

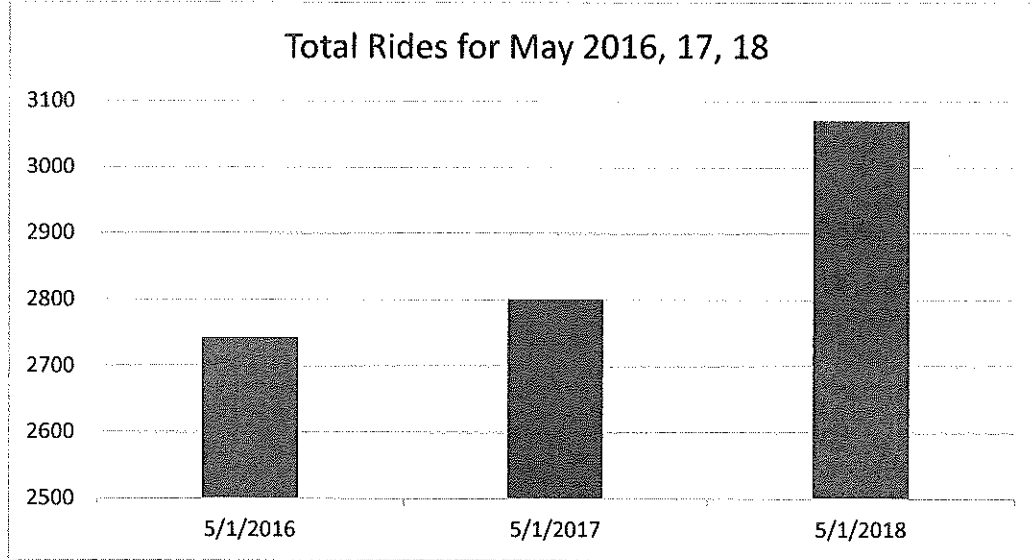
Social Services Agenda:

1. Statistics
2. Review and approval for Licensed Foster Care Variance Policy
3. Other

Heartland Express Ridership

Total

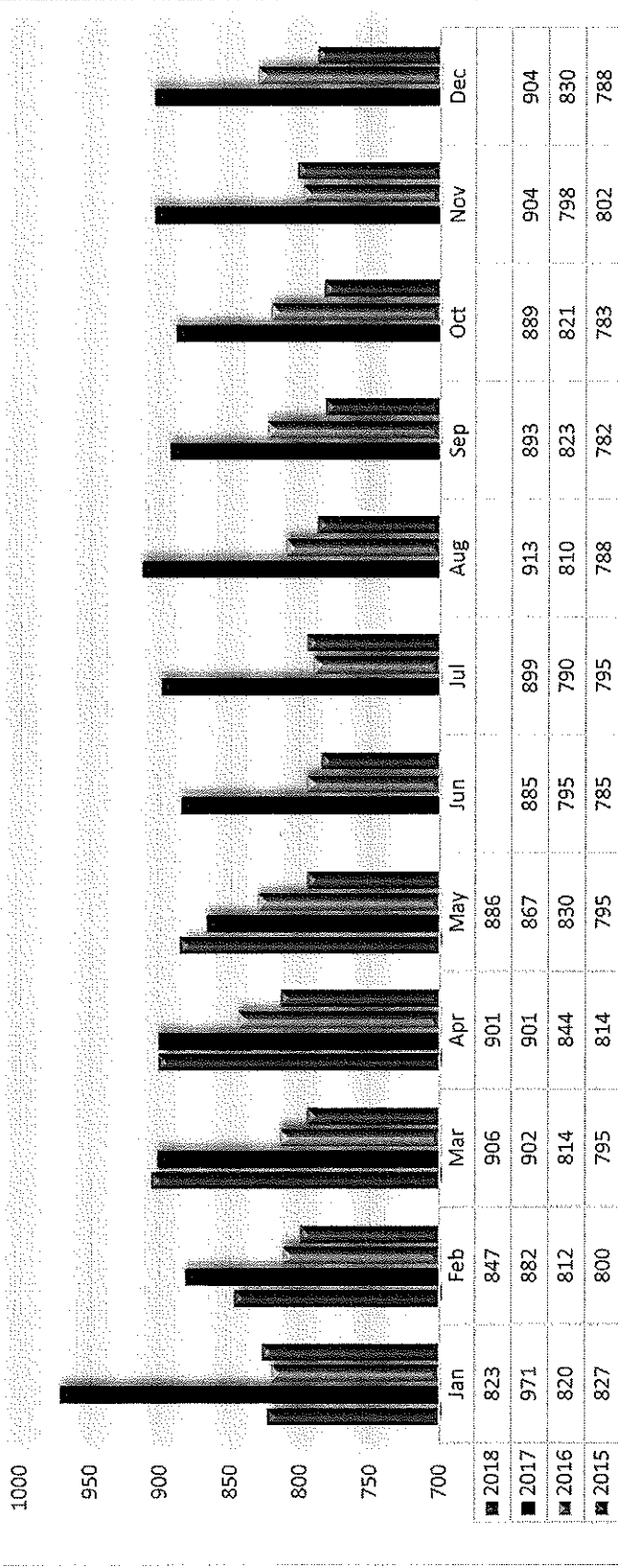
5/1/2016	2743
5/1/2017	2801
5/1/2018	3071





Hubbard County Social Services Open Workgroups

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	823	847	906	901	886							
2017	971	882	902	901	867	885	899	913	893	889	904	904
2016	820	812	814	844	830	795	790	810	823	821	798	830
2015	827	800	795	814	795	785	795	788	782	783	802	788



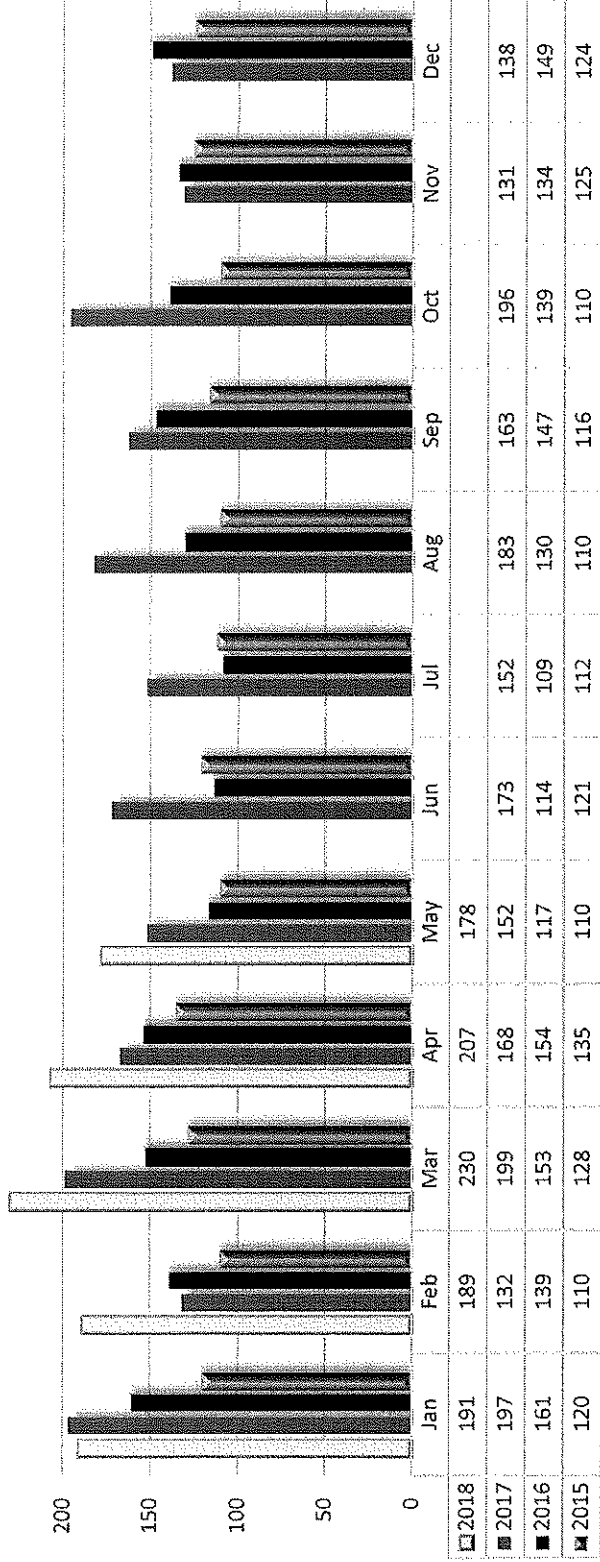
■ 2018 ■ 2017 ■ 2016 ■ 2015



Hubbard County Social Services Intakes

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	191	189	230	207	178	173	152	183	163	196	131	138
2017	197	132	199	168	152	114	109	130	147	139	134	149
2016	161	139	153	154	117	114	109	130	147	139	134	149
2015	120	110	128	135	110	121	112	110	116	110	125	124

250

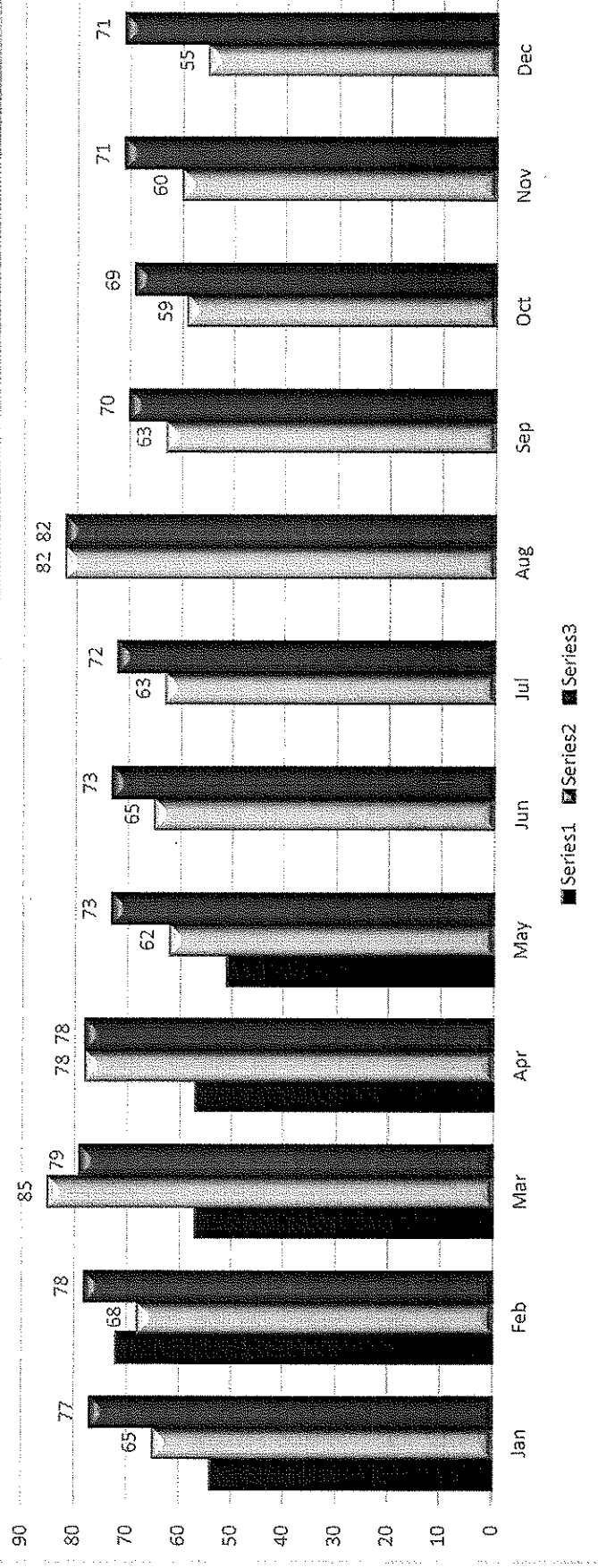


Legend: 2018 (lightest), 2017 (medium-light), 2016 (medium-dark), 2015 (darkest)



Hubbard County Social Services Children in Out of Home Placement

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	54	72	57	57	51							
2017	65	68	85	78	62	65	63	82	63	59	60	55
2016	77	78	79	78	73	73	72	82	70	69	71	71



May 2018 Caseload Totals

Unit name	METS #s	Maxis #s	Child Care #s	Total cases per unit
Family cases (8 workers)	1112	617	73	1802
Singles cases (4 workers)	760	559		1319
65+ cases (2 workers)	*0	493		493
Total METS Cases	1872	Total Maxis Cases	Total Child Care Cases	Totals
		1669	73	3541
				Total METS intakes: 53
				Total Maxis intakes: 69
				Total Child Care intakes: 23

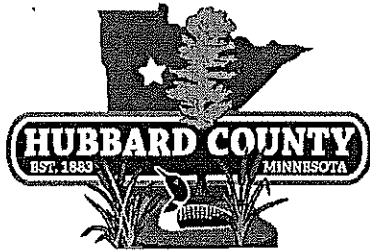
* These health care cases remain in Maxis

HUBBARD COUNTY CHILD SUPPORT UNIT

- * Currently we have approx 992 child support cases open
- * We have collected \$957,193.85 so far this year thru 05/31/2018
- * Our Federal Fiscal Year (FFY) is from October 1st thru Sept 30th
- * Please see the numbers below on collections performance since 2013

<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
64.46%	64.43%	69.53%	73.16%	74.75%	74.92%

* New fiscal year started Oct 1st



Social Services

205 Court Avenue
Park Rapids MN 56470

Phone: (218) 732-1451 • Fax: (218) 732-3231

EFFECTIVE: JULY 2018

Licensed Child Care Variance Policy

Purpose:

To address requests from licensed family child care providers, for a variance, to exceed the allowable number of children in an age category.

Objective:

To be thoughtful and thorough with requests, to ensure the health and safety of children in care, while meeting the needs of children, parents and providers.

Process and Procedures:

Minnesota Statutes, Section 245A.16, Subdivision 1, authorizes the commissioner to delegate licensing functions to counties and private agencies. The 1992 Minnesota Legislature amended this subdivision to include delegation of the authority to issue variances.

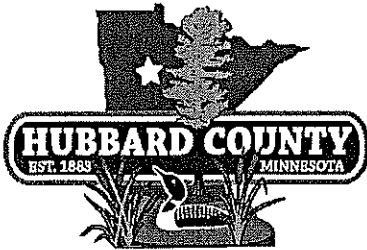
Variations are carefully considered and granted at the discretion of Hubbard County Social Services.

To request a variance:

- a. Call your Licensor at 218-732-2406 to obtain the form via mail or email.
- b. Complete the following forms and submit them to the licensor:
 - Request for Variance Form-includes Enrollment Form
 - Parent Signature Page
- c. The County has up to 30 days to act on a request unless there are extenuating circumstances. Please plan accordingly.

Conditions that apply to variances granted:

- ✓ Providers must explain alternative measures that will be implemented to ensure the safety, health and care of children.
- ✓ Variations are for a specific child or children. Should that family unit no longer receive services from the provider, the variance will be terminated.



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- ✓ Variances are time limited. As a general rule, they are not granted for more than 120 accumulative days in a 12 month period.
 - ✓ All families with children enrolled must be notified of the request for a variance. To ensure the notification is received, parents must submit signed documentation noting the parents have been made aware of this request. Documentation is submitted with the request.
 - ✓ Child care provider must show evidence that they are able to provide the following:
 - Sleeping accommodations for all children in care
 - Additional services necessary for any special needs children in care, specifying how these needs will be met during the variance period.
 - ✓ Any and all past licensing violations, negative actions or complaints will be reviewed and considered in the approval/denial of a variance request.

Correction Orders:

- ✓ Will be issued to any license holder who requests a variance to be over capacity “after the fact”.
- ✓ It is the license holder’s responsibility to request a variance prior to any situation where capacity may not be maintained.
- ✓ Failure to maintain capacity is a licensing violation and a correction order will be issued.

A variance WILL NOT be granted if any of the following apply:

- The effective date is prior to the date the request was received by this agency.
- To exceed overall capacity.
- For one person to care for more than two infants.
- During pending negative licensing recommendations or existing negative licensing actions.
- While on conditional status.
- During an investigation.
- If there are documented rule violations of: supervision, corporal punishment, maltreatment or other health or safety factors.
- History of performance issues via complaints or parent evaluations.

Hubbard County Social Services

REQUEST FOR VARIANCE

From Minnesota Rule 9502.0315-9502.0445 for Child Care

Provider Name _____ Phone Number _____

Address _____

Email Address _____

1. Why do you want a variance from this section of the Rule (Minn. R. 9502.0367)

- To accommodate siblings in care. Temporary emergency care.
 To accommodate an overlap in part-time placement. Child has special needs, which are uniquely met by the provider.
 To allow a provider to start a new child before another child leaves the home or enters a new category.

2. For what time period are you requesting the variance-(6 months maximum)

Begin Date _____ End Date _____

3. What specific measures will you provide to ensure the health, safety, and protection of the children in your care?

4. Have you received variance approvals in the past 12 months? Yes No If yes, when? _____

5. Complete enrollment list on reverse side.

PROVIDER SIGNATURE _____ DATE _____

This space for Agency Use Only

This variance request is Approved Denied Not required

This variance is effective from _____ to _____

Licensors Signature _____ Date _____

Supervisor Signature _____ Date _____

DHS Consultation Yes No If yes, who? _____

Child Care Enrollment List

List all children under age 11 years, including your own children, who will be in attendance if your request for variance of section 9502.0367 is approved. Please list full time children first.

Child's Name	Date of Birth	Age Group (I-T-PS-S)	Parent's Name & Number	Circle the days of attendance
1.				M T W TH F
2.				M T W TH F
3.				M T W TH F
4.				M T W TH F
5.				M T W TH F
6.				M T W TH F
7.				M T W TH F
8.				M T W TH F
9.				M T W TH F
10.				M T W TH F
11.				M T W TH F
12.				M T W TH F
13.				M T W TH F
14.				M T W TH F

What license will you be operating under if the variance is approved?

A B1 B2 C1 C2 C3 D