**Contract Number:** Click here to enter text.

**STATE OF NEW JERSEY**

**DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A**

**PROGRAM DESCRIPTION**

**Section 2.2**

**Program Name:** Click here to enter text.

**Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.**

**Label all answers clearly as outlined below:**

1. **Provide a brief description of the program/component and its purpose. The description should reflect the goals and services set forth in the initial RFP and any changes that may have resulted from negotiations.**

The Home Instruction for Parents of Preschool Youngers (HIPPY) home-based program, trains parents to provide educational enrichment to their pre-school children is a Bergan Family Center (BFC) program since 1995 and was started as a joint venture with the National Council of Jewish Women, the Englewood School District, the Englewood Rotary Club, the Coalition of 100 Black Women, the Junior League, the Community Chest of Englewood/Englewood Cliffs, the Urban League and the Englewood Public Library.

The objective of the early childhood program at Bergen Family Center is to promote school readiness. We do this by combining exemplary center based classroom learning with intense home based instruction. Classroom learning is informed by the Creative Curriculum model, which stresses family and community involvement as a major factor in school success. Home based services follow the model of the Home Instruction for Parents of Preschool Youngsters (HIPPY).

The goals of HIPPY are to strengthen the parent/child bond, enable parents of young children to become their child’s first teacher, promote school readiness for the child and foster parent involvement for the long term. We believe that combining these two components gives our families a high quality pre-school education and parent training experience. Our parents gain the confidence that they can help their child achieve, and help children love to learn. We believe we succeed precisely because we use an integrated approach to early childhood learning that works with the entire family and the community to prepare children for formal school.

Core goals are:

* Empower each parent to take an active role in each child's learning and reinforce basic skills;
* Build readiness skills for pre-school children bringing their school entry levels closer to those of the norm;
* Foster an appreciation for learning in the children through success with sensorial based activities; and
* Encourage the parent(s) to return to school to pursue their own academic goals.

**2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).**

The targeted population for the program are three, four and five year old children living in Bergen County (ie. Englewood, Bergenfield, Hackensack, Lodi, Garfield, Leonia, Cliffside Park and Palisade Park) Preference is given to those not currently enrolled in a child care program and referred through Connecting NJ and Bridges Family Success Center. All are from low-income families, and 90% are of African-American and Hispanic heritage. Most of the parents have a limited formal education and/or are new immigrants learning English.

About half live in subsidized housing units. Children who live within these neighborhoods, even many of those who are not in public housing, are of very low incomes. Some are third generation families living on public assistance; 90% qualify for Federal Free or Reduce Lunch. These children often live in densely populated rental properties with extended families or in illegally subdivided properties and depend on a wide range of social services to suupport daily living.

For many of these young people family life is unstable: fathers are less present due to incarceration, death or abandonment of the family. These children lack access to remedial programs and social services that could promote a stronger childhood and family foundation, and emphasize education, mental and physical health. Due to reduced government and communal resources, these young people also lack healthful socialization opportunities, recreation and cultural enrichment. These lower-income families are also food insecure.

**For** **MIECHV funded programs:**

EBHV grantees must give priority in providing services to the following:

* Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A), taking into account the staffing, community resources, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families;
* Low-income eligible families;
* Eligible families with pregnant women who have not attained age 21;
* Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
* Eligible families that have a history of substance abuse or need substance abuse

treatment;

* Eligible families that have users of tobacco products in the home;
* Eligible families that are or have children with low student achievement;
* Eligible families with children with developmental delays or disabilities; and
* Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States

**3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.**

The expected outcome of the project is that children will enter formal school on grade level and remain so throughout elementary school. For the past three years, 95% of children who participated in the early childhood program through HIPPY for at least one year entered Kindergarten with the requisite readiness skills, as indicated by reports from the schools which these children now attend.

Tests administered by the Board of Education indicate that the children who complete HIPPY have basic school readiness skills. Their home environments are supporting learning as demonstrated by Parent Invlovement Survey, HOME Scale, parental activity and involvement in the PTO and other school activities. In addition many of the parents become motivated for self-improvement and return to school or seek and obtain jobs.

Data, Evaluation, and Reporting:

EBHV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University and any other approved research projects in response to funding requirements. EBHV grantees must inform their DCF/DFCP Administrator and/or DFCP HV Program Specialist of their participation in any additional research/evaluation studies.

All EBHV grantees are required to record visit information and track specified data in the model’s designated data system. To ensure accurate monthly, quarterly, and annual report data, EBHV grantees must enter all documentation into designated model database by the 10th of the month for the previous month.

Data System:

DCF collaborates with the NJ Dept. of Health (DOH) and Family Health Initiatives (FHI) in regards to the Connecting NJ data system known as CNJ Link (formally PRA/SPECT). The CNJ Link data system is utilized by prenatal providers, Connecting NJ, EBHV grantees, and other core programs and partners. To ensure accurate monthly, quarterly, and annual report data, EBHV grantees must enter all documentation into the CNJ Link database by the 10th of the month for the previous month.

DCF has established a standard quarterly report that is inclusive of a set of performance indicators for all EBHV grantees supported by the department. These EBHV Objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Grantees are required to collect, review, and analyze program performance data and report to DCF on a quarterly basis.

EBHV Quarterly Progress Report:

All grantees are required to send quarterly report data to the designated DCF Contract Administrator and Prevent Child Abuse New Jersey Program Specialist. The following is the program year for collecting the data required.

* + July 1st to September 30th
  + October 1st to December 31st
  + January 1st to March 31st
  + April 1st to June 30th

EBHV Quarterly Progress Reports are due no later than 15 days after the report end date and should accompany the agency’s submission of its quarterly Report of Expenditures.

Continuous Quality Improvement (CQI):

CQI is an essential aspect of service delivery. Grantees must demonstrate progress in meeting established program targets, federal MIECHV Benchmark measures and outcomes, and that Continuous Quality Improvement (CQI) practices are utilized. The purpose of continuous quality improvement is to ensure that DCF funded grantees are effective in reaching and supporting families and helping families to achieve these core program objectives. Through this process, grantees identify areas for performance improvement to reach optimal levels of program functioning. Refer to Section 2.2–subsection #8 for additional CQI requirements specific to the program model.

CQI is initiated throughout the program year and incorporates a systematic data collection and CQI approach that includes a data management component that supports regular data collection. The CQI process will include input/consultation from model developers, grantee agency, DCF staff, DCF Contract Administrator, and other stakeholders/local advisory boards (including parent representatives), as appropriate. A CQI approach can be utilized to address underperformance in the following areas:

* + Target Process / Level of Service (LOS) Measures
  + DCF EBHV Performance and Outcomes Measures

All grantees should strive to reach the above-mentioned measures and benchmarks. As part of the CQI process, grantees respond to the underperformance as part of the EBHV Quarterly Progress Report. Underperformance in any area is reviewed and addressed. When underperformance occurs and is unable to be corrected, DCF initiates the development of a Pre-Corrective Action or Corrective Action Plan. During this time period, DFCP HV Program Specialists, model developers, and grantees identify improvement goals and strategies. Model developers provide intensive technical assistance and support activities to assist the grantee in achieving the identified goals. Pre-Corrective Action and Corrective Action Plans are shared with and/or developed in collaboration with the DCF Contract Administrator. If a program is placed on Corrective Action for underperformance, additional program data reports maybe requested more frequently. Note: These targets continue to undergo review and analysis. DCF and/ or federal funders may make revisions and further refinements to specific targets, or add additional indicators, after this analysis is complete. All grantees will be required to track data and submit through the EBHV Quarterly Progress Report.

For the HIPPY component, the Coordinator oversees pre and post testing for client satisfaction, and all the elements required by HIPPY USA for program success, including completion of weekly activities, attendance at group meetings, and demonstrated ability to proceed to the subsequent weekly activity packet.

The data is reported twice yearly to the Board's program committee, which is charged by BFC’s By-Laws to evaluate the effectiveness of programs and recommend changes accordingly. The program committee reports its findings to the full Board each year.

The Board then advises the President/CEO to make critical changes (when necessary,). Smaller changes, such as modifying program activities, or enhancing staff development, can and will be made along the way through the feedback loop between the nurse, the President/CEO and the Program Committee

**4. Describe the method of service delivery (i.e. in the community, on site, etc.).**

A Professional Coordinator at a Masters level and a full time employee, leads HIPPY. The Coordinator receives intensive training by HIPPY USA. She has 17 years experience as our HIPPY Coordinator. She is supervised weekly by a Masters level human service professional

The Coordinator trains paraprofessional home instructors recruited from the neighborhood and communities that will receive service. The Home Instructors receive intensive three hour weekly instruction on how to work effectively with the parents and children. All HIPPY staff is monitored through HIPPY USA via an annual two day site visit. All HIPPY staff attends an annual three day training conference.

Home instructors go into the homes of participating families and deliver the HIPPY program. The Home Instructor role models for the parents how to work with the materials. Then they observe the parent working with the child and make any needed corrections.

Because families are recruited through local organizations and informal neighborhood systems, the Home Instructors have demographic characteristics similar to the participating families. Thus, the Home Instructors are not seen as condescending or threatening.

These dedicated Home Instructors work full time concurrent with the school year and visit homes to teach parents, through hands-on experiences, to interact with their children in ways that will help prepare them for their early school experiences. As peers of other HIPPY parents, the Home Instructors have a chance to build trust and communicate with hard-to-reach families. As members of the same local community and parents of small children, the Home Instructors can empathize with the challenges facing HIPPY families and make the program work within their own communities.

Referrals and Linkages:

On an ongoing basis, the Home Instructor will assist participating families with referrals for health, social service, childcare or other community supports as needed and mutually agreed upon. EBHV grantee staff are encouraged to link families with additional resources that provide services in the target community, including other DFCP programs (e.g., Family Success Centers, School-Linked Services, DV support, Strengthening Families childcare providers, CCYC, etc.), as appropriate. In addition, grantees shall routinely review and update existing entries in state, county and local resource networks and directories, e.g. DFCP’s online directory or NJ’s 2-1-1 Partnership Database, to ensure complete, accurate and up-to-date information for families and professionals trying to locate EBHV services.

Local Community Advisory Board:

HV grantees shall establish and/or maintain alignment with the local County Council for Young Children (CCYC) to form an active advisory board.

The advisory board must be an organized active body, which meets at least quarterly to advise/govern the activities of planning, implementation, and assessment of program services. This includes but is not limited to a review of program practices, policies, quarterly/annual performance measures, Continuous Quality Improvement (CQI) efforts, providing input and timely recommendations with respect to program strengths, areas of growth, and improvement. HV grantees are encouraged to integrate and/or develop this advisory role within the broader perinatal and/or early childhood community.

The EBHV grantee Program Supervisor/Manager (or other program representative) and the advisory board must work as an effective team in the planning and developing of program policies and procedures.

EBHV grantees must also identify at least one parent/caregiver from each FTE home visitor to invite to the advisory board and collaborate with the CCYC lead agency and/or members to encourage and facilitate parent/caregiver participation.

HV grantees must provide documentation of advisory board activities, have available meeting notes, and attendance records during site visits or as requested. HV grantees must also refer to the DCF Policy and Procedure: Advisory Boards

Program Compliance:

In an effort to provide effective oversight, optimize enrollment and retention of eligible families in target communities grantees are monitored and assessed by the DFCP HV Program Specialists on an on-going basis. EBHV grantees are expected to participate in the following:

* Evaluative site visits - site visits are conducted separately or in collaboration with the DCF Contract Administrator.
* Quarterly Supervisors’ Meetings
* Mandatory model specific trainings and DCF sponsored trainings related to federal benchmarks
* Comply with national and state model specific policies and procedures
* Comply with Office of Early Childhood Services (OECS) policies and procedures, including those contained within New Jersey’s OECS Home Visiting Initiative Monitoring and Quality Assurance Practice Summary Manual and revised versions thereafter.

All DCF-funded EBHV grantees must also comply with the following requirements:

Be active partners with the local Connecting NJ (CNJ) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families.

* Complete the core training and adhere to the HIPPY USA policies and procedures.
* Maintain program staffing and supervision in accordance with HIPPY USA standards.
* Successfully complete the HIPPY Accrediation and improvement process.
* Complete training on and implement the HIPPY USA model and curriculum.
* Agencies are permitted to use supplemental curricula. This EBHV grantee utilizes the following supplemental curricula Click here to enter text.
* Adhere to the conceptual, practice, and administrative standards as set forth in the Standards for Prevention Programs: Building Success through Family Support developed by the New Jersey Task Force on Child Abuse and Neglect.
* Have knowledge of the Protective Factors Framework.

**For** **MIECHV funded programs:**

* Agencies must maintain records of employee time and effort, including:
  + Assurances that employees are tracking actual time spent on MIECHV rather than just reporting budgeted hours per day
  + Allocations of operationg and/or other costs for employees who are not funded 100% by MIECHV funds.
* Agencies may not use MIECHV funds to support direct medical, dental, mental health or legal services
* Agencies must adhere to 2 C.F.R. Section 200 et al. as applies due to their sub-recipient designation.
* Agencies must submit quarterly expenditure reports with MIECHV funding broken out by grant period.

**5. Detail how customers access services.**

Generally, HV services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation. Because services are home-based, there are no phsyical limitations that preclude program admission or referral. In the event families need to visit BFC, our site is accessible and there is an elevator to the second floor. We are also accessible by public transportation.

Families can be self-referred or referred by other community agencies, schools, etc. All referrals are followed up and assessed for quality of care to our families.

Parents are screened by health care providers or other community agencies. HV sites are expected to be active partners with the local Connecting NJ (CNJ) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families. DFCP HV staff will help to facilitate these relationships with CNJ, as needed.

Once a family is referred to the program they receive an initial contact from the program within three working days and eligible families are offered enrollment into the program.

Families that decline or are ineligible for home visiting services are still provided with information that is age appropriate, and suitable community resources that will assist with the families current needs. Based upon local Business Agreements/Rules, programs should provide a status report and re-route these families back to Connecting NJ for links to alternate services, as appropriate.

Families that agree to participate in the program are enrolled and visits are conducted by specially trained Home Instructors The Home Instructor will jointly develop a service plan and establish an appropriate visit schedule with the family based on the phase of care and the needs of the family.

Families that are enrolled but inactive, will continue to receive positive, creative outreach based upon the HIPPY model standards.

The Home Instructor and the parent/family collaborate to complete an initial goal plan witheach family upon enrollment, including but not limited to: education on age-appropriate child growth and development, family literacy/book sharing, parent-child interaction, parent socialization/group meetings, developmental screening and other key areas. The Home Instructor and parent/family collaborate to continuously develop new goal plans. The Home Insructor will assist participating families with referrals for health, social services, child care or other community supports, as needed.

Staffing/Caseload Requirements:

* HIPPY Coordinator– DCF funded HIPPY sites will have a supervisor to staff ratio of not more than 1.0 FTE to five (5) full-time staff.
* Home Instructors - A full-time (1.0 FTE) Parent Educator carries a caseload of 20 families.

Discharge Process:

Ideally a participating family remains enrolled in HIPPY until the family completes two year of curriculum/has received at least 2 years of service, has made progress in achieving key HIPPY goals, and has reached specifiedHV health and well-being performance indicators.

For a variety of reasons, families may withdraw from the program earlier. Sites are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

**6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.**

Generally, EBHV grantees provide services in the homes of participating families.

The catchment area for this site is the communities of Englewood, Teaneck, Bergenfield, Cliffside Park, Palisade Park, Hackensack, Ridgefield Park and Leonia in an urban setting. Since services are home-based, families are not required to come to site.

**7. Detail the program’s emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.**

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. Field staff carry cell phones and are instructed to remain in regular contact with the office during the course of the day.

In the event of any staff or client emergency

The staff of HIPPY has cell phones to expedite communication in case of emergency. Our Center's telephone message includes emergency phone numbers when it's not in operation. .

Emergency contacts for this agency are:

The Director of Home Visiting can be reached at any time via cell phone and especially during home visits. A new incident report has been implemented and should be reported to the Division of Family and Community Partnerships if one should arise.

**8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.**

In compliance with the HIPPY USA model, all sites must comply with HIPPY USA reporting requirements (annually or other cycle). Additionally, every 4 years, the HIPPY program will comply and successfully complete the HIPPY USA accreditation process.

Furthermore, DFCP/OECS requires the Quarterly Report/Year-End Report to be submitted 15 days after the end of the report period. The Quarterly Reports should include explanations why a program may not be reaching a particular objective and what is the plan to make improvements.

It is recognized by DCF that collection, analysis and reporting of data for these objectives is an ongoing process. Adjustments to performance measures may still be needed and will include the federal MIECHV benchmarks. Adjustments will be made by DCF in consultation with PCANJ and HV partners, as indicated.

MIECHV Funded Home Visitation Programs

1. In accordance with the American Rescue Plan Act of 2021, the funds are to be used to support MIECHV enrolled families and staff with:
   1. **Hazard Pay or other staff costs** – offset the costs of technology needed for MIECHV staff to conduct virtual and in-person visit. If the agencies do not need technology, they can propose a one-time retention bonus to support the well-being of MIECHV staff for approval.
   2. **Technology** – MIECHV funded providers can alleviate families’ accessibility concerns by using ARP awards to provide technology for virtual visits. Most allowable technology purchased with ARP funds will be subject to federal cost considerations for supplies, as outlined in [45 CFR §75.453](https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1453). Providers must have a mechanism for tracking and documenting technology provided to enrolled families.
   3. **Emergency Supplies -** use to support MIECHV enrolled families with emergency supplies and gas cards/transportation vouchers.
2. Agencies must submit with contract documents, a budget narrative for each category above and a distribution plan that includes policies that detail safeguards against abuse/misuse and assurance of equitable distribution.

**Infant Formula Purchasing and Assistance Program Deliverables**

**Non-MIECHV Funded**

**Purpose**

The New Jersey Department of Community Affairs, Division of Disaster Recovery and Mitigation and the Department of Children and Families entered into an agreement to implement the Infant Formula Program. This program is supported by the American Rescue Plan (ARP) Act- Coronavirus State Fiscal Recovery Fund.

The purpose of American Rescue Plan (ARP) Funds is to support families with the purchase of infant formula and/or help with expenses directly related to providing formula to an infant, such as: transportation, water, baby bottles, bottle nipples, and supplies to clean bottles and bottle nipples. Funds may also be used to support breastfeeding families for the purchase of baby bottles, breast-pumps, and other equipment related to the needs of breastfeeding families.

Evidence-Based Home Visitation Program will implement the above via gift card distribution to eligible families.

**Fiscal Overview**

* NJ ARP funding is one-time funding issued in State Fiscal Year 24 and must be distributed and expended by 6/30/2024.
* DCF anticipates releasing funding via two payments but may adjust the payment schedule/funding amount in response to programmatic need.
* The funding must be separately identified in its own column on the Annex B.
* This funding does not receive a COLA.
* Up to 10% of the award may be used for direct and/or indirect costs to administer the program, including but not limited to purchasing the gift cards, maintaining an inventory of purchased gift cards, tracking the distribution of gift cards and receipt of signed attestations. The remaining amount is allotted to the budget category Specific Assistance to Clients. *(See Section Gift Cards for additional information)*
* Providers will be required to return unexpended funds to DCF at the end of each funding period.
* The cash value of any unused gift cards that have not been distributed by the end of the funding period must be returned to DCF at the conclusion of the contract just as any other unspent funds would be. Therefore, providers should carefully consider the volume of gift cards they maintain in their inventory.
* Risk Assessment: DCF-FCP will undertake risk assessment of each provider. Providers shall cooperate with the process as needed.

**Eligibility**

Families enrolled in the home visiting program with children aged 0-12 months are eligible to receive gift cards. This includes the target child(ren) and siblings of the target child(ren) so long as the siblings are aged 0-12 months.

**Gift Cards**

* Gift cards are to support families with the purchase of infant formula and/or help with expenses directly related to providing formula to an infant, such as: transportation, water, baby bottles, bottle nipples, and supplies to clean bottles and bottle nipples. Funds may also be used to support breastfeeding families for the purchase of baby bottles, breast-pumps, and other equipment related to the needs of breastfeeding families.
* Families will receive $200 in gift cards per month per eligible child.
  + Providers may purchase a combination of gift card vendors and values to meet the $200 allotment per month per eligible child. *For example, a $100 Uber gift card can be provided to support the family with accessing the store and then a $100 Shoprite gift card can be provided to support the family in purchasing the formula and expenses directly related to providing formula.*
  + Total monthly gift card values may not exceed or fall below the $200 per month per eligible child allotment.
* Providers may purchase gift cards to stores such as Walmart, Target, Shoprite, and other stores that are accessible to the families and that offer the items needed to support families with providing formula to their infants and/or support with breastfeeding.
* Providers may purchase gift cards to transportation vendors such as Uber and Lyft to support the family in accessing the stores to purchase formula and expenses directly related to providing formula or to support breastfeeding.
* Providers may purchase gift cards to gas vendors such as Exxon, BP, Wawa, and other gas vendors that are accessible to families to support with transportation costs associated with purchasing formula or expenses directly related to providing formula or to support breastfeeding.
* Providers may purchase Visa gift cards to support the family with transportation costs and/or purchasing items online that assist the family in purchasing formula or expenses directly related to providing formula or to support breastfeeding.
  + Providers should be aware that Visa gift cards may be accompanied by an activation fee. This activation fee should be incorporated into the up to 10% portion of the award that may be allocated to administer the gift cards. Additionally, the activation fee should not be deducted from the eligible child’s $200 monthly allocation.
* Providers are encouraged to identify gift card vendors and issue values based upon each family’s unique needs that will best support them with purchasing formula or breastfeeding supplies and accessing the stores that provide them.

**Required Documents and Procedures**

* Families must sign the Gift Card Acknowledgment & Attestation Form

*(Providers are required to utilize the State approved form available in English and Spanish)*

* + Families must be advised that they may be required to submit receipts for the items or services purchased with the gift cards. This statement is also included within the aforementioned required Gift Card Acknowledgment & Attestation Form.
  + Providers must maintain a copy of the Gift Card Acknowledgment & Attestation Form for a period of 5 years from the time of the final contract payment. Providers will also submit copies of the form to DCF as outlined in the Reporting Requirements section.
* Prior to distribution of gift cards to eligible families, the provider must submit to the DCF Program Specialist for review and approval a NJ ARP Purchase and Distribution Plan. This plan must include the following:
  + Budget narrative that details the planned gift card expenditures including the range of gift card vendors and values.
  + Copies of all relevant internal policies regarding the purchase and distribution of gift cards as well as policies that detail the internal controls in place to prevent abuse/misuse and risk of theft.
* Within these polices providers must at minimum adhere to the following procedures and internal controls:
  + A gift card policy that includes step by step instructions on how the cards should be distributed to families.
  + There **should not** be one person handling the distribution and approval of the cards.
  + Gift cards are to be stored in a secured location such as a lock box or upon discretion in a safe. An employee should complete a request form for gift card approval.
  + Request form needs to include the following: Client name, Request: ARP Infant Formula Gift Card, and Dollar amount and the signature of the requesting employee. As well as the approval signature of the supervisor and/or the director. Once the form is completed and approved, it is given to the individual that handles the distribution of the gift cards.
  + Once the form is reviewed, the gift cards are taken out of the lock box/safe, the front and back of the gift cards are copied in case they are lost. Copies are to be attached to the approved request form.
  + The gift cards are given to the requesting employee along with an acknowledgement and attestation form that needs to be completed by the employee and then signed by the client as proof of receipt.
  + After the acknowledgement and attestation form is completed, it is returned to the appropriate individual that handles the gift card distribution.
  + A tracking form must be used with the number of cards on hand, what family the card was given to, the person that gave the card to the family, the amount of the card, and the date that the card was distributed.
  + The log and all documents should be kept together.
  + There should be an electronic and/or hard copy of all gift card approval forms and tracking logs for auditing purposes and as a best practice.
  + At the end of each month, the gift cards should be counted and verified with the general ledger in the accounting system.
  + Maintain electronic and/or hard copy of all gift card forms and tracking logs for auditing purposes for a period of 5 years.

**Reporting Requirements**

* Providers are required to submit a monthly family demographic and gift card distribution report to their DCF Program Specialist.
  + Reports are due by the 3rd day of the month for the previous month and must be completed on the State approved form.
* Providers must also submit scanned copies of the Gift Card Acknowledgment & Attestation Form to their DCF Program Specialist. Copies are due by the 3rd day of the month for the previous month.
* Providers are required to submit a monthly expenditure report to DCF-FCP.