



Division of Early Childhood Care and Development

eLedger Training for New, DECCD-Approved Providers

Twice-Monthly Webinar





Objectives

- Understand Child Care Payment Program
- Understand Your Roles and Responsibilities as a Childcare Provider
- Learn how to submit a monthly eLedger for payment



Important Webinar Information

Attendance:

Must attend entire webinar from start to finish

Start care:

Effective Date- 1st Tuesday = 16th day of the same month;
3rd Tuesday= 1st day of next month.

You must be logged onto the computer and be on the phone as well

Smartphones:

Smartphones are not encouraged, however if you are using a smartphone, please make sure to keep this screen active throughout the entire presentation.

Credit for Webinar: In order to receive credit you must be able to see and hear the presentation.

Technical Problems: Call 1 (800) 263- 6317

Webinar Confirmation: An email will be sent after webinar to inform you of successful attendance. If unsuccessful, you must complete a webinar before receiving an effective date.

Questions:

Hold until end and then accept typed questions



Office of Child Care
An Office of the Administration for Children & Families

Child Care Development Block Grant
(authorizing legislation)

Child Care Development Fund
(Administered by ACF - OCC)



Division of Early Childhood Care and
Development (Lead Agency for MS)

Child Care Payment Program
Certificates | Quality Initiatives



How to Submit an eLedger



- Click on “For Providers”

The screenshot shows the MDHS website interface. At the top, there is a navigation bar with links: "For Adults", "For Families", "For Providers", "About MDHS", "Contact MDHS", and "Public Meetings, RFPs". A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a sidebar menu on the left with the following items: "About MDHS", "Aging & Adult Services", "Career Opportunities with MDHS", "Community Services", "Early Childhood Care & Development", "For Parents", "For Providers", "MS eChildcare Pilot Program", "Child Care Resources", "Updates & News", and "Contact Information". The "For Providers" link is highlighted with a red arrow. The main content area features a large image of a woman interacting with several young children in a classroom setting. Below the image, there is a green banner with the text "Early Childhood Care and Development". At the bottom of the page, there is a breadcrumb trail: "Home / About MDHS / Early Childhood Care & Development", a "Font Size" control, and a "Share This" button.

For Adults For Families For Providers About MDHS Contact MDHS Public Meetings, RFPs

Search _____

About MDHS

Aging & Adult Services

Career Opportunities with MDHS

Community Services

Early Childhood Care & Development

- For Parents
- For Providers
- MS eChildcare Pilot Program
- Child Care Resources
- Updates & News
- Contact Information

Family & Children's Services

Family Foundation & Support

Field Operations

Find a MDHS County Office Near You

Olivia Y. Lawsuit

Home / About MDHS / Early Childhood Care & Development

Font Size + - Share This

Early Childhood Care & Development

- Click on “Child Care Payment System/eLedger”

MDHS For Adults For Families For Providers About Contact Search _____

About MDHS

For Parents

For Providers

- Application to Become an Approved Provider
- **Child Care Payment System / eLedger**
- CCPS Check Schedule
- Report Underpayment / Overpayment
- Report a Problem with a Child Care Certificate
- Report Information Change
- Change of Providers
- Forms
- Resources For Licensed Centers

MS eChildcare Pilot Program

Child Care Resources

Updates & News

Home / About MDHS / Early Childhood Care & Development / For Providers

Font Size + - Share This

For Providers

Mississippi Department of Hu... x +

https://www.apps.mdhs.ms.gov/ccis/Default.aspx

Most Visited Google M DECCD Outlook Web App CCPS Smartsheet CCPS TEST Provider TEST Application TEST M Policy Manual Regulations & Guideli... CCTAN

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Child Care Payment System

[Login](#)

[Contact Us](#)

* indicates a required field.

Child Care Payment System

* Provider #

* Federal ID/SSN

* Zip

* City

* State

[Login](#)

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Child Care Payment System



Login

Contact Us

* indicates a required field.

Child Care Payment System

* Provider #

* Federal ID/SSN

* Zip


* City

* State

Login



Enter Federal ID or Last 4 digits of SSN



Child Care Payment System



[Login](#)
[Contact Us](#)

* indicates a required field.

Child Care Payment System

* Provider #

* Federal ID/SSN


* Zip

* City


* State

1. If you are a center, enter your Federal ID.
2. If you are an in-home provider, enter the last four digits of your SSN.

Enter first 5 digits of Zip Code



Child Care Payment System



[Login](#)

[Contact Us](#)

* indicates a required field.

Child Care Payment System

* Provider #

D/SSN

* Zip

* City

* State

Enter first 5 digits of the zip code and press tab key to populate city & state.

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Press "Tab" after entering Zip

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Child Care Payment System



Login

Contact Us

***Correct City and State with dropdown arrow if necessary

* indicates a required field.

Child Care Payment System

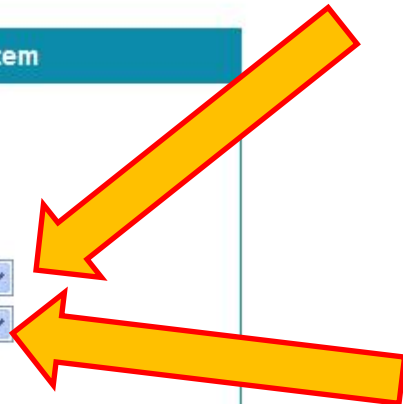
* Provider #

* Federal ID/SSN

* Zip

* City ▼

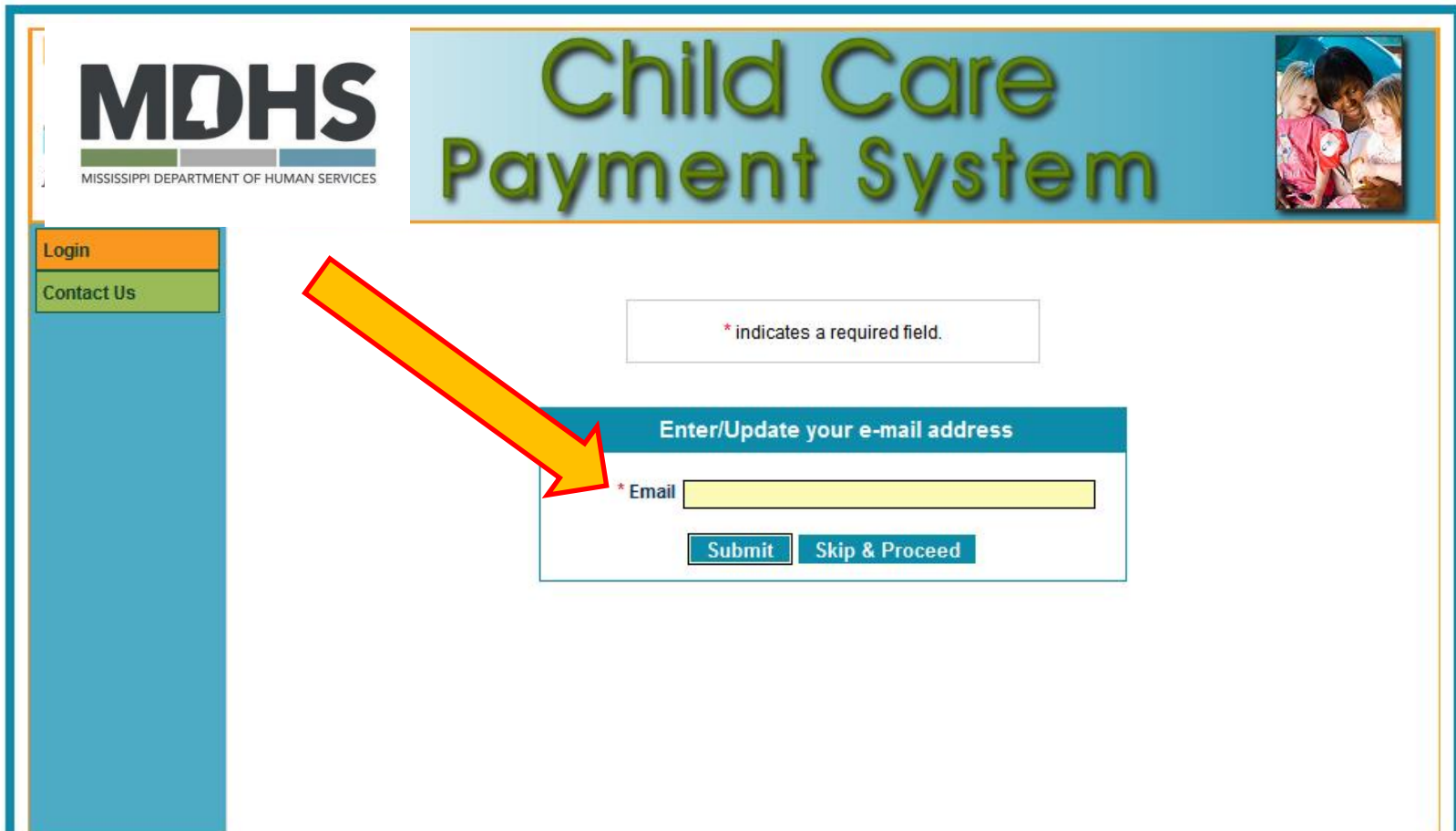
* State ▼





MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Enter valid email address



The screenshot shows the 'Child Care Payment System' login page. At the top left is the MDHS logo. The main header reads 'Child Care Payment System' in large green letters, with a small photo of children to the right. A sidebar on the left contains 'Login' and 'Contact Us' buttons. A central form titled 'Enter/Update your e-mail address' contains a required email field, a 'Submit' button, and a 'Skip & Proceed' button. A red arrow points to the email field, and a legend box explains that an asterisk indicates a required field.

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Child Care Payment System

[Login](#)
[Contact Us](#)

* indicates a required field.

Enter/Update your e-mail address

* Email

Your Email Address

DECCD will use email as a primary means of communication

You will not receive important notifications through postal mail

You should check your email every day!



Child Care Payment System



Ledger

Information

Request a change

Logout

LITTLE ANNIE'S DAY CARE
110 Terrymore Street, Hattiesburg, MS 39404

Ledger List

Year Month Status

Goto	Year	Month	Status	Original Amt	Adjustment Amt	Original QRS	Adjusted QRS	Payment Amount	Print
	2011	October	Open	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Child Care Payment System



Ledger

Information

Request a change

Logout

LITTLE ANNIE'S DAY CARE

110 Terrymore Street, Hattiesburg, MS 39404

Instructions, Policies & Forms

[Ledger sheet instructions](#)

[Policies](#)

[Forms](#)

[Download Adobe Reader to print or view the ledger sheet](#)

[Instructions to disable Pop up blocker in Internet Explorer](#)

[Instructions to disable Pop up blocker in Firefox](#)

[Instructions to disable Pop up blocker in Chrome](#)

Child Care Payment System



Ledger

Information

Request a change



Logout

LITTLE ANNIE'S DAY CARE

110 Terrymore Street, Hattiesburg, MS 39404

Ledger List

Year Month Status

Goto	Year	Month	Status	Original Amt	Adjustment Amt	Original QRS	Adjusted QRS	Payment Amount	Print
	2011	October	Open	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

- Click on this icon



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Ledger Screen

Ledger Information Request a change Logout

LITTLE ANNIE'S DAY CARE
110 Terrymore Street, Hattiesburg, MS 39404

Year : 2011

Child Care Unit of Service Payment Ledger

LedgerSheet: 24879

Month : October

Cancel

1 of 3 Go

Save Ledger

Attendance Codes: F - Full-Time A - Absent V - Vacation (Full-Time) H - Holiday (Full-Time) X - No Pay
P - Part-Time W - Weekend T - Vacation (Part-Time) N - Holiday (Part-Time)

Last Name	First Name	DOB	Age	Cert Start	Cert End	Auth Days	F-Rate	P-Rate	Co-Pay																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Adams Rhavyn 7/13/2001 10 10/1/2011 9/30/2012 21 \$15.20 \$0.00 \$10.00

W W F F F F F W W F F F F F W W F F F F F W W F F F F F W W F

Comments

Aims Jaymonte 3/23/2000 11 10/1/2011 9/30/2012 21 \$15.20 \$0.00 \$6.66

W W F F F F F W W F F F F F W W F F F F F W W F F F F F W W F

Comments



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Special Codes

I – Chronic Illness (Full Time)

S – Chronic Illness (Part Time)

C- Court Ordered Agmt (Full Time)

O – Court Ordered Agmt (Part Time)





Navigation on Ledger Screen

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Ledger Information Request a change Logout

LITTLE ANNIE'S DAY CARE
110 Terrymore Street, Hattiesburg, MS 39404

Year: 2011

Child Care Unit of Service Payment Ledger

LedgerSheet: 24879

Month: October

Cancel

1 of 3 Go

Save Ledger

Attendance Codes: F - Full-Time A - Absent V - Vacation (Full-Time) H - Holiday (Full-Time) X - No Pay
P - Part-Time W - Weekend T - Vacation (Part-Time) N - Holiday (Part-Time)

Last Name	First Name	DOB	Age	Cert Start	Cert End	Auth Days	F-Rate	P-Rate	Co-Pay																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Adams Rhavyn 7/13/2001 10 10/1/2011 9/30/2012 21 \$15.20 \$0.00 \$10.00

W W F F F F F W W F F F F F W W F F F F F W W F F F F F W W F

Comments

Aims Jaymonte 3/23/2000 11 10/1/2011 9/30/2012 21 \$15.20 \$0.00 \$6.66

W W F F F F F W W F F F F F W W F F F F F W W F F F F F W W F

Comments



Page 2 of the Ledger

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Ledger Information Request a change Logout

LITTLE ANNIE'S DAY CARE
110 Terrymore Street, Hattiesburg, MS 39404

Year: 2011

Child Care Unit of Service Payment Ledger

LedgerSheet: 24879

Month: October

Cancel

◀◀ 2 of 3 ▶▶ Go

Save Ledger

Attendance Codes: F - Full-Time A - Absent V - Vacation (Full-Time) H - Holiday (Full-Time) X - No Pay
P - Part-Time W - Weekend T - Vacation (Part-Time) N - Holiday (Part-Time)

Last Name	First Name	DOB	Age	Cert Start	Cert End	Auth Days	F-Rate	P-Rate	Co-Pay																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Hinds	Xorian	2/24/2002	9	10/1/2011	9/30/2012	21	\$15.20	\$0.00	\$10.00																					
W	W	F	F	F	F	F	W	W	F	F	F	F	F	W	W	F	F	F	F	F	W	W	F	F	F	F	F	W	W	F

Comments: Court Ordered Agreement

Jumper	Jonathan	3/2/2002	9	10/1/2011	9/30/2012	21	\$18.20	\$0.00	\$10.00																			
W	W	F	F	F	F	W	W	F	F	F	F	W	W	F	F	F	F	F	W	W	F	F	F	F	F	W	W	F

Comments:



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Last Page of the Ledger

Attendance Codes: F - Full-Time A - Absent V - Vacation (Full-Time) H - Holiday (Full-Time) X - No Pay
P - Part-Time W - Weekend T - Vacation (Part-Time) N - Holiday (Part-Time)

Last Name	First Name	DOB	Age	Cert Start	Cert End	Auth Days	F-Rate	P-Rate	Co-Pay																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Williams Amerah 3/3/2004 7 10/1/2011 9/30/2012 21 \$15.20 \$0.00 \$35.00

W W F F F F W W F F F F W W F F F F W W F F F F W W F

Comments

Cancel

3 of 3 Go

Save Ledger

Verify Ledger

Verification of Ledgers – ie Enter Absent Days

LITTLE ANNIE'S DAY CARE

110 Terrymore Street, Hattiesburg, MS 39404

Year: 2011

Click verified once the information entered has been reviewed

LedgerSheet: 24879

Month: October

[Edit Ledger](#)

1 of 3 [Go](#)  

[Save Ledger](#)

[View un-verified records](#)

Attendance Codes: F - Full-Time A - Absent V - Vacation (Full-Time) H - Holiday (Full-Time) X - No Pay
 P - Part-Time W - Weekend T - Vacation (Part-Time) N - Holiday (Part-Time)

Last Name	First Name	DOB	Age	Cert Start	Cert End	Auth Days	F-Rate	P-Rate	Co-Pay	Days	Cost	Verified?
Adams	Rhavyn	7/13/2001	10	10/1/2011	9/30/2012	21	\$15.20	\$0.00	\$10.00	21	\$309.20	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> W W F F F F F W W F F F F F W W F F F F F W W F F F F F W W F 21 \$309.20 <input checked="" type="checkbox"/> </div> <p>Comments: <input type="text"/></p>												
Aims	Jaymonte	3/23/2000	11	10/1/2011	9/30/2012	21	\$15.20	\$0.00	\$6.66	21	\$312.54	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> W W F F F F F W W F F F F F W W F F F F F W W F F F F F W W F 21 \$312.54 <input checked="" type="checkbox"/> </div> <p>Comments: <input type="text"/></p>												
Black	Moye'	10/11/2003	7	10/1/2011	9/30/2012	21	\$15.20	\$9.00	\$0.00	21	\$189.00	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> W W P P P P P W W P P P P P W W P P P P P W W P P P P P W W P 21 \$189.00 <input checked="" type="checkbox"/> </div>												


Certify Ledgers and Submit

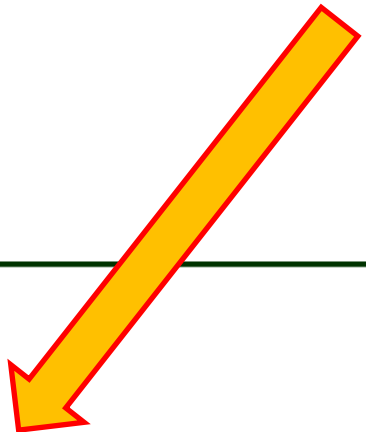
Williams Amerah 3/3/2004 7 10/1/2011 9/30/2012 21 \$15.20 \$0.00 \$35.00

W W F F F F F W W F F F F F W W F F F F F W W F F F F F W W F 21 \$284.20

Comments

Windows Internet Explorer

 You must certify to submit.
Please check the below declaration in order to submit.



Total Cost : \$5,169.02
QRS Cost : \$0.00

Calculated Payment Amount : \$5,169.02

I certify the information on this ledger is true and correct to the best of my knowledge. I understand that if I claim reimbursement for the services to which I am not entitled, I will be responsible for the repayment to the program. I certify that I am currently employed at this center and authorized to submit this ledger. Additionally, I certify that this child care program remains qualified for Tier 1 reimbursement status, if applicable.

3 of 3



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Submit Ledger Message

Edwards, Jr Marcus	8/19/2010	0	4/1/2011	9/30/2011	22	\$17.31	\$0.00	\$26.00	W F F F F F W W F F F F F W W F F F F F F W W F F F F F W W H F	22	\$354.82	<input checked="" type="checkbox"/>	
Comments													
Finley Malayla	9/27/2008	2	4/1/2011	9/30/2011	22	\$16.48	\$0.00	\$47.00	W F F F F F W W F F F F F W W F F F F F F W W F F F F F F W H F	23	\$332.04	<input checked="" type="checkbox"/>	
Comments													
Joiner Jamarri	10/2/2006	4	4/1/2011	9/30/2011	22	\$17.31	\$0.00	\$26.00	W F F F F F W W F F F F F F W W H F	22	\$276.52	<input checked="" type="checkbox"/>	
Comments													
Lomax Kayla	11/5/2007	3	4/1/2011	9/30/2011	22	\$17.31	\$0.00	\$26.00	W F F F F F W W F F F F F F W W H F	22	\$276.52	<input checked="" type="checkbox"/>	
Comments													

Are you sure you want to submit?
 Ledgers once submitted cannot be changed later.

Calculated Payment Amount : \$2,193.48

I certify the information on this ledger is true and correct to the best of my knowledge. I understand that if I claim reimbursement for the services to which I am not entitled, I will be responsible for the repayment to the program. I certify that I am currently employed at this center and authorized to submit this ledger. Additionally, I certify that this child care program remains qualified for Tier 1 reimbursement status, if applicable.

Awarded days is more than the authorized days for 1 record, do you still want to submit?

Edit Ledger

Save Ledger

Submit Ledger



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Verifying Ledgers

Edwards, Jr Marcus	8/19/2010	0	4/1/2011	9/30/2011	22	\$17.31	\$0.00	\$26.00	W F F F F F W W F F F F F W W F F F F F F W W F F F F F F W W H F	22	\$354.82	<input checked="" type="checkbox"/>	
Comments													
Finley Malayla	9/27/2008	2	4/1/2011	9/30/2011	22	\$16.48	\$0.00	\$47.00	W F F F F F W W F F F F F W W F F F F F F W W F F F F F F F W H F	23	\$332.04	<input type="checkbox"/>	
Comments													
Joiner Jamarri	10/2/2006	4	4/1/2011	9/30/2011	22	\$17.31	\$0.00	\$26.00	W F F F F F W W F F F F F F W W H F	22	\$276.52	<input type="checkbox"/>	
Comments													
Lomax Kayla	11/5/2007	3	4/1/2011	9/30/2011	22	\$17.31	\$0.00	\$26.00	W F F F F F W W F F F F F F W W H F	22	\$276.52	<input checked="" type="checkbox"/>	
Comments													

Some records are not marked as verified.
Please verify all the records in order to submit.

(Note: Press 'View un-verified records' link above.)

OK

Calculated Payment Amount : \$2,193.48

I certify the information on this ledger is true and correct to the best of my knowledge. I understand that if I claim reimbursement for the services to which I am not entitled, I will be responsible for the repayment to the program. I certify that I am currently employed at this center and authorized to submit this ledger. Additionally, I certify that this child care program remains qualified for Tier 1 reimbursement status, if applicable.

Awarded days is more than the authorized days for 1 record, do you still want to submit?

Edit Ledger

Save Ledger

Submit Ledger



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Comment Required for 3 or more consecutive Absent Days


Attendance Codes: F - Full-Time A - Absent V - Vacation (Full-Time) H - Holiday (Full-Time) X - No Pay
P - Part-Time W - Weekend T - Vacation (Part-Time) N - Holiday (Part-Time)

Last Name	First Name	DOB	Age	Cert Start	Cert End	Auth Days	F-Rate	P-Rate	Co-Pay																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Edwards Aaliyah 10/30/2008 2 4/1/2011 9/30/2011 22 \$16.48 \$0.00 \$26.00

W A A A F F W W F F F F F W W F F F F F W W F F F F F W W H F

* Comments



Comments are required, as you have entered 3 consecutive vacation or absent days.

Edwards, Jr Marcus 8/19/2010 0 4/1/2011 9/30/2011 22 \$17.31 \$0.00 \$26.00

W F F F F F W W F F F F F W W F F F F F W W F F F F F W W H F

Comments



Vacation Day Total Reached (licensed centers only)

Attendance Codes: F - Full-Time A - Absent V - Vacation (Full-Time) H - Holiday (Full-Time) X - No Pay																														
P - Part-Time W - Weekend T - Vacation (Part-Time) N - Holiday (Part-Time)																														
Last Name	First Name	DOB	Age	Cert Start	Cert End	Auth Days	F-Rate	P-Rate	Co-Pay																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Edwards	Aaliyah	10/30/2008	2	4/1/2011	9/30/2011	22	\$16.48	\$0.00	\$26.00																					
W	V	V	V	V	V	V	W	F	F	W	W	F	F	F	F	F	W	W	H	F										
* Comments: Vacation																														
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Vacation days limit of 10 has been reached. </div>																														
Edwards, Jr	Marcus	8/19/2010	0	4/1/2011	9/30/2011	22	\$17.31	\$0.00	\$26.00																					
W	F	F	F	F	F	W	W	F	F	F	F	F	F	F	W	W	F	F	F	F	F	W	W	H	F					



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Successful Submission



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Child Care Payment System



Ledger

Information

Request a change

Logout

LITTLE ANNIE'S DAY CARE
110 Terrymore Street, Hattiesburg, MS 39404

✓ LedgerSheet has been successfully submitted.

Ledger List

Year Month Status

Goto	Year	Month	Status	Original Amt	Adjustment Amt	Original QRS	Adjusted QRS	Payment Amount	Print
	2011	October	Approved	\$5,169.02	\$0.00	\$0.00	\$0.00	\$5,169.02	

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Possible Error: Javascript Disabled



Child Care Payment System



Javascript is disabled!! Please enable Javascript in your browser.

Click the link below for your browser to get directions for enabling Javascript.

[Internet Explorer](#)

[Firefox](#)

[Chrome](#)



Turn Off Pop-Up Blocker

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Mississippi Department of Human Services - Windows Internet Explorer

https://www.test.apps.mdhs.ms.gov/ccis/Provider/ProviderLedgerSheet.aspx

File Edit View Favorites Tools Help

Google Search More >> Sign In

Mississippi Department of Human Services

Tools

- Delete Browsing History...
- Pop-up Blocker
- Phishing Filter
- Manage Add-ons
- Work Offline
- Windows Update
- Full Screen F11
- ✓ Menu Bar
- Toolbars
- Windows Messenger
- Diagnose Connection Problems...
- Internet Options

Comments

Tyler	Xzavier	4/27/2001	10	4/1/2011	9/30/2011	21	\$15.20	\$9.27	\$10.00
-------	---------	-----------	----	----------	-----------	----	---------	--------	---------

Comments

Williams	Kadence	7/11/2006	4	10/1/2010	9/30/2011	21	\$15.66	\$0.00	\$10.00
----------	---------	-----------	---	-----------	-----------	----	---------	--------	---------

Comments

Calculated Payment Amount : \$6,340.07

I certify the information on this ledger is true and correct to the best of my knowledge. I understand that if I claim reimbursement for the services to which I am not entitled, I will be responsible for the repayment to the program. I certify that I am currently employed at this center and authorized to submit this ledger. Additionally, I certify that this child care program remains qualified for Tier 1 reimbursement status, if applicable.

Edit Ledger

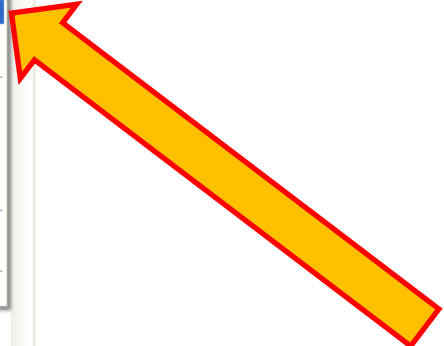
3 of 3 Go

Save Ledger

Submit Ledger

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Done Internet 100% 8:46 AM





eLedger Website

www.childcareinfo.ms

1-800-877-7882

eLedger Deadlines-
5th by 11:59pm and 15th by 11:59pm
Checks mailed by the 15th and the 30th

Children Missing from your ledger?

- You **MUST** submit any errors on your ledger immediately
- You are not guaranteed to be paid for any errors that you do not report to DECCD in a timely fashion
- Submit a Report of Underpayment form: <http://www.mdhs.ms.gov/early-childhood-care-development/for-providers/deccd-service-request-forms/>
 - Or click on the “Service Request” page!





Frequently Asked Questions

When can I begin caring for children?

As soon as you have an effective date from DECCD

Can I get paid for time before I was approved?

No. There are no exceptions to this. The parent will be fully responsible for any care provided prior to your approval date.

How do I know if I passed the webinar training?

You will receive an email from DECCD

How much can I expect to get paid?

Our provider reimbursement rates are published on our website



Frequently Asked Questions

What is redetermination?

Each provider and parent will be asked to submit documentation to prove eligibility for the past year.

What if I charge more than the certificate pays?

There is no problem. The parent is able to select any provider that they choose, but they are responsible for paying the copayment fee in addition to any other funds owed that the certificate does not cover.

Web Application- Still accepting applications, but we do not currently have funding to serve new applications.

As we receive more funds, we will notify applicants of available funding.

What to do if a Child is on the ledger twice?

Underpayments have 10 days from the payment to be submitted



Frequently Asked Questions

How can Parents find me as a provider?

On our website! For Parents- Locate Childcare provider

Change of Provider Process

You must submit a change of provider form. Parents are required to give providers 2 weeks of advance notice before changing a provider.

Locate a DECCD Approved Provider

Search Child Care Provider

Provider Name

Provider Type

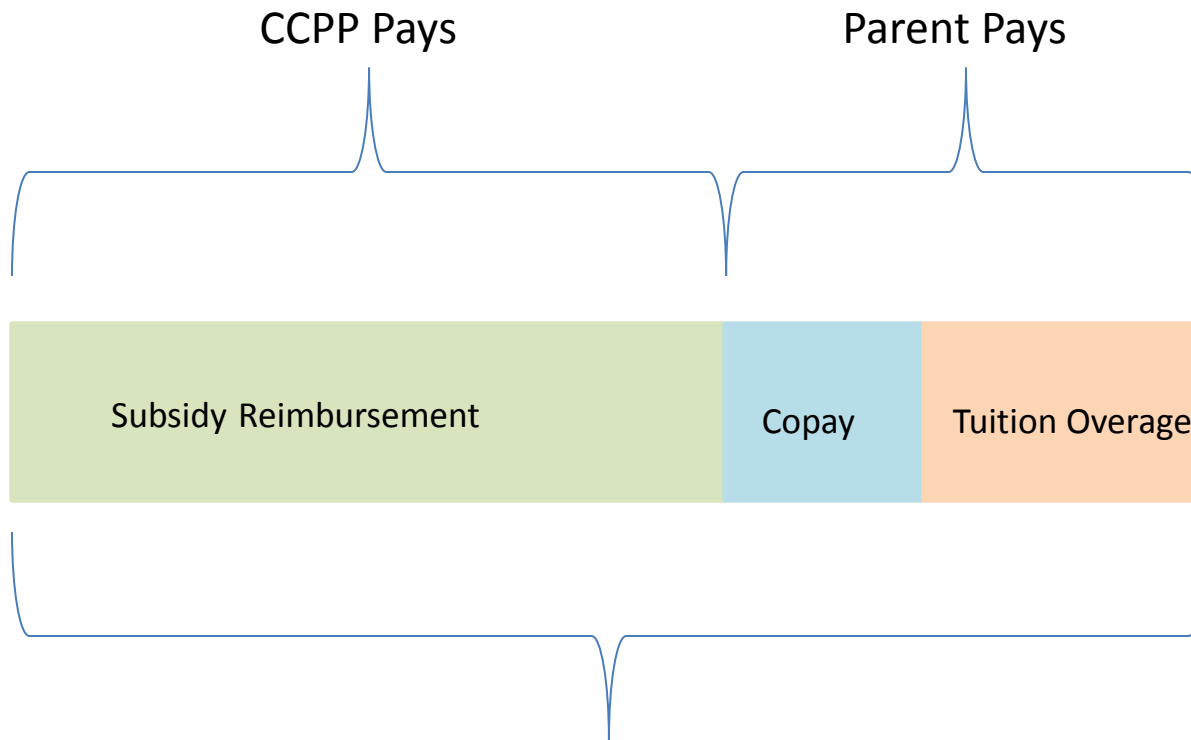
City

County

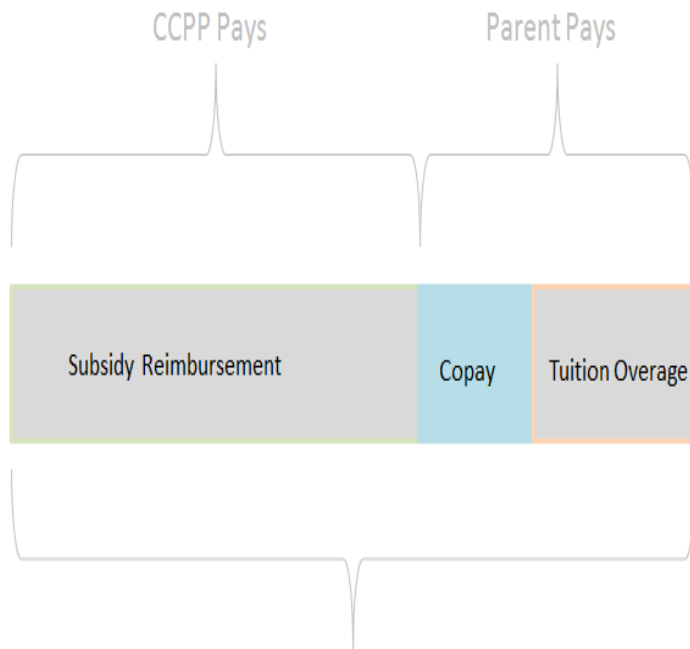
Quality Star Rating



<http://www.mdhs.ms.gov/early-childhood-care-development/for-parents/deccd-approved-providers/>



Total Cost of Childcare that Provider would charge to private paying parent



Total Cost of Childcare that Provider would charge to private paying parent

- Copay is predetermined, listed on certificate
- Parent pays copay directly to provider each month. Provider keeps this money.
- Provider **MUST** report to DECCD if parent refuses to pay copay
- Providers are required to maintain proof of collection of copayment fees
- Providers are required to give a parent a receipt clearly indicating payment for copayment identified separately from tuition overages



Provider Reimbursement Rates

DECCD Provider Reimbursement Rates

Licensed Centers/Group Child Care Homes	Tier 1	Tier 2	Tier 3
Full-Time			
0-12 mo	86.52	78.28	
13-36 mo	82.40	75.19	
3-5 years	78.28	72.10	
Summer 5-13 years	76.00	71.07	
Special Needs (all ages)	91.00	85.49	
Part-Time			
0-12 mo	43.26	39.14	
13-36 mo	42.23	38.11	
3-5 years	40.17	36.05	
5-13 years	46.35	42.23	
Special Needs (all ages)	47.38	43.26	
Family Child Care Homes/In-Home Child Care	Tier 1	Tier 2	Tier 3
Full-Time			
0-12 mo	62.83	56.65	45.32
13-36 mo	59.74	54.59	43.26
3-5 years	56.65	51.50	41.20
Summer 5-13 years	55.62	50.47	40.17
Special Needs (all ages)	66.95	60.77	48.41
Part-Time			
0-12 mo	31.93	28.84	22.66
13-36 mo	30.90	27.81	22.66
3-5 years	28.84	25.75	20.60
5-13 years	28.84	25.75	20.60
Special Needs (all ages)	33.99	30.90	24.72

CHILD CARE PROVIDER STATEMENT OF AGREEMENT
CHILD CARE PAYMENT PROGRAM

As Director or Owner of this child care center, or as an in-home provider, I understand and agree to the following guidelines as they relate to the Child Care Payment Program (CCPP).

1. As a child care provider, I will provide developmentally and culturally appropriate early childhood educational activities, including reading and writing.
2. **ALL** rates, fees, and discounts charged to CCPP participants must be offered and equal to those charged to non-participants. This means universal application of advertised tuition rates.
3. All absences will be indicated on the ledger.
4. Parents or authorized parent representatives must sign the child in and out every day. I understand that center employees are not considered authorized parent representatives, unless the parent is employed by the provider. I understand that in order to be eligible for payment, sign in/out sheets and ledgers must reflect the same information.
5. I understand that in cases where documentation of co-payments and attendance cannot be provided, DECCD will recoup payments related to these cases.
6. I will submit comments as required on the ledger reflecting absences and changes in child attendance.
7. I agree to submit payment ledgers each month by the due date in order to be eligible for payment.
8. I agree to collect co-payment fees each month, maintain documentation of collection, and report non-payment to DECCD. I will deduct the paid co-payment amount from total fees owed before billing parents for services.
9. It is my responsibility to report any changes in ownership, tax identification number, address, phone number, center director, tier status, address, household membership (in home providers only), and licensing to DECCD within 10 days.
10. I understand that if I am a Tier 1 provider, the director qualifying for Tier 1 must be on site for a minimum of six hours of the program day in order to receive Tier 1 reimbursement.
11. I agree not to exceed my licensed capacity, or the number of children I am allowed to provide care for.
12. I agree to remain in compliance at all times with any and all regulatory and licensing regulations.
13. I understand that I cannot offer any bribe or payments to any CCPP participants or child care staff to encourage enrollment at my center/home care environment.
14. I agree to report any suspicion of unemployment or school dropout of a CCPP parent to DECCD.
15. I agree to allow unlimited access to the program, including unannounced visits by parents and MDHS representatives, and to furnish reports and/or provide access to information concerning CCPP as requested by DECCD or MDHS representative.
16. As a CCPP approved provider, I understand that my program will be monitored by DECCD, or any representative of the Mississippi Department of Human Services at any time. If it is discovered that I am not in compliance with all applicable regulations, or that I have collected payments for which I was not entitled, recoupments will be made.
17. I understand that if I provide false information, a penalty will be imposed. At first offense, recoupments will be made and a provider may be suspended from participating in the CCPP. At second offense, recoupment will be made and permanent debarment from participating in CCPP will occur.
18. I agree to comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act when center-based and group-home care are provided.

19. I agree that any publicity given to the provider or services provided herein including, but not limited to, notices, information pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the provider shall not identify MDHS as a sponsoring agency nor display any MDHS name or logo in any manner without prior written approval by MDHS.
20. I agree that nothing contained in this Agreement shall be construed to constitute the provider or any of its employees, agents, or subcontractors as a partner, employee, or agency of MDHS, nor shall either party to this Agreement have any authority to bind the other in any respect, it being intended that each shall remain an independent entity. I agree to advise any client served under the terms of this Agreement of the independent status of the provider and MDHS. MDHS does not in any way warrant services rendered by the provider.
21. I agree that MDHS and their employees are to be held harmless for any claim growing out of any action performed by the provider and its agents, employees, or any of its subcontractors under any provisions of this Agreement.

FRAUD: Any person applying for or receiving public assistance by using false statements, and any person assisting that person to receive such public assistance, with knowledge of those false statements, will be subject to criminal prosecution. This prosecution will be a misdemeanor when the amount received or requested is below \$500, or a felony if the amount received is above \$500.

GRIEVANCE PROCEDURE: Any dispute concerning a question of fact under this application/agreement which is not disposed of by agreement of the parties hereto shall be decided by the Director of the Division of Early Childhood Care & Development. In the review by the DECCD Director the parent/provider shall be afforded an opportunity to be heard and offer evidence in support of the questioned decision under review. This decision shall be reduced to writing and a copy thereof mailed or furnished to the parent/provider and shall be final and conclusive, unless, within thirty (30) days from the date of the decision, the parent/provider mails or furnishes the Executive Director of the Mississippi Department of Human Services a written request for review. Pending final decision of the Executive Director or his designee, DECCD will proceed in accordance with the decision of the Director of the Division of Early Childhood Care and Development.

MDHS AGREES:

1. To pay the provider for services rendered in accordance with the terms agreed upon.
2. To provide written notification to the provider of the termination of the family/child.

ALL PARTIES AGREE:

1. That this Agreement may be terminated at any time by MDHS for cause, in whole or in part, for failure of the provider to perform any of the provisions hereof. Should MDHS exercise its right to terminate this Agreement under this Provision, the provider shall be notified in writing with reason and termination date specified.
2. Payment for services under this Agreement are subject to the availability of federal and/or state funding.

Provider Signature _____

Date _____

ALL PROVIDERS WILL BE MONITORED FOR COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS!

Licensed Centers – Monitored twice annually by the MS Department of Health

Unlicensed Providers – Monitored at least annually by DECCD



Any provider (licensed/unlicensed) who participates in the Child Care Payment Program may be monitored at any time for compliance with CCPP policies. Refusal to cooperate in the monitoring process may result in a financial penalty of \$1,000.

You must keep:

- Attendance Records (3 years worth of sign in and out sheets)
- Published Rates
- Proof that you collect copayments (receipts/accounts)
- Licensure or Letter of Exemption (center – based care only)
- Signed Copy of Provider Statement of Agreement
- Immunization records
- Proof of staff training
- Record of emergency drills

We will also check:

- Hours of Operation
- Facility capacity





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Things to Remember

- If a provider owns multiple centers, they can only have Tier 1 Status at one center
- Changes in Center's director should be reported to DECCD within 10 days of occurrence
- DECCD will RECOUP any/all payments which cannot be validated by sign in sheets
- **YOU MUST RETAIN SIGN IN SHEETS FOR A PERIOD OF 3 YEARS**





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Sign in and Sign out Sheets

Attendance Sheet - Example 1

DATE	Child's Name	Parent/Guardian Name	Sign In Time	Parent/Guardian Signature	Sign Out Time	Parent/Guardian Signature

Attendance Sheet - Example 2

Child's Name: _____ Parent Name: _____ Week of: _____

	Time In	Signature	Time Out	Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

MUST have parent signatures!

MUST retain sheets for 3 years!

All directors as well as ALL CAREGIVERS in CCPP approved child care centers and family child care homes **MUST** complete an orientation training course in Health and Safety

- Within 3 months of the center joining the program, OR
- Within 3 months of the employee's hire date

These courses are offered every month through Community Colleges.

This is a 4 hour course. There is a test at the end.

Failure to have all staff members take this course could result in suspension from the CCPP.





On-Going Training

- **All child care staff members are required to take professional development hours**
 - Employees in a licensed facility: **15 hours annually**
 - Un-licensed child care providers: **6 hours annually**
- **NOTE: you must repeat the orientation / health and safety course every two years**
- **Emergency preparedness training must be completed annually**

All Child Care Providers are required to have an emergency preparedness plan.

Even in-home providers must have an emergency preparedness plan

For resources and help completing your Emergency Preparedness plan, contact DECCD or your local emergency management official.





Report Child Care Fraud

DECCD takes fraud very seriously. Making false statements or claiming improper payments could result in:

- Suspension from the CCPP
- Permanent Disbarment from the CCPP
- Recoupment of Funds
- Criminal Prosecution

Report Fraud to DECCD using our online web form:

<http://www.mdhs.ms.gov/early-childhood-care-development/report-child-care-fraud/>

- Parents on the program may be re-determined annually to ensure that they are still eligible for the program.
- Parents will be sent a 60 day and a 30 day notice of redetermination.
- Parents will not be able to complete redetermination until they get this notice.
- If the parent does not complete the redetermination application, they will be removed from the program.



You can view which of your parents are due for redetermination by logging on to your eLedger site. **Click on "Reports"**

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Child Care Payment System

- Ledger
- Information
- Renewal
- Request a Change
- Parent Request
- Reports**
- Logout

12000 MISSISSIPPI AVENUE, SUITE 1000
MEMPHIS, TN 38119-0000
TEL: 901.326.5000
WWW.MISSISSIPPI.GOV






MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Parent Redetermination

Click on “Parent Redeterminations” to see a list of all parents who are due for redetermination.

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Child Care Payment System



Report

- [Certificates](#)
- [Parent Redeterminations](#)

Ledger
Information
Renewal
Request a Change
Parent Request
Reports
Logout



Child Abuse and Neglect Reporting

- According to Mississippi Law, Child Care Providers are **MANDATORY** reporters of child abuse and neglect and sex crimes against minors. (**Miss. Code Ann. § 43-21-353 and § 97-5-51**)
- A mandatory reporter **may not** delegate to any other person the responsibility of the report, but shall make the report personally.
- To report child abuse and neglect, **Contact the Department of Child Protection Services at 1-800-222-8000**
www.msabusehotline.mdhs.ms.gov
- To report sex crimes against minors, **contact your local law enforcement agency**



Child and Adult Care Food Program (CACFP)

This is a program that can help you cover the cost of food in your center. The program is administered by the MS Department of Education.

<http://www.mde.k12.ms.us/OCN/CACFP>

How to Apply If you are a Licensed Child Care Center:

- Submit a Letter of Interest to MDE's Office of Child Nutrition (CACFP/Office of Child Nutrition, PO Box 771, Jackson, MS 392050771)
- Attend a training (held every month)
- Please note: Your center must be financially viable, accountable, and administratively capable. There is paperwork involved in this program.



Child and Adult Care Food Program (CACFP)

How to Apply if you are a Family Child Care Provider (unlicensed):

- You will have to go through a sponsor organization.
- To locate a sponsor in your area, please contact the **MDE's Office of Child Nutrition** at **601-576-5000**

For additional resources about how to serve nutritious meals in your center, please visit:

<http://www.fns.usda.gov/tn/child-care-providers>

<http://www.fns.usda.gov/cacfp/meals-and-snacks>

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- Change of Provider Form
- Report Change of Family or Child Information
- CCPS Check Schedule
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Final Thoughts

Thank you for your service!

QUESTIONS & COMMENTS?