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**Early Learning**  
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# First Responders & Health Care Workers: Access to Child Care



**First Responder & Health  
Care Workers: Access to  
Child Care**

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**Webinar**

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April 6 & 7, 2020



[www.floridaearlylearning.com](http://www.floridaearlylearning.com)

## I. Background Information

- Child care closures
- Workgroups and discussions
- Projected need for services

## II. Access to School Readiness Services

- Revision to at-risk definition
- Referral process and DRAFT form and instructions
- Funding

## III. Local Collaboration Activities

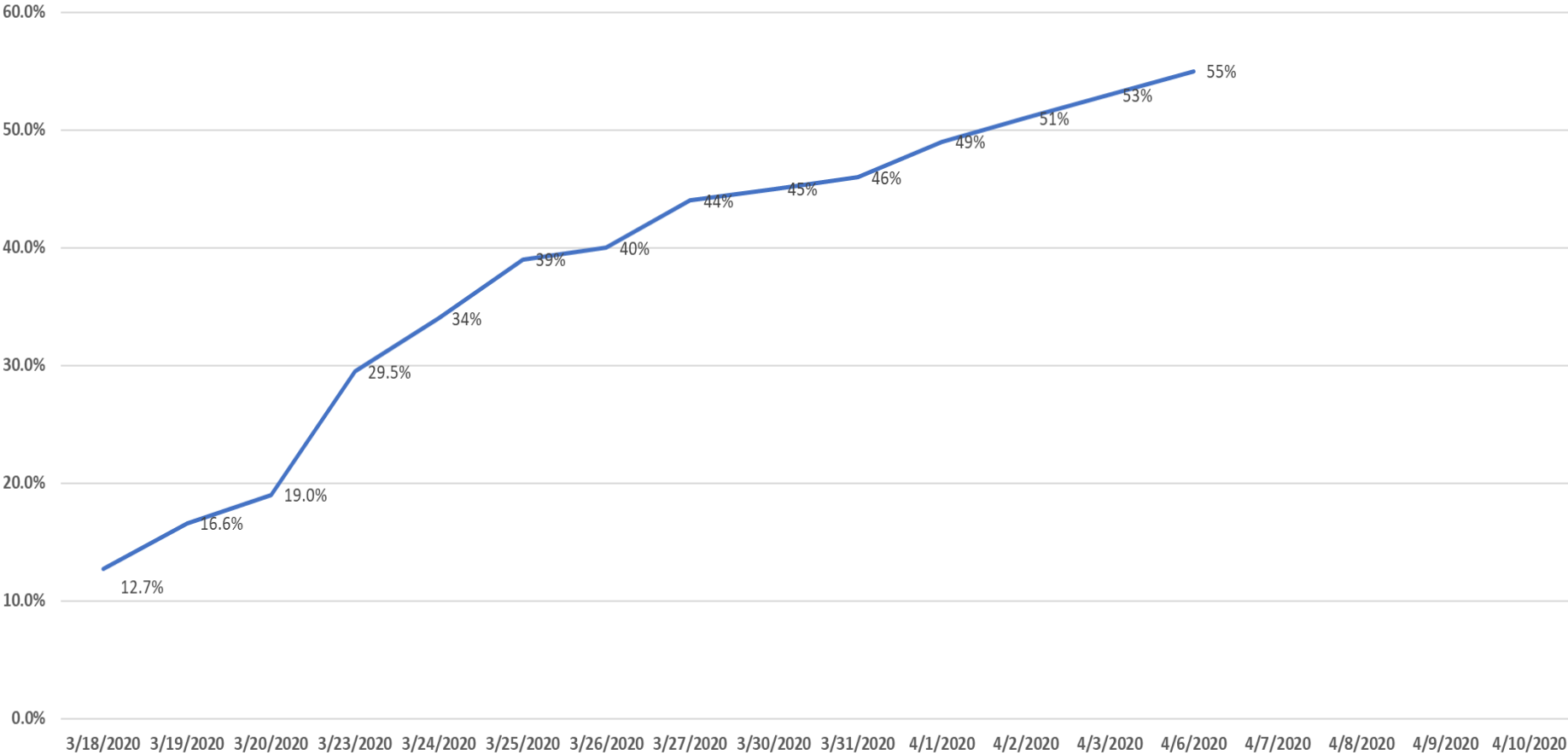
## IV. Increasing Child Care Options/Providers

## V. Next Steps



# Background Information

SR and VPK Providers: Percent Closures




- First discussions with FL Hospital Association lobbyist and representatives from major hospitals
- Expanded to include PBA, FL Sheriffs and FL Police Chief's Association
- Worked with directors from seven coalitions (Escambia, Flagler/Volusia, Lake, Miami-Dade, NW Florida, Pinellas and St. Lucie) to refine forms and process
- Projected needs are unknown

**HIGH priority for OEL, DOE and Governor**

# Access to Services

- Revised definition of “at-risk” to include first responders and health care workers
- Eligibility includes birth – age 13 with NO INCOME limit
- Utilizing at-risk referral process with revised form and instructions

		<b>Child Care Application and Authorization Form</b> <b>First Responder and Essential Health Care Personnel (Declaration of Emergency Response)</b>	
Authorization type: <input type="checkbox"/> INITIAL AUTHORIZATION <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> UPDATE			
FROM: (Print Organization's Representative Name)		Phone Number	
Organization Name			
Mailing Address, City, ZIP Code			
<b>SECTION A: FAMILY INFORMATION</b>			
Parent/Guardian #1 Name of Employer:	(Print) Last Name	First Name	MI
			Date of Birth
			Gender
			Race
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Parent/Guardian #2 Name of Employer:	(Print) Last Name	First Name	MI
			Date of Birth
			Gender
			Race
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Mailing Address:	City	State	ZIP Code
Contact Phone No.			
Email Address:			
<b>CHILD INFORMATION</b>			
Child # 1 selected child care provider:	(Print) Last Name	First Name	MI
			Date of Birth
			Gender
			Race
Child # 2 selected child care provider:	(Print) Last Name	First Name	MI
			Date of Birth
			Gender
			Race
Child # 3 selected child care provider:	(Print) Last Name	First Name	MI
			Date of Birth
			Gender
			Race
<b>AUTHORIZING PARENT OR GUARDIAN SIGNATURES</b>			
I hereby certify that the information provided above is correct.			
Applicant signature:			Date:
<b>SECTION B: ELIGIBILITY</b>			
Employment status:	<input type="checkbox"/> First Responder Participant		<input type="checkbox"/> Essential Health Care Personnel
Please select <b>one</b> of the reasons for purpose of care:			
Verification of the following (with documentation attached):	<input type="checkbox"/> U.S. Citizen or Qualified Alien		Comments:
For child(ren) needing care:	<input type="checkbox"/> Verification of age		
<b>AUTHORIZATION</b>			
HOURS: Child care service is authorized for this client for approved work activity(ies) not to exceed a total of _____ hours per week.			
This total includes _____ hours per week for reasonable transportation time.			
DATES: CHILD CARE AUTHORIZATION FROM _____/_____/_____ THROUGH _____/_____/_____			
(Authorization period: 3 months or less for first responder and essential health care participant)			

# Access to Services

## Instructions for Child Care Application and Authorization Form for First Responder and Essential Health Care Participant (Declaration of Emergency Response)

### INTRODUCTION

This form is intended to be the single referral and authorization form for child care services provided by the School Readiness child care program for families directly involved in the health care field relating to an emergency response. It is designed to be used by authorized employees of designated health care or first responder organizations and their associated programs.

### CHILD CARE APPLICATION AND AUTHORIZATION

The person completing the form should state whether this is an initial authorization or a redetermination. The "FROM" section must clearly identify the organization sending the referral and authorizing child care. The person completing the form must also include the mailing address, city and ZIP code for the referring organization in this section.

### SECTION A: FAMILY INFORMATION

<b>Employment:</b>	Enter the name of the Parent/Guardian/Foster Parent/Caregiver's employer.
<b>Parent:</b>	Enter Primary Parent/Guardian/Caregiver's last and first name, DOB, demographics and marital status.
<b>Secondary parent:</b>	Enter Secondary Parent/Guardian/Caregiver's last and first name, DOB, demographics and marital status.
<b>Mailing address:</b>	Enter the family's mailing address and phone number(s) as appropriate.
<b>Child(ren):</b>	For children authorized to receive care, enter the selected child care provider, last and first name, date of birth and demographics. Use the CLARIFYING COMMENTS section if there are more than three children for one referral.
<b>Applicant Signature:</b>	Applicant (if available) must sign and date in the space provided.

### SECTION B: ELIGIBILITY

<b>Health Care Participant:</b>	This refers to the client's purpose for care. Check the appropriate box: First Responder or Essential Health Care Personnel.
<b>Verification documents:</b>	Check the appropriate box if the parent has verification of the child(ren)'s citizenship or child(ren)'s age and attach the applicable documentation to the referral.
<b>Comments:</b>	Enter additional comments pertaining to application information, if applicable.



# Access to Services

AUTHORIZATION	
<b>Hours authorized:</b>	Enter in the spaces provided the total hours per week that the organization has authorized child care based on the parent's prescribed work activities and the hours allotted for reasonable transportation time.
<b>Dates:</b>	Enter the starting and ending dates for the authorized child care period. The organization must send a redetermination authorization to the coalition prior to the end of the initial referral if the family remains eligible. Services for the referred families may be requested in increments of three months or less for First Responder or Essential Health Care Participants.


AUTHORIZING REFERRAL AGENCY SIGNATURE	
<b>Authorizing referral agency signature:</b>	Referring organization (agency) must sign and date the referral on the date of authorization. The referral is NOT VALID if it is not signed by an authorized representative.

SECTION C: COALITION AUTHORIZING SIGNATURES	
<b>Coalition staff signature:</b>	A coalition staff person must print his or her name, sign and date the referral in the space provided. The date must reflect the date received. The coalition's staff must offer services to the children referred within 3 business days from receipt of a valid referral in accordance with the Early Learning Grant Agreement.

Instructions for Forms OEL-FR/HCW, Child Care Application and Authorization Form, Declaration of Emergency Response, March 2020

## Child Care Application and Authorization

- First responders and essential workers will be able to obtain a CCAA form from their Human Resources office

 <b>Child Care Application and Authorization Form</b> <b>First Responder and Essential Health Care Personnel (Declaration of Emergency Response)</b>	
<b>Authorization type:</b> <input type="checkbox"/> INITIAL AUTHORIZATION <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> UPDATE	
<b>FROM:</b> (Print Organization's Representative Name)	<b>Phone Number</b>
<b>Organization Name</b>	
<b>Mailing Address, City, ZIP Code</b>	
<b>SECTION A: FAMILY INFORMATION</b>	
Parent/Guardian #1 Name of Employer:	(Print) Last Name First Name MI Date of Birth Gender Race
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Parent/Guardian #2 Name of Employer:	(Print) Last Name First Name MI Date of Birth Gender Race
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Mailing Address:	City State ZIP Code Contact Home No.
Email Address:	
<b>CHILD INFORMATION</b>	
Child #1 selected child care provider:	(Print) Last Name First Name MI Date of Birth Gender Race
Child #2 selected child care provider:	(Print) Last Name First Name MI Date of Birth Gender Race
Child #3 selected child care provider:	(Print) Last Name First Name MI Date of Birth Gender Race
<b>AUTHORIZING PARENT OR GUARDIAN SIGNATURES</b>	
I hereby certify that the information provided above is correct.	
Applicant signature:	Date:
<b>SECTION B: ELIGIBILITY</b>	
Employment status:	<input type="checkbox"/> First Responder Participant <input type="checkbox"/> Essential Health Care Personnel
Please select one of the reasons for purpose of care:	
Verification of the following (with documentation attached):	<input type="checkbox"/> U.S. Citizen or Qualified Alien <input type="checkbox"/> Verification of age
For children's reading care	Comments:
<b>AUTHORIZATION</b>	
<b>HOURS:</b> Child care service is authorized for this client for approved work activity(ies) not to exceed a total of _____ hours per week. This total includes _____ hours per week for reasonable transportation time.	
<b>DATES:</b> CHILD CARE AUTHORIZATION FROM ____/____/____ THROUGH ____/____/____ (Authorization period: 3 months or less for first responder and essential health care participant)	



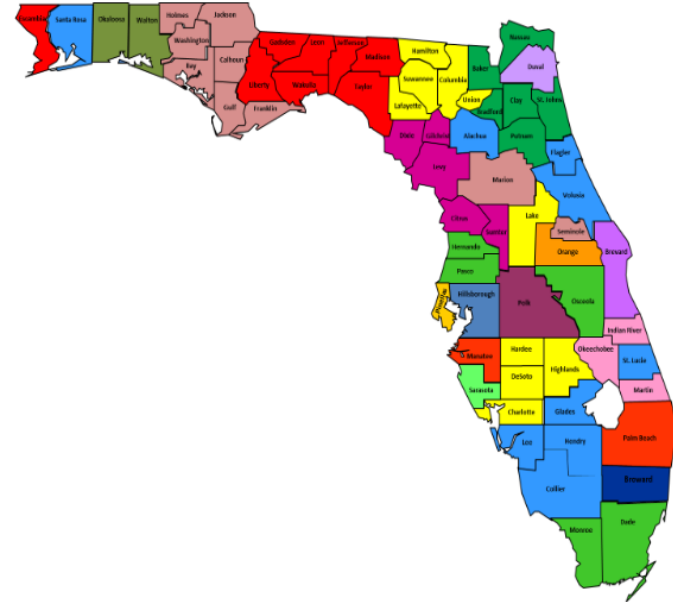


# Referral Process

- Families that receive the CCAA will create an account in the Family Portal OR contact their early learning coalition for assistance



• Coalition Map





# Referral Process

- Families that receive the CCAA will create an account in the Family Portal OR contact their early learning coalition for assistance
- Coalitions will have THREE (3) business days to review and approve the application



# Referral Process


- OEL has provided a guidance document to help assist first responders on the application process
- Coalitions are asked to update the bottom of the document with their contact information

## HOW TO COMPLETE AND SUBMIT THE CHILD CARE APPLICATION & AUTHORIZATION FORM:





The Florida Department of Education's Office and Early Learning along with local early learning coalitions throughout the state are prioritizing child care for first responders and health care workers. Child care services for these personnel will be provided regardless of income. The eligibility requirements include: the child is a U.S. citizen or lawful resident, the family resides in Florida, and one or both parents is employed as a first responder or health care worker. Please contact your local early learning coalition or human resources department for more information.



### CHECKLIST

- ☐ Obtain the Child Care Application and Authorization Form from your employer's Human Resource Department.
- ☐ Create a Family Portal Account and complete the online application for the School Readiness Program and upload the Child Care Application and Authorization Form (referral) OR contact your local early learning coalition for assistance.
- ☐ Once the application is submitted, the local early learning coalition will review the application.
- ☐ Once the application has been approved, submit documentation requested by the coalition. If eligible, the coalition will approve services within 3 business days.
- ☐ Continue to check email, including your junk folder, for the approval of services.
- ☐ Select a child care provider through the Family Portal.
- ☐ The initial child care authorization period will be 3 months or less.
- ☐ If you need help finding a Child Care Provider, contact your local early learning coalition's Child Care Resource and Referral unit.



**Florida's Child Care Resource and Referral Services can help your family by providing:**


-  A customized list of local child care options from trained child care resource and referral specialists.
-  Information about quality child care and early learning programs.
-  Financial assistance strategies and opportunities.
-  Referrals to other community resources and programs.





For more information about local early learning programs, community resources or to check on the status of your application, please contact:

**THIS IS THE ONLY EDITABLE TEXT ON THE PAGE. ADD CONTACT INFO ON 1 LINE & CHANGE TO BLACK.**

- Families are able to bypass the income qualifications if they have a CCAA Referral form

 School Readiness: Prequalification

 Prequalification Questions

The Florida School Readiness Program offers financial assistance to low-income families for early education and care so they can become financially self-sufficient and their children can be successful in school.

1. Do you have children in your home younger than 13 years of age in need of child care? \*

☒ Yes ☐ No

2. How many total adults and children live in your household? \*

(Includes spouses, former spouses, persons related by blood or marriage, persons who are parents of a child in common regardless of whether they have been married, and other persons who are currently residing together in the same dwelling unit as if a family. (s.1002.81(9), F.S.))

3. Is your gross (before taxes) household annual income less than \$31,995.00 ? \*

☒ Yes ☐ No

If you receive relative caregiver benefits or TANF child only on behalf of the child(ren) for which you are seeking services, only the child's income is counted for the annual income listed above.

4. Is your gross (before taxes) household annual income less than \$42,660.00 ? \*

☒ Yes ☐ No

If you receive relative caregiver benefits or TANF child only on behalf of the child(ren) for which you are seeking services, only the child's income is counted for the annual income listed above.

5. Check all that apply: (Must check at least one) \*

☐ I am 65 years of age or older.

☐ I am a single parent currently employed or attending school for at least 20 hours per week.

☐ I am a two-parent family that works or attends school for a combined total of at least 40 hours per week.

☐ I am a single parent who is exempt from work due to a disability.

☐ I am a two-parent family wherein one or both parents are exempt from work due to a disability.

☒ I have a child care authorization form (referral) from an authorized referring agency.

☐ I receive Relative Caregiver benefits for the child(ren) requiring care.

☐ I have a child that is aged 3 to kindergarten entry who has an IEP from the local school district.

☐ None of the above apply.

6. Check all that apply: (Must check at least one) \*

☐ I am applying for services in the Child Care Purchasing Pool or my employer is participating in the Child Care Executive Partnership program. ⓘ

☐ I am currently receiving or have previously received school readiness services with another early learning coalition.

☒ None of the above apply.

[Do I qualify ?](#)



# Referral Process

- EFS Mod will ask if the family has a Child Care Application and Authorization during the prequalification process

The screenshot displays the 'School Readiness: Prequalification' interface. At the top, a bell icon is next to the title. Below it, a 'Prequalification Questions' section contains a paragraph: 'The Florida School Readiness Program offers financial assistance to low-income families for early education and care so they can become financially self-sufficient and their children can be successful in school.' A modal window titled 'CCAA Question' is centered on the screen. It contains a light blue box with the text: 'Based on what you told us, your household may not be eligible to get help in paying for child care services.' Below this, it asks: 'Do you have a form from another agency titled Child Care Application and Authorization?' with radio button options for 'Yes' and 'No'. A 'Continue' button with a right arrow is at the bottom right of the modal.


- Families will be prompted to continue their application

## School Readiness: Prequalification

### Prequalification Questions

The Florida School Readiness Program offers financial assistance to low-income families for early education and care so they can become financially self-sufficient and their children can be successful in school.

✓ Based on what you told us, your household may be eligible to get help paying for child care services.

 [Apply for School Readiness](#)

Please contact your early learning coalition for immediate assistance.

This site is best viewed with Internet Explorer version 10 or higher. Download the latest version of Internet Explorer.

If you are using an Apple device (iPad, iPhone, Mac computer, MacBook), please download and use Google Chrome, instead of Safari, to complete your application.



Effective April 1, 2020

- SR Reimbursement rate based on care level
- Parent copayments are waived
- Proposed bonus/Incentives of \$500/month/child
- Based on groups of 10 (8 children, 2 adults)
  - Maximum \$4,000 per provider/month
  - Maximum \$12,000 over three months





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## Discussion

- Local outreach activities
- Local level of need





# Increasing Child Care Options

- Contacts with open SR providers
- Listing of providers offering
  - Weekend care
  - Night care
  - 24/7 care
  - 21<sup>st</sup> Century Programs not on public sites
- Others?





## Discussion



- Announce availability of program/services
- State-level and local outreach activities
- Disseminate Q&As (general for applicants; one for providers)
- Bi-weekly status updates
- Other





# Next Steps

Incentive  
Healthcare  
Firstresponders  
Childcare Incentive  
Firstresponders  
Childcare State-level  
Healthcare  
Workers



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## Questions?



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