

# **Great Start Compensation Support Payment Program**

# **Use of Funds Report for Licensed Family Child Care Providers**

# **Background**

Every child care provider who has received Great Start Compensation Payments must complete a yearly Use of Funds Report.

This report will help the State of Minnesota and child care providers learn about the impacts of the payments and how the Great Start Compensation Support Payment Program's requirements are being met. Your responses help provide valuable feedback about the program and your voice is important.

As a reminder, by accepting these payments, you agreed to:

- Use the funds within six months of receipt of each payment.
- Use the funds on allowable uses as outlined by the program's requirements.
- Keep accurate and legible records of your program's use of funds.
- Keep accurate and legible records of enrollment and daily child attendance which must include the date, the first and last name of each child in attendance, and the time each child is dropped off at and picked up from the program.
- Complete and submit this Use of Funds Report.

You must complete and submit this Use of Funds Report by [due date].

## **Provider Information**

(The information below will be automatically filled in)

License or Certification #:

Provider type: Licensed Family Child Care Provider (State/County)/Tribally Licensed Family Child Care Provider Name of program:

Services provided at:

Name of Representative:

# **Payments Received**

The State of Minnesota's records indicate your program has received the following payments during this reporting period.

The fields below will all be automatically filled in, based on what month you began receiving payments.

# Payments Received in this Reporting Period\*

Application Month	Payment Amount*	Payment Issued Date
October 2023		
November 2023		
December 2023		
January 2024		
February 2024		
March 2024		
April 2024		
May 2024		
June 2024		
July 2024		
August 2024		
September 2024		
Total Yearly Amount		

<sup>\*</sup>If the data in this table doesn't match your records, please contact Great Start Compensation Support at <a href="mailto:supportfunds@Childcareawaremn.org">supportfunds@Childcareawaremn.org</a>.

## **Great Start Compensation Payment Uses**

Below indicate how much of the Great Start Compensation funds you have spent in the following categories to date.

- Enter the dollar amount you spent in each category during this reporting period.
- Enter zero (0) for categories you did not use.
- Each box must be filled with either a dollar amount or zero (0)

Total funds received in this reporting period: (this field will already be filled in)

Reporting period: [mm/year - mm/year]

Example: 10/2023 - 09/2024

Allowable Payment Uses	Dollars	
Total Payments You Received:	\$ [this field will	
	already be filled	
	in]	
Paying personnel costs, such as payroll, salaries, or similar compensation;	\$ xx,xxx	
employee benefits; premium pay; or financial incentives for recruitment		
and retention for an employee, a sole proprietor, or an independent		
contractor		
NOTE: This includes using the money as compensation for yourself (i.e.		
putting it in your bank, cashing the check)		
Paying rent, including rent under a lease agreement, or making payments	\$ xx,xxx	
on any mortgage obligation, utilities, facility maintenance or		
improvements, property taxes, or insurance		
Purchasing or updating equipment, supplies, goods, or services	\$ xx,xxx	
Providing mental health supports for children	\$ xx,xxx	
Purchasing training or other professional development	\$ xx,xxx	
Funds repaid/returned to the State of Minnesota	\$ xx,xxx	
Total funds used (this field needs to match the Total Payments You	\$ xx,xxx	
Received line)		

If the "total funds used" field does not match the "total payments you received" field, you may be out of compliance with Great Start Compensation requirements and you may be audited or asked to provide further information.

# **Your Experience with the Great Start Compensation Payment Program**

How much do you agree or disagree with the following statements about the Great Start Compensation Support Payment Program?

Statement	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
The Great Start Compensation program has helped with keeping my child care program open and operating.					
The Great Start Compensation program makes me feel my program's contributions to the community are recognized and valued.					
Overall, I am satisfied with the experience of participating in the Great Start Compensation program.					
The application for Great Start Compensation Payments is easy to complete.					
I understand the requirements of the program.					
I know where to look to find information about the program.					
When I have questions about the program, I can get support quickly.					
This Use of Funds Report was easy to complete.					

On average, how long did it take you to complete a Great Start Compensation application?

- 15 minutes or less
- 16 to 30 minutes
- 31 minutes to 1 hour
- More than 1 hour but less than 3 hours
- Three hours or more

Where do you typically get information about opportunities for your program, such as the Great Start Compensation program? Select all that apply.

- From my licensor
- From State of Minnesota email newsletters or other email communication
- From State of Minnesota websites
- Through organizations that support the child care industry, such as Child Care Aware, First Children's Finance, or my local Initiative Foundation
- Through word of mouth with other providers in my community
- Through a professional organization or child care association
- On social media
- Another way (please describe):

If your program experienced closures during this reporting period, what factors contributed to those closures?

- Planned temporary closures for vacations or holidays
- Planned seasonal closures, like closing for the summer
- Closure due to provider/staff illness
- Closure due to public health guidance
- Closure due to lack of qualified staff
- Closure to care for a family member
- Other reason
- No closures during this Reporting Period

How long do you expect your program to remain open?

- Less than 2 years
- 3-10 years
- Longer than 10 years
- Not sure

Do you currently use a Child Care Management System (CCMS) to document child enrollment and attendance information? If yes, which CCMS are you using?

- Brightwheel
- Procare
- Daily Connect
- Parachute (KidKare)
- Eleyo
- Arux
- Lillio (formerly HiMama)
- ChildPlus
- Wonderschool
- Other (please share)
- My program is not currently using a CCMS to collect Enrollment & Attendance information.

Is there anything else you would like to share about the Great Start Compensation Support Payment Program?

### **Attestation**

When accepting Great Start Compensation Support Payments, [Program Name] [License ID] hereafter referred to as "my program" attested and agreed to the following requirements:

My program agrees to use these funds for one or more of the following purposes:

- Paying personnel costs, such as payroll, salaries, or similar compensation; employee benefits; premium pay; or financial incentives for recruitment and retention for an employee, a sole proprietor, or an independent contractor.
- Paying rent, including rent under a lease agreement, or making payments on any mortgage obligation, utilities, facility maintenance or improvements, property taxes, or insurance.
- Purchasing or updating equipment, supplies, goods, or services.
- Providing mental health supports for children.
- Purchasing training or other professional development.

#### My program agrees to:

- Expend money received under this section **no later than six months** after the date the payment was received.
- Keep accurate and legible records of the following:
  - Use of funds received.
  - Early childhood educator employment, compensation, and benefits, which must include time sheets or other records of daily hours worked; documentation of compensation and benefits; documentation of written changes to employees' rate or rates of pay and basis thereof as a result of payments received under this section, as required under section 181.032, paragraphs (d) to (f); and any other records required to be maintained under section 177.30.

This applies to licensed child care centers, certified child care centers, and Tribally licensed child care centers. It also applies to family and group family child care homes only if the funds are used for employee compensation or benefits.

Share information with the State of Minnesota about how the funds awarded were used.

#### My program agrees **NOT** to:

• Use these funds for items that have already been paid for by other federal, state, Tribal Nation and/or local public funding.

### Agreement

You must complete and submit this Use of Funds Report by [time] [date]. If you fail to submit this Use of Funds Report by this deadline, you will be ineligible to apply for Great Start Compensation funds until this report is submitted.

If there is indication that you have failed to meet requirements associated with the Great Start Compensation Support Payments, you will receive written notice and be provided an opportunity to clarify and/or correct any non-compliance. Failure to make the required corrections, or providing false or misleading information to the Minnesota Department of Children, Youth, and Families with regard to the funding requirements, may result in discontinuation of future installment payments, recovery of installment payments already made, and/or referral to the Minnesota Department of Human Services Office of Inspector General for additional action related to the funds, which may affect your status as a Child Care Assistance Program provider, and your license, certification, or registration under Minnesota Statutes, chapters 119B, 245A, 245E, 245H, and your ability to receive public funds under Minnesota Statutes, section 245.095.

If you have a debt owed to the state as defined in Minn. Stat. § 16D.02, your GSCSP payment may be subject to offset by the Department of Revenue. You are still required to comply with program requirements, even if your payment is offset to satisfy your debt to the state.

## **Data Sharing**

I understand that by signing this agreement, I am allowing the State of Minnesota to share information with contracted agencies and other state agency partners for the following purposes, to:

- Analyze data on use of funds.
- Analyze the effectiveness of the process of administering the Great Start Compensation Support Payment Program.
- Assess provider compliance with program requirements and investigate potential non-compliance.
- Develop policy initiatives to support the child care industry.
- Inform program evaluation and continuous quality improvement efforts.

I understand that the information I submit for this Use of Funds Report may be considered public, unless it could potentially identify children in my program or if is considered private data on an individual, such as a phone number, email address, social security number, or other data classified as private under the Minnesota Government Data Practices Act, or if the information is considered private under Minnesota Statutes, section 119B.02, subdivision 6.

# Signature

By typing my name in the "Enter Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that I have verified that the information provided above is true and accurate. I understand that if I knowingly submit false or fraudulent information in this Use of Funds Report, including in this attestation, my program will no longer be eligible for future funds and may be subject to criminal and civil penalties, including but not limited to repayment of funds previously received. Finally, I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature (Minnesota Statutes, sec. 325L.07 and 325L.18).

Enter electronic signature: