

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

Distribution: X and Z

**POLICY GUIDE 2002.03**

**ADOPTION ASSISTANCE/SUBSIDIZED GUARDIANSHIP  
EMPLOYMENT/TRAINING RELATED DAY CARE SERVICES FOR CHILDREN  
UNDER THREE YEARS OF AGE**

**DATE:** February 6, 2002

**TO:** All DCFS and Purchase Of Service Agency Child Welfare Staff and  
All Rules and Procedures Bookholders

**FROM:** Jess McDonald

**EFFECTIVE:** Immediately

**I. PURPOSE**

The purpose of this Policy Guide is to issue additional instructions for the payment of day care services on behalf of children under the age of three who are receiving an adoption assistance or guardianship subsidy.

**II. PRIMARY USERS**

The primary users of these procedures are Department or purchase of service agency permanency/adoption workers, staff of regional post adoption/guardianship units and regional day care payment staff.

**III. PAYMENT PROCEDURES**

- 1) In order to receive payment for monthly day care services provided on behalf of a child under three years of age who is receiving adoption assistance or subsidized guardianship, the day care provider will complete form **CFS 420-21D, Purchased Day Care Monthly Enrollment Form**, and mail it to the regional day care payment office.
- 2) The payment office will:
  - verify the information provided by the day care provider,
  - affix the Certification of Receiving Officer and Head of Unit signatures to the form,



- enter the information into IMSA using screens VP15 (lead screen) and VP14 (detail screen), and
  - forward the signed Enrollment form to the Audit and Approval Unit in Springfield.
- 3) Upon receipt by the Audit and Approval Unit:
- The file clerk in the Audit and Approval Unit (AAU) will date stamp the back of the Enrollment Form and enter that received date into the IMSA system using VP32.
  - The AAU Account Techs will audit the Report verifying that the report information agrees with the information entered into the IMSA system (provider, contract number, appropriation, detail object, dollar amount, etc.
  - After the information has been audited, the Account Techs will approve the voucher for payment via VP32.
  - The next morning the file clerk will receive the paper work from Information Service Division (ISD) to process the payments.
  - The Account Tech authorized to sign the Director's name will affix the Director's signature to the paper work and return the signed reports to the File Clerk.
  - The File Clerk will forward the appropriate paper work to the Comptroller for processing

#### **IV. NOTIFICATIONS TO THE ADOPTIVE/GUARDIANSHIP FAMILY AND DAY CARE PROVIDER**

When a family is approved for day care payments for a child under the age of three as specified in **Procedures 359, Appendix G, Employment - Related Day Care For Adoptive Families and Subsidized Guardians with Children Under Three Years of Age**, the regional day care payment unit will send an approval letter, form **CFS 469**, to the day care provider with a supply of **CFS 420-21 D** forms for the provider's use. The payment unit will also send an approval letter, **CFS 469-1**, to the family. Copies of both letters are attached.

#### **V. ATTACHMENTS**

Form **CFS 420-21D, Purchased Day Care Monthly Enrollment Form**

**CFS 469**, Letter of approval sent to day care providers

**CFS 469-1, Approval – Post Adoption/Subsidized Guardianship Child Care** (Sent to Adoptive/Guardianship families)

The above, which are being translated into Spanish, will be available in Stores and on the SACWIS template for use by the regional day care payment units.

**VI. FILING INSTRUCTIONS**

File this Policy Guide with Procedures 359, Appendix G.

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**INSTRUCTIONS FOR COMPLETING CFS 420-21D  
PURCHASED DAY CARE MONTHLY ENROLLMENT REPORT**

Box 1	Your provider number assigned by DCFS.	<b>At the end of each month, send completed form to the day care billing office for your area.</b>		
Box 2	Your Purchase of Service Contract Number, if applicable.	<b>Cook County</b>	DCFS Office of Child Development 1921 S. Indiana Ave. Chicago, IL 60616	312-808-5060 Fax 312-808-5131
Box 3	Your Social Security or your corporation FEIN number.			
Box 4	The number of days open for care during the month.	<b>Northern Region</b> Rockford & Aurora area	DCFS Day Care Unit 107M – 3 <sup>rd</sup> Street Rockford, IL 61101	815-967-3710 Fax 815-967-3737
Box 5	The month of service for which reimbursement is being requested.	<b>Peoria Area</b>	DCFS Day Care Unit 5415 N. University Ave Peoria, Illinois 61614	309-693-5408 Fax 309-693-2582
Box 6	Date you submit billing form to DCFS.	<b>Champaign Area</b>	DCFS Day Care Unit 2125 S. 1 <sup>st</sup> St. Champaign, Illinois 61820	217-278-5500 Fax 217-278-5557
Box 7	Child's name, last name first.			
Box 8	The child's DCFS assigned I.D. number.	<b>Springfield Area</b>	DCFS Day Care Unit 4500 S. 6 <sup>th</sup> St. Road Springfield, Illinois 62703	217-786-6830 Fax 217-786-6771
Box 9	The period for which the child was enrolled.	<b>E. St. Louis Area</b>	DCFS Day Care Unit 10 Collinsville Ave E. St. Louis, Illinois 62201	618-583-2128 Fax 618-583-2141
Box 10	Attend – the total number of days the child was present during the month. Eligible – The maximum number of days the child could have attended during the month, i.e., the number of days the child was enrolled for and the day care home or day care center was open.	<b>Marion Area</b>	DCFS Day Care Unit 2309 W. Main St. Marion, Illinois 62959-1180	618-993-7131 Fax 618-993-467
Box 11	The number of days the child attended 5 or more hours			
Box 12	The number of days the child attended less than 5 hours			
Box 13	The reimbursement rate approved by DCFS.			



**George H. Ryan**  
Governor

**Jess McDonald**  
Director

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**Illinois Department of Children & Family Services**

Date:

Re: Approval of day care payments

Child Name: \_\_\_\_\_

Child ID # \_\_\_\_\_

Hours approved for payment: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Dear Day Care Provider:

The attached modified DCFS form 420-21D is to be used for your monthly day care billing to the Department. Instructions for the completion of the form are on the reverse side. A supply of these forms has been enclosed for your use. On the attached sample form, those items circled are the ones that require completion by the provider. Each of these items are self explanatory, but if for some reason you have a question, please contact your DCFS Regional Unit responsible for Day Care Payments. A complete listing is provided below.

Included in this mailing is a form that must be signed and returned with your first billing that certifies that you are not charging our Department more that you are charging the general public.

At the end of each month of day care services, complete the CFS 420-21D and send it to the DCFS regional office (addresses below) for processing.

**DCFS REGIONAL UNITS RESPONSIBLE FOR DAY CARE PAYMENTS**

<b>Region/Area</b>	<b>Address</b>	<b>Phone</b>
<b>Cook County</b>	DCFS Office of Child Development 1921 S. Indiana Ave Chicago, Illinois 60616	312-808-5060 Fax 312-808-5131
<b>Northern Region</b>	DCFS Day Care Unit 107 M/ 3 <sup>rd</sup> St Rockford & Aurora area Rockford, Illinois 61101	815-967-3710 Fax 815-967-3737
<b>Peoria Area</b>	DCFS Day Care Unit 5415 N. University Ave Peoria, Illinois 61614	309-693-5408 Fax 309-693-2582



<b>Champaign Area</b>	DCFS Day Care Unit 2125 S. 1 <sup>st</sup> St. Champaign, Illinois 61820	217-278-5500 Fax 217-278-5557
<b>Springfield Area</b>	DCFS Day Care Unit 4500 S. 6 <sup>th</sup> St. Road Springfield, Illinois 62703	217-786-6830 Fax 217-786-6771
<b>E. St. Louis Area</b>	DCFS Day Care Unit 10 Collinsville Ave E. St. Louis, Illinois 62201	618-583-2128 Fax 618-583-2141
<b>Marion Area</b>	DCFS Day Care Unit 2309 W. Main St. Marion, Illinois 62959-1180	618-993-7131 Fax 618-993-467

Attachment





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Governor

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Director

**Illinois Department of Children & Family Services**

**APPROVAL – POST ADOPTION/SUBSIDIZED GUARDIANSHIP CHILD CARE**

Date of Notice:  
Family ID Number:

Name  
Address  
City, State

Your request dated, \_\_\_\_\_ for child care is approved. You are eligible for this program because you are employed, in training, or approved special needs. In order for your eligibility to continue you will be redetermined every six (6) months or as changes occur. This approval is subject to cancellation if you do not continue to meet the eligibility criteria or fail to respond to redetermination requests by this Office.

You must notify this Office **IMMEDIATELY** should your employment, school/training or provider change. Approval for a designated provider CANNOT be transferred to another provider. You will have to complete a new application.

Provider information is listed below. Your provider will receive a copy of this approval letter and will be sent the necessary forms to complete for payment. If you or your provider have any questions regarding this letter please contact the Child Care Coordinator below.

**PROVIDER INFORMATION**

Name  
Address  
City, State

Provider ID Number:  
Provider Type:

**ELIGIBLE CHILDREN**

Name of Child	Date of Birth	Per Diem Rate	Start Date	End Date

**NOTE: THIS CHILD CARE SUBSIDY ENDS WHEN THE CHILD BECOMES THREE (3) YRS OLD**

Child \_\_\_\_\_ Birth Date \_\_\_\_\_ End Date \_\_\_\_\_  
Child \_\_\_\_\_ Birth Date \_\_\_\_\_ End Date \_\_\_\_\_  
Child \_\_\_\_\_ Birth Date \_\_\_\_\_ End Date \_\_\_\_\_

DCFS Child Care Coordinator

Phone

Date

