



DEPARTMENT OF THE NAVY
NAVAL TRAINING CENTER
2601A PAUL JONES ST
GREAT LAKES, ILLINOIS 60088-5000

NTCGLAKESINST 1754.3A
N6

FEB 10 1998

NTC GREAT LAKES (COMPLEX²) INSTRUCTION 1754.3A

Subj: FAMILY CHILD CARE INFANT, PRE-TODDLER, TODDLER AND
PRE-SCHOOLER DIRECT CASH PAYMENTS

Ref: (a) OPNAVINST 1700.9D
(b) NTCGLAKESINST 1700.39D
(c) DoDINST 6060.2 (NOTAL)

Encl: (1) Application for Participation
(2) FCC Direct Cash Payment Program Child Attendance
Roster
(3) Invoice for Family Child Care Direct Cash Payment
(4) NAVCOMPT Form 2277

1. Purpose. To promulgate procedures for implementing the Family Child Care Direct Cash Payment (FCCDCP) Program at Naval Training Center, Great Lakes, Illinois. The FCCDCP is a function of the Family Child Care (FCC) Program and is subject to all of the requirements of references (a) and (b).

2. Cancellation. NTCGLAKESINST 1754.3

3. Definitions. Family Child Care is defined as care for up to six children (including the provider's own children under the age of eight) by a certified military dependent in government quarters. Care is provided full or part-time on a regular basis for more than ten hours a week. FCCDCP is defined as financial assistance for active duty personnel including Reservists on Active Duty who are using FCC for care of eligible children between the ages of six weeks and 5 years old not in school. Payments are made directly to the FCC provider so that fees are comparable to those charged in a military child development center.

4. Authority. The operation of FCC homes and FCCDCP is authorized by reference (c). Providing child care in government quarters is a privilege extended to family members at the discretion of Commander, Naval Training Center, Great Lakes.

5. Administrative Procedures.

a. The FCCDCP will be under administrative control of Morale, Welfare and Recreation (MWR) Department, Naval Training Center, Great Lakes.

b. The Manager, Family Child Care Branch will be responsible for the following FCC functions:

(1) Publicize the FCCDCP.

(2) Recommend approval or denial of FCC provider application for participation in FCCDCP enclosure (1).

(3) Ensure each provider receiving direct cash payments complies with all policies and regulations governing the FCC Program.

(4) Review and certify all documents and invoices and forward for payment.

(5) Ensure FCC providers are paid according to direct cash payment administrative procedures.

(6) Maintain records of accounts payable and FCC requirements for direct cash payments.

(7) Maintain program documentation in order to evaluate program's effectiveness.

(8) Ensure the division of functions of certification and cash payment between the FCC and the Child Development Program Director.

c. General Information.

(1) FCC providers must have demonstrated ability to care for infants, pre-toddlers, toddlers and pre-schoolers. The FCC home must meet all standards required for infant care in references (a) and (b).

(2) FCC providers, must apply for payment assistance for eligible parents using enclosure (1).

(3) FCCDCP is for children between six weeks and 5 years of age not in school.

d. Direct Cash Payment. FCCDCP will subsidize each eligible child \$2.00 - \$57.00 per week in addition to the weekly fee paid by the parents. Total cash FCCDCP payment will not exceed \$2964.00 per child per fiscal year.

6. Action.

a. Submission for Payment of Direct Cash Assistance:

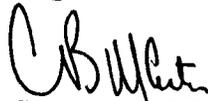
(1) FCC Providers will submit a child attendance roster, enclosure (2), and a signed invoice for direct cash payment, enclosure (3), to the FCC Manager within five working days of the close of the month.

(2) Within five working days of receipt, the FCC Manager will validate, certify and submit rosters and invoices for

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payment. The FCC Manager will complete enclosure (4) and forward via the Child Development Program Director for payment directly to the provider.

(3) Upon receipt of the NAVCOMPT Form 2272, enclosure (4), a check will be issued by NTC Comptroller's Office, to the FCC provider within 30 days of invoice. Any dispute regarding payment of FCCDCP funds will be coordinated between the NTC Comptroller and the MWR FCC Manager.



C. B. MARTIN
Chief of Staff, Operations

Distribution:
NTCGLAKESINST 5216.5M
Lists, I, II, (Case B), III-A, C

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**APPLICATION FOR PARTICIPATION IN FAMILY CHILD CARE INFANT/
PRETODDLER/TODDLER/PRESCHOOLER DIRECT CASH PAYMENT PROGRAM**

1. Pursuant to the Military Child Care Act (Public Law 101-189, 29 November 1989), as a certified Family Child Care (FCC) provider I understand that I may be eligible to receive direct cash payments for infants, pretoddlers, toddlers and preschoolers enrolled in my home. I hereby request to participate in the FCCDCP beginning _____.
2. I understand the FCCDCP is subject to change or may be discontinued.
3. I understand that to be eligible for direct cash payments I must comply with OPNAVINST 1700.9D and local instructions and requirements.
4. I understand the Manager, FCC Branch in conjunction with the FCC Quality Review Board, may limit the number of children I may care for as well as the extent of my participation in the FCCDCP.
5. I understand I will receive direct cash payments only for children six weeks to 5 years old not in school.
6. I understand my own children will not be eligible for direct cash payments but will be counted in the ratios required in OPNAVINST 1700.9D.
7. I understand only children of active duty military personnel including reservists on active duty are eligible for FCCDCP.
8. I understand the fee agreement I have with parents of the infants, pretoddlers, toddlers and preschoolers I claim for direct cash payments may not exceed \$2.00 - \$57.00 per week in addition to the fee paid by the parent.
9. I understand the total reimbursement I receive will not exceed \$2964.00 per child per year.
10. I understand I must maintain accurate child attendance records with times children enter and leave my care recorded by parents. I will keep copies of these attendance records and submit the originals signed by myself and parents to the FCC Manager. Attendance records will include a notation of children who were removed from the Child Development Center waiting list as a result of entering my care.
11. I understand I will submit a monthly invoice to the FCC Manager for payment and such direct cash payments will be paid to me within 30 days after verification by the FCC Manager.

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12. I also understand that signing this application does not make me an employee of the U.S. Government nor does it constitute a contract with the U.S. Government or the FCC Branch, MWR Department, Naval Training Center, Great Lakes, Illinois.

Provider's Signature Provider's SSN Date

Provider's Check Mailing Address

FCC Staff Signature Date

FAMILY CHILD CARE DIRECT CASH PAYMENT PROGRAM CHILD ATTENDANCE ROSTER

Child's Name _____ DOB _____

Sponsor's Name _____ Work No. _____

Circle all that apply: Single, DOD Civilian, Military, Enlisted, Officer, Dual Active, Civilian Working Spouse

Month of _____

DATE	DAY	TIME IN	PARENT SIGNATURE	TIME OUT	PARENT SIGNATURE	TOTAL HOURS
	MON					
	TUES					
	WED					
	THUR					
	FRI					
	MON					
	TUES					
	WED					
	THUR					
	FRI					
	MON					
	TUES					
	WED					
	THUR					
	FRI					
	MON					
	TUES					
	WED					
	THUR					
	FRI					

Cared for month of _____

Total Number of Hours _____

Provider's Signature _____

Date _____

Parent's Signature _____

Date _____

INVOICE FOR FAMILY CHILD CARE DIRECT CASH PAYMENT			
Provider's Name (Last, First, MI) SSN			
Sponsor's Name (Last, First, MI) SSN Command			
Home Phone#		Sponsor's Duty Phone #	
Check Mailing Address (Qtrs Address, City, State, Zip Code)			
I have cared for the following children from _____ to _____ and request the direct cash payment listed.			
(See attached attendance sheets)			
_____ Signature			_____ Date
CHILD'S NAME	CHILD'S AGE	CARE CATEGORY	CASH AMOUNT

Date received in Family Child Care Office _____ Total _____

 Receiving Report
 Statements of Certifying Officials
 I certify that the information on the number, ages and hours of
 care for children claimed is correct and the amount of direct cash
 payment due FCC Provider is correct.

Signature of Verifying Official (FCC Director) _____ Date: _____

I certify that this is correct and proper for payments
 Signature of CDC Program Administrator _____ Date: _____

ENCLOSURE (3)

1. Purpose DISB. <input checked="" type="checkbox"/> COLLECT <input type="checkbox"/>	2. Date	3. Reference Document No. N0021098MD	4. Bill Number	5. Voucher No.
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6. FROM: COMMANDER MWR DEPARTMENT BLDG 160 NAVAL TRAINING CENTER 2601 PAUL JONES STREET GREAT LAKES IL 60088-5000	7. PAID BY: CHECK NO.
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8. TO: SEE LIST FOR VARIOUS ADDRESSES	
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9. ARTICLES, SERVICES OR ITEMS

A. INVOICE OR ORDER NO.	B. DATE OF DELIVERY/SERVICES	C. DESCRIPTION (REMITTER, EXPLANATION, DETAILS, ETC.)	D. QUANTITY	E. UNIT PRICE		F. AMOUNT
				COST	PER	
		INVOICE FOR FAMILY CHILD CARE DIRECT CASH PAYMENT PROGRAM				

G. DISCOUNT TERMS **H. TOTAL**

10. TYPE OF PAYMENT OR BILL:	COMPLETE <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	FINAL <input type="checkbox"/>	PROGRESS <input type="checkbox"/>	ADVANCE <input type="checkbox"/>
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11. ACCOUNTING CLASSIFICATION TO BE CREDITED (COLLECTION)

A. ACRN	B. APPROPRIATION	C. SUB-HEAD	D. OBJ. CLASS	E. BUREAU CONTROL	F. SA	G. AAA	H. TT	I. PAA	J. COST CODE	K. AMOUNT (U.S. CURRENCY ONLY)

12. DEDUCTIONS

A. ACRN	B. TRANSPORTATION	C. DISCOUNT	D. TAX	E. RESERVE	F. MISCELLANEOUS	G. TOTAL FOR ACRN (U.S. CURRENCY ONLY)

H. CURRENCY:	EXCHANGE RATE	-\$1.00	I. TOTAL DEDUCTIONS
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13. ACCOUNTING CLASSIFICATION TO BE CHARGED (DISBURSEMENT)

A. ACRN	B. APPROPRIATION	C. SUB-HEAD	D. OBJ. CLASS	E. BUREAU CONTROL	F. SA	G. AAA	H. TT	I. PAA	J. COST CODE	K. AMOUNT (U.S. CURRENCY ONLY)
AA	1781804	62M4	000	00210	0	00210	2D	000000	00210838500Q	

L. TOTAL NET AMOUNT TO BE PAID (BLOCK 9-H MINUS BLOCK 12-1)

14. INSPECTION REPORT NOS:	15. GOVT B/L NOS:
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16. APPROVED BY _____ TITLE <u>NINA HEPBURN</u> (DATE) <u>C.D.P.A</u>	17. CERTIFIED BY _____ TITLE <u>M.T. DECKER/GS-13</u> (DATE) _____ DISB OFFICER
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18. PAYMENT RECEIVED: PAYEE- PER- TITLE-	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; text-align: center;"> HOLD TAB AT TOP - FIRMLY PULL HERE FOR CARBON EXTRACTION </div>
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ENCLOSURE (4)

CONDITIONS/INSTRUCTIONS GOVERNING USE OF THIS FORM

1. This form may be used as a disbursement voucher/billing document or collection document. Accordingly, Block 1 must always be completed, indicating which.

2. When amounts under Block 9F are stated in foreign currency, the name of the currency is to be entered in the space provided under Block 12H.

3. If the ability to certify and authority to approve are combined in one person, only one signature is necessary; otherwise the approving officer will sign in Block 16, over his/her official title.

4. When this document is used as a disbursement voucher and payment is to be made in cash, the voucher must be receipted, using the space provided in Block 18. When the voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he/she signs must appear. For example, "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

5. When used as a disbursement voucher/billing document the obligation and/or reimbursable order document number to which the disbursement or billing document applies must be cited in Block 3 on the reverse side.