



COUNTY OF SANTA CRUZ
HUMAN
SERVICES 
DEPARTMENT

CalWORKs Child Care

Welcome to CalWORKs Employment Services (CWES)!

CalWORKs Child Care
can support your family by
providing fully subsidized,
quality, full-time child care for
your child/ren while you are
in the CWES program.



Social Worker: Yoonie

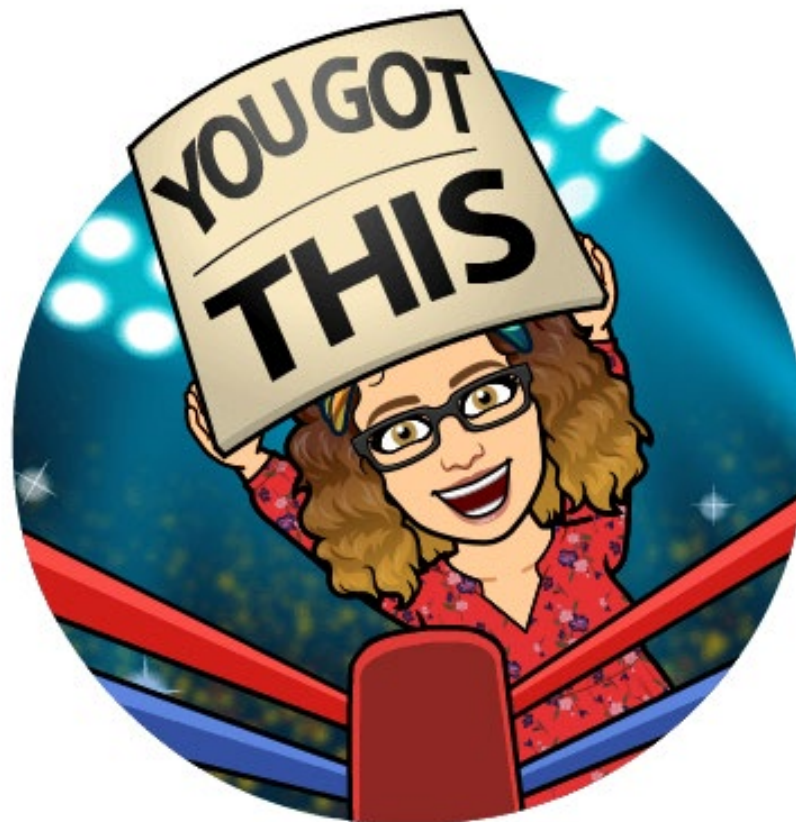


Sr. Analyst: Josie

What is CalWORKs Child Care?

Our Goal...

- ▶ To help **you** reach your goals!
- ▶ Child Care can help!



ETS: Sandy

CalWORKs Child Care Stages

4

The CalWORKs Child Care program is administered in three stages, which are explained below:

1

Stage One is administered by the county and begins immediately once a family's CW case is approved.

In SC County, a family remains in Stage One while on CalWORKs. Once their case closes, the child care moves to Stage Two.

2

Stage Two is administered by California Department of Social Services (CDSS).

Stage Two serves CalWORKs families that are transitioning off CalWORKs. Families may remain in Stage Two for up to 24 months.

3

Stage Three is administered by CDSS. This stage provides child care services after they have been off aid for 24 months. Families remain in Stage Three until the family income exceeds 85% of the state median income, or until children are over age limit.

Eligible Child Age Limits



Children ages 0-12 are eligible for full-time child care.



ETS: Karina



Exceptional needs children are eligible for full-time child care up to age 18.



School-age children can attend before or after school programs.

Child Care is good for the whole family

Benefits to You

- Guarantees that you have continuous child care for a minimum of 24 months, once your CW case is approved
- Gives you time to focus on your goals
- Gives you peace of mind knowing your child/ren are safe
- Reduces stress

Benefits to Your Child/ren

- Quality and stable care
- Develops social skills through interactions with other children
- Access to early childhood education
- Provides homework help and tutoring support at after-school programs for school-age children



ETS: Cameron



ETS: Sarah

Two Parent Eligibility

7

Child care is available for 2-parent families when both parents are unavailable to care for their children. Some examples of when a parent may be unavailable include:



ETS: Miguel

Working full or
part-time

Due to a medical
condition



Social Worker: Victoria

Attending
school or
training

Participating in
approved CWES
Plan activities



Cabrillo Director: Eli



Program Manager: Katy

Who can watch your children?

8

You have the right to choose what type of child care is best for your family. Here are the 4 types of child care providers:

Friend or Relative



Care is provided by a relative, friend, neighbor who agrees to care for only your child/ren.

Family Day Care



Care is provided in a State of CA licensed family home.

Child Care Center



Care is provided in a State of CA licensed center.

Before & After School



Care is provided before and/ or after school in a licensed program.

Choose the best option for you and your family!

Providers that are Friends or Relatives

If your preferred choice of a provider is a family member, friend, nanny, babysitter, or another informal arrangement, you can have the added peace of mind of utilizing the TrustLine Registry.

Trustline is the CA registry of in-home and license-exempt child care providers who have passed a background check.

Grandparents, aunts, and uncles of child/ren in care are not required to register with TrustLine.

Exempt providers must be 18+ and have the right to work in the USA.



Child Care Payment Rate Information

Child care payments are made directly to the child care provider by the county.

The Regional Market Rate (RMR) is the amount the county can pay towards your child care.

RMR limits are based on the type of provider, age of children, and frequency of care.

The difference between the RMR and the provider's rate is the responsibility of the parent/caretaker.

RMR limits differ between counties. The RMR for the county where child care is provided is used.



Current RMR Limits for Full-time Child Care within Santa Cruz County

(Full-time is 25 hours or more per week)

Provider Type	Infants	Preschool Children	School-aged Children
Licensed Child Care Center	\$100.30 per day \$454.35 per week \$1683.23 per month	\$71.74 per day \$375.04 per week \$1205.17 per month	\$61.49 per day \$287.22 per week \$1069.08 per month
Licensed Family Child Care Homes	\$62.12 per day \$277.63 per week \$1132.17 per month	\$55.65 per day \$243.12 per week \$1003.28 per month	\$45.62 per day \$190.89 per week \$758.64 per month
Exempt Providers (Family/ Friend)	\$43.48 per day \$194.34 per week \$792.52 per month	\$38.96 per day \$170.18 per week \$702.30 per month	\$32.65 per day \$133.62 per week \$531.05 per month

Please talk to your Employment & Training Specialist (ETS) about part-time rates, rates for care outside of Santa Cruz County, and guidance if your provider's rates are above the set RMR.

Definitions

Infant - Birth to the day before the second birthday
Preschool - 2nd birthday to age 6 or when the child completes kindergarten, whichever is later. **School Age** - After kindergarten (first grade) and beyond.

Reporting Requirements for Payment to Providers

The Child Care Reimbursement Form (Form CCP 2145) must be submitted **each month** to the County to issue a payment to your child care provider.

The form is mailed directly to the provider by the 20th of each month.

Both the parent and the provider need to complete and sign the form.

The provider is responsible for submitting the form to the county.

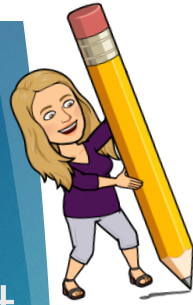


ETS: Brian

Child Care Reimbursement Form (Page 1)

The form is 3 pages and must be fully completed each month. One form per child is required.

Page 1, Part A:
Completed and signed by the parent



California Health & Human Services Agency

California Department of Social Services

CALWORKS CHILD CARE REIMBURSEMENT REPORT (CCP 2145)

Month/Year of Authorized Services: _____

Instructions:

Please fill out and return this form to your child care worker each month for child care reimbursement. This form must be signed and dated by both the parent and child care provider on or after the last day of care. One form per child must be submitted to request reimbursement. If needed, ask your county worker for more copies.

PART A must be completed by the parent.

PART B, must be completed by the child care provider. The center Time-out and Time-in section of this attendance form must be completed **ONLY** for the child enrolled and attending school or the child on a split schedule.

COUNTY USE ONLY

Date Received: _____

Case Name: _____

PART A - ONLY PARENT FILLS IN THIS SECTION

1. Parent(s) Information

Parent #1		
Name (First, Middle, Last)	Case Number	Phone
_____	_____	_____
Parent #2 (If in the home)		
Name (First, Middle, Last)	Phone	
_____	_____	
Address (Street, City, State, Zip Code)		Work Phone (If Applicable)
_____		_____

2. Child Information

Child's Name	Birthdate	Age
_____	_____	_____

If the provider listed in Part B, on the next page, is **NOT** your current provider, do not use this form. Contact your worker immediately.

CERTIFICATION

I understand that:

- I have the right to choose the child care provider who is best for me and my child.
- The provider must have a license or be exempt from having a license in order to receive a child care payment.
- If I choose child care in my home, I may be considered the employer and I am responsible for complying with any applicable federal and state employment-related laws.
- The county does not act as the child care provider's employer and does not have a business relationship with the child care provider when a child care payment is made.
- I must pay back any child care payments I am not entitled to receive.

I declare under penalty of perjury under the laws of the State of California that the information contained on this report is true and correct.

Signature of Parent _____ Date _____

Child Care Reimbursement Form (Page 2)

Part B: Completed and signed by the provider

PART B - ONLY CHILD CARE PROVIDER FILLS IN THIS SECTION.

Month/Year of Authorized Services: _____

1. Provider's Name (First, Middle, Last) Or Name Of Facility _____

Address Where Care Is Provided (Number, Street, City, State, Zip Code) <input type="checkbox"/> Check here if new address	Phone _____
Billing Address If Different From Above (Number, Street, City, State, Zip Code) <input type="checkbox"/> Check here if new address	Phone _____

2. Child Care Provider Billing Summary (I provided Child Care for the child listed on the front)

Monthly Rate \$ _____ / Month
 Weekly Rate \$ _____ X _____ Week(s) = \$ _____
 Daily Rate \$ _____ X _____ Day(s) = \$ _____
 Hourly Rate \$ _____ X _____ Hours = \$ _____
 Evening Rate \$ _____ X _____ = \$ _____
 Weekend Rate \$ _____ X _____ = \$ _____
 Other Fees \$ _____

TOTAL BILLED FOR THIS MONTH: \$ _____



Other Information: _____

CERTIFICATION

- I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct.
- I understand that if I am a license-exempt provider, a payment may not be paid if not cleared through the Guardian background check process unless I am an aunt, uncle, or grandparent of a child in my care.
- I understand that the information provided above, may be used to check whether I am also receiving CalWORKs, CalFresh, and/or Medi-Cal benefits.
- I understand that I must charge the same or lower rate for the participant's child listed on the front as I would charge other clients for the same service.
- I understand that the County does not act as my employer or have a business relationship with me when I get a child care payment.
- I understand that failing to report facts or giving wrong or incomplete facts on this report may result in legal prosecution with penalties.

I declare under penalty of perjury under the laws of the State of California that the information contained on this report is true and correct.

Signature of Provider _____ Date _____



Child Care Reimbursement Form (Page 3)

Page 3 is the monthly attendance sheet to record dates of care. Reasons for absences must be indicated on this page.

Attendance Time-In and Time-Out Sheet Only Use for the Child Enrolled, Attending School or On a Split Schedule

Child's Name: _____ Case Number: _____ Month/Year of Request: _____

Daily Sign In		Use Only If Child Has A Split Schedule (i.e., for School Schedule)				Daily Sign Out			COUNTY USE ONLY
Day of Month - Enter Day of Week	Time In AM/ PM	Time Out AM/ PM	Provider's Initials	Time In AM/ PM	Provider's Initials	Time Out AM/ PM	Total Hours	Reason For Absence (Comment)	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									
31.									

Total Hours of Care for the Month: _____

How to submit completed Reimbursement forms (CCP 2145)

Each month, **the provider** will need to submit the completed reimbursement forms so that they get paid.

There are a few different options for submitting the forms:

MAIL

Mail to:

County of Santa Cruz
Human Services Dept.
P.O. Box 1320
Santa Cruz, CA
95061

DROP-OFF

1040 Emeline Ave, Santa
Cruz, 95062
(drop box out front)

-or-

500 Westridge Dr,
Watsonville.
Human Services Lobby.
Open M-F 8-5.

EMAIL:

Hsdcwes.childcare@
santacruzcountyca.gov

(send screenshot)

Helpful Child Care Reminders

Never sign a blank reimbursement form prior to your child receiving care

If your child does not attend, an absence reason is required on the CCP 2145 form

Both you and the provider must sign the reimbursement form

Inform your ETS if your child is absent from care for 3 or more consecutive days

Exempt providers must pass Trustline clearance before receiving payment

Give your provider a 2-week notice if you no longer need care or want to switch providers



ETS: Mary Ellen

Need Help Finding a Child Care Provider?

The following resources can help you.

211 Santa Cruz County

211 Santa Cruz County has local child care resources and multiple ways to contact them.

- Phone: 831-713-4111
- Text your zip code to: 898211
- Website:
<https://211.santacruzcounty.org>

The Child Development Resource Center (CDRC)

CDRC, also known as the Child Care Switchboard, maintains a list of all licensed child care centers and licensed family child care homes in Santa Cruz County.

- Address: 400 Encinal Street Santa Cruz, CA 95060
- Phone: 831-466-5820
- Website:
www.cdrc4info.org



What happens when my CalWORKs case closes?

Great news! Upon closure of your CalWORKs case, your child/ren will continue to be eligible for subsidized child care under Stage Two.

- GoKids, Inc. will manage your Stage Two child care payments and ongoing eligibility.
- There will be a seamless transition as the county transfers your child care to GoKids, Inc.
- Stage Two is limited to 24 months after your CalWORKs case closes.



Go Kids, Inc.

140 Westridge Dr., Suite 101
Watsonville, CA 95076
831-246-6711
www.gokids.org



ETS: Rosie

What are my next steps?

VISIT

Visit and apply to potential providers.

ASK

Ask provider for their rates and compare to RMR.

REVIEW

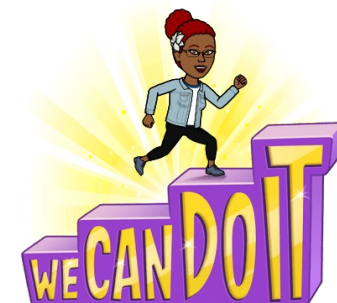
Look at policies, closure dates, enrollment fees to make your decision.

SECURE

Secure a placement by following enrollment procedures.

INFORM

Inform your ETS once a provider is secured.



Who do I call when...

I'm here
to talk



ETS: Nicole

I want to switch providers?

Contact your assigned ETS

My child has been home sick for a week and hasn't gone to child care?

Contact your assigned ETS

I no longer want or need child care?

Contact your assigned ETS

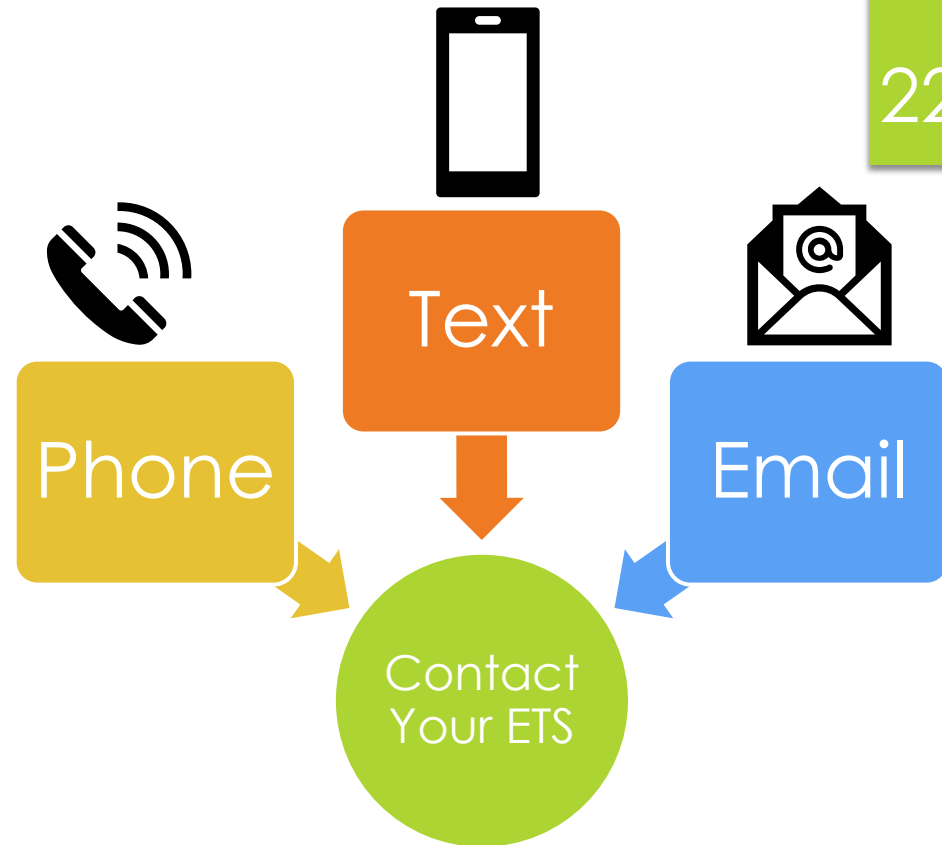
My provider reports that they did not get paid?

Have your provider contact County Fiscal at 831-454-4195

Thank you!

For CalWORKs eligibility questions, please call a Benefits Representative at 888-421-8080 option 3.

If your assigned ETS is out, please call 831-454-4274 and leave a message for the desk worker of the day. You can also email hsd.cwes@santacruzcountyca.gov for assistance.



Additional info on CWES and child care can be found online:
<https://santacruzhumanservices.org/EmploymentBenefits>



ETS: Luis