

ECCAP Provider Portal User Guide

User Guide for Employers, Employees, and Providers



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Employers

Employers participating in the Employee Child Care Assistance Partnership (ECCAP) submit Contracts and receive documentation via the KICCS Provider Portal. Employers start the application process by creating a Contract, followed by the employee and provider submitting the applicable sections.

Pre-Requisites

A Kentucky Online Gateway (KOG) account is required for accessing the KICCS Provider Portal. See the KICCS Portal User Guide for instructions to create an account and request roles if you have not completed this step. Division of Child Care (DCC) will create an Employer/Business record for the business participating in the Contract. This Employer/Business will be associated with the employer's KOG account as part of the account approval process.

The employee must also have an approved KOG account before an ECCAP Contract can be initiated. The employer and employee should each log into their KOG account and confirm access to the Provider Portal. The employee's KOG email address is needed when creating the Contract.

Home screen

The Provider Portal Home screen includes a navigation menu on the left with access to the ECCAP My Contracts screen. Messages display in the main portion of the screen followed by a workbasket at the bottom.

lome	Home							
CCAP	Billing forms are not yet available for processing.							
ontracts	 Should you have any questions regarding this message or any other issues, please contact the KICCS HelpDesk by email at <u>CHFS.KICCSHelpdesk@ky.gov</u> or by phone: (502) 564-0104, option 6 (Frankfort area local calls) (866) 231-0003, option 6 (toll free) 							
	Best Regards, The KICCS Team							
	Beginning December 1, 2022, CCAP payments will be paid based on Enrollment not Attendance. Children who attend a childcare facility in November will be paid prefilled on the Provider Billing Form (PBF).	d based on the enrollment on the CCAP certificate that is						
	All providers, Licensed, Certified and Registered, will submit the PBF blank, unless the prefilled codes do not accurately reflect the child's schedule and an exception needs the "Flex Schedules" and "ITCS Centers" sections.	to be made. Exclusions to this rule are listed below in						
	Exceptions/Care Schedules An exception is a change to the preprinted schedule on the PBF. Exception codes will be used if the prefilled schedule is different than the child's actual schedule. 							
	o For example, the prefilled schedule is a 1 but the child's actual schedule is part day. The provider will enter a 2 in the Provider Exception box.	Informational messages dis	splay					
	 Exception codes that will be used while paying based on enrollment are: o 1 == Full Day 	on the Home screen. Man	y of					
	o 2= Part Day o 33=Holiday Code	these are instructions for c	hild-					
	o SS=No payment requested (to follow 60/65, if center is closed other than one of the 10 holidays allowed, or if care schedule is incorrect for child's needs) o 60 = Last Day Attended o 65 = Last Day Attended, Non-Payable Day	care providers.						
	Enrollment ending codes 60 (child's last day/payment is requested) and 65 (no payment requested) require a code 55 to be filled in all boxes after the 6	0 or 65 to prevent overpayment.						
	If a child's care schedule is incorrect on the certificate, it will be incorrect on the PBF. Parents should be advised to contact the DCBS Family Support office to have inc When receiving a new certificate for signatures, do not sign and return the certificate if the care schedule is incorrect as the billing process will be incorrect.	correct care schedules corrected.						
	Flex Schedules All flex schedule enrollments will need to be coded according to the child's actual attendance using codes 1 and 2. If a Flex schedule PBF is left blank then a payment will r	not occur.						
	School Age Enrollments School age children should be on a regular school schedule (part days when school is open and full day when school is closed) unless they attend 5 or more hours per day	or attend during non-traditional hours.						
	ITCS Centers Infant/Toddler Contract Slot participants will need to use the special 700 codes when submitting the PBF to ensure correct payments. The 700 codes will only need to be u	sed for those children/slots enrolled in the ITCS program.						
	Important Copay Information							
	Previously, the Division of Child Care had stated they would stop paying the parent copayments effective January 1, 2023. We're happy to announce that the decision has through 2023. Families are still responsible for any overages assessed by the provider.	been made to continue covering the assessed copayment						
	If you have further questions, please contact: CCAPProviderPayments@ky.gov.							
	Due to the COVID-19 outbreak, our employees are working remotely and phone coverage is limited. For technical assistance please email the KICCS Helpdesk at CHFS.KIC	CCSHelpdesk@ky.gov.						
	Assigned Providers							
	No Information Found							
	Workbasket							
	Filter By: Select One							
	Select One PendingReturned DCC-600 Employer	Copyright © 2009 Commonwealth of Kentuck						

My Contracts

Click My Contracts in the left navigation menu to view existing Contracts or create a new Contract. Contracts may be filtered by Contract/Fiscal Year or by selecting All. Click View to display existing Contracts.



Home ECCAP Contracts	
ECCAP	Contract Year : All 🗸 View Add New Contract
My	All
Contracts	2023
	2024
Site Map Privacy Disclaimer Individuals with Disabilities	2025

The ECCAP Contracts grid displays all Contracts associated with the Employer/Business attached to the employer account.

ECCAP Contra	cts							×
		Contract Year	All View Add New Contract					
Contract No.	Employer Name	Employee Name	Provider Information	Effective Date	Expiration Date	<u>Status</u>	Status Date	
10098	Steph C Job	Steph EE28	Cissell STARS III - L370844	3/12/2024	6/30/2024	Approved	3/12/2024	Correspondence

Click the Contract No. to view the Contract History Details grid or click the Correspondence link to view the Contract Correspondence Details grid.

The Contract History Details grid displays with additional details of the selected Contract. Click the Version link to view the selected Contract or click the DCC-600 link to view the Contract in PDF format.

Contra	act History Details							
Versions	Status Status Date	e Employer Section Status	Employer Section Status Date	Employee Section Status	Employee Section Status Date	Provider Section Status	Provider Section Status Date	
<u>Initial</u>	Approved 3/12/2024	Approved	3/12/2024	Approved	3/12/2024	Approved	3/12/2024	DCC-600
						The link is disab Pending, Submi	led if the Contract is tted, or Returned sta	in tus.

The Contract Correspondence Details grid displays with all notices related to the selected Contract. Click the DCC-605 link to view the notice.

Contract Correspondence Details			
<u>Sent Date</u>	<u>c</u>	Contract Status	
3/22/2024	Approved		DCC-605

Workbasket

Pending or Returned Contracts can be accessed via the My Contracts page (as described above) or the Pending/Returned DCC-600 Employer workbasket. The Workbasket is located at the bottom of the Home page. Select the Pending/Returned DCC-600 Employer workbasket filter to view Contracts associated with your Employer/Business when the Employer Section is in Pending or Returned status. Click the Contract No. link to open the Contract.

Workbasket							
	Filter By: Pending/Returned DCC-600 Employer 🗸						
Contract No.	Employer Name	Employee Name	<u>Status</u>	<u>Status Date</u>			
10106	Steph C Job	Steph EE22	Pending	3/13/2024			

Creating a Contract

Click the Add New Contract button on the My Contracts page to create a new Contract.

Home	ECCAP Contracts		
ECCAP		Contract Year : All 🗸 🚺	iew Add New Contract
Му		All	
Contracts		2023	
		2024	
Site Ma) Privacy Disclaimer Individuals with Disabilities	2025	

The DCC-600 Contract Summary panel displays. These fields will populate as the Contract is completed.



The Choose Fiscal Year dropdown will always include the current state fiscal year. The dropdown will include the current and the next fiscal year between April 2 and June 30 of each year.

DCC-600 Contract Summary			<i>~</i>
Contract ID:		Fiscal Year:	
Status:		Status Date:	
Effective Date:		Expiration Date:	
Employer:			
Employee:			
Provider(s):			
- Add New Contract			
Choose Fiscal Year	Select One	Employer Name: Select One 🗸	
	Select One Start Contract Cancel		
	2024 (07/01/2023-06/30/2024)		
	2025 (07/01/2024-06/30/2025)		

A warning message displays if the next fiscal year is selected. Change the selection to the current fiscal year if you want the start date of the Contract to be the date the Contract is submitted. Continue with the selection if you want the Contract to begin on July 1.

	ase apply for the current fiscal year, if applicable, before applying for the next state fiscal year.
Effective Date:	Further Data
Effective Date:	Expiration Date:
Employer:	
Employee:	
Provider(s):	
Add New Contract	
Choose Fiscal Year: 2025 (07/01/	4-06/30/2025) V Employer Name: Select One V
	Start Contract Cancel

Select the Employer Name associated with your account. Contact DCC if the Employer Name dropdown does not include your business. Click the Start Contract button.

Add New Contract	
Choose Fiscal Year: 2024 (07/01/2023-06/30/2024) 🗸	Employer Name: Select One 💌
Start Contract Cancel	Select One

The DCC-600, Employer Section displays.

Section I. To be completed only by the employer			×		
Employee Details					
*First Name:	*Last Name:	Mid	ddle Name:		
*Is this person currently employed by you?	es O No	Employee title:			
*Employee email address:					
*Date hired:	*Date first paid:				
*Does your employee have any ownership in the business?	es O No				
*Employee's share of taxes deducted from gross wages?	es 🔿 No				
*Gross monthly income:					
*Has the employee been employed for two or more months?	es 🔿 No				
If yes, list the wages that have been paid during the previous two months or up	load two months of paystubs. For self-employed	individuals, please upload the most recent tax	return or recent business records.		
	employee	, prose oprove the most recent tax			
Employee Wage Details					
	Add Wage Info				
Employee Document Upload Details					
Choose File No file chosen					
	Upload File				
Employer Details					
*Does the business	nave less than fifty (50) employees working mo	e than thirty-five (35) hours per week? OYe	s O No		
*Industry type: Select One	*Monthly co	tribution toward employee's child care:			
Employer/Business Name: Steph C Job		Phone: 502444	19999		
*Email address:		"Total number of employees:			
Physical Address: Job 1 , Job City KY 7845	9	Physical Address County: FLOYD			
Mailing Address: Job 1 - Mail , Job City -	Mail KY 88888				
Varning: Any person who aids another person to obtain assistance (or be	nefits) fraudulently is subject to penalties	provided by state law, KRS 199.990(8) incl	uding fines, imprisonment, or both.		
I certify that the information contained in this form is true and correct to the best of my knowledge.					
*Title of person completing section:					
Employer Signature: <u>Steph ER5</u>		Date: <u>3/13/2</u>	024		
	Save Submit Clear Can	cel			



First Name, Last Name, and Employee email address are required to save. Employee email address must match the email associated with your employee's KOG account.

If the below message displays:

- Verify the email is entered correctly.
- Verify the employee's KOG account has been created and approved.
- Verify the employee has signed into their KOG account and opened Provider Portal at least once.

Try to create the Contract again after confirming the above.

The employee email must match the email address the employee used for Kentucky Online Gateway access.
CC-600 Contract Summary
Contract ID: Status: Effective Date: Employer: Employee: Provider(s):
ection I. To be completed only by the employer
ployee Details
*First Name: Steph *Last Name: EE
*Is this person currently employed by you? O Yes O No
*Employee email address: kiccstest+steph.ee@gmail.com

A successful message displays once the Contract is saved. The DCC-600 Contract Summary panel begins populating with related data as the Contract is saved or submitted. Once receiving this message, you may leave the page and return to finish later, if needed.

The employer section of the contract has been saved. The contract number is 10106.		
DCC-600 Contract Summary		\sim
Contract ID: 10106	Fiscal Year: 2024	
Status: Pending	Status Date: 3/13/2024	
Effective Date:	Expiration Date:	
Employer: Steph C Job		
Employee: Steph EE22		
Provider(s):		
View Section Details		

Complete all required fields, indicated with an asterisk.

You must enter wage details and/or upload 2 months of pay stubs if the employee has been employed for two or more months.

*Has the employee been employed for two or more months? O Yes O No
If yes, list the wages that have been paid during the previous two months or upload two months of paystubs. For self-employed individuals, please upload the most recent tax return or recent business records.
Employee Wage Details
Add Wage Info
Employee Document Upload Details
Choose File No file chosen
Upload File

Click the Add Wage Info button to add wage details. Click Save Wage Info to add the details to the grid. Repeat these steps to include 2 months of pay information. Click the Edit link if you need to correct any records.

Employee Wage Details	
Date Received:	Hours:
Gross Wages:	Tips:
	Save Wage Info Clear Cancel



Employee Wage Details				
Edit Wage	Date Received	Hours	Gross Wages	Tips
Edit	3/1/2024	80	\$1,500.00	
Edit	2/16/2024	75	\$1,350.75	
	A	dd Wage Info		

Click Choose File to upload pay stubs. A window will open to select a file from your computer. Select the file and click Upload File to add it to the grid. Repeat these steps to include 2 months of pay information. Click the Document Name link to view the uploaded document. Uploaded files cannot be deleted.

Employee Document Upload Details		
Document Name	Upload Date	User Uploaded
TestDoc.docx	3/13/2024	Steph ER5
Choose File No file chosen		
	Upload File	

The "Monthly contribution toward employee's child care" is the amount your business commits to paying. The Employer/Business Name, Phone, and Address fields populate based on the selected Employer Name and the record create by DCC. Notify DCC if any corrections are needed to this information.

- Employer Details	
*Does the business have less than fifty (50) empl	oyees working more than thirty-five (35) hours per week? \bigcirc Yes \bigcirc No
"Industry type: Select One	"Monthly contribution toward employee's child care:
Employer/Business Name: Steph C Job	Phone: 5024449999
*Email address:	*Total number of employees:
Physical Address: Job 1 , Job City KY 78459	Physical Address County: FLOYD
Mailing Address: Job 1 - Mail , Job City - Mail KY 88888	

Click Save once all fields are complete. Select the "I certify" checkbox to indicate the form is completed accurately. Review the Contract prior to clicking the Submit button. Click Submit once no additional changes are needed.

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subje I certify that the information contained in this form is true and correct to the best of my knowledge.	ct to penalties provided by state law, KRS 199.990(8) including fines, imprisonment, or both.
*Title of person completing section: Manager Employer Signature: <u>Steph ER5</u>	Date: <u>3/13/2024</u>
Save Submit	Clear Cancel

Red messages will display on Save or Submit if any required fields are missing or if any data is in an invalid format. A red asterisk will display next to any field requiring correction or completion.

No selection has been made		
DCC-600 Contract Summary	*Industry type: Select One	-

A successful message displays once the Contract is submitted.

Notify the employee that their section of the Contract is now available for completion.

The employer section of the contract has been submitted. The contract number is 10106.	
DCC-600 Contract Summary	
Contract ID: 10106	Fiscal Year: 2024
Status: Pending	Status Date: 3/13/2024
Effective Date: 3/13/2024	Expiration Date: 6/30/2024
Employer: Steph C Job	
Employee: Steph EE22	
Provider(s):	

The Contract is available for DCC to review once the employer, employee, and provider(s) have submitted each section of the Contract.



Returned Contracts

DCC may determine that more information or corrections are needed on the Contract. DCC has the option to mark a section of the Contract incomplete and return the Contract. Email notifications are sent to the portal users associated with the Contract when the Contract is returned.

Returned Contracts may be selected from the My Contracts page or the Pending/Returned DCC-600 Employer workbasket. The Contract will only display in the Pending/Returned DCC-600 Employer workbasket if the Employer section was marked incomplete.

Click the View Section Details link in the Contract Summary panel after selecting the Contract. The Section Details includes the Review Result and Review Notes when a Contract is in Returned status. The Review Notes will provide instructions from DCC for updating the Contract.



Complete the requested updates and click the Submit button. The Contract will be resubmitted to DCC after all incomplete sections of the Contract are resubmitted. Sections can be completed in any order when a Contract is in Returned status. For example, if all sections are marked incomplete, the provider may complete their changes and resubmit even if the employer and employee have not completed their updates yet.

DCC-605 Employee Child Care Assistance Partnership Notice of Action

A DCC-605 generates to notify all parties when a Contract is Approved, Denied, Terminated, or Amended. The notice is mailed to the employer, employee, and provider(s) and is available on the My Contracts page in the Contract Correspondence Details panel. Email notifications are sent to the portal users associated with the Contract when correspondence is available.

Contract Correspondence Details		
Sent Date	Contract Status	
3/22/2024	Approved	DCC-605
3/22/2024	Amend	DCC-605



Employee

Employees participating in the Employee Child Care Assistance Partnership (ECCAP) submit Contracts and receive documentation via the KICCS Provider Portal. Employers start the application process by creating a Contract, followed by the employee and provider submitting the applicable sections.

Pre-Requisites

A Kentucky Online Gateway (KOG) account is required for accessing the KICCS Provider Portal. See the KICCS Portal User Guide for instructions to create an account and request roles if you have not completed this step. Log into the KOG account and confirm access to the Provider Portal. Provide the KOG email address to the employer. This is needed for the employer to create the Contract.

The employer must submit Section I of the Contract before the employee may begin Section II.

Home screen

The Provider Portal Home screen includes a navigation menu on the left with access to the ECCAP My Contracts screen. Messages display in the main portion of the screen followed by a workbasket at the bottom.

2	Home	
i	Billing forms are not yet available for processing.	
	Should you have any questions regarding this message or any other issues, please contact the KICCS HelpDesk by email at <u>CHES.KICCSHelpdesk@ky.gov</u> or by phone: • (502) 564-0104, option 6 (Frankfort area local calls) • (866) 231-0003, option 6 (toll free)	
1	Best Regards, The KICCS Team	
	Beginning December 1, 2022, CCAP payments will be paid based on Enrollment not Attendance. Children who attend a childcare facility in November will be paid based on the enrollment on the CCAP certificate that is prefiled on the Provider Billing Form (PBF).	
1	All providers, Licensed, Certified and Registered, will submit the PBF blank, unless the prefilled codes do not accurately reflect the child's schedule and an exception needs to be made. Exclusions to this rule are listed below in the "Flex Schedules" and "ITCS Centers" sections.	
1	Exceptions/Care Schedules • An exception is a change to the preprinted schedule on the PBF. Exception codes will be used if the prefilled schedule is different than the child's actual schedule.	es displa
	o For example, the prefilled schedule is a 1 but the child's actual schedule is part day. The provider will enter a 2 in the Provider Exception box.	Many of
	Exception codes that will be used while paying based on enrollment are:	for child
	 SS=No payment requested (to follow 60/65, if center is closed other than one of the 10 holidays allowed, or if care schedule is incorrect for child's needs) OB = Last Day Attended, Kon-Payable Day 	
	Enrollment ending codes 60 (child's last day/payment is requested) and 65 (no payment requested) require a code 55 to be filled in all boxes after the 60 or 65 to prevent overpayment.	
	• If a child's care schedule is incorrect on the certificate, it will be incorrect on the PBF. Parents should be advised to contact the DCBS Family Support office to have incorrect care schedules corrected. • When receiving a new certificate for signatures, do not sign and return the certificate if the care schedule is incorrect as the billing process will be incorrect.	
ļ	Flex Schedules All flex schedule enrollments will need to be coded according to the child's actual attendance using codes 1 and 2. If a Flex schedule PBF is left blank then a payment will not occur.	
10.100	School Age Enrollments School age children should be on a regular school schedule (part days when school is open and full day when school is closed) unless they attend 5 or more hours per day or attend during non-traditional hours.	
	IICS Centers Infant/Toddler Contract Slot participants will need to use the special 700 codes when submitting the PBF to ensure correct payments. The 700 codes will only need to be used for those children/slots enrolled in the ITCS program.	
;	*Important Copay Information*	
F	Previously, the Division of Child Care had stated they would stop paying the parent copayments effective January 1, 2023. We're happy to announce that the decision has been made to continue covering the assessed copayment through 2023. Families are still responsible for any overages assessed by the provider.	
I	If you have further questions, please contact: CCAPProviderPayments@ky.gov.	
	Due to the COVID-19 outbreak, our employees are working remotely and phone coverage is limited. For technical assistance please email the KICCS Helpdesk at CHFS.KICCSHelpdesk@ky.gov.	
Ī	Assigned Providers No Information Found	
ľ	Workbasket	
ſ	Filter By: Pending:Returned DCC-600 Employee 🗸	
	Contract No. Employer Name Status Status Date	
ıł.	Access Steph C 500 Perioding 5/15/2024	

My Contracts

Click My Contracts in the left navigation menu to view existing Contracts. Contracts may be filtered by Contract/Fiscal Year or by selecting All. Click View to display existing Contracts.



Home ECCAP Contracts		
ECCAP	Contract Year : All View Add New Contract	
My Contracts	All 2023 The Add New Contract butt	on is
Site Map Privacy Disclaimer Individuals with Disabilities	2024 2025 only enabled for Employers	

The ECCAP Contracts grid displays all Contracts associated with the KOG account.

ECCAP Contrac	ts and the second second second second							×
		Contract Year : All	View Add New Contract					
Contract No.	Employer Name	Employee Name	Provider Information	Effective Date	Expiration Date	Status	Status Date	
10106	Steph C Job	Steph EE22		3/13/2024	6/30/2024	Pending	3/13/2024	Correspondence
<u>10070</u>	Steph ECCAP Business	Steph EE22	2	3/7/2024	6/30/2024	Denied	3/8/2024	Correspondence

Click the Contract No. to view the Contract History Details grid or click the Correspondence link to view the Contract Correspondence Details grid.

The Contract History Details grid displays with additional details of the selected Contract. Click the Version link to view the selected Contract or click the DCC-600 link to view the Contract in PDF format.

Contr	act History Details	AND INCOME IN COMPANY						
Versions	Status Status Dat	e Employer Section Status	Employer Section Status Date	Employee Section Status	Employee Section Status Date	Provider Section Status	Provider Section Status Date	
<u>Initial</u>	Approved 3/12/2024	Approved	3/12/2024	Approved	3/12/2024	Approved	3/12/2024	DCC-600
						The link is disab Pending, Submi	led if the Contract is i tted, or Returned stat	in tus.

The Contract Correspondence Details grid displays with all notices related to the selected Contract. Click the DCC-605 link to view the notice.

Contract Correspondence Details		
Sent Date	Contract Status	
3/22/2024	Approved	DCC-605

Workbasket

Pending and Returned Contracts can be accessed via the My Contracts page (as described above) or the Pending/Returned DCC-600 Employee workbasket. The Workbasket is located at the bottom of the Home page. Select the Pending/Returned DCC-600 Employee workbasket filter to view Contracts associated with your account when the Employee Section is in Pending or Returned status. Click the Contract No. link to open the Contract.



Completing the Contract

DCC-600 displays with Employee section expanded after selecting from the My Contracts page or the workbasket.



	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Contract ID: 10106	Fiscal Year: 2024
Status: Pending	Status Date: 3/13/2024
Effective Date: 3/13/2024	Expiration Date: 6/30/2024
Employer: Steph C Job	
Employee: Steph EE22	
Provider(s):	
View Section Details	
Section I. To be completed only by the employer	~
Section II. To be completed only by the employee	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Adult Household	
No Information Found	
Dependent Household	
No Information Found	
	Add Household Member
How ma	ny child care programs are needed?:
Providers Selected	
No Information Found	
	Search Providers Remove Providers
No Information Found	
Are you or a household member currently working for an employer of	ther than that specified in Section I? Over ONG Unload
Are you or a household member currently working for an employer of	ther than that specified in Section I? Oyes ONO Upload If yes, you must upload proof.
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a v	ther than that specified in Section 1? Oves O No Upload If yes, you must upload proof. vritten statement from the employer.
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a v	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload proof. ritten statement from the employer.
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a v Employee Details "Employee First Name: [Steph	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload proof. rritten statement from the employer. "Employee Last Name: EE22
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a v Employee Details "Employee First Name: Steph "Employee Phone:	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload proof. rritten statement from the employer. "Employee Last Name: EE22 Employee Email: kiccstest+steph.ee22@gmail.com
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a v Employee Details "Employee First Name: Steph "Employee Phone: — Employee Physical Address	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload proof. vritten statement from the employer. "Employee Last Name: EE22 Employee Email: kicsstest+steph.ee22@gmail.com
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a v Employee Details "Employee First Name: Steph "Employee Phone: "Employee Phone: "	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload proof. "Employee Last Name: EE22 Employee Email: kiccstest+steph.ee22@gmail.com Street 2: "City:
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a to "Employee Details "Employee First Name: Steph "Employee Phone: Steph "Employee Phone: Steph "Street 1: Select One V	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload proof. "Employee Last Name: EE22 Employee Email: kiccstest+steph.ee22@gmail.com Street 2: "City:
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a to "Employee Details "Employee First Name: Steph "Employee Phone: Steph "Employee Phone: Steph "Street 1: Select One v "Street 1: Select One v	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload procf. "Employee Last Name: EE22 Employee Email: kiccstest+steph.ee22@gmail.com Street 2:*City: "City:
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a to Employee Details "Employee First Name: Steph "Employee Phone: "Employee Phone: "Employee Phone: "Street 1: "Street 1: "Street 1: "Street 1: Select One v Same as Employee Physical Address	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload proof. "Employee Last Name: EE22 Employee Email: kiccstest+steph.ee22@gmail.com Street 2: "Zip: - "City: "County: Select One v
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a the current mo	ther than that specified in Section 17 O Yes O No Upload If yes, you must upload prof. ritten statement from the employer. "Employee Last Name: EE22 Employee Email: kiccstest+steph.ee22@gmail.com Street 2: "Zip: - "County: Select One V Street 2: "County: Select One V
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a v "Employee Details "Employee First Name: [Steph "Employee Phone: ] Employee Phone: ] Employee Physical Address "Street 1:	ther than that specified in Section 17 O/Yes OND Upload If yes, you must upload prof. ritten statement from the employer. "Employee Last Name: [EE22 Employee Email: kiccstest+steph.ee22@gmail.com Street 2:*City: "City: Street 2:*County: Select One
Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a v "Employee Details "Employee First Name: [Steph "Employee Phone: ] Employee Phone: ] Employee Phone: ] Employee Mailing Address "Street 1: ] "State: [Select One v] Employee Mailing Address "P.O. Box/Street 1 ] "State Select One v] House Select One v]	ther than that specified in Section 17 Oves ONO Upload If yes, ownust upload prof. "Employee Last Name: [EE22 Employee Email: kiccstest+steph.ee22@gmail.com Street 2:*City: Street 2:*County: Select One Street 2:*City: Street 2:*City:
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Are you or a household member currently working for an employer of Proof could be a check stub from the current month or a to "Employee Details "Employee First Name: Steph "Employee Phone: Steph "Employee Phone: Safet One v "Street 1: Select One v "Street 1: Select One v "Employee Mailing Address Same as Employee Physical Address "P.O. Box/Street 1 "State: Select One v Warning: Any person who aids another person to obtain assistance ( " I certify that the information contained in this form is true and correct Employee Signature: Steph EE22	ther than that specified in Section 17 Oves No Upload If yes, you must upload prof. "Employee Last Name: EE22 Employee Email: kiccstest+steph.ee22@gmail.com Street 2: "Zip: - "County: Select One Street 2: "Zip: - "County: Select One City: " "Zip: "- "County: Select One Street 2: "Zip: "- "County: Select One "City: "- "County: Select One Street 2: "Zip: "- "County: Select One Street 2: "Zip: "- "County: Select One Street 2: "Zip: "- "County: Select One "City: "- "County: Select One Street 2: "Zip: "- "County: Select One "City: "- "County: Select One Street 2: "Zip:

Employees may view the Employer section by clicking the chevron on the right of the panel heading. Click the chevron again to collapse the panel.

Section I. To be completed only by the employer
Section II. To be completed only by the employee

"First Nan	ne: Steph	*Last Name: EE?	22	Middle Name:	
*Is	this person currently employed by you? • Yes	No	Employee title:		
*Employee email addre	ss: kiccstest+steph.ee22@gmail.com				
"Date hire	ed: 2/1/2024	*Date first paid: 3/1	15/2024		
*Does your employ	yee have any ownership in the business? Oyes	• No			
*Employee's sha	are of taxes deducted from gross wages? • Yes	○ No			
*Gross monthly incon	ne: 7289				
*Has the employee l	been employed for two or more months?				
Even list the wages that have be	an naid during the provisus two months or unles	d two months of newstubs. For a	off employed individuals, please uplead	the most recent toy return or recent by	alaasa rasarda
r yes, list the wages that have be	ten paid during the previous two months of uploa	to two months of paystubs. For s	en-employed manufactures, please apload	the most recent tax return of recent bu	silless records.
Employee Wage Details					
	Date Received	Hours	Grog	ss Wages	Tips
0/1/2024		80	\$1,500.00		
2/16/2024		75	\$1,350.75		
England Demonstration	Datalla				
Employee Document opload i	Jetails		-		
<u> </u>	ocument Name	Uploa	d Date	User Uploaded	
	lestDoc.docx	3/13/	/2024	Steph ER5	
mployer Details				rs per week?	
mployer Details	"Does the business ha	ve less than fifty (50) employees	working more than thirty-five (35) hou	Yes No	
mployer Details	"Does the business ha "Industry type: Industry/Manufacturing	ve less than fifty (50) employees	working more than thirty-five (35) hou "Monthly contribution toward employee"	's child care: 250	
mployer Details	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job	ve less than fifty (50) employees	working more than thirty-five (35) hou Monthly contribution toward employee	's child care: 250 Phone: 50244499999	
mployer Details	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job "Email address: kiccstest+steph.er5@gmai	ve less than fifty (50) employees	s working more than thirty-five (35) hou "Monthly contribution toward employee "Total number of	's child care: 250 Phone: 5024449999 f employees: 42	
mployer Details	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job "Email address: kiccstest+steph.er5@gmai Physical Address: Job J, Job City KY 78459	ve less than fifty (50) employees I.com	s working more than thirty-five (35) hou "Monthly contribution toward employee "Total number of Physical Add	's child care: 250 Phone: 5024449999 Femployees: 42 ress County: FLOYD	
Employer Details	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job "Email address: kiccstest-steph.er5@gmai Physical Address: Job J, Job City Y 78459 Mailing Address: Job 1 - Mail , Job City - Ma	ve less than fifty (50) employees I.com II KY 88888	s working more than thirty-five (35) hou "Monthly contribution toward employee "Total number of Physical Add	's child care: 250 Phone: 50244499999 f employees: 42 ress County: FLOYD	
mployer Details	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job "Email address: kicstest-steph-er5@gmai Physical Address: Job 1 , Job City KY 78459 Mailing Address: Job 1 - Mail , Job City - Ma	ve less than fifty (50) employees 1.com il KY 88888	working more than thirty-five (35) hou "Monthly contribution toward employee "Total number ou Physical Add	's child care: 250 Phone: 5024449999 f employees: 42 ress County: FLOYD	
mployer Details Empl	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job "Email address: Kicstet-steph.er5@gmai Physical Address: Job 1 , Job City KY 78459 Mailing Address: Job 1 - Mail , Job City - Ma nother person to obtain assistance (or bene	ve less than fifty (50) employees I.com il KY 88888 fits) fraudulentiv is subject it	working more than thirty-five (35) hou "Monthly contribution toward employee "Total number of Physical Add o penalties provided by state law. K	remployees: 42 ress County: FLOYD	isonment. or both.
mployer Details Empl arning: Any person who aids a	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job "Email address: kiccstest+steph.er5@gmai Physical Address: Job 1, Job City Y7 78459 Mailing Address: Job 1, Job City Y7 78459 mailing Address: Job 1 - Mail , Job City - Ma nother person to obtain assistance (or bene tained in this form is true and correct to the boo	ve less than fifty (50) employees I.com II KY 88888 fits) fraudulently is subject to	working more than thirty-five (35) hou "Monthly contribution toward employee "Total number o Physical Add o penalties provided by state law, K	's child care: 250 Phone: 5024449999 Femployees: 42 ress County: FLOYD RS 199.990(8) including fines, imp	isonment, or both.
mployer Details Empl arning: Any person who aids a I certify that the information cor	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job "Email address: kicstest-steph.er5@gmai Physical Address: Job 1 , Job City KY 78459 Mailing Address: Job 1 - Mail , Job City A nother person to obtain assistance (or bene tained in this form is true and correct to the bes	ve less than fifty (50) employees I.com Il KY 88888 <b>fits) fraudulently is subject to</b> t of my knowledge.	working more than thirty-five (35) hou "Monthly contribution toward employee "Total number oi Physical Add o penalties provided by state law, K	's child care: 250 Phone: 5024449999 femployees: 42 ress County: FLOYD RS 199.990(8) including fines, imp	isonment, or both.
mployer Details Empl arning: Any person who aids a I certify that the information cor "Title of person	"Does the business ha "Industry type: Industry/Manufacturing loyer/Business Name: Steph C Job "Email address: Kicstet-steph-er5@gmai Physical Address: Job 1 , Job City KY 78459 Mailing Address: Job 1 - Mail , Job City - Ma nother person to obtain assistance (or bene tained in this form is true and correct to the bes completing section: Manager	ve less than fifty (50) employees I.com il KY 88888 <b>fits) fraudulently is subject to</b> t of my knowledge.	working more than thirty-five (35) hou "Monthly contribution toward employee "Total number oi Physical Add o penalties provided by state law, K	ress County: FLOYD RS 199.990(8) including fines, imp	isonment, or both.



Click the Add Household Member button to add details of individuals in your home, including yourself. Set the Household Role radio button to Adult or Dependent, as applicable. Complete all required fields as indicated by asterisks. Gross Monthly Income is required if Source of Income is set to Earned or Unearned. Job Title and Employer are required if Household Role is Adult and Source of Income is set to Earned. Date of Birth and "Is child care needed" are required if Household Role is Dependent. At least one dependent must be marked as Yes for "Is child care needed" to submit the Contract. Individuals should be entered more than once if they have more than one source of income. The individual is added to the appropriate Household grid after clicking the Save button.

Section II. To be completed	only by the employee					*
Adult Household						
No Information Found						
L						
Dependent Household						
No Information Found						
			Add Household Membe	r		
	Household Role:      Adult      Dei	pendant	Is child care needed?:	Yes No	Active:	● Yes ○ No
	*First Name:	·	Middle Name:		*Last Name:	
*Relationsh	ip to Employee: Select One	~	Job Title:		Date of Birth:	
*50	urce of Income: Select One 🗸		Gross Monthly Income:		Employer:	
			Save Clear Cano	cel		
ł	Household Role: 🔿 Adult 🖲 De	pendant	Is child care needed?: 🔘	Yes O No	Active:	● Yes ○ No
	"First Name:		Middle Name:		"Last Name:	
"Relationsh	ip to Employee: Select One	~	Job Title:		Date of Birth:	
"So	urce of Income: Select One 🗸		Gross Monthly Income:		Employer:	
			Save Clear Can	cel		
Adult Household						
Household Member	Relationship	Employer	JobTitle	Source of Income	Gross Monthly Income	Active
Steph EE22	Self	Steph C Job	Assistant Manager	Earned	\$3,200.00	Y
Steph EE22	Self			Unearned	\$500.00	Y
Dependent Household						
Household Member	Relationship	Date of Birth	Source of Income	Gross Monthly Income	Is child care needed?	Active
Matthew EE22	Dependent	8/15/2019	None		Y	Y
			Add Household Membe	r		

At any point, you can save the Contract and return later to complete.

Indicate the number of child care providers needed then click Search Providers. Enter at least CLR#, Business Name, or Last Name and click Search. Search Results display with all providers that match the search criteria. Select the checkbox next to your provider and click Add to Grid. Selected provider displays in the Providers Selected grid. Repeat these steps if you have more than one provider. At least one provider must be selected to submit the Contract.

Providers Select	ted nd	How many o	:hild care programs are needed?:	Providers must be in Approved status and participate in the All STARS program.
Provider Search	CLR#: Last Name: City:		Business Name: cissell - coo First Name: County: Select One V Search Clear Search Cancel Search	Middle Name:
Select	CLR L370003 L370056	Prov Cissell - COO Cissell - COO 1	/ider Name  123 Main St, Louisville KY  1 Main St, Louisville KY 1  Add to Grid Cancel	Providers may have multiple locations or similar names. Confirm your provider's details to insure you select the correct result.

Documentation is required if you or a household member is working for an employer other than the employer that submitted Section I of this Contract. If yes is selected, click the Upload button to display the Document Upload panel.



Are you or a household member currently working for an employer other than that specified in Section I? OYes ONo Upload If yes, you must upload proof. Proof could be a check stub from the current month or a written statement from the employer.

Click Choose File to upload pay stubs or a statement from the employer. A window will open to select a file from your computer. Select the file and click Upload File to add it to the grid. Repeat these steps to include all required pay information. Click the Document Name link to view the uploaded document. Uploaded files cannot be deleted.

Document Upload		
		Choose File No file chosen Upload File Cancel
1		
Document Name	Upload Date	Upload User
<u>TestImage.jpg</u>	3/13/2024	Steph EE22

Complete all required fields as indicated with as asterisk. Select the "I certify" to indicate the form is completed accurately. Review the Contract prior to clicking the Submit button. Click Submit once no additional changes are needed.

Warning: Any person who aids another person to obtain assistance (or	r benefits) fraudulently is subject to penalties provided by state law, KRS 199.990(8), including fines, imprisonment, or both.
* 🗹 $~$ I certify that the information contained in this form is true and correct t	o the best of my knowledge.
Employee Signature: <u>Steph EE22</u>	Date: 3/13/2024
	Save Submit Clear Cancel

Red messages will display on Save or Submit if any required fields are missing or if any data is in an invalid format. A red asterisk will display next to any field requiring correction or completion.

DCC-600 Contract Summary	Please enter number of child care programs.     DCC-600 Contract Summary	How many child care programs are needed?:
--------------------------	--------------------------------------------------------------------------	-------------------------------------------

A successful message displays once the Contract is submitted.

Notify the provider that their section of the Contract is now available for completion.

Each provider selected will have a section to complete if more than one provider was added.

Employee section has been submitted successfully.		
DCC-600 Contract Summary		*
Contract ID: 10106	Fiscal Year: 2024	
Status: Pending	Status Date: 3/13/2024	
Effective Date: 3/13/2024	Expiration Date: 6/30/2024	
Employer: Steph C Job		
Employee: Steph EE22		
Provider(s): Cissell - Coo 1 (L370056)		
View Section Details		

The Contract is available for DCC to review once the employer, employee, and provider(s) have submitted each section of the Contract.

# **Returned Contracts**

DCC may determine that more information or corrections are needed on the Contract. DCC has the option to mark a section of the Contract incomplete and return the Contract. Email notifications are sent to the portal users associated with the Contract when the Contract is returned.



Returned Contracts may be selected from the My Contracts page or the Pending/Returned DCC-600 Employee workbasket. The Contract will only display in the Pending/Returned DCC-600 Employee workbasket if the Employee section was marked incomplete.

Click the View Section Details link in the Contract Summary panel after selecting the Contract. The Section Details includes the Review Result and Review Notes when a Contract is in Returned status. The Review Notes will provide instructions from DCC for updating the Contract.

DCC-600 Contract Summary		
Contract ID: 10056 Status: Returned Status: Returned Effective Date: 7/1/2024 Employer: Steph ECCAP Job Employee: Steph Nineteen Provider(s): Cisell 5 Partners (L371615) View Section Details		Fiscal Year: 2025 Status Reason: Expiration Date: 6/30/2024
ODCC 600 Contract Summary		
DCC-600 Contract Summary		
Contract ID: 10056		Fiscal Year: 2025
Status: Returned		Status Reason:
Status Date: 3/22/2024		
Effective Date: 7/1/2024		Expiration Date: 6/30/2024
Employer: Steph ECCAP Job		
Employee: Steph Nineteen		
Provider(s): Cissell 5 Partners (L371615)		
Hide Section Details		
Section: Cissell 5 Partners (1371615)	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		,,
Review Notes: correction needed for child's start date		
Section: Employee	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		
Review Notes: proof of spouse's income needed		
Section: Employer	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		
Review Notes: Additional wage details or uploaded stubs needed.		

Complete the requested updates and click the Submit button. The Contract will be resubmitted to DCC after all incomplete sections of the Contract are resubmitted. Sections can be completed in any order when a Contract is in Returned status. For example, if all sections are marked incomplete, the provider may complete their changes and resubmit even if the employer and employee have not completed their updates yet.

# DCC-605 Employee Child Care Assistance Partnership Notice of Action

A DCC-605 generates to notice all parties when a Contract is Approved, Denied, Terminated, or Amended. The notice is mailed to the employer, employee, and provider(s) and is available on the My Contracts page in the Contract Correspondence Details panel. Email notifications are sent to the portal users associated with the Contract when correspondence is available.

Contract Correspondence Details		
Sent Date	Contract Status	
3/22/2024	Approved	DCC-605
3/22/2024	Amend	DCC-605



# Provider

Providers participating in the Employee Child Care Assistance Partnership (ECCAP) submit Contracts and receive documentation via the KICCS Provider Portal. Employers start the application process by creating a Contract, followed by the employee and provider submitting the applicable sections.

# Pre-Requisites

A Kentucky Online Gateway (KOG) account is required for accessing the KICCS Provider Portal. See the KICCS Portal User Guide for instructions to create an account and request roles if you have not completed this step. Log into the KOG account and confirm access to the Provider Portal.

The employer must submit Section I of the Contract and the employee must submit Section II before the provider may begin Section III.

#### Home screen

The Provider Portal Home screen includes a navigation menu on the left with access to the ECCAP My Contracts screen. Additional menu items are available depending on the roles associated with the account. Messages display in the main portion of the screen followed by a workbasket at the bottom.



# My Contracts

Select a provider on the Home screen, then click My Contracts in the left navigation menu to view existing Contracts. Contracts may be filtered by Contract/Fiscal Year or by selecting All. Click View to display existing Contracts.



Home ECCAP Contracts	
ECCAP	Contract Year : All View Add New Contract
My Contracts	All 2023 The Add New Contract button is
Site Map   Privacy   Disclaimer   Individuals with Disabilities	2024 2025 only enabled for Employers.

The ECCAP Contracts grid displays all Contracts associated with the providers attached to the KOG account.

ECCAP Contrac	ts and the second second second second							~
	Contract Year : All 🗸 View Add New Contract							
Contract No.	Employer Name	Employee Name	<b>Provider Information</b>	Effective Date	Expiration Date	<u>Status</u>	Status Date	
<u>10106</u>	Steph C Job	Steph EE22		3/13/2024	6/30/2024	Pending	3/13/2024	Correspondence
<u>10070</u>	Steph ECCAP Business	Steph EE22	2	3/7/2024	6/30/2024	Denied	3/8/2024	Correspondence

Click the Contract No. to view the Contract History Details grid or click the Correspondence link to view the Contract Correspondence Details grid.

The Contract History Details grid displays with additional details of the selected Contract. Click the Version link to view the selected Contract or click the DCC-600 link to view the Contract in PDF format.

Contract History Details						
Versions Status Status Date Employer Section Statu	5 Employer Section Status Date	Employee Section Status	<b>Employee Section Status Date</b>	Provider Section Status	Provider Section Status Date	
Initial Approved 3/12/2024 Approved	3/12/2024	Approved	3/12/2024	Approved	3/12/2024	DCC-600
				The link is disab Pending, Submi	led if the Contract is i tted, or Returned stat	in tus.

The Contract Correspondence Details grid displays with all notices related to the selected Contract. Click the DCC-605 link to view the notice.

Contract Correspondence Details		
Sent Date	Contract Status	
3/22/2024	Approved	DCC-605

#### Workbasket

Pending and Returned Contracts can be accessed via the My Contracts page (as described above) or the Pending/Returned DCC-600 Provider workbasket. The Workbasket is located at the bottom of the Home page. Select the Pending/Returned DCC-600 Provider workbasket filter to view Contracts associated with your account when the Provider Section is in Pending or Returned status. Click the Contract No. link to open the Contract.

Workbasket						
	Filter By: Pending/F	Returned DCC-600 Provider 🗸				
Contract No.	Employer Name	Employee Name	<u>CLR</u>	Provider Name	<u>Status</u>	<u>Status Date</u>
10047	Steph Employer/Business 1	StephANIE Sixteen	L369666	Cissell II	Pending	3/1/2024
10050	Steph Employer/Business 1	Steph EE1	L371615	Cissell 5 Partners	Pending	3/1/2024
<u>10131</u>	Apple INC	Carolyn EE1	L370946	Cissell DC 1	Pending	3/19/2024

# Completing the Contract

DCC-600 displays with Provider section expanded after selecting from the My Contracts page or the workbasket.



DCC-600 Contract Summary		
Contract ID: 10106 Status: Pending Effective Date: 3/13/2024		Fiscal Year: 2024 Status Date: 3/13/2024 Expiration Date: 6/30/2024
Employer: Steph C Job		
Employee: Steph EE22 Provider(s): Cissell - Coo 1 (L370056) <u>View Section Details</u>		
Section III. To be completed only by the child care provider		*
Provider / Business Name: Clissell - COO 1 Licensee Name: Clissell LiC Physical Address: 1 Main St, Louisville KY 10000 Mailing Address: 1 Main St, Louisville KY 10000	CLR #: L370056 Phone: (502) 111-1111	County: JEFFERSON Email Address: coo@email.com
Children Enrolled		
No Information Found.		
*Child Name: Matthew EE22 🗸	Date of Birth: 8/15/2019	*Weekly Rate: 175
"Daily Rate: 35	"Start Date: 1/1/2022	End Date:
	Save Clear Cancel Delete	
Warning: Any person who aids another person to obtain assistance (or benefi	its) fraudulently is subject to penalties provided by	state law, KRS 199.990(8), including fines, imprisonment, or both.
= $\Box$ I certify that the information contained in this form is true and correct to the be	st of my knowledge.	
"Title of Person Completing Section:		
Provider Signature: Steph Starsonly		Date: <u>3/13/2024</u>
	Save Submit Clear Cancel	

The Child Name dropdown includes the Employee's children marked as needing care on the Employee section. Select the child(ren) enrolled with the selected provider. Enter the Daily Rate, Start Date, and Weekly Rate. End Date is not required and should only be entered if a known end date exists. Click Save to add the selected child to the Children Enrolled grid. Repeat these steps for each enrolled child.

Children Enrolled					
Child Name	Date of Birth	Weekly Rate	Daily Rate	Start Date	End Date
Matthew EE22	8/15/2019	\$175.00	\$35.00	1/1/2022	

At any point, you can save the Contract and return later to complete.

Enter the Title of the person completing the Contract. Select the "I certify" to indicate the form is completed accurately. Review the Contract prior to clicking the Submit button. Click Submit once no additional changes are needed.

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subje	ct to penalties provided by state law, KRS 199.990(8), including fines, imprisonment, or both.
* 🗌 I certify that the information contained in this form is true and correct to the best of my knowledge.	
*Title of Person Completing Section: Provider Signature: <u>Steph Starsonly</u>	Date: <u>3/13/2024</u>
Save Submit	Clear Cancel

Red messages will display on Save or Submit if any required fields are missing or if any data is in an invalid format. A red asterisk will display next to any field requiring correction or completion.

Please enter Weekly Rate.	
DCC-600 Contract Summary	*Weekly Rate: *

A successful message displays once the Contract is submitted.

The menuider section of the contract has been submitted			
DCC-600 Contract Summary			
Contract ID: 10047 Status: Submitted	Fiscal Year: 2024 Status Reason:		
Effective Date: 3/22/024	Expiration Date: 6/30/2024		
Employee: StephANIE Sixteen Provider(5): Cissell Ii (L369666) View Section Details			



The Contract is available for DCC to review once the employer, employee, and provider(s) have submitted each section of the Contract.

#### **Returned Contracts**

DCC may determine that more information or corrections are needed on the Contract. DCC has the option to mark a section of the Contract incomplete and return the Contract. Email notifications are sent to the portal users associated with the Contract when the Contract is returned.

Returned Contracts may be selected from the My Contracts page or the Pending/Returned DCC-600 Employer workbasket. The Contract will only display in the Pending/Returned DCC-600 Employer workbasket if the Employer section was marked incomplete.

Click the View Section Details link in the Contract Summary panel after selecting the Contract. The Section Details includes the Review Result and Review Notes when a Contract is in Returned status. The Review Notes will provide instructions from DCC for updating the Contract.

SDC-000 Contract Summary		
Contract ID: 10056		Fiscal Year: 2025
Status: Returned		Status Reason:
Status Date: 3/22/2024		
Effective Date: 7/1/2024		Expiration Date: 6/30/2024
Environmente Scott to		
Employer: Steph ECCAP Job		
Employee: Steph Nineteen		
Provider(s): Cissell 5 Partners (L371615)		
View Section Details		
CC-600 Contract Summary		
Contract ID: 10056		Fiscal Year: 2025
Status: Returned		Status Reason:
Status Date: 3/22/2024		
Effective Date: 7/1/2024		Expiration Date: 6/30/2024
Employees Steph ECCAD Jah		
Employer: Steph ECCAP Job		
Employee: Steph Nineteen		
Provider(s): Cissell 5 Partners (L371615)		
Hide Section Details		
Section: Cissell 5 Partners (L371615)	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		
Review Notes: correction needed for child's start date		
Section: Employee	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		
Review Notes: proof of spouse's income needed		
Section: Employer	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		
Review Notes: Additional wage details or uploaded stubs needed.		

Complete the requested updates and click the Submit button. The Contract will be resubmitted to DCC after all incomplete sections of the Contract are resubmitted. Sections can be completed in any order when a Contract is in Returned status. For example, if all sections are marked incomplete, the provider may complete their changes and resubmit even if the employer and employee have not completed their updates yet.

# DCC-605 Employee Child Care Assistance Partnership Notice of Action

A DCC-605 generates to notice all parties when a Contract is Approved, Denied, Terminated, or Amended. The notice is mailed to the employer, employee, and provider(s) and is available on the My Contracts page in the Contract Correspondence Details panel. Email notifications are sent to the portal users associated with the Contract when correspondence is available.

Contract Correspondence Details		
Sent Date	Contract Status	
3/22/2024	Approved	DCC-605
3/22/2024	Amend	DCC-605