**HOW TO GUIDE-COMPLETING CHILD CARE EXPENSE STATEMENT FORM (470-5612)**

1. Enter child care provider’s name/address.
2. Mark either YES or NO for special needs. Special needs must be DHS approved through eligible documentation.
3. Select child care provider type, category of care, and QRS rating level (if applicable).
* If you are unsure of the provider criteria you may go to the following link and conduct a search: <https://ccmis.dhs.state.ia.us/ClientPortal/ProviderSearch.aspx>
1. Use the criteria from step 3 to locate the appropriate rate on the chart below. To calculate the rate per unit, you will need to factor in age of the child, type of provider/category/QRS, and if there are any documented special needs. Once you select the appropriate unit rate, you will need to manually enter it in the unit rate box. The most current rates of reimbursement and legal references can be located at the following link: [Child Care Assistance Manual](https://dhs.iowa.gov/sites/default/files/13-G.pdf?062120211850) (Child Care Assistance Manual 13-G)

Maximum rate of payment by age of child and type of provider for a half-day of care (Revised June 18, 2021)

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| Table 1Half-Day Rate Ceilings for (Licensed Center) |
|  | No QRS | QRS 1 or 2 | QRS 3 or 4 | QRS 5 |
| Age Group | Basic | Special Needs | Basic | Special Needs | Basic | Special Needs | Basic | Special Needs |
| Infant and Toddler | $19.30 | $ 51.94 | $20.50 | $ 51.94 | $21.50 | $ 51.94 | $23.21 | $ 51.94 |
| Preschool | $17.00 | $ 30.43 | $18.00 | $ 30.43 | $18.98 | $ 30.43 | $20.00 | $ 30.43 |
| School Age | $13.50 | $ 30.34 | $14.75 | $ 30.34 | $15.00 | $ 30.34 | $16.00 | $ 30.34 |

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| Table 2Half-Day Rate Ceilings for (Child Development Home A or B) |
|  | No QRS | QRS 1 or 2 | QRS 3 or 4 | QRS 5 |
| Age Group | Basic | Special Needs | Basic | Special Needs | Basic | Special Needs | Basic | Special Needs |
| Infant and Toddler | $ 12.98 | $ 19.47 | $ 13.50 | $ 20.25 | $ 13.75 | $ 20.63 | $ 14.00 | $ 21.00 |
| Preschool | $ 12.50 | $ 18.75 | $ 12.75 | $ 19.13 | $ 13.00 | $ 19.50 | $ 13.75 | $ 20.63 |
| School Age | $ 10.82 | $ 16.23 | $ 11.25 | $ 16.88 | $ 12.00 | $ 18.00 | $ 12.50 | $ 18.75 |

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| Table 3Half-Day Rate Ceilings for (Child Development Home C) |
|  | No QRS | QRS 1 or 2 | QRS 3 or 4 | QRS 5 |
| Age Group | Basic | Special Needs | Basic | Special Needs | Basic | Special Needs | Basic | Special Needs |
| Infant and Toddler | $14.00 | $21.00 | $14.50 | $21.75 | $15.00 | $22.50 | $15.25 | $22.88 |
| Preschool | $13.75 | $20.63 | $14.50 | $21.75 | $14.75 | $22.13 | $ 15.00 | $ 22.50 |
| School Age | $ 11.25 | $ 16.88 | $12.50 | $18.75 | $13.00 | $19.50 | $14.50 | $21.75 |

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| Table 4Half-Day Rate Ceilings for Child Care Home (Not Registered) |
| Age Group | Basic | Special Needs |
| Infant and Toddler | $12.98 | $19.47 |
| Preschool | $12.50 | $18.75 |
| School Age | $10.82 | $16.23 |

The following definitions apply in the use of the rate tables:

“**Child care home (not registered)**” means a family child care home caring for five or fewer children (including relative care) that is not registered with the state. This is also the rate used for out-of-state family home-based providers.

“**Child development home**” means a person or program that has received a certificate of registration from the state to provide childcare to six or more children at any one time.

“**Child**” means either a person 12 years of age or younger, or a person 13 years of age or older but younger than 19 years of age who meets the definition of a “child with special needs.”

“**Infant and toddler**” means a child aged two weeks to three years.

“**Licensed center**” means a childcare center licensed in Iowa. This is also the maximum rate used for an out-of-state center provider.

 “**Preschool**” means a child aged three years to kindergarten (“school aged”). Approve preschool rates for summer hours before kindergarten classes begin.

“**School aged**” means a child in attendance in full-day or half-day classes, including kindergarten.

1. Enter Name and DOB of the child
2. Enter the billing period. “From” is the first date of service and “To” is the last day of service in a billing period. Be sure to enter the full date (ex. 8/1/21-8/31/21). In the weekly charts, enter specific time of arrival and departure on the date care was provided. Up to 4 absent days per month may be paid when the child is regularly scheduled, and the provider also charges a private individual for days of absence. If needed, check absent for the date and enter the times in and out that the child is scheduled to attend.

Rates per unit cannot exceed the childcare assistance approved rates. If a child care provider charges a rate that is less than the Child Care Assistance rate, reimbursement cannot exceed the provider rate. If a rate below the approved childcare assistance unit rate is needed, click CALCULATE, a box will pop up regarding an override. Mark yes, enter the desired rate, and click “ok”. Once you have completed the charts, click CALCULATE, total units and total cost will then calculate automatically. An alert will show for any rate selected not within the chart.

Units are calculated daily based on the total hours in care per day multiplied by days in care. *( 1 unit of care is up to 5 hours. If a foster parent worked 8 hours, 2 units of child care would be used).* (If reimbursements are being done every 3-4 weeks, you may need to use 2 expense forms to document the days/hours of care.) If time in care exceeds 10 hours/2 units, a 3rd unit may be approved with verification of work schedules. This need must be clearly documented in the DHS case plan/file.

1. Click the payment drop down box to select type of payment. (cash, check, debit/credit)

Reimbursement will not be approved without legible names and signatures verifying payment and receipt of services.