

RELATIVE/NEIGHBOR PROVIDER

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301.1 GENERAL POLICY & REGULATION

Families that are eligible for subsidized child care have the right to choose a child care provider who agrees to comply with the Department of Public Welfare's (DPW) standards for provider participation. Child Care Information Service (CCIS) agencies located throughout Pennsylvania provide referrals and education for parents who need child care.

Parents may select either regulated or unregulated providers. DPW regulates three types of providers: child care centers, group child care homes, and family child care homes. See [Chapter 300, Regulated Provider Management](#) for applicable policies about regulated providers. This chapter describes policies and procedures related to unregulated care provided by Relative/Neighbors (R/N).

R/N care is legally unregulated care that is provided by a single provider in his/her own home. The R/N provider is permitted to provide care for not more than:

- Three children unrelated to the operator at any one time, or
- A total of six children at any one time, to include any combination of grandchildren and/or up to three unrelated children; or
- A combination of no more than five related and unrelated infants and toddlers.

NOTE: The provider must care for the children assigned to his/her care at all times. An alternate caregiver who has completed CareCheck requirements may serve as a back-up provider.

Children cannot live with the R/N provider who cares for them.

Example: The p/c works 2 hours away on weekends and takes her children to the R/N provider on Friday and picks them up on Sunday evening. If the parent's work/training schedule does not support 48 hours of care, we will not pay for care during that time period because the children are living with the provider during the weekend. Child care is defined as care for less than a 24-hour period. Exception: The parent is a group home parent, nursing home aide or has some other position that requires her to be on-site constantly for a 2-3 day shift.

A provider cannot be both an R/N and a Family Care Home Provider.

Although they are not required to register through DPW, in order to be eligible to participate in the Subsidized Child Care Program, R/N providers must complete a [Relative Neighbor Provider Agreement \(Agreement\)](#) with the CCIS, must comply with the participation requirements listed in the Agreement and must complete a one-time federal criminal history clearance and CareCheck, a DPW program that requires State Police criminal history and child abuse background clearance. CareCheck and federal criminal history clearances will be discussed later in this Chapter.

[See 301.23.1 Questions – 301.1 “General Policy & Regulations”](#)

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301.2 DEFINITIONS & ACRONYMS

See Chapter “101 – Definitions & Acronyms” for a complete, alphabetical listing of definitions and an alphabetical table of acronyms.

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301.3 GOALS & OBJECTIVES

See Manual Section “301.23.1 – Goals” and Manual Section “301.23.2 – Objectives”

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301.4 PARENT/CARETAKER (P/C) RESPONSIBILITIES

The following establishes the responsibilities of a p/c who selects an R/N provider. The p/c must:

1. Be determined eligible for the subsidized child care program.
2. Participate in a face-to-face meeting.
3. Identify an R/N provider who does not reside in the same home as the child and submit the person’s identifying information (i.e., name, address, phone number) to the CCIS.
4. Within 30 **calendar** days of the Funds Available **Letter** date **enroll with an eligible** provider who is interested in participating in the subsidized child care program.
5. **Advise the R/N provider that s/he must complete the federal criminal history clearance and the face-to-face meeting immediately (within 30 calendar days of the Funds Available Letter date.)**
6. Choose another provider within 30 calendar days if the selected R/N provider is not permitted by ChildLine to participate in the subsidized child care program.
7. Select a new provider within 30 calendar days after receiving notice from previous provider that s/he chooses not to participate in the subsidized child care program.

NOTE: This applies only if the provider has already completed their agreement with the CCIS and the family is enrolled. They do not get an additional 30 days if this occurs during the 30 day timeframe after funds have been authorized.

8. Notify the CCIS of any changes in care.
9. Report absences to the CCIS on the sixth consecutive day of absence.
10. **Sign the child(ren) in and out each day of child care attendance.**

See 301.23.3.2 Questions – 301.4 “P/C Responsibilities”

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301.5 CCIS RESPONSIBILITIES

The following establishes the responsibilities of the CCIS after the p/c identifies an R/N provider. The CCIS must:

1. Determine the enrollment date for any subsidy-eligible child.
2. Notify the p/c that the R/N provider must pay a fee to **Cogent Systems** (www.pa.cogentid.com) to have a fingerprint scan completed and must submit acceptable federal criminal clearance results at the face-to-face meeting.
3. **Advise the p/c that the R/N provider must proceed with the fingerprinting for the federal criminal history promptly.**
4. Review the most recent weekly Negative Sanction Chart by conducting a name search to confirm the prospective R/N provider is not listed (the provider could be on the Chart as an owner of a regulated child care facility under negative sanction.) If the owner appears, review the corresponding "Enroll as Relative/Neighbor" column. If this indicates "No", do not enter into an R/N Agreement.
5. Send the provider a CareCheck Appointment Letter generated in PELICAN Child Care Works (CCW) with instructions on how to obtain federal criminal history clearances, information about identification to bring to the fingerprinting site, information about what offenses prohibit establishing an Agreement, and a list of local Cogent fingerprint sites.

NOTE: It is important that the CCIS generate this letter as soon as they receive the provider's mailing information.

6. Conduct a face-to-face meeting with the R/N provider within 30 calendar days of the date on the Funds Available Letter.
7. At the **provider's** face-to-face meeting: explain the R/N providers' training requirement; provide a packet of information that includes instructions for registration and access to the Keys to Quality website along with any additional training information made available to the CCIS; help the provider register on the Keys to Quality website, if necessary. **Include in the packet a sample Daily Attendance Log.**
8. **Ensure the provider is in compliance** with federal criminal history clearances and CareCheck requirements.
9. Obtain signature(s) on the **CareCheck Application** and the Agreement.
10. Enter all data into PELICAN CCW.
11. Enter comments into PELICAN CCW.

NOTE: Case Comments entered by Eligibility staff should include the following:

- Date client told the CCIS the provider's identifying information.
- Date CareCheck information sent to the provider.

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Provider Comments entered by Provider staff should include the following:

- Date of provider's face-to-face.
- Date on the Federal Fingerprint Results Letter.

12. Pay the R/N provider according to the most current payment standards set forth in **Chapter 305, Provider Payment**.

[See 301.23.3 Questions – 301.5 “CCIS Responsibilities”](#)

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301.6 PROVIDER RESPONSIBILITIES

The following establishes the responsibilities of the R/N provider. The R/N provider must:

1. **Complete** fingerprint scanning for federal criminal history clearances. The fingerprints will be sent to the Pennsylvania State Police and the Federal Bureau of Investigation (FBI) for the purpose of comparison with the State Police and FBI fingerprint databases.
2. Advise the CCIS immediately upon receipt of the federal criminal history results.
3. Schedule a face-to-face meeting with the CCIS.
4. **Complete** the CCIS face-to-face meeting within 30 calendar days of the date on the **Funds Available** Letter sent **to the p/c** by the CCIS. This meeting should occur as soon as the R/N provider notifies the CCIS of the receipt of the federal clearance results. The provider will submit the results of the federal criminal history clearance at this time.
5. Complete a **CareCheck Application** and submit all required information to the CCIS for review. The provider understands that the \$20 fee for CareCheck will be withheld from his/her subsidized child care payment.
6. Provide required information to the CCIS:
 - Photo identification with signature.
 - Social Security card or other proof of Social Security Number (SSN).
 - Proof of address.
 - Proof of operating telephone with “call-out” capabilities.
7. Agree to obtain 12 hours of training every two years.
8. Register on the Keys to Quality website. The provider must be prepared to enter the last five digits of his/her SSN and date of birth.
9. **Utilize daily attendance logs, either electronic or a hard copy, which show each child's name, drop-off and pick-up times, and date. Each drop-off and pick-up must be validated by the parent with signatures or with electronic sign in/sign out process.**
10. Sign **and comply with** the terms of an R/N Provider Agreement.

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11. **Provide care only at the physical address indicated in the Agreement.**
12. **Not live with the child(ren) for whom s/he provides care.**
13. **Not allow another person to care for the child(ren) unless the person is an alternate caregiver who has completed CareCheck requirements.**

[See 301.23.4 Questions – 301.6 “Provider Responsibilities”](#)

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301.7 IDENTIFYING AN R/N PROVIDER

Section 3041.16 (e) (relating to subsidy limitations) of the Subsidized Child Care Eligibility chapter requires a p/c to select an eligible child care provider and enroll the child within 30 calendar days following the date the CCIS notifies the parent that funding is available (using a Funds Available Letter) or within 30 calendar days when the family’s R/N provider is no longer eligible or no longer provides care for subsidized children.

NOTE: The p/c must give the CCIS enough provider information to determine if the provider exists in PELICAN CCW and if necessary, enable the CCIS to send the CareCheck Appointment Letter (generated in PELICAN CCW) to the provider. A p/c who does not provide enough information has not fulfilled the obligation of identifying a provider. The CCIS must treat this as they would any other p/c who did not identify a provider within the 30 day period by sending the p/c a Notice of Adverse Action (AA) on day 31.

Set a tracking date for 31 calendar days from the Funds Available Letter date to ensure the p/c has selected and enrolled the child(ren) with an eligible provider.

Even though the parent must enroll the child(ren) with an eligible provider, this does not mean the provider will be paid back to the date care began. More information about retroactive payments can be found in 301.19, Backdating Subsidy Eligibility.

[See 301.23.3.5 Questions – 301.7 Identifying an R/N Provider](#)

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301.8 CCIS PROCEDURE AFTER THE P/C IDENTIFIES THE R/N PROVIDER

When a p/c advises the CCIS of the identity of an R/N provider, the CCIS must confirm the provider is not on the most recent weekly Negative Sanction Chart as described in [301.5, CCIS Responsibilities](#) (number 4). Then check PELICAN CCW to see if the provider is an active R/N provider. Search for the R/N provider in PELICAN CCW as follows:

1. Click Provider on the Main Navigation bar.

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2. Click Provider Search on the Sub Navigation bar.
3. Enter the search criteria (SSN) and click Search

NOTE: If the provider was previously in PELICAN CCW as a Family Day Care Home and the search shows the provider is closed, contact Office of Child Development and Early Learning (OCDEL) headquarters provider staff to reopen the provider as an R/N. If the provider is in PELICAN CCW with a Federal Employer Tax Identification Number (FEIN), create a new Legal Entity using the SSN.

When the p/c advises the CCIS of his/her provider choice and the provider either does not exist in PELICAN CCW or is Subsidy Ineligible, the CareCheck status is Not Permitted-Temporary and the Date Eligible for Review is prior to today, the CCIS **immediately** generates (in PELICAN CCW) and sends the provider a CareCheck Appointment Letter. The provider has 30 calendar days **from the date of the Funds Available Letter** to submit acceptable federal criminal history clearances and complete a face-to-face meeting. **If the provider has not met this timeline, send the p/c an AA.**

NOTE: When a p/c advises the CCIS about the R/N provider, the CCIS must inform the p/c that timing is critical **because the child(ren) must be enrolled with an eligible provider within 30 calendar days of the Funds Available Letter.**

[See 301.23.3.6 Questions – 301.8 CCIS Procedure After the P/C Identifies the R/N Provider](#)

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301.8.1 R/N Provider Exists in PELICAN CCW

If the R/N provider exists in PELICAN CCW, the CCIS worker determines whether the provider is currently eligible or ineligible. An eligible R/N provider is one who is already subsidy eligible in PELICAN CCW and has an active CCIS Agreement.

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301.8.1.1 Provider is Eligible and CareCheck Status is Permitted

If the R/N provider is in the system and his/her Subsidy Status displays as Eligible Subsidy Provider on the Location Demographics Summary page, the CareCheck Status on the Location CareCheck Summary page shows Permitted, and the provider has an active CCIS agreement, continue with the enrollment process.

Type	Status	Reason	Effective Date	End Date	
R&R	Inactive - Not on Mailing List		11/24/2008		
Subsidy	Eligible Subsidy Provider		12/02/2010		

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Date Initiated	CareCheck Type	Date Face-to-Face Due	Date Face-to-Face Performed/Renewal	Certification Date	CareCheck Status	Failure Reason Code	Date Eligible for Review	Under Review
12/03/2010	Regular	12/18/2010	12/03/2010	12/07/2010	Permitted			No
11/24/2008	Regular	12/09/2008	11/26/2008	12/02/2008	Not Permitted - Temporary	Failure to Renew Carecheck	12/02/2010	No

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301.8.1.2 Provider is Ineligible and CareCheck Status is Not Permitted-Permanent

If the R/N provider is in the system and displays as Ineligible Subsidy Provider and the CareCheck Status indicates Not Permitted – Permanent on the Location CareCheck Summary page, inform the parent that s/he must select a new provider.

301.8.1.3 Provider is Ineligible, CareCheck Status is Not Permitted-Temporary and Date Eligible for Review is Prior to Today

If the provider is in the system, but the current CareCheck status is listed as not permitted for a specified reason and the Date Eligible for Review field on the Location CareCheck Summary page shows a date prior to today's date, initiate new Federal and State clearances.

Date Initiated	CareCheck Type	Date Face-to-Face Due	Date Face-to-Face Performed/Renewal	Certification Date	CareCheck Status	Failure Reason Code	Date Eligible for Review	Under Review
11/05/2004	Regular	11/20/2004	11/05/2004	11/09/2004	Not Permitted - Temporary	Failure to Renew Carecheck	11/09/2006	No

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301.8.1.4 Provider is Ineligible, CareCheck Status is Not Permitted-Temporary and Date Eligible for Review is After Today

If the current CareCheck status is listed as not permitted for a specified reason and the Date Eligible for Review field on the Location CareCheck Summary page shows a date after today's date, advise the p/c to find a different provider. **The provider selected must be eligible within 30 calendar days of the Funds Available Letter.**

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301.8.2 R/N Provider Does Not Exist in PELICAN CCW

Enter the R/N provider into PELICAN CCW after receiving acceptable Federal clearances. For additional information, see [301.9, Federal Criminal History Clearances](#), [301.10, Procedure to Initiate Federal Criminal History Clearances](#), and [301.11, Face-to-Face Meeting](#).

To enter the R/N provider in PELICAN CCW:

1. Select Create New Legal Entity on the Provider Search page.

NOTE: It is important to avoid creating a duplicate record of an existing provider. The provider may experience payment problems if they are entered in PELICAN twice. (To avoid duplicates, make sure the search criteria are correct and perform multiple searches.) Perform a Tax ID search. In addition, perform a search based on the provider's name before creating a new provider.

2. On the Create a New Legal Entity & Location page, click the Provider Type drop-down box and select R/N from the list.

3. Enter a Subsidy Effective Date.

NOTE: This date depends on factors such as funding source and whether the p/c and provider met their timelines. For information about what date to use, see [301.19, Backdating Subsidy Eligibility](#).

4. Select the primary worker who will maintain this file from the Provider Load drop-down box.

5. Click Next.

6. Enter the Legal Entity Demographic information including the SSN and Date of Birth obtained for the provider.

7. Click Next.

8. Initiate a CareCheck segment by selecting Regular from the CareCheck Type drop-down box under CareCheck Information.

9. Enter the date in the Initiated Date field.

10. Click Next.

11. Enter the Legal Entity Physical Address information (the location where the provider resides) and Main Phone number.

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NOTE: **Legal Entity and Location Physical Address must be an actual street address, not a Post Office Box.**

12. Click Next.
13. Select the radio button next to the Potential Address Match and click Select Validated Address or click Continue with Unvalidated Address.
14. On the Provider Clearance Results page, click New Provider, if the provider is not listed as a potential match.

NOTE: R/N ownership in PELICAN CCW is based on the CCIS office association of the person who enters the provider into the system. The provider must be transferred as appropriate. For information about transferring ownership, see [301.21.1, Transferring Ownership](#).

R/N providers are always in inactive R&R status.

15. Select the Location ID hyperlink and select Subsidy Profile from the Select dropdown box and click Go.

NOTE: Do not enter operating schedules or rates for R/N providers.

16. Select the Agreement hyperlink. Add a CCIS agreement by clicking New. For information about Provider Agreements, see [301.16, Provider Agreement](#).
17. On the Location Agreement Summary page, select CCIS Provider Agreement from the Agreement Type dropdown menu and enter the Effective Date.
18. Click Save.
19. Click Return to Summary.
20. Click the CareCheck hyperlink.
21. Click the Date Initiated hyperlink.
22. On the Location CareCheck Detail page enter the date the provider completed the face-to-face.
23. Click Save.

NOTE: The CareCheck information is then forwarded to the ChildLine Inbox for review. Entry of the face-to-face meeting completion date triggers the \$20 processing fee for the provider's initial and renewal State Police criminal history and child abuse background clearances.

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If the Date Face-to-Face Performed/Renewal is not entered by the due date, the provider will become Subsidy Ineligible through the nightly batch process. The CCIS sends the appropriate notice to the parent.

24. Pay for care while waiting for CareCheck results. Payment ends if ChildLine enters a failure reason into PELICAN CCW.

NOTE: Payment will not be made while a provider appeals a CareCheck failure.

25. Click Save.

[See 301.23.3.7 Questions - 301.8.2 "R/N Provider Does Not Exist in PELICAN CCW"](#)

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301.9 FEDERAL CRIMINAL HISTORY CLEARANCES

R/N providers must have a federal criminal history clearance at application. The federal criminal history clearance will not be repeated every two years as long as the provider continues eligibility.

On December 18, 2007, an amendment to the Child Protective Services Law (CPSL), known as Act 73 of 2007 was signed into law. Act 73 brings Pennsylvania into compliance with federal legislation, the Adam Walsh Child Protection and Safety Act of 2006, by requiring child care providers to obtain federal criminal history clearances. Providers are required to submit federal criminal history clearances before being approved to care for children. This requirement is for the R/N provider only; other household members are not required to be fingerprinted.

ChildLine interprets the results and sends DPW's official blue results letter along with the provider's ORIGINAL results letter back to the provider. R/N providers must bring the original results letter to the face-to-face meeting. The result, printed on 8.5" x 11" blue paper with the Commonwealth Seal imbedded on the paper, constitutes an official record. If the results letter to the provider indicates any existing offense that prohibits the provider from caring for children, the CCIS may not ask the provider to submit any details about offenses noted on the ChildLine results letter. The CCIS approves R/N providers based on the information on the results letter from ChildLine.

Providers receive results within one to two weeks of the scan unless offenses are numerous, dispositions are unreported, or the scan is unsuccessful.

The CCIS can accept Cogent result letters dated within the prior year. If the results are more than a year old, the provider must repeat the Cogent clearance process.

EXAMPLES:

On 9/1/12 the provider brings Cogent results dated 8/28/11 to the CCIS. This is not within the year (one year from the 8/28/11 Cogent results date would be 8/28/12). Therefore the CCIS may not accept

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the results and the provider must repeat the federal fingerprint process.

On 9/1/11 the provider brings Cogent results dated, 9/2/10 to the CCIS. These results are within one year. The CCIS may accept the results.

R/N providers who do not live within Pennsylvania, but participate in the Pennsylvania subsidized child care program **must** obtain federal criminal history clearances.

The CCIS may only accept the federal criminal history clearance results letters obtained through DPW and issued by ChildLine. The CCISs cannot accept federal clearances obtained through other entities, including the Pennsylvania Department of Education (PDE).

NOTE: If a provider fails the federal criminal history clearance, the p/c has the remainder of the 30 days plus the 13 day AA period to enroll with an eligible provider.

[See 301.23.3.8 Questions – 301.9 “Federal Criminal History Clearances”](#)

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301.10 PROCEDURE TO INITIATE FEDERAL CRIMINAL HISTORY CLEARANCES

If the provider exists in PELICAN CCW, but the CareCheck status is listed as not permitted for a specified reason and the Date Eligible for Review field on the Location CareCheck Summary page shows a date prior to today's date or if the R/N provider does not exist in PELICAN CCW:

- Advise the p/c that the provider must pay for and obtain the federal criminal history clearance.
- Advise the p/c that the CCIS *WILL NOT PAY FOR CARE* if the R/N provider does not submit acceptable federal criminal clearance results.
- **Discuss with the p/c the date the children must be enrolled with an eligible provider** as well as the need for a back-up child care options in case the R/N provider does not follow through with his/her requirements in a timely manner or is deemed ineligible.
- Send the provider the following information immediately:
 1. CareCheck Appointment Letter. This letter must be generated in PELICAN CCW. It includes the process the provider is to follow in order to complete the federal criminal history clearance, **the need to attend a face-to-face meeting**, instructions to schedule the face-to-face meeting as soon as the federal clearance results are received, and what to bring to the face-to-face meeting.
 - Provider Specialist will set a tracking date in PELICAN CCW for 31 days from the date of the **Funds Available Letter**.
 - **Send the p/c an AA on day 31 if the provider has not completed the face-to-face.**

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2. **Instructions for New Providers: Obtaining Federal Criminal History Clearances** details the registration process the provider must follow before going to a **Cogent** System fingerprinting site.
3. **What Identification Must I Bring with Me When I Go for Fingerprinting?** indicates what identification may be presented when being fingerprinted.
4. **The Pennsylvania Child Protective Services Law** flyer detailing offenses which prohibit the CCIS from entering into an Agreement.
5. List of local Cogent sites. The Department utilizes Cogent Systems to provide fingerprint scans for the PA State Police and federal criminal clearances performed by the FBI.

The provider should follow the **Instructions for New Providers: Obtaining Federal Criminal History Clearances**. As indicated on the instructions, the applicant's first step is to register with Cogent through the website or by telephone. The R/N provider is responsible for the cost of fingerprinting which must be paid directly to Cogent online or at a Cogent location prior to having fingerprint scans completed. The applicant proceeds to a fingerprint site that is convenient for him/her. Local location information is provided by the CCIS and can also be found on the Cogent website, www.pa.cogentid.com then select the "Department of Public Welfare (DPW)" link.

See 301.23.3.9 Questions – 301.10 "Procedure to Initiate Federal Criminal History Clearances"

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301.11 FACE-TO-FACE MEETING

The provider must attend the face-to-face meeting within 30 calendar days of the Funds Available Letter. The child(ren) must be enrolled with an eligible provider within 30 calendar days of the Funds Available Letter.

1. Collect the following information from the provider during the face-to-face meeting:
 - Proof of identity (Photo identification) with a signature.
 - Proof of address.
 - Proof of working telephone with "call-out" capability at the physical location.
 - Social Security card or other proof of SSN.
 - Tax information on a W-9 Form.
 - R/N Provider Agreement.
 - Federal Criminal History Clearance Results Letter.
2. The provider must bring the original copy of the Federal Fingerprint Results Letter to the face-to-face meeting. At the face-to-face meeting, the CCIS will:
 - a. Review the original Federal Fingerprint Results Letter. The original is blue and has an imbedded Commonwealth seal.

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- b. Make a copy of the original results letter for the CCIS file, and return the original to the provider.

NOTE: Ensure that you are looking at the original letter. A copy of the results letter will show a “void” watermark and is not acceptable. If an applicant presents his/her ChildLine Federal Fingerprint Results Letter and the Commonwealth Seal is not embedded on the paper, it should be considered as invalid and not an official Record.

The CCIS is NOT to review the Criminal History Response attached to the federal fingerprint results.

If a provider meets the 30-day timeline, but through no fault of his/her own, must have a rescan by Cogent or manual printing conducted by the State Police, the p/c must still enroll the child(ren) **with an eligible provider within 30 calendar days and the AA period from the Funds Available Letter date. The p/c may later enroll the child(ren) with the R/N provider once s/he is eligible.**

The Federal Fingerprint Results Letter will have one of the following dispositions checked:

- NO RECORD EXISTS.
- RECORD EXISTS, but conviction(s) **does not prohibit hire** in a child care position according to the CPSL.
- RECORD EXISTS, but no conviction(s) is shown. This **does not prohibit hire** in a child care position according to the CPSL.
- DISQUALIFICATION. Record exists and contains a conviction(s) that is grounds for denying employment in a child care position according to the CPSL.

Proceed with the face-to-face process **unless** the Federal Fingerprint Results letter shows DISQUALIFICATION. If the letter shows DISQUALIFICATION, the provider fails and the CCIS notifies the p/c that an eligible provider should be selected **by 30 days from the Funds Available Letter date.**

3. Require the R/N provider to complete and sign a **CareCheck Application.**
4. Review the **R/N Agreement** with the provider and obtain the provider’s signature.
5. Provide **Rules for Payment in the Subsidized Child Care Program.**
6. Generate an Appendix B using the current year’s **Rate Guide.**
7. Provide **Participation Standards for R/N Providers.**
8. If the provider already exists in PELICAN CCW and the Federal Fingerprint Results letter does not show “Disqualification”, enter a CareCheck segment. If the provider does not already exist in PELICAN CCW, follow the instructions in **301.8.2, R/N Provider Does Not Exist in PELICAN CCW.**

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- a. Navigate to the Location CareCheck Summary page and click New. (You can use the Location CareCheck Summary page to enter a CareCheck segment or to view the most recent segment.)
- b. Initiate a CareCheck segment by selecting Regular from the CareCheck Type drop-down box on the Location CareCheck Detail page.
- c. **If the provider and p/c are in compliance with backdating policy as described in 301.19, Backdating Subsidy Eligibility**, enter a subsidy eligibility date in place of today's date which automatically populates in the Date CareCheck Initiated field. Please note that the **Date CareCheck Initiated becomes the Subsidy Eligibility Date** and is the date the provider can begin getting paid for subsidy enrollment. This date is driven by OCDEL policy. The policy is specific to the funding program of the p/c. The date entered in this field should not be before the Date Eligible for Review from prior CareCheck segments.

NOTE: It is recommended that coordination take place between Eligibility Specialists and Provider Specialists to determine **when enrollment began with the R/N provider. Refer to the backdating policy in 301.19, Backdating Subsidy Eligibility to determine what date the CCIS is permitted to enter as the Date CareCheck Initiated/Subsidy Eligibility Date.**

Enter the date the face-to-face meeting occurs. Click Save.

NOTE: The CareCheck information is then forwarded to the ChildLine Inbox for review. Entry of the face-to-face meeting completion date triggers the \$20 processing fee for the provider's initial and renewal State Police criminal history and child abuse background clearances.

If the Date Face-to-Face Performed/Renewal is not entered by the due date, the provider will become Subsidy Ineligible through the nightly batch process. The CCIS will need to send the appropriate notice to the parent.

If the CCIS forgets to enter the face-to-face date even though the face-to-face meeting occurred, see **301.15, Removing a Gap in a CareCheck Segment**.

9. Explain the R/N training requirement to the provider. The requirement is detailed in **301.17, R/N Training Requirements**. In addition, provide a packet of information that includes **Accessing Provider Training on the Pennsylvania Early Learning Keys to Quality (PA Keys) Website** and any additional training information made available to the CCIS. If necessary, help the provider register on the Keys to Quality website (www.pakeys.org).
10. Pay for care while waiting for CareCheck results. Payment will end if ChildLine enters a failure reason into PELICAN CCW.

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NOTE: Payment will not be made while a provider appeals a CareCheck failure.

[See 301.23.3.10 Questions – 301.11 “Face-to-Face Meeting”](#)

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301.12 CARECHECK

CareCheck is DPW’s process to review an R/N provider’s child abuse and State criminal history. All R/N providers must participate in CareCheck. The requirement does not apply to a spouse or other adults in the provider’s household. Clearances are required at initial application and every two years thereafter. The R/N provider pays the \$20 cost of CareCheck which is deducted from a subsidized child care payment. An R/N provider who does not live within Pennsylvania, but participates in the Pennsylvania’s subsidized child care program must also participate in CareCheck.

R/N providers complete the CareCheck Application during the face-to-face meeting with the CCIS. The information on the application is forwarded to DPW’s ChildLine CareCheck Unit when a new CareCheck segment is entered in PELICAN CCW. This Unit performs Child Abuse and Criminal History Clearances for R/N child care providers who care for children in the subsidized child care program. The results of CareCheck indicate whether the individual is permitted to participate in the subsidized child care program. The results are entered directly into PELICAN CCW and are displayed on the CareCheck Summary page.

If a p/c uses more than one R/N provider, each R/N provider must complete a CareCheck Application.

[See 301.23.3.11 Questions – 301.12 “CareCheck”](#)

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301.13 CARECHECK RESULTS

The following are the **CareCheck statuses** displayed in PELICAN CCW. These statuses are based on Pennsylvania child abuse history and Pennsylvania State Police criminal background check results. The statuses are:

1. Permitted – the provider is subsidy eligible for two years from the Certification Date.

Date Initiated	CareCheck Type	Date Face-to-Face Due	Date Face-to-Face Performed/Renewal	Certification Date	CareCheck Status	Failure Reason Code	Date Eligible for Review	Under Review
09/22/2010	Regular	10/07/2010	12/03/2010	12/07/2010	Permitted			No

[NEW](#) [RETURN TO SUMMARY](#) [HISTORY](#)

2. Not Permitted – Temporary – the provider is not eligible to have another CareCheck until the Date Eligible for Review that is indicated on the CareCheck Summary page. When the CCIS determines that the subsidy ineligibility alert is a result of the provider’s CareCheck status changing to Not Permitted – Temporary, the CCIS must:

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- a. Attempt to telephone the p/c of the child who is receiving care from the R/N provider and advise him/her s/he can no longer get care from the provider.
- b. Document the telephone attempt in Case Comments indicating whether or not the contact was successful and any steps the CCIS took to assist the parent in locating another provider.
- c. Send a Stop Letter to the provider and the parent which indicates that the provider will no longer be paid by the subsidy program and that the parent has 30 days to locate a new provider. The Stop Letter is generated automatically by PELICAN CCW based on the suspension reason of the enrollment. PELICAN CCW makes the provider subsidy ineligible, ends the Agreement and suspends the enrollments based on the CareCheck status. This action causes PELICAN to create a Non-Compliance with Agreement Letter to the provider.

If the Date Eligible for Review has passed, the CCIS can initiate a new CareCheck segment. After the initiation of the new CareCheck segment including a face-to-face date, ChildLine will investigate the provider again.

3. Not Permitted – Permanent – indicates that ChildLine found reason during the investigation to indicate that the provider listed is never to provide care to children. No new CareCheck segment can be created for the provider. When the CCIS Provider Specialist receives the ineligibility alert regarding the provider's CareCheck status change to Not Permitted – Permanent, the CCIS must:
 - a. Attempt to telephone the p/c of the child who is receiving care from the R/N provider and advise him/her s/he can no longer get care from the provider.
 - b. Document the telephone attempt in Case Comments indicating whether or not the contact was successful and any steps the CCIS took to assist the parent in locating another provider.
 - c. Send a Stop Letter to the provider and the parent which indicates that the provider will no longer be paid by the subsidy program and that the parent has 30 days to locate a new provider. The Stop Letter is generated automatically by PELICAN CCW based on the suspension reason of the enrollment. PELICAN CCW makes the provider subsidy ineligible, ends the Agreement and suspends the enrollments based on the CareCheck status. This action causes PELICAN to create a Non-Compliance with Agreement Letter to the provider.

The following are **Failure Reasons** entered by ChildLine or automatically populated by PELICAN CCW:

- Failure to Complete Face-to-Face – Face-to-face date was not entered into PELICAN CCW. The entry of the face-to-face date in the system is what schedules the CareCheck segment for review by ChildLine. If no face-to-face date is entered in PELICAN CCW, the CCIS must create a new CareCheck segment.
- Failure Due to Background Check – Indicates ChildLine found issues with the provider through the criminal background clearances and/or child abuse registry. This failure reason can be either temporary or permanent based on the investigation through ChildLine.

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Date Initiated	CareCheck Type	Date Face-to-Face Due	Date Face-to-Face Performed/Renewal	Certification Date	CareCheck Status	Failure Reason Code	Date Eligible for Review	Under Review
10/01/2010	Regular	10/16/2010	10/01/2010	12/12/2010	Not Permitted - Temporary	Failure Due to Background Check	12/13/2010	Yes
09/08/2008	Regular	09/23/2008	10/02/2008	10/01/2010	Not Permitted - Temporary	Failure Due to Background Check	10/02/2010	Yes

NEW [▶](#) RETURN TO SUMMARY [◀](#) HISTORY [⌂](#)

- Failure to Supply Additional Information – The provider did not supply sufficient and/or additional information to ChildLine as requested. When this is the failure reason the CCIS should inform the provider that they must bring the requested information into the CCIS office so it can be faxed to ChildLine (fax number 717-772-6533) in order for a new CareCheck segment to be initiated. If the provider has failed twice for this reason, the provider is considered ineligible for the subsidized program for not following through with ChildLine and thus no new CareCheck segments should be initiated by the CCIS until the Date Eligible for Review.
- Failure to Renew CareCheck – Displays when the Provider Specialist does not initiate a new CareCheck segment. A new CareCheck segment can be manually initiated any time this failure reason displays on the Location CareCheck Summary Page.

Date Initiated	CareCheck Type	Date Face-to-Face Due	Date Face-to-Face Performed/Renewal	Certification Date	CareCheck Status	Failure Reason Code	Date Eligible for Review	Under Review
01/09/2009	Regular	01/24/2009	01/09/2009	01/10/2009	Not Permitted - Temporary	Failure to Renew Carecheck	01/10/2011	No
01/17/2007	Regular	02/01/2007	01/17/2007	01/18/2007	Permitted			No

NEW [▶](#) RETURN TO SUMMARY [◀](#) HISTORY [⌂](#)

NOTE: The p/c has 30 days plus the 13 day AA period from the failure to enroll the child (ren) with an eligible provider.

- Failure to Complete Training Hours – Displays when the provider has not completed 12 hours of training in the two year period.

Date Initiated	CareCheck Type	Date Face-to-Face Due	Date Face-to-Face Performed/Renewal	Certification Date	CareCheck Status	Failure Reason Code	Date Eligible for Review	Under Review
02/09/2009	Regular	02/24/2009	02/09/2009	02/10/2009	Not Permitted - Temporary	Failure to Renew CareCheck, Failure to Meet Training Requirements	03/12/2011	No

NEW [▶](#) RETURN TO SUMMARY [◀](#) HISTORY [⌂](#)

NOTE: Due to delays with issuance of training certificates, OCDEL has postponed implementing the policy to fail R/N providers who do not have 12 hours of training beginning July 1, 2011. This does not change the expectation that R/N providers meet the training requirement timely.

If an R/N provider disputes the results of CareCheck and asks for reconsideration of the CareCheck results, the CCIS must instruct the R/N provider to make a written request to:

Director
ChildLine CareCheck Unit

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ChildLine and Abuse Registry
P.O. Box 8054
Harrisburg, PA 17105-8054

Or telephone ChildLine at:

717-772-1228

The written request should include the R/N provider's name, date of birth, SSN, the reason for the request in the R/N provider's own words and copies of any supporting documents (court papers, etc.).

NOTE: It is possible that a provider could pass the Federal Criminal History Clearance and still fail CareCheck. The Federal and State rules may differ and local reporting is inconsistent. A provider must pass both investigations.

[See 301.23.3.12 Questions – 301.13 “CareCheck Results”](#)

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301.14 VIEW, ADD OR DELETE CARECHECK PROCESSING FEES

CareCheck is valid for two years from the CareCheck Certification Date. To create a new CareCheck segment for an R/N provider, click New. PELICAN CCW takes you to the Location CareCheck Detail page. Each time a new segment is entered, the previous segment is stored in the History.

A new CareCheck segment cannot be entered until the provider is 60 days away from renewal.

To View, Add or Delete a CareCheck Processing Fee in PELICAN CCW:

1. Click Payments on the Main Navigation bar.
2. Click Provider on the Sub Navigation bar.
3. Enter the Provider ID and click Search.
4. Select the radio button next to the provider's name and click on the View/Add Provider Processing Fee button.
5. The CareCheck initiation fee is displayed and shows the amount of the deduction.

There is a corresponding Delete column. An authorized user can manually add or delete the fee, if necessary.

If CareCheck is initiated for a provider who never receives a payment, the \$20 fee remains in the system and will be deducted from the provider's first check if s/he participates at a later time. If the original CareCheck segment expired and a new segment is created, the provider will see a \$40 fee deduction from the first payment. In addition, if the provider's first payment only partially covers the \$20 fee, the remainder of the fee will be deducted from subsequent payments.

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301.15 REMOVING A GAP IN A CARECHECK SEGMENT

If the CCIS did not enter the face-to-face date timely and a CareCheck segment fails, the Provider Specialist should enter a new CareCheck segment and face-to-face date. Contact OCDEL headquarters provider staff to request a Subsidy Eligibility Date modification.

EXAMPLE:

Worker failed to add provider face-to-face date for CareCheck segment initiated 3/31/11. Rather than enter a new CareCheck segment date prior to 4/28/11, the Provider Specialist should enter a new CareCheck segment with an initiated date of 4/28/11 so that there is no gap or overlap in eligibility dates. If the worker enters a new CareCheck segment which results in a gap or overlap, contact Headquarters for the correction.

Keystone STARS Quality Rating

Date Initiated	CareCheck Type	Date Face-to-Face Due	Date Face-to-Face Performed/Renewal	Certification Date	CareCheck Status	Failure Reason Code	Date Eligible for Review	Under Review
04/28/2011	Regular	05/13/2011	04/28/2011	05/03/2011	Permitted			No
03/31/2011	Regular	04/15/2011			Not Permitted - Temporary	Failure to Complete Face-to-Face	04/28/2011	No

[NEW](#) [RETURN TO SUMMARY](#)

If the Under Review field indicates Yes, ChildLine is continuing to work on the CareCheck segment.

NOTE: The only time the above process is done is when the CCIS does not enter the face-to-face date.

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301.16 PROVIDER AGREEMENT

The [R/N Provider Agreement](#) is signed by the provider at the face-to-face meeting. It includes the following:

- The [R/N Provider Agreement](#);
- Appendix A, [Rules for Payment in the Subsidized Child Care Program](#);
- Appendix B generated by the CCIS using the [CCIS Subsidized Child Care Provider's Payment Rates \(Rate Guide\)](#); and
- Appendix C, [Participation Standards for R/N Providers](#).

CCIS must review the Agreement and all the enclosures with the provider during the face-to-face meeting. R/N provider rates are based on the county of the provider's residence, the age of the child and the hours of care. The CCIS uses the Rate Guide to create the CCIS Subsidized Child Care Rates for the Agreement. In addition, the CCIS reviews and requests the provider to sign the CareCheck Application. The CCIS should inform the provider that the \$20 cost for the child abuse and State criminal history check will be deducted from his/her subsidized child care payment as a cost of doing business with the Commonwealth.

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Once signed, the agreement is valid as long as the provider continues to provide care as an unregulated provider within the same county and as long as neither party ends the agreement either voluntarily or due to non-compliance.

To create an R/N Provider Agreement:

1. From the Location Demographics Summary page, select Subsidy Profile from the dropdown.
2. Click New.
3. Select the Agreement Type drop-down box and choose CCIS Provider Agreement.
4. Enter the Effective Date.

NOTE: An agreement cannot be entered prior to the Subsidy Effective Date.

PELICAN CCW does NOT allow enrollments to be created prior to the Subsidy Effective Date or the Agreement Date.

[See 301.23.3.13 Questions – 301.16 “Provider Agreement”](#)

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301.17 R/N TRAINING REQUIREMENTS

In order to continue to participate in the CCW subsidized child care program, R/N providers are required to obtain and submit proof of 12 hours of approved training received over a two year period. The two year period is tracked in conjunction with the provider’s CareCheck Certification Date.

All R/N providers must register with the Pennsylvania Early Learning Keys to Quality (PQAS) on-line training system at <http://www.pakeys.org> where they can access training opportunities.

At the face-to-face meeting CCISs should give the provider the [Accessing Provider Training on the Pennsylvania Early Learning Keys to Quality \(PA Keys\) Website](#) letter along with any additional training information made available to the CCIS; and help the provider register on the Keys to Quality website, if necessary.

Once registered, each provider will have a personal professional development page on the website. As the provider completes training, the instructor or training organization will enter the training date, topic and hours into the provider’s professional development record. The provider will be able to access personal training information through the website by clicking on My PD History on the left side of the page. The provider can print a listing of completed trainings at any time.

To ensure R/N providers receive quality training, training must be provided by instructors and organizations approved through the PQAS. R/N providers can fulfill the training requirement by attending workshops, completing mail-in self-learning modules and taking on-line self-learning modules. There are a wide range of PQAS-approved training individuals and organizations in urban, suburban and rural communities.

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Providers can view all PQAS-certified training offered by reviewing the Keys to Quality website. They can search for sessions by county and general topic area. OCDEL recommends R/N providers choose trainings that can help improve their knowledge and skills in meeting the developmental needs of children and working with their families. R/N providers can find training related to home-based care by clicking on the Self-Learning link on the left side of the page.

The CCIS is responsible for recording and tracking completed training in PELICAN CCW. Each CCIS may decide the best way to manage recording the training hours in PELICAN CCW, either by entering training information as the provider submits verification of completed training or waiting to enter the information all at once, directly before the provider's CareCheck renewal date.

In order to substantiate training completed, providers can submit individual certificates which indicate PQAS certified training or they can submit a printout of trainings from their professional development record shown on the Keys to Quality website. If the provider submits a certificate of completed training which does not indicate that it is PQAS certified, the CCIS should verify the course on the PQAS site. The CCIS can access the provider's professional development record by going to the Keys to Quality website and entering the last five digits of the provider's SSN and the provider's birth date.

Completed training is added to the Location Training Summary Detail page. Classes that are incremental such as 1.5 hours are rounded up in PELICAN. (1.5 hours completed would count as 2 hours toward the 12 hour requirement.)

Although the CCIS is not required to maintain hard copy proof of training in the provider's file, the Provider Specialist must verify and document the verification of each course completed in Provider Comments. This is accomplished either by maintaining or viewing hard copies of certificates with PQAS certification or viewing or maintaining the provider's PD history. In Provider Comments document that the verification occurred, the date of verification and whether it was by reviewing the information or that the hard copy is maintained in the provider's file.

NOTE: Course hours in excess of the 12 required do not carry over into the next two year period.

To add training hours completed to PELICAN CCW:

1. On the provider's Location Subsidy Profile Summary page, click the Training link.
2. On the Training Summary page click the Effective Date hyperlink in the Training Hours section.

NOTE: The Effective Date is automatically entered by PELICAN CCW at the time the CareCheck segment is created. This date is the same as the CareCheck Certification Date. The End Date is two years after the Effective Date and represents the date 12 hours of training must be completed.

3. Click New. The Training Hours Detail page displays an input text box to add the verified and approved Training Hours Completed. Hours entered here count toward the current 2-year training segment.
4. In the Comments box on the Location Training Detail page, enter the number of hours and information about verification of the completed

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training such as, “In File” to indicate that copies of certificates are in the Provider File, or “On-line” to indicate proof of training has been confirmed on the PQAS training site.

5. Click Save.
6. The Location Training Summary screen shows the cumulative total of training hours completed for the CareCheck segment.

Any training taken after the CareCheck initiation or renewal date will count towards the requirement; however, the CCIS will not be able to enter the training hours into PELICAN CCW until ChildLine enters the CareCheck Certification date. After an R/N provider receives a certification date and the CareCheck status has been updated to 'Permitted', the CCIS will be able to add/update Training Hours. The CCIS must wait to enter any training obtained between the CareCheck initiation/renewal date and the certification date until ChildLine populates the Certification Date.

To review Training Hours, click Return to Summary. When the 60-day CareCheck Expiration Alert is received, review the total Training Hours. ***See Note below.** Contact the provider if the total hours completed is less than 12. Send the [Relative/Neighbor Training Reminder Letter](#) to remind him/her s/he has not met the training requirement. Advise the provider that the training must be completed or s/he will be in violation of the subsidy CareCheck Agreement.

NOTE: **Until further notice; send the interim Relative/Neighbor Training Reminder letter when the 60-day alert is received. Please note this letter has been temporarily modified to indicate that “payments may stop and your agreement may be ended”. In addition, the Provider Specialist should contact the provider with a reminder to complete the training by the deadline.**

When the 30-day alert is received, *** See Note below.** contact the provider again if the training hours are less than the requisite 12. In addition, contact the p/c to advise him/her that if the provider does not complete the training hours by the CareCheck renewal date, subsidy payments will stop.

NOTE: **Until further notice, when the 30-day alert is generated, the CareCheck segment is entered whether or not training is complete.**

[See 301.23.3.14 Questions – 301.17 “R/N Training Requirements”](#)

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301.18 RENEWALS

If an R/N provider has been subsidy eligible for a two year period, CareCheck can be renewed if training requirements are met. CareCheck renewals occur in conjunction with the R/N training verification. Renewals are not to be completed unless the two-year training requirements are met. All CareCheck renewals must be performed manually by the CCIS. Any provider whose CareCheck segment is not manually renewed will become subsidy ineligible and any active enrollments will be suspended by PELICAN CCW.

Prior to the expiration of the current CareCheck segment, a 60-day alert is sent to Provider Specialists, stating that the provider’s CareCheck is coming up for renewal. The specialist should review the Location Training Summary screen.

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If the training requirement of 12 hours has been met and verified, proceed with the renewal process.

If the training requirement of 12 hours has not been met, send the provider the **Relative/Neighbor Training Reminder** letter which indicates that the training period will soon expire and training requirements have not yet been met. The CCIS should also contact the provider to advise him/her that training has not yet been completed and must be before the deadline. If the training requirements have been met, send the provider the **Notification to Provider Regarding the Training Requirement** letter.

PELICAN CCW sends another alert 30 days before CareCheck is due to expire. ***See Note below.** If the provider still has not met the training requirement, remind the provider that s/he has not met training requirements and s/he will not be paid for care after the CareCheck segment expires. In addition, the appropriate worker should contact the p/c and advise him/her that the provider will not be paid for care after the CareCheck expires due to noncompliance with the training requirements.

NOTE: Until further notice, when the 30-day alert is generated, the CareCheck segment is entered whether or not training is complete. Continue to advise providers that they must complete the required 12 hours of training by the due date.

As with the initial CareCheck, ChildLine will process the State Police criminal history and child abuse background clearances. The results will be posted to PELCAN CCW as detailed in the CareCheck section of this chapter.

If training is not entered in PELICAN CCW by the end of the two year CareCheck segment, the provider will become Subsidy Ineligible; the Provider Agreement will be end dated; Stop Letters to the p/c and provider and a Non-Compliance Letter to the provider will be generated; and enrollments will be suspended.

NOTE: Due to delays with issuance of training certificates, OCDEL has postponed implementing the policy to fail R/N providers who do not have 12 hours of training beginning July 1, 2011. This does not change the expectation that R/N providers meet the training requirement timely.

If training has been completed before the 2 year deadline, but was not entered until after the 2 year period and the provider is Subsidy Ineligible in PELICAN CCW, the CCIS must complete the following steps in the order shown:

- Enter the training information.
- Enter a CareCheck segment with no gap. This will make the provider subsidy eligible.

NOTE: In order to enter a CareCheck Segment without a gap, the Date CareCheck Initiated should be the first date the provider became subsidy ineligible.

- On the Location Agreement Detail page, delete the agreement end date and remove the Non-compliance failure reasons.
- Reestablish enrollments within the case without gaps.
- Generate Enrollment Summary so that the p/c and provider know the provider is still eligible.

The provider may only submit training information about the completion of timely training up to 30 days after the CareCheck segment expires.

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If training has not been completed by the end of the CareCheck segment, PELICAN CCW enforces a mandatory period of 30 days before a new CareCheck segment can be entered. The Date Eligible for Review is reflected on the Location CareCheck Summary page. This is also the first date a CareCheck segment can be entered in PELICAN CCW. If the provider wants to re-enroll in the subsidized child care program on or after the Date Eligible for Review, s/he is treated as a new provider and must:

- Pay for both the Federal and State clearances which includes the current Cogent fee and the \$20 CareCheck fees.
- Complete fingerprinting.
- Attend the face-to-face meeting.
- Sign a new Provider Agreement with new dates.

Enrollments cannot be backdated to the time the provider was suspended. The provider will have two years from the new Certification Date to obtain 12 hours of training.

If the provider documents extenuating circumstances that result in not meeting the training hour requirement, the CCIS should contact their Subsidy Coordinator to find out if an exception to the Suspension can be made. “Not meeting the training hour requirement” means that the provider was enrolled in a session that was to occur before the end of the two-year period and completion of that class would have resulted in meeting the training hour requirement, but extenuating circumstances prevented the provider from meeting 12 hours. “Extenuating circumstances” may include:

- Course cancelled due to weather
- Course completed but not yet recorded
- Provider illness/hospitalization

[See 301.3.15 Questions – 301.18 “Renewals”](#)

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301.19 BACKDATING SUBSIDY ELIGIBILITY

As long as the provider submits acceptable federal criminal history clearances and attends the face-to-face meeting **within 30 days of the date of the Funds Available Letter** the CCIS may backdate subsidy eligibility prior to the current date. This can be done if a CareCheck segment is entered into PELICAN CCW after the provider began caring for the children in order to pay the provider for care provided prior to the date the CareCheck segment is input in PELICAN CCW.

NOTE: BEFORE backdating the segment, check compliance with the specific funding source policy in 301.19.1 through 301.19.3 below.

The p/c must select a provider and give the CCIS identifying information (name and address, minimally) within 30 days of being determined eligible for subsidized child care. The p/c must enroll the child(ren) with an eligible provider within 30 calendar days of the Funds Available Letter. The date on that letter is very important in the backdating policy.

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The following are backdating examples of situations when a p/c transfers from one provider to a new R/N who is not yet eligible in PELICAN CCW:

EXAMPLES:

10/1 P/C informs CCIS of plans to change provider-**but does NOT identify provider**. P/C remains enrolled with the current provider until 10/24.
10/24 P/C notifies CCIS of new provider's identifying information and child starts with new provider.

10/24

- Send CareCheck Appointment Letter to provider.
- Send Confirmation Notice with the reason of – Ineligible Provider - 30 Days to Enroll (provider must be eligible by 11/23).
- Enter case comment stating parent requests transfer to ineligible R/N provider effective 10/24.
- Set a tracking date for 31 days.

11/23

- In order for the new R/N provider to get paid back to 10/24, the new provider must bring the Cogent information to the CCIS within 30 days of transfer to the new provider (by 11/23).

11/24

- Send AA if the provider has not completed the face-to-face.
- If the provider comes in during the AA period, then the CCIS enrolls back 10/24.
- If the provider comes in after the AA period then the CCIS enrolls back to the date on the Cogent letter if this is a second provider—otherwise the case would close at the expiration of the AA.\

10/1 P/C changes to a new provider, but does not notify the CCIS until 10/24.

10/24 P/C informs CCIS that s/he changed provider on 10/1

**The p/c has 30 days from the date s/he notified the CCIS of the change enroll with an eligible provider (11/23).

**The new provider must be eligible within 30 days of the change (10/31)

10/24

- Suspend enrollments effective 10/1 using reason that the provider could not meet the child's needs.
- Send CareCheck Appointment Letter to provider.
- Send Confirmation Notice with the reason of – Ineligible Provider - 30 Days to Enroll
- Enter a case comment stating parent requests transfer to ineligible R/N provider effective 10/1. *(This step is critical in order for the CCIS to know the earliest date*

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the provider may be paid if the following criteria are met).

10/31

- Set a tracking date for 31 days (from 10/24 to 11/24)

- In order for the new R/N provider to get paid back to 10/1, the new provider must bring the Cogent information to the CCIS within 30 days of transfer to the new provider (by 10/31).

11/24

- Send AA if the provider has not completed the face-to-face.
- If the provider comes in during the AA period, then the CCIS enrolls back to the date on the Cogent letter.

NOTE: This is not a typo. The provider did not comply within 30 days of the change, but did comply during the AA period.

- If the provider comes in after the AA period, then the CCIS enrolls back to the date on the Cogent letter if this is a second provider—otherwise the case would close at the expiration of the AA.

10/1	P/C informs CCIS of plans to change provider- <u>and gives the CCIS provider identifying information.</u> P/C continues using the current provider.
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10/24	P/C starts using the new provider.
-------	------------------------------------

10/1

- Send CareCheck Appointment Letter to provider.

10/24

- Send Confirmation Notice with the reason of – Ineligible Provider - 30 Days to Enroll (by 11/23).
- Enter case comment stating parent requests transfer to ineligible R/N provider effective 10/24.
- Set a tracking date for 31 days.

11/23

- In order for the new R/N provider to get paid back to 10/24, the new provider must bring the Cogent information to the CCIS within 30 days of the transfer (by 11/23).

11/24

- Send AA if the provider has not completed the face-to-face.
- If the provider comes in during the AA period, then the CCIS enrolls back 10/24.
- If the provider comes in after the AA period then the CCIS enrolls back to the date on the Cogent letter if this is a second provider—otherwise the case would close at the expiration of the AA.

10/1	P/C informs CCIS no longer using provider but does not identify a new provider.
------	---

10/24	P/C starts using a new provider <u>and gives the CCIS provider identifying information.</u>
-------	--

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10/1

- Suspend enrollments.
- Send Confirmation Notice with the reason of – Ineligible Provider - 30 Days to Enroll (by 10/31).
- Enter case comment stating parent has stopped using the provider but has not identified a new provider.
- Set a tracking date for 31 days.

10/24

- Send CareCheck Appointment Letter to provider.

11/1

- Send AA if the provider has not completed the face-to-face.
- If the provider comes in during the AA period, then the CCIS enrolls back 10/24.
- If the provider comes in after the AA period then the CCIS enrolls back to the date on the Cogent letter if this is a second provider—otherwise the case would close at the expiration of the AA.

If the subsidy eligibility date needs to be earlier than the date CareCheck was entered, and the situation meets the requirements of the funding program, the CCIS must follow the steps below to request a subsidy eligibility date change from OCDEL headquarters provider staff. The procedure to request a provider subsidy eligibility date change is:

1. Compile all provider subsidy eligibility date change requests during the day.
2. At the end of the day, complete the **Subsidy Eligibility Date Change Request Form** for all requests that the CCIS has identified that day (make sure you include on the form all pertinent information, including client information, funding source, the reason the change is needed and the name and contact information for the CCIS requestor).
3. Create an email with the subject “SED Change Request; CCIS (your County’s Name)”
4. Attach the Subsidy Eligibility Date Change Request Form for the entire day to the e-mail.
5. Send the e-mail to CWOPA mailbox “**PW CCMIS SEDC Support**” to the mailbox address of ra-cemissedsupport@pa.gov.

NOTE: All requests for any given day should be on one form and should be submitted by one CCIS representative.

OCDEL staff will initiate the change in PELICAN CCW and send an e-mail response back to the initiator. If there are questions regarding specific providers, OCDEL headquarters provider staff will ask for clarification through an e-mail. Every effort will be made to complete and confirm provider subsidy eligibility date changes within two business days from the date the request is submitted.

See 301.23.3.16 Questions – 301.19 “Backdating Subsidy Eligibility”

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301.19.1 BACKDATING SUBSIDY ELIGIBILITY FOR LOW INCOME CASES

Providers who care for a Low Income child can be paid back to the date funds were available as long as the provider submits acceptable federal criminal history clearances and attends the face-to-face meeting within 30 calendar days of the **Funds Available Letter** date.

EXAMPLES:

8/20	Provider started caring for child
9/1	Funds Available
9/3	P/C advises CCIS of R/N provider and CareCheck Appointment Letter is generated.
9/18	Provider attends face-to face.

The CareCheck Initiated date will be 9/1.

8/20	Provider started caring for child
9/1	Funds available
9/3	P/C advises CCIS of R/N provider and CareCheck Appointment Letter is generated.
10/1	Provider does not respond. AA sent.
10/10	Provider attends face-to face.

The CareCheck Initiated date will be 9/1 because the provider completed the face-to-face meeting within the AA period which resolves the issue.

See [301.23.3.17 Questions – 301.19.1 ‘Backdating Subsidy Eligibility for Low Income Cases’](#)

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301.19.2 BACKDATING SUBSIDY ELIGIBILITY FOR TANF AND FOOD STAMP CASES

Payment to a provider caring for a TANF or Food Stamp child will be made back to the date the eligible parent participated in an activity but no more than 60 days before the case appeared in the CIS in-box **or the day the parent made contact with the CCIS** as long as the provider submits acceptable federal criminal history clearances and attends the face-to-face meeting within 30 calendar

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days of the date of the **Funds Available Letter.**

If the verification date on the Federal Fingerprint Results Letter is more than 30 days after the CareCheck Appointment Letter, payment will only be made back to the verification date on the Federal Fingerprint Results Letter.

EXAMPLES:

9/1	Case arrives in CIS Inbox
9/16	Case closes since p/c did not contact CCIS about childcare.
10/15	P/C provides R/N information and verifies care began 9/1. CAO confirms eligibility and participation in an activity since 9/1. Case is reopened. CareCheck Appointment Letter is generated.
10/20	Provider attends face-to face.

The CareCheck Initiated date will be 9/1.

8/15	Provider started caring for child
9/1	Case arrives in CIS Inbox
9/7	P/C provides R/N information and verifies care began 8/15. CAO confirms eligibility and participation in and activity since 8/15. CareCheck Appointment Letter is generated.
9/15	Provider attends face-to face.

The CareCheck Initiated date will be 8/15, the date the p/c participated in an activity.

See 301.23.3.18 Questions – 301.19.2 “Backdating Subsidy Eligibility for TANF and Food Stamp Cases”

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BACKDATING SUBSIDY ELIGIBILITY FOR FORMER TANF CASES

Payment can be made back to the date TANF closes for a provider who cared for a child if the p/c contacts the CCIS with the provider information within 30 days of TANF closing as long as the provider submits acceptable federal criminal history clearances and attends the face-to-face meeting within 30 calendar

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days of the date of the **Funds Available Letter** date.

If the p/c contacts the CCIS with the provider information between 31 and 183 days after TANF closes, the day the p/c contacts the CCIS s/he must have a subsidy eligible provider in order to receive retroactive payments. In addition, the p/c must provide invoices or receipts documenting care provided. Payment to the eligible provider will be back to the date the provider was eligible by CCIS standards and no further back than 183 days. If these conditions are not met, payment will be made back to the date of the Former TANF Funds Available Letter.

EXAMPLE:

6/1	TANF ends
8/15	Date p/c found eligible for Former TANF/date of Funds Available Letter.
8/20	P/C contacts the CCIS with provider information. The provider is not eligible. P/C supplies receipts showing child care with the provider began on 7/20.
9/15	Provider attends face-to-face meeting.

Since the p/c did not have an eligible provider when s/he contacted the CCIS for child care, subsidy payment will begin 8/15.

[See 301.23.3.19 Questions – 301.19.3 “Backdating Subsidy Eligibility for Former TANF Cases”](#)

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301.20 PAYMENT

The provider must utilize a method for confirming each child’s daily attendance. This can be an electronic sign in/out method or paper sign in/out sheets. The p/c must complete the form and sign the child(ren) in and out each day of attendance.

For a newly enrolled child, payment begins on the first day the child attends. If the child is absent on the initial day of scheduled care, payment will not start until the child attends.

Payments to an R/N provider can be authorized once an R/N provider participates in a face-to-face meeting and signs a **Provider Agreement**. If the R/N provider is to receive retroactive payments, the CCIS will pay the provider by entering enrollments retroactively and authorizing the attendance invoice.

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The CCIS will pay for a maximum of 25 days of absence during the State's fiscal year (July 1 – June 30) for each child. Children funded through the Food Stamp/Supplemental Nutrition Assistance Program are not subject to the 25 days absence limit. This is a cumulative number per child, regardless of provider transfers during the fiscal year. If a child's absences exceed 25 days, the parent is responsible to pay the provider for all additional absences. The parent is responsible to pay the provider's verified published daily rate for each day of absence starting with the 26th absence in addition to the weekly co-payment. Suspended days are not considered days of absence.

When a parent informs either the CCIS or the provider that the child will no longer be attending a particular facility, the CCIS should stop payment to the provider on the last day the child attends, or the day the parent informs the CCIS, whichever is later. If the parent requests a new provider, the CCIS should begin to make payments to the new provider immediately. The CCIS should not continue to pay the original provider for additional days.

The difference between the provider's request for notice of withdrawal and DPW's 5-day absence regulation has to do with the parent's notification to the CCIS and the provider. We pay for **five** days of absence when the child is ill or temporarily unable to attend the child care facility. The term "absence" implies that the child intends to return to the provider. We also pay for **five** days of absence when the child does not attend the facility and neither the CCIS nor the provider has heard from the parent. In these cases, the CCIS sends an AA to the parent after the 5th day of absence.

EXAMPLES:

In the following examples, the child receives care Monday through Friday.

1. On **Wednesday 8/17** the parent informs the CCIS that the child will not return after 8/17 and will be attending a new facility on Monday 8/29. The provider has a ten day notice policy that parent has not fulfilled.
 - a. CCIS action: The last paid day for the original provider is 8/17. Discontinue/Close the enrollment on 8/18. The CCIS enters a future-date enrollment for the child at the new provider and begins payment to new provider on 8/29, the date the child begins to attend the new provider.
 - b. Provider action: The provider discusses payment of agreed upon prior notice requirement with parent. If parent refuses to honor the agreement, provider has the option to file a complaint with the local magistrate.
2. **On Monday 8/22 the parent informs the CCIS that the child will be attending a new facility on Monday 8/29. The child begins attending the new facility on Wednesday 8/31.**
 - a. **CCIS action: The last paid day for the original provider is 8/22. The CCIS enrolls the child at the new provider and begins payment to new provider on 8/31, the date the child begins to attend the new provider.**
3. Child has been absent from Monday 8/15 through Friday 8/19 (**5** days); neither the provider nor the CCIS has heard from the parent.
 - a. Provider action: Provider contacts the CCIS to report the absence at the end of the day on 8/19 or beginning of the day on 8/22 (**6th** day of absence)
 - b. CCIS action: CCIS suspends the child enrollment and sends the parent an AA. On **8/22** CCIS pays the provider through 8/19.

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4. Same as #3. The parent calls the CCIS upon receipt of the AA and reports that she began to use a new provider on 8/15.
 - a. CCIS action: The parent did not inform the provider or the CCIS of the change in providers. The CCIS pays the old provider for **5** days of absence through 8/19. The CCIS enrolls the child with the new provider starting Monday **8/22**.
 - b. Provider action: The new provider should not have expected payment from the CCIS without receipt of an Enrollment Summary or a call from the CCIS. The new provider will need to discuss payment arrangements with the parent for care given 8/15 through 8/19.

5. The child has been absent from 8/15. On Monday 8/22 the parent calls the CCIS and informs the worker that she began to use a new provider on 8/15.
 - a. CCIS action: The CCIS pays forward based on the parent's report. The CCIS ends enrollment at original provider, paying through 8/19. The CCIS then creates an enrollment at the new provider and begins paying on 8/22, the date the parent reported the change.
 - b. Provider action: The original provider received payment for five days of absence. If the provider's agreement with the parent is to have 10 days prior notice, the provider will need to make arrangements with the parent for payment for the additional five days.

The prior notice of withdrawal is an agreement between the parent and the provider. It is up to the parent to fulfill the contract. The CCIS is not required to pay when the parent fails to give notice to the provider. Providers may go through their local magistrates to collect unpaid child care bills.

R/N providers are paid for all enrollment days regardless of whether they are open or not. The CCIS does not keep track of closed days for R/N providers.

Payment will not be made while a provider is appealing a CareCheck failure.

[See 301.23.3.20 Questions – 301.20 “Payment”](#)

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301.21 OWNERSHIP OF R/N PROVIDERS

A new R/N provider can be entered in PELICAN CCW by any CCIS in the Commonwealth. The CCIS which “owns” the provider is the CCIS in the county where the provider resides **which is not necessarily the county in which the child resides**. The owning CCIS maintains identifying information about the R/N provider. If the CCIS which entered the new provider in PELICAN CCW is not in the county where the provider lives, ownership **must** be transferred to the correct CCIS either by the CCIS which entered the information or through OCDEL headquarters provider staff. The owning CCIS may make changes to identifying information about the R/N provider within PELICAN CCW. The owning CCIS establishes a provider file for all R/N providers who reside in the county. **The provider reports changes and submits paperwork to the owning CCIS.**

If an R/N provider moves within the county, a new Provider Agreement is not needed as long as the Agreement in PELICAN CCW is not end-dated. The owning CCIS just needs to update the address information within PELICAN CCW. The CCIS must obtain verification of the new address and working telephone.

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The CCIS is responsible for ensuring that the R/N provider is not overenrolling subsidized children. If the number of enrollments exceeds three the system provides a warning. After researching the number of enrollments, if the CCIS suspects that the R/N is caring for more than three unrelated children at the same time or an inappropriate number of children, the CCIS **should remove/suspend the most recently placed child(ren) who caused the overcapacity and give the p/c 30 days to find a new provider. Use “Provider Non-Compliance” for the suspension reason.**

If an R/N provider becomes subsidy ineligible or the Agreement is ended, PELICAN CCW issues alerts to any CCIS that has enrollments with the provider. The system will automatically suspend the enrollments and will also issue a Stop Letter to the parent and a Non-Compliance Letter to the provider.

See [301.23.3.21 Questions – 301.21 “Ownership of R/N Providers”](#)

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301.21.1 Transferring Ownership

If a provider moves between counties, the owning CCIS enters the new physical address first on the Location, then updates the Legal Entity information. PELICAN CCW updates ownership based on the provider’s address entered.

If ownership needs to be transferred within Allegheny or Philadelphia counties, the CCIS can transfer ownership.

To transfer ownership of a Location within Allegheny or Philadelphia counties, go to Administration:



Then click Workload:



Finally, click Provider Office:



Enter the Provider ID for the provider location to be transferred and click Search:

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Provider Office Summary

Office  CCIS of Northeast Philadelphia

Provider/Location /

Assignment Type

Subsidy Status

Provider Type

Sort Options

Provider ID

Ascending Descending

SEARCH RESET

Select the radio button. Then click Transfer Provider:

Provider Office Summary

Search Criteria

Office CCIS of Northeast Philadelphia

Provider/Location

Assignment Type Location

Subsidy Status All

Provider Type R/N

Sort Options Provider ID Ascending

Search Results

Assignment Type	Provider ID	Provider Name
<input checked="" type="radio"/> Location		Supersite115694

1
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In the dropdown box, select the CCIS to which the location is to be transferred and click Save.

Provider Office Detail

Provider Location Information

Provider ID

Location Name Supersite115694

Vendor ID R691973

FEIN 55-5557807

Address Line 1 4331 N 5TH ST

Address Line 2

City/State/ZIP PHILADELPHIA, PA 19140

Phone

County Philadelphia

CCIS Office *

CAO Office Philadelphia County Assistance Office Headquarters

SAVE CANCEL

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The provider is now “owned” by a different CCIS:

MPI Location ID	Legal Entity Name	Location Name	Provider Certification ID	Provider ID
		SUPERSITE115694		

Keystone STARS Quality Rating

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General Location Information

Location Name: SUPERSITE115694

Language:

Website:

Vendor Id: R691973

CCIS Office Assignment: CCIS of North Philadelphia

MCCA County: Philadelphia

Municipality:

School District:

Provider Load: 0001

Fiscal Load: 0001

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301.22 UPDATED INFORMATION & ADDITIONAL RESOURCES

This section contains a listing of updated information distributed following issuance of this manual section via Announcements, Updates and Communiqués, as well as additional resources available to the CCIS.

301.22.1 Announcements

DATE ISSUED	ANNOUNCEMENT NUMBER	TITLE

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301.22.2 Updates

DATE ISSUED	UPDATE NUMBER	TITLE
5/15/14	n/a	301.5 CCIS Responsibilities —added number 4 and existing information became 5 through 6
5/15/14	n/a	301.8 CCIS Procedure after the P/C Identifies the R/N Provider --First paragraph added information about Negative Sanction Chart review and added Note.

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301.22.3 Communiqués

DATE ISSUED	COMMUNIQUE NUMBER	TITLE

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301.22.4 Additional Resources

DATE ISSUED	REFERENCE NUMBER	TITLE

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301.23 TRAINING GUIDE

This section contains information pertinent to training the Relative/Neighbor Provider Chapter. The following subsections contain the goals and objectives of the manual section, as well as helpful question and answer checkpoints.

301.23.1 Goals

The information in this section contains the goals with regard to R/N providers. The following are the goals of this Chapter:

- 1. To understand the p/c, CCIS and provider responsibilities regarding R/N child care.**
- 2. To accurately establish a new provider record in PELCIAN CCW when need.**
- 3. To ensure R/N eligibility criteria are met before establishing an eligibility date.**
- 4. To process renewals if the provider has met policy requirements.**

- 5. To correctly pay a provider for child attendance.**

301.23.2 Objectives

The information in this section contains the objectives with regard to R/N child care. The following are the objectives of this Chapter:

- 1. To understand and ensure p/c, CCIS and provider compliance with their responsibilities.**
- 2. To understand what to do when the p/c identifies the R/N provider.**
- 3. To understand how and when to enter an R/N provider into PELICAN CCW.**
- 4. To process background check information.**
- 5. To correctly establish the subsidy eligibility date and request a change, if necessary.**
- 6. To establish an R/N agreement.**
- 7. To enter R/N training information.**
- 8. To process renewals.**
- 9. To accurately pay R/N providers.**

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301.23.3 Section Checkpoint Questions

The Policy Division of the Bureau of Subsidized Child Care Services developed the following questions as a checkpoint to ensure comprehension of the information presented within this section. Upon review of the information within this section, CCIS staff should be able to answer all of the questions listed below.

301.23.3.1 Questions – Manual Section 301.1 General Policy & Regulation

1. R/N care is legally unregulated care that is provided by a single provider in his/her own home. The R/N provider is permitted to provide care for not more than which of the following:
 - a. Three unrelated children at any one time, or
 - b. A total of six children at any one time, to include any combination

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- of grandchildren and/or up to three unrelated children; or
 - c. A combination of no more than five related and unrelated infants and toddlers.
 - d. Any of the above.
2. TRUE OR FALSE. Since R/N care is legally unregulated, providers do not complete a Relative/Neighbor Provider Agreement.
- 3. TRUE OR FALSE. A family provider indicates she also wants to be an RN provider. The CCIS may proceed with the RN process.**

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[Return to Manual Section 301.1 – “General Policy & Regulation”](#)

[See Answers](#)

301.23.3.2 Questions – Manual Section 301.4 P/C Responsibilities

- 4. TRUE or FALSE. If the selected R/N provider’s background check shows the provider is not permitted by ChildLine to participate in the subsidized childcare program, the p/c has an additional 30 calendar days to find an eligible provider.**

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[Return to Manual Section 301.4 – “P/C Responsibilities”](#)

[See Answers](#)

301.23.3.3 Questions – Manual Section 301.5 CCIS Responsibilities

5. When a p/c selects an R/N provider the CCIS must:
- a. Determine the enrollment date for any subsidy-eligible child.
 - b. Notify the p/c that the R/N provider must pay a fee to Cogent Systems and must submit acceptable federal criminal

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clearance results at the face-to-face meeting.

- c. **Advise the p/c that the R/N provider must proceed with fingerprinting and the federal criminal history clearance promptly.**
- d. Generate a CareCheck Appointment Letter in PELICAN CCW **as soon as the CCIS receives the provider's mailing information** to the provider with instruction on how to obtain federal criminal history clearances, information about identification to bring when having the fingerprinting, information about what offenses prohibit establishing a provider agreement, and a list of local Cogent fingerprint sites.
- e. Conduct a face-to-face meeting with the R/N provider within 30 days from the date on the **Funds Available** Letter.
- f. Explain the R/N providers' training requirement at the **provider's** face-to-face meeting; provide information that includes instructions for registering on the Keys to Quality website along with any additional training information made available to the CCIS; and help the provider register on the Keys to Quality website during the face-to-face meeting if necessary. **Include a sample Daily Attendance Log in the packet of information provider.**
- g. Ensure the **provider** is in compliance with federal criminal history clearances and CareCheck requirements.
- h. Obtain signature(s) on the CareCheck Application and the R/N provider agreement.
- i. Enter all data into PELICAN CCW.
- j. Enter comments into PELICAN CCW.

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- k. Pay the R/N provider according to the most current payment standards set forth in **Chapter 305, Provider Payment**.
- l. All of the above.

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[Return to Manual Section 301.5 – “CCIS Responsibilities”](#)

[See Answers](#)

301.23.3.4 Questions – Manual Section 301.6 Provider Responsibilities

6. An R/N provider must:
 - a. **Complete** the fingerprint scanning for federal criminal history clearances.
 - b. Advise the CCIS immediately upon receipt of the federal criminal history results.
 - c. Schedule a face-to-face meeting with the CCIS.
 - d. **Complete** the CCIS face-to-face meeting within 30 days of the date on the **Funds Available Letter** sent **to the p/c** by the CCIS. The provider will submit the results of the federal criminal history clearance at this time.
 - e. Complete a CareCheck Application and submit all required information to the CCIS for review. The p/c provider understands that the \$20 fee for CareCheck will be withheld from his/her subsidized child care payment.
 - f. Provide the following to the CCIS:
 - Photo identification with signature;
 - Proof of address;
 - Social Security card or other proof of SSN; and
 - Proof of working telephone with call out capability.

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- g. Agree to obtain 12 hours of training every two years.
- h. Register on the Keys to Quality website.
- i. Sign an R/N Provider Agreement.
- j. Utilize daily attendance logs in compliance with OCDEL standards.**
- k. Provide care only at the physical address indicated in the Agreement.**
- l. Not live with the child(ren) for whom s/he provides care.**
- m. Not allow another person to care for the child(ren) unless the person is an approved substitute.**
- n. All of the above.

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[Return to Manual Section 301.6 – “Provider Responsibilities”](#)

[See Answers](#)

301.23.3.5 Questions – Manual Section 301.7 Identifying an R/N Provider

- 7. TRUE or FALSE. If the p/c names a provider timely, but does not give the CCIS the provider’s address within 30 calendar days of the Funds Available Letter, the CCIS must send an AA on day 31.**
- 8. TRUE or FALSE. As long as the R/N provider is found to be eligible, the provider can be paid back to the date s/he began caring for the children.**

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[Return to Manual Section – 301.7 – “Identifying an R/N Provider”](#)

[See Answers](#)

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301.23.3.6 Questions – Manual Section 301.8 CCIS Procedure After the P/C Identifies the R/N Provider

9. TRUE OR FALSE. When a p/c tells the CCIS what provider they want to use for childcare, the CCIS should always create a new provider record in PELICAN CCW.
- 10. In order to participate in the subsidized childcare program, the provider must submit acceptable federal criminal history clearance results and attend the face-to-face meeting within 30 calendar days of which letter:**
- a. CareCheck Appointment Letter
 - b. Federal Fingerprint Results Letter
 - c. Funds Available Letter
 - d. None of the above.
 - e. All of the above.
- 11. Children must be enrolled with an eligible provider within 30 calendar days of which letter:**
- a. CareCheck Appointment Letter
 - b. Federal Fingerprint Results Letter
 - c. Funds Available Letter
 - d. None of the above.
 - e. All of the above.

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[Return to Manual Section 301.8 – “CCIS Procedure After the P/C Identifies the R/N Provider”](#)

[See Answers](#)

301.23.3.7 Questions – Manual Section 301.8.2 R/N Provider Does Not Exist in PELICAN CCW

- 12. TRUE or FALSE. The CCIS should search for an R/N provider in PELICAN CCW using multiple criteria: the provider’s name and also by the provider’s Tax ID.**

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13. TRUE or FALSE. R/N providers are always R&R inactive.
14. TRUE or FALSE. The CCIS should not enter operating schedules or rates for R/N providers.

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[Return to Manual Section 301.8.2 – “R/N Provider Does Not Exist in PELICAN CCW”](#)

[See Answers](#)

301.23.3.8 Questions – Manual Section 301.9 Federal Criminal History Clearances

15. TRUE or FALSE. The federal criminal clearance must be repeated annually.
16. TRUE or FALSE. If a provider submits a Cogent result letter dated more than a year before the current date, the provider must repeat the clearance process.

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[Return to Manual Section 301.9 – “Federal Criminal History Clearances”](#)

[See Answers](#)

301.23.3.9 Questions – Manual Section 301.10 Procedure to Initiate Federal Criminal History Clearances

17. TRUE or FALSE. If the provider exists in PELICAN CCW, but the CareCheck status shows not permitted for a specified reason and the Date Eligible for Review field on the Location CareCheck Summary page shows a date prior to today’s date or if the R/N provider does not exist in PELICAN CCW, the CCIS must require the p/c to obtain a federal criminal history clearance.
18. **TRUE or FALSE. The cost of the Cogent fingerprinting will be withheld from the provider’s subsidized child care payment.**

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[Return to Manual Section 301.10 –
“Procedure to Initiate Federal Criminal
History Clearances”](#)

[See Answers](#)

301.23.3.10 Questions – Manual Section 301.11 Face-to-Face Meeting

19. Either prior to or during the face-to-face meeting the CCIS must collect which of the following from the provider:
 - a. Proof of identity (photo identification) with a signature.
 - b. Proof of address
 - c. Proof of working telephone with “call-out” capability at the physical location.
 - d. Social Security card or other proof of SSN.
 - e. Tax information on a W-9 Form.
 - f. R/N Provider Agreement.
 - g. Federal Criminal History Clearance Results Letter.
 - h. All of the above.
20. TRUE or FALSE. The R/N provider can bring a copy of the Federal Fingerprint Results Letter to the face-to-face meeting.
21. TRUE or FALSE. The CCIS is NOT to review the Criminal History Response attached to the federal fingerprint results.
22. **TRUE or FALSE. If the provider had the fingerprint scan well before the deadline for completing the face-to-face meeting but s/he needs to have a rescan of his/her fingerprints, the p/c does not need to look for another provider because the current provider will have additional time to attend the face-to-face meeting.**
23. TRUE or FALSE. If the provider had the fingerprint scan well before the deadline for completing the face-to-face meeting, but doesn't schedule the face-to-face meeting, the p/c does not need to look for another provider because s/he will have 30 more days to find an eligible provider.

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24. TRUE or FALSE. PELICAN CCW automatically enters today's date for the CareCheck Initiated Date. In order to avoid later adjustments the Provider Specialist should find out the date the client was eligible, when enrollments began and follow the **subsidy backdating policy** before establishing the CareCheck Initiated Date.
25. TRUE or FALSE. There is no connection between CareCheck Initiated Date and the Subsidy Eligibility Date.
26. TRUE or FALSE. The Subsidy Eligibility Date is the earliest date the provider can be paid for subsidy enrollments.
27. TRUE or FALSE. The face-to-face date must be entered in PELICAN CCW in order to initiate the ChildLine child abuse and State criminal history check.

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[Return to Manual Section 301.11 – “Face-to-Face Meeting”](#)

[See Answers](#)

301.23.3.11 Questions – Manual Section 301.12 CareCheck

28. TRUE or FALSE. CareCheck clearances are required at initial application and every two years thereafter and the provider pays the cost from his/her subsidized child care payment.
29. TRUE or FALSE. If a p/c uses more than one R/N provider, the only one that must participate in the CareCheck process is the provider who watches the child the most hours in a week.

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[Return to Manual Section 301.12 – “CareCheck”](#)

[See Answers](#)

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301.23.3.12 Questions – Manual Section 301.13 CareCheck Results

30. When the CCIS receives a subsidy ineligible alert due to a change in provider CareCheck status to Not Permitted – Temporary, the CCIS must do which of the following:
 - a. Attempt to telephone the p/c of the child who is receiving care from the R/N provider and advise him/her they can no longer get care from the provider.
 - b. Document the telephone attempt in Case Comments indicating whether or not the contact was successful and any steps the CCIS took to assist the parent in locating another provider.
 - c. Send a Stop Letter to the provider and the parent which indicates that the provider will no longer be paid by the subsidy program and that the parent has 30 days to locate a new provider. The Stop Letter is generated automatically by PELICAN CCW based on the suspension reason of the enrollment.
 - d. All of the above.

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[Return to Manual Section 301.13 –
“CareCheck Results”](#)

[See Answers](#)

301.23.3.13 Questions – Manual Section 301.16 Provider Agreement

31. R/N provider rates are based on which of the following:
 - a. The county of the provider’s residence.
 - b. The child’s age.
 - c. The hours of care.
 - d. All of the above.

32. TRUE or FALSE. Once signed, the agreement is valid as long as the provider continues to provide care as an unregulated provider within the same county and as long as neither

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party ends the agreement either voluntarily or due to non-compliance.

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[Return to Manual Section 301.16 – “Provider Agreement”](#)

[See Answers](#)

301.23.3.14 Questions – Manual Section 301.17 R/N Training Requirements

33. TRUE or FALSE. In order to continue to participate in the CCW subsidized child care program, R/N providers are required to obtain and submit proof of 12 hours of approved training received over a two year period.
34. TRUE or FALSE. The two year training period begins on the CareCheck Certification Date.
35. TRUE or FALSE. A provider who does not have internet access is not required to register on the Pennsylvania Keys website.

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[Return to Manual Section 301.17 – “R/N Training Requirements”](#)

[See Answers](#)

301.23.3.15 Questions – Manual Section 301.18 Renewals

36. TRUE or FALSE. CareCheck renewals for an R/N provider can occur only if the provider remains eligible for a two year period and has active enrollments 30 days prior to the CareCheck expiration date and if training requirements are met.

NOTE: Until further notice, when the 30-day alert is generated, the CareCheck segment is entered whether or not training is complete. Continue to advise providers that they must complete the required 12 hours of training by the due date.

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37. TRUE or FALSE. During CareCheck renewals, even though a face-to-face meeting with the provider does not occur, the CCIS must enter a face-to-face date in order to initiate the criminal history and child abuse background checks and to generate the \$20 fee to the provider.

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[Return to Manual Section 301.18 – “Renewals”](#)

[See Answers](#)

301.23.3.16 Questions – Manual Section 301.19
Backdating Subsidy Eligibility

- 38. TRUE or FALSE. Before a CCIS backdates subsidy eligibility the provider must submit acceptable federal criminal history clearances, attend the face-to-face meeting within 30 days of the date on the Funds Available Letter and must comply with backdating policy for the specific funding program.**

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[Return to Manual Section 301.19 – “Backdating Subsidy Eligibility”](#)

[See Answers](#)

301.23.3.17 Questions – Manual Section 301.19.1
Backdating Subsidy Eligibility for
Low Income Cases

39. TRUE or FALSE. Providers providing care for a Low Income child can always be paid back to the date funds were available.

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[Return to Manual Section 301.19.1 – “Backdating Subsidy Eligibility for Low Income Cases”](#)

[See Answers](#)

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301.23.3.18 Questions – Manual Section 301.19.2 Backdating Subsidy Eligibility for TANF and Food Stamp Cases

40. TRUE or FALSE. Payment to a provider caring for a TANF or Food Stamp child **can** always be **backdated** to 60 days before the case appeared in the CIS in-box.

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[Return to Manual Section 301.19.2 –
“Backdating Subsidy Eligibility for
TANF and Food Stamp Cases”](#)

[See Answers](#)

301.23.3.19 Questions – Manual Section 301.19.3 Backdating Subsidy Eligibility for Former TANF Cases

41. TRUE or FALSE. If a former TANF client gives the CCIS provider information 31 to 183 days after TANF closes, in order to receive retroactive payment to the date TANF closed, the provider must be eligible by CCIS standards the day the client gives the provider information to the CCIS. In addition, the client must submit receipts or invoices confirming care provided.

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[Return to Manual Section 301.19.3 –
“Backdating Subsidy Eligibility for
Former TANF Cases”](#)

[See Answers](#)

301.23.3.20 Questions – Manual Section 301.20 Payment

42. **TRUE or FALSE. R/N providers do not need a hard copy or electronic sign in/out method of confirming attendance.**
43. **TRUE or FALSE. A child is scheduled to begin at a provider on Monday, but does not attend childcare until Thursday. Payment will begin as of Monday.**

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- 44. TRUE or FALSE. In order to make retroactive payments to a provider, the CCIS must enter the enrollments retroactively and authorize the attendance invoice.
- 45. TRUE or FALSE. R/N providers are paid for all enrollment days regardless of whether they are open or not.
- 46. TRUE or FALSE. Payment will not be made while a provider is appealing a CareCheck failure.

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[Return to Manual Section 301.20 – “Payment”](#)

[See Answers](#)

301.23.3.21 Questions – Manual Section 301.21 Ownership of R/N Providers

- 47. The following is true about CCIS ownership of R/N providers:
 - a. Ownership of an R/N provider is based on the county in which the R/N provider resides.
 - b. The CCIS that maintains identifying information about an R/N provider is called the owner.
 - c. The owning CCIS may make changes to identifying information about the R/N provider within PELICAN CCW.
 - d. The owning CCIS establishes a provider file for all R/N providers who reside in their geographic area.
 - e. If the CCIS which entered the new provider in PELICAN CCW is not the owner, ownership must be transferred to the correct provider either by the CCIS which entered the information or through OCDEL headquarters provider staff.
 - f. All of the above.
- 48. TRUE or FALSE. If an R/N provider moves to a different county, a new Provider Agreement needs to be established due to the move.

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[Return to Manual Section 301.21 –
“Ownership of R/N Providers”](#)

[See Answers](#)

301.23.4 Section Checkpoint Answers

The Policy Division of the Bureau of Subsidized Child Care Services provided the answers to all the questions asked in Manual Section “301.22.3 – Section Checkpoint Questions.”

301.23.4.1 Answers – Manual Section 301.1 – General Policy & Regulation

1. d. – Any of the above. An R/N provider is permitted to provide care for three children unrelated to the operator at any one time, or a total of six children at any one time, to include any combination of grandchildren and/or up to three unrelated children; or a combination of no more than five related and unrelated infants and toddlers.
2. FALSE. Even though R/N providers are not required to register through DPW, R/N providers must complete a Relative/Neighbor Provider Agreement.
3. **FALSE. A provider may not be both an RN and Family child care provider.**

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[Return to Manual Section 301.1 –
“General Policy & Regulation”](#)

301.23.4.2 Answers – Manual Section 301.4 P/C Responsibilities

4. **TRUE. If the selected R/N provider’s background check shows the provider is not permitted by ChildLine to participate in the subsidized childcare program, the p/c has an**

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additional 30 calendar days to find an eligible provider.

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[Return to Manual Section 301.4 – “P/C Responsibilities”](#)

301.23.4.3 Answers – Manual Section 301.5 CCIS Responsibilities

5. 1. – All of the above. When a p/c selects an R/N provider the CCIS must determine the enrollment date for any subsidy-eligible child; notify the p/c that the R/N provider must pay a fee to Cogent Systems and must submit acceptable federal criminal clearance results at the face-to-face meeting; **advise the p/c that the R/N provider must proceed with fingerprinting and the federal criminal history clearance promptly**; generate a CareCheck Appointment Letter in PELICAN CCW **as soon as the CCIS receives the provider’s mailing information** to the provider with instruction on how to obtain federal criminal history clearances, information about identification to bring when having the fingerprinting, information about what offenses prohibit establishing a provider agreement, and a list of local Cogent fingerprint sites; **include a sample Daily Attendance Log in the packet of information provider**; conduct a face-to-face meeting with the R/N provider within 30 days from the date on the **Funds Available Letter**; explain the R/N providers’ training requirement at the **provider’s** face-to-face meeting; provide information that includes instructions for registering on the Keys to Quality website along with any additional training information made available to the CCIS; help the provider register on the Keys to Quality website during the face-to-face meeting if necessary; ensure the **provider** is in compliance with federal criminal history clearances and CareCheck requirements; obtain signature(s) on the CareCheck Application and the R/N provider agreement; enter all

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data into PELICAN CCW; enter comments into PELICAN CCW; pay the R/N provider according to the most current payment standards set forth in [Chapter 305, Provider Payment](#)

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301.23.4.4 Answers – Manual Section 301.6 Provider Responsibilities

6. n. – All of the above. An R/N provider must **complete** the fingerprint scanning for federal criminal history clearances; advise the CCIS immediately upon receipt of the federal criminal history results; schedule a face-to-face meeting with the CCIS; **Complete** the CCIS face-to-face meeting within 30 days of the date on the **Funds Available Letter** sent **to the p/c** by the CCIS; submit the results of the federal criminal history clearance; complete a CareCheck Application and submit all required information to the CCIS for review. The p/c provider understands that the \$20 fee for CareCheck will be withheld from his/her subsidized child care payment; provide photo identification with signature, proof of address, Social Security card or other proof of SSN and proof of a working telephone number with call out capability to the CCIS; agree to obtain 12 hours of training every two years; register on the Keys to Quality website; **utilize proper daily attendance logs**; and sign an R/N Provider Agreement. **The provider may only provide care at the physical address indicated in the Agreement; cannot live with the child(ren) for whom s/he provides care; and cannot allow another person to care for the child(ren) unless the person is an approved substitute.**

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[Return to Manual Section 301.6 –
“Provider Responsibilities”](#)

301.23.4.5 Answers – Manual Section 301.7
Identifying an R/N Provider

7. **TRUE. In order to meet his/her eligibility requirements, the p/c must give the CCIS enough provider information to allow the CCIS to send the CareCheck Appointment Letter. A p/c who fails to do this timely, will be sent an AA on day 31.**
8. **FALSE. The begin date for paying a provider depends on many factors and is not based solely on the provider’s eligibility.**

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[Return to Manual Section 301.7 –
“Identifying an R/N Provider”](#)

301.23.4.6 Answers – Manual Section 301.8
CCIS Procedure After the P/C
Identifies the R/N Provider

9. FALSE. In order to prevent creating duplicate records, when the p/c advises the CCIS of the identity of the R/N provider, the CCIS must first search PELICAN CCW to see if the provider is already in PELICAN CCW.
10. **c. – The provider has 30 calendar days from the date of the Funds Available Letter to submit acceptable federal criminal history clearance results and attend the face-to-face meeting.**
11. **c. – The children must be enrolled with an eligible provider within 30 calendar days from the date of the Funds Available Letter.**

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[Return to Manual Section 301.8 – “CCIS Procedure After the P/C Identifies the R/N Provider”](#)

301.23.4.7 Answers – Manual Section 301.8.2 R/N Provider Does Not Exist in PELICAN CCW

12. **TRUE. The search to determine whether the provider already exists in PELICAN CCW should include searching by the provider’s Tax ID and a search using the provider’s name. This helps prevent creating duplicate records for the same provider.**
13. TRUE. R/N providers are always R&R inactive.
14. TRUE. The CCIS should not enter operating schedules or rates for R/N providers.

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[Return to Manual Section 301.8.2 – “R/N Provider Does Not Exist in PELICAN CCW”](#)

301.23.4.8 Answers – Manual Section 301.9 Federal Criminal History Clearances

15. FALSE. The federal criminal history clearance is completed one time as long as the provider submits acceptable results and continues eligibility by caring for subsidized children.
16. TRUE. If a provider submits a Cogent result letters dated more than a year before the current date, the provider must repeat the clearance process.

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[Return to Manual Section 301.9 – “Federal Criminal History Clearances”](#)

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301.23.4.9 Answers – Manual Section 301.10 Procedure to Initiate Federal Criminal History Clearances

17. TRUE. If the provider exists in PELICAN CCW, but the CareCheck status shows not permitted for a specified reason and the Date Eligible for Review field on the Location CareCheck Summary page shows a date prior to today's date or if the R/N provider does not exist in PELICAN CCW, the CCIS must require the p/c to obtain a federal criminal history clearance by generating a CareCheck Appointment Letter in PELICAN CCW, sending The Pennsylvania Child Protective Services Law, a list of Cogent sites, and information about fingerprinting.
18. **FALSE. The provider must pay Cogent for the cost of the fingerprinting.**

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[Return to Manual Section 301.10 – “CCIS Procedure to Initiate Federal Criminal History Clearances”](#)

301.23.4.10 Answers – Manual Section 301.11 Face-to-Face Meeting

19. h. – All of the above. Either prior to or during the face-to-face meeting the CCIS must collect proof of identity (photo identification) with a signature, address; working telephone with “call-out” capability at the physical location, must present a Social Security card or other proof of SSN, tax information on a W-9 Form, and Federal Criminal History Clearance Results Letter.
20. FALSE. The CCIS must review the original Federal Fingerprint Results Letter. The original is blue; a copy has a “Void” watermark. The CCIS must copy the original for the CCIS file.

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21. TRUE. The CCIS is NOT to review the Criminal History Response attached to the federal fingerprint results.
22. **FALSE. The p/c must enroll the child(ren) with an eligible provider within 30 days of the Funds Available Letter. If the provider cannot meet that timeline by being deemed eligible, the p/c must secure an eligible provider.**
23. FALSE. The p/c must enroll the child(ren) with an eligible provider within 30 days of the Funds Available Letter. If the provider does not meet his/her timelines, the p/c still must secure an eligible provider within 30 days after the Funds Available Letter.
24. TRUE. PELICAN CCW automatically enters today's date for the CareCheck Initiated Date. In order to avoid later adjustments the Provider Specialist should determine the date the client was eligible, when enrollments began, and follow the **subsidy backdating policy** when establishing the CareCheck Initiated Date.
25. FALSE. The CareCheck Initiated Date becomes the Subsidy Eligibility Date, which is the date the provider can begin getting paid for subsidy enrollment.
26. TRUE. The Subsidy Eligibility Date is the earliest date the provider can be paid for subsidy enrollments.
27. TRUE. The face-to-face date must be entered in PELICAN CCW in order to initiate the ChildLine child abuse and State criminal history check.

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[Return to Manual Section 301.11 – “Face-to-Face Meeting”](#)

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301.23.4.11 Answers – Manual Section 301.12 CareCheck

28. TRUE. CareCheck clearances are required at initial application and every two years thereafter and the provider pays the cost from his/her subsidized child care payment.
29. FALSE. If a p/c uses more than one R/N provider, each R/N provider must complete a CareCheck Application.

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[Return to Manual Section 301.12 –
“CareCheck”](#)

301.23.4.12 Answers – Manual Section 301.13 CareCheck Results

30. d. – All of the above. When the CCIS receives a subsidy ineligible alert due to a change in provider CareCheck status to Not Permitted – Temporary, the CCIS must attempt to telephone the p/c of the child who is receiving care from the R/N provider and advise him/her they can no longer get care from the provider; document the telephone attempt in Case Comments indicating whether or not the contact was successful and any steps the CCIS took to assist the parent in locating another provider; and send a Stop Letter to the provider and the parent which indicates that the provider will no longer be paid by the subsidy program and that the parent has 30 days to locate a new provider.

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“CareCheck Results”](#)

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301.23.4.13 Answers – Manual Section 301.16 Provider Agreement

31. d. – All of the above. R/N provider rates are based on the county of the provider's residence, the child's age, and the hours of care.
32. TRUE. Once signed, the agreement is valid as long as the provider continues to provide care as an unregulated provider within the same county and as long as neither party ends the agreement either voluntarily or due to non-compliance.

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[Return to Manual Section 301.16 – “Provider Agreement”](#)

301.23.4.14 Answers – Manual Section 301.17 R/N Training Requirements

33. TRUE. In order to continue to participate in the CCW subsidized child care program, R/N providers are required to obtain and submit proof of 12 hours of approved training received over a two year period.
34. TRUE. The two year training period begins on the CareCheck Certification Date.
35. FALSE. All R/N providers must register on the Pennsylvania Keys website so that their PQAS certified courses will be documented. The CCIS should help the provider register on the website, if necessary.

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[Return to Manual Section 301.17 – “R/N Training Requirements”](#)

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301.23.4.15 Answers – Manual Section 301.18 Renewals

36. TRUE. CareCheck renewals for an R/N provider can occur only if the provider remains eligible for a two year period and has active enrollments 30 days prior to the CareCheck expiration date and if training requirements are met

NOTE: Until further notice, when the 30-day alert is generated, the CareCheck segment is entered whether or not training is complete. Continue to advise providers that they must complete the required 12 hours of training by the due date.

37. TRUE. Although a face-to-face meeting does not occur for CareCheck renewals, a face-to-face date must be entered into PELCIAN CCW in order to initiate the criminal history and child abuse background checks and to generate the \$20 fee to the provider.

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[Return to Manual Section 301.18 – “Renewals”](#)

301.23.4.16 Answers – Manual Section 301.19 Backdating Subsidy Eligibility

- 38. TRUE. In order for the CCIS to backdate subsidy eligibility the provider must submit acceptable federal criminal history clearances, attend the face-to-face meeting within 30 days of the date on the Funds Available Letter; and the applicable funding source policy must be followed.**

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[Return to Manual Section 301.19 – “CCIS Backdating Subsidy Eligibility”](#)

301.23.4.17 Answers – Manual Section 301.19.1
Backdating Subsidy Eligibility for
Low Income Cases

39. FALSE. Providers providing care for a Low Income child can be paid back to the date funds were available if the provider submits acceptable federal criminal history clearances and attends the face-to-face meeting within 30 days of the date of the **Funds Available** Letter.

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[Return to Manual Section “301.19.1 –
Backdating Subsidy Eligibility for Low
Income Cases”](#)

301.23.4.18 Answers – Manual Section 301.19.2
Backdating Subsidy Eligibility for
TANF and Food Stamp Cases

40. FALSE. Payment to a provider caring for a TANF or Food Stamp child will be made back to the date the eligible parent participated in an activity but no more than 60 days before the case appeared in the CIS in-box as long as the provider submits acceptable federal criminal history clearances and attends the face-to-face meeting within 30 days of the date of the **Funds Available** Letter.

If the verification date on the Federal Fingerprint Results Letter is more than 30 days after the **Funds Available** Letter, payment will only be made back to the verification date on the Federal Fingerprint Results Letter.

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TANF and Food Stamp Cases”](#)

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301.23.4.19 Answers – Manual Section 301.19.3 Backdating Subsidy Eligibility for Former TANF Cases

41. TRUE. If a former TANF client gives the CCIS provider information 31 to 183 days after TANF closes, in order to receive retroactive payment to the date TANF closed, the provider must be eligible by CCIS standards the day the client gives the provider information to the CCIS. In addition, the client must submit receipts or invoices confirming care provided.

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[Return to Manual Section 301.19.3 –
“Backdating Subsidy Eligibility for
Former TANF Cases”](#)

301.23.4.20 Answers – Manual Section 301.20 Payment

42. **FALSE. R/N providers must have a hard copy or electronic sign in/out method of confirming attendance.**
43. **FALSE. For a newly enrolled child, payment begins on the first day the child attends. If the child is absent on the initial day of scheduled care, payment will not start until the child attends. In this example, payment will begin on Thursday, the first day of actual attendance.**
44. TRUE. In order to make retroactive payments to a provider, the CCIS must enter the enrollments retroactively and authorize the attendance invoice.
45. TRUE. R/N providers are paid for all enrollment days regardless of whether they are open or not.
46. TRUE. Payment will not be made while a provider is appealing a CareCheck failure.

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[Return to Manual Section 301.20 –
“Payment”](#)

301.23.4.21 Answers – Manual Section 301.21 Ownership

47. f. – All of the above. R/N ownership is based on the county in which the R/N provider resides. The CCIS that maintains identifying information about an R/N provider is called the owner. The owning CCIS may make changes to identifying information about the R/N provider within PELICAN CCW and establishes a provider file for all R/N providers who reside in their geographic area. If the CCIS which entered the new provider in PELICAN CCW is not the owner, ownership must be transferred to the correct provider either by the CCIS which entered the information or through OCDEL headquarters provider staff.
48. TRUE. If an R/N provider moves to a different county than the one with the current agreement, a new Provider Agreement must be signed by the provider. If the county remains the same and if the Agreement in PELICAN CCW is not end dated, no change is needed in PELICAN CCW. The owning CCIS just needs to update the address information within the system.

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[Return to Manual Section 301.21 –
“Ownership of R/N Providers”](#)