

## **Alabama Child Care Subsidy Program Consumer Statement**

The mission of the Child Care Subsidy Program is to provide Alabama's families with equal access to affordable and quality child care services as they participate in work, educational or training activities. There are many factors to consider when selecting a child care provider. The following information is designed to help you make an informed choice regarding the best child care option to meet the needs of your family.

Child Care Management Agencies (CMAs) manage the subsidy program by determining eligibility providing resources and referrals, authorizing child care services, and registering subsidy providers. The CMA will provide the following information to families at initial and continuing application periods:

- Application for Subsidized Child Care
- Parent Agreement – details the applicant's responsibilities as a recipient of the Child Care Subsidy Program
- Parental Choice form – explains parent has free choice when selecting a child care provider
- Notice of Client's Rights – notifies of parent's right to request a fair hearing or administrative review if not satisfied with actions of the CMA
- Human Resources & Civil Rights pamphlet
- Choosing Child Care in Alabama pamphlet
- Putting It Together for Those Who Need Us pamphlet – information on DHR programs
- Child Abuse Hurts pamphlet
- TAS Quick Reference Guide – instructions for reporting child care attendance using the Time and Attendance System Point of Service device
- 211 Connects handout – information about community resources

### **Child Care Provider License and Compliance**

Child Care centers in Alabama legally operate in one of two ways: licensed or licensed exempt; while child care homes must be licensed. Providers wishing to participate in the Child Care Subsidy Program must be licensed or meet an exemption legally authorized by the state per the Child Care Safety Act of 2018. Licensing provisions ensures compliance with health and safety standards, which include on-going training, comprehensive criminal background checks, and

compliance with ratios and group sizing for all providers wishing to participate in the Child Care Subsidy Program regardless of licensing status. Licensing occurs every two (2) years. For more information about a provider's license or exemption, date of last inspection, or history of provider violations, go to [https://apps.dhr.alabama.gov/daycare/daycare\\_search](https://apps.dhr.alabama.gov/daycare/daycare_search) and select the desired provider.

### **Child Care Provider Quality Information**

Licensed child care providers are guided on a path of continuous quality improvement through Alabama's Quality Rating and Improvement System or Alabama Quality STARS. This program awards STAR levels to early childhood care and education programs that meet set program standards. Although the program is voluntary, most licensed child care providers are STAR rated and information regarding their rating can be found on the statewide directory. To find more information on Alabama Quality STARS visit the website at [www.alabamaqualitystars.org](http://www.alabamaqualitystars.org).

### **Finding a Child Care Provider**

You may contact the CMA to obtain information about a specific provider. To identify the CMA that serves your county, go to <https://dhr.alabama.gov/child-care/subsidy-overview/child-care-management-agencies/> and click on your county in the map. In addition, information regarding child care providers may also be found on the website at <https://dhr.alabama.gov/child-care/subsidy-overview/>. There is a Statewide Day Care Directory which may be sorted by county, zip code, center/home name, or license status.

### **Additional Resources**

To obtain information about other resources for your family contact DHR child care licensing intake at 1-866-528-1694. Additional resources can also be found on DHR's website at [www.dhr.alabama.gov/child-care/information-for-parents/](http://www.dhr.alabama.gov/child-care/information-for-parents/). These resources include assistance on local resources for Medicaid, Pre-K, and services for children with developmental delays and disabilities including developmental screenings.

### **Filing a Complaint**

To file a complaint regarding a child care provider, contact the Office of Child Care Licensing Intake at (334) 242-1425 or toll free at 1-866-528-1694.



Family Guidance Center of Alabama  
 2358 Fairlane Drive  
 Montgomery, Alabama 36116  
 Telephone: (334) 270-4100  
 Fax: (334) 244-1689

**INITIAL ELIGIBILITY REQUIREMENTS**

**\*\*\*Please submit copies, not originals of all items required\*\*\***

Date: \_\_\_\_\_

County: \_\_\_\_\_

**Dear Client:**

**You have contacted our office for initial application for child care services with Family Guidance Center of Alabama. In order for us to determine your eligibility and place your child/children into care, you must complete the enclosed application and return the following required documents:**

- \_\_\_\_\_ Check stubs for last four weeks of employment (2 most recent if paid bi-weekly) (client and spouse) (must be working a minimum of 15 hours per week). For new employment you may get verification by supervisor/manager on company letterhead to include start date, pay rate, pay frequency & hours per week expected to work.
- \_\_\_\_\_ Proof of residence (must be current within the last 30 days)  
(utility bill, bank statement, work or school I.D with address, check stubs, children’s current school record, property tax statement)
- \_\_\_\_\_ Verification of any other family income received (i.e. ,Family Assistance (FA), SSI, Social Security, Pensions, Unemployment Compensation, etc.) by you or any other member of your household
- \_\_\_\_\_ Current official class schedule (if applicable) (must be a full-time student)
- \_\_\_\_\_ Picture ID or Driver’s License (client and spouse)
- \_\_\_\_\_ Birth Certificates for all household family members under the age of 18
- \_\_\_\_\_ Medical documentation for any disabled parent (if not employed) for a two parent household
- \_\_\_\_\_ Completed application, Parent Agreement, and Parental Choice, signed and dated (Attached)
- \_\_\_\_\_ Completed alternate Cardholder Form (Attached)
- \_\_\_\_\_ The name and address of the day care you wish to use

Please remember that we must receive all the checked information above in order to complete the eligibility process. **Failure to submit all required information will result in denial of application.** If you have any questions, please feel free to call us at (334) 270-4100.

**Your application and required documents may be submitted to your local Family Guidance Center office in person, or you may mail it to:**

**Family Guidance Center of Alabama  
 2358 Fairlane Drive Fairlane Drive  
 Montgomery, Alabama 36116**

**Paperwork can be returned by:  
 Drop box, Mail, Fax, or Email  
 Fax: (334) 244-1689  
 Email: Debra.Banks@dhr.alabama.gov**

2358 Fairlane Drive, Bldg H  
Agency Telephone #: (334) 270 - 4100 Fax #: (334) 244 - 1689

## CHILD CARE ASSISTANCE APPLICATION

### Instructions:

Please read the application carefully. Complete all sections of the application. Answer each question completely and to the best of your ability. List everyone in your household. Please print clearly.

The child care application asks you to give us the social security number for everyone in your household. Social security numbers will help us to process your case more quickly. We will only use your social security number in the administration of the Child Care Subsidy Program to help us verify your income, make changes in your case, and assemble research data. Your SSN may also be used in program reviews. If you do not want to give us the social security number for a member of your household, your application for child care will not be denied and services will not be withheld because you do not give us a social security number.

If you should choose not to give the social security number for some members of your household, you must still answer questions about his or her income and answer the other questions on this form. This application must include:

- Copy of state issued ID
- Birth certificates for all children under the age of 18 in your household
- Proof of residency (lease, current utility bill, current bank statement, etc.)
- Verification of employment (check stubs/payment receipts for 4 weeks, 1099 form, etc.)
- Verification of unearned income (if applicable – SSI/SSA award letter, check stubs, etc.)
- Current school schedule (if applicable)

**FAMILY GUIDANCE CENTER OF ALABAMA CHILD CARE ASSISTANCE APPLICATION**

**Δ RE-CERTIFICATION**

**Δ INITIAL APPLICATION**

**Δ WAITING LIST**

**PARENT INFORMATION:**

**Applicant's Name** \_\_\_\_\_ **SSN (Optional)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Race** \_\_\_\_\_ **Sex** \_\_\_\_\_  
 Single \_\_\_\_\_ Divorced \_\_\_\_\_  
 Married \_\_\_\_\_ Separated \_\_\_\_\_ **Spouse Name** \_\_\_\_\_ **Spouse SSN (Optional)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Race** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Residential Address** \_\_\_\_\_ **City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** Hm/Cell \_\_\_\_\_ Wk \_\_\_\_\_ **Currently receiving Family Assistance (FA) benefits?** Yes \_\_\_ No \_\_\_ **Date last FA check received** \_\_\_\_\_

**Applicant's Language** \_\_\_\_\_ **Currently in school/training?** Yes \_\_\_ No \_\_\_ **High School Student?** Yes \_\_\_ No \_\_\_ **Name of School** \_\_\_\_\_

**Circle current classification:** Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ **Highest grade completed:** GED \_\_\_\_\_ High School \_\_\_\_\_ Vocational/Trade \_\_\_\_\_ Junior College \_\_\_\_\_ 4-Year \_\_\_\_\_

**Applicant's Employer's Name** \_\_\_\_\_ **Other Employer's Name** \_\_\_\_\_ **Circle one:** 2<sup>nd</sup> Job \_\_\_\_\_ Other Household Member \_\_\_\_\_  
**Spouse's Employer's Name** \_\_\_\_\_ **Email:** \_\_\_\_\_

**HOUSEHOLD INFORMATION:** List EVERYONE living in the home including applicant, spouse and all children.

	NAME	SSN (Optional)	DOB	Sex	RELATIONSHIP TO APPLICANT/PARENT	WAGES (PAY) PER HOUR	HOURS WORKED PER WEEK	UNEARNED INCOME (Source, Gross Amount & How Often SSI, Social Security, Unemployment Comp., Family Assistance, Child Support, etc.)
1.								
2.								
3.								
4.								
5.								

Do you or any household member have assets valued at more than one million dollars? Yes \_\_\_ No \_\_\_ If yes, list your assets and their value: \_\_\_\_\_

	NAME OF CHILD(REN) WHO NEED CHILD CARE	DAYS CARE IS NEEDED					Where Will Child Receive Care If Application Is Approved	NAME OF SCHOOL CHILD ATTENDS (if applicable)
		M	T	W	T	F		
1.								
2.								
3.								
4.								
5.								

I certify that the information given is true and complete to the best of my knowledge. **Total Income:** \_\_\_\_\_ **Total Number in the Family:** \_\_\_\_\_  
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **CMA Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 DHR-CMA-3001 (February 1, 2023)

# CHILD CARE FACT SHEET

## For Persons Applying For or Receiving Child Care Services

### WHO IS ELIGIBLE FOR SERVICES?

You may be eligible for services if you are making your home in Alabama and are employed and/or enrolled in school/training and making no more income than is allowable (see [Initial Eligibility Monthly Income Scale](#)).

### WHAT IS THE ALLOWABLE INCOME AND HOW MUCH IS THE WEEKLY FEE?

Income is gross income before taxes, social security or any other deductions are made. Regulations allow for no deductions to gross income. Family income includes wages from employment, SSI, SSA, etc. Weekly gross income is multiplied by 4.333 to compute monthly income.

### WHO IS INCLUDED IN A FAMILY?

Family means the basic family unit consisting of an adult and his or her spouse (including common law), children under 18 years of age, and minor parents under 18 years of age and their children, related by blood, marriage, or adoption, who are residing in the same household. A member of this basic family unit temporarily out of the home continues to be considered as part of the family.

Considered as separate families are:

- Related persons 18 years of age or over, other than spouses, who live together.
- Unrelated persons 18 years of age or over who live together.
- Children for whom the Department of Human Resources has custody of and who are in foster care.
- Individuals under 18 years of age who are married.

### INITIAL ELIGIBILITY MONTHLY INCOME SCALE AND PARENTAL FEE CHART

		Weekly Fee Per Child:								
		0-100% FPL	101-110% FPL	111-120% FPL	121-130% FPL	131-140% FPL	141-150% FPL	151-160% FPL	161-170% FPL	171-180% FPL
		\$0.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00	\$33.00	\$36.00	\$39.00
Family Size:	2	\$0-1526	\$1527-1678	\$1679-1831	\$1832-1984	\$1985-2136	\$2137-2289	\$2290-2441	\$2442-2594	\$2595-2747
	3	\$0-1919	\$1920-2111	\$2112-2303	\$2304-2495	\$2496-2687	\$2688-2879	\$2880-3071	\$3072-3263	\$3264-3455
	4	\$0-2313	\$2314-2544	\$2545-2775	\$2776-3006	\$3007-3238	\$3239-3469	\$3470-3700	\$3701-3931	\$3932-4163
	5	\$0-2706	\$2707-2976	\$2977-3247	\$3248-3518	\$3519-3788	\$3789-4059	\$4060-4329	\$4330-4600	\$4601-4871
	6	\$0-3099	\$3100-3409	\$3410-3719	\$3720-4029	\$4030-4339	\$4340-4649	\$4650-4959	\$4960-5269	\$5270-5579
	7	\$0-3493	\$3494-3842	\$3843-4191	\$4192-4540	\$4541-4890	\$4891-5239	\$5240-5588	\$5589-5937	\$5938-6287
	>=8	\$0-3886	\$3887-4274	\$4275-4663	\$4664-5052	\$5053-5440	\$5441-5829	\$5830-6217	\$6218-6606	\$6607-6995

Note: All new applicants must enter under the Initial Eligibility Monthly Income Scale.

### CONTINUING ELIGIBILITY MONTHLY INCOME SCALE AND PARENTAL FEE CHART

		Weekly Fee Per Child:	
		181-190% FPL	191-200% FPL
		\$42.00	\$45.00
Family Size:	2	\$2748-2899	\$2890-3052
	3	\$3456-3646	\$3647-3838
	4	\$4164-4394	\$4395-4625
	5	\$4872-5141	\$5142-5412
	6	\$5580-5888	\$5889-6198
	7	\$6288-6636	\$6637-6985
	>=8	\$6996-7383	\$7384-7772

Note: All continuing applicants must have a family income that does not exceed the \$45.00 column in order to be eligible at recertification.

### INCOME CUTOFF - ENDS PARTICIPATION PRIOR TO END OF 12 MONTH ELIGIBILITY PERIOD

Family Size:	2	3	4	5	6	7	>=8
	\$4036	\$4986	\$5935	\$6885	\$7834	\$8013	\$8191

All child care programs managed by the Child Management Agency are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.

## NOTICE OF CLIENT'S RIGHTS

***If you are not satisfied with the action of the Child Care Management Agency because your application was denied, your application was not acted on within 30 days, or your child care services were reduced or terminated, you may take the following steps:***

(1) Ask for an administrative review with the Child Care Management Agency.

*Or*

(2) Ask for a formal hearing. The request must be made in writing by you or your legal representative, must clearly state the reason for your complaint, and must be signed and dated by you. You may send your request to the Child Care Management Agency, who will forward it to the Department of Human Resources Administrative Hearing Office.

### ***Who may ask for a hearing?***

You or someone legally appointed to represent you may request a hearing.

### ***How much time do you have to request a formal hearing?***

Your written request must be made to the Child Care Management Agency within 60 days of the alleged offense(s). Be sure to include your current address.

### ***What are the hearing procedures?***

The State Department of Human Resources will send information about hearings to the person requesting the hearing. A representative of the State Department of Human Resources will conduct and preside over the hearing.

### ***How do you withdraw a hearing request?***

You may voluntarily withdraw the hearing request at any time prior to the resolution of the complaint by the Administrative Hearing Officer. The withdrawal must be in writing, must be signed and dated by you and must clearly indicate the reason(s) for your decision. You may send your withdrawal to the Child Care Management Agency, who will immediately forward it to the Administrative Hearing Officer.

### ***Nondiscrimination...***

All child care programs managed by the Child Care Management Agency are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.

## Child Care Parent Agreement

Parent Name \_\_\_\_\_ Case ID \_\_\_\_\_

1. I understand information given to the Child Care Management Agency is needed to determine my eligibility or continued eligibility for child care assistance. I understand all information given is confidential and any other use or disclosure will be made only for certain limited purposes allowed under State and Federal laws and regulation. Such purposes include but are not limited to, establishing eligibility, determining amount of assistance, and providing services to applicants and recipients.
2. I understand the submission of a social security number (SSN) is voluntary. I will not be denied services, nor will services be withheld if I choose not to provide the SSN for myself or other family members. Should I choose to submit the SSN for myself or other family member, I understand the SSN will only be used in the administration of the Child Care Subsidy program to help verify my income, make changes to my case, and assemble research data. I understand my SSN may also be used in program reviews.
3. I understand that any information I have given is subject to verification by an authorized representative of the Child Care Management Agency and/or the Department of Human Resources and I hereby give my permission to obtain such verification. This may involve the agency contacting child care providers, an employer, bank, school/training facility, Internal Revenue Service, Social Security Administration, Veterans Administration, Unemployment Compensation Agency, or other parties.
4. I understand I am not obligated to report changes. However, I may report changes that are beneficial to my family. I agree to notify the Child Care Management Agency (either verbally or in writing) within 10 calendar days of any change that occurs in:
  - Family size or composition (birth, death, child leaving or entering home)
  - My address and/or home phone number
  - My childcare needs, including hours, level (infant/toddler, preschool, before/after school) and amount (full-time, part-time) of care needed.
5. I agree to pay my childcare provider the weekly fee assessed by the Child Care Management Agency. The amount of this fee will be shown on my current Certificate of Child Care Award or Amendment to Certificate of Child Care/Notice of Action.
6. I understand and agree to the following policies regarding parent fee payment:
  - The full weekly parent fee is due for my child(ren) even when (s)he is absent due to sickness, vacation, or the provider is closed (approved closings only).
  - Parent fees are due on Monday for the current week and must be paid for the entire week. Parent fees will not be refunded for any partial week of service.
  - Failure to pay parent fees may result in termination from services.
  - I agree to notify this agency if my child(ren) is absent from childcare for more than 5 days.



7. I understand I may be required to repay the Department for any assistance received due to providing incorrect or false information or failing to provide information concerning changes in my circumstances within 10 days of the date of the change(s). A repayment agreement will be completed to recoup any overpayment.
8. I understand that should I knowingly give any false information or withhold any information regarding my situation, I may be liable for criminal prosecution for fraud.
9. I have been given a copy of the Civil Rights Pamphlet (at initial interview), and a statement of my rights and procedures for appeal. I understand that I may request a review and/or hearing within 60 days if I am not satisfied with any decision of the Child Care Management Agency.
10. I certify that all my children in need of child care are citizens or legal immigrants of the United States.
11. I certify that I am currently residing in Alabama.
12. I understand that my child care services are subject to termination if I give my Time and Attendance System (TAS) swipe card to my child care provider or an individual employed by the child care provider, or allow my child care provider or an individual employed by the child provider to swipe my TAS card for purposes of recording attendance.
13. I understand that my child care services are subject to termination if I do not use my Time and Attendance System (TAS) swipe card to record my child(ren) attendance at the child care provider.

I certify that I have read and/or had read to me all the statements on this form and I understand that I must comply with the agreements and/or certifications.

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**Parent Signature**

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**Date**

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**CMA Worker Signature**

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**Date**

## STATEMENT OF PARENTAL CHOICE

I, \_\_\_\_\_, hereby certify that I have made the choice of provider(s) to provide child care services for my child(ren).

I certify that parental choice has been explained to me and I understand I am free to choose any legally operating child care provider, including a licensed child care center, a licensed family or group day care home, a relative who resides outside of my home, or any other excepted from licensure child care setting, such as a YMCA.

I understand that I may change my chosen child care provider anytime by providing the Child Care Management Agency with written or verbal notice.

I understand that I have the right to have access to my child(ren) anytime upon my request to my child care provider, and if the provider fails to provide such access I should report this refusal to the Child Care Management Agency immediately.

I have discussed my child's care with this provider, and I understand that if my chosen provider charges additional rates and fees that I am solely responsible to the provider for the full amount of the additional charges, including, but not limited to, the following:

- Registration fees;
- Late pick-up fees;
- Any amount greater than the maximum amount of subsidy and my assigned parental fee; and,
- Any other mandatory or optional rates and fees.

I understand that these additional rates and fees are in addition to the parental fee I am required to pay as a condition of my child's eligibility for subsidy. I further understand that I am not required to select a provider that charges additional rates and fees and that I have made this choice of my own free will.

Parent Signature	Date	Case ID
CMA Worker Signature	Date	

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**ALTERNATE CARDHOLDER AUTHORIZATION**

Parent Name \_\_\_\_\_

Parent ID \_\_\_\_\_

**GENERAL INFORMATION**

The Alabama Electronic Payment System (EPS) is used to track attendance for a child participating in Alabama's Child Care Subsidy Program (Subsidy Program) for child care providers registered with the Subsidy Program. The system involves the use of a swipe card, by the parent. The parent or their designated alternate cardholder-document attendance by swiping their card through a point-of-service (POS) device at the child care facility.

Parents actively participating in the Subsidy Program can be issued two (2) swipe cards; one card for the parent and one for an alternate person. The alternate person (cardholder) can be a spouse or someone else who assists the parent in taking the child to and from the child care facility. **The alternate cardholder cannot be the child care provider or anyone who is employed by or acts on behalf of the child care provider.**

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**I. AUTHORIZATION OF ALTERNATE CARDHOLDER** \_\_\_\_\_ New \_\_\_\_\_ Change

Complete the information below to authorize issuance of a second card for an alternate person (cardholder) to assist in recording attendance for your child.

I wish to authorize the following person as an alternate cardholder.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Parent: \_\_\_\_\_

**I understand that the alternate cardholder is responsible for assisting in recording attendance for my child. I understand that I am responsible for all actions/swipes made by the alternate cardholder on my behalf. I certify that the alternate cardholder is not the child care provider, or anyone employed by, or acting on behalf, of the child care provider.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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**II. NO ALTERNATE CARDHOLDER**

I **choose not to have an alternate** card issued for my Subsidy Program case. I understand **no** alternate swipe card will be issued and **no** alternate cardholder will be designated for my case.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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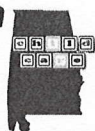
**III. WITHDRAWAL OF ALTERNATE CARDHOLDER**

I wish to **remove all prior** designated alternate cardholder information from my case. I understand that by signing this form the alternate cardholder's swipe card will be **inactivated**. Furthermore, I understand that I am **solely** responsible for tracking my child's attendance at the child care facility.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Alabama



# Alabama Time and Attendance System(TAS)

## Provider Frequently Asked Questions (FAQs)

### What is the Alabama TAS?

Alabama's TAS is a new way of reporting child care attendance that will reduce paperwork and improve accuracy for providers participating in the Child Care Subsidy Program. Cardholders (parents) must report their child's attendance by using a swipe card with the provider's card reading device called a Point of Service (POS) device.

### Who is the Cardholder?

The cardholder is the parent or individual responsible for the child. Cardholders are identified in the child care case at the time eligibility is determined. The cardholder (parent) may designate another individual to receive a card. They are called the alternate cardholder.

## POS Devices

### What is a point of service (POS) device?

A POS device is a card reading device used to record time and attendance of children. It looks and works just like a credit or debit card machine that you see at stores except instead of recording financial transactions the provider's POS records attendance transactions.

### Who receives a POS device?

Providers who are caring for at least one child receiving Child Care Subsidy Program funding publicly funded child care and have completed a provider agreement with our vendor, Affiliated Computer Services (ACS) will receive a POS device.

### How do I get a POS device?

You will receive a Provider Packet from ACS. The packet will include a cover letter, the Alabama TAS Provider Equipment Agreement form, a Banking Information Form, and a copy of the Equipment Installation Guidelines. This equipment agreement and the enclosed Banking Information Form must be signed and returned to ACS. ACS or its subcontractor Media Riders Incorporated (MRi) will contact you to schedule an on-site visit to install the POS device. You will receive training on how to use the

POS device at the time of installation.

### Do I have to use a POS device?

Yes. All providers participating in the Child Care Subsidy Program must use the POS device for subsidized children. ACS will only reimburse you pay for care that is recorded through the TAS system.

### I am designated by DHR as a "Relative Care Provider". Will I be given a POS device?

No you will not be given a POS device. You will continue reporting attendance using the Enrollment Attendance Verification (EAV) form, as you do now.

### How will the POS connect with the TAS System?

The POS must connect with the ACS Host System by the means of an analog telephone line or an internet connection. Please refer to the Equipment Installation Guidelines included in the Provider Package sent to you by ACS for further details.

### How many POS devices will I receive?

You will receive one (1) POS device at no cost to you for every 50 subsidized publicly funded children in your care.

### Do I have to pay for the POS device?

No. There is no cost for a standard installation and normal wear and tear. You will be asked to pay for the equipment ONLY if the equipment is destroyed, stolen or not returned to ACS when requested.

### Who do I call if I have a question about my device or need assistance?

For questions about your equipment, please call the TAS Provider Help Desk at 1-866-316-5450.

## Swipe Cards

### How does the swipe card work?

The cardholder (parent) and any alternate cardholder will receive a swipe card. When the cardholder drops off or picks up the child from care, they

will swipe their card through the POS device to record the time that the child was picked up or dropped off. These swipes are called "attendance transactions."

### What if there is more than one child in the family?

Each child is assigned a unique two-digit number (ex. 01, 02, and so on). Child numbers are can be written on on the card carrier that parents caretakers receive with their card, and on all regular notices sent by the CMA. county.

### Will the POS indicate whether the child is authorized?

Yes. Once the cardholder swipes their card, the POS device will display whether the attendance transaction for the child is approved or denied. This is also printed on the receipt and displayed on the Alabama Provider Web Portal.

### What if the cardholder is unable to report the child's attendance with the swipe card?

Cardholders or Alternate Cardholders can catch up on missing days by back swiping using the "Previous Check In", and "Previous Check Out" and "Absence" process on the POS device. These transactions are often called "backswipes". They have 10 calendar days to enter these attendance backswipes. (Current day, plus 9 days from day the transaction should have occurred.)

### Who is responsible for maintenance and replacement costs for the POS device?

ACS repairs or replaces malfunctioning equipment free of charge. In the case of replacement, the old device must be returned to ACS, and the provider is given a pre-paid shipping label to use for returning it. See the Provider Equipment Agreement for more details.

FOR MORE INFORMATION  
PLEASE GO TO:  
[WWW.DHR.ALABAMA.GOV](http://WWW.DHR.ALABAMA.GOV)



## Preguntas frecuentes de los padres/portadores de tarjetas

### ¿Qué es el sistema TAS de Alabama?

El sistema TAS de Alabama es una nueva manera de registrar la asistencia al cuidado del niño. Usted es responsable de registrar la asistencia de su hijo utilizando una tarjeta magnética (similar a una tarjeta de débito) y la lectora de tarjetas del proveedor de cuidado de su hijo que se denomina "dispositivo de punto de servicio" (POS).

### ¿Quién es el portador de la tarjeta?

El portador de la tarjeta es el padre o la persona responsable del niño. Los portadores de tarjetas se identifican en la carpeta de cuidado del niño en el momento de determinar si éste reúne los requisitos necesarios. El padre puede designar a otra persona para que reciba una tarjeta. Esta persona recibe el nombre de "portador de tarjeta alternativo".

### ¿Debo utilizar el sistema TAS de Alabama?

Sí. El Departamento de Recursos Humanos de Alabama le pagará a los proveedores únicamente por el cuidado que se registre a través del sistema TAS de Alabama. Si se rehúsa a pasar la tarjeta, su elegibilidad para recibir beneficios de cuidado del niño podrá ser cancelada y usted será responsable del pago de cualquier cuidado que se proporcione.

### ¿Puedo continuar eligiendo a cualquier proveedor para que cuide a mi hijo?

Sí. El proveedor debe haberse registrado en la Agencia de gestión del cuidado de niños (CMA), para que se le paguen los servicios provistos en nombre de las familias que reciben fondos del Programa de subsidio para el cuidado de niños. Si su proveedor no está registrado en la CMA y no participa del programa de subsidios, usted podría tener que hacerse responsable del pago de cualquier cuidado que le hayan brindado.

### ¿Puedo utilizar más de un proveedor?

Sí. Sin embargo, cada proveedor debe estar registrado en la Agencia para el manejo del cuidado de niños (CMA).

### ¿Cómo sabrá mi proveedor que cumplo los requisitos para recibir servicios de cuidado de niños?

Una vez que escoja un proveedor, éste recibirá las copias de las notificaciones de la aprobación y de cambios. Las notificaciones incluirán la cantidad de horas semanales que han sido aprobadas, la cantidad máxima de reembolso por el cuidado y el total de copago que le corresponde a usted. Si tiene un copago, debe pagarlo directamente a su proveedor.

### ¿Cómo funciona mi tarjeta magnética?

Usted registrará las veces que su hijo recibe cuidado utilizando una tarjeta magnética y el lector de tarjetas de su proveedor. Al pasar su tarjeta, se registra la fecha y la hora de llegada o partida de su hijo.

### ¿Cómo activo mi tarjeta magnética?

Una vez que haya recibido la tarjeta, comuníquese con la Línea de ayuda para portadores de tarjetas al 1-866-960-6629 y siga las indicaciones para escoger su Número de identificación personal (PIN) de 4 dígitos.

### ¿Qué ocurre si no puedo registrar la asistencia de mi hijo?

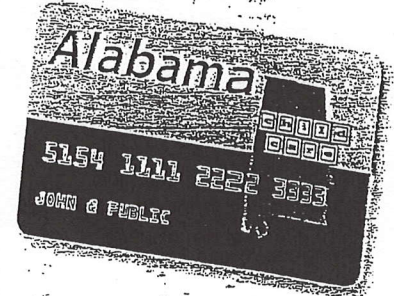
Puede registrar los días perdidos utilizando el proceso de "Entrada anterior", "Salida anterior" y "Ausencia" del lector de tarjetas magnéticas. Es importante recordar que usted sólo cuenta con 10 días calendario para realizar estos procedimientos.

### ¿Es posible que otra persona pueda dejar o recoger a mi hijo?

Sí. También puede designar a otra persona para que reciba una tarjeta que pueda utilizar para registrar la asistencia en su nombre. Sin embargo, usted es responsable de asegurarse de que se reporte con precisión la asistencia de su hijo.

### ¿Puedo entregarle mi tarjeta a mi proveedor para que haga el registro en mi nombre?

No. No puede entregarle su tarjeta al proveedor de cuidados de su hijo ni a



ninguna persona que actúe en nombre del proveedor. Si le entrega la tarjeta a un proveedor, estará infringiendo las políticas y las reglas del DHR. Esto podría provocar la cancelación de los beneficios de cuidado del niño y su proveedor podría ser eliminado del Programa de subsidios para el cuidado de niños.

### Si tengo niños con diferentes proveedores, ¿necesito más de una tarjeta?

No. La tarjeta funcionará en las instalaciones de cualquier proveedor a las cuales sus hijos estén autorizados a asistir.

### Si tengo más de un hijo, ¿necesito más de una tarjeta?

No. Puede registrar la asistencia de todos sus hijos con una sola tarjeta.

### ¿Qué debo hacer si olvido mi PIN, si daño o pierdo mi tarjeta?

Para resolver problemas con su tarjeta o su PIN, comuníquese con la Línea de ayuda para portadores de tarjetas al 1-866-960-6629. Este número de teléfono también está impreso en el anverso de su tarjeta.

### ¿Qué ocurre si recibo un mensaje de error en el lector de tarjetas?

Su proveedor recibirá una lista de mensajes de error y sus significados. Si el lector de tarjetas indica que su hijo no es elegible, comuníquese con el responsable del caso de su hijo en su CMA.

SI DESEA OBTENER MÁS  
INFORMACIÓN VISITE:  
[WWW.DHR.ALABAMA.GOV](http://WWW.DHR.ALABAMA.GOV)

# Alabama ECC

## Point of Service (POS) Quick Reference Guide for the Time and Attendance System (TAS)

This Quick Reference Guide provides instructions for PARENTS and their authorized cardholders on reporting child care attendance using the TAS Point of Service device (POS).

### Cardholder Functions

#### CHECK IN

POS Screen Display	Provider Action
SWIPE CARD to Begin	Swipe Card
Please ENTER PIN	Enter PIN on POS Press Enter
Attendance Type?	Press "1" for Check In
Enter Child 1# __	Enter TAS Child # Press Enter (See * NOTE)
	Wait for Authorization

#### CHECK OUT

POS Screen Display	Provider Action
SWIPE CARD to Begin	Swipe Card
Please ENTER PIN	Enter PIN on POS Press Enter
Attendance Type?	Press "2" for Check Out
Enter Child 1# __	Enter TAS Child # Press Enter (See * NOTE)
	Wait for Authorization

#### ABSENCE

POS Screen Display	Provider Action
SWIPE CARD to Begin	Swipe Card
Please ENTER PIN	Enter PIN on POS Press Enter
Attendance Type?	Press "5" for Absence
Date: MM/DD	Enter MM/DD (12/31) Press Enter
Enter Child 1# __	Enter TAS Child # Press Enter (See * NOTE)
	Wait for Authorization

#### PREVIOUS CHECK IN

POS Screen Display	Provider Action
SWIPE CARD to Begin	Swipe Card
Please ENTER PIN	Enter PIN on POS Press Enter
Attendance Type?	Press "3" for Prev Check In
Date: MM/DD	Enter MM/DD (12/31) Press Enter
Time: HH:MM (o8:00)	Enter HH/MM (o8:00) Press Enter
1-AM / 2-PM	Enter "1" for AM or "2" for PM
Enter Child 1# __	Enter TAS Child # Press Enter (See * NOTE)
	Wait for Authorization

#### PREVIOUS CHECK OUT

POS Screen Display	Provider Action
SWIPE CARD to Begin	Swipe Card
Please ENTER PIN	Enter PIN on POS Press Enter
Attendance Type?	Press "4" for Prev Check Out
Date: MM/DD	Enter MM/DD (12/31) Press Enter
Time: HH:MM (o8:00)	Enter HH/MM (o8:00) Press Enter
1-AM / 2-PM	Enter "1" for AM or "2" for PM
Enter Child 1# __	Enter TAS Child # Press Enter (See * NOTE)
	Wait for Authorization

State of Alabama  
Department of Human Resources  
Child Care Services Division  
Time and Attendance System

### Conduent Cardholder Call Center:

1.866.960.6629



### IMPORTANT REMINDERS

- \* You must use your TAS card to report all time and attendance each day.
- \* NOTE: If you are recording the same action for more than one child, enter in the next child # and press ENTER. When all children have been recorded, press ENTER again.
- \* If you lose your card, you must call the Xerox Cardholder Call Center for a replacement.
- \* Do not leave your swipe card with your provider.



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# Alabama ECC

## Point of Service (POS) Quick Reference Guide for the Time and Attendance System (TAS)

This Quick Reference Guide provides instructions outlines the most common PROVIDER actions on the Point of Service device. Below are instructions for child care providers on how to access reports, void parent errors, perform a case inquiry and send store and forward transactions

### Provider Functions

#### EXCEPTIONS REPORT

POS Screen Display	Provider Action
SWIPE CARD to Begin	Press F4 for Provider Options
User Pwd	Enter Password (ex: 123456)
Provider Options	Press "1" for Reports
Reports	Press "2" for Exceptions
Date: MM/DD	Enter MM/DD (12/31) Press Enter
Approved	Wait for Receipt to Print

#### DAILY ATTENDANCE REPORT

POS Screen Display	Provider Action
SWIPE CARD to Begin	Press F4 for Provider Options
User Pwd	Enter Password (ex: 123456)
Provider Options	Press "1" for Reports
Reports	Press "1" for Daily Attendance
Date: MM/DD	Enter MM/DD (12/31) Press Enter
Approved	Wait for Receipt to Print

#### VOID TRANSACTION

POS Screen Display	Provider Action
SWIPE CARD to Begin	Press F4 for Provider Options
User Pwd	Enter Password (ex: 123456)
Provider Options	Press "2" for Void Transaction
Enter Tran #	Key in up to 12-digit Transaction Number Press Enter
Printing Complete	Wait for Receipt to Print
Note: Transactions can be voided for up to 10 calendar days	

#### STORE AND FORWARD

POS Screen Display	Provider Action
SWIPE CARD to Begin	Press F4 for Provider Options
User Pwd	Enter Password (ex: 123456)
Provider Options	Press "3" for Send SAF's
Note: Stored transactions will transmit and clear the device when telephone or internet connectivity is restored.	

#### CASE INQUIRY

POS Screen Display	Provider Action
SWIPE CARD to Begin	Press F4 for Provider Options
User Pwd	Enter Password (ex: 123456)
Provider Options	Press "4" for Case Inquiry
Enter Case ID	Key in Case ID Number Press Enter
Approved	Wait for Receipt to Print

## ALTAS

Child Care Provider Help Desk:

1.866.316.5450

Provider Web Portal:

[www.alacctas.com](http://www.alacctas.com)



Contact your local Child Care Management Agency for questions regarding Eligibility and Payment Policies.



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05/2017

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## Complaint Procedure

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

**USDA IS AN EQUAL OPPORTUNITY EMPLOYER**



*It is recommended that your complaint be in writing. You must give all details regarding why the complaint is being made and the date on which the alleged discriminatory action took place. You must file the complaint within 180 days after such action occurred. Each complaint will be investigated promptly. You will be notified of the findings, and needed corrective action will be taken promptly. Your identity will not be disclosed except as necessary to carry out the complaint procedure.*



# HUMAN RESOURCES & CIVIL RIGHTS



All programs of the Department of Human Resources are administered in accordance with the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Age Discrimination in Employment Act of 1967, as amended; the Americans with Disabilities Act of 1990, as amended, and all other federal and state civil rights laws, as amended.

PREPARED BY THE CENTER FOR COMMUNICATIONS  
FOR THE  
OFFICE OF CIVIL RIGHTS AND EQUAL EMPLOYMENT  
OF THE

State of Alabama  
DEPARTMENT OF HUMAN RESOURCES

DHR Pamphlet Series 82-4  
Revised 1-15



# The Alabama Department of Human Resources

## The Civil Rights Act of 1964

The purpose of the Civil Rights Act of 1964 is to ensure that "no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program" covered by this act. The state abides by other federal and state civil rights laws that prohibit the same.

Please tell us about your communication needs. We provide **FREE interpreters or other communication assistance** for persons who are deaf or hard-of-hearing, visually impaired, or if you do not speak English.

**Contact: The Office of Civil Rights/Equal Employment by calling (334) 242-1550.**

## The Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990

These laws indicate that "No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity." Both Section 504 of the Rehabilitation Act of 1973 and the ADA American Disabilities Act of 1990 prohibit covered entities from discriminating against persons with

disabilities in the provision of benefits or services or the conduct of programs or activities on the basis of their disability. Section 504 applies to programs or activities that receive federal financial assistance. Title II of the ADA covers all of the services, programs and activities conducted by public entities (state and local governments, departments, agencies, etc.) including licensing.

If you have, **or are regarded as having**, a physical or mental condition, including a specific learning disability, that substantially limits one or more of the major life activities that you disclose to us, we may be able to make some reasonable accommodation for you if needed, so that you may fully participate in available programs and services.

## Our Pledge to You

The Alabama Department of Human Resources is complying with the law in the administration of all of its assistance and service programs and in its relationships with other state and federal agencies.

The department will not, directly or through contractual or other arrangements, because of race, color, national origin, handicapping condition, age, sex, religion or political beliefs:

- Deny any individual any service, financial aid or other benefit for which he is eligible
- Provide an individual with a service, financial aid or other benefit which is different, or is provided in a different manner, from that which is provided to others under its programs.

- Subject any individual to segregation or separate treatment in any matter related to receipt of service, financial aid, or other benefit.

- Restrict an individual in any way in the enjoyment of services, facilities, or any other advantage, privilege, or benefit provided to others under department programs.

- Treat an individual differently from others in determining eligibility requirements or other conditions which a person must meet in order to receive aid, care, service, or other benefits.

- Offer any person an opportunity different from that offered others in any program or service.

- Adopt methods of administration which would limit participation by any recipient or group of recipients or subject them to discrimination.

The department will only make referrals to, or contract for, services with those agencies, organizations, institutions, and contractors that do not practice discrimination because of race, color, national origin, handicapping disability, age, sex, political beliefs or religion.

The department will take whatever action is necessary and appropriate to eliminate discrimination by any agencies, organizations, institutions and contractors that furnish services for which it pays or that accept its referrals. The department will inform providers of service, and those accepting referrals, of civil rights requirements and will ascertain their compliance prior to payment or referral. The department will work with service providers and facilities to secure compliance and, when necessary, will eliminate the discrimination by substituting the use of other complying service providers and facilities.

## WHAT IS "Licensed" CHILD CARE?

Being licensed means that child care centers, family and group day care homes have been inspected to determine whether minimum standards are met as required by the State Department of Human Resources. Some facilities are also inspected by the State Department of Public Health and the State Fire Marshall's Office. All programs that require a license must have the license renewed every two years. The Department of Human Resources prescribes and enforces minimum standards for licensing approval.

**Copies of minimum standards used to license day care facilities may be obtained by contacting the State Department of Human Resources. Minimum standards for licensure include, but are not limited to:**

- Child/staff ratios based on ages of children and types of activities
- Safety requirements for facility and equipment
- Records on children and staff, including immunization and health records
- Minimum educational or training requirements for staff
- Nutritional requirements for children
- Transportation requirements
- Requirements for basic program operations
- Disciplinary procedures



## WHAT IS "Quality" CHILD CARE?

Quality child care involves attitudes and activities which promote social, emotional, intellectual and physical growth and well-being of every child. Other factors contribute to quality such as:

- Low child/staff ratios
- Trained staff
- Safe and healthy environment
- Developmentally appropriate activities and practices

- Age appropriate toys and equipment
- Loving, positive interaction between child and caregiver
- Parent involvement
- Licensing
- Program accreditation

## PARENT PARTICIPATION

It is the responsibility of parents to be actively involved in their child's day care. Partnerships should be developed with caregivers.

## WHO CAN HELP ME FIND CHILD CARE?

If you need help in locating licensed child care or need more information regarding child care, you may contact an area Child Care Resource and Referral Agency, your County Department of Human Resources, or the State Department of Human Resources, 50 Ripley Street, Montgomery, Alabama 36104, (334) 242-1425 or toll free at 1-866-528-1694.

You may also find information about child care on the Department of Human Resources web site at [www.dhr.alabama.gov](http://www.dhr.alabama.gov). Go to Services, then Child Care.

## WHAT ABOUT COMPLAINTS?

Serious complaints involving child care centers that cannot be satisfactorily resolved between the parent and the caregiver should be reported to the Office of Child Care Licensing Intake at (334) 242-1425 or toll free at 1-866-528-1694. Complaints involving day care/nighttime homes in Jefferson County should also be reported to this number.

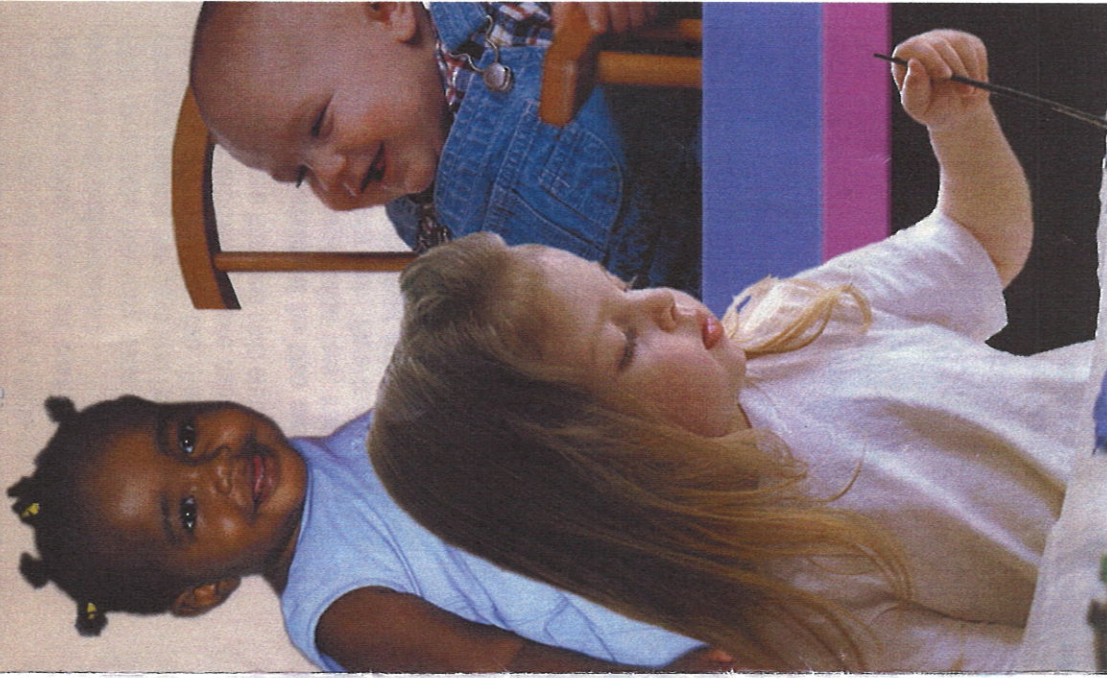
Complaints involving family and group day care/nighttime homes should be reported to your local County Department of Human Resources, in all counties except Jefferson.



All programs of the Department of Human Resources are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.

# Choosing CHILD CARE in Alabama

## A PARENT'S GUIDE



Choosing the right type of child care is often difficult. This brochure is designed to assist you in selecting child care arrangements to suit your family's situation as well as your child's needs. The checklist is a partial list of things you should find in a child care setting where quality is important.

## CONSIDER THE FOLLOWING WHEN CHOOSING CHILD CARE:

### When do I need child care?

Plan ahead and give yourself time to visit several child care programs before making a decision.

### What is the cost of care and the payment schedule?

Child care costs may vary, depending on the type of care you choose, the days and hours you need care and the area in which you live. Fees may be more for infants and toddlers. There may be discounts if a family has more than one child enrolled in care.

### What is included in the cost of care?

There may be registration fees, transportation fees, field trip and activity fees. Parents may or may not be required to furnish infant formula, baby food and diapers for infants or toddlers.

## WHAT ARE MY CHILD CARE CHOICES?

### Child Care Centers

Centers care for thirteen or more children and legally operate in one of two ways: licensed or exempt (*Church sponsored centers are exempt, but may choose to be licensed*).

### Family Day Care Homes

One caregiver cares for no more than six unrelated children in the caregiver's home and must be licensed.

### Group Day Care Homes

Two or more caregivers care for no more than twelve children and must be licensed.

In Alabama, child care programs which operate less than four hours a day are not regulated by the Department of Human Resources.

If you feel your family's income is low enough to qualify for financial child care assistance, contact your local Child Care Management Agency (CMA) for more information.



## WHAT SHOULD I LOOK FOR?


When visiting a day care facility, use the following checklist to help you decide whether it is a quality program which will suit the needs of your child and your family. After an initial visit by appointment, try to make an unannounced visit before enrolling your child.

Facilities Visited (Answer with yes or no)


#1 #2 #3

1. Does the facility have a visible current license, if required? \_\_\_\_\_
2. Are there enough caregivers to give proper attention to all children at all times? \_\_\_\_\_
3. Is the caregiver friendly and eager to care for children? \_\_\_\_\_
4. Does the facility have enough equipment for all children? \_\_\_\_\_
5. Does the facility provide a variety of activities to help children develop intellectually, emotionally, and socially? \_\_\_\_\_
6. Do the children in care seem happy and content? \_\_\_\_\_
7. Do the discipline and child rearing philosophies agree with yours? \_\_\_\_\_
8. Are there emergency procedures and routine fire drills? \_\_\_\_\_
9. Are nutritious meals and snacks served? \_\_\_\_\_
10. Are parents welcome to visit during hours of operation? \_\_\_\_\_
11. Are parents provided with written operating policies which include a payment schedule? \_\_\_\_\_
12. Are persons caring for children trained in child care and development? \_\_\_\_\_
13. Does the caregiver participate in ongoing child care and development training? \_\_\_\_\_
14. Does the caregiver/program furnish references? \_\_\_\_\_
15. Does the facility have a working telephone? \_\_\_\_\_
16. Is the facility clean, uncluttered, and free of hazards? \_\_\_\_\_
17. Does the facility have child-sized and/or adapted furniture and bath room facilities? \_\_\_\_\_
18. Does the facility operate during hours which will fit your work schedule? \_\_\_\_\_
19. Is parent participation/involvement part of the program? \_\_\_\_\_
20. Does the facility have a safe outdoor play area? \_\_\_\_\_







**Medicaid Program** - pays for medical and long term care services for low income pregnant women, children, certain people on Medicare, disabled individuals and nursing home residents who meet certain income and other requirements. Learn More: 1-800-362-1504  
[www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)



**Alabama Community Healthy Marriage Initiative** - provides access to healthy relationships/ marriage resources for youth, non-married parents, premarital couples, stepfamilies and married couples so as to promote family stability. Learn More: 1-888-4TOGETHER  
[www.alabamamarriage.org](http://www.alabamamarriage.org)  
[marriageandfamily@auburn.edu](mailto:marriageandfamily@auburn.edu)



**Alabama Department of Child Abuse and Neglect Prevention/The Children's Trust Fund** - provides funding for programs throughout the State in order to prevent child abuse and neglect as well as to promote healthy marriage and fatherhood. Learn More: 334-242-5710  
[www.ctf.alabama.gov](http://www.ctf.alabama.gov)



**Alabama Department of Rehabilitation Services** - provides a continuum of services to enable children and adults with disabilities to achieve their maximum potential. Learn More: 1-800-441-7607  
[www.rehab.alabama.gov](http://www.rehab.alabama.gov)



**Camellia Health and Human Services Website** - provides information about other programs and services available in Alabama. Learn More: [www.camellia.alabama.gov](http://www.camellia.alabama.gov)

**DHR PAMPHLET SERIES 09-3**



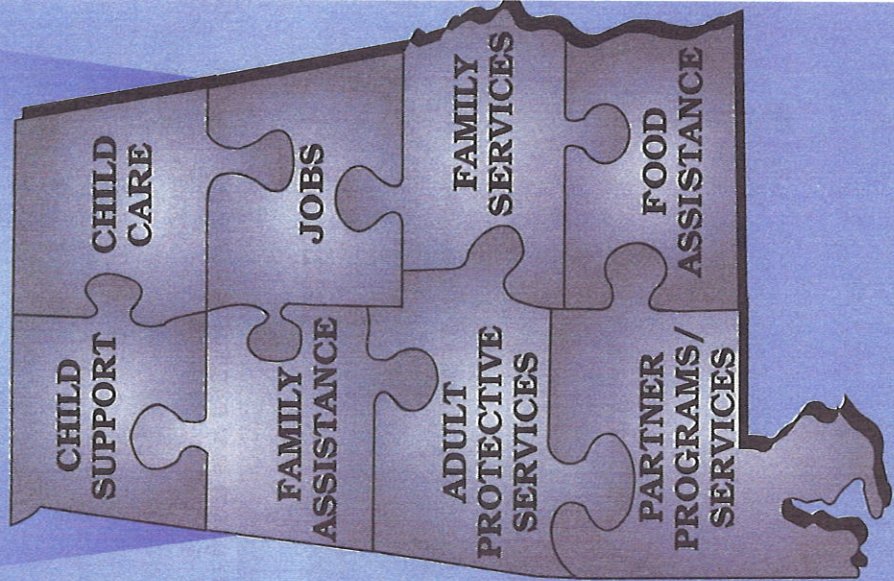
All programs of the Department of Human Resources are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.

**Alabama**

**DEPARTMENT OF HUMAN RESOURCES**

**Putting It Together**

**FOR THOSE WHO NEED US**



# OUR MISSION, VISION AND VALUES

## – Our Mission –

To provide for the protection, well-being, and self-sufficiency of children and adults.

## – Our Vision –

Helping change lives for the better by providing the premier social welfare programs in the southeastern United States.

## – Our Values –

### ► Integrity

We are dedicated to act in a manner that merits the trust of our clients, stakeholders, and fellow employees.

### ► Respect

We believe every individual has worth and potential and is deserving of being treated with dignity.

### ► Commitment

We are dedicated to providing the highest quality services and support to our clients.

### ► Accountability

We are responsible for the policies, standards, and decisions that frame our service to our clients.

## HOW TO CONTACT US



DHR's Website: [WWW.DHR.ALABAMA.GOV](http://WWW.DHR.ALABAMA.GOV)

Click on Services; Click the Selected Program



DHR's Location: State Office: 50 Ripley Street  
Montgomery, AL 36104

67 County Offices: Check DHR's website or your local telephone directory for the office serving your area.

**Program Access Assistance:** For persons who are deaf or hard of hearing or for persons in need of language assistance when contacting DHR, interpreter services are available.

# HOW WE CAN HELP



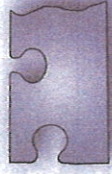
## FAMILY ASSISTANCE

Provides temporary cash assistance to low-income families with children who are under 18 or who are under 19 if in school.

**Important Numbers:**

*County Departments of Human Resources - see HOW TO CONTACT US section on opposite page.*

*EBT Customer Service - 1-800-997-8888*



## FOOD ASSISTANCE

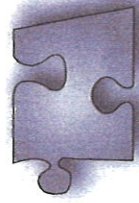
Provides assistance to supplement the food budgets of low-income individuals and families.

**Important Numbers:**

*Information Hotline - 1-800-382-0499*

*EBT Customer Service - 1-800-997-8888*

*Alabama Elderly (60 or older) Simplified Application Project - 1-800-438-2958*

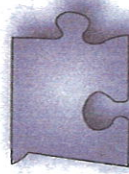


## JOBS

Provides job training, child care, and support services to Family Assistance recipients (and certain former recipients) to assist in moving from welfare to work.

**Important Numbers:**

*County Departments of Human Resources - see HOW TO CONTACT US section on opposite page.*



## CHILD SUPPORT

Provides services to custodial and non-custodial parents to assist in location of parents, establishment of paternity, obtaining orders for support and medical coverage, enforcement of orders, collection and distribution of support payments.

**Important Number:**

*Automated Voice Response - 1-800-284-4347*

*Online Payment Inquiry -*

*<https://www.dhr.alabama.gov/opi/login.asp>*

## There's More

### ADULT PROTECTIVE SERVICES

Provides protective services for elderly and disabled adults who are at risk of abuse, neglect, or of being exploited or institutionalized.

#### Important Numbers:

**Adult Abuse Hotline - 1-800-458-7214 or contact your County Department of Human Resources.**

### FAMILY SERVICES

Provides protective services for children, which includes adoption services.

#### Important Numbers:

- ▶ **Adoption and Foster Care Inquiry - 1-866-425-5437**
- ▶ **Alabama Pre/Post Adoptive Services - 1-866-803-2722**
- ▶ **Foster and Adoptive Parent Association - 1-888-545-2372**
- ▶ **To Report Child Abuse and Neglect - contact your County Department of Human Resources or in emergencies, call 911.**

### CHILD CARE SERVICES

Provides child care assistance for children from low-income families; licenses child care providers.

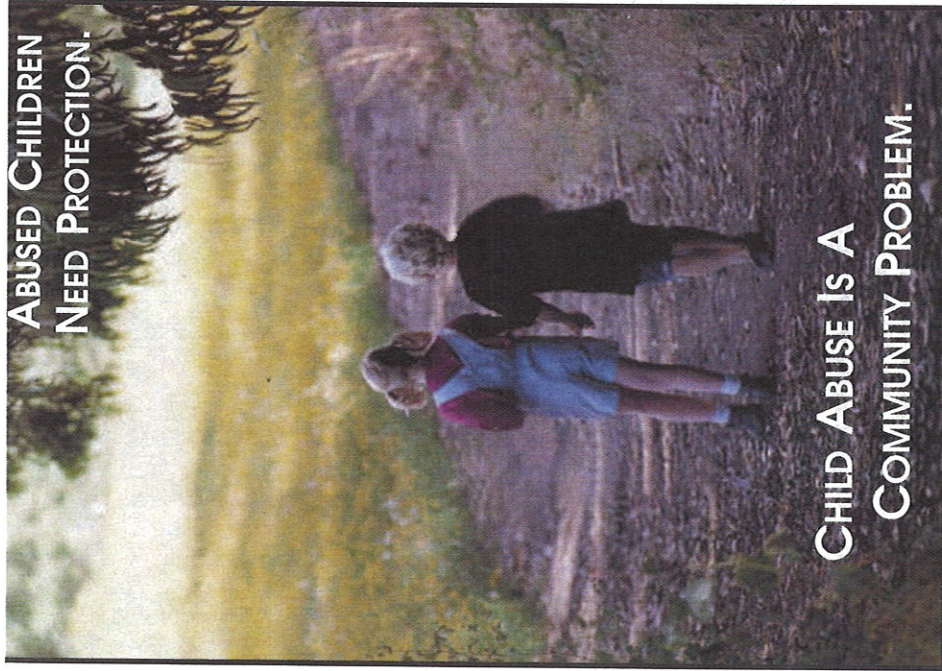
**Important Numbers: For child care assistance - go to DHR's website; for licensing information - 1-866-528-1694**

### SOME OF OUR PARTNER PROGRAMS/SERVICES

**Alabama Campaign to Prevent Teen Pregnancy** - provides statewide leadership on the issue of teen pregnancy prevention. Learn More: 334-265-8004; [www.acptp.org](http://www.acptp.org)

**Alabama Coalition to Prevent Domestic Violence** - provides shelter, support and advocacy to battered women and their children through a statewide network of community based programs. Learn More: **Alabama Hotline - 1-800-650-6522; National Hotline - 1-800-799-7233 or TTY for the Deaf - 1-800-787-3224; [www.acadv.org](http://www.acadv.org)**

**Children's Health Insurance (ALL Kids)** - provides children/teens with low cost healthcare coverage. Learn More: 1-888-373-5437; [www.adnh.org/allkids](http://www.adnh.org/allkids)



**ABUSED CHILDREN  
NEED PROTECTION.**

**CHILD ABUSE IS A  
COMMUNITY PROBLEM.**

Prepared by the  
Center for Communications  
for the  
Family Services Division  
Office of Protective Services  
Alabama  
Department of Human Resources  
[www.dhr.alabama.gov](http://www.dhr.alabama.gov)

All programs of the Department of Human Resources are administered in accordance with the Civil Rights Act of 1964 and the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal and state civil rights laws.

DHR Pamphlet Series 76-2  
Revised 7-08



# **CHILD ABUSE HURTS!**

**REPORT CHILD ABUSE AND NEGLECT**  
*to your County*  
**DEPARTMENT OF HUMAN RESOURCES**



## **CHILD ABUSE HURTS:**

### **Report it Promptly**

The number of children reported as abused or neglected has increased in Alabama. Your help is needed to ensure that these children receive adequate protection and services.

This pamphlet is designed to inform you of your responsibilities as a public-spirited citizen to report suspected instances of abuse or neglect, and to assure you of full protection from legal action by the person you report.

Alabama law is clear on reporting abuse and neglect of children under the age of 18. If you are someone who comes in regular contact with children—a physician, a teacher, social worker, nurse, or day care worker, for example—you should be aware of your legal obligation to report incidents of suspected or obvious child abuse or neglect. If you are a concerned citizen, neighbor, friend or family member who is aware of such incidents, you should make a report to those who can take action.

The following questions and answers should help you to become aware of what constitutes child abuse or neglect, and what you should do about situations you encounter.

## **WHAT IS CHILD ABUSE?**

Under Alabama law, it is "harm or threatened harm to a child's health or welfare which can occur through nonaccidental physical or mental injury; sexual abuse or attempted sexual abuse; sexual exploitation or attempted sexual exploitation."

## **WHAT IS CHILD NEGLECT?**

Under Alabama law, it is "negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, clothing, or shelter; provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services be provided to the child, where his health requires it."

## **MUST I REPORT SUSPECTED CHILD ABUSE AND/ OR NEGLECT?**

Some people are required, by law, to report suspected abuse or neglect, but anyone is encouraged to make a report if he or she suspects a child is being abused or neglected. Those required, by law, to report include doctors, surgeons,



medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals, and clergy. Also required to report are persons called upon to render aid or medical assistance to any child when the child is known or suspected to be a victim of abuse or neglect.

## **HOW CAN I BE CERTAIN THAT A CHILD HAS BEEN ABUSED OR NEGLECTED?**

Certainty is not required. In most instances, the only way you could be absolutely certain that a child had been abused or neglected would be if the parent or other person admitted it. All that is required is a reasonable suspicion that a child is a victim of abuse or neglect.

After investigating the report, the department determines whether abuse and/or neglect occurred.

## **TO WHOM MUST I REPORT?**

You should make your report to your chief of police or sheriff or to the Department of Human Resources. When a report is made to a law enforcement official, he must inform the department so that protective services to the child or children involved may be provided.

## **WHEN MUST I REPORT?**

If you are among those persons required to report child abuse and neglect and you learn of a child whose condition or injuries are not reasonably explainable as accidental, or if you are called on to treat such injuries, you must report immediately by telephone or in person. The law also requires you to follow your oral report with a written one. The Department of Human Resources has a form for your written report.



**CHILD ABUSE CAN OCCUR IN WEALTHY, MIDDLE-CLASS AND LOW-INCOME HOMES.**

## WHAT MUST I REPORT?

Both oral and written reports should include the name of the child, his whereabouts, the names and addresses of the parents or guardian and a description of the child's condition.

**DON'T DELAY REPORTING IF YOU DON'T HAVE ALL OF THIS INFORMATION, AS IT CAN BE OBTAINED LATER.**

## HOW AM I PROTECTED?

All persons reporting suspected abuse or neglect (whether required by law to report or not) are by law, immune from legal action, civil or criminal, that might otherwise be taken. Thus, you have protection in the event a parent or someone else should seek to initiate action against you.

## WILL I HAVE TO TESTIFY IN COURT?

That depends on the nature and severity of the case, whether court action is initiated to remove the child from the home, and whether the alleged party is prosecuted on a criminal charge.

**THE LAW IS SPECIFIC:** *"the doctrine of privileged communication shall not be a ground for excluding any evidence regarding a child's injuries or the cause thereof."*

## WHAT HAPPENS TO THE CHILD?

Generally, Alabama law requires the Department of Human Resources "to seek out, through investigation, complaints from citizens, or other-wise, the minor children.....in need of its care and protection and.....aid such children to a fair opportunity in life."

The department works closely with the child and the parents or caretaker through direct counseling or referral to appropriate helping professionals or agencies. The purpose of providing these services is to keep the family unit together, if possible.

If removal of the child from his home is necessary, the department will petition the court for custody and make plans for substitute care of the child.

The department will continue to work with the child and seek to work with the parents to prepare them for the time when the child may be returned to their home or receive continued care elsewhere.



# NEED HELP?

CONTACT 2-1-1

*Your link to community resources*

**CALL** Dial 2-1-1 or 888-421-1266

**TEXT** Text your zip code to 898-211

**CHAT** Visit [211connectsalabama.org](http://211connectsalabama.org)

Child & Family Services • Food Assistance  
• Utilities & Housing Services • Education & Training Services • Health & Mental Health Services • Disaster Relief & Recovery



Where can I volunteer?

Where do I go during a disaster?

What senior services are available in my area?

Are there child care programs in my area?

Where can I get help with food for my family?

How do I get connected to services for veterans?

Where can I find affordable housing?

How do I receive help with health care and prescriptions?

## FIND HELP LOCALLY

**2-1-1 links the caller to:**

- **Basic Human Needs:** food, clothing, shelter, and other basic needs
- **Physical & Mental Health:** health insurance programs, Medicaid and Medicare, intervention services, support groups, counseling, drug and alcohol intervention, victim services, and rehabilitation
- **Employment Support:** Earned Income Tax Credit (EITC), financial assistance, job training, transportation assistance, education programs, and foreclosure prevention services
- **Support for Senior Citizens:** adult day care, respite care, home health care, transportation, specialized services for individuals of all ages with disabilities, employment assistance
- **Support for Children, Youth, & Families:** child care, after-school programs, family resource centers, mentoring, tutoring, and protective services

## GET HELP DURING A CRISIS

**During a disaster such as a hurricane or tornado, a 2-1-1 Contact Specialist links the caller to:**

- Emergency Shelters
- Food Distribution Centers
- State and Federal Assistance
- Volunteer Opportunities
- Grief Counseling
- Clean-up Crews
- Potable water, ice, food
- Emergency Financial Assistance

## GIVE HELP

**Get linked with a local nonprofit that could benefit from your time and talents.**

## ONLINE SERVICES

**Visit [www.211connectsalabama.org](http://www.211connectsalabama.org) to do online searches or "chat" with one of our Contact Specialists.**

**TEXT YOUR ZIP CODE TO 898-211**