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

**STATE OF NEW JERSEY**

**DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A**

**PROGRAM DESCRIPTION**

**Section 2.2**

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

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

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

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

DFCP and the NJ Department of Human Services (DHS), Division of Family Development (DFD), have collaborated to blend the TANF Initiative for Parents (TIP) with the Healthy Families (HF) model to ensure that all participating families benefit from a unified, research-based approach.

The program, known as HF-TIP, provides HFA research-based parent education and support strategies to families that are receiving public assistance and supportive services, i.e., Temporary Assistance to Needy Families (TANF). A goal of this collaboration is to further strengthen and support families who are receiving TANF and/or other assistance programs through home visits. [NOTE: This paragraph does not apply to HF-only grantees]

The Healthy Families America (HFA) model is an evidenced-based home visitation (EBHV) program that provides in-home health and parenting education, and supportive services to eligible at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse. HFA is based upon a set of 12 Critical Elements which provide a framework for program development and implementation and assure quality services.

In NJ, families with a positive Healthy Families New Jersey (HFNJ) Screen are offered intensive, long-term home visitation services from pregnancy to age three. Services are strength-based and rely on parent/family input and active involvement. Participation in HFA is voluntary. Specially trained home visitors, who often share the families’ culture and community, educate families on important issues: prenatal health, infant/child health and development, positive parenting practices, nurturing parent-child relationships, child safety, education and employment, and the prevention of child neglect and abuse. They also link parents/families to existing social service and health care resources.

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

Families are screened for eligibility during pregnancy and no later than two weeks after the target child’s birth. Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect. Families deemed eligible must enroll no later than three months after the target child’s birth. When an eligible family enrolls for services, the family is eligible to receive services up to the target child’s third birthday.

For EBHV grantees receiving TANF Initiative for Parents (TIP) funding, HF-TIP is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive TANF, Emergency Assistance (EA) or General Assistance (GA). [The TANF extension to age one for HF enrollment does not apply to HF-only grantees.]

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

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

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

treatment;

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

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

EBHV programs are designed to promote the health and well-being of pregnant women, parents/families and their infants and young children. Family Support Specialists (FSS) work closely with families to develop a trusting relationship, assess parent/family strengths (*protective factors*) and promote a better understanding of the essential role of the parent (mothers, fathers and other responsible caregivers) in providing a nurturing, healthy and safe environment for their children. Parents learn that they are their child (rens’) first teacher. While the overall goal is to prevent child maltreatment, the program addresses key factors that are known (evidence-based) to contribute to child neglect and abuse--prenatal health, infant/child health, child growth and development, parenting skills/anticipatory guidance, parent-child bonding and interaction, school readiness, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources. Home visits are the key service delivery vehicle, and home visitors must adhere to the recommended schedule of visits to ensure that participating families benefit from the full impact of the program.

Data, Evaluation, and Reporting:

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

All HF grantees are required to record visit information and track specified data in the FamSys data system. To ensure accurate monthly, quarterly, and annual report data, EBHV grantees must enter all documentation into the FamSys database by the 10th of the month for the previous month. This database is overseen by HFNJ state affiliate, PCANJ. NOTE: All HFNJ grantees are required to pay an annual fee for FamSys data management support.

Data System:

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

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

EBHV Quarterly Progress Report:

All grantees are required to send quarterly report data to the designated DCF Contract Administrator and PCA-NJ Program Specialist. PCA-NJ Program Specialist will review and submit to DFCP HV Program Specialist. The following is the program year for collecting the data required.

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

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

Continuous Quality Improvement (CQI):

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

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

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

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

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

HFA services are provided to participating families primarily in the home setting.

Visits must be able to accommodate the participant's schedule and may be provided at alternate mutually agreed upon times, i.e. early morning, early evening or on a weekend day. At times, visits may be conducted in an alternate mutually agreed upon setting, e.g. after school, work or community setting. While home visits should be offered in-person, grantees may use an integrated approach combining in-person and virtual services. Programs should follow Healthy Families America’s guidelines for providing virtual services.

Referrals and Linkages:

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

Infant Formula Purchasing and Assistance Program: Non-MIECHV funded programs:

If the home visiting program is participating in the “Infant Formula Purchasing and Assistance Program”, the home visiting program is required to follow the deliverables set forth in the “Infant Formula Purchasing and Assistance Program Deliverables” beginning on page 10 of this Annex A.

Local Community Advisory Board:

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

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

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

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

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

Program Compliance:

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

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

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

* Be active partners with the local Connecting NJ (CNJ) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families.
* Complete the core training and adhere to the Healthy Families New Jersey (HFNJ) policies and procedures as set forth by the New Jersey state affiliate, Prevent Child Abuse New Jersey (PCANJ).
* Maintain program staffing and supervision in accordance with the HFA and HFNJ program standards.
* Successfully complete the HFA accreditation process.
* Complete training on and implement the Parents As Teachers (PAT) Foundational Curriculum.
* Agencies are permitted to use supplemental curricula. This EBHV grantee utilizes the following supplemental curricula Click here to enter text.
* Adhere to the conceptual, practice, and administrative standards as set forth in the Standards for Prevention Programs: Building Success through Family Support developed by the New Jersey Task Force on Child Abuse and Neglect.
* Have knowledge of the Protective Factors Framework.

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

* Agencies must maintain records of employee time and effort, including:
  + Assurances that employees are tracking actual time spent on MIECHV rather than just reporting budgeted hours per day
  + Allocations of operationg and/or other costs for employees who are not funded 100% by MIECHV funds.
* Agencies may not use MIECHV funds to support direct medical, dental, mental health or legal services
* Agencies must adhere to 2 CFR Part 200 and 45 CFR Part 75 et al. as applies due to their sub-recipient designation.
* Agencies must submit quarterly expenditure reports with MIECHV funding broken out by grant period.
* DCF posts the Federal Notices of Award (NOA) to its website to comply with DCFs obligation to notify subrecipeints of grant requirements consistent with 45 CFR Part 75. Agencies should review their Schedule of Estimated Claims (SEC) for the MIECHV funded program for the Federal Award Period and CFDA Numbers to identify the applicable Notice of Award (NOA).
* If the MIECHV funded program is receiving MIECHV ARP funding, it must adhere to the critiera set forth on page 12 of this Annex A.

**Detail how customers access services.**

Generally, HV services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

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

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

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

When a family enrolls in the EBHV program, the Family Support Specialist establishes a visitation schedule consistent with the appropriate level of intensity, as outlined in the Healthy Families America’s Best Practice Standards.

The FSS/EBHV grantee is required to continue to engage in positive, creative outreach to enrolled, but inactive families for at least three months following the family’s classification as “inactive”, and not to exceed four months. The definition of “inactive status” is located in the HFNJ policies and procedures manual.

The FSS must complete a parent survey, per the HFNJ Assessment Tool and Procedures, within 30 days of the family’s enrollment.

The FSS and the parent/family collaborate to complete an initial Goal Plan. The Goal Plan includes measurable family goals (pregnancy, parenting, infant/child, family sustainability, TIP/employment) with ongoing progress documented. The FSS and parent/family collaborate to continuously develop new goal plans.

Staffing/Caseload Requirements:

* HF Supervisor – The ratio of full time equivalent (FTE) Supervisor to direct service staff should not exceed 1:5 (one FTE Supervisor to five FTE staff).
* Family Support Specialist– A maximum case weight of 26 per 1.0 FTE. In regards to caseloads for newer hires and case coverage scenarios, grantees can adhere to the HFA Best Practice Standards

Discharge Process:

Ideally a participant remains enrolled in HF until the family is stable, has made progress in achieving key goals on the Goal Plan, has reached specified EBHV health and well-being performance indicators, and the target child reaches age three. Note: Families may remain enrolled beyond age three only on a case by case basis after consultation from the DFCP HV Program Specialist and HFNJ state affiliate, PCANJ. For a variety of reasons, families may withdraw from the program earlier. Grantees are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

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

EBHV grantees generally provide services in the homes of participating families.

The catchment area for this site is Click here to enter text.

*(Specify county and major at-risk municipalities for your agency--remember all HF-TIP programs are county wide)*

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

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

In the event of any staff or client emergency Click here to enter text.

*(briefly summarize key safety policies for your agency)*

Emergency contacts for this agency are: Click here to enter text.

*(complete this for your agency)*

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

In compliance with the Healthy Families America Model, all EBHV grantees must submit the most recent Annual Service Review/Quality Improvement Planning report to PCANJ.

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

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

MIECHV Funded Home Visitation Programs

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

**Infant Formula Purchasing and Assistance Program Deliverables**

**Non-MIECHV Funded**

**Purpose**

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

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

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

**Fiscal Overview**

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

**Eligibility**

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

**Gift Cards**

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

**Required Documents and Procedures**

* Families must sign the Gift Card Acknowledgment & Attestation Form

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

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

**Reporting Requirements**

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