

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



March 11, 1993

ALL-COUNTY INFORMATION NOTICE NO. I-11-93
TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order or Settlement Agreement
 Clarification Requested by One or More Counties
 Initiated by SDSS

SUBJECT: Transitional Child Care (TCC) Statistical Report

REFERENCE: All County Letter (ACL) No. 92-54, Dated June 10, 1992

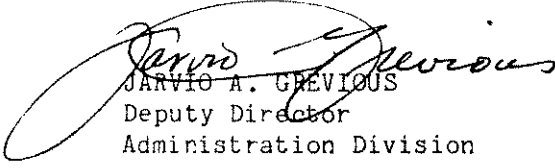
This is to provide County Welfare Departments with clarification to the revised CA 237 TCC report that was issued with the above referenced ACL.

The Transitional Child Care Report (CA 237 TCC) Part B, Caseload - Item 8a, requests "Cases receiving TCC reimbursement". In parenthesis below item 8a it requests "Number of cases discontinued on a prior month and receiving a TCC reimbursement". The data in parenthesis should not be included in item 8a. It is a stand alone item that provides data on closed cases that receive a TCC reimbursement during the report month.

Please Note: In Part C, Child Care by Type of Provider - Item 11, columns 3 and 4 should equal the combined number of cases receiving TCC reimbursement (8a) and the number of cases discontinued in a prior month and receiving a TCC reimbursement. (Revised instructions attached).

Please verify data reported since June 1992, to determine if data provided was accurate. Corrected reports should be submitted within 30 days of receipt of this All County Information Notice (ACIN).

Any questions regarding the TCC report and/or instructions should be directed to Ms. Mary Butera, Statistical Services Bureau, (916) 323-5585.


 JARVIO A. GREVIOUS
 Deputy Director
 Administration Division

Enclosure

cc: CWDA

Send One Copy To:
DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BUREAU
744 P STREET, MAIL STATION 18-81
SACRAMENTO, CALIFORNIA 95814

**TRANSITIONAL CHILD CARE (TCC)
MONTHLY CASELOAD REPORT**

	COUNTY	FOR MONTH ENDING
PART A. APPLICATIONS FOR TRANSITIONAL CHILD CARE		
	(1)	(2)
1. Pending from last month (Item 5 last month or explain).....		01
2. Received during the month.....		02
3. Total during the month (Sum of 1 and 2).....		03
4. Disposed of during the month (Sum of a, b and c below).....		04
a. Applications approved (Same as Item 7a).....	05	
b. Applications denied (Sum of (1), (2) and (3) below).....	06	
(1) Not on aid for 3 of 6 months.....	07	
(2) Reason for AFDC discontinuation doesn't meet TCC eligibility requirements.....	08	
(3) Other.....	09	
c. Withdrawn.....	10	
5. Pending at end of month (3 minus 4).....		11

PART B. CASELOAD		
6. Cases brought forward from last month (Item 10 last month or explain).....		12
7. Cases added during the month (Sum of a and b, below).....		13
a. applications approved (Same as Item 4a).....		14
b. other approvals.....		15
8. Total cases open during the month (Sum of a plus b, below; also the sum of 6 and 7, above).....		16
a. Cases receiving TCC reimbursement..... (Number of cases discontinued on a prior month and receiving a TCC reimbursement _____)		17
b. Other cases.....		18
c. Adults in Item 8.....		19
d. Children in Item 8.....		20
(1) Children formerly AFDC FG cases.....		21 ()
(2) Children formerly AFDC U cases.....		22 ()
9. Total number of cases discontinued during month.....		23
10. Cases carried forward to next month (8 minus 9).....		24

Children		Families	
Relative (1)	Non-Relative (2)	Relative (3)	Non-Relative (4)

PART C. CHILD CARE BY TYPE OF PROVIDER

11. Total Number In (Sum of a, b, c and d below).....	25		26		27		28	
a. Family Day Care.....			29				30	
b. Child Care Center.....			31				32	
c. Child's Home.....	33		34		35		36	
d. Outside Child's Home.....	37		38		39		40	

PART D. EXPENDITURES BY TYPE OF PROVIDER

12. Total Expenditures (Sum of a, b, c and d below).....	41		42		43		44	
a. Family Day Care.....			45				46	
b. Child Care Center.....			47				48	
c. Child's Home.....	49		50		51		52	
d. Outside Child's Home.....	53		54		55		56	

PART E. EXPENDITURES

	TOTALS	
13. Total Net Expenditures for TCC (Sum of a + b below).....		57
a. Total net expenditures for CURRENT month.....	58	
b. Total net expenditures for PRIOR month(s).....	59	
14. Number of requests associated with expenditures.....		60

PART F. TO BE USED ONLY ON INSTRUCTIONS FROM DEPARTMENT OF SOCIAL SERVICES

REPORT PREPARED BY	TELEPHONE	DATE
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**INSTRUCTIONS FOR
TRANSITIONAL CHILD CARE
MONTHLY CASELOAD MOVEMENT REPORT
FORM CA 237 TCC**

CONTENT

This monthly report form is designed to provide statistical data associated with the Transitional Child Care (TCC) Program. The data reported is to reflect activity during the month.

DUE DATE

Reports are to be received in Sacramento on or before the 12th working day of the calendar month following the report month.

Send report to:

State Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 19-81
Sacramento, California 95814

When data is unavailable, or has not been reconciled, transmit a report by the due date containing all available data. Attach a note indicating when the department can expect to receive the missing data. Please forward missing figures as soon as possible.

INSTRUCTIONS

Part A summarizes intake activity during the report month with respect to applications for TCC.

PART A. APPLICATIONS FOR TRANSITIONAL CHILD CARE

1. Pending from last month - Enter the number of applications pending from the previous month. If this figure is not the same as the value reported in Item 5 of the previous month, please explain in a footnote.

2. Received during the month - Enter the number of applications received. For reporting purposes, an application is included here when it has been received and recorded by the county.
3. Total during the month - Enter the sum of Items 1 and 2.
4. Disposed of during the month - Enter the sum of Items 4a., 4b., and 4c.
 - a. Applications approved - Enter the number of applications which were determined eligible to receive TCC benefits. Include individuals who had a break in their 12 month eligibility period and have been determined to be eligible for a new 12 month period. Do not include those cases which had a break in their 12 month eligibility period and are resuming their original 12 month period. These applications are reported in Item 7b.
 - b. Applications denied - Enter the sum of Items 4b.(1), 4b.(2) and 4b.(3).
 - (1) Not on AFDC for 3 of 6 months - Enter the number of applications denied due to failure to meet the eligibility requirement of receiving AFDC in 3 of the previous 6 months prior to applying for TCC.
 - (2) Reason for discontinuance doesn't meet TCC eligibility requirements - Enter the number of applications denied due to failure to meet the eligibility requirement stated in the applicable Manual for Policy and Procedures (MPP) sections. The application count entered in this item represents those discontinued from AFDC for a reason other than those deemed necessary to determine eligibility.

Please note: If an application is denied for more than one reason, (i.e., both reasons (1) and (2)), enter one count in 4b.(2).
 - (3) Other - Enter the number of applications denied for reasons other than those stated in the applicable MPP sections, i.e., applications from applicants never on AFDC.

- c. Withdrawn - Enter the number of applications withdrawn by the applicant.
- 5. Pending at the end of the month - Enter the number of applications pending at the end of the month. This entry will equal the difference between the total applications during the month and the number disposed, Item 3 minus 4.

PART B. CASELOAD

Part B summarizes data associated with cases open during the report month. For reporting purposes, a case is open if it is eligible to receive TCC program benefits and currently meets the criteria for the TCC program. In addition, a case may contain more than one eligible child.

- 6. Cases brought forward from last month - Enter the number of cases which were reported in Item 10 of previous month (If not the same figure as Item 10 of previous month, please explain in footnote). Changes in caseload resulting from actions authorized in prior month and not previously reported are shown as adjustments to Item 6 and are not reported in Item 7b.
- 7. Cases added during the month - Enter the sum of Items 7a. and 7b.
 - a. Applications approved - Enter the total number of applications which were determined eligible to receive TCC benefits. This entry will equal the value reported in Item 4a.
 - b. Other approvals - Enter the total number of cases which were determined eligible to receive TCC benefits for reasons other than 7a. For example, intercounty transfers or cases who are resuming their original 12 month eligibility period, etc.
- 8. Total cases open during the month - Enter the number of open cases which were eligible to receive TCC benefits during the month. This entry will equal the sum of Items 8a. and 8b. It will also equal the sum of Item 6 and 7. **(PLEASE NOTE: Data for this Item is entered in cell no. 16)**
 - a. Cases receiving TCC reimbursements - Enter the total number of cases which were determined eligible to receive TCC

benefits and whose request for TCC reimbursement was **approved** during the report month. Cases which are approved for more than one reimbursement during the report month are reported only once in this entry. (PLEASE NOTE: **Data for this Item is entered in cell no. 17**)

(Cases discontinued in a prior month and receiving TCC reimbursement) - In addition to the total cases reported in Item 8a., enter the number of TCC cases closed in a month prior to the report month but the client requested and was paid a TCC reimbursement during the report month. Cases receiving more than one reimbursement during the report month are reported only once in this entry. (PLEASE NOTE: **THIS ITEM IS NOT A SUB OF ITEM 8a. IT IS A STAND ALONE ITEM WHICH PROVIDES DATA ON CLOSED CASES WHICH RECEIVE A TCC REIMBURSEMENT DURING THE REPORT MONTH.**)

- b. Other cases. - Enter the total number of cases which were eligible to receive TCC reimbursement and either did not request TCC reimbursement or whose request was under review during the report month.
- c. Adults in **Item 8** - Enter the total number of parental or custodial adults in the **open cases** reported in **Item 8**.
- d. Children in **Item 8** - Enter the total number of **TCC children** in the **open cases** reported in **Item 8**.
 - (1) Children formerly from AFDC-Family Group(FG) cases - Enter the total number of children who's AFDC program segment status was FG.
 - (2) Children formerly from AFDC-Unemployed(U) cases - Enter the total number of children who's AFDC program segment status was U.

9. Total number of cases discontinued during the month - Enter the number of cases which were discontinued during the report month.

10. Cases carried forward to next month - Enter the cases carried forward to the next month. (Items 8 minus 9).

PART C. CHILD CARE BY TYPE OF PROVIDER

Part C summarizes data regarding the number of **children and families** for which TCC reimbursements were approved during the month. It collects data by the type of child care provider used (relative or non-relative) and indicates the setting in which child care was provided. Children who have multiple providers are to be reported in the category in which the most hours of care were spent. (For **example**, if a child spends 4 hours a day in Family Day Care and 2 hours a day being cared for in their own home, the count would be in Family Day Care. If the care is split equally, the County has the option of choosing which category to place the count). The family counts should be determined in the same manner, i.e., using the most used child care to determine the family category. **(IF DATA IS NOT AVAILABLE FOR THE PROVIDER CATEGORIES, IT MAY BE ESTIMATED FOR THE PURPOSES OF THIS REPORT.) IF ESTIMATED, PLEASE INDICATE IN A FOOTNOTE AT END OF REPORT.**

11. Total number in - Enter the sum of a through d below.

NOTE: FOR ITEM 11(PART C), ENTER BOTH THE NUMBER OF CHILDREN AND THE NUMBER OF FAMILIES THEY REPRESENT IN THE APPROPRIATE COLUMNS.

- a. Family Day Care - Enter the number of children (in Cols. 1 & 2) and families (in Cols. 3 & 4) who were provided child care in a Family Day care or Group Family Day Care Home. These facilities provide child care during a portion of the 24 hour day. Care is provided in a family-type setting which meets the standards of state and local laws.
- b Child Care Center - Enter the number of children and families who were provided child care in a child care center. A center is a group child care facility that meets the applicable standards of state and local laws in which care for a child is provided during a portion of the 24 hour day. Include facilities, providing care on school sites, that would otherwise be considered a center except that they are exempt from applicable state and local laws.

- c. Child's Home - Enter the number of children and families who were provided child care in the child's own home. Provide both relative and non-relative data. (This type of child care is considered exempt from licensing).
- d. Outside Child's Home - Enter the number of children and families who were provided child care (relative or non-relative) outside the child's own home. Relative care outside the child's own home is care provided during a portion of the 24 hour day by a relative other than the child's own parents or a person(s) who normally takes care of the child, i.e., the guardian. Non-relative care outside the child's own home is care provided by a non-related person who cares for the children of only one family in addition to his/her own children. (These types of child care are considered exempt from licensing).

Note: Item 11, column 3 and 4 should equal the sum of Item 8a. plus the number of closed cases that receive a TCC reimbursement during the report month.

PART D. EXPENDITURES BY TYPE OF CHILD CARE PROVIDER

Part D summarizes TCC Expenditures (by type of child care provider) paid to relative or non-relative providers.

- 12. Expenditures By Type of Child Care Provider - Enter the sum of 12a. through 12d. (by relative and non-relative/Children and Families). For 12a. through 12d., enter the expenditures associated with the counts shown in item 11 (by type of Provider-both relative and non-relative/Children and Families). (THE SUM OF ITEM 12, COLUMNS (1) + (2) and (3) + (4) SHOULD BOTH EQUAL PART E. ITEM 13.)

PART E. EXPENDITURES

Part E summarizes data associated with the amount of TCC reimbursements which were **approved for payment** during the report month.

- 13. Total expenditures this month (Sum of a + b below). Enter the total dollar amount which was approved for TCC reimbursement during the report month.

- a. Total net expenditures for CURRENT month - Enter the total net expenditures approved for TCC reimbursement for the current month.

FOR ITEM 13a., THE CURRENT MONTH SHALL BE THE MONTH PRIOR TO THE REPORT MONTH.

- b. Total net expenditures for PRIOR month - Enter the total net expenditures approved for TCC reimbursement for any prior month (ANY MONTH(S) PRIOR TO CURRENT MONTH)
14. Number of requests associated with expenditures - Enter the total number of requests for TCC reimbursement which were received during the month. If a family made more than one requests during the month, report all requests.

PART F. TO BE USED ONLY ON INSTRUCTIONS FROM DEPARTMENT OF SOCIAL SERVICES (DSS)

This part will only be completed when authorized to do so by DSS. In the event this part is to be used, counties will be informed through either an All-County Letter or All-County Information Notice.

ADDITIONAL INFORMATION.

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If for any item there is nothing to report, enter "O". Do not leave any items blank. If needed, when completing this form, please use the following abbreviation: NA - Not Available. (When N.A. is used, please provide a footnote indicating when the missing data will be available.)