

PROCEEDINGS OF THE BOARD OF COUNTY COMMISSIONERS

Date: October 7, 2025

9:00 a.m.

Place: Commissioners Room, Courthouse, Caledonia, MN

Members Present: Cindy Wright, Eric Johnson, Kurt Zehnder, Robert Schuldt, and Greg Myhre

Others Present: Interim Auditor/Treasurer Polly Heberlein, Fillmore County Journal Reporter Charlene Selbee, Interim Administrator Carol Lapham, Human Resource Officer Brent Parker, Board Clerk/EDA Director/CEDA Allison Wagner, Public Health and Human Services Director John Pugleasa, Environmental Services Director Amelia Meiners, Engineer Brian Pogodzinski, Public Health Supervisor Jordan Knoke, Public Health Educator Bri Ceaser, and GSS Inc. Shaun Hemsted

Presiding: Chairperson Johnson

Call to order.

Pledge of Allegiance.

Motion was made by Commissioner Wright, seconded by Commissioner Schuldt, motion unanimously carried to approve the agenda.

Wagner said one change had been made to the minutes as it had been written the next meeting would be a workgroup session and it should have said regular meeting. Motion was made by Commissioner Schuldt, seconded by Commissioner Myhre, motion carried unanimously to approve the meeting minutes with the correction.

Public Comment:

None.

APPOINTMENTS

None.

CONSENT AGENDA

Commissioner Zehnder moved, Commissioner Myhre seconded, motion unanimously carried to approve the consent agenda. Approved items are below.

- 1) Change the employment status of Susan Felten, Community Health Worker, from probationary to regular, effective October 15, 2025.

ACTION ITEMS

File No. 1 – Commissioner Zehnder moved, Commissioner Myhre seconded, motion carried unanimously to approve a request to apply for grant opportunity to support Children’s Dental Clinic Mobile Unit to provide services to underinsured or uninsured individuals in Houston County. The grant did not require a match.

File No. 2 – Commissioner Zehnder moved, Commissioner Schuldt seconded, motion unanimously carried to set the fee amount for a Type V septic system at \$1,000.

File No. 3 – Commissioner Zehnder moved, Commissioner Schuldt seconded, motion unanimously carried to approve a CUP for Cloud 1 Services LLC to build a telecommunication tower in the Agriculture Protection District in Mayville Township. The Commissioners discussed how the tower would hopefully improve communications in the County as there were still areas where better service was needed.

File No. 4 – Commissioner Zehnder moved, Commissioner Schuldt seconded, motion carried to approve a CUP for Cloud 1 Services LLC to build a telecommunication tower in the Agriculture Protection District in Wilmington Township. All Commissioners voted yes, except for Commissioner Myhre who abstained from voting on the matter due to a conflict of interest.

File No. 5 – Commissioner Myhre moved, Commissioner Schuldt seconded, motion unanimously carried to approve a CUP for Tim and Gwen Nelson to build a dwelling on less than 40 acres in the Agriculture Protection District in Yucatan Township.

File No. 6 – Commissioner Zehnder moved, Commissioner Myhre seconded, motion unanimously carried to adopt Resolution No. 25-35 Prioritized Bridge Replacement List. Resolution is below.

RESOLUTION 2025-35 Prioritized Bridge Replacement List

WHEREAS, Houston County has reviewed the pertinent data on bridges requiring replacement, rehabilitation, or removal, supplied by local citizenry and local units of government, and

WHEREAS, Houston County has identified those bridges that are high priority and that require replacement, rehabilitation, or removal within the next five years;

NOW, THEREFORE BE IT RESOLVED that the following bridges are high priorities for replacement, major rehabilitation, or removal and Houston County intends to replace, rehabilitate, or remove these bridges as soon as possible when funds are available; and

Old Bridge #	Road # or Name	Crossing	LPI	Total Project Cost	Township or State Bridge Funds Requested	Federal Funds	Local or State Aid Funds	Proposed Construction Year
	West Beaver Road	Dry run	NA	372,000.00	352,000.00	-	20,000.00	2026
L9502	Pfeffer Valley Road		64	379,440.00	359,440.00	-	20,000.00	2027
6937	CR 249	Ditch	64	359,040.00	307,040.00	-	52,000.00	2027
L3968	Sylling Road	Dry Run	67	387,029.00	367,029.00	-	20,000.00	2028
				1,497,509.00	1,385,509.00	-	112,000.00	

BE IT FURTHER RESOLVED, Houston County does hereby request authorization to replace, rehabilitate, or remove such bridges; and

BE IT FURTHER RESOLVED, Houston County does hereby request financial assistance with eligible approach grading and engineering costs on township bridges, as provided by law.

File No. 7 – Commissioner Myhre moved, Commissioner Wright seconded, motion unanimously carried to adopt Resolution No. 25-36 Final Acceptance for CP 2025-06, Contract #340 with Scott Construction Inc for Bituminous Seal Coat. The total cost was \$506,558.62. Resolution is below.

RESOLUTION NO. 25-36

**FINAL ACCEPTANCE FOR CP 2025-06 BITUMINOUS SEALCOAT
CONTRACT # 340**

SCOTT CONSTRUCTION INC

OCTOBER 7, 2025

WHEREAS, Contract No. 340 has in all things been completed, and the County Board being fully advised in the premises,

NOW, THEN BE IT RESOLVED, That we do hereby accept said completed project for and in behalf of the County of Houston and authorize final payment as specified herein.

File No. 8 – Commissioner Myhre moved, Commissioner Wright seconded, motion unanimously carried to approve the 2025-2027 Labor Agreement between The County of Houston and LAW ENFORCEMENT LABOR SERVICES, INC., LOCAL #577 (Chief Deputy Unit) pending County Attorney review and approval.

File No. 9 – Commissioner Zehnder moved, Commissioner Wright seconded, motion unanimously carried to review and approve payments. Payments are below.

REVIEW LICENSE CENTER PAYMENTS

2025/09/26 AUDITOR WARRANTS:

VENDOR NAME	AMOUNT
CALEDONIA OIL CO INC	7,488.00
CONSOLIDATED ENERGY COMPANY	4,135.56
ENTERPRISE FM TRUST CAR SALES	5,629.91
HOUSTON COUNTY RECYCLING PETTY CASH	2,125.87
MATHY CONSTRUCTION	3,827.54
VERIZON WIRELESS	2,946.79
	<u>26,153.67</u>
5 VENDORS PAID LESS THAN \$2000.00	2,851.43
	<u>29,005.10</u>

2025/10/07 COMMISSIONER'S WARRANTS:

VENDOR NAME	AMOUNT
BRAD'S ELECTRIC INC	5,467.19
CONSOLIDATED ENERGY COMPANY	6,300.00
DELTA DENTAL	7,103.92
DEPARTMENT OF TRANSPORTATION	189,621.71
DUNN BLACKTOP COMPANY	130,196.98
IUOE LOCAL 49 FRINGE BENEFIT FUNDS	26,605.00
LIBERTY TIRE RECYCLING LLC	3,639.00
MASTER'S TOUCH INC/THE	5,600.00
MEDICA	245,694.54
MINNOWA CONSTRUCTION INC	96,872.46
MN LIFE INSURANCE COMPANY	2,498.04
PAMELA ANN LARSON VAGTS	6,690.00
REGENTS OF THE UNIVERSITY OF MINNE	37,500.00
SCOTT CONSTRUCTION INC	25,327.93
VANGUNDY EXCAVATING LLP	29,594.91
WINONA CONTROLS INC	4,096.07
	<u>822,807.75</u>
50 VENDORS PAID LESS THAN \$2000.00	28,408.85
	<u>851,216.60</u>
PUBLIC HEALTH & HUMAN SERVICES	28,389.06
	<u>879,605.66</u>

DISCUSSION ITEMS

The TNT meeting was set for December 2nd at 6:00 p.m. in the County Board Room 222. Notices would be mailed in November.

The Commissioners discussed recent and upcoming meetings including a Township Officer, Bluff Country HRA, Safety, Region 9, Bluff Country Collaborative CTE EDA event, and Collaborative Area Schools meeting.

Engineer Pogodzinski said the Airport T Hanger project would begin being worked on in the upcoming weeks. He said the goal was to have the project completed by July 4th, 2026.

Commissioner Wright asked how the federal government shutdown was or could affect the County. Administrator Lapham said it was mostly Public Health and Human Services that would be affected. Passports could be delayed. Public Health and Human Services Director Pugleasa said his department was watching the shutdown closely. He said SNAP and WIC payments had been approved for the month of October. Payments could be impacted in the month of November if the shutdown were to last into November.

Closing Public Comment:

None.

There being no further business, a motion was made by Commissioner Zehnder, seconded by Commissioner Myhre, motion unanimously carried to adjourn the meeting at 10:30 a.m. The next meeting would be a workgroup session on October 14, 2025.

BOARD OF COUNTY COMMISSIONERS

HOUSTON COUNTY, MINNESOTA

By: _____
Eric Johnson, Chairperson

Attest: _____
Carol Lapham, Interim Administrator

PROCEEDINGS OF THE BOARD OF COUNTY COMMISSIONERS

Date: October 14, 2025

9:00 a.m.

Place: Commissioners Room, Courthouse, Caledonia, MN

Members Present:

Cindy Wright, Eric Johnson, Kurt Zehnder, Robert Schuldt, and Greg Myhre

Others Present:

Interim Auditor/Treasurer Polly Heberlein, Interim Administrator Carol Lapham, Board Clerk/EDA/CEDA Director Allison Wagner, Public Health and Human Services Director John Pugleasa, Human Resource Officer Brent Parker, Environmental Services Director Amelia Meiners, One Energy Renewables Associate Director Development Beth Esser, Public Health Supervisor Jordan Knoke, and MiEnergy Vice President of Member Services Kent Whitcomb

Board Workgroup Session

The Commissioners discussed with Environmental Services Director Amelia Meiners the current solar moratorium and solar updates. Meiners shared with the board the summary results from interviews, survey responses, and a two-part solar workshop conducted by the Clean Energy Resource Teams (University of Minnesota Extension) that had taken place in Houston County. The Commissioners discussed if commercial solar should be allowed in Houston County, and if so if it should be allowed on prime ag land. Commissioner Wright suggested that the matter go before the planning commission first, as similar items would go before the planning commission before coming before the Board of Commissioners. Allowing commercial solar would result in the County needing to update their comprehensive land use plan, and adopting a new ordinance. No final decisions were made on the matter.

Commissioners discussed a scam that was happening in Houston County where fraudulent emails were being sent to residents and people applying for permits, falsely claiming to be from the zoning department and requesting payments via wire transfer. The Commissioners discussed putting a notice on the official Houston County website and other ways to get the word out to citizens to be aware of the scam. If anyone had questions on if a fee was legitimate they should reach out to Houston County to confirm.

Interim Administrator Lapham said the committee was still researching the possibility of purchasing the ABLE building to see if it would be feasible for the County to do so. She said the next step in the process would be getting the County's current building along the highway appraised. More information would be provided to the full board and public as the process continued.

The Commissioners discussed with Human Resource Officer Parker, Public Health Supervisor Knoke, and Public Health and Human Services Director Pugleasa a Public Health and Human Services Department Social Worker position that would soon be vacant due to a retirement. The board evaluated the need for the position based on feedback from Human Services that included comparisons to other counties of similar size. No official decisions were made on the matter.

The workgroup session ended at 10:50 p.m.

BOARD OF COUNTY COMMISSIONERS

HOUSTON COUNTY, MINNESOTA

By: _____
Eric Johnson, Chairperson

Attest: _____
Carol Lapham, Interim Administrator

**HOUSTON COUNTY
AGENDA REQUEST FORM
October 21, 2025**

Date Submitted: 10/16/2025

By: Brent Parker, Human Resources Officer

ACTION

APPOINTMENT REQUEST

HR CONSENT AGENDA REQUEST

- **Consider Initiating a competitive search for a 1 FTE Public Health and Human Services Department Social Worker (C41)**

<u>Reviewed by:</u>	<input type="checkbox"/> HR Director	<input type="checkbox"/> Sheriff
	<input type="checkbox"/> Finance Director	<input type="checkbox"/> Engineer
	<input type="checkbox"/> IS Director	<input type="checkbox"/> PHHS
	<input type="checkbox"/> County Attorney	<input type="checkbox"/> (indicate other dept) _____
	<input type="checkbox"/> Environmental Svcs	_____
	<u>Recommendation:</u>	
<u>Decision:</u>		

Houston County Agenda Request Form

Date Submitted: 10/16/2025

Person requesting appointment with County Board: John Pogleasa, Director Human Services

Will you be doing a power point or video presentation: Yes NO

Issue:

Guardianship contracts - Sandra & Mark Deneen, and Chanda Brainerd

Attachments/Documentation for the Board's Review:

Electronic copies for review, hard copies for signature

Justification:

Action Requested:

Approve and sign contracts as presented

For County Use Only			
<u>Reviewed by:</u>	<input type="checkbox"/> County Auditor	<input type="checkbox"/> County Attorney	<input type="checkbox"/> Zoning/Environmental Service
	<input type="checkbox"/> Finance Director	<input type="checkbox"/> County Engineer	<input type="checkbox"/> HR/Personnel
	<input type="checkbox"/> IS Director	<input type="checkbox"/> Other (indicate dept)	<input type="checkbox"/>
<u>Recommendation:</u>			
<u>Decision:</u>			

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and schedule appointments as appropriate.

PURCHASE OF SERVICE AGREEMENT

This Agreement made and entered into by and between the County of Houston, through its local social service agency, Houston County Human Services, 304 South Marshall Street, Room #104, Caledonia, MN 55921, referred to as "County" and **Sandra Deneen and Mark Deneen**, 16265 Dairy Rd, Spring Grove, MN 55974 hereafter referred to as the "Provider".

WITNESSETH

WHEREAS, Houston County Human Services has identified a need for Guardianship/Conservator services for indigent persons who are impaired to the extent of lacking sufficient understanding or capacity to make personal decisions, and are unable to meet personal needs for medical care, nutrition, clothing, shelter, or safety, even with appropriate technological and supported decision-making assistance; and

WHEREAS, this is a mandated service under Minnesota Statute 524.5-101 to 524.5-903 and 252A.01 to 252A.21;

WHEREAS, County wishes to purchase such program services from the Provider;

NOW, THEREFORE, in consideration of the mutual understanding and agreements set forth, Houston County and Provider agree as follows:

1. Term

The term of this Agreement shall be from January 1, 2025 through December 31, 2026. Either party may cancel this Agreement, with or without cause, upon thirty (30) days written notice. Cancellation of this Agreement or expiration of the Agreement term shall not relieve County from paying for Provider's services for wards and protected persons that the Provider is court-appointed to serve, and whom are still eligible for services under this Agreement, before cancellation or termination, so long as Provider remains the court-appointed Guardian and/or Conservator.

2. Services:

a. Pursuant to MN Statutes 256M (Vulnerable Children and Adults Act) and as further detailed in Attachment A to this Agreement, Houston County agrees to purchase, and Provider agrees to furnish the following services:

<u>BRASS CODE</u>	<u>SERVICE DESCRIPTION</u>
59500	Guardianship/Conservatorship (DD)
69500	Guardianship/Conservatorship (Adult)
61600	Transportation/Mileage (Adult)
51600	Transportation/Mileage (DD)
64800	Money Management

3. Eligibility for Services:

a. Service eligibility will be determined according to the criteria established by Houston County.

- b. Services under this Agreement shall only be provided to clients meeting the criteria of indigent residents of Houston County.
 - c. County shall determine an indigent client AND the category of complexity shall be assigned by County after negotiation with the Provider. All new indigent cases that are not a medical emergency must be screened by County prior to start of service. Service level is subject to negotiation by Provider and County in the light of actual experience with the client and/or changing circumstances.
4. Cost and Delivery of Purchased Services:
See Attachment A for details.
5. Payment for Purchased Services:
- a. To receive payment, Provider shall, within ten (10) business days following the last day of each month, submit a county approved invoice for purchased services to County. The invoice shall show client name, address, case number, and a detailed listing of the service(s) provided.
 - b. County shall, within thirty-five (35) days of receipt of the invoice and summary sheet, make payment for all approved units of service. Provider will be contacted within the 35-day period for charges that are in a pending approval status.
 - c. Provider further acknowledges that bills must be current and timely. Provider acknowledges that there will be a reduction of 50% of the total amount billable, on bills submitted for payment more than 3 months after date of service.
6. Records
- a. Provider shall maintain such records and provide County with financial, statistical and service reports as County may require for accountability.
 - b. Per MN Statute 16C.05, Subd. 5, all records pertaining to this Agreement must be maintained for six (6) years at 16265 Dairy Rd, Spring Grove, MN 55974.
 - c. Provider agrees to cooperate in evaluative and/or outcome efforts as required by County.
7. Independent Contractor
- a. Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of Provider or other persons, while engaged in the performance of any work or services required by Provider under this Agreement, shall have no contractual relationship with the county and shall not be considered employees of County, and any and all claims that may or might arise under the Unemployment Compensation Act or the Workers' Compensation Act of the State of Minnesota on behalf of said personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against Provider, its officers, agents, contractors, or employees shall in no way be the responsibility of County; and Provider shall defend, indemnify, and hold County, its officers, agents, and

employees harmless from any and all such claims irrespective of any determination of any pertinent tribunal, agency, board, commission, or court. Such personnel or other persons shall neither require nor be entitled to any compensation, rights, or benefits of any kind whatsoever from County, including without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Insurance, disability, severance pay and PERA.

- b. It is agreed that nothing contained in the Agreement, including the payment provisions as specified above for the full term or any portion or extension of the contract period, is intended or should be construed as creating the relationship of co-partners, joint venturers, or an association with County. And nor shall Provider, its employees, agents, and representatives be considered employees, agents and representatives of County.

8. Provider Standards and Licenses

- a. Upon initial implementation of an Agreement with the Provider, Provider shall furnish County a background resume to include the following: professional and personal credentials for guardianship/conservatorship, a minimum of three personal/professional references, professional associations and/or accreditation of such, a current Minnesota driver's license in good standing.
- b. Provider will comply with all background check and background reporting requirements specified by County and courts. Provider agrees to inform Houston County of any change in address and/or violations that may affect background check results within 5 days of the occurrence.
- c. Provider shall comply with all applicable Federal and State statutes and regulations, as well as local ordinances and rules now in effect or hereafter adopted including Minnesota Statutes 524.5 et al.
- d. Other provisions for cancellation of this Agreement notwithstanding, failure to meet the requirements listed in this section may be cause for cancellation of this Agreement effective as of receipt of notice of cancellation.

9. Safeguard of Client Information:

Provider agrees to comply will all data privacy rules as governed by the Minnesota Data Practices Act, Minnesota Chapter 13, and the requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Part 160-164).

10. Indemnification:

- a. Provider does hereby agree that it will defend, indemnify, and hold harmless County, its elected officials, employees and agents against any and all liability, loss, damages, costs and expenses (including reasonable attorney's fees and costs of defense) which County may hereafter sustain, incur, or be required to pay:
 - 1) By reason of any client and any client's personal caregiver suffering bodily or personal injury, death, or property loss or damage either while participating in or

receiving services to be furnished under this Agreement, or while on premises owned, leased, or operated by the Provider, or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the Provider or any officer, agent, or employee thereof; or

- 2) By reason of any client causing injury to, or damage to, the property of another person, during any time when the Provider or any officer, agent, or employee thereof has undertaken or is furnishing the services called for under this Agreement.
 - 3) Any actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court by Provider related to services furnished to client pursuant to this Agreement.
- b. This indemnity provision shall survive the termination or expiration of this Agreement. Nothing herein shall be construed to limit County from asserting against third parties any defenses or immunities (including common law, statutory and constitutional) it may have or be construed to create a basis for a claim or suit when none would otherwise exist.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, Houston County and Provider have executed this Agreement as of the day and year first written above.

SANDRA DENEEN and MARK DENEEN

BY: Sandra J Deneen
Sandra Deneen

DATED: 30 sept. 2025

BY: Mark Deneen
Mark Deneen

DATED: 30 / sept 25

Approved as to Form and Execution:

BY: _____
Houston County Attorney

DATED: _____

BY: _____
Chairperson
Houston County Board of Commissioners

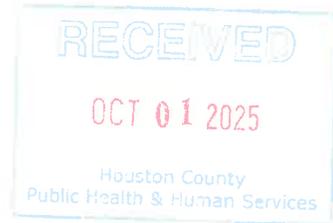
DATED: _____

Electronically Signed By

BY: John Pugliesa
John Pugliesa, Director
Houston County Human Services

DATED: _____

John Pugliesa, Director
Houston County Human Services



Houston County's Conservatorship and Guardianship Service Definition

A guardian or conservator:

- Has only those powers necessary to provide for the demonstrated needs of the ward or protected person.
- Is responsible for protecting the rights of ward or protected person.
- Is the court-appointed decision maker for the ward or protected person.
- Should involve the ward or protected person (and other interdisciplinary team members if applicable) in the decision-making process but is ultimately responsible for making decisions that promote the health, safety and personal well-being of the ward or protected person.

Duties for Guardian/Conservators:

- Minimum of two (2) face-to-face visits with client per year, more frequent visits and communication by other means is encouraged.
- Sign consents and other necessary paperwork
- Complete financial applications as needed
- Complete any required correspondence
- Make court appearances on behalf of client as needed
- Attend Care Conference, annual meetings, ISP and IHP meetings on client's behalf
- Communicate with interdisciplinary team members regarding decisions made

Conservator:

- Pay monthly bills and service other financial responsibilities
- Establish and manage appropriate checking, savings and other accounts
- File annual accounting with the court(s).

Guardian:

- Coordinate general living support services
- Coordinate housing upkeep and repair if needed
- Ensure general living and health needs are adequately met
- File annual well-being report to court(s).

General:

- Remain current on trends and procedures of Conservatorship and Guardianship
- Submit monthly bills and contact notes to Houston County

Rates:

\$138.00 per month for guardian services

\$138.00 per month for conservator services

\$276.00 per month if both guardian and conservator

This rate includes mileage. Any mileage reimbursement or travel time must be pre-approved by a County Case Manager. Mileage will be reimbursed at the current IRS mileage rate.

Service Arrangements:

Individual Service Arrangements will authorize the amount and frequency of service to be provided to each client. Provider cannot exceed the authorized amount of service to be provided without having received prior approval from the involved County worker, or designee, to do so.

Billing:

- Time should be billed monthly.
- If the ward/conservatee has a monthly income and is:
 - 1) Receiving Minnesota Supplemental Aid (MSA) and not residing in Nursing Home or Regional Treatment Center or
 - 2) Receives Housing Support (GRH) benefits or
 - 3) Receiving Medical Assistance (MA) Payments for Long-Term Care (LTC) Services, Provider shall deduct 5% of the ward/conservatee's gross monthly income for conservator/guardian fees up to a maximum of \$100.00 per month. This amount must then be deducted from the indicated County payment amount. If the amount obtained from income exceeds County payment amount, there will be no County payment to Provider.
- Bills and associated contact notes should be submitted to a Human Services Case Manager on a monthly basis.
- While monthly billing is expected, if for some reason monthly billing is not possible, they must be submitted quarterly.
- Provider must meet "end of the year" budget deadlines to be paid for December.

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WITNESSETH

WHEREAS, Houston County Human Services has identified a need for Guardianship/Conservator services for indigent persons who are impaired to the extent of lacking sufficient understanding or capacity to make personal decisions, and are unable to meet personal needs for medical care, nutrition, clothing, shelter, or safety, even with appropriate technological and supported decision-making assistance; and

WHEREAS, this is a mandated service under Minnesota Statute 524.5-101 to 524.5-903 and 252A.01 to 252A.21;

WHEREAS, County wishes to purchase such program services from the Provider;

NOW, THEREFORE, in consideration of the mutual understanding and agreements set forth, Houston County and Provider agree as follows:

1. Term

The term of this Agreement shall be from July 24, 2025 through December 31, 2026. Either party may cancel this Agreement, with or without cause, upon thirty (30) days written notice. Cancellation of this Agreement or expiration of the Agreement term shall not relieve County from paying for Provider's services for wards and protected persons that the Provider is court-appointed to serve, and whom are still eligible for services under this Agreement, before cancellation or termination, so long as Provider remains the court-appointed Guardian and/or Conservator.

2. Services:

a. Pursuant to MN Statutes 256M (Vulnerable Children and Adults Act) and as further detailed in Attachment A to this Agreement, Houston County agrees to purchase, and Provider agrees to furnish the following services:

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3. Eligibility for Services:

a. Service eligibility will be determined according to the criteria established by Houston County.

- b. Services under this Agreement shall only be provided to clients meeting the criteria of indigent residents of Houston County.
 - c. County shall determine an indigent client AND the category of complexity shall be assigned by County after negotiation with the Provider. All new indigent cases that are not a medical emergency must be screened by County prior to start of service. Service level is subject to negotiation by Provider and County in the light of actual experience with the client and/or changing circumstances.
4. Cost and Delivery of Purchased Services:
See Attachment A for details.
5. Payment for Purchased Services:
- a. To receive payment, Provider shall, within ten (10) business days following the last day of each month, submit a county approved invoice for purchased services to County. The invoice shall show client name, address, case number, and a detailed listing of the service(s) provided.
 - b. County shall, within thirty-five (35) days of receipt of the invoice and summary sheet, make payment for all approved units of service. Provider will be contacted within the 35-day period for charges that are in a pending approval status.
 - c. Provider further acknowledges that bills must be current and timely. Provider acknowledges that there will be a reduction of 50% of the total amount billable, on bills submitted for payment more than 3 months after date of service.
6. Records
- a. Provider shall maintain such records and provide County with financial, statistical and service reports as County may require for accountability.
 - b. Per MN Statute 16C.05, Subd. 5, all records pertaining to this Agreement must be maintained for six (6) years at 9611 County 14, Caledonia, MN 55921.
 - c. Provider agrees to cooperate in evaluative and/or outcome efforts as required by County.
7. Independent Contractor
- a. Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of Provider or other persons, while engaged in the performance of any work or services required by Provider under this Agreement, shall have no contractual relationship with the county and shall not be considered employees of County, and any and all claims that may or might arise under the Unemployment Compensation Act or the Workers' Compensation Act of the State of Minnesota on behalf of said personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against Provider, its officers, agents, contractors, or employees shall in no way be the responsibility of County; and Provider shall defend, indemnify, and hold County, its officers, agents, and

employees harmless from any and all such claims irrespective of any determination of any pertinent tribunal, agency, board, commission, or court. Such personnel or other persons shall neither require nor be entitled to any compensation, rights, or benefits of any kind whatsoever from County, including without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Insurance, disability, severance pay and PERA.

- b. It is agreed that nothing contained in the Agreement, including the payment provisions as specified above for the full term or any portion or extension of the contract period, is intended or should be construed as creating the relationship of co-partners, joint venturers, or an association with County. And nor shall Provider, its employees, agents, and representatives be considered employees, agents and representatives of County.

8. Provider Standards and Licenses

- a. Upon initial implementation of an Agreement with the Provider, Provider shall furnish County a background resume to include the following: professional and personal credentials for guardianship/conservatorship, a minimum of three personal/professional references, professional associations and/or accreditation of such, a current Minnesota driver's license in good standing.
- b. Provider will comply with all background check and background reporting requirements specified by County and courts. Provider agrees to inform Houston County of any change in address and/or violations that may affect background check results within 5 days of the occurrence.
- c. Provider shall comply with all applicable Federal and State statutes and regulations, as well as local ordinances and rules now in effect or hereafter adopted including Minnesota Statutes 524.5 et al.
- d. Other provisions for cancellation of this Agreement notwithstanding, failure to meet the requirements listed in this section may be cause for cancellation of this Agreement effective as of receipt of notice of cancellation.

9. Safeguard of Client Information:

Provider agrees to comply with all data privacy rules as governed by the Minnesota Data Practices Act, Minnesota Chapter 13, and the requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Part 160-164).

10. Indemnification:

- a. Provider does hereby agree that it will defend, indemnify, and hold harmless County, its elected officials, employees and agents against any and all liability, loss, damages, costs and expenses (including reasonable attorney's fees and costs of defense) which County may hereafter sustain, incur, or be required to pay:
 - 1) By reason of any client and any client's personal caregiver suffering bodily or personal injury, death, or property loss or damage either while participating in or

receiving services to be furnished under this Agreement, or while on premises owned, leased, or operated by the Provider, or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the Provider or any officer, agent, or employee thereof; or

- 2) By reason of any client causing injury to, or damage to, the property of another person, during any time when the Provider or any officer, agent, or employee thereof has undertaken or is furnishing the services called for under this Agreement.
 - 3) Any actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court by Provider related to services furnished to client pursuant to this Agreement.
- b. This indemnity provision shall survive the termination or expiration of this Agreement. Nothing herein shall be construed to limit County from asserting against third parties any defenses or immunities (including common law, statutory and constitutional) it may have or be construed to create a basis for a claim or suit when none would otherwise exist.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, Houston County and Provider have executed this Agreement as of the day and year first written above.

CHANDA BRAINARD

BY: Chanda Brainard DATED: 9-24-25

Chanda Brainard

Approved as to Form and Execution:

BY: _____ DATED: _____

Houston County Attorney

BY: _____ DATED: _____

Chairperson
Houston County Board of Commissioners

BY: John Puggle DATED: 7/25/2025

John Puggle, Director
Houston County Human Services

Houston County's Conservatorship and Guardianship Service Definition

A guardian or conservator:

- Has only those powers necessary to provide for the demonstrated needs of the ward or protected person.
- Is responsible for protecting the rights of ward or protected person.
- Is the court-appointed decision maker for the ward or protected person.
- Should involve the ward or protected person (and other interdisciplinary team members if applicable) in the decision-making process but is ultimately responsible for making decisions that promote the health, safety and personal well-being of the ward or protected person.

Duties for Guardian/Conservators:

- Minimum of two (2) face-to-face visits with client per year, more frequent visits and communication by other means is encouraged.
- Sign consents and other necessary paperwork
- Complete financial applications as needed
- Complete any required correspondence
- Make court appearances on behalf of client as needed
- Attend Care Conference, annual meetings, ISP and IHP meetings on client's behalf
- Communicate with interdisciplinary team members regarding decisions made

Conservator:

- Pay monthly bills and service other financial responsibilities
- Establish and manage appropriate checking, savings and other accounts
- File annual accounting with the court(s).

Guardian:

- Coordinate general living support services
- Coordinate housing upkeep and repair if needed
- Ensure general living and health needs are adequately met
- File annual well-being report to court(s).

General:

- Remain current on trends and procedures of Conservatorship and Guardianship
- Submit monthly bills and contact notes to Houston County

Rates:

\$138.00 per month for guardian services

\$138.00 per month for conservator services

\$276.00 per month if both guardian and conservator

This rate includes mileage. Any mileage reimbursement or travel time must be pre-approved by a County Case Manager. Mileage will be reimbursed at the current IRS mileage rate.

Service Arrangements:

Individual Service Arrangements will authorize the amount and frequency of service to be provided to each client. Provider cannot exceed the authorized amount of service to be provided without having received prior approval from the involved County worker, or designee, to do so.

Billing:

- Time should be billed monthly.
- If the ward/conservatee has a monthly income and is:
 - 1) Receiving Minnesota Supplemental Aid (MSA) and not residing in Nursing Home or Regional Treatment Center or
 - 2) Receives Housing Support (GRH) benefits or
 - 3) Receiving Medical Assistance (MA) Payments for Long-Term Care (LTC) Services, Provider shall deduct 5% of the ward/conservatee's gross monthly income for conservator/guardian fees up to a maximum of \$100.00 per month. This amount must then be deducted from the indicated County payment amount. If the amount obtained from income exceeds County payment amount, there will be no County payment to Provider.
- Bills and associated contact notes should be submitted to a Human Services Case Manager on a monthly basis.
- While monthly billing is expected, if for some reason monthly billing is not possible, they must be submitted quarterly.
- Provider must meet "end of the year" budget deadlines to be paid for December.

Houston County Agenda Request Form

Date Submitted: October 8, 2025

Board Date: October 21, 2025

Person requesting appointment with County Board: Brian Pogodzinski

Issue:

To repair and line a culvert pipe on CSAH 18 in the municipal section of Hokah.

Attachments/Documentation for the Board's Review:

Attached is a quote from Subsurface Inc in the amount of \$55,550.00. Houston County will be providing the traffic control and dewatering is not expected reducing the price by \$4,000.00 and \$1,500.00.

Justification:

Action Requested:

Approve the quote provided by Subsurface Inc in the amount of \$55,550.00.

For County Use Only						
<u>Reviewed by:</u>	_____	County Auditor	_____	County Attorney	_____	Zoning Administrator
	_____	Finance Director	_____	County Engineer	_____	Environmental Services
	_____	IS Director	_____	Other (indicate dept)	_____	
<u>Recommendation:</u>						
<u>Decision:</u>						

All agenda request forms must be submitted to Allison Wagner at BOC@co.houston.mn.us by 12:00 p.m. on Thursday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and determine if the request will be heard at a County Board meeting.

P.O. Box 37
Moorhead, MN 56561-0037



Phone (701) 997-5040
Email: gary@subsurface-inc.com

July 8, 2025

Brian Pogodzinski
Houston County Engineer
1124 East Washington Street
Caledonia, MN 55921

Office-(507) 725-3925
Cell –
bpogodzinski@hocomn.gov
RE: UVCIPP
GPS Site Location
CR #18 (15" CMP) 43.75931, -91.34636

Dear Brian
Subsurface, Inc. is pleased to provide you with a Quote with 1 location, on County Road 18. Prices include Dewatering, Culvert cleaning, pre-liner televising, Furnish & Install liner, and post-liner televising. All according to MNDOT specifications.

Mobilization	Lump Sum			= \$5000.00
Lining Culvert Pipe (15" CMP)	265LF	X	\$155.00	= \$41,075.00
Clean & TV pipe Sewer	265LF	X	\$15.00	= \$3,975.00
Traffic Control	1 day.	X	\$4,000.00	= \$4,000.00
Dewatering	If needed		\$1,500.00	= \$1,500.00
Total Estimate				= \$55,550.00

Final quantity for UV CIPP shall be field measured. Houston County to secure landowner access agreements if access is needed outside of the right of way. Houston County would provide traffic control for a single lane Road closure consisting of approved signing and flag men, at a minimum of 12 hrs.' a day Monday through Friday. If Houston County cannot provide traffic control, add \$4,000.00/ day as seen in the estimate. If Houston County agrees to provide traffic control, the fee will be removed. If Dewatering is not needed at the time of the installation this will also be subtracted off the invoice. Houston County to complete any grubbing within a 10' radius of inlet and outlet side of pipe and a 10' runway from top of roadway in a straight line to inlet and outlet ends. Houston County to provide clean water and a dump site for the cleaning of the pipe. If Subsurface finds the pipe to be collapsed or too crushed to line, Houston County would still have to pay for Mobilization, traffic control, if Subsurface provides and the cleaning and televising of the pipe.

Approved By _____

Sincerely,
Chad Bendickson
Sales and Business Development Specialist Subsurface, Inc (507) 402-1730

Houston County Agenda Request Form

Date Submitted: October 15, 2025

Board Date: October 21, 2025

Person requesting appointment with County Board: Brian Pogodzinski

Issue:

Please review the two quotes provided for concrete slab repairs on CSAH 8.

Rogich Bros Concrete LLC, for \$25,200.00

Meyer Concrete, LLC for \$26,970.00.

Attachments/Documentation for the Board's Review:

Justification:

Action Requested:

Recommendation is to approved the low quote from Rogich Bros Concrete LLC.

For County Use Only

Reviewed by:

_____ County Auditor

_____ County Attorney

_____ Zoning Administrator

_____ Finance Director

_____ County Engineer

_____ Environmental Services

_____ IS Director

_____ Other (indicate dept)

Recommendation:

Decision:

All agenda request forms must be submitted to Allison Wagner at BOC@co.houston.mn.us by 12:00 p.m. on Thursday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and determine if the request will be heard at a County Board meeting.



ESTIMATE

#EST125
Issued 10/10/2025

FROM

Rogich Bros Concrete LLC
507 458 5134
rogi_jac123@icloud.com
420 N 2nd St Caledonia Mn 55921

BILL TO

Houston County Highway Department
jgoeden@hocomn.gov

Description	QTY	Price, USD	Amount, USD
Spot #1 and #2 3 13'x30' pieces 9 bag concrete. 7" thick Baskets and dowels	1	\$15,210.00	\$15,210.00
Spot #3 13' x 13' 13' x45' 9 bag concrete 7" thick Baskets and dowels	1	\$9,990.00	\$9,990.00
		Total	\$25,200.00

Meyer Concrete, LLC
 12735 Tower Drive
 Caledonia, MN 55921 US
 meyerconcretelc@gmail.com

Estimate

ADDRESS

Houston County Highway Dept.

ESTIMATE #	DATE
1362	10/05/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	04 Concrete	Cty rd 8 paving patch's #1 27'x32'	1	11,225.00	11,225.00
	04 Concrete	#2 31'x13'6"	1	5,420.00	5,420.00
	04 Concrete	#3 46'x13'6" & 13'x13'6"	1	10,325.00	10,325.00

*NOTE(s)(unless otherwise stated in estimate)

TOTAL

\$26,970.00

Exterior concrete flatwork: to be 6 bag 4000psi exterior mix design , w/rebar grid 3' on center each way and typical broom finish , tooled or sawcut control joints

Interior concrete flatwork : to be 6 bag 4000psi interior mix design w/plastic vapor barrier , rebar grid 3' on center each way , and smooth trowel finish , sawcut control joints

Decorative concrete: see above , and 1 coat of sealer applied

Fill/Base material:(all flatwork) 3/4" gravel, or screenings will be brought in and compacted to achieve proper base/sub grade suitable to pour/place concrete
 if unforeseen /bad soil conditions are found it will be addressed with customer at that time

Concrete removal: all concrete removal to be removed , hauled away , properly disposed of

Cleanup: jobsites will be picked up/tidied up at end of each day , and thoroughly at end of each job

Accepted By

Accepted Date

Houston County Agenda Request Form

Date Submitted: October 13, 2025

Board Date: October 21, 2025

Person requesting appointment with County Board: Brian Pogodzinski

Issue:

Houston County's State Aid Municipal construction allotment will exceed the maximum unencumbered allotment by \$226,373.00. To avoid a needs penalty, we request that this money be transferred to our regular construction allotment.

Please note that this money is still expected to be used for paving the urban section of CSAH 13 in Houston, Mn next year.

Attachments/Documentation for the Board's Review:

Resolution provided.

Justification:

Action Requested:

To approve Resolution 25-37 to approve the transfer of \$226,373.00 to our regular construction allotment.

For County Use Only						
<u>Reviewed by:</u>	_____	County Auditor	_____	County Attorney	_____	Zoning Administrator
	_____	Finance Director	_____	County Engineer	_____	Environmental Services
	_____	IS Director	_____	Other (indicate dept)	_____	
<u>Recommendation:</u>						
<u>Decision:</u>						

All agenda request forms must be submitted to Allison Wagner at BOC@co.houston.mn.us by 12:00 p.m. on Thursday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and determine if the request will be heard at a County Board meeting.

COUNTY TRANSFER OF EXCESS MUNICIPAL FUNDS TO REGULAR FUNDS

RESOLUTION 25-37

COUNTY OF HOUSTON

WHEREAS, Minnesota Statute 162.08, Subd 4 (d), provides that accumulated balances in excess of two years of municipal account apportionments may be spent on projects located outside of municipalities under 5000 population when approved solely by resolution of the county board

NOW, THEREFORE, BE IT RESOLVED, that the Commissioner of Transportation transfer \$226,383 (all funds) in excess of two years apportionment into the Regular Construction Account.

*****CERTIFICATION*****

STATE OF MINNESOTA

COUNTY OF HOUSTON

I, Carol Lapham, duly appointed and qualified Interim Administrator in and for the County of Houston, State of Minnesota, do hereby certify that the above is a true and full copy of a resolution duly adopted by the County Board of Houston County, Minnesota, assembled in regular session on the 21st day of October 2025.

WITNESS my hand and the seal of my office this October 21, 2025.

Signed by: _____

Interim Houston County Administrator

Houston County Agenda Request Form

Date Submitted: 10/16/2025

Person requesting appointment with County Board: John Pugleasa, Director Public Health & Human Services

Will you be doing a power point or video presentation: _____ Yes ___ X NO

Issue:

Approve MFIP Biennial Service Agreement 2026-2027. This is a required agreement for administration of the Minnesota Family Investment Program (MFIP).

Attachments/Documentation for the Board's Review:

Soft copy of Biennial Service Agreement for review

Justification:

Action Requested:

Review and approve agreement as presented. No signature required.

For County Use Only			
<u>Reviewed by:</u>	_____ County Auditor	_____ County Attorney	_____ Zoning/Environmental Service
	_____ Finance Director	_____ County Engineer	_____ HR/Personnel
	_____ IS Director	_____ Other (indicate dept)	_____
<u>Recommendation:</u>			
<u>Decision:</u>			

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and schedule appointments as appropriate.

Test Language:

Before you click on "Next", download the PDF of responses to your questions for the 30-day window review process from September 15 - October 15, 2025. You can come back to submit your responses after the 30 day comment period is complete. You can access your saved survey responses by clicking on the link that was originally emailed to you.

DO: Review responses before clicking to download the PDF of responses for public comment period.

DO NOT: Click "Next" or you will be submitting your BSA responses before the 30-day public comment period.

Biennial Service Agreement 2026 - 2027 Survey

Welcome to the 2026 – 2027 Tribal Nation and County MFIP Biennial Service Agreement Survey! We are excited to be utilizing Qualtrics software to administer the BSA this year. This survey is required to receive consolidated funds for the Minnesota Family Investment Program (MFIP). This required survey will gather information from Tribal Nations, counties and consortia across the state about the services and strategies intended to meet program measures with the goal of increasing economic stability of low-income families on MFIP.

Your participation in the survey

- We anticipate this survey will take a significant amount of time to complete, please plan accordingly.
- Your responses to this survey will need to be posted and shared for 30 days prior to submission on October 15, 2025.
- Your participation in this survey is required for the MFIP program.
- You can see your progress via the progress bar at the top of the screen. Do not skip questions, and for questions without an answer, please indicate "N/A".

How survey information will be used

State staff from the MFIP program will use information collected to help gather information about the program strengths and service delivery gaps. This is a comprehensive assessment of current efforts will help provide insights into what type of assistance is needed. Results will help provide information that will help support the development of new strategies to better serve participants who are utilizing MFIP supports. Responses will also help to inform ongoing efforts to continually improve the MFIP program so that it works better for children, youth and families in Minnesota.

We know that as public service professionals and leaders, you are incredibly busy, and we are so grateful for your time in completing this survey. Thank you for all you do for Minnesota children, families, and communities.

To navigate this survey

- If you are using a mouse or touch screen, click the "Next page" and "Back" buttons at the bottom of your screen to advance or go back a page.
- If you are using keyboard shortcuts or assistive technology, use the tab key to navigate to an object, arrow keys to navigate within an object (or response options), and space bar to select an item.
- Preview Results: Once you approach the end of the survey, you can preview your results and download a PDF document. This document is what is shared during the 30-day public comment timeframe.
- After the 30 day public comment period is complete, you will then log back in through the link provided in the original email and at the end of the survey, please be sure to click or select the "Submit" button at the bottom of your screen to record your responses due by October 15, 2025.

Contact Information - Please fill in and complete each field for this section.

Tribal Nation Name / County / Consortium	Houston County
Plan Year	2026-2027
Contact Person	Karen Kohlmeyer
Title	Financial Assistance Supervisor
Address	304 S Marshall St, Rm 104
City	Caledonia
State	MN
Zip Code	55921
Phone Number	507-725-5893
Email Address	kkohlmeyer@hocomn.gov
Confirm Email Address	kkohlmeyer@hocomn.gov

Please review [Bulletin # 25-11-02](#) for more details before you complete this survey.

You can also access the Bulletin through this link: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mr072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery

Identify challenges in **financial assistance** that are prohibiting you from properly serving Minnesota Family Investment Program (MFIP) families in your community.

Houston County continues to have challenges with childcare availability and transportation. Houston County is a rural county that borders two states, Wisconsin and Iowa. We border a larger city on our eastern border, and it is felt Houston County is an extension of La Crosse, WI. The residents in that area have greater access to transportation than the rest of our communities. They had a bus line with limit hours that allows them access to jobs in La Crosse, but only during day and limited weekend hours. Our western border is more rural and is comprised of farmland. A majority of our county residents have no access to public transportation which causes hardship for many trying to find higher paying jobs in larger communities. We continue to face a shortage of childcare providers as well. We recently had a large childcare center close and families have had to go out of county in order to find childcare. We are actively working on creating more openings and providing resources for our childcare providers in hopes of keeping the providers we have while trying to attract more to the profession. The county and Workforce Development are both partners in a countywide cohort trying to address this issue. The lack of care not only prevents families from actively looking for work, but we are also finding it may increase reports for child welfare or child protection as parents are going to work and leaving their children unattended. This causes greater barriers and challenges for those we are trying to serve. We will also be losing a primary care provider in the center of our community. Our Caledonia clinic is closing at the end of the year, they were not only an employer, but they provided services in a rural setting. Families receiving medical assistance will have access to medical transportation, but we find many may not reach out as they aren't aware or find the process to cumbersome. The impacts of the closure are yet to be felt. The county also faces issues with broadband internet connections. We live in an area with many hills and valleys and not all areas have access to reliable internet connections which make working remotely a challenge.

Identify challenges in **employment services** that are prohibiting you from properly serving MFIP families in your community.

Houston County has a long-standing relationship with our employment services provider, Workforce Development. they face the same challenges as our financial assistance team. The lack of transportation or reliable transportation can make it difficult to help find placement in jobs with a livable wage. The lack of childcare as a whole, but especially second shift, overnight and weekend care limits participants from finding employment in the healthcare settings where shift work is more prevalent.

Identify resources in your community that benefit MFIP families.

Houston County Public Health and Human Services- family home visiting, WIC, waived services Hiawatha Valley Mental Health Clinic- substance abuse and mental health services SEMCAC- food shelf, transportation, energy assistance, rent help Neighbors in Actions- transportation and home care assistance SEMMCHRA- section 8 rental assistance Nalaxone distribution sites community gardens in La Crescent and the Caledonia food shelf

Identify resources that are **not available in your community** that would benefit MFIP families.

Public transportation- very limited access GED/ABE English Language Learner on-the-job training supported work/paid work experiences

MFIP Employment Services Supervisor Contact

Name Kyle Mullen

Phone 651-376-2005

Email kmullen@wdimn.org

DWP Supervisor Contact

Name Karen Kohlmeyer

Phone 5077255811

Email kkohlmeyer@hocomn.gov

Financial Assistance Services Supervisor Contact

Name	Karen Kohlmeyer
Phone	5077255893
Email	kkohlmeyer@hocomn.gov

Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP)

What strategies do you use for hard-to-engage participants? **Check all that apply.**

- Home visits
- Off-site meeting opportunities
- Virtual Appointments
- Workforce One Connect App
- Sanction outreach services
- Incentives, please specify:

support services

- Other, please specify in the text box below

What type of job development do you do? **Check all that apply.**

- Sector job development
- Individual job development
- Other, please specify in the text box below.

WDI outreach specialist connects with area businesses

Do you have an ongoing job development partnership or sector base with community employers to help participants with employment?

For example, some of these activities could include, but are not limited to: Interview opportunities, job skills training, job placement, job shadowing, on-site job training, work experience, helping to plan training programs, other.

- No
 Yes

Please check all activities community employers provide to help participants with employment.

- Interview opportunities
- Job skills training
- Job placement
- Job shadowing
- On-site job training
- Work experience
- Helps plan training programs
- Other, please specify in the text box below

Do you provide the following services to prepare participants for work?

For example, some of these services could include, but are not limited to: Transportation, soft skills training, financial planning, mentoring, other.

- No
 Yes

When it comes to the services provided to help prepare participants for work, please **check all activities that are provided.**

- Transportation**
- Soft Skills Training**
- Financial Planning
- Mentoring**
- Other, please specify in text box below

Do you provide job retention services for employed participants?

For example, some of these services could include, but are not limited to: Assist with issues that develop on the job, transportation, financial planning, soft skill training, mentoring, personal contact with employee and how often, other.

- No
- Yes

When it comes to job retention services for employed participants, please **check all that apply.**

- Available to assist with issues that develop on the job**
- Transportation**
- Financial planning
- Soft skills training**
- Mentoring**
- Personal contact with the employee and how often:**

monthly

- Other, please specify in the text box below

How long do you provide job retention services?

- Up to 3 months
- 6 months
- 12 months
- Other (please specify)

Do you provide job advancement services to employed participants?

For example, some of these services could include, but are not limited to: career laddering, coaching / mentoring, education / training, networking, ongoing job search, other

- No
- Yes

When it comes to job advancement services for employed participants, please **check all that apply**.

- Career laddering
- Coaching/mentoring
- Education/training
- Networking
- Ongoing job search
- Other

Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

For example, some of these programs include, but are not limited to: Pathways to Prosperity, Work Keys, National Career Readiness Certificate

- No
- Yes

When it comes to the programs that you utilize for career pathway, skills assessment, or credentialing, please **check all that apply**.

- Pathways to Prosperity (P2P)
- Work Keys
- National Career Readiness Certificate (NCRC)
- Other

Strong Interest Inventory

Family Stabilization Services (FSS)

Do you have qualified professionals available to assist with FSS cases in your service area who meet the licensure and accreditation requirements?

For example, qualified professionals could include, but are not limited to: licensed physician, physician assistant, advanced practice registered nurse, physical therapist, occupational therapist, licensed social worker, licensed psychologist, certified school psychologist, mental health professional, certified psychometrist, other)?

- No
- Yes

When it comes to having qualified professionals available to assist with FSS cases in your area who meet the licensure and accreditation requirements, please **check all that apply**.

- Licensed physician
- Advanced practice registered nurse
- Occupational therapist
- Licensed psychologist
- Mental health professional**
- Physician assistant
- Physical therapist
- Licensed social worker
- Certified school psychologist
- Certified psychometrist
- Other**

Social Workers for AMH and CMH services, Adult Rehabilitation Mental Health Services Work

Do you make referrals for children of FSS participants?

For example, some referrals for children of FSS participants could include, but are not limited to: Children's Mental Health Services, Child Wellness Check-ups, Follow Along Program, Public Nurse home visiting services, Women, Infants, and Children program (WIC), other?

- No
 Yes

When it comes to making referrals for children of FSS participants, please **check all that apply**.

- Children's Mental Health Services
 Child Wellness Check-ups
 Follow Along Program
 Public Health Nurse home visiting services
 Women, Infants and Children Program (WIC)
 Other

Are any of these services for children offered to non-FSS families?

- No
 Yes

Services for families under 200% of Federal Poverty Guideline (FPG)

Do you provide services to families who have exited MFIP/DWP or families at risk of receiving MFIP or the Diversionary Work Program (DWP), but are under 200% of the Federal Poverty Guideline (FPG)?

For example, this could include, but is not limited to: child care, GED, job posting, support services, job retention services, Adult Basic Education (ABE) / English Language Learning (ELL) classes, computer lab access, transportation / vehicle repair, other.

- No
 Yes

For families who you serve that are under 200% of Federal Poverty Guidelines, that have either exited MFIP/DWP or at risk of receiving MFIP or DWP, please **check all services that apply** for these families.

- Child care
- GED
- Job postings
- Support services
- Job retention services
- ABE/ELL classes
- Computer lab classes
- Transportation/vehicle repair
- Other

WIOA co-enrollment opportunities

How long do you provide these services?

- Up to 3 months
- 6 months
- 12 months
- Other (please specify)

Do you provide services to Non-Custodial Parents (NCPs) that are under 200% of the Federal Poverty Guideline (FPG)?

For example, this could include, but is not limited to: child care, GED, job posting, support services, job retention services, ABE / ELL classes, computer lab access, transportation / vehicle repair, other.

- No
- Yes

Please check all services that apply.

- Child care
- GED
- Job postings
- Support services
- Job retention services
- ABE/ELL classes
- Computer lab access
- Transportation/vehicle repair
- Other

How long do you provide these services?

- Up to 3 months
- 6 months
- 12 months
- Other (please specify)

How many NCPs are you are currently serving?

None at this time, but we worked with 2 in the past year.

Describe the process you have in place to verify income below 200% FPG for families that are not on MFIP or DWP.

Most often participants are on another public assistance program such as SNAP, cash or healthcare and we use the information they provide. Or they are working directly with the Child Support unit, and we get referral from them. If they are not working with our agency in another capacity, we would request income verification.

Minnesota Family Investment Program (MFIP) Services for Teen Parents

Are there specialized workers who work primarily with teen parents?

- No
 Yes

Please indicate the specialized workers for each age group, **check all that apply** for each age group.

	Minors (Under age 18)	Age 18 / 19	Not Applicable (N/A)
Financial Worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Services Worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care Worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Protection Worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other job role (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

When it comes to **Teen parents who are considered minors (participants who are under age 18)**, please indicate if there a single point of contact for teen parents, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services?

Responses are for staff positions whose primary responsibility is for working with Teen Parents who are **considered minors (under age 18)**, if yes, check the one position / position(s) that serves this function for this specific age group of MFIP Teen Parents.

	YES, for Minors (under age 18)	NO, not for Minors (under age 18)	Not Applicable (N/A)
Financial worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Services Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Social Worker (Social Services)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Protection Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other job role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

When it comes to **Teen Parents who are age 18 - 19**, please indicate if there a single point of contact for teen parents, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services?

Responses are for staff positions whose primary responsibility is for working with Teen Parents who are **age 18 - 19**, if yes, check the one position / position(s) that serves this function for this specific age group of MFIP Teen Parents.

	YES, for ages 18 - 19	NO, not for ages 18 - 19	Not Applicable (N/A)
Financial worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker (Social Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Protection Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other job role	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Does your Tribal Nation / County have an active partnership with local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? Please **select one option for each age group**.

	Yes, mandatory	Yes, voluntary	No
Minors (under age 18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 18 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Describe how you are ensuring your services are ***inclusive*** for all.

Houston County has a DEI group that presents information monthly to all staff. We discuss at team meetings and all-staff meetings the importance of providing services to all people we meet. We need to understand that everyone has different life experiences and we need to meet people at where they are at. We need to be mindful of the situations that bring people to our doors and to treat them all with respect. We need to balance our need for information to provide services, with understanding their story and needs. We look at training opportunities for our staff.

Describe how you are ensuring your services are ***accessible*** for all.

We train staff on the use of the language line for those with language barriers. We offer multiple ways for clients to communicate with our agency. Staff attend trainings on poverty informed decisions and providing services to fit the needs of our MFIP participants.

How are you working to ***advance equity in service delivery*** in your Tribal Nation / County?

Houston County Public Health and Human Services has a DEI cohort that provides information to staff monthly and we provide training resources through community agencies. Staff are able to attend poverty simulations and Bridges out of Poverty training. We also encourage them to attend trainings offered through the state.

Do you provide trainings to prepare your staff to work effectively with people from various backgrounds and perspectives?

Yes, mandatory. If yes, provide the title of the training and how often it is provided.

Yes, voluntary. If yes, provide the title of the training and how often it is offered.

We provide the opportunity for staff to attend trainings held by our community partners. Our internal DEI workgroup will send out information monthly to all of our staff.

No. If no, please explain:

Do you have culturally specific employment services for different racial / ethnic groups?

No

Yes, please describe.

Workforce One Connect App

Does your Tribal Nation / County have the Workforce One Connect app available to participants?

No, please explain

Yes

Since you indicated "yes" in making Workforce One Connect app available to participants, please indicate which of the following groups are utilizing the app features in Workforce One:

Employment Services

Financial Workers

Childcare Workers

Other (please specify)

Do you limit the number of employment services staff that have MAXIS access?

Note: MN Department of Children, Youth, and Families does not limit the number of employment services staff that can have MAXIS access.

- No
 Yes, please explain

Describe the process your service area uses to identify and resolve discrepancies between MAXIS and Workforce One data in areas such as Family Stabilization Services coding, employment / hours, sanction status, etc.

Our financial workers and employment service provider meet every other month to review cases and discuss discrepancies. They also communicate via email and phone as a way to keep up to date on changes or discrepancies between the two systems. We have a strong partnership with our Workforce Development staff.

Child Care Assistance Program

What strategies does your agency use that involve MFIP and / or Employment Services staff to support timely and consistent receipt of child care assistance through the Child Care Assistance Program? **Select all that apply.**

- Shared electronic document management system
- Regular case consultation meetings**
- Workers with dual MFIP and CCAP role**
- Workers with dual Employment Services and CCAP role
- Specific CCAP workers process MFIP child care cases
- MFIP and / or Employment Service workers receive training related to CCAP**
- Communications with CCAP worker via phone, email or fax**
- Use of agency-developed forms or documents
- MFIP and / or Employment Services workers assist families with completing CCAP paperwork (for example: the CCAP application)**
- MFIP and / or Employment Services workers have MEC2 Inquiry access**
- Other, please specify

What barriers prevent timeliness?

The amount of paperwork and verifications needed for the CCAP program are the biggest barriers of the program. Clients are overwhelmed with the amount of paperwork and verifications they need to provide in order to get assistance.

Does your Tribal Nation / County provide emergency shelter or crisis services from your Consolidated Fund?

- No
 Yes

Submit a copy of your Emergency Assistance policy as an attachment if any changes have been made since the last BSA. Also, please describe any major changes you have made to this policy down below.

Drop files or click here to upload

Please review [Bulletin # 25-11-02](#) for more details before you complete this section. You can also access the Bulletin from this link: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mr072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery

If your service area is receiving a bonus, please share successful strategies of engagement:

NA

What strategies and action steps for each of the groups below the disparities reference line do you plan to implement for the coming biennium to reduce these disparities.

Houston County and Workforce Development, Inc will continue to review policies and procedures we have in place to address disparities in the groups below the line. We will review and determine if we need to improve access, communication or employ other strategies in our approach in how we work with all families we serve. We are a small community and have small staff numbers which make it difficult to hire staff who represent the diverse community members we serve. The number of people falling into the disparity categories is not enough to enable us to create specific sets of services. We continue to provide access to trainings so staff can be mindful of working with customers of diverse backgrounds.

What procedures are in place to ensure that program funds are being used appropriately as directed by law? **Check all that apply.**

- Budget control procedures for approving expenditures
- Cash management procedures for ensuring program income is used for permitted activities
- Internal policies around use of funds (i.e., participant support services)
- Other, please specify in the text box below

What procedures are in place to ensure program policies are followed and applied accurately? **Check all that apply.**

- Case consultation
- Sample case review by supervisors
- Sample case review by lead worker / mentor
- Sample case reviews by peers
- Others, please specify in the text box below

If your Tribal Nation / County is interested in applying for the waiver for the upcoming biennium, please complete the following questions.

Describe the activity(s) you will provide.

NA

Explain the reasons for the increased administrative cost.

NA

Describe the target population and number of people expected to be served.

NA

Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

NA

If your County/Tribal Nation is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please click on eDocs to fill out the IPP form. Email the completed form to: Jonathan.Hausman@state.mn.us

The following section will be collecting information on your current employment service providers. Please select one the following options and answer the following questions.

- We have multiple Employment Service Providers we work with.
- We have a Workforce Center that is our only Employment Service Provider.**

If a Workforce Center is the only employment service provider, please upload a document that lists the multiple employment and training services among which participants can choose. The list will be used to verify current providers available in Workforce One.

Drop files or [click here to upload](#)

Current Employment Service Providers

In this section, you will have an opportunity to list all of your current employment services provider(s). As you enter their information, you will receive a follow-up question that will ask which populations this provider serves. Please indicate which respective population is served with each employment services provider. These questions will repeat for multiple entries if you have multiple employment service providers to include.

The list will be used to verify current providers available in Workforce One.

Helpful Tip: It may be easier to complete this section by compiling the list of information needed for this section *before* you enter the information into this BSA survey. We will need the ES provider name, address, contact person, phone number and email for each ES provider. In addition, a follow-up question will ask about which populations the provider serves (for example: MFIP ES, DWP ES, FSS, Teen Parents, 200% FPG, *Other).

ES Provider Name	Workforce Development, Inc
Address	2070 College View Rd E, Rochester, MN 55904
Contact Person	Kyle Mullen
Phone Number	651-376-2005
Email	kmullen@wdimn.org

Please check the respective box to indicate which population is served by Workforce Development, Inc

- MFIP ES
- DWP ES
- FSS
- Teen Parents
- 200% FPG
- Other

Please check the respective box to indicate if you have additional providers to add.

- I have entered all of the current Employment Service providers we work with.**
- I have additional Employment Service providers to I need add.

Does your Tribal Nation / County (select one):

- Have at least two employment and training service providers.
- Have a CareerForce center that provides multiple employment and training services, offers multiple services options under a collaborative effort, and can document that participants have choice among employment and training services designed to meet specialized needs.**
- Intend to submit a financial hardship request. See following question.

Budget

In the budget table below, indicate the amount and percentage for each item listed for the budget line items for calendar years 2026 – 2027.

Also note:

- Refer to the 2026-27 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- All services must be an allowable expenditure under the MFIP Consolidated Fund
- Allocation amounts must be spent by the end of calendar year, remaining amounts does not roll over into the following year
- Medical expenditures are NOT allowable.

Helpful Tip: Write down the total budgeted amounts for 2026 and 2027, this information will be asked for in a later section in the BSA. You will want to have the total budget amounts for 2026 and 2027 when you get to that section.

2026 Budget Line Items: Please ensure that the percent total does NOT exceed 100%

	Budgeted Amount	Percent
Employment Services (DWP)	9000	0
Employment Services (MFIP)	99125	0
Emergency Services/Crisis Fund	9000	0
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	9375	0
Income Maintenance Administration	11734	0
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	0	0
Under 200% Services	5000	0
Capital Expenditures	0	0
Other	0	0
Total	143,2	0

2027 Budget Line Items: Please ensure that the percent total does NOT exceed 100%

	Budgeted Amount	Percent
Employment Services (DWP)	9000	0
Employment Services (MFIP)	99125	0
Emergency Services/Crisis Fund	9000	0
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	9375	0
Income Maintenance Administration	11734	0
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	0	0
Under 200% Services	5000	0
Capital Expenditures	0	0
Other	0	0
Total	143,2	0

Public Input

Prior to submission, did the Tribal Nation / County solicit public input for at least 30 days on the contents of the agreement?

- Yes, public input was gathered for at least 30 days regarding the contents of this agreement.
- No, public input was *not* gathered for at least 30 days regarding the contents of this agreement.

Was public input received?

- Yes, public input was received and used.
- Yes, public input was received but *not* used.
- No public input was received.

Assurances

It is understood and agreed by the 2026-2027 board that funds granted pursuant to this service agreement will be expended for the purposes outlined in [Minnesota Statutes, section 142G](#); that the commissioner of the Minnesota Department of Children, Youth, and Families (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the Tribal Nation/County make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the Tribal Nation/County agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Tribal Nations and Counties may use the funds for any allowable expenditures under [Minnesota Statute, 142G.76.2](#), including case management outlined in [Minnesota Statutes, section 142G](#).

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly.

Federal funds. Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to Tribal Nation/County. In the event of such termination, Tribal Nation/County shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed. An amendment must be executed any time any of the data elements listed in 2 CFR 200.332 and this clause, including the Assistance Listing number, are changed, such as additional funds from the same federal award or additional funds from a different federal award. STATE has determined that Tribal Nation/County is a "contractor" and not a "subrecipient" pursuant to 2 C.F.R section 200.331.

Pass-through requirements. Tribal Nation/County acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, Tribal Nation/County may be subject to certain compliance obligations. Tribal Nation/County can view a table of these obligations in the [Health and Human Services Grants Policy Statement,\[1\]](#) Exhibit 3 on page II-3, in addition to specific public policy requirements related to the federal funds here. To the degree federal funds are used in this contract, STATE and Tribal Nation/County agree to comply with all pass-through requirements, including each Party's auditing requirements as stated in 2 C.F.R. § 200.332 (Requirements for pass-through entities) and [2 C.F.R. §§ 200.501-521 \(Subpart F – Audit Requirements\).\[2\]](#)

Tribal Nation / County Name (Must match the name associated with the Unique Entity Identifier)

2026-2027

Tribal Nation / County Unique Entity Identifier (UEI): Effective April 4, 2022, the Unique Entity Identifier is the 12 character alphanumeric identifier established and assigned at [SAM.gov](https://sam.gov) to uniquely identify business entities and must match Tribal Nation / County name.

Houston County

Federal Award Identification Number (FAIN): 2601MNTANF and 2701MNTANF

Federal Award Date: October 1, 2025 (projected) (The date of the award to the MN Dept. of Children, Youth, and Families.)

Period of Performance (please use words and numbers, for example: May 23, 2025)

Start Date 01/01/2026

End Date 12/31/2027

Budget period start and end date: January 1, 2026 – December 31, 2027

Amount of federal funds:

A. Total Amount Awarded to DCYF for this project: \$103,290,000 (projected)

B. Total Amount Awarded by DCYF for this project to Tribal Nation / County named above:

\$143,234

Federal Award Project description: Temporary Assistance for Needy Families (TANF)

Name

Federal Awarding Agency: Administration for Children and Families

MN Dept. of Children, Youth, and Families (DCYF)

Contact information of DHS's awarding official: Jovon Perry, Jovon.perry@state.mn.us.

Assistance Listings Number & Name (formerly known as CFDA No.): Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No.:

Number 93.558

Title Temporary Assistance for Needy Families (TANF)

Total amount made available at time of disbursement 143234

Is this federal award related to research and development?

No

Yes

Indirect Cost Rate for this federal award is: up to 15% (including if the *de minimis* rate is charged)

SERVICE AGREEMENT CERTIFICATION



Checking this box certifies that this 2026 - 2027 MFIP Biennial Service Agreement has been prepared as required and approved by the Tribal Nation / County board(s) under the provisions of Minnesota Statutes, section 142G.

State the name of the chair of the Tribal Nation / County board of commissioners or authorized designee, their mailing address and the name of the Tribal Nation / County.

Name (chair or designee)

Mailing Address

Tribal Nation / County

If your Tribal Nation / County agency is unable to complete your BSA by October 15th, 2025, you will need to request an extension by emailing Jonathan.Hausman@state.mn.us. Please provide additional information about why you were not able to compete this form.

DATE OF CERTIFICATION (please use words and numbers, for example: September 23, 2025)

This content will change closer to the date

You are about to see a summary of your responses on the next page when you click "Next." This is a spot to review your answers to your questions and to help prepare a PDF summary of your answers for the 30-day Public Comment Period.

Once you click "Next" and are taken to the following page, please do **NOT** click "next" or "submit" on the next page at this stage in the process. Your responses to the PDF summary need to be posted for 30 days prior to your submission of your answers and responses. Once you have had 30 days for public review and comment on BSA responses entered here, then you can log back in on the link that was provided in your original email and access the survey to submit for completion of the 2026-2027 BSA.

Powered by Qualtrics 

Houston County Agenda Request Form

Date Submitted: 10/16/2025

Person requesting appointment with County Board: John Pugleasa, Director Public Health & Human Services

Will you be doing a power point or video presentation: _____ Yes ___ X NO

Issue:

Child Care Assistance Program (CCAP) Plan. The CCAP plan provides clarity around county policies for the administration of the CCAP program.

Attachments/Documentation for the Board's Review:

Soft copy for review

Justification:

Action Requested:

Approve plan as presented. No signature required.

For County Use Only			
Reviewed by:	_____ County Auditor	_____ County Attorney	_____ Zoning/Environmental Service
	_____ Finance Director	_____ County Engineer	_____ HR/Personnel
	_____ IS Director	_____ Other (indicate dept)	_____
<u>Recommendation:</u>			
<u>Decision:</u>			

All agenda request forms must be submitted to the County Auditor by 4:00 p.m. on Monday in order to be considered for inclusion on the following week's agenda. The Board will review all requests and schedule appointments as appropriate.

Administration of the Child Care Assistance Program

2026-2027 Houston County and Tribal Child Care Fund Plan

Administration of the Child Care Assistance Program

Background: Counties and Tribes must submit a biennial Child Care Fund Plan. Child Care Assistance Program rules and laws allow counties and Tribes to establish some local policies and procedures. These local policies and procedures, when included in this plan and approved by the commissioner, are considered county/Tribal policy and are used to support agency decisions during appeals. The Department of Children, Youth, and Families (DCYF) will review and approve County and Tribal Child Care Fund Plans. Counties and Tribes will receive approval letters for their Child Care Fund Plans from the commissioner. This plan period begins on January 1, 2026.

Minnesota Statute, section 142E.09, subdivision 3

Steps to complete the plan process:

Step One – Review the plan

Review this plan. Determine if there are changes compared to previous plans or if there are new policies or procedures. Involve other staff as needed.

Step Two – Draft the plan responses

Note these guidelines:

- Identify all optional policies; see question VIII.A.
- Do not answer questions by stating that the reviewer should refer to a previous plan.
- Submit all agency-developed documents; see question VIII.B.
- Answer each question. Incomplete plans will be returned.

Step Three – Inform and involve community partners

DCYF encourages counties and Tribes to develop optional policies in coordination with local partners.

This may include: parents, child care providers, culturally specific service organizations, Child Care Aware agencies, interagency early intervention committees, and agencies involved in the provision of care and education to young children. Consult with other agency staff such as fraud investigators and income maintenance and employment services staff.

Step Four – Share the draft plan

Prior to submission, you must make copies of the proposed plan available to the public and allow sufficient time for public review and comment. See question II.D of this plan; describe methods used to make the plan available to the public, particularly to those members listed in II.D.

Step Five – Submit the plan by the deadline (Friday, September 19, 2025)

Amendments to plans

A county or Tribe may amend their Child Care Fund Plan at any time. If approved by the commissioner, the amendment is effective on the date requested by the agency unless a different effective date is set by the commissioner. Plan amendments must be approved or denied by the commissioner within 60 days after receipt of the amendment request. The department reserves the right to direct a county or Tribe to amend its Child Care Fund Plan if the plan is no longer in compliance with Minnesota Statutes, Minnesota Rules, or federal law.

Minnesota Rules, part 3400.0150, subpart 3

Amendments include changes in contacts, optional policies, new or revised forms and notices. Amendments can be sent in letter form or by email to the agency's child care assistance policy specialist.

Return completed plans by **Friday, September 19, 2025** to:

DCYF.CCAP@state.mn.us



Administration of the Child Care Assistance Program

I. Child Care Assistance Program contacts

A. County or Tribal agency

COUNTY OR TRIBE NAME Houston	GENERAL PHONE NUMBER 507-725-5811	EXTENSION	GENERAL FAX NUMBER 507-725-3990
AGENCY'S FULL NAME Houston County Public Health and Human Services		CCAP INTAKE PHONE NUMBER 507-725-5811	EXTENSION
MAIN OFFICE STREET ADDRESS 304 S Marshall St, Rm 104	CITY Caledonia	ZIP CODE 55921	
MAIN OFFICE MAILING ADDRESS (if different)	CITY	ZIP CODE	

B. County or Tribal branch office (if applicable)

BRANCH NAME	GENERAL PHONE NUMBER	EXTENSION	GENERAL FAX NUMBER	CCAP INTAKE PHONE NUMBER	EXTENSION
ADDRESS OF BRANCH OFFICE		CITY		ZIP CODE	

C. Agency contact people

This contact information is required.

1. County or Tribal director

FIRST NAME John	LAST NAME Pugleasa	
PHONE NUMBER 507-725-5811	EXTENSION 1314	EMAIL ADDRESS jpugleasa@hocomn.gov
ADDRESS 304 S Marshall St, Rm 104	CITY Caledonia	ZIP CODE 55921

2. County or Tribal CCAP administrative contact

Who is your lead contact for the Child Care Assistance Program? This contact will receive policy bulletins, memos, and other high level communications. You may have more than one contact.

FIRST NAME Karen	LAST NAME Kohlmeyer	
TITLE Financial Assistance Supervisor	PHONE NUMBER 507-725-5811	EXTENSION 1305
EMAIL ADDRESS kkohlmeyer@co.houston.mn.us	SIR EMAIL ADDRESS X128516@cty.dhs.state.mn.us	

3. County or Tribal client access contact

Who is your lead contact person who has contact with families receiving CCAP? You may have more than one contact.

FIRST NAME Helen	LAST NAME Olson		
TITLE Eligibility Worker	PHONE NUMBER 507-725-5811	EXTENSION 1301	
EMAIL ADDRESS holson@hocomn.gov	SIR EMAIL ADDRESS X128538@cty.dhs.state.mn.us		
FIRST NAME Kirby	LAST NAME Fitzpatrick		
TITLE Eligibility Worker	PHONE NUMBER 507-725-5811	EXTENSION 1345	
EMAIL ADDRESS kfitzpatrick@hocomn.gov	SIR EMAIL ADDRESS X128529@cty.dhs.state.mn.us		

4. Management of waiting list contact

Who is your waiting list contact person? Only identify one contact.

FIRST NAME Helen	LAST NAME Olson		
TITLE Eligibility Worker	PHONE NUMBER 507-725-5811	EXTENSION 1301	
EMAIL ADDRESS holson@hocomn.gov	SIR EMAIL ADDRESS X128538@cty.dhs.state.mn.us		

5. Provider billing contact

Who is your billing contact person for questions about billing and payments? Only identify one contact.

FIRST NAME Susan	LAST NAME Tostenson		
TITLE Accounting Technician	PHONE NUMBER 507-725-5811	EXTENSION 1218	
EMAIL ADDRESS stostenson@hocomn.gov	SIR EMAIL ADDRESS NA		

6. Data Integrity Contact

Who is the contact person for coordination of corrections to MEC² case data? For example, primary/secondary provider designation corrections and ongoing case reporting (overrides, accuracy reviews, etc.). You must provide a SIR email address. Only provide one contact.

FIRST NAME Karen	LAST NAME Kohlmeyer		
TITLE Financial Assistance Supervisor	PHONE NUMBER 507-725-5811	EXTENSION 1305	
EMAIL ADDRESS kkohlmeyer@hocomn.gov	SIR EMAIL ADDRESS X128516@cty.dhs.state.mn.us		

7. Legal nonlicensed provider monitoring contact

Who is the contact person for questions about legal nonlicensed annual monitoring visits? Only provide one contact.

FIRST NAME Lauren	LAST NAME Solum		
TITLE Social Worker	PHONE NUMBER 507-725-5811	EXTENSION 1341	
EMAIL ADDRESS lsolum@hocomn.gov	SIR EMAIL ADDRESS NA		

8. Case Review Error Findings Contact

Who is the contact person that should receive results of case reviews? This includes letters explaining errors and correct certificates when no errors exist. You must provide a SIR email address. You may have more than one contact.

FIRST NAME Karen	LAST NAME Kohlmeyer		
TITLE Financial Assistance Supervisor	PHONE NUMBER 507-725-5811	EXTENSION 1305	
EMAIL ADDRESS kkohlmeyer@hocomn.gov	SIR EMAIL ADDRESS X128516@cty.dhs.state.mn.us		

D. Subcontracted services

Counties and Tribes may contract with an agency to administer all or part of their Child Care Assistance Program.

Minnesota Rules, part 3400.0140, subpart 7

If you are planning any changes in the administration of your CCAP, tell your CCAP policy specialist immediately. This could involve subcontracting or mergers of counties. Failing to notify DCYF may delay the changes that you are planning to make.

Does your county or Tribe contract with an agency for any part of the administration of CCAP? Yes No

Do not include cooperative agreements with employment and training service providers that work with MFIP/DWP families to develop and approve the employment service plan.

II. Collaboration and outreach

A. How do you share information about the Child Care Assistance Program so that individuals, child care providers, social service agencies, etc. are aware of child care assistance? (Minnesota Rules, part 3400.0140, subpart 2)

Houston County shares information with agency and community partners. We collaborate with our Public Health nurses and county social workers so they know about the program. We post information on our county website. We are part of a Child Care Core Team that is working to grow our number of providers and share information with city and county leaders, Workforce Development and our EDA.

B. Agencies are required to work with other public and private community resources that provide services to families to maximize community resources for families with young children. These include, but are not limited to, Child Care Aware, School Districts, Early Learning Scholarships, Head Start, and Early Childhood Screening. List the community programs your agency works with. (Minnesota Statute, section 142E.09, subdivision 3 (1))

Houston County Maternal and Child Health Nurses
Head Start
Birth to 3
Bluff Country Family Resources

Workforce Development, Inc
SEMCAAC
WIC
Houston County Food Shelves
Houston County Schools
Houston County Family Child Care providers and centers

C. How do you work with the community resources above to maximize public and private community resources for families with young children? Include the methods used to share information, responsibility, and accountability among these community resources. For example, partnering with Community Action agencies and local Head Start to help families access early childhood services and economic resources.

Houston County is part of a program with our local EDA in order to increase child care capacity. The cohort includes staff from Houston County as well as local EDA staff, schools, our local Workforce Development office and local child care providers. We continue to work to create easy in-road for information sharing amongst providers and participants of the child care program. We have information available to participants and providers on our website.

Our child care licensor shares information directly with our providers and they have a county wide provider group. We make sure providers have access to Develop and the other available online resources

D. Copies of the proposed plan must be made available to the public, including parents, child care providers, culturally specific service organizations, Child Care Aware of Minnesota agencies, interagency early intervention committees, potential collaborative partners and agencies involved in the provision of care and education to young children. You must allow time for public review and comment prior to submitting this plan to DCYF for approval. (Minnesota Statute, section 142E.09, subdivision 3 (2)).

1. Describe how you make copies of the **draft plan** available to the public, including how you plan to notify the public about the existence of this draft and ways the public can provide comment.

Our plan was posted in the lobby of our Human Services agency and on our county website.

2. When was your draft plan available for public review?

Friday, October 2, 2025

E. After your plan is approved by DCYF, do you post your approved plan on your website? Yes No

III. Eligibility

A. Education plans outside an Employment Plan

Prior to completing this section, review [Minnesota Rules, part 3400.0040](#) and [Minnesota Statutes 142E.12 Subdivision 3](#) to ensure your policies are in compliance. Identify agency developed documents used for education plan requests and notices used to communicate approval or denial in each response and list these in the agency developed document section VIII.B.

1. High school diploma/GED high school equivalency diploma

1a. Do you approve all high school and GED programs? Yes No

2. Remedial and basic skills courses (includes Adult Basic Education and English as a Second Language)

2a. Do you approve all remedial and basic skills courses? Yes No

3. Post-secondary programs

3a. Do you approve all post-secondary programs (including associate degrees, bachelor degrees, certificate programs and technical degrees)?

Yes No

3b. Explain why you would deny a program. Include data and facts to support why students should not receive CCAP while attending.

We would deny a post secondary program following guidance MN Rule, part 3400.0040 subp.14. If a family was failing their education program, we would close their CCAP. If they family were to research and look at another course of study, we would approve CCAP if they had a new CCAP education plan and there was an expectation they would finish the degree and find full time employment. We would also deny CCAP if the PRI already had a baccalaureate degree and they were attending for reasons other than completing continuing education, certification related to their BA or current employment.

3c. Describe your criteria and procedures for approving a post-secondary program outside an Employment Plan.

We follow rule 3400.0040, subp12. Students must meet with employment services and complete an Education Plan and must demonstrate the degree they were working toward would lead to full time employment. We would request clients to provide documentation of their grades and report changes in attendance. A student would demonstrate the ability to complete the program by attending classes and being in good standing.

4. How do you confirm satisfactory progress as determined by the institution at redetermination?

- Institution confirms the student is making satisfactory progress.
- Student remains enrolled in program.

B. Basic Sliding Fee Waiting List management

1. Priorities for service

Have you established sub-priorities for the third priority Basic Sliding Fee Waiting List?

Yes No

2. How does your agency do a preliminary determination before adding families to the waiting list?

- Verbally collect family size, income, and type of eligible activity
- Family size, income and type of eligible activity collected from the application
- Agency form used to collect family size, income and type of eligible activity (list in section VIII.B)
- Other

3. When adding a family to your Basic Sliding Fee Waiting List, you must inform the family of the priority group determination, and the number of families on the waiting list or an estimated time that they will spend on the waiting list before reaching the top. (CCAP Policy Manual, Chapter 4.3.12.12)

How do you notify a family they were placed on the waiting list?

- The family is sent DHS-7883A (You have been placed on the Child Care Assistance Program (CCAP) waiting list)
- The family is sent a notice developed by our agency (list this notice in section VIII.B Agency developed documents)

4. Six month review of Basic Sliding Fee Waiting List

Minnesota Statute, section
142E.04, subdivision 2

4a. You must review and update your waiting list at least every six months. How are families notified of this six month review?

- The family is sent DHS-7883B (Child Care Assistance Program (CCAP) waiting list update)
- The family is sent a notice developed by our agency (list this notice in section VIII.B Agency developed documents)

4b. Describe your agency's process for reviewing and updating the waiting list. If your agency does not currently have a waiting list, describe your process in the event your agency does start a waiting list.

An update form is sent to the families that are on our waiting list. We ask them to update any of their information and allow 10 days for them to return the information. Our letter to the family indicates if they do not return the information within 10 days, they will be removed from the waiting list.

4c. How are families notified they are removed from the waiting list for not responding to the six month review?

- Families are sent an additional notice
- Six month review letter includes notification they will be removed from the waiting list if they don't respond

5. Applications mailed to families on the Basic Sliding Fee Waiting List

Applications must be sent to families on the waiting list when there is funding available for Basic Sliding Fee.

5a. When do you remove the family from the waiting list?

- When the application is sent to the family. The notice sent with the application informs the family that their name has been removed from the waiting list.
- When you receive the completed application. If no application is received, the family is removed at the end of the time period allowed for returning the application. The notice sent with the application informs the family that their name will be removed from the waiting list if the application is not received by the deadline.

5b. How do you notify a family that their name was removed from the waiting list?

- The family is sent DHS-7883C (Child Care Assistance Program (CCAP) funds available)
- The family is sent a notice developed by our agency (list this notice in section VIII.B Agency developed documents)

6. Temporarily ineligible families on the Basic Sliding Fee Waiting List

When a family reaches the top of the waiting list and is temporarily ineligible, leave the family at the top of the waiting list for 90 days, according to priority group and serve the applicant who is next on the waiting list.

Minnesota Rules, part
3400.0040, subpart 17

Do you have an alternate procedure that extends the timeframe beyond 90 days?

- Yes
- No

C. Child care for school release days

1. How do case workers authorize care for school release days in your agency?

- Authorize actual hours needed and increase or decrease hours based on known school release days.
- Authorize the hours care is needed when there are no school release days.
- Authorize the highest number of hours care is needed with the provider.
- Other method.

CCAP Policy Manual,
Chapter 9.1.3

2. How do you communicate authorized hours for school release days to parents, providers and billing workers?

We will send a memo to the provider and to the parent informing them of the expectation that they can only bill for time care is scheduled and authorized.

D. Child care for families with flexible schedules

1. How do case workers authorize care for families with flexible schedules in your agency?

CCAP Policy Manual,
Chapter 9.1.6

- Authorize the typical number of hours needed and when the schedule requires additional care, the provider bills for the additional care.
- Authorize the minimum number of hours care is needed and when the schedule requires additional care, the provider bills for the additional care. Payment is made by increasing the number of hours listed in the "total hours of care authorized" field on the billing window or by creating a new Service Authorization.
- Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time that care is needed.
- Other method.

2. How do you communicate scheduled and authorized hours to parents, providers and billing workers?

Providers- we would send a memo informing them of the ability to bill for more time when there is additional care needed.

Family- We will send a memo to the family informing them of how we determined the number of hours they typically need.

Billing worker- CCAP staff will add a note to the billing form, letting our billing worker know they can increase the "Total Hours of Care Authorized" field on the Billing Window.

E. Authorizing care for clients with Employment Plans

Job counselors and CCAP workers must communicate child care needs for clients with Employment Plans. Guidance is found in [CCAP Policy Manual, Chapter 9.1.5](#).

1. CCAP workers must obtain an activity schedule prior to authorizing care. Who is responsible for obtaining the schedule information from the client?

- Job counselor provides schedule or days and times that child care is needed to CCAP worker.
- CCAP worker obtains schedule from client.
- Other method.

Describe other method

The CCAP worker will get an activity schedule with days and times if the client is employed. The job counselor will provide the number of hours for all other activities listed on the employment plan.

2. How do you communicate required information between job counselors and CCAP workers (email, fax, case notes, verbal, DHS-7054, etc.)?

We will use email and the status update form and employment plans. We also meet every other month to discuss common cases.

F. Extending redetermination dates beyond 12 months

Redeterminations may be extended beyond 12 months for a family that has a caregiver under the age of twenty-one, who does not have a high school or general equivalency diploma (GED), and is a student in a school district or another similar program that provides or arranges child care, parenting, social services, career and employment supports and academic support to achieve high school graduation.

An agency may identify other reasons to extend redetermination dates beyond 12 months. For example, an agency may extend redetermination dates to balance out a workload. See [CCAP Policy Manual, Chapter 10.3](#) and [Minnesota Rules, part 3400.0180, subpart 1](#).

1. Does your agency extend redetermination dates beyond 12 months?

- Yes
- No

IV. Policies applicable to legal nonlicensed providers

A. Annual monitoring and training

Any legal nonlicensed provider with an open Service Authorization for a child who is not related to them must complete Supervising for Safety training within 90 days of the authorization start date and have an annual monitoring visit. See [CCAP Policy Manual Chapter 11.9](#) and Minnesota Rules, part [3400.0020, subpart 37a](#) and [3400.0120, subparts 6 and 9](#).

1. How does your agency track legal nonlicensed providers who have an open Service Authorization for unrelated children?

- All legal nonlicensed providers are tracked on a spreadsheet. Spreadsheet includes date that unrelated child Service Authorization began, due date for Supervising for Safety training, and due date of annual monitoring visit. Spreadsheet is checked every month to determine if training or an annual monitoring visit is due.

Other

2. What are your agency's internal processes and procedures for completing annual monitoring visits?

- Agency contacts the provider at least 30 days prior to the date the annual monitoring visit is due. Agency schedules a time to visit. Agency visits the provider and reviews the [Legal Nonlicensed Provider Monitoring Checklist \(DHS-7867\)](#) with the provider. Agency submits the [Monitoring Visit Summary \(DHS-7867A\)](#) to DCYF within 10 days of the visit and notify DCYF if the provider fails any items.

Other

Note: See [CCAP Policy Manual 11.9.18](#) for the process that agencies must follow when a provider does not demonstrate full compliance with the health and safety policies at the monitoring visit.

B. Complaints and incidents

1. Records of substantiated parental complaints

Within 24 hours of receiving a complaint concerning the health or safety of children under the care of a legal nonlicensed (LNL) provider, an agency must relay the complaint to the agency's child protection agency, county public health agency, local law enforcement, and/or other agencies with jurisdiction to investigate complaints.

Information regarding substantiated complaints must be released following applicable data privacy laws. See [Minnesota Statutes Chapter 13](#). When a report is substantiated, see [Minnesota Rules, part 3400.0140, subpart 6](#), for record retention and provider payment policies.

When complaints are substantiated how do you:

1a. Maintain these records?

A complete record of substantiated parental complaints is maintained in the legal non-licensed providers file and is filed and maintained by the Houston County Child Care Licensor. The integrity of the file is maintained in the electronic case file.

1b. Make this information available to the public when requested?

Appropriate information is shared with the public upon request. The licensor requests a completed "Houston County Request for Information" form to be filed with Houston County Public Health and Human Services. The request is then forwarded to the agency director who responds as appropriate to the request.

2. Aggregate reporting of incidents

At least quarterly, agencies must report to the Minnesota Department of Children, Youth, and Families the aggregate number of deaths, serious injuries, and substantiated maltreatment incidents for children under the care of legal nonlicensed (LNL) providers. See [Minnesota Rules, part 3400.0140, subpart 14](#).

2a. How will you record and maintain accurate counts of incidents that occur in legal nonlicensed settings registered by your agency?

Data is gathered quarterly and the information is sent to the State as directed. Copies of each report are maintained and tracked. The CCAP team works closely with the licenser in compiling the data.

V. Higher rates for providers serving certain populations

Higher rates, above the standard maximum rates, can be paid to providers if approved by the commissioner (up to the provider's charge).

Minnesota Statute,
section 142E.17,
subdivision 3

Minnesota Rules,
part 3400.0130,
subpart 3 and 3b

CCAP Policy
Manual,
Chapter 9.54

A. Higher rates for providers caring for children in at-risk populations

You may pay higher rates for providers caring for certain populations defined as at-risk in this plan. At-risk means environmental or familial factors exist that may create barriers to a child's optimal achievement such as a federal or state disaster, limited English proficiency in a family, history of abuse or neglect, a determination that the children are at risk of abuse or neglect, family violence, homelessness, age of the mother, level of maternal education, mental illness, development disability, parental chemical dependency or history of other substance use.

1. Do you pay a higher rate for providers caring for children in at-risk populations? Yes No

If this information changes, you must notify DCYF and request an amendment to your plan.

VI. Payment policies

A. Payment to two providers when a child is sick

When a child is sick and being cared for by a second provider, do you pay both the regular provider that charges an absent day and the second provider that is caring for the child?

Yes No

Minnesota Statutes,
section 3400.0110,
subpart 8

Note: If the rate paid for care of sick children exceeds maximum rates, the "rates for care of sick children" must be included in section VIII.A. Additional Agency Optional Policies.

B. Submission of invoices

MEC² PRO is standardized across the State for all providers. If a provider receives an authorization and a billing form for an eligible family, the provider must submit the billing form to the agency within 60 days of the last date of service on the billing form. If the provider shows good cause for the delay you may pay bills submitted after 60 days.

Note: Good cause includes agency error; bills submitted late due to agency error can be submitted for one full year from the last date of service on the billing form.

Minnesota Statute, section
142E.17, subdivision 9

1. What criteria, other than agency error, is included in your definition of good cause for submitting and paying a billing form after 60 days? Check all that apply.

- Change in provider staffing that results in submitting the bill late.
- Circumstances outside of provider's control (natural disaster, state of emergency, damage to care setting, mail delay).
- Other

2. For each criteria under question 1, how many days late would you allow a provider to submit bills for payment (must be between 60 days and 1 year from the last date of service on the billing form)?

We would allow one year for the last date of service.

3. Do you require the parent signature on paper billing forms? Yes No

3a. When is a parent signature not needed on a paper billing form?

Situations are assessed on a case-by-case basis. If the parent is incapacitated or unavailable for an extended period of time, the agency would consider processing the voucher without the appropriate signature. A note would be attached to the voucher explaining the absence of the necessary signature. Parent signature is not required for families whose provider is billing on MEC PRO.

C. Underpayments

1. If you have underpaid according to Child Care Assistance Program policies, do you make corrective payments?

Yes No

2. Under what circumstances do you make corrective payments? Check all that apply.

Agency Errors: Corrective payments are made for one year after the last date of service on the billing form.

Provider Corrections: Corrective payments are made for 90 days after the original bill was paid.

Family Changes: Corrective payments are made retroactively to the date of the change, not to exceed 90 days from the date the change became known to the agency.

Other

D. Absent day policy

The Child Care Assistance Program limits the number of paid absent days. Payment may exceed absent day limit if at least one parent in the family:

Minnesota Statute,
section 142E.17,
subdivision 10

- Is under the age of 21; and
- Does not have a high school or general equivalency diploma; and
- Is a student in a school district or another similar program that provides or arranges for child care, parenting support, social services, career and employment supports, and academic support to achieve high school graduation.

1. Do you allow payment to exceed the absent day limit for children authorized with providers that meet these requirements?

Yes No

VII. Program integrity

A. Agency case management reviews can be used to determine causes of errors and identify specific policies needing review.

1. Do you conduct case management reviews of CCAP? Yes No

If yes, describe the process, including:

- How cases are selected,
- Which staff complete the reviews,
- What forms are used (DHS-5312D is available. If a different form is used, please list form(s) in Section X.B. Agency developed documents and submit with plan),
- How errors are resolved, and
- How staff are informed of correct policy.

Cases are randomly selected for case review. We focus on an error prone area to ensure we are applying policy correctly. Our goal is to review 1 case each month and we use the 5312D. We review the findings as a team and errors are corrected as soon as we determine the need to do so. At the time of review, we will go through policy and PQ's to ensure we are taking the correct action on the case.

VIII. Other information

A. Additional agency optional policies

Do you have any other policies that apply to the Child Care Assistance Program which are not specifically required by state or federal rule or law? (Minnesota Rules, part 3400.0140, subpart 1) (Minnesota Rules, part 3400.0150, subpart 2)

No.

B. Agency developed documents

- All agency developed forms and notices used for the Child Care Assistance Program must reflect current policy and be approved by DCYF.
- Counties and Tribes must use documents developed by DHS/DCYF for administration of child care assistance.
- Agency developed documents must not duplicate or replace DHS/DCYF documents.
- Local agencies may create supplemental documents subject to DCYF approval.
- Documents must be written using plain language standards and meet other communication guidelines.
- Review forms, notices and documents at least every two years to ensure they reflect current child care assistance policy and laws.

Document inventory for your agency

Use this table to list all agency developed forms, notices, and documents your agency uses to administer child care assistance. List all documents in the table and submit all forms, notices or written documents including those previously approved.

Note: Refer to the DCYF memo announcing this plan for a list of DHS/DCYF created documents required for the Child Care Assistance Program. Do not list or submit DHS/DCYF created documents.

Name of agency developed document	Document reflects current CCAP policy	Status of current document
	<input type="checkbox"/> Agency assures compliance	<input type="checkbox"/> DHS/DCYF previously approved - no changes <input type="checkbox"/> DHS/DCYF previously approved - revised <input type="checkbox"/> New document

IX. County and Tribal assurances

Check the designated boxes below to assure compliance.

A. Child Care Assistance Program (CCAP) Family Information

The county or Tribe is informing parents about the following as required under Minnesota Rules, part 3400.0035, subpart 1 and subpart 2.

- The documentation necessary to confirm eligibility for CCAP
- Waiting list information
- Application procedures
- The family's responsibility to report changes that affect their eligibility.

County or Tribe assures compliance

The agency uses the following:

"Parent Acknowledgement When Choosing a Legal Nonlicensed Provider" (DHS-5367) which assures compliance with the following:

- Families rights and responsibilities when choosing a provider

"Paying for child care and more" (DHS-3551) which assures compliance with providing the following information:

- Federal and state child and dependent care tax credits
- Earned income and working family tax credits
- Other programs and services for families through Help Me Connect
- Child Care Assistance Program eligibility requirements
- Information about how to choose a provider
- Availability of special needs rates

County or Tribe assures compliance and uses DHS-5367 and DHS-3551

B. Child Care Assistance Program (CCAP) Tasks and Timeframes

The county or Tribe must perform tasks and meet timeframes required to administer the Child Care Assistance Program. These tasks include, but are not limited to:

- Assessing CCAP eligibility
- Processing payments

These tasks and timeframes are required under the Child Care and Development Fund (CCDF), 98.11(a)(3) Administration under Contracts and Agreements, Minnesota Statutes 119B, Minnesota Rules 3400, CCAP Policy Manual, and MEC² User Guide.

County or Tribe assures compliance

C. Child Care Assistance Program (CCAP) Funding

The county or Tribe is reimbursed administrative dollars as outlined in Minnesota Statutes 142E.02, Subd. 9. In addition to receiving the Basic Sliding Fee allocation, the county or Tribe contributes a fixed local match as outlined in Minnesota Statutes 142E.14, Subd. 1.

The county or Tribe is provided a calendar year Basic Sliding Fee allocation based on Minnesota Statutes 142E.04, Subd. 6. When there is not sufficient funding to serve all eligible non-MFIP families, the county or Tribe manages the Basic Sliding Fee waiting list according to the priorities outlined in Minnesota Statutes 142E.04, Subd. 4.

County or Tribe assures compliance

D. Child Care Assistance Program (CCAP) Reporting

Minnesota Rules [part 3400.0140, subpart 14](#)

The county or Tribe is required to submit timely financial, program activity, and provider reports to the Department of Children, Youth, and Families. The reports include, but are not limited to:

- Basic Sliding Fee waiting list
- Override monitoring
- Basic Sliding Fee adjustments

County or Tribe assures compliance

E. Limited English Proficiency Plan

Minnesota Rules [part 3400.0150, subpart 2](#)

The county or Tribe has completed a Limited English Proficiency Plan, describing how it serves families with limited English Proficiency.

County or Tribe assures compliance

F. Child Care Assistance Program (CCAP) Case Reviews

The county or Tribe ensures access to all needed documents for cases selected for case reviewed performed by the Department of Children, Youth, and Families. The county or Tribe ensure certification and submission of all required documents for the case review will be made by the Director or their delegate.

County or Tribe assures compliance



Commissioner Warrants 2025/10/21

From Lynn Colsch <LColsch@HoCoMN.gov>
Date Thu 10/16/2025 11:53 AM
To HoCo BOC <BOC@HoCoMN.gov>
Cc Carol Lapham <CLapham@HoCoMN.gov>; Eliana Babinski <EBabinski@HoCoMN.gov>; Susan Tostenson <STostenson@HoCoMN.gov>

REQUEST APPROVAL FOR PAYMENT

2025/10/21 COMMISSIONER'S WARRANTS:

VENDOR NAME	AMOUNT
ABILITY BUILDING COMMUNITY	2,044.36
ACENTEK	4,512.17
BOLTON & MENK INC	3,000.00
BUREAU OF CRIMINAL APPREHENSION	2,160.00
CALEDONIA/CITY OF	17,786.32
CEDA	7,285.33
DIAMOND MOWERS LLC	3,488.12
HOKAH CO-OP OIL ASSN	4,462.37
HOUSTON COUNTY TREASURER	35,984.87
LIBERTY TIRE RECYCLING LLC	6,983.75
MATHY CONSTRUCTION	11,059.85
MAYO CLINIC	15,834.69
MINNESOTA ENERGY RESOURCES	2,318.95
MN STATE AUDITOR	7,378.50
MN STATE TREASURER	4,870.00
MNCCC	12,970.05
RICHARD'S SANITATION LLC	26,991.43
RIESTER REFRIGERATION INC	19,000.00
SCHUMACHER ELEVATOR COMPANY	5,715.82
SELCO	56,840.25
WEX BANK	7,073.82
WIEBKE TIRE CO	3,935.10
WINONA CONTROLS INC	3,009.24
	<hr/>
	264,704.99
57 VENDORS PAID LESS THAN \$2000.00	24,476.50
	<hr/>
	289,181.49

**PUBLIC HEALTH & HUMAN
SERVICES**

236,044.87

525,226.36

Lynn Colsch
Finance Clerk
Houston County
304 South Marshall Street
Caledonia MN 55921
507-725-5825
LColsch@HoCoMN.gov



Auditor Warrants 2025/10/09

From Lynn Colsch <LColsch@HoCoMN.gov>

Date Thu 10/16/2025 11:52 AM

To HoCo BOC <BOC@HoCoMN.gov>

**REVIEW LICENSE CENTER
PAYMENTS**

**2025/10/09 AUDITOR
WARRANTS:**

VENDOR NAME	AMOUNT
FILLMORE SWCD	3,540.16
HAMMELL EQUIPMENT INC	2,360.70
INSIGHT PUBLIC SECTOR	4,270.29
WEIS GMC INC	5,430.45
WINONA CONTROLS INC	92,874.00
	<u>108,475.60</u>
19 VENDORS PAID LESS THAN \$2000.00	12,442.53
	<u><u>120,918.13</u></u>

Lynn Colsch
Finance Clerk
Houston County
304 South Marshall Street
Caledonia MN 55921
507-725-5825
LColsch@HoCoMN.gov