfee/forms/files/g-845.pdf>

- b) Staple readable copies (front and back) of original immigration documents to the upper left corner of Form G-845.

Copies of other documents used to make the initial alien status determination must also be submitted.

- c) Retain a copy of the completed G-845 in the case record. Mail the G-845 to the appropriate USCIS office, indicating "Attention: Immigration Status Verifier" on the envelope.

USCIS
Washington District Office
2675 Prosperity Avenue
Fairfax, VA 22031

USCIS
Norfolk Commerce Park
5280 Henneman Drive
Norfolk, VA 2351

Refer to the listing of localities on the last two pages of this Appendix to determine the appropriate office. Do not send bulk mailings.

- d) While awaiting the secondary verification from USCIS, do not take any negative action against the child on the basis of alien status.
- e) Upon receipt of the G-845, compare the information with the case record. If eligibility of the alien child is confirmed, the verification from USCIS must be filed in the case record with the current application. Timely notice must be given to discontinue child care subsidy payments for the child if verification proves a child's ineligibility.

Additionally, if the secondary verification reveals the child is not an eligible alien, an overpayment has occurred and repayment must be arranged.

Agencies Corresponding to USCIS, Fairfax:

Albemarle	Fairfax	Orange
Alexandria	Fauquier	Page
Alleghany/Covington	Floyd	Patrick
Amherst	Fluvanna	Pittsylvania
Appomattox	Franklin County	Prince William
Arlington	Frederick	Pulaski
Bath	Galax	Radford
Bedford	Giles	Rappahannock
Bland	Grayson	Roanoke City
Botetourt	Greene	Roanoke County
Bristol	Halifax	Rockbridge Area
Buchanan	Harrisonburg/Rockingham	Russell
Buckingham	Henry/Martinsville	Scott
Campbell	Highland	Shenandoah
Carroll	King George	Smyth
Charlotte	Lee	Stafford
Charlottesville	Loudoun	Staunton/Augusta
Clarke	Lynchburg	Tazewell
Clifton Forge	Madison	Warren
Craig	Manassas	Washington
Culpeper	Manassas Park	Waynesboro
Cumberland	Montgomery	Winchester
Danville	Nelson	Wise
Dickenson	Norton	Wythe

Agencies Corresponding to USCIS, Norfolk:

Accomack	Henrico	Nottoway
Amelia	Hopewell	Petersburg
Brunswick	Isle of Wight	Portsmouth
Caroline	James City	Powhatan
Charles City	King and Queen	Prince Edward
Chesapeake	King William	Prince George
Chesterfield	Lancaster	Richmond City
Colonial Heights	Louisa	Richmond County
Dinwiddie	Lunenburg	Southampton
Essex	Mathews	Spotsylvania
Franklin City	Mecklenburg	Suffolk
Fredericksburg	Middlesex	Surry
Gloucester	New Kent	Sussex
Goochland	Newport News	Virginia Beach
Greensville/Emporia	Norfolk	Westmoreland
Hampton	Northampton	Williamsburg
Hanover	Northumberland	York/Poquoson
Greensville/Emporia	Norfolk	Westmoreland
Hampton	Northampton	Williamsburg
Hanover	Northumberland	York/Poquoson

PROCEDURES TO VERIFY CITIZENSHIP/ALIEN STATUS

1. Citizenship

A. If a child born in U. S. or any of its territories (Puerto Rico Guam, U. S. Virginia Islands, or the Northern Mariana Islands).

B. If born outside U.S.

1. Citizenship

A. May verify child citizenship by birth record showing place of the birth or by U. S. P Passport.

If such documents are not currently available and child is obviously under 12, a signed statement of applicant/recipient or other individual having knowledge of the fact, attesting to the place of birth, if in the U. S., is acceptable substantiation of U.S. citizenship unless there is reason to question.

B. Certificate of derivative citizenship, naturalization papers, document issued by a U. S. Embassy or Consulate attesting that child is a U.S. citizen born abroad. If such documents are not available, must verify citizenship through the nearest U.S. Citizenship and Immigration Services. Requests for verifications should be done by mail if possible, "Attn: Immigration Status Verifier."

Offices in Virginia are:

USCIS
Norfolk Commerce Park
5280 Henneman Drive
Norfolk, VA 23513

USCIS
Washington District Office
2675 Prosperity Avenue
Fairfax, VA 22031

2. Alienage

At application and when adding a child to the family unit, a parent may be asked to present immigration documentation to verify the child's alien status if the local department questions the validity of the parent's written declaration of the child's alien status.

If the parent presents expired documents or has no documentation, i.e., claims documents were lost or stolen, refer him/her to the local USCIS office to request new documents before primary or

2. Alienage

Examine document(s) in the parent's possession and determine if the child meets one of the statuses below. If a USCIS receipt for a replacement document was used to verify the child's qualified alien status, follow-up at the first redetermination to obtain a copy of the replacement document. A copy of the USCIS document(s) should be filed in the case record.

NOTE: An identification card, issued by another country is not a USCIS document and cannot be

PROCEDURES TO VERIFY CITIZENSHIP/ALIEN STATUS

<p>secondary SAVE procedures are initiated.</p> <p>Documentation provided by the parent may be submitted for reverification through SAVE. Initiate SAVE verification prior to action to approve the case or add a child.</p>	<p>used to verify immigration status, e.g., a Mexican Consular card.</p> <p>Document verification of alien status received through SAVE. If not received prior to action to approve/add the child, document the date verification was requested by the worker.</p>
<p>A. The following groups of aliens are qualified aliens:</p>	<p>A. The documents listed below for each alien group are not necessarily all inclusive. A parent may have other documents showing the child's alien status to be one of those listed for qualified aliens.</p>
<p>(1) Aliens lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)</p>	<p>(1) Alien Registration Immigration Receipt Card (Form I-151 or AR3a or I551), or unexpired temporary I-551 stamp on foreign passport.</p> <p>If the LPR is an American Indian born in Canada and covered by Section 289 of the INA: I-551 with the code "S13"; or a letter or other tribal document certifying at least 50% American Indian blood, combined with a birth certificate or other evidence of birth in Canada.</p> <p>Note: Form I-151, Form AR-3, and AR3a are earlier versions of the I-551. If the alien has only the older version, refer him to USCIS to apply for the I-551.</p>
<p>(2) Aliens granted asylum under Section 208 of the INA</p>	<p>(2) Arrival Departure Record ((94) with stamp showing grant of asylum under Section 208 of the INA; or Employment Authorization Card (I688B) bearing "Provision of Law" citation 274a.12(a)(5); or (Employment Authorization Document (I766) annotated "A5"; or Grant letter from the Asylum Office of USCIS; or Order of an immigration judge granting asylum.</p>
<p>(3) Refugees who are:</p>	<p>(3) Verify as follows:</p>
<p>(a) admitted under (I-94) Section 207 of the INA</p>	<p>(a) Arrival Departure Record (I-94) annotated with stamp showing admission under Section 207 of the INA; or Employment Authorization Card (I-688B) bearing "Provision of Law" citation 274.a12(a)(3) or (4); Employment Authorization Document</p>

PROCEDURES TO VERIFY CITIZENSHIP/ALIEN STATUS

	(I-766) annotated "A3"; or Refugee Travel Document (I-571); or
(b) admitted as an Amerasian immigrant; or	(b) an I-94 coded AM1, Am2, AM3; or an I-551 coded AM6, AM7, or a temporary I-551 stamp in foreign passport; or
(c) victims of human trafficking	(c) letter from the Office of Refugee Resettlement that certifies or documents the status. The entry date is the certification date of the letter.
(4) Aliens paroled into the U.S. under Section 212(d)(5) of INA for at least one year.	(4) Arrival Departure Record (I94) with stamp showing the admission for at least one year under Section 212(d)(5). (Alien cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
(5) Aliens admitted as conditional entrants under Section 203(1)(7) of the INA.	(5) Arrival Departure Record (I-94) with stamp showing admission under Section 203(a)(7) of the INA; or Employment Authorization Card (I-688B) annotated "274a.12(a)(3)"; or Employment Authorization Document (I-766) annotated "A3."
(6) Aliens whose deportation has been withheld under Section 241(b)(3) or 243(h) of the INA.	(6) Employment Authorization Card I-688B) annotated "274.a12(a)(10); or Employment Authorization Document (I-766) annotated "A10"; or Immigration Judge's Order showing deportation withheld under section 243(h) of the INA, or removal withheld under section 241(b)(3) of the INA.
(7) An alien who is a Cuban- Haitian entrant as defined in code section 501(e) of the Refugee Education Assistance Act of 1980. A Cuban- Haitian entrant is a person who	(7) Alien Registration Receipt Card (I-551) with the code CU6, CU7, or CH6; or an unexpired temporary I-551 stamp in foreign passport or an I-94 with the code CU6 or CU7; or an I-94 with stamp showing parole as "Cuba/Haitian Entrant" under section 212(d)(5) of the INA.
(a) has been granted parole by USCIS for humanitarian or public interest reasons, unless a final order of deportation or exclusion has been issued;	Document that an alien is subject to exclusion or deportation using letters or notices that indicate ongoing exclusion or deportation proceedings for that person.
(b) has an application for asylum pending with USCIS, unless a final order of deportation or exclusion has been issued;	Contact USCIS if information indicates that a final order, exclusion, or deportation has been issued.

PROCEDURES TO VERIFY CITIZENSHIP/ALIEN STATUS

<p>(c) is subject to USCIS exclusion or deportation proceedings, unless a final order of deportation or exclusion has been issued.</p>	
<p>(8) a child battered or subjected to extreme cruelty and/or alien parent who is battered or subjected to extreme cruelty while in the U.S. who meets the following requirements:</p>	<p>(8) Document using information from the applicant/recipient and other sources knowledgeable of the situation.</p>
<p>(a) The perpetrator is a spouse, parent, or other household member of the spouse or parent's family who was residing in the home at the time of the incident but is no longer in the home. The alien must not now be residing in the same household as the person responsible for the battery or extreme cruelty, and</p>	
<p>(b) The alien was battered or subjected to extreme cruelty while in the U.S. by a spouse or parent, or by a member of the spouse or parent's family residing in the same household as the alien, and the spouse or parent consented to or acquiesced in such battery or cruelty.</p>	

Appendix E

Barrier Crimes

for

- Licensed child day centers
- Religiously exempt child day centers
- Certified pre-schools
- Licensed family day homes
- Voluntarily registered family day homes
- Licensed family day systems
- Licensed system-approved family day homes
- The following if receiving federal, state, or local child care funds:
 - Local ordinance-approved family day homes
 - Programs of recreational activities offered by local governments
 - Unregulated family day homes (including in-home care)

(§§ 63.2-1717 D. 7., 63.2-1719, 63.2-1720, 63.2-1721, 63.2-1724, 63.2-1725 of the Code of Virginia)

Also included as barrier crimes (in addition to the offenses listed below) are the conviction of any other felony unless 5 years have elapsed since the conviction and a founded complaint of child abuse or neglect within or outside the Commonwealth.	63.2-1719
Convictions include prior adult convictions, juvenile convictions and adjudications of juvenile delinquency if offenses involved would be a felony if committed by an adult within or outside the Commonwealth.	

OFFENSE * Or Equivalent Offense in Another State	CODE SECTION
Abduction (Kidnapping)	18.2-47 A
Abduction with Intent to Extort Money or for Immoral Purpose	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Adulteration of Food, Drink, Drugs, Cosmetics, etc.	18.2-54.2
Aggravated Malicious Wounding	18.2-51.2
Allowing a child to be present during manufacture or attempted manufacture of methamphetamine	18.2-248.02
Assault and Battery (Exception: Child day center may hire individual convicted of not more than one misdemeanor offense if 10 years have elapsed following the conviction, unless the person committed such offense while employed in a child day center or the object of the offense was a minor. 63.2-1720 C)	18.2-57
Assault and Battery Against a Family or Household Member	18.2-57.2
Assisting individuals in unlawfully procuring prescription drugs (Felony Convictions)	18.2-258.2
Attempted Aggravated Sexual Battery	18.2-67.5
Attempted Forcible Sodomy	18.2-67.5
Attempted Object Sexual Penetration	18.2-67.5
Attempted Rape	18.2-67.5

Attempted Sexual Battery	18.2-67.5
Attempts to Poison	18.2-54.1
Bodily Injuries Caused by Prisoners, Probationers or Parolees	18.2-55
Breaking and Entering Dwelling House with Intent to Commit Other Misdemeanor	18.2-92
Burglary	18.2-89
Burning Building or Structure While in such Building or Structure with Intent to Commit Felony	18.2-82
Burning or Destroying any Other Building or Structure	18.2-80
Burning or Destroying Dwelling House, etc.	18.2-77
Burning or Destroying Meeting House, etc.	18.2-79
Burning or Destroying Personal Property, Standing Grain, etc.	18.2-81
Carelessly Damaging Property by Fire	18.2-88
Carjacking	18.2-58.1
Carnal Knowledge of Certain Minors	18.2-64.1
Carnal Knowledge of Child Between 13 and 15	18.2-63
Carnal Knowledge of an Inmate, Parolee, Probationer or Pretrial or Post trial Offender	18.2-64.2
Causing, Inciting, etc. Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to such Buildings, etc.	18.2-84
Certain Premises Deemed Common Nuisance (Felony Convictions)	18.2-258
Crimes Against Nature Involving Children	18.2-361
Delivery of Drugs, Firearms, Explosives, etc. to Prisoners	18.2-474.1
Disarming a Law Enforcement or Correctional Officer	18.2-57.02
Distribution of Certain Drugs to Persons Under Eighteen (Felony Convictions)	18.2-255
Drive-By Shooting	18.2-286.1
Drug Attempts (Felony Convictions)	18.2-257
Drug Conspiracy (Felony Convictions)	18.2-256
Electronic Facilitation of Pornography	18.2-374.3
Employing or Permitting Minor to Assist in Obscenity and Related Offenses	18.2-379
Entering Bank, Armed, with Intent to Commit Larceny	18.2-93
Entering Dwelling House, etc. with Intent to Commit Larceny, Assault and Battery or Other Felony	18.2-91
Entering Dwelling House, etc. with Intent to Commit Murder, Rape, Robbery or Arson	18.2-90
Escape from Jail	18.2-477
Failing to Secure Medical Attention for Injured Child	18.2-314
Felonies by Prisoners	53.1-203
Firearms – Allowing Access by Children	18.2-56.2
Hazing of Student at School, College, or University	18.2-56
Hazing of Youth Gang Members	18.2-55.1
Homicide	18.2-33
Illegal Stimulants and Steroids	18.2-248.5
Incest	18.2-366 B
Involuntary Manslaughter	18.2-36.1
Killing a Fetus	18.2-32.2
Maiming, etc. of Another Resulting from Driving While Intoxicated	18.2-51.4
Maintaining a Fortified Drug House (Felony Convictions)	18.2-258.02
Malicious Bodily Injury by Means of any Caustic Substance or Agent or Use of any Explosive or Fire	18.2-52
Malicious Bodily Injury to Law Enforcement Officers	18.2-51.1
Malicious Wounding by Mob	18.2-41
Manufacture, Possession, Use, etc. of Fire Bombs or Explosive Materials or Devices	18.2-85
Manufacturing, Selling, Giving, or Distributing a Controlled Substance or an Imitation	18.2-248

Controlled Substance (Felony Convictions)	
Manufacturing, Selling, Giving, or Distributing or Possessing with Intent to Manufacture, Sell, Give, or Distribute Any Anabolic Steroid (Felony Convictions)	18.2-248.5
Murder, Capital	18.2-31
Murder, First and Second Degree	18.2-32
Murder of a Pregnant Woman	18.2-32.1
Obscenity Offenses	18.2-374.1
Obtaining Drugs, Procuring Administration of Controlled Substances, etc. by Fraud, Deceit or Forgery (Felony Convictions)	18.2-258.1
Pandering	18.2-355
Pointing Laser at Law Enforcement	18.2-57.01
Possession and Distribution of Flunitrazepam (Felony Convictions)	18.2-251.2
Possession and Distribution of Gamma-Butyrolactone or 1, 4 – Butanediol	18.2-251.3
Possession of Burglarious Tools, etc.	18.2-94
Possession of Child Pornography	18.2-374.1:1
Possession of Drugs (Felony Convictions)	18.2-250
Possession of Infectious Biological Substances	18.2-52.1
Possession or Use of a Sawed-Off Shotgun or Rifle in a Crime of Violence	18.2-300 A
Production, Publication, Sale, Possession with Intent to Distribute, Financing etc. of Sexually Explicit Items Involving Children	18.2-374.1
Rape	18.2-61
Reckless Endangerment	18.2-51.3
Reckless Handling of Firearms; Reckless Handling While Hunting	18.2-56.1
Robbery	18.2-58
Sale of Drugs on or near Certain Properties (Felony Convictions)	18.2-255.2
Setting Fire to Woods, Fences, Grass, etc.	18.2-86
Setting off Chemical Bombs Capable of Producing Smoke	18.2-87.1
Setting Woods, etc. on Fire Intentionally Whereby Another is Damaged or Jeopardized	18.2-87
Sexual Battery	18.2-67.4
Sexual Battery - Aggravated	18.2-67.3
Sexual Battery - Infected	18.2-67.4:1
Sexual Penetration - Object	18.2-67.2
Shooting, etc. in Committing or Attempting a Felony	18.2-53
Shooting, Stabbing, etc. with Intent to Maim, Kill, etc.	18.2-51
Sodomy - Forcible	18.2-67.1
Stalking (Felony Convictions)	18.2-60.3
Taking, Detaining, etc. Person for Prostitution etc. or Consenting Thereto	18.2-355
Taking Indecent Liberties with Child by Person in Custodial or Supervisory Relationship	18.2-370.1
Taking Indecent Liberties with Children	18.2-370
Threats of Death or Bodily Injury	18.2-60
Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, etc.	18.2-83
Transporting Controlled Substances into the Commonwealth (Felony Convictions)	18.2-248.01
Use of a Machine Gun in a Crime of Violence	18.2-289
Use of a Machine Gun for Aggressive Purpose	18.2-290
Use or Display of Firearm in Committing Felony	18.2-53.1
Voluntary Manslaughter	18.2-35

Appendix F

Metropolitan Statistical Area Groupings

FIPS	LOCALITY	INCOME CAP GROUP
001	Accomack	I
005	Alleghany	I
007	Amelia	I
009	Amherst	I
011	Appomattox	I
015	Augusta	I
017	Bath	I
019	Bedford County/City	I
021	Bland	I
023	Botetourt	I
520	Bristol	I
025	Brunswick	I
027	Buchanan	I
029	Buckingham	I
031	Campbell	I
033	Caroline	I
035	Carroll	I
037	Charlotte	I
580	Covington	I
045	Craig	I
049	Cumberland	I
590	Danville	I
051	Dickenson	I
057	Essex	I
063	Floyd	I

FIPS	LOCALITY	INCOME CAP GROUP
067	Franklin County	
620	Franklin City	
069	Frederick County	
640	Galax	
071	Giles	
077	Grayson	
081	Greensville/Emporia	
083	Halifax	
660	Harrisonburg	
089	Henry	
091	Highland	
097	King & Queen	
101	King William	
103	Lancaster	
105	Lee	
109	Louisa	
111	Lunenburg	
680	Lynchburg	
113	Madison	
690	Martinsville	
117	Mecklenburg	
119	Middlesex	
121	Montgomery	
125	Nelson	
131	Northampton	
133	Northumberland	
720	Norton	

FIPS	LOCALITY	INCOME CAP GROUP
135	Nottoway	
137	Orange	
139	Page	
141	Patrick	
143	Pittsylvania	
147	Prince Edward	
155	Pulaski	
750	Radford	
157	Rappahannock	
159	Richmond County	
770	Roanoke	
161	Roanoke County	
163	Rockbridge/Buena Vista/Lexington	
165	Rockingham	
167	Russell	
169	Scott	
171	Shenandoah	
173	Smyth	
175	Southampton	
790	Staunton	
181	Surry	
183	Sussex	
185	Tazewell	
191	Washington	
820	Waynesboro	
193	Westmoreland	
840	Winchester	

FIPS	LOCALITY	INCOME CAP GROUP
195	Wise	I
197	Wythe	I
003	Albemarle	II
036	Charles City	II
540	Charlottesville	II
041	Chesterfield/Colonial Heights	II
550	Chesapeake	II
053	Dinwiddie	II
065	Fluvanna	II
073	Gloucester	II
075	Goochland	II
079	Greene	II
650	Hampton	II
085	Hanover	II
087	Henrico	II
670	Hopewell	II
093	Isle of Wight	II
095	James City	II
115	Mathews	II
127	New Kent	II
700	Newport News	II
710	Norfolk	II
730	Petersburg	II
740	Portsmouth	II
145	Powhatan	II
149	Prince George	II
760	Richmond City	II

FIPS	LOCALITY	INCOME CAP GROUP
800	Suffolk	II
810	Virginia Beach	II
830	Williamsburg	II
199	York-Poquoson	II
510	Alexandria	III
013	Arlington	III
043	Clarke	III
047	Culpeper	III
059	Fairfax City/County	III
061	Fauquier	III
630	Fredericksburg	III
099	King George	III
107	Loudoun	III
683	Manassas City	III
685	Manassas Park	III
153	Prince William	III
177	Spotsylvania	III
179	Stafford	III
187	Warren	III

Appendix G

Maximum Reimbursable Rates Per Type of Provider

LEVEL 1 MAXIMUM REIMBURSABLE RATE	LEVEL 2 MAXIMUM REIMBURSABLE RATE
Unregulated Providers including In-Home Providers (In-Home Providers are paid minimum wage not to exceed Level 1 MRR for # of children in care)	Licensed Family Day Homes
Voluntarily Registered Family Day Homes	Licensed Child Day Centers (including Short-Term Child Day Centers)
Local Ordinance-Approved Providers (that <u>do not</u> meet or exceed <i>Minimum Standards for Licensed Family Day Homes</i>)	Local Ordinance-Approved Providers (that meet or exceed <i>Minimum Standards for Licensed Family Day Homes</i>)*
Religiously-Exempt Child Day Centers	Licensed Family Day System-Approved Family Day Homes
Local Government-Approved Recreation Programs	Department of Education-Approved Child Care Programs
Certified Preschools	

* Localities that approve providers by local ordinances (in accordance §15.2-914 of the *Code of Virginia*) must have guidelines that meet or exceed the *Minimum Standards for Licensed Family Day Homes* to pay at Level 2 MRR. To pay at Level 2 MRR, local departments must certify and provide written documentation to their appropriate child care consultant that their local ordinance approval process does meet or exceed *Minimum Standards for Licensed Family Day Homes*.

Appendix H

Level 1 Maximum Reimbursable Rates

ABINGDON AREA – LEVEL 1								
CENTER WEEKLY RATE								
Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Bland	021	77	76	69	73	25	33	47
Bristol	520	92	92	78	73	40	43	46
Buchanan	027	77	76	69	73	25	33	47
Carroll	035	66	66	60	60	25	48	63
Dickenson	051	77	76	69	73	25	33	47
Floyd	063	99	90	68	68	25	37	40
Galax	640	73	73	63	63	25	25	29
Giles	071	80	77	74	72	35	35	40
Grayson	077	77	76	65	65	16	32	45
Lee	105	76	75	75	75	30	30	60
Montgomery	121	105	103	90	80	35	42	53
Pulaski	155	97	90	73	65	38	38	46
Radford	750	100	92	73	70	22	37	45
Russell	167	66	66	62	62	20	20	36
Scott	169	69	68	65	68	18	39	45
Smyth	173	77	63	59	59	15	30	35
Tazewell	185	71	69	61	70	13	25	35
Washington	191	81	90	74	71	29	28	37
Wise/ Norton	195	78	78	65	65	19	35	54
Wythe	197	85	77	65	65	25	37	48

ABINGDON AREA – LEVEL 1

CENTER DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Bland	021	21	21	19	20	3.50	3.50	3.17	3.34
Bristol	520	25	25	21	20	4.17	4.17	3.50	3.34
Buchanan	027	21	21	19	20	3.50	3.50	3.17	3.34
Carroll	035	18	18	16	16	3.00	3.00	2.67	2.67
Dickenson	051	21	21	19	20	3.50	3.50	3.17	3.34
Floyd	063	27	24	18	18	4.50	4.00	3.00	3.00
Galax	640	20	20	17	17	3.34	3.34	2.84	2.84
Giles	071	22	21	20	19	3.67	3.50	3.34	3.17
Grayson	077	21	21	18	18	3.50	3.50	3.00	3.00
Lee	105	21	20	20	20	3.50	3.34	3.34	3.34
Montgomery	121	28	28	24	22	4.67	4.67	4.00	3.67
Pulaski	155	26	24	20	18	4.34	4.00	3.34	3.00
Radford	750	27	25	20	19	4.50	4.17	3.34	3.17
Russell	167	18	18	17	17	3.00	3.00	2.84	2.84
Scott	169	19	18	18	18	3.17	3.00	3.00	3.00
Smyth	173	21	17	16	16	3.50	2.84	2.67	2.67
Tazewell	185	19	19	16	19	3.17	3.17	2.67	3.17
Washington	191	22	24	20	19	3.67	4.00	3.34	3.17
Wise/ Norton	195	21	21	18	18	3.50	3.50	3.00	3.00
Wythe	197	23	21	18	18	3.84	3.50	3.00	3.00

HENRICO AREA – LEVEL 1

CENTER WEEKLY RATES

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Amelia	007	81	78	65	65	16	35	43
Brunswick	025	65	65	50	50	16	30	35
Caroline	033	126	125	74	74	21	30	49
Charles City	036	100	95	80	83	35	40	50
Chesterfield/ Colonial Hgts	041	138	133	112	107	48	59	70
Cumberland	049	81	77	60	60	12	29	42
Dinwiddie	053	103	103	75	74	31	40	49
Essex	057	90	87	79	76	15	31	38
Gloucester	073	96	101	83	87	36	36	47
Goochland	075	124	116	95	92	38	48	60
Greensville/ Emporia	081	103	103	62	62	52	37	52
Hanover	085	135	125	97	95	45	55	64
Henrico	087	154	137	115	102	56	64	73
Hopewell	670	100	100	78	75	32	40	52
King & Queen	097	103	103	75	80	36	40	54
King George	099	125	120	85	80	35	43	86
King William	101	100	100	85	80	15	38	43
Lancaster	103	103	103	84	83	36	37	54
Mathews	115	83	75	73	60	30	38	49
Middlesex	119	103	95	93	93	36	45	56
New Kent	127	105	103	87	84	36	32	56
Northumberland	133	103	103	79	83	26	35	49
Nottoway	135	81	77	72	65	16	30	42
Petersburg	730	86	95	82	75	34	44	59
Powhatan	145	115	105	88	84	44	47	56
Prince George	149	112	99	92	83	32	30	50
Richmond	760	130	129	98	93	48	55	60
Richmond Co.	159	103	103	84	83	36	40	54
Surry	181	103	105	86	80	36	40	56
Sussex	183	103	103	58	58	28	28	38
Westmoreland	193	116	109	86	85	41	35	49

HENRICO AREA – LEVEL 1

CENTER DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Amelia	007	22	21	18	18	3.67	3.50	3.00	3.00
Brunswick	025	18	18	14	14	3.00	3.00	2.34	2.34
Caroline	033	34	34	20	20	5.67	5.67	3.34	3.34
Charles City	036	27	26	22	22	4.50	4.34	3.67	3.67
Chesterfield/ Colonial Hghts	041	37	36	30	29	6.17	6.00	5.00	4.84
Cumberland	049	22	21	16	16	3.67	3.50	2.67	2.67
Dinwiddie	053	28	28	20	20	4.67	4.67	3.34	3.34
Essex	057	24	23	21	21	4.00	3.84	3.50	3.50
Gloucester	073	26	27	22	23	4.34	4.50	3.67	3.84
Goochland	075	33	31	26	25	5.50	5.17	4.34	4.17
Greensville/ Emporia	081	28	28	17	17	4.67	4.67	2.84	2.84
Hanover	085	36	34	26	26	6.00	5.67	4.34	4.34
Henrico	087	42	37	31	28	7.00	6.17	5.17	4.67
Hopewell	670	27	27	21	20	4.50	4.50	3.50	3.34
King & Queen	097	28	28	20	22	4.67	4.67	3.34	3.67
King George	099	34	32	23	22	5.67	5.34	3.84	3.67
King William	101	27	27	23	22	4.50	4.50	3.84	3.67
Lancaster	103	28	28	23	22	4.67	4.67	3.84	3.67
Mathews	115	22	20	20	16	3.67	3.34	3.34	2.67
Middlesex	119	28	26	25	25	4.67	4.34	4.17	4.17
New Kent	127	28	28	23	23	4.67	4.67	3.84	3.84
Northumberland	133	28	28	21	22	4.67	4.67	3.50	3.67
Nottoway	135	22	21	19	18	3.67	3.50	3.17	3.00
Petersburg	730	23	26	22	20	3.84	4.34	3.67	3.34
Powhatan	145	31	28	24	23	5.17	4.67	4.00	3.84
Prince George	149	30	27	25	22	5.00	4.50	4.17	3.67
Richmond	760	35	35	26	25	5.84	5.84	4.34	4.17
Richmond Co.	159	28	28	23	22	4.67	4.67	3.84	3.67
Surry	181	28	28	23	22	4.67	4.67	3.84	3.67
Sussex	183	28	28	16	16	4.67	4.67	2.67	2.67
Westmoreland	193	31	29	23	23	5.17	4.84	3.84	3.84

PIEDMONT AREA – LEVEL 1

CENTER WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Alleghany/ Covington	005	104	90	87	81	15	41	54
Amherst	009	82	82	60	60	20	33	40
Appomattox	011	81	68	59	61	15	20	33
Bath	017	107	98	76	63	25	25	45
Bedford Co./ City	019	95	95	70	68	18	27	35
Botetourt	023	103	100	75	70	27	39	44
Buckingham	029	81	77	64	65	16	30	42
Campbell	031	81	64	64	63	15	25	35
Charlotte	037	81	77	64	65	16	30	42
Craig	045	89	70	70	70	25	35	45
Danville	590	99	90	64	65	25	30	40
Franklin Co.	067	108	82	68	60	20	28	35
Halifax/ South Boston	083	81	77	64	65	30	25	40
Henry/ Martinsville	089	99	90	65	60	30	37	59
Lunenburg	111	81	77	64	65	16	30	35
Lynchburg	680	87	85	69	64	25	33	45
Mecklenburg	117	77	77	67	62	28	35	33
Nelson	125	107	85	73	83	25	30	63
Patrick	141	75	65	65	65	14	14	28
Pittsylvania	143	68	70	65	65	23	37	43
Prince Edward	147	87	79	80	76	13	29	40
Roanoke	770	125	113	87	85	30	42	51
Roanoke Co.	161	141	142	107	100	48	57	75
Rockbridge/ Buena Vista/ Lexington	163	107	93	94	75	20	28	43

PIEDMONT AREA – LEVEL 1

CENTER DAILY/HOURLY RATE

Locality	FIP S	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Alleghany/ Covington	005	28	24	23	22	4.67	4.00	3.84	3.67
Amherst	009	22	22	16	16	3.67	3.67	2.67	2.67
Appomattox	011	22	18	16	16	3.67	3.00	2.67	2.67
Bath	017	29	26	21	17	4.84	4.34	3.50	2.84
Bedford Co./ City	019	26	26	19	18	4.34	4.34	3.17	3.00
Botetourt	023	28	27	20	19	4.67	4.50	3.34	3.17
Buckingham	029	22	21	17	18	3.67	3.50	2.84	3.00
Campbell	031	22	17	17	17	3.67	2.84	2.84	2.84
Charlotte	037	22	21	17	18	3.67	3.50	2.84	3.00
Craig	045	24	19	19	19	4.00	3.17	3.17	3.17
Danville	590	27	24	17	18	4.50	4.00	2.84	3.00
Franklin Co.	067	29	22	18	16	4.84	3.67	3.00	2.67
Halifax/ South Boston	083	22	21	17	18	3.67	3.50	2.84	3.00
Henry/ Martinsville	089	27	24	18	16	4.50	4.00	3.00	2.67
Lunenburg	111	22	21	17	18	3.67	3.50	2.84	3.00
Lynchburg	680	23	23	19	17	3.84	3.84	3.17	2.84
Mecklenburg	117	21	21	18	17	3.50	3.50	3.00	2.84
Nelson	125	29	23	20	22	4.84	3.84	3.34	3.67
Patrick	141	20	18	18	18	3.34	3.00	3.00	3.00
Pittsylvania	143	18	19	18	18	3.00	3.17	3.00	3.00
Prince Edward	147	23	21	22	21	3.84	3.50	3.67	3.50
Roanoke	770	34	31	23	23	5.67	5.17	3.84	3.84
Roanoke Co.	161	38	38	29	27	6.34	6.34	4.84	4.50
Rockbridge/ Buena Vista/ Lexington	163	29	25	25	20	4.84	4.17	4.17	3.34

VIRGINIA BEACH – LEVEL 1

CENTER WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Accomack	001	85	78	72	65	25	25	36
Chesapeake	550	131	121	97	90	45	57	68
Franklin City	620	108	102	76	76	20	21	33
Hampton	650	123	102	86	80	41	48	61
Isle Of Wight	093	110	98	75	65	25	31	45
James City	095	124	124	106	94	25	28	50
Newport News	700	120	119	96	84	45	53	65
Norfolk	710	124	119	97	90	38	50	60
Northampton	131	85	68	68	65	15	23	30
Portsmouth	740	129	93	84	85	31	42	59
Southampton	175	94	75	61	55	25	27	30
Suffolk	800	107	96	81	79	28	38	50
Virginia Beach	810	137	128	104	98	45	57	69
Williamsburg	830	131	131	111	104	40	41	66
York/ Poquoson	199	117	115	89	89	33	38	58

VIRGINIA BEACH – LEVEL 1**CENTER DAILY/HOURLY RATE**

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Accomack	001	23	21	19	18	3.84	3.50	3.17	3.00
Chesapeake	550	35	33	26	24	5.84	5.50	4.34	4.00
Franklin City	620	29	28	21	21	4.84	4.67	3.50	3.50
Hampton	650	33	28	23	22	5.50	4.67	3.84	3.67
Isle Of Wight	093	30	26	20	18	5.00	4.34	3.34	3.00
James City	095	33	33	29	25	5.50	5.50	4.84	4.17
Newport News	700	32	32	26	23	5.34	5.34	4.34	3.84
Norfolk	710	33	32	26	24	5.50	5.34	4.34	4.00
Northampton	131	23	18	18	18	3.84	3.00	3.00	3.00
Portsmouth	740	35	25	23	23	5.84	4.17	3.84	3.84
Southampton	175	25	20	16	15	4.17	3.34	2.67	2.50
Suffolk	800	29	26	22	21	4.84	4.34	3.67	3.50
Virginia Beach	810	37	35	28	26	6.17	5.84	4.67	4.34
Williamsburg	830	35	35	30	28	5.84	5.84	5.00	4.67
York/ Poquoson	199	32	31	24	24	5.34	5.17	4.00	4.00

WARRENTON AREA – LEVEL 1**CENTER WEEKLY RATE**

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Albemarle/ Charlottesville	003	142	142	112	113	14	41	49
Alexandria	510	187	180	145	143	44	70	92
Arlington	013	197	197	167	165	17	41	94
Augusta/ Staunton/ Waynesboro	015	115	105	90	90	30	38	50
Clarke	043	109	94	74	76	29	34	48
Culpeper	047	90	90	75	75	15	32	45
Fairfax Co./ City & Falls Church	059	190	185	161	148	54	66	95
Fauquier	061	131	128	99	96	25	35	51
Fluvanna	065	142	121	101	98	25	36	56
Frederick/ Winchester	069	88	83	78	75	28	34	45
Fredericksburg	630	131	126	97	93	54	54	64
Greene	079	107	98	73	73	25	28	35
Highland	091	107	98	81	79	25	32	45
Loudoun	107	177	170	140	132	58	66	91
Louisa	109	107	98	103	90	25	35	45
Madison	113	95	95	80	80	12	27	34
Manassas	683	161	146	126	111	54	59	88
Manassas Park	685	187	178	134	96	46	51	70
Orange	137	104	104	90	84	13	37	48
Page	139	107	98	81	79	25	30	45
Prince William	153	154	154	128	121	52	57	81
Rappahannock	157	111	111	96	96	30	32	38
Rockingham/ Harrisonburg	165	118	114	95	95	27	30	45
Shenandoah	171	75	73	68	70	25	32	50
Spotsylvania	177	128	125	97	98	45	45	64
Stafford	179	128	128	109	97	52	50	75
Warren	187	98	85	75	75	26	36	48

WARRENTON AREA – LEVEL 1

CENTER DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Albemarle/ Charlottesville	003	38	38	30	31	6.34	6.34	5.00	5.17
Alexandria	510	50	49	39	39	8.34	8.17	6.50	6.50
Arlington	013	53	53	45	45	8.84	8.84	7.50	7.50
Augusta/ Staunton/ Waynesboro	015	31	28	24	24	5.17	4.67	4.00	4.00
Clarke	043	29	25	20	21	4.84	4.17	3.34	3.50
Culpeper	047	24	24	20	20	4.00	4.00	3.34	3.34
Fairfax Co./ City & Falls Church	059	51	50	43	40	8.50	8.34	7.17	6.67
Fauquier	061	35	35	27	26	5.84	5.84	4.50	4.34
Fluvanna	065	38	33	27	26	6.34	5.50	4.50	4.34
Frederick/ Winchester	069	24	22	21	20	4.00	3.67	3.50	3.34
Fredericksburg	630	35	34	26	25	5.84	5.67	4.34	4.17
Greene	079	29	26	20	20	4.84	4.34	3.34	3.34
Highland	091	29	26	22	21	4.84	4.34	3.67	3.50
Loudoun	107	48	46	38	36	8.00	7.67	6.34	6.00
Louisa	109	29	26	28	24	4.84	4.34	4.67	4.00
Madison	113	26	26	22	22	4.34	4.34	3.67	3.67
Manassas	683	43	39	34	30	7.17	6.50	5.67	5.00
Manassas Park	685	50	48	36	26	8.34	8.00	6.00	4.34
Orange	137	28	28	24	23	4.67	4.67	4.00	3.84
Page	139	29	26	22	21	4.84	4.34	3.67	3.50
Prince William	153	42	42	35	33	7.00	7.00	5.84	5.50
Rappahannock	157	30	30	26	26	5.00	5.00	4.34	4.34
Rockingham/ Harrisonburg	165	32	31	26	26	5.34	5.17	4.34	4.34
Shenandoah	171	20	20	18	19	3.34	3.34	3.00	3.17
Spotsylvania	177	35	34	26	26	5.84	5.67	4.34	4.34
Stafford	179	35	35	29	26	5.84	5.84	4.84	4.34
Warren	187	26	23	20	20	4.34	3.84	3.34	3.34

ABINGDON AREA – LEVEL 1

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Bland	021	65	58	60	55	36	36	43
Bristol	520	65	63	63	63	25	32	42
Buchanan	027	90	90	90	90	25	32	32
Carroll	035	60	60	50	50	25	18	35
Dickenson	051	80	78	75	68	27	32	50
Floyd	063	54	59	54	50	15	25	38
Galax	640	60	58	60	55	23	27	35
Giles	071	68	60	60	60	18	29	40
Grayson	077	58	58	50	45	20	24	34
Lee	105	70	68	75	55	45	45	42
Montgomery	121	85	83	73	70	25	27	35
Pulaski	155	58	60	60	58	25	30	40
Radford	750	98	73	70	55	28	28	39
Russell	167	60	60	60	60	18	32	42
Scott	169	70	70	68	68	20	30	83
Smyth	173	55	53	53	53	23	29	42
Tazewell	185	73	73	60	60	13	32	35
Washington	191	77	63	60	60	25	30	40
Wise/ Norton	195	68	63	60	60	23	31	42
Wythe	197	60	63	63	63	28	30	35

ABINGDON AREA – LEVEL 1

FAMILY DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Bland	021	18	16	16	15	3.00	2.67	2.67	2.50
Bristol	520	18	17	17	17	3.00	2.84	2.84	2.84
Buchanan	027	24	24	24	24	4.00	4.00	4.00	4.00
Carroll	035	16	16	14	14	2.67	2.67	2.34	2.34
Dickenson	051	22	21	20	18	3.67	3.50	3.34	3.00
Floyd	063	15	16	15	14	2.50	2.67	2.50	2.34
Galax	640	16	16	16	15	2.67	2.67	2.67	2.50
Giles	071	18	16	16	16	3.00	2.67	2.67	2.67
Grayson	077	16	16	14	12	2.67	2.67	2.34	2.00
Lee	105	19	18	20	15	3.17	3.00	3.34	2.50
Montgomery	121	23	22	20	19	3.84	3.67	3.34	3.17
Pulaski	155	16	16	16	16	2.67	2.67	2.67	2.67
Radford	750	26	20	19	15	4.34	3.34	3.17	2.50
Russell	167	16	16	16	16	2.67	2.67	2.67	2.67
Scott	169	19	19	18	18	3.17	3.17	3.00	3.00
Smyth	173	15	14	14	14	2.50	2.34	2.34	2.34
Tazewell	185	20	20	16	16	3.34	3.34	2.67	2.67
Washington	191	21	17	16	16	3.50	2.84	2.67	2.67
Wise/ Norton	195	18	17	16	16	3.00	2.84	2.67	2.67
Wythe	197	16	17	17	17	2.67	2.84	2.84	2.84

HENRICO AREA – LEVEL 1

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Amelia	007	98	88	83	83	32	34	51
Brunswick	025	73	70	63	63	50	47	53
Caroline	033	85	80	68	65	33	35	45
Charles City	036	80	78	68	70	25	35	51
Chesterfield/ Colonial Heights	041	103	100	93	83	40	48	60
Cumberland	049	70	68	65	63	22	32	38
Dinwiddie	053	80	78	70	70	25	30	49
Essex	057	78	70	70	70	24	29	44
Gloucester	073	78	78	70	65	27	35	45
Goochland	075	93	90	75	73	25	35	49
Greensville/ Emporia	081	90	63	58	58	33	37	47
Hanover	085	100	98	85	80	41	48	63
Henrico	087	110	100	98	85	48	68	65
Hopewell	670	80	78	70	68	30	35	54
King & Queen	097	80	78	70	70	25	35	49
King George	099	98	90	88	83	27	39	55
King William	101	80	75	70	70	25	35	49
Lancaster	103	80	78	70	70	25	30	49
Mathews	115	80	80	73	68	25	30	49
Middlesex	119	80	80	75	75	20	25	47
New Kent	127	85	85	73	75	32	40	54
Northumberland	133	80	78	70	70	25	35	49
Nottoway	135	60	60	68	60	32	45	55
Petersburg	730	85	80	72	65	40	40	44
Powhatan	145	83	83	73	70	25	35	40
Prince George	149	80	80	70	65	19	33	41
Richmond	760	90	90	73	70	50	48	60
Richmond Co.	159	80	80	70	70	25	35	41
Surry	181	80	73	57	57	25	35	45
Sussex	183	75	75	68	68	32	36	46
Westmoreland	193	80	68	65	70	25	35	44

HENRICO AREA – LEVEL 1

FAMILY DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Amelia	007	26	24	22	22	4.34	4.00	3.67	3.67
Brunswick	025	20	19	17	17	3.34	3.17	2.84	2.84
Caroline	033	23	22	18	18	3.84	3.67	3.00	3.00
Charles City	036	22	21	18	19	3.67	3.50	3.00	3.17
Chesterfield/ Colonial Heights	041	28	27	25	22	4.67	4.50	4.17	3.67
Cumberland	049	19	18	18	17	3.17	3.00	3.00	2.84
Dinwiddie	053	22	21	19	19	3.67	3.50	3.17	3.17
Essex	057	21	19	19	19	3.50	3.17	3.17	3.17
Gloucester	073	21	21	19	18	3.50	3.50	3.17	3.00
Goochland	075	25	24	20	20	4.17	4.00	3.34	3.34
Greensville/ Emporia	081	24	17	16	16	4.00	2.84	2.67	2.67
Hanover	085	27	26	23	22	4.50	4.34	3.84	3.67
Henrico	087	30	27	26	23	5.00	4.50	4.34	3.84
Hopewell	670	22	21	19	18	3.67	3.50	3.17	3.00
King & Queen	097	22	21	19	19	3.67	3.50	3.17	3.17
King George	099	26	24	24	22	4.34	4.00	4.00	3.67
King William	101	22	20	19	19	3.67	3.34	3.17	3.17
Lancaster	103	22	21	19	19	3.67	3.50	3.17	3.17
Mathews	115	22	22	20	18	3.67	3.67	3.34	3.00
Middlesex	119	22	22	20	20	3.67	3.67	3.34	3.34
New Kent	127	23	23	20	20	3.84	3.84	3.34	3.34
Northumberland	133	22	21	19	19	3.67	3.50	3.17	3.17
Nottoway	135	16	16	18	16	2.67	2.67	3.00	2.67
Petersburg	730	23	22	19	18	3.84	3.67	3.17	3.00
Powhatan	145	22	22	20	19	3.67	3.67	3.34	3.17
Prince George	149	22	22	19	18	3.67	3.67	3.17	3.00
Richmond	760	24	24	20	19	4.00	4.00	3.34	3.17
Richmond Co.	159	22	22	19	19	3.67	3.67	3.17	3.17
Surry	181	22	20	15	15	3.67	3.34	2.50	2.50
Sussex	183	20	20	18	18	3.34	3.34	3.00	3.00
Westmoreland	193	22	18	18	19	3.67	3.00	3.00	3.17

PIEDMONT AREA – LEVEL 1

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Alleghany/ Covington/	005	80	80	75	75	25	30	43
Amherst	009	60	60	60	60	34	34	45
Appomattox	011	78	75	70	68	33	33	55
Bath	017	90	80	80	75	28	40	47
Bedford Co./ City	019	88	78	75	63	24	32	53
Botetourt	023	80	80	80	63	25	30	40
Buckingham	029	58	58	58	50	32	34	50
Campbell	031	70	65	60	58	27	32	43
Charlotte	037	70	68	65	63	32	34	48
Craig	045	73	65	63	60	27	28	41
Danville	590	60	60	50	50	54	23	35
Franklin Co.	067	75	70	68	65	23	23	45
Halifax/ South Boston	083	80	75	75	65	34	36	50
Henry/ Martinsville	089	63	60	60	60	28	30	35
Lunenburg	111	80	81	61	59	32	36	40
Lynchburg	680	85	86	77	65	29	40	58
Mecklenburg	117	73	65	63	63	32	36	48
Nelson	125	60	78	78	73	20	28	35
Patrick	141	50	50	50	50	25	25	36
Pittsylvania	143	55	55	55	55	25	30	39
Prince Edward	147	70	65	63	60	34	34	48
Roanoke City	770	85	80	73	68	35	40	50
Roanoke Co./ Salem	161	80	79	79	75	30	30	66
Rockbridge/ Buena Vista/ Lexington	163	100	100	90	86	59	42	59

PIEDMONT AREA – LEVEL 1

FAMILY DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Alleghany/ Covington	005	22	22	20	20	3.67	3.67	3.34	3.34
Amherst	009	16	16	16	16	2.67	2.67	2.67	2.67
Appomattox	011	21	20	19	18	3.50	3.34	3.17	3.00
Bath	017	24	22	22	20	4.00	3.67	3.67	3.34
Bedford Co./ City	019	24	21	20	17	4.00	3.50	3.34	2.84
Botetourt	023	22	22	22	17	3.67	3.67	3.67	2.84
Buckingham	029	16	16	16	14	2.67	2.67	2.67	2.34
Campbell	031	19	18	16	16	3.17	3.00	2.67	2.67
Charlotte	037	19	18	18	17	3.17	3.00	3.00	2.84
Craig	045	20	18	17	16	3.34	3.00	2.84	2.67
Danville	590	16	16	14	14	2.67	2.67	2.34	2.34
Franklin Co.	067	20	19	18	18	3.34	3.17	3.00	3.00
Halifax/ South Boston	083	22	20	20	18	3.67	3.34	3.34	3.00
Henry/ Martinsville	089	17	16	16	16	2.84	2.67	2.67	2.67
Lunenburg	111	22	22	16	16	3.67	3.67	2.67	2.67
Lynchburg	680	23	23	21	18	3.84	3.84	3.50	3.00
Mecklenburg	117	20	18	17	17	3.34	3.00	2.84	2.84
Nelson	125	16	21	21	20	2.67	3.50	3.50	3.34
Patrick	141	14	14	14	14	2.34	2.34	2.34	2.34
Pittsylvania	143	15	15	15	15	2.50	2.50	2.50	2.50
Prince Edward	147	19	18	17	16	3.17	3.00	2.84	2.67
Roanoke City	770	23	22	20	18	3.84	3.67	3.34	3.00
Roanoke Co./ Salem	161	22	21	21	20	3.67	3.50	3.50	3.34
Rockbridge/ Buena Vista/ Lexington	163	27	27	24	23	4.50	4.50	4.00	3.84

VIRGINIA BEACH AREA – LEVEL 1

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Accomack	001	68	68	68	65	30	34	35
Chesapeake	550	90	83	82	75	35	40	53
Franklin City	620	73	70	70	99	28	38	63
Hampton	650	83	83	73	73	30	40	55
Isle Of Wight	093	80	75	75	75	25	44	60
James City	095	98	98	85	83	30	30	50
Newport News	700	83	80	70	73	28	38	55
Norfolk	710	88	78	75	70	28	34	50
Northampton	131	73	75	73	75	54	46	68
Portsmouth	740	75	72	70	63	22	38	55
Southampton	175	80	70	70	70	28	44	60
Suffolk	800	78	75	72	72	28	35	51
Virginia Beach	810	95	85	79	73	23	35	50
Williamsburg	830	100	83	83	78	32	45	55
York/ Poquoson	199	90	78	78	75	28	38	58

VIRGINIA BEACH AREA – LEVEL 1

FAMILY DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Accomack	001	18	18	18	18	3.00	3.00	3.00	3.00
Chesapeake	550	24	22	22	20	4.00	3.67	3.67	3.34
Franklin City	620	20	19	19	27	3.34	3.17	3.17	4.50
Hampton	650	22	22	20	20	3.67	3.67	3.34	3.34
Isle Of Wight	093	22	20	20	20	3.67	3.34	3.34	3.34
James City	095	26	26	23	22	4.34	4.34	3.84	3.67
Newport News	700	22	22	19	20	3.67	3.67	3.17	3.34
Norfolk	710	24	21	20	19	4.00	3.50	3.34	3.17
Northampton	131	20	20	20	20	3.34	3.34	3.34	3.34
Portsmouth	740	20	19	19	17	3.34	3.17	3.17	2.84
Southampton	175	22	19	19	19	3.67	3.17	3.17	3.17
Suffolk	800	21	20	19	19	3.50	3.34	3.17	3.17
Virginia Beach	810	26	23	21	20	4.34	3.84	3.50	3.34
Williamsburg	830	27	22	22	21	4.50	3.67	3.67	3.50
York/ Poquoson	199	24	21	21	20	4.00	3.50	3.50	3.34

WARRENTON AREA – LEVEL 1**FAMILY WEEKLY RATE**

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Albemarle/ Charlottesville	003	110	106	100	99	50	55	43
Alexandria	510	140	137	134	130	65	60	90
Arlington	013	145	148	140	144	25	75	100
Augusta/ Staunton/ Waynesboro	015	83	80	78	78	25	30	45
Clarke	043	90	80	80	78	28	40	47
Culpeper	047	80	75	78	78	45	45	70
Fairfax Co./ City & Falls Church	059	153	148	145	133	55	73	89
Fauquier	061	110	113	100	95	40	40	65
Fluvanna	065	98	95	98	87	28	42	45
Frederick/ Winchester	069	88	83	80	78	38	45	55
Fredericksburg	630	95	85	81	81	41	41	60
Greene	079	100	90	87	80	28	43	54
Highland	091	75	63	60	58	25	42	38
Loudoun	107	150	148	138	128	54	70	92
Louisa	109	75	75	75	75	28	40	45
Madison	113	73	65	65	60	23	30	48
Manassas	683	145	128	123	123	35	68	97
Manassas Park	685	135	130	120	107	35	58	68
Orange	137	88	90	78	106	27	35	55
Page	139	60	55	55	55	25	34	47
Prince William	153	134	129	113	98	43	48	73
Rappahannock	157	103	90	88	85	25	30	50
Rockingham/ Harrisonburg	165	88	78	75	73	20	34	43
Shenandoah	171	73	70	65	58	28	30	43
Spotsylvania	177	103	80	78	78	32	40	48
Stafford	179	115	105	95	98	35	35	63
Warren	187	93	88	83	83	30	30	43

WARRENTON AREA – LEVEL 1**FAMILY DAILY/HOURLY RATE**

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Albemarle/ Charlottesville	003	30	29	27	27	5.00	4.84	4.50	4.50
Alexandria	510	38	37	36	35	6.34	6.17	6.00	5.84
Arlington	013	39	40	38	39	6.50	6.67	6.34	6.50
Augusta/ Staunton/ Waynesboro	015	22	22	21	21	3.67	3.67	3.50	3.50
Clarke	043	24	22	22	21	4.00	3.67	3.67	3.50
Culpeper	047	22	20	21	21	3.67	3.34	3.50	3.50
Fairfax Co./ City & Falls Church	059	41	40	39	36	6.84	6.67	6.50	6.00
Fauquier	061	30	31	27	26	5.00	5.17	4.50	4.34
Fluvanna	065	26	26	26	23	4.34	4.34	4.34	3.84
Frederick/ Winchester	069	24	22	22	21	4.00	3.67	3.67	3.50
Fredericksburg	630	26	23	22	22	4.34	3.84	3.67	3.67
Greene	079	27	24	23	22	4.50	4.00	3.84	3.67
Highland	091	20	17	16	16	3.34	2.84	2.67	2.67
Loudoun	107	41	40	37	35	6.84	6.67	6.17	5.84
Louisa	109	20	20	20	20	3.34	3.34	3.34	3.34
Madison	113	20	18	18	16	3.34	3.00	3.00	2.67
Manassas	683	39	35	33	33	6.50	5.84	5.50	5.50
Manassas Park	685	36	35	32	29	6.00	5.84	5.34	4.84
Orange	137	24	24	21	29	4.00	4.00	3.50	4.84
Page	139	16	15	15	15	2.67	2.50	2.50	2.50
Prince William	153	36	35	31	26	6.00	5.84	5.17	4.34
Rappahannock	157	28	24	24	23	4.67	4.00	4.00	3.84
Rockingham/ Harrisonburg	165	24	21	20	20	4.00	3.50	3.34	3.34
Shenandoah	171	20	19	18	16	3.34	3.17	3.00	2.67
Spotsylvania	177	28	22	21	21	4.67	3.67	3.50	3.50
Stafford	179	31	28	26	26	5.17	4.67	4.34	4.34
Warren	187	25	24	22	22	4.17	4.00	3.67	3.67

Appendix I

Level 2 Maximum Reimbursable Rates

ABINGDON AREA – LEVEL 2								
CENTER WEEKLY RATE								
Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Bland	021	85	85	75	73	25	33	47
Bristol	520	100	100	90	73	40	43	46
Buchanan	027	85	85	75	73	25	33	47
Carroll	035	82	79	69	60	25	48	63
Dickenson	051	85	85	75	73	25	33	47
Floyd	063	104	92	80	68	25	37	40
Galax	640	85	113	113	63	25	25	29
Giles	071	104	90	75	72	35	35	40
Grayson	077	79	78	68	65	16	32	45
Lee	105	85	90	90	75	30	30	60
Montgomery	121	120	120	105	80	35	42	53
Pulaski	155	104	95	81	65	38	38	46
Radford	750	115	95	79	70	22	37	45
Russell	167	85	70	65	62	20	20	36
Scott	169	85	85	80	68	18	39	45
Smyth	173	78	64	60	59	15	30	35
Tazewell	185	80	75	65	70	13	25	35
Washington	191	85	92	80	71	29	28	37
Wise/ Norton	195	85	85	75	65	19	35	54
Wythe	197	87	85	73	65	25	37	48

ABINGDON AREA – LEVEL 2
CENTER DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Bland	021	23	23	20	20	3.84	3.84	3.34	3.34
Bristol	520	27	27	24	20	4.50	4.50	4.00	3.34
Buchanan	027	23	23	20	20	3.84	3.84	3.34	3.34
Carroll	035	22	21	19	16	3.67	3.50	3.17	2.67
Dickenson	051	23	23	20	20	3.84	3.84	3.34	3.34
Floyd	063	28	25	22	18	4.67	4.17	3.67	3.00
Galax	640	23	31	31	17	3.84	5.17	5.17	2.84
Giles	071	28	24	20	19	4.67	4.00	3.34	3.17
Grayson	077	21	21	18	18	3.50	3.50	3.00	3.00
Lee	105	23	24	24	20	3.84	4.00	4.00	3.34
Montgomery	121	32	32	28	22	5.34	5.34	4.67	3.67
Pulaski	155	28	26	22	18	4.67	4.34	3.67	3.00
Radford	750	31	26	21	19	5.17	4.34	3.50	3.17
Russell	167	23	19	18	17	3.84	3.17	3.00	2.84
Scott	169	23	23	22	18	3.84	3.84	3.67	3.00
Smyth	173	21	17	16	16	3.50	2.84	2.67	2.67
Tazewell	185	22	20	18	19	3.67	3.34	3.00	3.17
Washington	191	23	25	22	19	3.84	4.17	3.67	3.17
Wise/ Norton	195	23	23	20	18	3.84	3.84	3.34	3.00
Wythe	197	23	23	20	18	3.84	3.84	3.34	3.00

HENRICO AREA – LEVEL 2

CENTER WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Amelia	007	105	87	87	65	16	35	43
Brunswick	025	105	88	77	50	16	30	35
Caroline	033	153	150	90	74	21	30	49
Charles City	036	110	110	95	83	35	40	50
Chesterfield/ Colonial Heights	041	170	165	135	107	48	59	70
Cumberland	049	95	85	75	60	12	29	42
Dinwiddie	053	120	113	77	74	31	40	49
Essex	057	114	106	104	76	15	31	38
Gloucester	073	129	129	109	87	36	36	47
Goochland	075	190	171	151	92	38	48	60
Greensville/ Emporia	081	105	105	70	62	52	37	52
Hanover	085	160	153	118	95	45	55	64
Henrico	087	180	163	130	102	56	64	73
Hopewell	670	110	110	85	75	32	40	52
King & Queen	097	105	105	77	80	36	40	54
King George	099	150	135	95	80	35	43	86
King William	101	125	125	95	80	15	38	43
Lancaster	103	120	113	92	83	36	37	54
Mathews	115	95	95	90	60	30	38	49
Middlesex	119	110	110	110	93	36	45	56
New Kent	127	120	120	90	84	36	32	56
Northumberland	133	105	105	81	83	26	35	49
Nottoway	135	105	88	85	65	16	30	42
Petersburg	730	92	97	88	75	34	44	59
Powhatan	145	150	140	125	84	44	47	56
Prince George	149	134	116	104	83	32	30	50
Richmond	760	146	145	113	93	48	55	60
Richmond Co.	159	120	105	86	83	36	40	54
Surry	181	129	113	95	80	36	40	56
Sussex	183	105	105	70	58	28	28	38
Westmoreland	193	150	135	95	85	41	35	49

HENRICO AREA – LEVEL 2

CENTER DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Amelia	007	28	23	23	18	4.67	3.84	3.84	3.00
Brunswick	025	28	24	21	14	4.67	4.00	3.50	2.34
Caroline	033	41	41	24	20	6.84	6.84	4.00	3.34
Charles City	036	30	30	26	22	5.00	5.00	4.34	3.67
Chesterfield/ Colonial Heights	041	46	45	36	29	7.67	7.50	6.00	4.84
Cumberland	049	26	23	20	16	4.37	3.84	3.34	2.67
Dinwiddie	053	32	31	21	20	5.34	5.17	3.50	3.34
Essex	057	31	29	28	21	5.17	4.84	4.67	3.50
Gloucester	073	35	35	29	23	5.84	5.84	4.84	3.84
Goochland	075	51	46	41	25	8.50	7.67	6.84	4.17
Greensville/ Emporia	081	28	28	19	17	4.67	4.67	3.17	2.84
Hanover	085	43	41	32	26	7.17	6.84	5.34	4.34
Henrico	087	49	44	35	28	8.17	7.34	5.84	4.67
Hopewell	670	30	30	23	20	5.00	5.00	3.84	3.34
King & Queen	097	28	28	21	22	4.67	4.67	3.50	3.67
King George	099	41	36	26	22	6.84	6.00	4.34	3.67
King William	101	34	34	26	22	5.67	5.67	4.34	3.67
Lancaster	103	32	31	25	22	5.34	5.17	4.17	3.67
Mathews	115	26	26	24	16	4.34	4.34	4.00	2.67
Middlesex	119	30	30	30	25	5.00	5.00	5.00	4.17
New Kent	127	32	32	24	23	5.34	5.34	4.00	3.84
Northumberland	133	28	28	22	22	4.67	4.67	3.67	3.67
Nottoway	135	28	24	23	18	4.67	4.00	3.84	3.00
Petersburg	730	25	26	24	20	4.17	4.34	4.00	3.34
Powhatan	145	41	38	34	23	6.84	6.34	5.67	3.84
Prince George	149	36	31	28	22	6.00	5.17	4.67	3.67
Richmond	760	39	39	31	25	6.50	6.50	5.17	4.17
Richmond Co.	159	32	28	23	22	5.34	4.67	3.84	3.67
Surry	181	35	31	26	22	5.84	5.17	4.34	3.67
Sussex	183	28	28	19	16	4.67	4.67	3.17	2.67
Westmoreland	193	41	36	26	23	6.84	6.00	4.34	3.84

PIEDMONT AREA – LEVEL 2

CENTER WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Alleghany/ Covington	005	108	92	89	81	15	41	54
Amherst	009	105	85	77	60	20	33	40
Appomattox	011	105	85	64	61	15	20	33
Bath	017	151	138	100	63	25	25	45
Bedford Co./ City	019	105	105	73	68	18	27	35
Botetourt	023	135	135	95	70	27	39	44
Buckingham	029	83	79	70	65	16	30	42
Campbell	031	85	75	70	63	15	25	35
Charlotte	037	98	88	88	65	16	30	42
Craig	045	95	85	85	70	25	35	45
Danville	590	110	92	80	65	25	30	40
Franklin Co.	067	135	135	80	60	20	28	35
Halifax/ South Boston	083	99	89	89	65	30	25	40
Henry/ Martinsville	089	101	92	68	60	30	37	59
Lunenburg	111	105	88	77	65	16	30	35
Lynchburg	680	105	100	77	64	25	33	45
Mecklenburg	117	80	80	70	62	28	35	33
Nelson	125	109	87	85	83	25	30	63
Patrick	141	80	70	70	65	14	14	28
Pittsylvania	143	75	75	70	65	23	37	43
Prince Edward	147	105	100	95	76	13	29	40
Roanoke	770	195	152	122	85	30	42	51
Roanoke Co.	161	195	152	110	100	48	57	75
Rockbridge/ Buena Vista/ Lexington	163	165	165	140	75	20	28	43

PIEDMONT AREA – LEVEL 2
CENTER DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Alleghany/ Covington/	005	29	25	24	22	4.84	4.17	4.00	3.67
Amherst	009	28	23	21	16	4.67	3.84	3.50	2.67
Appomattox	011	28	23	17	16	4.67	3.84	2.84	2.67
Bath	017	41	37	27	17	6.84	6.17	4.50	2.84
Bedford Co./ City	019	28	28	20	18	4.67	4.67	3.34	3.00
Botetourt	023	36	36	26	19	6.00	6.00	4.34	3.17
Buckingham	029	22	21	19	18	3.67	3.50	3.17	3.00
Campbell	031	23	20	19	17	3.84	3.34	3.17	2.84
Charlotte	037	26	24	24	18	4.34	4.00	4.00	3.00
Craig	045	26	23	23	19	4.34	3.84	3.84	3.17
Danville	590	30	25	22	18	5.00	4.17	3.67	3.00
Franklin Co.	067	36	36	22	16	6.00	6.00	3.67	2.67
Halifax/ South Boston	083	27	24	24	18	4.50	4.00	4.00	3.00
Henry/ Martinsville	089	27	25	18	16	4.50	4.17	3.00	2.67
Lunenburg	111	28	24	21	18	4.67	4.00	3.50	3.00
Lynchburg	680	28	27	21	17	4.67	4.50	3.50	2.84
Mecklenburg	117	22	22	19	17	3.67	3.67	3.17	2.84
Nelson	125	29	23	23	22	4.84	3.84	3.84	3.67
Patrick	141	22	19	19	18	3.67	3.17	3.17	3.00
Pittsylvania	143	20	20	19	18	3.34	3.34	3.17	3.00
Prince Edward	147	28	27	26	21	4.67	4.50	4.34	3.50
Roanoke	770	53	41	33	23	8.84	6.84	5.50	3.84
Roanoke Co.	161	53	41	30	27	8.84	6.84	5.00	4.50
Rockbridge/ Buena Vista/ Lexington	163	45	45	38	20	7.50	7.50	6.34	3.34

VIRGINIA BEACH AREA – LEVEL 2

CENTER WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Accomack	001	95	95	80	65	25	25	36
Chesapeake	550	160	140	118	90	45	57	68
Franklin City	620	121	115	90	76	20	21	33
Hampton	650	150	140	105	80	41	48	61
Isle Of Wight	093	150	115	90	65	25	31	45
James City	095	143	130	116	94	25	28	50
Newport News	700	135	125	113	84	45	53	65
Norfolk	710	140	130	104	90	38	50	60
Northampton	131	87	85	75	65	15	23	30
Portsmouth	740	155	138	125	85	31	42	59
Southampton	175	121	115	90	55	25	27	30
Suffolk	800	121	112	93	79	28	38	50
Virginia Beach	810	159	145	125	98	45	57	69
Williamsburg	830	171	166	139	104	40	41	66
York/ Poquoson	199	138	135	106	89	33	38	58

VIRGINIA BEACH AREA – LEVEL 2

CENTER DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Accomack	001	26	26	22	18	4.34	4.34	3.67	3.00
Chesapeake	550	43	38	32	24	7.17	6.34	5.34	4.00
Franklin City	620	33	31	24	21	5.50	5.17	4.00	3.50
Hampton	650	41	38	28	22	6.84	6.34	4.67	3.67
Isle Of Wight	093	41	31	24	18	6.84	5.17	4.00	3.00
James City	095	39	35	31	25	6.50	5.84	5.17	4.17
Newport News	700	36	34	31	23	6.00	5.67	5.17	3.84
Norfolk	710	38	35	28	24	6.34	5.84	4.67	4.00
Northampton	131	23	23	20	18	3.84	3.84	3.34	3.00
Portsmouth	740	42	37	34	23	7.00	6.17	5.67	3.84
Southampton	175	33	31	24	15	5.50	5.17	4.00	2.50
Suffolk	800	33	30	25	21	5.50	5.00	4.17	3.50
Virginia Beach	810	43	39	34	26	7.17	6.50	5.67	4.34
Williamsburg	830	46	45	37	28	7.67	7.50	6.17	4.67
York/ Poquoson	199	37	36	29	24	6.17	6.00	4.84	4.00

WARRENTON AREA – LEVEL 2

CENTER WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Albemarle/ Charlottesville	003	160	155	137	113	14	41	49
Alexandria	510	231	226	190	143	44	70	92
Arlington	013	226	201	190	165	17	41	94
Augusta/ Staunton/ Waynesboro	015	130	125	105	90	30	38	50
Clarke	043	165	150	115	76	29	34	48
Culpeper	047	131	131	80	75	15	32	45
Fairfax Co./ City & Falls Church	059	232	224	191	148	54	66	95
Fauquier	061	160	156	135	96	25	35	51
Fluvanna	065	170	144	130	98	25	36	56
Frederick/ Winchester	069	130	120	90	75	28	34	45
Fredericksburg	630	175	165	125	93	54	54	64
Greene	079	109	100	100	73	25	28	35
Highland	091	151	130	100	79	25	32	45
Loudoun	107	225	208	190	132	58	66	91
Louisa	109	151	138	113	90	25	35	45
Madison	113	110	110	93	80	12	27	34
Manassas	683	180	168	145	111	54	59	88
Manassas Park	685	226	214	189	96	46	51	70
Orange	137	135	135	110	84	13	37	48
Page	139	151	138	100	79	25	30	45
Prince William	153	185	180	150	121	52	57	81
Rappahannock	157	126	126	109	96	30	32	38
Rockingham/ Harrisonburg	165	127	127	105	95	27	30	45
Shenandoah	171	90	90	70	70	25	32	50
Spotsylvania	177	150	145	122	98	45	45	64
Stafford	179	153	153	129	97	52	50	75
Warren	187	103	103	93	75	26	36	48

WARRENTON AREA – LEVEL 2

CENTER DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Albemarle/ Charlottesville	003	43	42	37	31	7.17	7.00	6.17	5.17
Alexandria	510	62	61	51	39	10.34	10.17	8.50	6.50
Arlington	013	61	54	51	45	10.17	9.00	8.50	7.50
Augusta/ Staunton/ Waynesboro	015	35	34	28	24	5.84	5.67	4.67	4.00
Clarke	043	45	41	31	21	7.50	6.84	5.17	3.50
Culpeper	047	35	35	22	20	5.84	5.84	3.67	3.34
Fairfax Co./ City & Falls Church	059	63	60	52	40	10.50	10.00	8.67	6.67
Fauquier	061	43	42	36	26	7.17	7.00	6.00	4.34
Fluvanna	065	46	39	35	26	7.67	6.50	5.84	4.34
Frederick/ Winchester	069	35	32	24	20	5.84	5.34	4.00	3.34
Fredericksburg	630	47	45	34	25	7.84	7.50	5.67	4.17
Greene	079	29	27	27	20	4.84	4.50	4.50	3.34
Highland	091	41	35	27	21	6.84	5.84	4.50	3.50
Loudoun	107	61	56	51	36	10.17	9.34	8.50	6.00
Louisa	109	41	37	31	24	6.84	6.17	5.17	4.00
Madison	113	30	30	25	22	5.00	5.00	4.17	3.67
Manassas	683	49	45	39	30	8.17	7.50	6.50	5.00
Manassas Park	685	61	58	51	26	10.17	9.67	8.50	4.34
Orange	137	36	36	30	23	6.00	6.00	5.00	3.84
Page	139	41	37	27	21	6.84	6.17	4.50	3.50
Prince William	153	50	49	41	33	8.34	8.17	6.84	5.50
Rappahannock	157	34	34	29	26	5.67	5.67	4.84	4.34
Rockingham/ Harrisonburg	165	34	34	28	26	5.67	5.67	4.67	4.34
Shenandoah	171	24	24	19	19	4.00	4.00	3.17	3.17
Spotsylvania	177	41	39	33	26	6.84	6.50	5.50	4.34
Stafford	179	41	41	35	26	6.84	6.84	5.84	4.34
Warren	187	28	28	25	20	4.67	4.67	4.17	3.34

ABINGDON AREA – LEVEL 2

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Bland	021	75	70	65	55	36	36	43
Bristol	520	75	65	65	63	25	32	42
Buchanan	027	92	92	92	90	25	32	32
Carroll	035	65	62	60	50	25	18	35
Dickenson	051	100	80	77	68	27	32	50
Floyd	063	100	85	75	50	15	25	38
Galax	640	65	62	62	55	23	27	35
Giles	071	80	75	75	60	18	29	40
Grayson	077	60	60	60	45	20	24	34
Lee	105	75	75	77	55	45	45	42
Montgomery	121	95	90	83	70	25	27	35
Pulaski	155	80	75	75	58	25	30	40
Radford	750	100	75	75	55	28	28	39
Russell	167	90	80	75	60	18	32	42
Scott	169	85	85	80	68	20	30	83
Smyth	173	65	60	60	53	23	29	42
Tazewell	185	75	75	75	60	13	32	35
Washington	191	79	70	67	60	25	30	40
Wise/ Norton	195	90	90	90	60	23	31	42
Wythe	197	62	65	65	63	28	30	35

ABINGDON AREA – LEVEL 2

FAMILY DAILY/HOURLY RATE

Locality	FIP S	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Bland	021	20	19	18	15	3.34	3.17	3.00	2.50
Bristol	520	20	18	18	17	3.34	3.00	3.00	2.84
Buchanan	027	25	25	25	24	4.17	4.17	4.17	4.00
Carroll	035	18	17	16	14	3.00	2.84	2.67	2.34
Dickenson	051	27	22	21	18	4.50	3.67	3.50	3.00
Floyd	063	27	23	20	14	4.50	3.84	3.34	2.34
Galax	640	18	17	17	15	3.00	2.84	2.84	2.50
Giles	071	22	20	20	16	3.67	3.34	3.34	2.67
Grayson	077	16	16	16	12	2.67	2.67	2.67	2.00
Lee	105	20	20	21	15	3.34	3.34	3.50	2.50
Montgomery	121	26	24	22	19	4.34	4.00	3.67	3.17
Pulaski	155	22	20	20	16	3.67	3.34	3.34	2.67
Radford	750	27	20	20	15	4.50	3.34	3.34	2.50
Russell	167	24	22	20	16	4.00	3.67	3.34	2.67
Scott	169	23	23	22	18	3.84	3.84	3.67	3.00
Smyth	173	18	16	16	14	3.00	2.67	2.67	2.34
Tazewell	185	20	20	20	16	3.34	3.34	3.34	2.67
Washington	191	21	19	18	16	3.50	3.17	3.00	2.67
Wise/ Norton	195	24	24	24	16	4.00	4.00	4.00	2.67
Wythe	197	17	18	18	17	2.84	3.00	3.00	2.84

HENRICO AREA – LEVEL 2

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Amelia	007	100	90	85	83	32	34	51
Brunswick	025	85	75	75	63	50	47	53
Caroline	033	95	82	80	65	33	35	45
Charles City	036	95	85	85	70	25	35	51
Chesterfield/Colonial Hghts	041	125	125	115	83	40	48	60
Cumberland	049	75	75	75	63	22	32	38
Dinwiddie	053	100	85	72	70	25	30	49
Essex	057	90	90	85	70	24	29	44
Gloucester	073	100	100	90	65	27	35	45
Goochland	075	125	120	105	73	25	35	49
Greensville/ Emporia	081	92	85	75	58	33	37	47
Hanover	085	130	125	110	80	41	48	63
Henrico	087	150	125	110	85	48	68	65
Hopewell	670	100	85	80	68	30	35	54
King & Queen	097	95	85	85	70	25	35	49
King George	099	100	95	95	83	27	39	55
King William	101	95	95	85	70	25	35	49
Lancaster	103	95	85	85	70	25	30	49
Mathews	115	95	85	85	68	25	30	49
Middlesex	119	100	90	90	75	20	25	47
New Kent	127	95	87	85	75	32	40	54
Northumberland	133	95	85	85	70	25	35	49
Nottoway	135	70	65	70	60	32	45	55
Petersburg	730	95	86	80	65	40	40	44
Powhatan	145	125	120	105	70	25	35	40
Prince George	149	100	90	85	65	19	33	41
Richmond	760	120	109	95	70	50	48	60
Richmond Co.	159	95	85	85	70	25	35	41
Surry	181	82	80	70	57	25	35	45
Sussex	183	97	77	75	68	32	36	46
Westmoreland	193	95	85	85	70	25	35	44

HENRICO AREA – LEVEL 2

FAMILY DAILY/HOURLY RATE

Locality	FIP S	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Amelia	007	27	24	23	22	4.50	4.00	3.84	3.67
Brunswick	025	23	20	20	17	3.84	3.34	3.34	2.84
Caroline	033	26	22	22	18	4.34	3.67	3.67	3.00
Charles City	036	26	23	23	19	4.34	3.84	3.84	3.17
Chesterfield/ Colonial Hghts	041	34	34	31	22	5.67	5.67	5.17	3.67
Cumberland	049	20	20	20	17	3.34	3.34	3.34	2.84
Dinwiddie	053	27	23	19	19	4.50	3.84	3.17	3.17
Essex	057	24	24	23	19	4.00	4.00	3.84	3.17
Gloucester	073	27	27	24	18	4.50	4.50	4.00	3.00
Goochland	075	34	32	28	20	5.67	5.34	4.67	3.34
Greensville/ Emporia	081	25	23	20	16	4.17	3.84	3.34	2.67
Hanover	085	35	34	30	22	5.84	5.67	5.00	3.67
Henrico	087	41	34	30	23	6.84	5.67	5.00	3.84
Hopewell	670	27	23	22	18	4.50	3.84	3.67	3.00
King & Queen	097	26	23	23	19	4.34	3.84	3.84	3.17
King George	099	27	26	26	22	4.50	4.34	4.34	3.67
King William	101	26	26	23	u19	4.34	4.34	3.84	3.17
Lancaster	103	26	23	23	19	4.34	3.84	3.84	3.17
Mathews	115	26	23	23	18	4.34	3.84	3.84	3.00
Middlesex	119	27	24	24	20	4.50	4.00	4.00	3.34
New Kent	127	26	23	23	20	4.34	3.84	3.84	3.34
Northumberland	133	26	23	23	19	4.34	3.84	3.84	3.17
Nottoway	135	19	18	19	16	3.17	3.00	3.17	2.67
Petersburg	730	26	23	22	18	4.34	3.84	3.67	3.00
Powhatan	145	34	32	28	19	5.67	5.34	4.67	3.17
Prince George	149	27	24	23	18	4.50	4.00	3.84	3.00
Richmond	760	32	29	26	19	5.34	4.84	4.34	3.17
Richmond Co.	159	26	23	23	19	4.34	3.84	3.84	3.17
Surry	181	22	22	19	15	3.67	3.67	3.17	2.50
Sussex	183	26	21	20	18	4.34	3.50	3.34	3.00
Westmoreland	193	26	23	23	19	4.34	3.84	3.84	3.17

PIEDMONT AREA – LEVEL 2

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Alleghany/ Covington	005	90	82	77	75	25	30	43
Amherst	009	85	80	75	60	34	34	45
Appomattox	011	85	80	75	68	33	33	55
Bath	017	95	88	85	75	28	40	47
Bedford Co./ City	019	90	85	77	63	24	32	53
Botetourt	023	90	90	90	63	25	30	40
Buckingham	029	85	80	75	50	32	34	50
Campbell	031	100	100	80	58	27	32	43
Charlotte	037	85	80	75	63	32	34	48
Craig	045	80	75	75	60	27	28	41
Danville	590	75	75	75	50	54	23	35
Franklin Co.	067	80	75	75	65	23	23	45
Halifax/ South Boston	083	90	80	77	65	34	36	50
Henry/ Martinsville	089	65	75	65	60	28	30	35
Lunenburg	111	85	83	75	59	32	36	40
Lynchburg	680	95	87	87	65	29	40	58
Mecklenburg	117	85	75	75	63	32	36	48
Nelson	125	77	80	80	73	20	28	35
Patrick	141	60	60	60	50	25	25	36
Pittsylvania	143	75	70	60	55	25	30	39
Prince Edward	147	85	85	75	60	34	34	48
Roanoke City	770	90	90	85	68	35	40	50
Roanoke Co/ Salem.	161	100	100	100	75	30	30	66
Rockbridge/ Buena Vista/ Lexington	163	102	102	92	86	59	42	59

PIEDMONT AREA – LEVEL 2

FAMILY DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Alleghany/ Covington	005	24	22	21	20	4.00	3.67	3.50	3.34
Amherst	009	23	22	20	16	3.84	3.67	3.34	2.67
Appomattox	011	23	22	20	18	3.84	3.67	3.34	3.00
Bath	017	26	24	23	20	4.34	4.00	3.84	3.34
Bedford Co./ City	019	24	23	21	17	4.00	3.84	3.50	2.84
Botetourt	023	24	24	24	17	4.00	4.00	4.00	2.84
Buckingham	029	23	22	20	14	3.84	3.67	3.34	2.34
Campbell	031	27	27	22	16	4.50	4.50	3.67	2.67
Charlotte	037	23	22	20	17	3.84	3.67	3.34	2.84
Craig	045	22	20	20	16	3.67	3.34	3.34	2.67
Danville	590	20	20	20	14	3.34	3.34	3.34	2.34
Franklin Co.	067	22	20	20	18	3.67	3.34	3.34	3.00
Halifax/ South Boston	083	24	22	21	18	4.00	3.67	3.50	3.00
Henry/ Martinsville	089	18	20	18	16	3.00	3.34	3.00	2.67
Lunenburg	111	23	22	20	16	3.84	3.67	3.34	2.67
Lynchburg	680	26	23	23	18	4.34	3.84	3.84	3.00
Mecklenburg	117	23	20	20	17	3.84	3.34	3.34	2.84
Nelson	125	21	22	22	20	3.50	3.67	3.67	3.34
Patrick	141	16	16	16	14	2.67	2.67	2.67	2.34
Pittsylvania	143	20	19	16	15	3.34	3.17	2.67	2.50
Prince Edward	147	23	23	20	16	3.84	3.84	3.34	2.67
Roanoke City	770	24	24	23	18	4.00	4.00	3.84	3.00
Roanoke Co/ Salem	161	27	27	27	20	4.50	4.50	4.50	3.34
Rockbridge/ Buena Vista/ Lexington	163	28	28	25	23	4.67	4.67	4.17	3.84

VIRGINIA BEACH AREA – LEVEL 2

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School	After School	Before & After School
Accomack	001	90	75	75	65	30	34	35
Chesapeake	550	115	100	95	75	35	40	53
Franklin City	620	75	75	75	99	28	38	63
Hampton	650	100	95	90	73	30	40	55
Isle Of Wight	093	96	95	85	75	25	44	60
James City	095	105	100	95	83	30	30	50
Newport News	700	100	100	90	73	28	38	55
Norfolk	710	100	95	88	70	28	34	50
Northampton	131	96	95	85	75	54	46	68
Portsmouth	740	110	95	85	63	22	38	55
Southampton	175	96	95	85	70	28	44	60
Suffolk	800	100	95	85	72	28	35	51
Virginia Beach	810	115	110	100	73	23	35	50
Williamsburg	830	105	100	95	78	32	45	55
York/ Poquoson	199	110	110	100	75	28	38	58

VIRGINIA BEACH AREA – LEVEL 2

FAMILY DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Accomack	001	24	20	20	18	4.00	3.34	3.34	3.00
Chesapeake	550	31	27	26	20	5.17	4.50	4.34	3.34
Franklin City	620	20	20	20	27	3.34	3.34	3.34	4.50
Hampton	650	27	26	24	20	4.50	4.34	4.00	3.34
Isle Of Wight	093	26	26	23	20	4.34	4.34	3.84	3.34
James City	095	28	27	26	22	4.67	4.50	4.34	3.67
Newport News	700	27	27	24	20	4.50	4.50	4.00	3.34
Norfolk	710	27	26	24	19	4.50	4.34	4.00	3.17
Northampton	131	26	26	23	20	4.34	4.34	3.84	3.34
Portsmouth	740	30	26	23	17	5.00	4.34	3.84	2.84
Southampton	175	26	26	23	19	4.34	4.34	3.84	3.17
Suffolk	800	27	26	23	19	4.50	4.34	3.84	3.17
Virginia Beach	810	31	30	27	20	5.17	5.00	4.50	3.34
Williamsburg	830	28	27	26	21	4.67	4.50	4.34	3.50
York/ Poquoson	199	30	30	27	20	5.00	5.00	4.50	3.34

WARRENTON AREA – LEVEL 2

FAMILY WEEKLY RATE

Locality	FIPS	Infant Full Time	Toddler Full Time	Pre-School Full Time	School Age Full Time	Before School Full Time	After School Full Time	Before & After School Full Time
Albemarle/ Charlottesville	003	125	125	125	99	50	55	43
Alexandria	510	160	150	150	130	65	60	90
Arlington	013	180	170	160	144	25	75	100
Augusta/ Staunton/ Waynesboro	015	85	85	80	78	25	30	45
Clarke	043	100	82	82	78	28	40	47
Culpeper	047	100	95	95	78	45	45	70
Fairfax Co./ City & Falls Church	059	181	175	165	133	55	73	89
Fauquier	061	150	150	130	95	40	40	65
Fluvanna	065	120	110	110	87	28	42	45
Frederick/ Winchester	069	125	100	95	78	38	45	55
Fredericksburg	630	125	120	110	81	41	41	60
Greene	079	102	92	89	80	28	43	54
Highland	091	95	88	85	58	25	42	38
Loudoun	107	180	175	165	128	54	70	92
Louisa	109	110	100	90	75	28	40	45
Madison	113	95	95	95	60	23	30	48
Manassas	683	175	140	135	123	35	68	97
Manassas Park	685	185	185	175	107	35	58	68
Orange	137	100	92	90	106	27	35	55
Page	139	80	80	75	55	25	34	47
Prince William	153	155	140	133	98	43	48	73
Rappahannock	157	125	120	110	85	25	30	50
Rockingham/ Harrisonburg	165	125	125	88	73	20	34	43
Shenandoah	171	90	80	80	58	28	30	43
Spotsylvania	177	125	110	100	78	32	40	48
Stafford	179	130	125	120	98	35	35	63
Warren	187	95	90	85	83	30	30	43

WARRENTON AREA – LEVEL 2

FAMILY DAILY/HOURLY RATE

Locality	FIPS	Infant Daily	Toddler Daily	Pre-School Daily	School Age Daily	Infant Hourly	Toddler Hourly	Pre-School Hourly	School Age Hourly
Albemarle/ Charlottesville	003	34	34	34	27	5.67	5.67	5.67	4.50
Alexandria	510	43	41	41	35	7.17	6.84	6.84	5.84
Arlington	013	49	46	43	39	8.17	7.67	7.17	6.50
Augusta/ Staunton/ Waynesboro	015	23	23	22	21	3.84	3.84	3.67	3.50
Clarke	043	27	22	22	21	4.50	3.67	3.67	3.50
Culpeper	047	27	26	26	21	4.50	4.34	4.34	3.50
Fairfax Co./ City & Falls Church	059	49	47	45	36	8.17	7.84	7.50	6.00
Fauquier	061	41	41	35	26	6.84	6.84	5.84	4.34
Fluvanna	065	32	30	30	23	5.34	5.00	5.00	3.84
Frederick/ Winchester	069	34	27	26	21	5.67	4.50	4.34	3.50
Fredericksburg	630	34	32	30	22	5.67	5.34	5.00	3.67
Greene	079	28	25	24	22	4.67	4.17	4.00	3.67
Highland	091	26	24	23	16	4.34	4.00	3.84	2.67
Loudoun	107	49	47	45	35	8.17	7.84	7.50	5.84
Louisa	109	30	27	24	20	5.00	4.50	4.00	3.34
Madison	113	26	26	26	16	4.34	4.34	4.34	2.67
Manassas	683	47	38	36	33	7.84	6.34	6.00	5.50
Manassas Park	685	50	50	47	29	8.34	8.34	7.84	4.84
Orange	137	27	25	24	29	4.50	4.17	4.00	4.84
Page	139	22	22	20	15	3.67	3.67	3.34	2.50
Prince William	153	42	38	36	26	7.00	6.34	6.00	4.34
Rappahannock	157	34	32	30	23	5.67	5.34	5.00	3.84
Rockingham/ Harrisonburg	165	34	34	24	20	5.67	5.67	4.00	3.34
Shenandoah	171	24	22	22	16	4.00	3.67	3.67	2.67
Spotsylvania	177	34	30	27	21	5.67	5.00	4.50	3.50
Stafford	179	35	34	32	26	5.84	5.67	5.34	4.34
Warren	187	26	24	23	22	4.34	4.00	3.84	3.67

Appendix J



COMMONWEALTH OF VIRGINIA

**Affidavit of United States Citizenship or Legal
Presence in the United States**

I understand that providing proof of a child's United States citizenship or legal presence in the United States is a requirement for receipt of Virginia Child Care Subsidy. I declare, under penalty of perjury, the child(ren) for who I am applying for Child Care Subsidy is a United States citizen or is legally present in the United States.

I understand that if I give false information regarding the child(ren)'s United States citizenship or legal presence in the United States, my Child Care Subsidy may be denied or ended and I could be prosecuted for perjury, larceny and/or fraud.

Child's Name _____ Child's Name _____

Child's Name _____ Child's Name _____

Child's Name _____ Child's Name _____

Child's Name _____ Child's Name _____

Print Parent's Name _____

Parent's Signature _____ Date _____

Residence Address _____ Telephone _____

City _____ State _____ ZIP _____

AFFIDAVIT OF UNITED STATES CITIZENSHIP OR LEGAL PRESENCE IN THE UNITED STATES

FORM NUMBER: 032-05-0036-00-eng

PURPOSE: The purpose of this form is to document through the parent's declaration that children applying for Child Care and Development Fund subsidy and services are United States citizens or qualified aliens as required by Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

USE: The form is completed and signed by the parent as an eligibility requirement for the approval of child care subsidy.

COPIES: The form must be maintained by the local department.

INSTRUCTIONS FOR PREPARING FORM: Fill in the name of each child for whom the parent is applying for child care subsidy, the address and telephone number of the customer. Have the customer sign and date the form.

Appendix K

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES**

Child Care Income Eligibility/Co-Payment Worksheet

Client Name _____ Case # _____ Date _____

Number in Family Unit _____

Maximum Income Allowed _____

Poverty Level for Family Size (Head Start Wrap-Around) _____

Gross Monthly Income	\$ _____
Income Eligible:	_____ Yes _____ No
Head Start-Enrolled Child in Family	_____ Yes _____ No
Monthly Amount Family Pays:	
Multiply Gross Monthly X 10% = Co-Pay OR Head Start Family below Poverty Level = 0 Co-Pay	\$ _____ \$ _____

Optional: Anticipated Closing Date (check one)

_____ Transitional Period Ends _____ 60 Months Ends _____ NA

CHILD CARE INCOME ELIGIBILITY/CO-PAYMENT WORKSHEET

FORM NUMBER: 032-02-093/2 (10/02)

PURPOSE: The purpose of this form is to provide a standardized format to determine and document income eligibility and client co-payment amount for the Child Care Fee child care programs.

USE: The local department service worker completes this form at the time of initial eligibility and co-payment determination, at the time of each review, and when a change in family status or income will affect income eligibility and the co-payment amount.

COPIES: There is one copy of this form.

DISPOSITION OF COPIES: The form is filed in the client's record. For subsequent redetermination, the form is batched with previous forms used.

INSTRUCTION FOR PREPARING FORM:

Client Name and Number: Enter the client's name and case number on each form.

Date: Indicate the date that the eligibility/fee amount determination was made.

Number in Family Unit: Determine number in family unit using the procedures in Volume VII, Chapter B, Intake and Case Management.

Maximum Income Allowed: Insert the maximum income for this family size in your locality using the child care policy manual.

Poverty guidelines for Family Size: For the Head Start Wrap-Around program, insert the federal poverty guidelines for this size family using the child care policy manual.

Income: Determine gross monthly income using the procedures in Volume VII, Chapter B, Intake, and Case Management.

Monthly Co-payment Family Pays: Calculate 10% of the gross monthly income as the co-payment OR determine that all children receiving the child care subsidy are enrolled in Head Start, the household's income is below the Federal poverty guidelines and there is no co-payment. If non-Head Start enrolled siblings also receive a child care subsidy, there is always a co-payment.

Appendix L

Child Care Parent Responsibilities Form

Immunization

All children receiving services under the Child Care and Development Fund (CCDF) must be age-appropriately immunized, according to the current "Recommended Childhood Immunization Schedule, United States." You may be required to provide your child care worker with documentation of immunization, a physician's statement that the required immunizations may be detrimental to the child's health, or a statement of religious exemption (on the CRE-1 form entitled "Certification of Religious Exemption"), within 30 days of receiving child care that will be paid for with CCDF funds.

Fraud

Fraud is larceny. Fraud involving more than \$200 is a felony. The *Code of Virginia* (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilty of larceny. Upon conviction, the *Code of Virginia* authorizes punishment according to State law.

Reporting Changes

You must report all required changes to the local department of social services within 10 days after they occur. You are required to report the following changes:

1. Your gross (before taxes) monthly family wages or other family income if the total amount exceeds: \$_____.
2. Your family no longer has income.
3. A change in education/training activity, including class days/hours and curriculum
4. A change in the number of household members
5. A child receiving child care services reaches his/her 13th birthday
6. A change of address
7. A change of provider
8. A change in the number of hours child(ren) need child care

Repayment

In addition to any criminal punishment as set forth in the *Code of Virginia*, anyone who causes the Department of Social Services to make an improper vendor payment by withholding any of the above changes will be required to repay the amount of the improper payment. Repayment will be in either a lump sum or according to a written repayment plan between the responsible person and the local Department of Social Services.

By my signature below, I declare that I fully understand and agree to the above reporting requirements. If I give false, incorrect or incomplete information or do not report changes on time, I may be breaking the law and could be prosecuted for perjury, larceny or welfare fraud. I further understand that I must remove my child from child care if I stop going to the activity or work for which I am approved.

Applicant

Date

Worker

Date

CHILD CARE PARENT RESPONSIBILITIES FORM

Form Number: **032-02-0420-04-eng (10/08)**

Purpose: To inform customers of their responsibilities to cooperate with eligibility determination and to report all changes that might affect that eligibility. To assure that customers understand what constitutes welfare fraud and the consequences of fraud.

Use: The local department service worker will review the information on this form with customers, sign, and date the form along with the applicant/recipient.

Copies/Disposition: This is a duplicate form. One copy is given to the customer. One copy is retained in the record.

INSTRUCTIONS:

Reporting Changes – Item 1 – Worker must fill in the amount of the family’s gross monthly income which would cause the total amount to exceed the maximum monthly income level allowed for a family of its size in the locality where the child care services have been authorized.

Appendix M

Commonwealth of Virginia
Department of Social Services

Notice of Limited Funding for Child Care Assistance

I understand that the Virginia Department of Social Services (VDSS) has limited funding available for the purchase of Fee Child Care services. The funding for Fee Child Care changes from year to year.

I understand that to qualify for these funds I must have a current need for Child Care services, I must be working or participating in an approved educational program, and my total household gross monthly income must not exceed the maximum monthly household income determined by VDSS guidelines.

I further understand that the availability of funding for child care services cannot be guaranteed. I also understand that if this funding ends or runs out, I will receive at least 10 days written advance notice of this action, and my name may be placed on the agency's waiting list.

Signature of Child Care Customer

Date

Signature of Child Care Worker

Date

Appendix N

<u>Virginia Department Of Social Services Child Care Waiting List Screening Form</u>	
Reason for child care service request:	<input type="checkbox"/> Employment <input type="checkbox"/> Education/Training <input type="checkbox"/> CPS
Are you or any of the children who need child care receiving TANF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are no children enrolled in Head Start? OR Is there a child in the household enrolled in Head Start, whose enrollment will end within the next 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a child under the age of 13 in the household who needs child care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a child in your household who is at least 13 years old but not yet 18 years old who has a documented physical or mental incapacity that makes them unable to care for themselves or who is subject to court supervision and needs child care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all parents/caretakers in the household either employed or attending an education/training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, is there a reason why that parent/caretaker cannot provide the needed child care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of the children who need child care received TANF benefits in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did you receive your last TANF check?	_____ (month/year)
Are you enrolled in a Program in which you will earn a degree higher than a baccalaureate degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income/Employment Information	
Income must be counted for the following individuals who live in your home: <ul style="list-style-type: none"> • Parents (natural or adoptive) • A Stepparent residing in the home • A person cohabitating with (living with) a parent • Any child(ren) in the home over age of 14 	
Provide total dollar monthly amount before taxes and deductions (Gross Amounts) for	Gross Dollar Amounts
Employment:	_____
Child Support received:	_____
Veteran's Benefits, Retirement Benefits, and Pensions:	_____
Social Security (do NOT include SSI):	_____
Other (please list source):	_____
Please check all that apply to you:	
Are you paying Child Support on behalf of someone who does not live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much do you pay each month?	\$ _____
Is your paycheck being garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much	_____
Number of household members?	_____

Family Details Form

If child care funds are unavailable you will be placed on a waiting list based on your answers to these questions.						
Screening Date: (MM/DD/YYYY)		_____				
Program Code:		_____				
Parent or Caretaker Information						
Last Name:		_____				
First Name:		_____				
Mailing Address 1:		_____				
Address 2:		_____				
City:		_____				
State:		VA				
Zip Code:		_____				
Social Security Number:		_____				
Home Phone #:		_____				
Work Phone #:		_____				
Local department Priority:		_____				
Children Needing Care Information						
Last Name	First Name	Date of Birth (MM/DD/YYYY) month/day/year	Does this child have Special Needs?		Is this child living in a shelter?	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			yes	no	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			yes	no	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			yes	no	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			yes	no	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			yes	no	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			yes	no	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			yes	no	yes	no

CHILD CARE WAITING LIST SCREENING FORM

Form Number: 032-02-423 (8/04)

Purpose: To screen customers for placement on a child care waiting list.

Use: The local department worker will use the information on this form to input data into the Waiting List Database. The Database will calculate eligibility for the Waiting List.

Copies/Disposition: If a print copy of this form was received from a potential customer, the copy shall be retained by the local department. If a child care case is subsequently opened, the copy shall be filed in the child care case record.

Appendix O

Commonwealth of Virginia
Department of Social Services

Worker Name _____
Worker Telephone _____
Worker FAX _____

Child Care Provider Rate Verification

PART I

Name Social Security Number/Fed ID# _____

Address Telephone _____
Hours of Operation _____ Days of Operation _____
Regulated ___ Unregulated ___ If Unregulated, Provide Date of Birth: _____

PART II DESCRIPTION OF SERVICES

Total Annual Registration Fee(s): \$ _____

RATES	Hourly	Daily	Weekly	Monthly	Before School	After School	Before And After School
Infant	\$	\$	\$	\$	\$	\$	\$
Toddler	\$	\$	\$	\$	\$	\$	\$
Preschool	\$	\$	\$	\$	\$	\$	\$
School-Age	\$	\$	\$	\$	\$	\$	\$

PART III

No payment can be made until all required provider documentation is received by and approved by the Department of Social Services.

Signature of Provider _____ Date _____

PART IV OFFICIAL USE ONLY

Regulated _____ Applicable Maximum Reimbursable Rate:
Unregulated _____ Rate(s) (1) _____
(2) _____
(3) _____

PROVIDER RATE VERIFICATION

FORM NUMBER: 032-02-091/1 (10/02)

PURPOSE: (1) To provide written verification of the child care service rate(s) in the absence of a published rate schedule available to the general public.
(2) To enable the local department to compare the provider rate(s) against the applicable Maximum Reimbursable Rate for each type of service.

USE: The provider fills in the appropriate areas, signs and dates the form. The form is filled out only once before the provision of care begins and whenever the provider's rate changes. If the provider provides care to more than one client, only one original is needed. The rates shall be discussed with each subsequent client prior to the initiation of child care services. For unregulated providers, the Health and Safety Checklist may be used in lieu of this form because it records the rates charged.

COPIES: There are two copies of this form.

DISPOSITION OF COPIES:

The first copy goes to the provider.

The second copy is filed in the provider record for a regulated provider or the client's record for an unregulated provider.

INSTRUCTIONS FOR PREPARING FORM:

PART I: This section is completed by the provider. It includes the provider's name, address and telephone number. The provider will indicate the hours and the days of operation.

PART II: This section is completed by the provider. The provider will give a description of the service(s) and indicate the unit cost for each service. If more than three service types are provided, an additional form shall be completed.

PART III: This section is signed and dated by the provider. Copies of the original may be used for subsequent customers.

PART IV: This section is completed by the local department. The agency will indicate whether the provider is regulated or unregulated. The local department will enter the applicable Maximum Reimbursable Rate(s) for the type of service(s) as described in Part II.

Appendix P

Commonwealth of Virginia
Department of Social Services
CHILD CARE

Worker Name _____
Worker Telephone _____
Worker FAX _____

Child Care Fee Payment Agreement

PART I – General Information (To be completed by Parent/Caretaker)

Parent/Caretaker	Home Telephone Number
Address	City/State/Zip
	Children in Care
1	4
2	5
3	6

PART II – Agreement by Parent Caretaker

I have been determined eligible for child care financial assistance by the _____
(Local Department of Social Services)

I agree to pay a monthly co-payment of _____ to _____
(Provider name)

for the provision of child care services for the child(ren) listed above. In addition, I agree to pay any amount above the maximum reimbursable-rate and any other fees charged by the provider and agreed to by me.

I understand that if my fees are not paid as per this agreement, my child care provider may refuse to accept my child(ren) into care until all fees are paid or my provider and I agree to a repayment plan.

I understand that no payment can be made by the Department of Social Services until all required documentation is received by and approved by the Department of Social Services. I understand that fraud is larceny. Fraud involving more than \$200 is a felony. The Code of Virginia (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilty of larceny. Upon conviction, the Code of Virginia authorizes punishment according to State law.

Signed _____ Date _____
PARENT/GUARDIAN

PART III – Agreement by Child Care Provider

I agree to accept the stated co-payment amount for the provision of child care services per the agreement in Part II. I will bill the local department of social services for the remainder of my monthly child care charge following the contract provided by the local department of social services. I further agree to notify the department of social services if the parent/caretaker fails to make the payment as required by Part II of this agreement.

I understand it is my responsibility to collect any fees due from the parent/caretaker. **I understand that no payment can be made by the Department of Social Services until all required documentation is received by and approved by the Department of Social Services. I agree to provide complete and accurate information to the Department of Social Services. I understand that if I provide false information I could be prosecuted for fraud.**

Signed _____ Date _____
PROVIDER

CHILD CARE FEE PAYMENT AGREEMENT

FORM NUMBER: 032-02-090/1 (10/02)

PURPOSE: The purposes of this form are:

- (1) To have in writing the agreed upon arrangements for the payment of child care fees to a provider.
- (2) To highlight the parent's responsibility for fee payment and the consequences for not doing so in a timely manner.
- (3) To highlight the provider's responsibility to collect parent fees and to report non-payment to local department.

USE: Provider and parent fill in appropriate areas, sign, and date the form. The form is filled out prior to the provision of child care services after the co-payment has been calculated, when the co-payment amount changes or when the client changes child care providers. The form is client specific.

COPIES: There are three copies of the form.

DISPOSITION OF COPIES:

The first copy goes to the parent.
The second copy goes to the service worker and is filed in the record.
The third copy goes to the provider.

INSTRUCTION FOR PREPARING FORM:

PART I:

This section is completed by the parent/caretaker. It provides general client information and indicates the number and name(s) of the child(ren) authorized to receive care from the provider.

PART II: The service worker indicates the name of the local department of social services authorizing care and the family's co-payment as determined by the local department.

The parent will negotiate with the provider the day of the month that the fee is due. This section is signed and dated by the parent.

PART III: This section is signed and dated by the provider.

Explanation of Sworn Statement or Affirmation

Requirement: Sections 63.2-1704, 63.2-1720, 63.2-1721, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia (Code)* require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

Who must comply: These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Prospective foster or adoptive parent;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religious exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

Note: Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

Exception: A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

Consequence: If a person required to submit a sworn statement or affirmation has been: (i) convicted of a barrier crime (specified below), or (ii) convicted of any other felony in the last five years, or (iii) the subject of a founded complaint of child abuse or neglect:

- Licensure, registration or approval of a child welfare agency is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religious exempt status will be denied;
- Religious exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state, or local child care funds.

Exception: A child-placing agency may approve as an adoptive parent an applicant convicted of not more than one misdemeanor of assault and battery, as defined in §63.2-57 of the Code, not involving abuse, neglect or moral turpitude, provided ten years have elapsed following the conviction.

Barrier crime defined: "Barrier crime" means a conviction identified in the *Code* at §63.2-1719. The convictions, and *Code* references, are: murder or manslaughter as set out in Article 1 (§ 18.2-30 et seq.), malicious wounding by mob as set out in § 18.2-41, abduction as set out in subsection A of §18.2-47, abduction for immoral purposes as set out in § 18.2-48, assault and bodily wounding as set out in Article 4 (§ 18.2-51 et seq.), robbery as set out in § 18.2-58, carjacking as set out in § 18.2-58.1, threats of death or bodily injury as set out in § 18.2-60, felony stalking as set out in § 18.2-60.3, sexual assault as set out in Article 7 (§ 18.2-61 et seq.), arson as set out in Article 1 (§ 18.2-77 et seq.), burglary as set out in Article 2 (§ 18.2-89 et seq.), any felony violation relating to possession or distribution of drugs as set out in Article 1 (§ 18.2-247 et seq.), drive by shooting as set out in § 18.2-286.1, use of a machine gun in a crime of violence as set out in § 18.2-289, aggressive use of a machine gun as set out in § 18.2-290, use of a sawed-off shotgun in a crime of violence as set out in subsection A of § 18.2-300, pandering as set out in § 18.2-355, crimes against nature involving children as set out in § 18.2-361, incest as set out in § 18.2-366, taking indecent liberties with children as set out in § 18.2-370 or § 18.2-370.1, abuse and neglect of children as set out in § 18.2-371.1, failure to secure medical attention for an injured child as set out in § 18.2-314, obscenity offenses as set out in § 18.2-374.1, possession of child pornography as set out in § 18.2-374.1:1, electronic facilitation of pornography as set out in § 18.2-374.3, abuse and neglect of incapacitated adults as set out in § 18.2-369, employing or permitting a minor to assist in an act constituting an offense under Article 5 (§ 18.2-372 et seq.) as set out in § 18.2-379, delivery of drugs to prisoners as set out in § 18.2-474.1, escape from jail as set out in § 18.2-477, felonies by prisoners as set out in § 53.1-203; or an equivalent offense in another state.

Sex offense defined: "Sex offense felony for family day homes" means conviction of a felony in violation of §§ 18.2-48, 18.2-61, 18.2-63, 18.2-64.1, 18.2-67.1, 18.2-67.2, 18.2-67.3, 18.2-67.5, 18.2-355, 18.2-361, 18.2-366l, 18.2-369, 18.2-370, 18.2-370.1, 18.2-371.1 or § 18.2-374.1, that prohibits a sex offender or child abuser from residing in a family day home. The description of the *Code* sections are abduction; actual or attempted rape; carnal knowledge of a child between thirteen and fifteen years of age; carnal knowledge of a juvenile under the purview of the Juvenile and Domestic Relations District Court, or juvenile committed to the custody of the State Department of Juvenile Justice; actual or attempted forcible sodomy or object sexual penetration; aggravated sexual battery; attempted sexual battery; taking or detaining a person or consenting to the taking of a person for prostitution or unlawful sexual intercourse; crimes against nature; incest; abuse and neglect of incapacitated adults; taking indecent liberties with children; abuse and neglect of children; indecent liberties by a person in a custodial or supervisory relationship; and production, publication, sale, possession with intent to distribute, financing, etc. of sexually explicit items.

Appendix R

Return to: Local Department of Social Services Mailing Address	
Worker Name _____	Phone _____

**Health and Safety Checklist for
Unregulated Providers**

This checklist in no way constitutes a license or certificate

INSTRUCTIONS:

The parent and the child care provider must fill out the entire form together in the home where care is provided.

Read statements in Sections I and II. If the statement is true, put a check mark in the “yes” column. If the statement is false, put a check mark in the “no” column. If the parent does not agree with any of the responses to the statements, she or he should list the number of those statements in Section V.

The provider must send the completed form to the service worker in the local department of social services. After receiving all necessary clearances and the completed Health and Safety Checklist, the worker will send a copy of the checklist to the parent and to the provider for their records.

Section I: To be filled out for Family Day Home Providers and In-Home Providers

HEALTH AND SAFETY STATEMENTS	YES	NO
1. If/When I drive the children in a motor vehicle, I make sure the vehicle meets the rules set by the Division of Motor Vehicles, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Car has a current license plate <input type="checkbox"/> Car has safety inspection sticker <input type="checkbox"/> Car has local sticker <input type="checkbox"/> I have insurance for the car <input type="checkbox"/> I have a current driver’s license 		
2. Any motor vehicle used has required seat belts and car seats.		
3. I have the names and phone numbers of one or more persons in addition to the parent(s) who may be contacted in case of emergency.		

Section II: To be filled out for Family Day Home Providers

HEALTH AND SAFETY STATEMENTS		Yes	No
4.	I have a working telephone, or can easily get to one.		
5.	All areas of my property where the children are allowed are free of obvious dangers (for example, electrical outlets are covered).		
6.	There are working smoke detectors in the areas where children are in care.		
7.	My home is in good repair, clean and free of trash.		
8.	I keep medicines and cleaning products away from food and I store them in places where children cannot reach them.		
9.	If there are guns and ammunition on my property, I keep them unloaded, separated, and in a locked place.		
10.	I have a first aid kit available.		
11.	I have a working flashlight available.		
12.	I wash my hands and the children's hands with soap before meals, after using the bathroom, and after diapering.		
13.	I serve healthy meals and snacks to children.		
14.	I make sure drinking water is available for the children.		
15.	My home is not infested with insects or rodents.		
16.	If there are dogs or cats on my property, they have up-to-date rabies shots.		
17.	I make sure pets are kept away from areas where I prepare food.		
18.	I have no uncovered wells on my property.		

Section III: Assistants and Other Adults in the Home

Name _____ Social Security Number _____

Address (if other than the provider) _____

Name _____ Social Security Number _____

Address (if other than the provider) _____

Section IV: TO BE SIGNED BY PROVIDER

I have discussed the following with the parent:

- I am not required by state law or local ordinance to be regulated.
- I am at least 18 years of age.
- I understand that failure to meet the requirements for unregulated providers will mean the local department cannot pay me to provide child care.
- I agree that I, my assistant (if I have one), and other adults living in the household shall submit the results of a physical and/or mental health examination when requested by the agency if there is evidence of a problem.
- I have a completed emergency medical release form permitting access to emergency care for each child receiving care paid by the local department.
- I have an up-to-date record of immunizations (shots) for each child receiving care paid by the local department when care is provided outside the child's home.
- I allow parents and agency staff to visit the day care setting at any time the child is in care.
- I do not use physical punishment or any methods of discipline that embarrass children. I discuss with parents methods of discipline to be used.

All the information submitted above is true to the best of my knowledge. **I understand that if I provide false information I could be prosecuted for fraud.**

Name (Print) _____ Date _____

Signature _____ Social Security Number _____

Address _____

County/City _____ Phone Number _____

Rates Charged \$ _____ Per Week / Day / Hour (circle one)

Section V: TO BE SIGNED BY PARENT

I have discussed the following with the provider and the agency:

- I have chosen to use an unregulated provider.
- I understand I have the right to visit my child at any time while in day care.
- I understand that Fraud is larceny. Fraud involving more than \$200 is a felony. The *Code of Virginia* (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilt of larceny. Upon conviction, the *Code of Virginia* authorizes punishment according to State law.
- I have discussed with the provider the types of discipline to be used with my child and we agree that no physical punishment will be used.
- I have discussed with the provider whether smoking is allowed in the provider's home. I am aware of the dangers to children of second hand smoke.
- I do not agree with the responses given to the statement(s) in Sections I and II.

_____.

All the information submitted above is true to the best of my knowledge. **I understand that if I provide false information I could be prosecuted for fraud.**

Name (Print) _____

Signature _____ Date _____

Address _____

Phone Number (Home) _____ (Work) _____

Local Department Use Only	
Received	Payment for Care
Health and Safety Checklist _____	Date Payment Approved _____
Criminal Records Check _____	Date Payment Denied _____
CPS Check _____	
Tuberculosis Screening _____	
Sworn Statement of Affirmation	
Worker Signature _____	
*Approval for payment in no way constitutes regulation of this provider. This document is not a license or certification.	

HEALTH AND SAFETY CHECKLIST FOR UNREGULATED PROVIDERS

FORM NUMBER: 032-02-001/2 (10/02)

PURPOSE: To document health and safety requirements that providers must meet before receiving payment from the local department.

USE: This form is to be filled out by the parent and provider jointly in the home where care is provided.

COPIES: When completed, the original is returned to the local department. Upon approval of the care, the service worker sends a copy to the parent and a copy to the provider for their records.

The parent and the child care provider shall fill out the form together in the home where care is provided. If the statement is true, the word "Yes" should be written in the column to the right of the statement. If the statement is false, the word "No" should be written. The provider shall send the completed form to the service worker in the local department of social services. After receiving all necessary clearances and the Health and Safety Checklist completed as requested, the worker shall send a copy of the completed/approved checklist to the parent and to the provider for their records.

Appendix S

Childhood Immunization Certification

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES

<p>Childhood Immunization Certification Temporary Assistance for Needy Families (TANF) & Child Care Subsidy</p> <p>Parents: Children need shots at about 2, 4, 6, 12-15 months of age, before kindergarten, and at 11-12 years of age. You must show that your child has the shots he/she needs or you could lose some of your TANF benefits/child day care subsidy. To avoid losing benefits/subsidy:</p> <ul style="list-style-type: none"> ▪ Take this form and shot records with you each time you take your child to the doctor or health department. ▪ Have your doctor or nurse sign below each time your child gets shots. ▪ Take this form with you each time you see your eligibility worker or child day care worker.

CHILD'S NAME	SSN	DOB	CASE NO.
---------------------	------------	------------	-----------------

PARENT/GUARDIAN NAME

Doctor/Providers: Children who receive TANF benefits and who are not in school or in licensed daycare are required to have certification that they are up-to-date for all recommended immunizations, that they are being brought up-to-date or that they are medically exempt. All children who receive a child day care subsidy are required to be age-appropriately immunized. Failure to document immunizations may result in the child losing a portion of his/her TANF benefits or child day care subsidy.

Please complete one visit section of this form each time you screen immunization records for or immunize the child named above.

1. FIRST VISIT	
Please check the correct box. <input type="checkbox"/> The above-named child is age-appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> This contraindication is temporary <input type="checkbox"/> Please name the vaccines: _____	Medical Provider Name: _____ Address: _____ Phone: _____ Signature/Stamp: _____ Visit Date: _____
Month/Day/Year next Immunization Due: _____	

2. SECOND VISIT	
Please check the correct box. <input type="checkbox"/> The above-named child is age appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> This contraindication is temporary <input type="checkbox"/> Please name the vaccines: _____	Medical Provider Name: _____ Address: _____ Phone: _____ Signature/Stamp: _____ Visit Date: _____
Month/Day/Year next Immunization Due: _____	

CHILD'S NAME	SSN	DOB	CASE NO.
3. THIRD VISIT			
Please check the correct box. <input type="checkbox"/> The above-named child is age appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> This contraindication is temporary <input type="checkbox"/> Please name the vaccines:		Medical Provider Name: Address: Phone: Signature/Stamp: Visit Date:	
Month/Day/Year next Immunization Due: _____			
4. FOURTH VISIT			
Please check the correct box. <input type="checkbox"/> The above-named child is age appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> This contraindication is temporary <input type="checkbox"/> Please name the vaccines:		Medical Provider Name: Address: Phone: Signature/Stamp: Visit Date:	
Month/Day/Year next Immunization Due: _____			
5. FIFTH VISIT			
Please check the correct box. <input type="checkbox"/> The above-named child is age appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> This contraindication is temporary <input type="checkbox"/> Please name the vaccines:		Medical Provider Name: Address: Phone: Signature/Stamp: Visit Date:	
Month/Day/Year next Immunization Due: _____			
6. SIXTH VISIT			
Please check the correct box. <input type="checkbox"/> The above-named child is age appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child has received at least one dose of each of the vaccines to make him/her appropriately immunized, as of the date of this visit. <input type="checkbox"/> The child is medically exempt from these vaccines, as of the date of this visit. This contraindication is permanent <input type="checkbox"/> This contraindication is temporary <input type="checkbox"/> Please name the vaccines:		Medical Provider Name: Address: Phone: Signature/Stamp: Visit Date:	
Month/Day/Year next Immunization Due: _____			

For immunization information, please call your local Health Department or the Virginia Department of Health, Bureau of Immunization at 1-800-568-1929.

Appendix T

Child's Emergency Medical Authorization

CHILD'S MEDICALLY DIAGNOSED ALLERGIES OR CHRONIC CONDITIONS ETC

FRONT	BACK	
Child's Medical Number	Name of Child	Birth date
Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If yes, Company Name)	Name of Parent(s) or Guardian	
Insurance Number	Address	Phone
<p>The Parent/Guardian authorizes immediate medical care and consents to the hospitalization of and/or the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately.</p>	City/State/Zip	
	Father's Employment	
	Address	Phone
	City/State/Zip	
Signature of Parent or Guardian	City/State/Zip	
Date	Guardian's Employment	
<p>NOTE: This form is to be kept by the provider and is to be taken to the doctor or treatment facility in case of emergency.</p>	Address	Phone
	City/State/Zip	
	Child's Physician or Clinic	
	Address	Phone
	City/State/Zip	
	City/State/Zip	

CHILD'S EMERGENCY MEDICAL AUTHORIZATION

FORM NUMBER: 032-02-057/2 (10/02)

PURPOSE: This card is used to give the provider of family or in-home care authority to get emergency medical care for a child when the parent or another designated person cannot be located.

USE: The parent will fill the card out and get it authorized, if necessary. There should be one card filled out for each child in care. The provider of care should have this card accessible at all times should an emergency occur, especially when away from the home with the child in care.

COPIES: There is only one copy of this card. It is kept by the provider.

INSTRUCTIONS FOR PREPARING FORM/CARD:

CHILD'S ALLERGIES, ETC.: Enter here any medically diagnosed allergies or chronic conditions. This is also an area where the card may be notarized. Some medical facilities in the State will not accept this card unless it has been notarized.

CHILD'S MEDICAL NUMBER: Enter here the child's primary medical insurance coverage number.

OTHER INSURANCE: Enter whether the child is covered by any additional insurance, and, if so, the company name. Indicate that insurance number.

SIGNATURE OF PARENT: Signature of parent goes here and date of signature.

BACK OF FORM/CARD: Enter all other data called for giving information on the parents or caretakers, places of employment, child's physician, and all relevant addresses and phone numbers.

Enter here the name and birth date of the child in care being covered by this emergency medical authorization.

Appendix U

**Virginia Department of Social Services
Authorization to Act as Agent on Customer's Behalf
for In-Home Care**

Customer Information	Local Department Information
Name:	Department:
Address:	Address:
Phone ()	Worker
Case #	Phone ()

The Virginia Department of Social Services and the Internal Revenue Service (IRS) have reached an agreement that impacts you, your provider and the local social services department regarding the employment status of the child care provider. The IRS has determined that you and your provider have a common-law employer-employee relationship that means that you are the employer of your child care provider.

Social Security laws require that all employers pay FICA (Federal Insurance Contributions Act) tax to the federal government to allow the employee to have Social Security benefits. In addition, employers must pay federal and state unemployment taxes for their employees. As such, FICA and federal and state unemployment taxes must now be paid for your child care provider.

The local social services department will make these tax payments on your behalf to the federal government once you authorize the department to act as your fiscal agent. These tax payments will be made without cost to you.

Please sign and date the statement printed below so that these tax payments can begin. The local social services agency will keep this statement on file. Without your signed authorization, services cannot be provided and payment of these taxes would be your responsibility.

AUTHORIZATION

I authorize the local social services department to act as my agent in withholding FICA taxes from the wages being paid on my behalf to the person who provides care to my child(ren) in my home. I also understand that the local social services department will collect and pay the necessary Social Security taxes; pay federal and state unemployment taxes as needed; and issue W-2 forms as required for payment made to my child care provider on my behalf.

Signature of Customer

Date

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

AUTHORIZATION TO ACT AS AGENT ON CUSTOMER'S BEHALF FOR IN-HOME CARE

FORM NUMBER: 032-05-0061-00-eng

PURPOSE: This form is used to obtain the permission of customers for the local department to act as their fiscal agent when they use in-home child care providers. The department can then withhold the proper federal and state work related taxes for the providers such as FICA, SUTA, and FUTA to satisfy all requirements of the Internal Revenue Service.

USE: Once this form is signed, the local department can withhold the necessary taxes on behalf of the in-home child care provider. The provider is neither the employee of the local department or the state department of social services, but rather an employee of the customer.

COPIES: The form should be maintained by the local department and copies given to the customer and the provider.

INSTRUCTIONS FOR PREPARING FORM:

Fill in the name, address, and phone number of the customer and also the name, address, and phone number of the local department. Have the customer sign and date the form.

Appendix V

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

Case Name _____
Case I.D. _____

OFFICE OF EARLY CHILDHOOD DEVELOPMENT

Category _____

Child Care Subsidy Contact Sheet/ Case Narrative

WORKER NAME OR NUMBER	DATE (MM/DD/YY)	CHECK BOX	PERSON CONTACTED	INFORMATION ABOUT CONTACT
		<input type="checkbox"/> Phone <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Letter <input type="checkbox"/> NOA		
		<input type="checkbox"/> Phone <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Letter <input type="checkbox"/> NOA		
		<input type="checkbox"/> Phone <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Letter <input type="checkbox"/> NOA		
		<input type="checkbox"/> Phone <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Letter <input type="checkbox"/> NOA		
		<input type="checkbox"/> Phone <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Letter <input type="checkbox"/> NOA		
		<input type="checkbox"/> Phone <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Letter <input type="checkbox"/> NOA		
		<input type="checkbox"/> Phone <input type="checkbox"/> Office <input type="checkbox"/> Letter <input type="checkbox"/> NOA		

CHILD CARE SUBSIDY CONTACT SHEET/ CASE NARRATIVE

FORM NUMBER: 032-05-0402-00-eng (08/08)

PURPOSE: To record information as a result of contact on a child care subsidy case.

USE: The child care worker will record any information regarding contacts with a child care client or about a child care case. Information recorded on this form will provide specific information relevant to the child care case. This form is not required if the child care worker can type a case narrative. The same information is required on a typed narrative.

COPIES: The original of this form is kept in the case record.

INSTRUCTIONS FOR PREPARING FORM:

The child care worker will complete the identifying information at the top of the form. The child care worker will complete a section of this form when a contact is made with a child care client or about this case. The child care worker will record their worker name or number in the first column. The date of the contact goes in the second column. The child care worker will check the appropriate type of contact in the third column, and the person contacted in the fourth column. The last column is to record the specific information about the contact. The information on this form must be legible and understandable to anyone reviewing or monitoring the case record.

Appendix W

Date of Request: _____

OFFICE OF EARLY CHILDHOOD DEVELOPMENT
Request for Supplemental Funding
Child Care Subsidy Program

Name of County/City: _____ FIPS Code: _____

1. Type of funding requested (Please select a budget line):

881 (10% local matching funds required)

890 (15.5% local matching funds required)

2. Amount requested: _____

3. Justification for requesting supplemental funding (Please be specific):

The County/City of _____ understands that any funding awarded above 100% of a local social services agency's allocation will not become part of the local agency's base allocation in future years. If the supplemental funding received requires local matching funds, the aforementioned county/city certifies that local funds are reserved for this purpose. The Department of Social Services, at its discretion, may reduce a local social services agency's allocation, if projections show that funding will go unspent at year-end.

Director, Social Services/Date

County/City Finance Representative/Date

Remit form to:

Virginia Department of Social Services
Office of Early Childhood Development
7 North Eighth Street, 6th Floor
Richmond, Virginia 23219-3301
ATTN: Fiscal Processing

REQUEST FOR SUPPLEMENTAL FUNDING CHILD CARE SUBSIDY PROGRAM

Form Number: 032-02-0098-01-eng

PURPOSE: To document that a local department has local match funds available for a submission into the Budget Request System (BRS) for Child Care Budget Lines 881 and 890.

USE: To submit at the time of an entry in the Budget Request System (BRS) for Child Care Budget Lines 881 and 890.

COPIES: The original must be mailed to the Virginia Department of Social Services at the address on the form. A copy must be kept in the local department.

INSTRUCTIONS FOR PREPARING FORM:

The local department must complete this form indicating the name and FIPS code of the local department as well as the budget line for which a request has been made in the BRS. A separate form must be completed for each entry in the BRS. The Director of the local department and the Financial Representative of the county or city must both sign the form. Original signatures are required for this request to be processed. A FAX transmission of this form is not acceptable.