



MIDLANDS WORKFORCE DEVELOPMENT BOARD

Working Together for Tomorrow's Workforce

MIDLANDS WIOA INSTRUCTION NUMBER: PY 15-03

TO: Midlands SC Works Centers & WIOA Youth Grantees

FROM: Kevin Hill, Director 
Midlands Workforce Development Area(MWDA)

RE-ISSUE DATE: July 22, 2015

EFFECTIVE: July 22, 2015

SUBJECT: **Midlands Youth Childcare Supportive Service Policy for WIOA Youth Participants** (Re-issued to be in compliance with the Workforce Innovation and Opportunity Act (WIOA).

PURPOSE: The purpose of the instruction is to provide childcare supportive services to eligible WIOA Youth participants.

ACTION: Staff shall become familiar with the attached youth policy and its attachments (1-5) and begin utilizing the attached forms and guidelines immediately.

CONTACT: If there are any questions regarding this instruction, please call the Board Staff at (803)744-1670.

- Attachment 1: MWDA Childcare Vendor Agreement
- Attachment 2: MWDA Childcare Vendor Invoice
- Attachment 3: MWDA Childcare Participant Agreement
- Attachment 4: Verification of Receipt of DSS Services
- Attachment 5: Form W-9
- Attachment 6: Authorized Timeframe Exception Form

**Midlands Workforce Development Area
Workforce Innovation and Opportunity Act
Child Care Payment Policy**

In accordance with the WIOA federal regulations, each participant participating in an allowable WIOA activity may receive appropriate job retention and support services, if such services are not otherwise available. Short-term (no longer than 12 weeks) childcare supportive services assistance may be provided to participants that are in training or follow-up. **Note:** Supportive Services cannot be provided for costs incurred by the participant prior to their "registration date" into the program. To receive supportive services, participants must have active participation and attendance in a WIOA allowable activity or be working.

The Midlands Workforce Development Area (MWDA) is committed to providing quality childcare services for participants in unsubsidized employment, work experience (paid and unpaid), apprenticeships, OJT, or in education/training programs. Childcare services are not an entitlement and are based upon availability of funding; therefore discretion should be used when determining a priority of needs. The WIOA program may not expend funds on childcare services if childcare funds are available otherwise.

Childcare services can be provided on an as needed basis for:

1. WIOA program participants working full or part time in unsubsidized employment;
2. WIOA program participants working full or part time in subsidized employment;
3. WIOA program participants participating in WIOA allowable activities (to be defined as work experience, OJT, classroom training and successful exit).

WIOA staff must contact the appropriate DSS office to ensure that the requested childcare service cannot be paid by DSS. This must be documented in writing by DSS and maintained in the participant's case file in addition to the date of contact and reason services are denied. Payments may be made to child daycare centers or daycare homes that meet applicable regulatory requirements. Cash payments will not be made to providers. Childcare funds cannot be paid directly to the participant.

Prior to approving childcare supportive service payments to a WIOA participant, a Childcare Agreement form must be completed and signed by the vendor. The vendor must agree to the Childcare Invoice and submit it weekly. The invoice must also be signed by the participant. Prior to payment of childcare services, a Childcare Agreement must be completed and signed by the participant. Participant files must contain a copy of the check, copy of invoice and justification for paying the childcare payment.

Agreements for child care supportive service payments can only be made with licensed childcare providers in good standing. For the purpose of this policy, "good standing" is defined as maintaining a valid child care license and compliance with all DSS regulations and South Carolina state law. Payments cannot be made to a member of the immediate family (wife or husband, parent, grandparent, child, grandchild, brother, sister, aunt, uncle, niece, nephew, step-parent, step-child and the corresponding in-laws to these family members) of the participant. Any childcare facility accepting a child(ren) of a participant shall allow a parent/guardian unrestricted access to the child while in care at the facility.

ABC Voucher System Eligible Providers

Although the ABC Voucher System is a Department of Social Services system, WIOA staff may utilize the providers on the system list. Payments must not exceed the Midlands area established maximum weekly rates of \$200/child. If a parent chooses a provider whose rates exceed the maximum allowable amount, the parent will be responsible for the excess amount. The parent is also responsible for other fees such as (but not limited to) educational, swimming, late pick-up fees, late payment fees and/or activity fees. A One-time registration fee is allowable if the provider charges a registration fee to their private paying clients.

Excessive Absences

The WIOA case manager must instruct the participant that the child(ren) must attend childcare regularly to avoid unnecessary absences. If excessive absences are a problem, WIOA staff must determine if the parent actually needs the care.

Monitoring and Follow-Up

If the participant is employed and receiving childcare, follow-up contacts must be made to verify employment, participation in employment and/or training programs, and attendance with the childcare provider. WIOA participants who are not employed or participating in WIOA allowable activities full-time will actively work with their WIOA case manager to obtain employment during non-working/non-training hours that child(ren) are in WIOA-paid childcare. The WIOA participant must understand that the childcare agreements, to include the vendor agreement, vendor invoices, and participant agreement are subject to monitoring and verification by federal, state and local government and MWDA officials.

Allowable Weekly Childcare Payment Rates

Age 0 through 2 Full Time		\$200
Age 0 through 2 Half Time		\$100
Age 3 through 5 Full Time		\$175
Age 3 through 5 Half Time		\$150
Age 6 through 12 Holidays/Summer		\$100
Age 6 through 12 Half Time		\$75

Exception to Policy: If a WIOA Youth Participant is in need of childcare supportive service assistance beyond the 12 week timeframe to successfully complete their activity, a request must be submitted in writing to the WIOA Program Director to justify this need. Childcare supportive services will be reviewed and approved by the WIOA Program Director on a case by case basis. This supportive service will not exceed an 18 week maximum (12 weeks of child care assistance with an additional 6 week extension upon approval), in total.

**MIDLANDS WORKFORCE DEVELOPMENT AREA
CHILD CARE VENDOR AGREEMENT**

Grantee:

Vendor:

FEIN #: _____

Begin Date: [Click here to enter a date.](#)

End Date: [Click here to enter a date.](#)

- I. The purpose of this form is to document an agreement between the Midlands Workforce Development Area (MWDA) and the Vendor named above to establish a direct billing for childcare provided to Workforce Innovation and Opportunity Act participants. Participants attending program activities may receive up to 100% reimbursement for a licensed daycare (including a One Time only enrollment or application fee). Any cost over the weekly limit amount is the responsibility of the participant. The period of this contract is dependent on the participant's activity length and fund availability not to exceed 12 weeks; unless an authorized exception has been made in writing by the Program Director for an additional 6 weeks. The vendor will be notified of the effective dates of this agreement and the maximum amount payable for each participant as they become eligible.
- II. Childcare costs must be charged at the vendor's existing rate and may not exceed the Midlands area cost limitations.
- III. The vendor understands that childcare payments are subject to federal and state income taxes and will receive a Form-1099 at the end of the tax year with a copy to the IRS. A signed form W-9 must also be submitted with this agreement. The vendor agrees to meet minimum safety requirements such as (but not limited to) smoke alarms or fire extinguishers.
- IV. The vendor assures that it will fully comply with the requirements of the WIOA Program and all applicable federal and state laws and requirements. There is no guarantee, actual or implied, of participant referrals to the vendor. Childcare payments will be made from federal funds. Any willful misstatement of facts on the part of the vendor may result in the matter being turned over the proper local, state or federal authorities for prosecution.

Childcare Vendor Representative

[Click here to enter a date.](#)
Date

MWDA Representative

[Click here to enter a date.](#)
Date

Regional Operations Manager

[Click here to enter a date.](#)
Date

**MIDLANDS WORKFORCE DEVELOPMENT AREA
CHILD CARE VENDOR INVOICE**

Invoice # _____

Please Bill:

Childcare Provider: _____

Address: _____

Vendor ID or Tax ID#: _____ Period of Childcare: _____

Name of Child: _____ Age: _____ Full time

Name of Parent: _____ Weekly Rate: \$ _____ Part time

Date	Hours Attended

Invoice Total: \$ _____

Monies for this program are provided by federal grant and are subject to monitoring and verification by Federal, State and Local government as well the Midlands Workforce Development Area officials. Any fraudulent acts may result in the discontinuance of the participant in the WIOA program, and/or the prosecution of all parties involved.

WIOA Participant Signature

[Click here to enter a date.](#)
Date

Childcare Provider Signature

[Click here to enter a date.](#)
Date

Regional Operations Manager Signature

[Click here to enter a date.](#)
Date

“An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached using TTY/TDD equipment via the South Carolina Relay Service at 711.”

**MIDLANDS WORKFORCE DEVELOPMENT AREA
CHILD CARE PARTICIPANT AGREEMENT**

Date: [Click here to enter a date.](#)

Participant: _____

Address: _____

You are a participant in the WIOA program. This program is funded by Midlands Workforce Development Area (MWDA) and allows for funding for childcare services when funds are not otherwise available. This support service is not an entitlement and is based upon availability of funding. Childcare may be provided for the following period of time (Scheduled length of training):

From (month & year): _____ To (month & year): _____

Please note: Any change in the childcare provider or child(ren) receiving services requires you to inform your WIOA Case Manager and completion of a new agreement.

By signing this agreement, you are agreeing to accept full responsibility for choosing the childcare facility or provider, which will best suit your needs and for arranging the services. You are also confirming that you understand the MWDA is not responsible for any injury to your property or yourself or your child(ren) as a result of any accident or other cause, including negligence, which occurs at or on the way to or from childcare facility or provider which you have chosen.

The MWDA will reimburse 100% of the cost of licensed daycare provided childcare including a one-time ONLY enrollment or application charge not to exceed the area's policy of maximum payment rates for no longer than 12 weeks; unless an authorized exception has been made by the Program Director in writing for an additional 6 weeks. If you change childcare providers, you will be responsible for any enrollment or application charges incurred.

The MWDA will make all checks payable to the vendor. You must assume responsibility for any charges above the childcare policy amount. The invoice that will be used by the vendor has to be signed by you to ensure that your children were at the childcare provider for the listed times and dates.

If you are not employed or receiving training or education full-time, you will maintain monthly contact with the WIOA case manager. You understand that childcare agreements, including the vendor agreement, vendor invoices and this agreement, are subject to monitoring and verification by Federal, State and Local government as well as MWDA officials.

Name of Vendor: _____ Vendor ID or Tax ID#: _____

Address of Provider: _____

Phone: _____ Contact Person: _____

Child(ren) to Receive Services:

Name: _____

Date of birth: _____

I understand and agree to the above provisions.

Participant's Signature

WIOA Case Manager Signature

Regional Operations Manager Signature

**MIDLANDS WORKFORCE DEVELOPMENT AREA
VERIFICATION OF RECEIPT OF DSS SERVICES**

Participant's Name: _____

State ID: _____

The above individual is a participant in the Workforce Innovation and Opportunity (WIOA) Program sponsored by the Midlands Workforce Development Board. To avoid duplication of services, please indicate below whether this client is or is not receiving transportation and/or childcare services through your agency.

1. The individual identified above is receiving transportation assistance through DSS. Yes No

2. The individual identified above is receiving childcare assistance through DSS. Yes No

Signature of DSS Representative

Date

Position/Title

Telephone

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																			
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																	
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<p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Employer identification number																	
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).	
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.</p>	
Sign Here	Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

MIDLANDS WORKFORCE DEVELOPMENT AREA

AUTHORIZED TIMEFRAME EXCEPTION FORM

_____, a participant in the Workforce Innovation and Opportunity Act (WIOA) Program has been authorized to receive _____ additional weeks of childcare assistance from _____ to _____.

WIOA Program Director

Date

"An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached using TTY/TDD equipment via the South Carolina Relay Service at 711."

MIDLANDS WORKFORCE DEVELOPMENT AREA

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