

SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
25-35	June 11, 2026	CMD, FMD	1 of 6
SUBJECT: CHILDCARE AND DEPENDENT CARE SERVICES			

I. PURPOSE

The purpose of this policy is to establish clear standards and procedures for the provision of childcare and dependent care supportive services to participants enrolled in San Joaquin County Employment and Economic Development Department (EEDD) WIOA Adult, Dislocated Worker, and Youth programs. These services are intended to remove barriers that would otherwise prevent participants from accessing or fully participating in authorized WIOA activities, including career services, training, work experience, and on-the-job training, and are granted on a temporary, time-limited basis tied to participation in WIOA activities.

II. GENERAL INFORMATION

WIOA Title I funds may be used to provide childcare and dependent care supportive services to eligible participants when financial or other barriers would otherwise prevent participation in WIOA-authorized activities. Services may include care for children ages 0–13, as well as for children or other dependents age 13 or older who require supervision due to a verified physical, mental, or emotional disability that prevents self-care. Care must be reasonable, necessary, and directly linked to WIOA participation.

Childcare and dependent care services may only be provided with WIOA funding when other sources of assistance, such as public assistance, CalWORKs, Head Start, scholarships, or other family supports, are unavailable, insufficient, or exhausted. Participants must demonstrate financial need, documented in their Individual Employment Plan (IEP) or Individual Service Strategy (ISS), and must meet all eligibility requirements for WIOA Title I programs.

Services must be reasonable, necessary, and directly linked to participation in WIOA activities. Providers may include licensed childcare facilities or legally

exempt providers who meet program requirements, including completion of orientation and applicable background checks. Participants must be informed of the availability of supportive services and the process to access them.

This directive supersedes PPD D-13, Administrative Policies and Procedures for the Funding of Childcare Services, dated July 1, 2016.

References

- [Workforce Innovation and Opportunity Act \(WIOA\)](#), Public Law 113-128, Sections 129(c)(2), 134(d)(3)
- [20 CFR §680.900–680.910](#), Supportive Services for WIOA Participants
- [20 CFR 681.570](#), Supportive Services for Youth
- [TEGL 19-16](#), WIOA Adult and Dislocated Worker Supportive Services
- [California Department of Social Services, Regional Market Rate Ceilings for Childcare Providers](#)

III. POLICY

It is the policy of the San Joaquin County EEDD to provide childcare and dependent care supportive services to eligible WIOA participants when such services are necessary to enable participation in authorized activities. All requests for childcare and dependent care services must be supported by documented need, reviewed for budget availability, and approved by the Program Manager prior to the provision of services.

Key provisions include:

- Services are provided only when other funding sources are unavailable, insufficient, or exhausted. Participants must first explore and apply for other childcare and dependent care resources for which they may be eligible, including but not limited to CalWORKs-funded childcare, California Alternative Payment Programs (CAPP), Head Start, Early Head Start, and other low-income or community-based childcare programs.
- Documentation demonstrating attempts to secure assistance through other available programs must be maintained prior to the authorization of WIOA-funded childcare or dependent care services.
- Services are time-limited and must be tied to participation in WIOA activities.
- Participants must demonstrate financial need in accordance with program requirements.
- Care is not provided by a parent, guardian, or other household member.
- Services must comply with applicable regional [market rates](#) for childcare and dependent care.

IV. PROCEDURE

Childcare and dependent care assistance requests shall be provided in accordance with the procedures set forth in this policy.

A. Staff Responsibilities

1. EEDD staff recommending childcare services will follow the procedures in this policy for authorization and payment of participant childcare.
2. WIOA will only provide childcare assistance if other funds are not available, EEDD has sufficient funding, and the need for childcare is established by EEDD staff.
3. Childcare assistance may not be provided when a parent or legal guardian is able and available to provide care. Availability is determined based on work, training, or participation schedules and documented in case notes.
4. Case Managers and staff must ensure documentation of financial need and approval for all childcare services is retained in the participant file.
5. Approval of all requests for childcare assistance is subject to Case Manager adherence to these procedures.

B. Needs Analysis

1. The Case Manager must complete the participant's IEP or ISS and budget sheet with the participant to determine financial need for childcare services. The budget analysis will be used to determine financial need. A modest positive balance does not automatically disqualify a participant when childcare costs would otherwise prevent participation.
2. The Case Manager shall determine potential benefit of childcare services based on:
 - a. Whether the participant can afford unsubsidized childcare after WIOA assistance is no longer available; and/or
 - b. The participant's long-term plan, as documented in the IEP/ISS, to assume full responsibility for childcare costs upon the conclusion of qualifying services, including projected income and/or other resources sufficient to sustain childcare without WIOA support.
 - c. Verification that the participant has explored and does not qualify for other available childcare or dependent care assistance programs, or that such resources are unavailable, insufficient, or exhausted.

Supporting documentation must be attached to the participant's supportive services budget and retained in the case file.

C. Authorization of Childcare Services

1. Funding may be provided to participants who are enrolled in and actively participating in a WIOA-funded training program or authorized WIOA activity and have been determined to need childcare services. Authorization is contingent upon documented WIOA enrollment and active participation, verification of participant suitability and need, and prior approval by the Program Manager.
2. Participants in WIOA-funding OJT activities may receive childcare funding for up to two weeks or until the first paycheck is received, unless an extension is approved based on documented need.
3. Childcare for job interviews may be approved on a limited, case-by-case basis when necessary to enable participation and approved by the Program Manager.
4. WIOA funds cannot be used for a child's school tuition, even if tuition is lower than childcare costs.
5. Funding will not be provided if the childcare provider is the participant's parent, legal guardian, or other household member.
6. Exempt childcare providers are required to complete an Exempt Provider Orientation (EPO) conducted by the childcare provider.
7. Non-relative exempt providers must clear a TrustLine background check through the childcare provider prior to receiving payment.

D. Age of Children

1. Children must be between newborn and 13 years old, unless a verified special needs condition applies. Special needs applies for children 13 or older who cannot care for themselves, verified by a physician or licensed/certified psychologist.
2. Part-time childcare may be authorized during the school year for before- and after-school care, while full-time childcare may be authorized during summer, spring break, or off-track academic periods. Childcare is provided when the participant is unavailable due to WIOA activities or employment.

E. Establishing Childcare Cost

1. Costs shall be based on [California's Regional Market Rate Survey](#) for childcare and in-home exempt care.
2. Case Manager shall consider the participant's ability to pay once subsidized funding ends.

F. Referral Process

1. Case Manager completes the RGS for Supportive Services and a Childcare Referral/Authorization Form (Attachment 1), submitting them to the Department Manager for initial review and approval.
2. Upon managerial approval, the RGS is forwarded to the Fiscal Department for review, coding, and approval. No childcare referral or authorization documents may be released to the childcare provider prior to Fiscal approval.
3. Once Fiscal approval has been obtained, the approved RGS is processed for coding, and the Childcare Referral/Authorization Form is transmitted to the childcare provider.
4. Case Manager documents the childcare referral in the participant's case notes and retains a copy of the approved Childcare Referral/Authorization Form in the participant file.
5. Upon completion of the Childcare Referral/Authorization Form by the childcare provider, a copy of the executed agreement is retained by the Fiscal Department.
6. Participants must:
 - a. Meet with the childcare provider and complete all required paperwork to activate childcare coverage.
 - b. Immediately report changes in training hours, school attendance, or other status changes to the Case Manager and childcare provider.

G. Extensions and Terminations

1. Case Manager must modify the Childcare Referral/Authorization Form and notify the childcare provider and Fiscal Division of any changes.
2. A new RGS may be completed to reflect updated childcare needs.

H. Processing of Invoices

1. Providers submit monthly invoices to Fiscal Division. Staff will verify:
 - a. Participant name and application number
 - b. Number of children and approved hours
 - c. Period being invoiced
 - d. Grant number
 - e. Prior payments or denials
 - f. Participant training attendance, where applicable.
2. Staff approves or denies charges by marking invoices and providing a short explanation for any denial.
3. Review must be returned to the Fiscal Division within three working days for input into the FMS system.
4. Original invoices are submitted to Fiscal Division for payment.
5. Two copies of invoices are maintained:
 - a. One to the childcare provider with a memorandum explaining changes or denials
 - b. One retained by case management staff
6. Case managers deobligate unspent funds in the FMS tracking system monthly.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED


PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV: vf

Attachment 1: Childcare Referral/Authorization Form

This WIOA Title I-financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. This program is substantially funded by federal funding. For more information go to: www.sjcworknet.org/WIOAresources.asp



A Proud Partner of America's Job Center of CaliforniaSM Network

Childcare and Dependent Care Referral/Authorization

SECTION 1 – PARTICIPANT INFORMATION

Participant Name: _____

Phone Number: _____

Grant Code: _____

WIOA Application Number: _____

Program: Adult Dislocated Worker Youth

Case Manager: _____

Center/Location: _____

Phone Number: _____

Email Address: _____

Referral Date: _____

Estimated Activity Completion Date: _____

SECTION 2 – REQUEST TYPE

- ☐ Original Request
- ☐ Extension
- ☐ Add Child/Dependent
- ☐ Remove Child/Dependent
- ☐ Modification
- ☐ Termination
- ☐ Other: _____

SECTION 3 – AUTHORIZED WIOA ACTIVITY

Childcare/dependent care supportive services are authorized only for participation in approved WIOA activities.

Approved Activity Type:

- ☐ Career Services
- ☐ Classroom Training
- ☐ On-the-Job Training (OJT)
- ☐ Work Experience
- ☐ Job Interview Assistance
- ☐ Other: _____

Training/Activity Provider or Employer: _____

Activity Start Date: _____

Activity End Date: _____

Maximum Approved Hours Per Week: _____

Schedule of Participation:

SECTION 4 – CHILD/DEPENDENT INFORMATION

Child/Dependent Name	Date of Birth	Age	Special Needs Verified (if applicable)	School Track / Care Type	Hours per Week
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Care Type Requested

Year-Round School Track ☐ A ☐ B ☐ C ☐ D (Check One)

☐ Full-Time Childcare (Pre-Kindergarten)

☐ Part-Time Childcare

☐ Before School Care

☐ After School Care

☐ Summer/Break Child Care from _____ to _____ (when off Track)

☐ Dependent Care (Age 13+ with verified special needs)

☐ Other: _____

SECTION 5 – NEEDS ASSESSMENT AND ELIGIBILITY VERIFICATION

The following requirements must be verified prior to approval:

Requirement	Verified
Participant is enrolled in and actively participating in a WIOA activity	☐
Financial need documented in IEP/ISS and supportive services budget	☐
Other childcare/dependent care resources explored	☐
Other funding unavailable, insufficient, or exhausted	☐
Childcare is necessary for participation in WIOA activities	☐
Childcare provider is not a household member, parent, or legal guardian	☐
Participant informed of reporting responsibilities	☐
Supporting documentation attached to case file	☐

Other Childcare Resources Explored

- ☐ CalWORKs Childcare
- ☐ California Alternative Payment Program (CAPP)
- ☐ Head Start / Early Head Start
- ☐ Family/Friend Support
- ☐ Community-Based Assistance
- ☐ Other: _____

Outcome/Reason Assistance Unavailable or Insufficient:

SECTION 6 – CHILDCARE/DEPENDENT CARE PROVIDER INFORMATION

Provider Name: _____

Provider Type:

- ☐ Licensed Childcare Center
- ☐ Licensed Family Childcare Home
- ☐ Exempt Provider (Relative)
- ☐ Exempt Provider (Non-Relative)

Provider Address: _____

Provider Phone Number: _____

Provider Email: _____

License Number (if applicable): _____

Exempt Provider Requirements

Requirement	Completed
Exempt Provider Orientation (EPO) completed	☐
TrustLine clearance completed (non-relative exempt providers only)	☐

SECTION 7 – AUTHORIZED COSTS

Projected Monthly Cost: \$_____

Projected Total Amount Authorized: \$_____

Funding Source/Grant Number: _____

Regional Market Rate Verified: Yes No

Authorization Start Date: _____

Authorization End Date: _____

Notes/Limitations/Conditions:

SECTION 8 – PARTICIPANT ACKNOWLEDGEMENT

I understand that childcare/dependent care supportive services are temporary, subject to funding availability, and authorized only for participation in approved WIOA activities. I agree to:

1. Report any changes in participation, attendance, employment, training schedule, childcare need, or household status immediately to my Case Manager.
2. Complete all required provider paperwork necessary to initiate services.
3. Understand that failure to report changes may result in termination of services or repayment obligations.
4. Understand that services may end when WIOA participation ends or funding is no longer available.

Participant Signature: _____

Date: _____

SECTION 9 – CASE MANAGER RECOMMENDATION

I certify that the participant has demonstrated financial need, eligibility, and necessity for childcare/dependent care supportive services in accordance with San Joaquin County EEDD policy and WIOA requirements.

Case Manager Name: _____

Signature: _____

Date: _____

SECTION 10 – PROGRAM MANAGER APPROVAL

Approved Denied

Comments:

Program Manager Name: _____

Signature: _____

Date: _____

SECTION 11 – FISCAL REVIEW AND APPROVAL

- ☐ Funding Verified
- ☐ Coding Completed
- ☐ Approved for Processing
- ☐ Returned for Correction

Fiscal Staff Name: _____

Signature: _____

Date: _____

SECTION 12 – PROVIDER ACKNOWLEDGEMENT

I acknowledge receipt of this authorization and understand that payment is contingent upon submission of complete and accurate invoices and verification of participant eligibility and attendance.

Provider Representative Name: _____

Signature: _____

Date: _____

DISTRIBUTION

- | | |
|---|---|
| ☐ Fiscal Division Copy | ☐ Participant Copy |
| ☐ Case File Copy | ☐ Provider Copy |