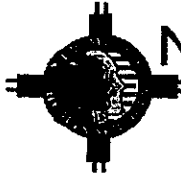


EXHIBIT A



New Mexico Human Services Department

CHILD CARE, PRE-K & HOME VISITING
PROGRAMS

SCOPE OF WORK

SFY 2010

JULY 1, 2009 - JUNE 30, 2010

EXHIBIT A
SCOPE OF WORK
New Mexico Children, Youth and Families HSD
Child Care, Home Visiting and Pre-K Programs

A. HSD shall:

1. Act as the funding agency.
2. Testify and report to the Welfare Reform Oversight Committee (WROC) fiscal and program outcomes relative to this GSA.
3. Provide training and technical assistance to the Contractor relative to usage and reporting of Temporary Assistance for Needy Families (TANF) funding as appropriate.
4. Supply the Contractor with related informational data to assist Contractor in performing services as stated in this Scope of Work.
5. Provide Contractor with participant referrals from the NMW contractors and ISD staff using the DWP 009 NMW Electronic Communication Exchange Form [EXHIBIT D].
6. Provide direction to the AGENCY and local Income Support Division (ISD) staff to ensure participation and collaboration with the AGENCY.
7. Conduct Contractor program and fiscal reviews for quality assurance and compliance by conducting independent on-site TANF program and fiscal reviews of the Contractor and provide the Contractor with detailed reports of findings. HSD will provide advanced notice to the Contractor at least fifteen (15) business days prior to the on-site visit. HSD must have reasonable access to the Contractor and service provider's premises and program-related records (both electronic and hard copy).
8. Disburse TANF Home Visiting and Pre-K funds to the Contractor, on a reimbursement basis, upon receipt of quarterly invoices prepared by the Contractor that contain detailed fiscal documentation.
9. All TANF funds disbursed to the Contractor under this GSA shall be federal monies. No HSD state funds shall be transferred, disbursed or reimbursed to the Contractor under the terms of this GSA.
10. Certify quarterly Contractor billing invoices, which are subject to approval by the HSD Contract Manager, to ensure that expenditures meet all federal and state requirements

11. Transfer TANF childcare funds to the Contractor, upon receipt of quarterly invoices prepared by Contractor that contain detailed fiscal documentation, including expenditures, to support the transfer. Funds used to meet Federal cost-sharing.
 12. Funds used to meet Federal cost-sharing requirements in other programs are generally not allowable as TANF Maintenance of Effort (MOE). However, the Social Security Act specifically permits a limited amount of State funds expended to meet the State's Child Care Development Fund (CCDF) Matching Fund requirement to count toward the State's MOE. The amount that may be double-counted is limited to the State's CCDF MOE level.
 13. Transfer Supplemental Nutrition Assistance Program (SNAP) funds to the Contractor, on a reimbursement basis, upon receipt of quarterly invoices prepared by the Contractor that contain detailed fiscal and program documentation.
 14. Payments made by HSD using federal funds are contingent upon receipt by HSD of anticipated funds. In the event of future reductions of such funds, HSD shall reserve the right to reduce payments and services provided for herein, or in the alternative, to exercise the right of termination.
 15. Be allowed to deduct from amounts otherwise payable to the Contractor under this GSA or addendum thereto, monies overpaid to the Contractor and therefore determined to be due to HSD from the Contractor.
- B. The Contractor shall:

FISCAL REQUIREMENTS

1. Submit Home Visiting and Pre-K budgets using the template attached to this GSA [EXHIBIT E1, Home Visiting and EXHIBIT E2, Pre-K] that must be approved by the Contract Manager designated by HSD, for operations cost. The Contractor shall prepare a budget for the contracted amount that includes all line item elements as prescribed by the New Mexico Department of Finance and Administration (DFA) for: positions, personnel, employee benefits, contractual services, transportation, maintenance/repairs, operating costs, capital outlay, etc. [<http://www.dfafcd.state.nm.us/manuals/coa.pdf>]. The budget must be provided to HSD by the 30th calendar day following the effective date of this GSA. No payment shall be made under this GSA unless the Contract Manager approves the program budget required under this GSA. The approved budget shall provide the basis for the services provided under this GSA. The budget shall not be altered without the written approval of HSD.
2. The Contractor may sub-contract for services or benefits; however, Federal funds shall not be directly transferred into another program except as provided for by Federal law. Copies of any and all subcontracts originating under this GSA are to be provided to HSD or made available for inspection by HSD within 30 days of subcontract approval.

3. Ensure that all reimbursements by HSD for Employment and Training (E&T) childcare services also have a 50% match of the Contractor's state general funds.
4. Manage the TANF Home Visiting and Pre-K funding made available by this GSA as described in Line Item Budget and Justification. [EXHIBIT E1, Home Visiting and EXHIBIT E2, Pre-K]
5. Provide quarterly invoices to HSD containing documentation that it has expended at least an equal amount in federal and/or state CCDF funding otherwise available to Contractor.
6. Quarterly invoices submitted by the Contractor to HSD must be received by HSD no later than the 15th day of the month following the end of each quarter with the exception of the month ending June 30, 2010 for which invoices must be received no later than July 10, 2010. Failure to adhere to these requirements may result in a reduction of available funds and non-payment of invoices. The carryover of funds between fiscal years shall not be permitted. HSD will make every effort to make payment to the Contractor within 30 days from receipt of a correct invoice.
7. The quarterly invoice [EXHIBIT B] must be attached to the Invoice Transmittal form [EXHIBIT C] and at a minimum, include:
 - a. TANF
 - i. Certification of amount expended in federal and/or state CCDF funds prior to requesting transfer of TANF funding;
 - ii. The total amount expended for child care services for TANF cash assistance recipients; and
 - iii. Total amount invoiced for TANF child care.
 - b. E&T
 - i. The amount expended from state general funds to match the E&T federal fund amount expended;
 - ii. The total quarterly amount expended for E&T child care services; and
 - iii. The total quarterly amount expended for E&T administrative costs.
 - c. TANF Home Visiting
 - i. Total amount invoiced for TANF Home Visiting services; and
 - ii. Expenditure Balance Report. [EXHIBIT F1 Home Visiting]
 - d. TANF Pre-K
 - i. Total amount invoiced for TANF Pre-K services; and
 - ii. Expenditure Balance Report. [EXHIBIT F2 Pre-K]

- e. Ensuring that Budget Adjustment Request (BARs) [EXHIBIT G] is submitted to the HSD contract manager as necessary. These BARs are subject to HSD approval.
8. Comply with all federal and state laws and regulations relating to the uses and expenditures of the funds transferred or disbursed, to the Contractor under this GSA.
9. Adhere to the requirements of the Cash Management Improvement Act of 1990, as set forth at 31CFR 205.
10. Maintain fiscal records necessary for full accountability, comply with federal accounting and fiscal requirements applicable to handling of any federal funds, and follow generally accepted accounting principles and account for all receipts and disbursement of funds transferred or expended pursuant to this Agreement.
11. As fiscal agent the Contractor shall abide by its regulations and all fiscal matters compliant with regulations of the New Mexico Procurement Code and the State Auditor's Office.
12. Comply with all federal and state laws and regulations relating to the certification of Contractor State GF dollars certified for TANF MOE under this GSA.
13. Ensure that the TANF program expenditures comply with TANF regulations and promote at least one of the purposes of TANF. There are specific restrictions on the use of Federal TANF funds.
 - a. Any use of Federal TANF funds must be consistent with TANF purposes and applicable TANF rules. The purposes of TANF are:
 - i. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
 - ii. End the dependency of needy parents on government benefits by promoting job preparation, work, and marriage;
 - iii. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies;
 - iv. Encourage the formation and maintenance of two-parent families.
 - b. The Contractor shall not use Federal TANF funds to satisfy a cost-sharing or matching requirement of another Federal program unless specifically authorized by HSD as allowed by Federal law.
 - c. Any costs charged to each program must be necessary, reasonable, and allocable to the program.

- d. The Contractor shall not use TANF funds to construct or purchase buildings or facilities or to purchase real estate.
 - e. The Contractor shall not use TANF funds for general expenses required to carry out other responsibilities, except as permitted by Federal law.
14. Limit administrative costs for the Home Visiting and Pre-K program to 15% of the total contract dollar amount. This cost limit includes both direct and indirect administrative costs and is cumulative for the Contractor as well as any sub-contractor(s) of the agency.
15. Ensure that administrative costs in the Home Visiting and Pre-K program are costs that are necessary for the proper administration of the Home Visiting and Pre-K program.
- a. Administrative costs include:
 - i. The costs of general administration and coordination of programs including contract costs and all indirect (or overhead) costs.
 - ii. The salaries and benefits of staff performing administrative and coordination functions, activities related to eligibility determinations, the preparation of budgets, program plans and schedules, monitoring of programs and projects, etc.
 - iii. Costs such as equipment, travel, and office space costs, when directly associated with staff performing administrative and coordination functions, activities related to eligibility determinations, the preparation of budgets, program plans and schedules, monitoring of programs and projects, etc.
 - iv. Training of staff to perform administrative functions, such as eligibility determinations, procurement, and payroll.
 - b. Excluded from "administrative costs" are the direct costs of providing program services such as:
 - i. Case management, information and referral, and counseling activities;
 - ii. Providing program information, the development of employability plans, work activities, post employment services, and work supports.
 - iii. Costs, such as equipment, travel, and office space costs, when directly associated with providing program services, would be treated as program costs (whether provided under contract or otherwise).
 - iv. Costs for training of case managers or for other training directly associated with providing program services as program costs under its cost allocation plan. For example, training staff about providing appropriate services to people with disabilities would be a program cost.

16. Conform and ensure that Sub-contractors shall conform to the requirements of Federal Office of Management and Budget OMB Circulars A-87, A-110, and A-21 where appropriate, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), 2005 Deficit Reduction Act (DRA) and applicable TANF, NMW statutes and regulations.
17. Maintain fiscal records necessary for full accountability, comply with federal accounting and fiscal requirements applicable to handling of any federal funds, and follow generally accepted accounting principles and account for all receipts and disbursement of funds transferred or expended pursuant to this GSA.
18. Manage the funding made available by this GSA by ensuring that monthly expenditures meet federal TANF and state requirements;
19. Include the audit of all funds received by virtue of this GSA in the regular Contractor independent audit. An original copy of the independent audit report must be provided to the HSD and any other authorized entity as required by law within 15 days or receipt of the final audit report.
20. Upon termination of this GSA or after the services provided for herein have been rendered, surplus money, if any, shall be returned immediately by the Contractor to HSD.

PROGRAM REQUIREMENTS

HOME VISITING

1. Use a service delivery strategy that nurtures parental competence and successful early childhood development by building relationships with parents and children in their home environments.
2. Provide services in accordance with the CYFD Home Visiting Service Manual (current or any updated versions issued within FY10) [Exhibit H].
3. Work collaboratively at the local, regional and state levels to support the establishment of a comprehensive and aligned quality early care, education and family support system that is equitably available to all children and their families in New Mexico.
4. Offer services in each New Mexico County unless it can be proven that any such county would not benefit from the program based on population and community readiness.
5. Refer potentially eligible individuals to HSD for assistance programs using the DWP 009 NMW Electronic Communication Exchange Form [Exhibit D].
6. Ensure that publication materials shall not account for more than ten percent (10%) of the total budget amount.

7. Ensure that informational materials are available in 100% of the geographical areas served in an effort to raise awareness of the program. At a minimum, materials must be available at the following sites in both English and Spanish:
 - a. ISD Field Offices
 - b. NMW Offices
 - c. Workforce Investment Act (WIA) One-Stops
 - d. Strengthening Families Services Sites

8. Serve the following population for the entire duration of the AGREEMENT:
 - a. First time expectant mothers;
 - b. First time parents of infants and toddlers 0-3 years;
 - c. First time caregivers of infants and toddlers 0-3 years;
 - d. Adoptive parents of infants and toddlers 0-3 years;
 - e. Teens

CHILD CARE

9. Raise awareness of child care support services through distribution materials printed in both English and Spanish targeting the TANF and E&T population. The Contractor shall distribute and keep current program materials in 100% of the following sites throughout the state by August 1st, 2009.
 - a. ISD Field Offices
 - b. NMW Offices
 - c. Workforce Investment Act (WIA) One-Stops

PRE-KINDERGARTEN

10. Provide for a Pre-K program for future school success as authorized to HSD in House Bill 2 for State Fiscal Year 2010 throughout the term of this GSA, and shall not stop services or cease full leverage for the entire duration of this GSA.

11. Raise awareness of Pre-K program services through distribution materials printed in both English and Spanish targeting the TANF population. The Contractor shall distribute and keep current program materials in 100% of the following sites through out the state by August 1, 2009:
 - a. Income Support Division Field Offices
 - b. New Mexico Works (NMW) Offices
 - c. Workforce Investment Act (WIA) One-Stops

REPORTING REQUIREMENTS

1. Provide HSD with detailed client and service data and other required information within the timeframe stated in the SOW. This information will be provided monthly, quarterly, semi-annually and annually or as needed to meet federal reporting requirements.
2. Provide separate TANF and E&T monthly program and data reports for the Child Care Program to HSD no later than the 15th day of each month. Reports must include monthly and year to date (YTD) unduplicated totals by county and by state for the following:
 - a. Number of families receiving child care benefits.
 - b. Number of children receiving child care benefits.
 - c. The average monthly child care costs per family.
 - d. The average child care costs per child.
3. Provide Pre-K monthly program and data reports to HSD no later than the 15th day of each month. Reports must include monthly and year to date (YTD) unduplicated totals by location and age of child for the Pre-K program.
4. Submit quarterly Home Visiting program data reports by the 15th day following the end of each quarter and an annual report due no later than August 15, 2010. The reports at a minimum must include the following:
 - a. The average cost per family per year (to be reported following the end of the state fiscal year).
 - b. A description of each of the major program benefits, services, and activities.
 - c. Number of home visits provided
 - d. Number of families who receive their first home visit
 - e. Type of referrals to community services
 - f. Identify collaboration with other community entities
 - g. Identify participation with other agencies trainings, referrals and integration of services
 - h. Number of referrals to HSD
5. Provide an annual report detailing the number of children budgeted to receive Pre-K services by July 31st, 2009. ~~2010~~
6. Provide HSD an annual report aligned with the Federal Fiscal Year (FFY) due no later than October 15th each year. The annual report must contain MOE certification data for the following:
 - a. The average monthly number of child care payments made through the use of earned income disregards (if applicable), by the following types of child care providers:

- 1) Licensed/regulated in-home child care;
- 2) Licensed/regulated family child care;
- 3) Licensed/regulated group home child care;
- 4) Licensed/regulated center-based child care;
- 5) Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative;
- 6) Legally operating (i.e., no license category available in State locality) in-home child care provided by a relative;
- 7) Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative;
- 8) Legally operating (i.e., no license category available in State or locality) family child care provided by a relative;
- 9) Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative;
- 10) Legally operating (i.e., no license category available in State or locality) group child care provided by a relative; and
- 11) Legally operated (i.e., no license category available in State or locality) center-based child care.

- b. The total MOE expenditures claimed and the related number of families served in the federal fiscal year (October – September) for all of the MOE programs, such as but not limited to:

- 1) Head Start;
- 2) Community Based Services;
- 3) Child care programs;
- 4) Parent-Child Education Program; and
- 5) Pre-K
- 6) Home Visiting

MISCELLANEOUS REQUIREMENTS

1. Testify and report to the Welfare Reform Oversight Committee (WROC) on the program outcomes.
2. Maintain a designated contact person and/or program coordinator.
3. Timely submit all reports and invoices to the Contract Manager at:

Paul Lucero, Contract Manager
 Work and Family Support Bureau
 Income Support Division
 Human Services Department
 2009 S Pacheco Street / P O Box 2348
 Santa Fe, NM 87504

CYFD Childcare, Home Visiting & Pre-K Services
Invoice for Services Rendered

FM 10 CYFD CC HV Pre-K EXHIBIT B

New Mexico Human Services Department
Income Support Division
Pollon Plaza
P. O. Box 2348
Santa Fe, New Mexico 87504-2348
Attn: Paul Lucero, Contract Manager

Contractor **Children, Youth & Families Dept.**
Quarter Ending _____
Invoice Date _____
Agreement No **GSA 10-630-9000-0000**
Tax ID No _____
Invoice No _____

FOR CONTRACTOR USE ONLY

Invoice Amounts

Requested quarterly transfer for TANF child care services
Requested quarterly reimbursement for SNAP E&T child care services
Requested quarterly reimbursement for SNAP E&T admin.
Requested quarterly reimbursement for TANF Home Visiting
Requested quarterly reimbursement for TANF Pre-Kindergarten

\$	-
\$	-
\$	-
\$	-
\$	-

Other Expenditures

Total monthly amount expended on TANF cash recipients

AMOUNT

QUARTER TOTAL

\$	-
\$	-

Total monthly amount expended from state general fund for E&T participants

Certification

The undersigned certifies that:

- 1) The amounts invoiced herein are correct and just and that payment therefore has not been received;
- 2) CYFD has expended an amount equal to the total TANF funding invoiced from federal and/or state CCDF funding otherwise available; and
- 3) CYFD has expended an amount equal to the total E&T funding invoiced from state general funding otherwise available.

Contractor's Signature & Title _____

Phone # _____

Date _____

FOR HSD USE ONLY

I certify that amounts invoiced herein are correct and just and that payment therefore has not been remitted.

Department Official's Signature and Title _____

Phone # _____

Date _____

REMIT PAYMENT TO:

**Children, Youth & Families Department
Administrative Services Division
PERA, Room 118
P. O. Drawer 5160
Santa Fe, NM 87502**

CERTIFICATION - FOR HSD USE ONLY



INVOICE TRANSMITTAL

Transmittal Information

Invoice No. _____
 Fiscal Year _____ State Fiscal Year 2010
 Transmittal Date _____
 Date of Service(s) _____
 P. O. Reference No. _____
 Contract No. _____ GSA

Contractor Information

DFA Vendor ID. _____ Alt ID _____
 Name _____
 Address _____
 Phone No. _____

Contracted Service	Contract Budget	Total of Budget Adjustment(s)	Adjusted Contract Budget	Invoice Amount*	YTD Expenses	Budget Balance
TANF Childcare	\$39,619,300.00					
E&T Childcare	\$560,000.00					
E&T Admin.	\$41,000.00					
Pre-Kindergarten	\$1,500,000.00					
Home Visiting	\$500,000.00					

*Attach supporting documentation

Contractor Signature

Date

TO BE COMPLETED BY HSD PROGRAM MANAGER

Program Manager Name _____
 Telephone No. _____
 E-mail Address _____
 Approval to Pay _____
 Signature of Program Manager _____ Date _____

FOR INFORMATION TECHNOLOGY RELATED CONTRACTS: Approval to Pay _____

HSD CIO

DATE _____

Instructions for Invoice Transmittal

This form is to be completed by the Contractor. It is designed to keep all parties aware of the contract budget status. Assistance in completing this form may be obtained from the designated program manger.

Transmittal Information

Invoice No.: Enter the invoice number, which will follow a simple numbering sequence of 1, 2, 3, etc. Invoice 1 will be the first invoice of the contract period.

Fiscal Year: Enter the State of New Mexico fiscal year in which the applicable contract originated. The first two digits of the contract number designate the fiscal year.

Transmittal Date: Enter the date the Invoice Transmittal form is completed.

Date of Service: Enter the service-delivery time period for which reimbursement is being requested. For most contracts, this is the month and year of service. However, for short-term contracts, it can be a daily or weekly time period.

P. O. Reference No.: Enter the purchase document number applicable to this reimbursement. A purchase document is the document that encumbers (earmarks) the contracted funds. It has a unique identifying number. Contractors should receive a copy of the purchase document with their signed contract. Program managers should be able to assist in determining this number if needed.

Contract No.: This is the identifying number of the contractual document under which services are being provided (located at the top, right hand corner of the first page of the contract).

Contractor Information:

DFA Vendor ID: This is the unique, identifying, contractor code that the Department of Finance and Administration (DFA) assigns upon completion of the W-9 form. All contractors must have one to enter into contract with state government. This may be obtained from the purchase document (see P.O. Reference No., above, for description of purchase document).

Alt. ID: The alternate ID is a number associated with the DFA Vendor ID number. It is assigned by DFA when a contractor has numerous delivery sites/addresses for which expenditures must be separately tracked. It is usually a suffix that is added to the DFA Vendor Code and may be found on the purchase document.

Name: Enter the contractor's program/agency name as it appears on the purchase document and the contract. This is the name that is assigned to the DFA vendor code.

Address: Enter the contractor's address as it appears on the purchase document. This is the address that is assigned to the DFA vendor code.

Phone No: Enter the phone number of the Contractor's contact person who can answer questions that may result from the processing of the invoice.

Budget Section:

Contracted Service: Enter the name of the contracted service(s). The service does not refer to the detailed statement of work services but rather the broader service name(s), i.e. transportation, TANF, UR Review, etc. A contract may have one service or multiple services.

Every service in a contract is assigned a specific organizational (org) code. An org code is a budget designation and appears on the purchase document. Some contracts have one org code if there is one service being provided. Other contracts have multiple org codes. if they provide more than one service.

Contracted Budget: Enter the annual budget designated for each contracted service, as it appears in the original contract.

Total of Budget Adjustments: This is the total of the contract budget modifications resulting from contract amendments, for each service. If there have been more than one adjustment over the course of the contract year, the adjustment column should be the net result of all budget modifications.

Adjusted Contract Budget: This is the difference of the "Contract Budget" column and the "Adjustment" Column, for each service.

Invoice Amount: This is the amount for which the contractor is requesting reimbursement in this invoice, for each service. Attach all supporting documentation justifying the reimbursement request.

YTD Expenses: These are the year-to-date, accumulated expenses for the current contract year, for each service.

Budget Balance: This is the difference of the "Adjusted Contract Budget" and the "YTD Expenses" columns, for each service.

Contractor Signature: An original signature is required of the contractor representative authorized to approve an invoice.



NMW Electronic Communication Exchange

TANF Participant Name	Social Security Number	Response Due Date or <input type="checkbox"/> Info Only
Initiated by: <input type="checkbox"/> ISD <input type="checkbox"/> NMW <input type="checkbox"/> Support Service <input type="checkbox"/> IRU <input type="checkbox"/> Other	<input type="checkbox"/> TANF <input type="checkbox"/> One Parent <input type="checkbox"/> Two-Parent	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> ABAWD <input type="checkbox"/> Non-ABAWD
Agency Name:		

▼ INITIATOR ▼		▼ RESPONDENT ▼	
Name	Date	Name	Date
E-Mail Address	Phone Number	E-Mail Address	Phone Number
Attachments <input type="checkbox"/> Select <input type="checkbox"/> Select <input type="checkbox"/> Select Other -		Attachments <input type="checkbox"/> Select <input type="checkbox"/> Select <input type="checkbox"/> Select Other -	

1. General Information

Select Other -

Narrative:

Response:

2. Support Services Needed

Select Other -

Narrative:

Response:

3. Work Status Change

Now Mandatory
 Now Exempt for: Select
IRU Status: Select
IRU Review Due:

Narrative:

Response:

4. Work Activity Sanctions/Disqualifications

Select Good Cause - Yes No

Narrative:

Response:

INSTRUCTIONS FOR THE USE OF FORM
DWP 009
NMW Electronic Communication Exchange Form

PURPOSE

The New Mexico Works (NMW) Electronic Communication Exchange form, DWP 009, is initiated by either the NMW Program Service Provider or the NMW Support Services provider or by ISD.

The DWP 009 is an electronic form to be used to communicate between agencies who are responsible for working with participants in the TANF, Education Works and Food Stamp Programs.

PROCEDURES

The initiator submits the form to the appropriate respondent. Transmission of the form can be done either electronically or via hard copy. However, if transmission is completed electronically, a hard copy must be retained in the case record of the participant.

INSTRUCTIONS

The initiator completes the information at the top of the form including participant name, SSN, response due date or indication that the info, worker name and phone number.

Formatted: Font: 9 pt

If attachments are to be included, they should be indicated by electing from the items listed on the drop down menus.

In each of the four sections of the DWP 009, appropriate selections can be made from the drop down menus. Space is included to further narrate. When sending information to respondents who do not have access to ISD2, it may be appropriate to add the client address and phone number if that information will be needed to provide services.

A response may be entered on the original document if appropriate and returned to the initiator.

DISTRIBUTION

Copy -Initiator
Copy -Respondent

FORM RETENTION

The DWP form 009 is retained in the case record for four (4) years.

Budget

FY 10 CYFD Home Visiting EXHIBIT E1

CYFD - Home Visiting Program

Item	Line Item Description	FY 09 BUDGET	Justification
520100	EXEMPT PERMANENT POSITIONS - FT & PT		
520200	TERM POSITIONS - FT & PT		
520300	CLASSIFIED PERMANENT POSITIONS - FT		
520400	CLASSIFIED PERMANENT POSITIONS - PT		
520500	TEMPORARY POSITIONS - FT & PT		
520600	PAID UNUSED SICK LEAVE		
520700	OVERTIME AND OTHER PREMIUM PAY		
520800	ANNUAL & COMPENSATORY LEAVE PAID AT TERMINATION		
520900	DIFFERENTIAL PAY		
	PERSONNEL SERVICES TOTAL	\$ -	
521100	GROUP INSURANCE PREMIUM		
521200	RETIREMENT CONTRIBUTIONS		
521300	F.I.C.A.		
521400	WORKER'S COMPENSATION		
521500	UNEMPLOYMENT COMPENSATION PREMIUM		
521600	EMPLOYEE LIABILITY INSURANCE PREMIUM		
521700	RETIREE HEALTH CARE ACT CONTRIBUTION		
521900	OTHER EMPLOYEE BENEFITS		
	EMPLOYEE BENEFITS TOTAL	\$ -	
535100	MEDICAL SERVICES		
535200	PROFESSIONAL SERVICES		
535300	OTHER SERVICES		
535400	AUDIT SERVICES		
535500	ATTORNEY SERVICES		
535600	INFORMATION TECHNOLOGY SERVICES		
	CONTRACTUAL SERVICES TOTAL	\$ -	
542100	EMPLOYEE IN-STATE MILEAGE & FARES		
542200	EMPLOYEE IN-STATE MEALS & LODGING		
542300	BOARD & COMMISSION MEMBER IN-STATE TRAVEL		
542400	EMPLOYEE NON-ROUTINE PARTIAL DAY PER DIEM IN-STATE TRAVEL		
542500	TRANSPORTATION - FUEL & OIL		
542600	TRANSPORTATION - NON-TAXABLE - PARTS & SUPPLIES, TAXABLE - MAINTENANCE & REPAIR SERVICES		
542700	TRANSPORTATION - TRANSPORTATION INSURANCE		
542800	TRANSPORTATION - STATE TRANSPORTATION POOL CHARGES		
542900	OTHER TRAVEL		
	TRAVEL AND TRANSPORTATION TOTAL	\$ -	
543100	MAINTENANCE - GROUND & ROADWAYS		
543200	MAINTENANCE - FURNITURE FIXTURES & EQUIPMENT		
543300	MAINTENANCE - BUILDING & STRUCTURES		
543400	MAINTENANCE - PROPERTY INSURANCE		
543500	MAINTENANCE - MAINTENANCE SUPPLIES		
543600	MAINTENANCE - LAUNDRY/DRY CLEANING		
543700	MAINTENANCE - MAINTENANCE SERVICES		
543800	INFORMATION TECHNOLOGY MAINTENANCE		
543900	OTHER MAINTENANCE		

Budget

FY 10 CYFD Home Visiting EXHIBIT E1

CYFD - Home Visiting Program

Item	Line Item Description	FY 09 BUDGET	Justification
MAINTENANCE & REPAIRS TOTAL		\$ -	
544000	SUPPLIES - INVENTORY EXEMPT INFORMATION TECHNOLOGY		
544100	SUPPLIES - OFFICE SUPPLIES		
544200	SUPPLIES - MEDICAL, LAB & PERSONAL SUPPLIES		
544300	SUPPLIES - DRUGS		
544400	SUPPLIES - FIELD SUPPLIES		
544500	SUPPLIES - FOOD		
544600	SUPPLIES - KITCHEN SUPPLIES		
544700	SUPPLIES - CLOTHING, UNIFORMS, & LINEN		
544800	SUPPLIES - EDUCATION & RECREATIONAL SUPPLIES		
544900	SUPPLIES - INVENTORY EXEMPT		
SUPPLIES TOTAL		\$ -	
545600	REPORTING & RECORDS		
545700	ISD SERVICES		
545800	RADIO COMMUNICATIONS SERVICES		
545900	PRINTING & PHOTOGRAPHIC SERVICE		
546000	GSD BUILDING USE FEE		
546100	POSTAGE & MAIL SERVICE		
546200	BOND PREMIUMS		
546300	UTILITIES		
546400	RENT OF LAND OR BUILDINGS		
546500	RENT OF EQUIPMENT		
546600	COMMUNICATIONS		
546700	SUBSCRIPTIONS & DUES		
546800	EMPLOYEE TRAINING & EDUCATION		
546900	ADVERTISING		
CONTRACTUAL SVCS TOTAL		\$ -	
547200	GRANTS TO INDIVIDUALS		
547700	CARE & SUPPORT		
547400	GRANTS TO ORGANIZATIONS		
547500	PURCHASES FOR RESALE		
547700	DEBT SERVICE - PRINCIPAL		
547800	DEBT SERVICE - INTEREST		
547900	MISCELLANEOUS EXPENSE		
OTHER OPERATING COST TOTAL		\$ -	
548100	LAND		
548200	FURNITURE & FIXTURES		
548300	INFORMATION TECHNOLOGY EQUIPMENT		
548400	OTHER EQUIPMENT		
548600	ANIMALS		
548700	LIBRARY & MUSEUM ACQUISITIONS		
548800	AUTOMOTIVE & AIRCRAFT		
548900	BUILDINGS & STRUCTURES		

Budget

FY 10 CYFD Home Visiting EXHIBIT E1

CYFD - Home Visiting Program

Item	Line Item Description	FY 09 BUDGET	Justification
CAPITAL OUTLAY TOTAL		\$	
549600	EMPLOYEE OUT OF STATE MILEAGE & FARES		
549700	EMPLOYEE OUT OF STATE MEALS & LODGING		
549800	BOARD & COMMISSION MEMBER - OUT-OF-STATE MILEAGE & FARES		
549900	BOARD & COMMISSION MEMBER - OUT-OF-STATE MEALS & LODGING		
OUT OF STATE TOTAL		\$	
555100	OTHER FINANCING USES (15% Adm. Indirect Cost)		
OTHER FINANCING USES TOTAL		\$	
560300	REFUND - MEMBER CONTRIBUTIONS		
563500	ANNUITY PAYMENTS		
565200	DISTRIBUTION TO BENEFICIARIES		
565300	DISTRIBUTION TO STATE GENERAL FUND		
566100	REVERSIONS		
REFUND & DISTRIBUTION TOTAL		\$	
GRAND TOTAL		\$	

Contractor's Signature

Date

HSD Approval

Date

Budget

FY 10 CYFD Pre-K EXHIBIT E2

CYFD - Pre-K Program

Item	Line Item Description	FY 09 BUDGET	Justification
520100	EXEMPT PERMANENT POSITIONS - FT & PT		
520200	TERM POSITIONS - FT & PT		
520300	CLASSIFIED PERMANENT POSITIONS - FT		
520400	CLASSIFIED PERMANENT POSITIONS - PT		
520500	TEMPORARY POSITIONS - FT& PT		
520600	PAID UNUSED SICK LEAVE		
520700	OVERTIME AND OTHER PREMIUM PAY		
520800	ANNUAL & COMPENSATORY LEAVE PAID AT TERMINATION		
520900	DIFFERENTIAL PAY		
	PERSONNEL SERVICES TOTAL	\$ -	
521100	GROUP INSURANCE PREMIUM		
521200	RETIREMENT CONTRIBUTIONS		
521300	F.I.C.A.		
521400	WORKER'S COMPENSATION		
521500	UNEMPLOYMENT COMPENSATION PREMIUM		
521600	EMPLOYEE LIABILITY INSURANCE PREMIUM		
521700	RETIREE HEALTH CARE ACT CONTRIBUTION		
521900	OTHER EMPLOYEE BENEFITS		
	EMPLOYEE BENEFITS TOTAL	\$ -	
535100	MEDICAL SERVICES		
535200	PROFESSIONAL SERVICES		
535300	OTHER SERVICES		
535400	AUDIT SERVICES		
535500	ATTORNEY SERVICES		
535600	INFORMATION TECHNOLOGY SERVICES		
	CONTRACTUAL SERVICES TOTAL	\$ -	
542100	EMPLOYEE IN-STATE MILEAGE & FARES		
542200	EMPLOYEE IN-STATE MEALS & LODGING		
542300	BOARD & COMMISSION MEMBER IN-STATE TRAVEL		
542400	EMPLOYEE NON-ROUTINE PARTIAL DAY PER DIEM IN-STATE TRAVEL		
542500	TRANSPORTATION - FUEL & OIL		
542600	TRANSPORTATION - NON-TAXABLE - PARTS & SUPPLIES, TAXABLE - MAINTENANCE & REPAIR SERVICES		
542700	TRANSPORTATION - TRANSPORTATION INSURANCE		
542800	TRANSPORTATION - STATE TRANSPORTATION POOL CHARGES		
542900	OTHER TRAVEL		
	TRAVEL AND TRANSPORTATION TOTAL	\$ -	
543100	MAINTENANCE - GROUND & ROADWAYS		
543200	MAINTENANCE - FURNITURE FIXTURES & EQUIPMENT		
543300	MAINTENANCE - BUILDING & STRUCTURES		
543400	MAINTENANCE - PROPERTY INSURANCE		
543500	MAINTENANCE - MAINTENANCE SUPPLIES		
543600	MAINTENANCE - LAUNDRY/DRY CLEANING		
543700	MAINTENANCE - MAINTENANCE SERVICES		
543800	INFORMATION TECHNOLOGY MAINTENANCE		
543900	OTHER MAINTENANCE		

Budget

FY 10 CYFD Pre-K EXHIBIT E2

CYFD - Pre-K Program

Item	Line Item Description	FY 09 BUDGET	Justification
MAINTENANCE & REPAIRS TOTAL		\$	
544000	SUPPLIES - INVENTORY EXEMPT INFORMATION TECHNOLOGY		
544100	SUPPLIES - OFFICE SUPPLIES		
544200	SUPPLIES - MEDICAL, LAB & PERSONAL SUPPLIES		
544300	SUPPLIES - DRUGS		
544400	SUPPLIES - FIELD SUPPLIES		
544500	SUPPLIES - FOOD		
544600	SUPPLIES - KITCHEN SUPPLIES		
544700	SUPPLIES - CLOTHING, UNIFORMS, & LINEN		
544800	SUPPLIES - EDUCATION & RECREATIONAL SUPPLIES		
544900	SUPPLIES - INVENTORY EXEMPT		
SUPPLIES TOTAL		\$	
545600	REPORTING & RECORDS		
545700	ISD SERVICES		
545800	RADIO COMMUNICATIONS SERVICES		
545900	PRINTING & PHOTOGRAPHIC SERVICE		
546000	GSD BUILDING USE FEE		
546100	POSTAGE & MAIL SERVICE		
546200	BOND PREMIUMS		
546300	UTILITIES		
546400	RENT OF LAND OR BUILDINGS		
546500	RENT OF EQUIPMENT		
546600	COMMUNICATIONS		
546700	SUBSCRIPTIONS & DUES		
546800	EMPLOYEE TRAINING & EDUCATION		
546900	ADVERTISING		
CONTRACTUAL SVCS TOTAL		\$	
547200	GRANTS TO INDIVIDUALS		
547700	CARE & SUPPORT		
547400	GRANTS TO ORGANIZATIONS		
547500	PURCHASES FOR RESALE		
547700	DEBT SERVICE - PRINCIPAL		
547800	DEBT SERVICE - INTEREST		
547900	MISCELLANEOUS EXPENSE		
OTHER OPERATING COST TOTAL		\$	
548100	LAND		
548200	FURNITURE & FIXTURES		
548300	INFORMATION TECHNOLOGY EQUIPMENT		
548400	OTHER EQUIPMENT		
548600	ANIMALS		
548700	LIBRARY & MUSEUM ACQUISITIONS		
548800	AUTOMOTIVE & AIRCRAFT		
548900	BUILDINGS & STRUCTURES		

Budget

FY 10 CYFD Pre-K EXHIBIT E2

CYFD - Pre-K Program

Item	Line Item Description	FY 09 BUDGET	Justification
CAPITAL OUTLAY TOTAL		\$ -	
549600	EMPLOYEE OUT OF STATE MILEAGE & FARES		
549700	EMPLOYEE OUT OF STATE MEALS & LODGING		
549800	BOARD & COMMISSION MEMBER - OUT-OF-STATE MILEAGE & FARES		
549900	BOARD & COMMISSION MEMBER - OUT-OF-STATE MEALS & LODGING		
OUT OF STATE TOTAL		\$ -	
555100	OTHER FINANCING USES (15% Adm. Indirect Cost)		
OTHER FINANCING USES TOTAL		\$ -	
560300	REFUND - MEMBER CONTRIBUTIONS		
563500	ANNUITY PAYMENTS		
565200	DISTRIBUTION TO BENEFICIARIES		
565300	DISTRIBUTION TO STATE GENERAL FUND		
566100	REVERSIONS		
REFUND & DISTRIBUTION TOTAL		\$ -	
GRAND TOTAL		\$ -	

Contractor's Signature

Date

HSD Approval

Date

Expenditure Balance Report

FY 10 CYFD - Home Visiting Exhibit F1

CYFD Home Visiting

Month/Year

Item	Line Item Description	FY 08 BUDGET	Expenditure	YTD	Budget Balance
520100	EXEMPT PERMANENT POSITIONS - FT & PT				\$ -
520200	TERM POSITIONS - FT & PT				\$ -
520300	CLASSIFIED PERMANENT POSITIONS - FT				\$ -
520400	CLASSIFIED PERMANENT POSITIONS - PT				\$ -
520500	TEMPORARY POSITIONS - FT & PT				\$ -
520600	PAID UNUSED SICK LEAVE				\$ -
520700	OVERTIME AND OTHER PREMIUM PAY				\$ -
520800	ANNUAL & COMPENSATORY LEAVE PAID AT TERMINATION				\$ -
520900	DIFFERENTIAL PAY				\$ -
	PERSONNEL SERVICES TOTAL	\$ -	\$ -	\$ -	\$ -
521100	GROUP INSURANCE PREMIUM				\$ -
521200	RETIREMENT CONTRIBUTIONS				\$ -
521300	F.I.C.A.				\$ -
521400	WORKER'S COMPENSATION				\$ -
521500	UNEMPLOYMENT COMPENSATION PREMIUM				\$ -
521600	EMPLOYEE LIABILITY INSURANCE PREMIUM				\$ -
521700	RETIREE HEALTH CARE ACT CONTRIBUTION				\$ -
521900	OTHER EMPLOYEE BENEFITS				\$ -
	EMPLOYEE BENEFITS TOTAL	\$ -	\$ -	\$ -	\$ -
535100	MEDICAL SERVICES				\$ -
535200	PROFESSIONAL SERVICES				\$ -
535300	OTHER SERVICES				\$ -
535400	AUDIT SERVICES				\$ -
535500	ATTORNEY SERVICES				\$ -
535600	INFORMATION TECHNOLOGY SERVICES				\$ -
	CONTRACTUAL SERVICES TOTAL	\$ -	\$ -	\$ -	\$ -
542100	EMPLOYEE IN-STATE MILEAGE & FARES				\$ -
542200	EMPLOYEE IN-STATE MEALS & LODGING				\$ -
542300	BOARD & COMMISSION MEMBER IN-STATE TRAVEL				\$ -
542400	EMPLOYEE NON-ROUTINE PARTIAL DAY PER DIEM IN-STATE TRAVEL				\$ -
542500	TRANSPORTATION - FUEL & OIL				\$ -
542600	TRANSPORTATION - NON-TAXABLE - PARTS & SUPPLIES, TAXABLE - MAINTENANCE & REPAIR SERVICES				\$ -
542700	TRANSPORTATION - TRANSPORTATION INSURANCE				\$ -
542800	TRANSPORTATION - STATE TRANSPORTATION POOL CHARGES				\$ -
542900	OTHER TRAVEL				\$ -
	TRAVEL AND TRANSPORTATION TOTAL	\$ -	\$ -	\$ -	\$ -
543100	MAINTENANCE - GROUND & ROADWAYS				\$ -
543200	MAINTENANCE - FURNITURE FIXTURES & EQUIPMENT				\$ -
543300	MAINTENANCE - BUILDING & STRUCTURES				\$ -
543400	MAINTENANCE - PROPERTY INSURANCE				\$ -
543500	MAINTENANCE - MAINTENANCE SUPPLIES				\$ -
543600	MAINTENANCE - LAUNDRY/DRY CLEANING				\$ -
543700	MAINTENANCE - MAINTENANCE SERVICES				\$ -
543800	INFORMATION TECHNOLOGY MAINTENANCE				\$ -
543900	OTHER MAINTENANCE				\$ -

Expenditure Balance Report

FY 10 CYFD - Home Visiting Exhibit F1

CYFD Home Visiting

Month/Year

Item	Line Item Description	FY 08 BUDGET	Expenditure	YTD	Budget Balance
	MAINTENANCE & REPAIRS TOTAL	\$ -	\$ -	\$ -	\$ -
544000	SUPPLIES - INVENTORY EXEMPT INFORMATION TECHNOLOGY				\$ -
544100	SUPPLIES - OFFICE SUPPLIES				\$ -
544200	SUPPLIES - MEDICAL, LAB & PERSONAL SUPPLIES				\$ -
544300	SUPPLIES - DRUGS				\$ -
544400	SUPPLIES - FIELD SUPPLIES				\$ -
544500	SUPPLIES - FOOD				\$ -
544600	SUPPLIES - KITCHEN SUPPLIES				\$ -
544700	SUPPLIES - CLOTHING, UNIFORMS, & LINEN				\$ -
544800	SUPPLIES - EDUCATION & RECREATIONAL SUPPLIES				\$ -
544900	SUPPLIES - INVENTORY EXEMPT				\$ -
	SUPPLIES TOTAL	\$ -	\$ -	\$ -	\$ -
545600	REPORTING & RECORDS				\$ -
545700	ISD SERVICES				\$ -
545800	RADIO COMMUNICATIONS SERVICES				\$ -
545900	PRINTING & PHOTOGRAPHIC SERVICE				\$ -
546000	GSD BUILDING USE FEE				\$ -
546100	POSTAGE & MAIL SERVICE				\$ -
546200	BOND PREMIUMS				\$ -
546300	UTILITIES				\$ -
546400	RENT OF LAND OR BUILDINGS				\$ -
546500	RENT OF EQUIPMENT				\$ -
546600	COMMUNICATIONS				\$ -
546700	SUBSCRIPTIONS & DUES				\$ -
546800	EMPLOYEE TRAINING & EDUCATION				\$ -
546900	ADVERTISING				\$ -
	CONTRACTUAL SVCS TOTAL	\$ -	\$ -	\$ -	\$ -
547200	GRANTS TO INDIVIDUALS				\$ -
547700	CARE & SUPPORT				\$ -
547400	GRANTS TO ORGANIZATIONS				\$ -
547500	PURCHASES FOR RESALE				\$ -
547700	DEBT SERVICE - PRINCIPAL				\$ -
547800	DEBT SERVICE - INTEREST				\$ -
547900	MISCELLANEOUS EXPENSE				\$ -
	OTHER OPERATING COST TOTAL	\$ -	\$ -	\$ -	\$ -
548100	LAND				\$ -
548200	FURNITURE & FIXTURES				\$ -
548300	INFORMATION TECHNOLOGY EQUIPMENT				\$ -
548400	OTHER EQUIPMENT				\$ -
548600	ANIMALS				\$ -
548700	LIBRARY & MUSEUM ACQUISITIONS				\$ -
548800	AUTOMOTIVE & AIRCRAFT				\$ -
548900	BUILDINGS & STRUCTURES				\$ -

Expenditure Balance Report

FY 10 CYFD - Home Visiting Exhibit F1

CYFD Home Visiting

Month/Year

Item	Line Item Description	FY 08 BUDGET	Expenditure	YTD	Budget Balance
CAPITAL OUTLAY TOTAL		\$	\$	\$	\$
549600	EMPLOYEE OUT OF STATE MILEAGE & FARES				\$ -
549700	EMPLOYEE OUT OF STATE MEALS & LODGING				\$ -
549800	BOARD & COMMISSION MEMBER - OUT-OF-STATE MILEAGE & FARES				\$ -
549900	BOARD & COMMISSION MEMBER - OUT-OF-STATE MEALS & LODGING				\$ -
OUT OF STATE TOTAL		\$	\$	\$	\$
555100	OTHER FINANCING USES (15% Adm. Indirect Cost)				\$ -
OTHER FINANCING USES TOTAL		\$	\$	\$	\$
560300	REFUND - MEMBER CONTRIBUTIONS				\$ -
563500	ANNUITY PAYMENTS				\$ -
565200	DISTRIBUTION TO BENEFICIARIES				\$ -
565300	DISTRIBUTION TO STATE GENERAL FUND				\$ -
566100	REVERSIONS				\$ -
REFUND & DISTRIBUTION TOTAL		\$	\$	\$	\$
GRAND TOTAL		\$	\$	\$	\$

CERTIFICATION

I/we _____ hereby certify that as of the date set forth below, the amounts included on this Expenditure and Balance Report are complete and accurate.

Contractor's Signature Date

HSD Approval Date

Expenditure Balance Report

FY 10 CYFD - Pre-K Exhibit F2

CYFD Pre-K		Month/Year			
Item	Line Item Description	FY 08 BUDGET	Expenditure	YTD	Budget Balance
520100	EXEMPT PERMANENT POSITIONS - FT & PT				\$ -
520200	TERM POSITIONS - FT & PT				\$ -
520300	CLASSIFIED PERMANENT POSITIONS - FT				\$ -
520400	CLASSIFIED PERMANENT POSITIONS - PT				\$ -
520500	TEMPORARY POSITIONS - FT & PT				\$ -
520600	PAID UNUSED SICK LEAVE				\$ -
520700	OVERTIME AND OTHER PREMIUM PAY				\$ -
520800	ANNUAL & COMPENSATORY LEAVE PAID AT TERMINATION				\$ -
520900	DIFFERENTIAL PAY				\$ -
	PERSONNEL SERVICES TOTAL	\$ -	\$ -	\$ -	\$ -
521100	GROUP INSURANCE PREMIUM				\$ -
521200	RETIREMENT CONTRIBUTIONS				\$ -
521300	F.I.C.A.				\$ -
521400	WORKER'S COMPENSATION				\$ -
521500	UNEMPLOYMENT COMPENSATION PREMIUM				\$ -
521600	EMPLOYEE LIABILITY INSURANCE PREMIUM				\$ -
521700	RETIREE HEALTH CARE ACT CONTRIBUTION				\$ -
521900	OTHER EMPLOYEE BENEFITS				\$ -
	EMPLOYEE BENEFITS TOTAL	\$ -	\$ -	\$ -	\$ -
535100	MEDICAL SERVICES				\$ -
535200	PROFESSIONAL SERVICES				\$ -
535300	OTHER SERVICES				\$ -
535400	AUDIT SERVICES				\$ -
535500	ATTORNEY SERVICES				\$ -
535600	INFORMATION TECHNOLOGY SERVICES				\$ -
	CONTRACTUAL SERVICES TOTAL	\$ -	\$ -	\$ -	\$ -
542100	EMPLOYEE IN-STATE MILEAGE & FARES				\$ -
542200	EMPLOYEE IN-STATE MEALS & LODGING				\$ -
542300	BOARD & COMMISSION MEMBER IN-STATE TRAVEL				\$ -
542400	EMPLOYEE NON-ROUTINE PARTIAL DAY PER DIEM IN-STATE TRAVEL				\$ -
542500	TRANSPORTATION - FUEL & OIL				\$ -
542600	TRANSPORTATION - NON-TAXABLE - PARTS & SUPPLIES, TAXABLE - MAINTENANCE & REPAIR SERVICES				\$ -
542700	TRANSPORTATION - TRANSPORTATION INSURANCE				\$ -
542800	TRANSPORTATION - STATE TRANSPORTATION POOL CHARGES				\$ -
542900	OTHER TRAVEL				\$ -
	TRAVEL AND TRANSPORTATION TOTAL	\$ -	\$ -	\$ -	\$ -
543100	MAINTENANCE - GROUND & ROADWAYS				\$ -
543200	MAINTENANCE - FURNITURE FIXTURES & EQUIPMENT				\$ -
543300	MAINTENANCE - BUILDING & STRUCTURES				\$ -
543400	MAINTENANCE - PROPERTY INSURANCE				\$ -
543500	MAINTENANCE - MAINTENANCE SUPPLIES				\$ -
543600	MAINTENANCE - LAUNDRY/DRY CLEANING				\$ -
543700	MAINTENANCE - MAINTENANCE SERVICES				\$ -
543800	INFORMATION TECHNOLOGY MAINTENANCE				\$ -
543900	OTHER MAINTENANCE				\$ -

Expenditure Balance Report

FY 10 CYFD - Pre-K Exhibit F2

CYFD Pre-K

Month/Year

Item	Line Item Description	FY 08 BUDGET	Expenditure	YTD	Budget Balance
MAINTENANCE & REPAIRS TOTAL		\$	\$	\$	\$
544000	SUPPLIES - INVENTORY EXEMPT INFORMATION TECHNOLOGY				\$ -
544100	SUPPLIES - OFFICE SUPPLIES				\$ -
544200	SUPPLIES - MEDICAL, LAB & PERSONAL SUPPLIES				\$ -
544300	SUPPLIES - DRUGS				\$ -
544400	SUPPLIES - FIELD SUPPLIES				\$ -
544500	SUPPLIES - FOOD				\$ -
544600	SUPPLIES - KITCHEN SUPPLIES				\$ -
544700	SUPPLIES - CLOTHING, UNIFORMS, & LINEN				\$ -
544800	SUPPLIES - EDUCATION & RECREATIONAL SUPPLIES				\$ -
544900	SUPPLIES - INVENTORY EXEMPT				\$ -
SUPPLIES TOTAL		\$	\$	\$	\$
545600	REPORTING & RECORDS				\$ -
545700	ISD SERVICES				\$ -
545800	RADIO COMMUNICATIONS SERVICES				\$ -
545900	PRINTING & PHOTOGRAPHIC SERVICE				\$ -
546000	GSD BUILDING USE FEE				\$ -
546100	POSTAGE & MAIL SERVICE				\$ -
546200	BOND PREMIUMS				\$ -
546300	UTILITIES				\$ -
546400	RENT OF LAND OR BUILDINGS				\$ -
546500	RENT OF EQUIPMENT				\$ -
546600	COMMUNICATIONS				\$ -
546700	SUBSCRIPTIONS & DUES				\$ -
546800	EMPLOYEE TRAINING & EDUCATION				\$ -
546900	ADVERTISING				\$ -
CONTRACTUAL SVCS TOTAL		\$	\$	\$	\$
547200	GRANTS TO INDIVIDUALS				\$ -
547700	CARE & SUPPORT				\$ -
547400	GRANTS TO ORGANIZATIONS				\$ -
547500	PURCHASES FOR RESALE				\$ -
547700	DEBT SERVICE - PRINCIPAL				\$ -
547800	DEBT SERVICE - INTEREST				\$ -
547900	MISCELLANEOUS EXPENSE				\$ -
OTHER OPERATING COST TOTAL		\$	\$	\$	\$
548100	LAND				\$ -
548200	FURNITURE & FIXTURES				\$ -
548300	INFORMATION TECHNOLOGY EQUIPMENT				\$ -
548400	OTHER EQUIPMENT				\$ -
548600	ANIMALS				\$ -
548700	LIBRARY & MUSEUM ACQUISITIONS				\$ -
548800	AUTOMOTIVE & AIRCRAFT				\$ -
548900	BUILDINGS & STRUCTURES				\$ -

Expenditure Balance Report

FY 10 CYFD - Pre-K Exhibit F2

CYFD Pre-K

Month/Year

Item	Line Item Description	FY 08 BUDGET	Expenditure	YTD	Budget Balance
	CAPITAL OUTLAY TOTAL	\$	\$	\$	\$
549600	EMPLOYEE OUT OF STATE MILEAGE & FARES				\$ -
549700	EMPLOYEE OUT OF STATE MEALS & LODGING				\$ -
	BOARD & COMMISSION MEMBER - OUT-OF-STATE MILEAGE & FARES				\$ -
549800	BOARD & COMMISSION MEMBER - OUT-OF-STATE MILEAGE & FARES				\$ -
	BOARD & COMMISSION MEMBER - OUT-OF-STATE MEALS & LODGING				\$ -
549900	BOARD & COMMISSION MEMBER - OUT-OF-STATE MEALS & LODGING				\$ -
	OUT OF STATE TOTAL	\$	\$	\$	\$
555100	OTHER FINANCING USES (15% Adm. Indirect Cost)				\$ -
	OTHER FINANCING USES TOTAL	\$	\$	\$	\$
560300	REFUND - MEMBER CONTRIBUTIONS				\$ -
563500	ANNUITY PAYMENTS				\$ -
565200	DISTRIBUTION TO BENEFICIARIES				\$ -
565300	DISTRIBUTION TO STATE GENERAL FUND				\$ -
566100	REVERSIONS				\$ -
	REFUND & DISTRIBUTION TOTAL	\$	\$	\$	\$
	GRAND TOTAL	\$	\$	\$	\$

CERTIFICATION

I/we _____ hereby certify that as of the date set forth below, the amounts included on this Expenditure and Balance Report are complete and accurate.

Contractor's Signature Date

HSD Approval Date

NEW MEXICO WORKS PROGRAM
 Human Services Department
 Income Support Division

BUDGET ADJUSTMENT REQUEST

CONTRACTOR: _____

Date: _____

Agreement No: _____

ATTACH JUSTIFICATION NARRATIVE FOR EACH LINE ITEM

CATEGORY	LINE ITEM	AMOUNT OF INCREASE	AMOUNT OF DECREASE
TOTALS		\$	\$

I certify that the above is required for efficient program operation.

Authorized Signature: _____

Date: _____

FOR HSD USE ONLY

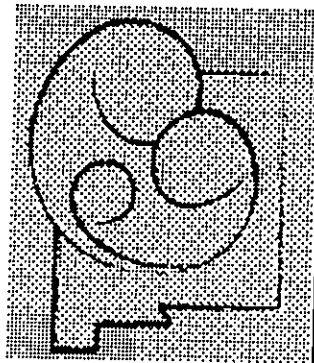
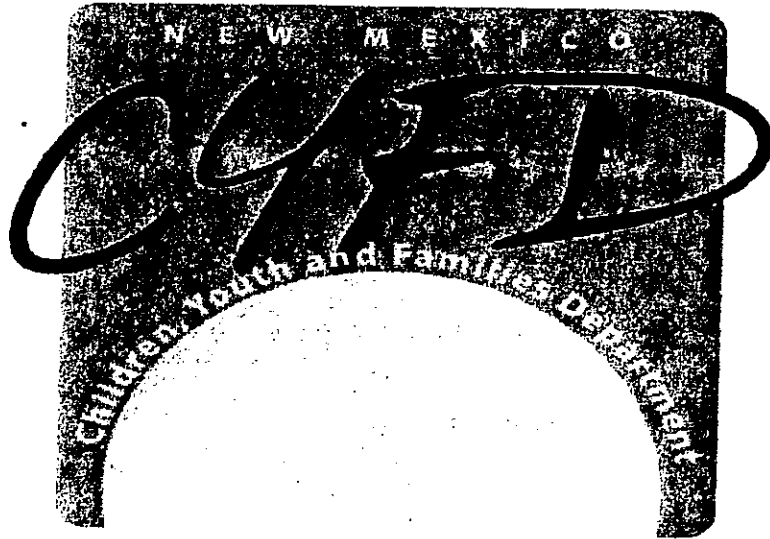
APPROVED

DISAPPROVED

Authorized Signature: _____

Date: _____

HOME VISITING SERVICE MANUAL





Revised: 01/15/09

**HUMAN SERVICES DEPARTMENT
CONTRACT TRACKING SHEET**
(for approval to proceed with contract development)

Contract Name: Children, Youth and Families Department – Childcare, Home Visiting and Pre-K

Contract Number:

Contract Purpose: To transfer federal TANF and disburse SNAP E&T funds to CYFD to provide a Home Visiting and Pre-Kindergarten programs, childcare benefits and services to TANF and SNAP E&T participants.

Division Director:

Program Mgr:

Required Approval Signatures:

Date

ASD Director

Comments:

HSD Deputy Secretary

Comments:

Contingent Approval Signatures (based on contract type or HSD Deputy Secretary's determination):

Date

Office of General Counsel

Comments:

HSD CIO

Comments:

State CIO

Comments:

HSD Secretary

Comments:

Jean Russo: 827-9495 Budgets:

Bureau Chief:

Introduction	62
Description Home Visiting Services.....	62
Eligibility Criteria	63
Target Population.....	63
Family Centered.....	63
Staff Requirements.....	63
Overview	64
Home Visiting Services	65
Required Core Components	67
Documentation	70
Requirements.....	70
Appendix D – Home Visiting Forms.....	73
Appendix E – Definitions	89
Appendix F - CYFD Background Clearance	95

INTRODUCTION

The Home Visiting Service Definition Manual is produced and disseminated by The State of New Mexico's Children, Youth and Families Department (CYFD).

Home Visiting Services utilize state funds to develop and maintain a statewide Home Visiting service system that is:

- Flexible and designed to meet the needs of clients at the local level;
- Inclusive of and responsive to the ethnic, cultural, racial and socioeconomic diversity of the state;
- Focused on results with clearly defined and measurable outcomes for the clients served

The goal of these services is to enhance and improve the physical, emotional, mental and behavioral health of infants, toddlers and their families.

DESCRIPTION: HOME VISITING SERVICES

Home Visiting is a service delivery strategy that nurtures parental competence and successful early childhood development by building relationships with parents and children in their home environments. (A home environment may include schools or even jails, wherever the parent and child can be seen together.)

Home Visiting promotes wellness for ALL families, serving families who are expecting a baby and may continue services up to the third year of the child's life. Home Visiting Services are voluntary.

The Home Visiting Program will provide:

- Developmental guidance;
- Educational and local community resource information;
- Identification of social supports;
- Referral of families to community resources;
- Services offered prenatally and during the first three years of the child's life.
- Programs make every effort to ensure that home visits occur once a week for at least the first six month of the child's life, or as often as requested by the family, and as requested by the family for the second and third year of the child's life.
- Provide Referral and Follow Up during and at the completion of Home Visiting Services

The Children, Youth and Families Department (CYFD) believes in the strengths and resiliency of families who are our partners and for whom we advocate to enhance their safety and well-being. We respectfully serve and support children and families, in a responsive community based system of care that is client-centered, family focused and culturally competent.

ELIGIBILITY CRITERIA

The priority eligibility requirements for participation in Home Visiting Services are as follows:

- First time expectant mothers;
- First time parents of infants and toddlers zero to three;
- First time caregivers of infants and toddlers zero to three;
- Adoptive parents of infants and toddlers zero to three.
- Teens

TARGET POPULATION

The target populations to be served through Home Visiting Services are identified and defined by CYFD. Programs will prioritize serving first-time parents and caregivers (including but not limited to adoptive and teen parents) of children pre-natal to three years of age, without regard to income level, or any other criteria.

FAMILY CENTERED

The philosophy of Home Visiting Services is to view the relationship between the parent and the infant/toddler as primary. Families must be full collaborators in the home visiting plan, and service provision. Home visiting services must be family centered, and the family must be viewed as a whole. The aim is to support the family in service of the infant/toddler. Giving up on families or labeling them as unmotivated or resistant is not acceptable; it is up to the home visitor to develop appropriate mechanisms for family engagement, retention, and satisfaction with services.

STAFF REQUIREMENTS

Home Visiting Staff are composed of individuals who are suited to perform Home Visiting duties. The team may be composed of licensed professionals who have knowledge in early childhood development or early childhood mental health, and non-degreed professionals such as:

- Nurses
- Social Workers
- Psychologists
- Early Childhood Educators
- Promoters Supervisors:

Supervisors must have at least 1 year of supervisory experience and 2 years work with the target population with knowledge in early childhood development including social and emotional development.

The agency must have at least a Master's level clinically licensed professional who oversees and consults about possible clinical issues with homevisiting staff. The licensed professional has training in issues affecting pregnancy, neo natal care, post partum depression and other pertinent medical concerns affecting pregnancy and delivery.

DEPARTMENT OF PUBLIC SAFETY AND CYFD

Staff must receive criminal record clearances through CYFD/Early Childhood Services as required by regulation.

OVERVIEW

The purpose of the Home Visiting Service Manual is to describe and define the standards and guidelines for home visiting services funded through the New Mexico State Children, Youth and Families Department (CYFD).

CYFD is committed to funding services that produce positive, measurable results for infants, toddlers and families served through home visiting. Practice is based on the New Mexico Association for Infant Mental Health Culturally Sensitive, Relationship-Focused Practice that Promotes Infant Mental Health Competencies.

This manual has a set of defined service terms. Specific performance measures are mandated as standard, uniform indicators that are used to assess the degree and/or quality of performance outcomes achieved as a result of the services provided.

CYFD requires that a Client Satisfaction Survey be completed by families receiving home visiting services.

HOME VISITING SERVICES

Home Visiting Services must consist of a comprehensive set of service components designed to produce one or more of the following performance outcomes for children, youth and their families who meet the target population defined in this manual.

General Outcome Themes

- Increased social and emotional wellness, including attachment between mother/caregiver and infant/toddler;
- Early identification of (possible risk factors for) developmental delays;
- Early identification of possible post partum depression
- Increased school readiness.
- Appropriate referrals to community resources

Note: Attention should be paid to the following additional goals:

1) Health

- Has the baby gotten the second PKU
- Do they have an appointment for the 2 month check-up
- Is the family enrolled in Women Infant and Children (WIC) if they qualify-
- What is the weight of the baby
- Improved pregnancy outcomes
- Reduce low birth weight
- Adequate prenatal care
- An increase in well baby check up visits
- Reduction depression of parents
- Reduction or cessation of alcohol use
- Reduction or use of illicit drugs
- Cessation of smoking around infants and toddlers
- Increased immunization
- Early identification of developmental delays/disabilities
- Increased number of infants/toddlers who have an identified medical home

2) Education

- Increased knowledge of the home as a learning environment
- Reduction in developmental delay
- Improved literacy in adult family members
- Increased parental employment /education and training (for mother and father)

3) Nutrition

- Increased participation in breast-feeding for babies
- Improved nutritional status of mother during pregnancy
- Improved nutritional status for infants/toddlers and pre school children

- 4) **Parenting Skills**
 - Quality of maternal care giving
 - Greater knowledge of infant/toddlers and pre school age development
 - Improved parenting strategies with their child and/or children
 - Greater confidence in parenting
 - Satisfaction with parenting
 - Age appropriate expectation of infants and toddlers and pre school children
 - Reduction of child neglect and abuse
- 5) **Family Functioning**
 - Improved identification of family strengths
 - Reduce risk of family disruptions or violence
 - Increased child attachment to both parents/caregivers
 - Improved access to family support at the time of needs
 - Reduction of family stress levels
 - Increased involvement of fathers in pregnancy and early child years
 - Greater control over timing and number of children
- 6) **Employment**
Obtain adequate employment helping to increase ability to manage finances
- 7) **Home Learning Environment for Child Rearing**
Improved positive environment for child rearing
- 8) **Safety and Reduction of Violence**
 - Increased safety in the child's home environment including vehicles and community
 - Reduction in child injuries in the home environment
- 9) **Substance abuse, mental health and post partum depression**
Referral for substance use, post partum depression and other concerns
- 10) **Social Services**
 - Early initiation of social services when necessary
 - Referral and Follow Up
- 11) **Social Support**
 - Reduction in maternal isolation
 - Increase social support network
 - Referral and Follow Up
- 12) **Better access of transportation to secure**
 - Jobs
 - Health care
 - Education
- 13) **Community involvement**
 - Increased knowledge of community resources

- Increased family involvement in the community
- Develop a community assets assessment map of all community formal and informal resources
- Increased community partnership

CORE COMPONENTS

Core components for Home Visiting Services include the following:

1. Home visiting is offered at no cost and is accessible in the communities. Priority is given to all first-time pregnant women, first-time fathers and families parenting for the first time, including adoptive parents and teens regardless of Para;
2. Voluntary prenatal home visits that include the following components:
 - Accessing appropriate, consistent and comprehensive physical, emotional, and spiritual health care as needed and/or as requested by the family
 - Assistance to families in identifying informal support networks;
 - Provision of referrals and follow up to community resources as necessary;
 - Provision of information on prenatal health, newborn care, and child development, including developmental guidance;
 - Determination if families have been referred to Medicaid on Site; Assistance/Presumptive Eligibility (PE/MOSAA) if appropriate.
3. Voluntary Post-Partum visits that include the following components:
 - Assessing the mother's wellbeing including physical, emotional and social supports
 - Concrete needs
 - Other needs as identified by the parents
4. Voluntary home visits available for the first three years of the child's life that include the following components:
 - Has the baby received their second PKU
 - Do they have an appointment for the 2 month check-up
 - Is the family enrolled in Women Infant and Children (WIC) if they qualify-
 - What is the weight of the baby
 - Guidance to families through developmental curricula;
 - Accessing appropriate, consistent and comprehensive physical, emotional, and spiritual health care as needed and/or as requested by the family
 - Assistance to families in identifying informal support networks;
 - Provision of referrals to community resources as necessary;
 - Provision of developmental guidance to families and caregivers including adoptive parents;
 - Determination if families have been referred to PE/MOSAA.
5. Training:
 - Staff are trained on required evaluation components

- Managers and supervisors participate in the training provided by CYFD.
 - Managers and Supervisors will assure their staff has all needed, appropriate, and required training. Home visiting staff must be trained in the following topic areas:
 - Parent child interaction;
 - Infant/child development;
 - Community resources;
 - Other training to be identified.
6. Collaboration:
- Development of a referral and follow-up system for families to community services.
 - Collaboration with program evaluators by providing the necessary data, allowing access to information needed and evaluation protocols.
 - Collaboration with hospitals, Women Infants and Children (WIC), teen parent centers, OB-GYN practitioners, midwives, Primary Care Providers (PCPs), pediatricians and all other entities that may have contact with this population to discuss and develop referral and networking process.
7. Participation:
- Participation in quarterly meetings and conference calls with other funded home visiting programs.
 - Participation is defined as those in a managerial or supervisory position and should, as much as possible, be attended by the same individuals
 - Participation in the continued development of a comprehensive Service Definition Manual to be used by New Mexico Home Visiting Service agencies
8. Confidentiality:
- Confidentiality of client information, both written and verbal, within the policies of the Health Information Portability and Accountability Act (HIPAA).
9. Cultural Sensitivity
- Cultural sensitivity in all aspects of program planning and service delivery by having bi-lingual and culturally competent staff as appropriate.
10. Supervision:

Reflective Supervision:

Provide reflective supervision session on an individual basis at a minimum of twice per month. Supervision may be provided individually and enhanced through group sessions. A practitioner who is trained and knowledgeable in early childhood development or early childhood mental health and utilizes reflective practice principles must conduct supervision. Supervision will be documented by a sign in sheet to include a short summary of the session.

Administrative Supervision:

- a) Review all screening tools;
- ASQs and ASQ: SEs for cut off scores and assure referrals are completed to appropriate services when indicated
 - Review screen Edinburgh Postnatal Depression Scale instruments and assure referrals when necessary

- Review WAST-Short and assure referrals when necessary
 - Review Knowledge of Infants Development Inventory (KIDI) and discuss with Home Visitor
 - Review Medical Assistance Division Anticipatory Guidance (MAD) and discuss with Home Visitor
 - Review the Social Support Index and discuss with Home Visitor
- b) Ensure that all evaluation materials are completed and entered into the database in a timely manner
 - c) Ensure that home visitors utilize the child development curriculum information with families on a regular basis
 - d) Accompany their home visitors twice a year for new homevisitor and once a year thereafter. Review status regarding acquisition of a Medical Home
 - e) Other duties as identified throughout the Service Definition Manual and contract Scope of Work

11. Community Education:

- Community Education and development activities represent efforts made the local and state levels to assure awareness of home visiting services. Activities may include:
- Public awareness activities to promote community knowledge of the agency's services and outreach to serve the target population.
 - Advocacy, education, policy development and networking on behalf of the target population through formal systems.
 - Consultation, education and training of other community service providers in the community to increase inter-agency collaboration and maximum service provisions to clients.
 - Provision of presentations in order to educate, raise awareness, or provide materials such as child development, maternal infant social-emotional attachment, and brain development.
 - Document dates, times, person performing the activities, number of attendees and a description of those activities in quarterly reports with a total in the final annual report.

12. Outcomes Performance Measures

- Complete:
 - Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire Social/Emotional per required sequence (the ASQ and ASQ:SE)
 - Edinburgh Postnatal Depression Scale
 - WAST-Short
 - MAD Anticipatory Guidance
 - Social Support Index
 - KIDI
- Documentation of the following programmatic areas:

- Number of home visits provided
 - Number of families who receive their first home visit
 - Type of referrals to community services
 - Submission of quarterly data, as well as ad hoc reports when needed, to CYFD
 - Collaboration with other community entities
 - Participation with other agencies in training, referrals and integration of services
 - Number of referrals to Child Protective Services
13. Follow Up and Referral
- Provision of Follow Up and Referrals during and at least once at the completion of Home Visiting Services

DOCUMENTATION

File maintenance is required for client/agency interaction from initial referral and admittance to the program through discharge. Documentation in client files is required for all home visiting services.

The agency shall provide for suitable storage, access, and disposal of client records for three years after the contract has terminated.

REQUIREMENTS

Client Services

1. **Documentation at Intake/Admission (to be maintained in individual file):**
 - a. Determine if the client meets the eligibility criteria described above.
 - b. Client Intake.
 - c. Additional forms as follow:
 - i. Client Rights/Responsibilities/ Grievance Procedures
 - ii. Client Release of Information (Confidentiality Statement)
 - iii. Consent Form (Documentation of consent, or attempt to obtain consent, of the client and/or parent/legal guardian for admission, evaluation, aftercare or research).
 - d. All forms must be signed and dated by the family and /or parent or legal guardian, and agency staff. A separate Release of Information Form must be used for each request.
 - e. Client must also be informed of data collection methods utilized by the agency and to whom information will be reported including file reviewers. An evaluation Consent Form must be signed and dated by the family and/or parent/legal guardian.

NOTE: The funded agency must ensure HIPAA compliance.

2. **Documentation of Performance Measures (Standardized Instruments).**
 - a. Completion of required performance measurement tools and/or data collection (i.e., Ages and Stages Questionnaire, Edinburgh Post-Natal Screen, WAST Short, KIDI,

Social Support Index, MAD Anticipatory Guidance) as identified for the designated time required, please refer to periodicity grid.

3. Documentation of Appropriate Family and Infant/Toddler Goals.

Document when the goals were achieved.

4. Documentation of client progress through home visit records.

Documentation may consist of the following:

- a. Parenting skills
- b. Family Health
- c. Systems Issues
- d. Environmental Factors
- e. Social Supports
- f. Mental Health
- g. Strengths
- h. Concerns
- i. Curriculum

The progress notation shall also include date, time and duration of contact, type of service, and signature of individual completing the note. Visits should be numbered sequentially.

5. Documentation of Supervisory Chart Reviews.

(Please see Supervisory section above)

Supervisors must review active client files every 60 days to include:

- a. Review of services offered to the family
- b. Review of appropriateness and effectiveness of services provided
- c. Review of the intake, screening, progress notation and other pertinent information in file
- d. Review progress with regard to goals
- e. Reports of case staffing with supervisors and other involved professionals
- f. Developmental issues or concerns
- g. Developmental achievements that are age appropriate
- h. Parental/Caregiver concerns/developmental guidance given
- i. Review supplemental information attached to ASQ

*Note: Written summary notations must include the date and signature of the supervisor, licensure (if applicable) and be placed in the client file.

6. Documentation of Significant Events and Incident/Occurrence Reports.

All Home Visiting agencies must report to the CYFD Program Manager within 24 hours any serious incident or unusual occurrence that has threatened or could threaten the health, safety or welfare of the family or staff of the program. Documentation of any significant disciplinary action, health and safety issue, rules violation, or action involving liability may include but is not limited to:

- a. Fire, flood or other natural disaster that creates structural damages or poses health hazards;
- b. An outbreak of contagious disease dangerous to public health, e.g. Tuberculosis, food poisoning, Hepatitis A;

- c. Any human act(s) by staff members that present or pose possible physical and/or psychological impairment of a client;
- d. Any human act(s) by staff member(s) that results in serious illness, injury or physical and/or psychological impairment of a client;
- e. Any suicide or attempted suicide of a client;
- f. Death of client;
- g. Accidents involving or injuries to the client;
- h. Any suspected abuse, neglect or exploitation;

Suspected abuse or neglect must be reported to Protective Services Statewide Central Intake at 1-800-797-3260.

7. Documentation of Service Discontinuation:

Face to face contact with a client (when possible) to complete a summary that addresses

- Reason for discontinuation of services
- Summary of services provided
- Family accomplishments while receiving home visiting

Completion of a Family Satisfaction Survey.

8. Outcome Evaluation & Training

- Providers must complete all required evaluation measures as outlined above
- Providers must use evaluation information program and staff development
- Providers are required to attend and participate in all CYFD provided training

9. Quarterly Reporting

Quarterly Reports and an Annual Report summarizing the year's activities, number of families served, number of visits and community presentations. Quarterly Reports are due by the 15 of October, Jan, April and the Final and Summary Report June 30.