

## TEXAS WORKFORCE COMMISSION LETTER

**ID/No:** WD 40-03

**Date:** October 1, 2003

**Key Word:** Child Care

**To:** Local Workforce Development Board Executive Directors  
Commission Executive Staff  
Integrated Service Area Managers  
Commission Local Offices

**From:** Luis M. Macias, Director, Workforce Development Division

**Subject:** Child Care: Tracking and Reporting Discontinuation of Care in the Child Care Service Delivery Application

---

### **PURPOSE:**

To provide Local Workforce Development Boards (Boards) with new procedures for tracking and reporting the reasons parents leave child care services, as required by Senate Bill 280 (S.B. 280), and to notify them of changes to:

- the Child Care Service Delivery (CCSD) application; and
- Form E-2510: “Notification of Child Care Eligibility.”

### **REFERENCE:**

Texas Workforce Commission Child Care and Development Rules: 40 TAC  
Chapter 809  
Senate Bill 280, as passed by the 78<sup>th</sup> Texas Legislature, Regular Session

### **FLEXIBILITY RATINGS:**

**No Local Flexibility (NLF)**: This rating indicates that Boards must comply with the federal and State laws, rules, policies, and required procedures set forth in this WD Letter and have no local flexibility in determining whether and/or how to comply. Federal and State laws, rules, policies, and required procedures with a “No Local Flexibility” rating are indicated by the acronym, **NLF**, in the margin to the right of the applicable paragraph. Additionally, all information with a “No Local Flexibility” rating is indicated by “must” or “shall.”

Failure to comply with the federal and State laws, rules, policies, and required procedures with a “No Local Flexibility” rating may result in corrective action, up to and including sanction and penalty.

**Local Flexibility (LF):** This rating indicates that Boards have local flexibility in determining whether and/or how to implement guidance or recommended practices set forth in this WD Letter. All guidance or recommended practices with a “Local Flexibility” rating are indicated by the acronym, **LF**, located in the margin to the right of the applicable paragraph. Additionally, guidance or recommended practices with a “Local Flexibility” rating are indicated by “may” or “recommend.”

Boards are not subject to corrective action for failure to comply with guidance or recommended practices with a “Local Flexibility” rating.

**BACKGROUND:**

S.B. 280, passed by the 78<sup>th</sup> Texas Legislature, Regular Session, requires the Texas Workforce Commission (Commission) to evaluate the effectiveness of its subsidized child care program. The evaluation must include the reasons why parents leave subsidized child care, which is provided as a support service for low-income parents who are working or in training, and for families enrolled in Choices and other employment services (for example, Food Stamp Employment & Training, Workforce Investment Act, etc.). The Commission must report its findings to the Texas Legislature no later than January 15 of every odd-numbered year.

Child Care Services (CCS) has enhanced the CCSD application to assist Boards in tracking the reasons parents leave child care services. The application now has clearly defined discontinuation of care reasons, formerly referred to as end reasons.

**PROCEDURES:**

Attachment 1 to this WD Letter (“Discontinuation of Care Reasons”) details the reasons that must be used when discontinuing a child’s referral in the CCSD application. These reasons must also be used, as applicable, in Form E-2510: “Notification of Child Care Eligibility,” included as Attachment 2 to this WD Letter, in a CCSD application report being developed, and in the Commission’s report to the Legislature.

**NLF**

Boards must ensure that appropriate staff quickly and accurately discontinue a child’s referral in the CCSD application in order to:

**NLF**

- Assist in the analysis of why clients leave child care;
- Meet the reporting requirements of S.B. 280; and
- Ensure that the child care facility is no longer reimbursed.

Boards may generate Report CC0002, “Client Eligibility Review Notice,” in the CCSD application to help them monitor the timely discontinuation of referrals. The report lists children whose eligibility needs to be redetermined.

**LF**

If the redetermination results in discontinued child care, appropriate staff must end the referral.

NLF

**Child Care for Choices and Other Employment Services**

Boards must ensure that appropriate staff use the following procedures when discontinuing child care to clients receiving Choices and other employment services:

NLF

- **For all clients**, select the “Discontinue Care” box on the “Action Required Section” of Form E-2510;
- **For Choices clients**, indicate the specific discontinuation of care reason in the column titled “Child Care Choices Discontinuation Reason”; and
- Forward the completed form to the staff responsible for ending the child’s referral in the CCSD application.

Boards must ensure that appropriate staff use the following procedures for ending a child’s referral in the CCSD application after Form E-2510 is received:

NLF

- **For Choices clients**, select the specific discontinuation of care reason in the CCSD application as it is identified on Form E-2510.
- **For all other employment services**, select the “Termination per Workforce Center Case Manager” discontinuation reason in the CCSD application.

**Subsidized Child Care for Low-Income Families**

Boards must ensure that appropriate staff select the most accurate discontinuation of care reason in the CCSD application to discontinue service and end a child’s referral.

NLF

**ACTIONS REQUIRED:**

Boards must ensure that appropriate staff are apprised of and comply with the requirements in this WD Letter.

**INQUIRIES:**

Direct inquiries to Child Care Program Assistance at (512) 936-3137 or [childcare.programassistance@twc.state.tx.us](mailto:childcare.programassistance@twc.state.tx.us).

**ATTACHMENTS:**

Attachment 1: Discontinuation of Care Reasons

Attachment 2: Form E-2510: Notification of Child Care Eligibility

Rescissions: None	Expiration: Continuing
-------------------	------------------------

## **Discontinuation of Care Reasons**

This attachment includes all of the discontinuation of care reasons from which appropriate staff must choose to end a referral in the CCSD application. If more than one discontinuation of care reason accurately describes the reason child care is ending and one of those reasons is a “priority” reason as indicated by an asterisk (\*), staff should select only the priority discontinuation of care reason. If a child has more than one referral, the same discontinuation of care reason should be selected for each referral.

### **Priority Discontinuation of Care Reasons:**

**\*Child Exceeds Age Limit:** Child exceeds 13 years of age, or the Board-specified age limit (may be up to age 19 for a child with disabilities).

**\*Lack of Funding for Priorities:** The Board may implement its discontinuation of care policy to make room for priority groups (i.e., Choices, transitional, workforce orientation applicants, Food Stamp Employment & Training (FSE&T), children receiving or needing protective services).

**\*No Longer Eligible Due to Income** (drop-down menu): Family income exceeds:

- a. 150% FPG
- b. 185% FPG
- c. 55% SMI
- d. 75% SMI
- e. 80% SMI
- f. 85% SMI

**\*No Longer Working, In-Training, or In-School:** Parent is no longer employed or participating in the required number of hours of training or courses needed to receive child care services.

**\*Termination per Workforce Center Case Manager (FSE&T, WIA, WTW):** Case manager discontinued the child care. Only FSE&T participants with this discontinuation of care reason will be included in the CCSD application report that is being developed.

**\*Termination per Workforce Choices Case Manager:** Use the following discontinuation of care reasons as appropriate when child care ends due to:

- a. **Good Cause:** Parent was granted good cause.
- b. **Expiration of TANF Time Limits:** Parent’s Temporary Assistance for Needy Families (TANF) time limits expired.
- c. **Non-Cooperation:** Parent did not cooperate with Choices program requirements, or did not cooperate with other, non-Choices requirements of the Personal Responsibility Agreement for two consecutive months, and was denied TANF.
- d. **Voluntary Withdrawal:** Parent voluntarily withdrew from Choices or TANF.

**Other Discontinuation of Care Reasons:**

**Client Missed Redetermination** (drop-down menu):

- a. **Did not return paperwork:** Parent did not return the redetermination paperwork.
- b. **Missed redetermination appointment:** Parent did not attend the redetermination appointment or did not provide the adequate documentation to determine eligibility.

**Consecutive Absences without Notice:** Child has been absent from child care for a consecutive number of days as defined in Board policy.

**Excessive Absences:** Child has exceeded the allowed number of absences per Board policy.

**Failure to Report Change:** Parent failed to report a change in (drop-down menu):

- a. Income
- b. Family Size
- c. Loss of TANF or Supplemental Security Income assistance grants
- d. Work, education, or training
- e. Any other change that may affect eligibility

**Non-Payment of Parent Share of Cost:** Parent did not pay the assessed parent's share of cost.

**Suspension:** Client will not need services for a temporary period of time but will be returning to care. This discontinuation of care reason will not appear on the discontinuation of care report that is being developed.

**Termination per CPS Case Manager:** Child Protective Services (CPS) case manager ended child care.

**Voluntary Withdrawal from Care:** Parent voluntarily withdrew the child from care (drop-down menu). If more than one reason applies, choose the initial action that caused the voluntary withdrawal. For example, if the parent got married and decided to stay home as a result of the marriage, then choose "Got Married."

- a. Moved in-state
- b. Moved out-of-state
- c. Got married
- d. Decided to stay home
- e. Other

**NOTIFICATION OF CHILD CARE ELIGIBILITY**

TO: Child Care Contractor
Address-Street
City, State, ZIP

FROM: Designated Staff
Agency
Address-Street
City, State, ZIP

**ACTION REQUIRED, according to the terms of our agreement, for the children (listed below) of the described family:**

Provide Child Care     
  Continue Child Care with Same or New Info.     
  Discontinue Care (care ends immediately)     
  Discontinue Child Care-Child Care Contractor Determine Eligibility for Continued Care

Parent/Caretaker Name	Case No.	Social Security No.	Date of Birth
Street Address (Street, City, State, ZIP)			Telephone Number
Mailing Address (if different from street address)			
Date Parent to Begin Participation	Participation Schedule-Days and Hours		

CHILD'S FULL NAME	CLIENT GROUP	SSN	RECIPIENT OR CLIENT NO.	DATE OF BIRTH	ETHNICITY	SPECIALIZED CARE	CHILD CARE CHOICES DISCONTINUE REASON

**Budget Codes:** A1: Workforce TANF Applicants      A2: Choices      A3: Transitional      A4: Conditional Choices      B: FSE&T      C: Income Eligible      E1: WtW Formula 70%      E2: WtW Formula 30%      E3: WtW Formula State Funds      F1: WIA Adult      F2: WIA Youth      F3: WIA Dislocated Worker

**Ethnicity** 1=White 2=Black or African American 3=Hispanic or Latino 4=American Indian or Alaskan Native 5=Asian 6=Hawaiian Native or Pacific Islander 7=Info. Not Available      **Specialized Care** (Items 1 through 4 not applicable to infants, toddlers, preschool) 1=Before/After School 2=Holidays 3=Summer Care 4=1,2, & 3 5=Weekend 6=Night Care

**CHOICES Discontinuation Reasons**      A. Good Cause      B. Expiration of TANF Time Limits      C. Non-cooperation      D. Voluntary Withdrawal

**Comments:** \_\_\_\_\_

Eligible Start Date (date child care contractor is called)	Eligibility Redetermination Date	Discontinue Date
--	----------------------------------	------------------

**This authorization/reauthorization for paid child care is based on an assessment of the client's need for child care; other resources are not available.**

Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Signature—Authorizing Staff      Date

FOR CHILD CARE CONTRACTOR USE ONLY	<input type="checkbox"/> Travel Time Needed: _____	<input type="checkbox"/> Full Day Care Authorized	<input type="checkbox"/> Part Day Care Authorized
Comments: _____ _____ _____	_____ Signature—Child Care Contractor		_____ Date