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## FAMILY CARE EXPENSE REIMBURSEMENT POLICY FOR MEMBERS OF COUNTY BROWN ACT BODIES

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### PURPOSE:

To establish a uniform Administrative Policy related to the County's approval and documentation process for reimbursement of family care expenses incurred by members of County legislative bodies, as defined in the Brown Act (hereafter referred to as County Brown Act bodies), while in the performance of their official County duties. This policy applies to members of boards, commissions and committees created by the County Board of Supervisors and any subsidiary bodies created by such boards, commissions and committees.

This policy applies to members of County Brown Act bodies who incur family care expenses while in the performance of their official County duties, unless a provision is in conflict with specific provisions of existing labor agreements or with specific provisions of state or federal law. If a conflict exists, the provisions of those agreements or laws shall govern.

Only members of County Brown Act bodies who serve without compensation, are not County elected officials, and are not otherwise employed by the County, are eligible to receive reimbursement under this policy.

### GENERAL POLICY:

- Public funds should be used only for activities related to the County's primary mission of providing quality public service. Public funds should not be used for purposes that are personal in nature or that do not have a clear business purpose. In addition to complying with this and all other applicable County policies, each expenditure must comply with the limits and reporting requirements of local, state, and federal law.
- The County deems certain family care expenses incurred by members of County Brown Act bodies in the performance of their official duties as reasonable and

necessary expenses. Santa Clara County Ordinance Code Section A6-9 grants the Board of Supervisors the authority to implement policies to allow for reimbursement of actual and necessary family care expenses incurred in the performance of official duties by members of County Brown Act bodies.

**FAMILY CARE EXPENSES ELIGIBLE FOR REIMBURSEMENT:**

Members of County Brown Act bodies shall receive reimbursement for the reasonable and actual family care expenses incurred in the performance of their official County duties, provided that each of the following conditions exist:

- A. The expenses resulted from the performance of official County business, and not activities that are personal in nature or that do not have a clear business purpose.

The types of occurrences that qualify a member of a County Brown Act body to receive reimbursement under this policy include (1) the member's attendance at a meeting of a Brown Act body or one of its subcommittees or workgroups; (2) the member's attendance at an inspection/site visit for official Brown Act body business; (3) the member's attendance at a meeting with County staff for official Brown Act body business; or (4) the member's participation in required Brown Act body business activities related to delegation visits or other special events.

- B. The expenses were incurred for the care of a family member who is either (1) a child (under the age of 13), or (2) aged (65 years of age or older), blind or disabled who, without the care, would be unable to remain safely in his or her own home. "Family member" for the purposes of this policy shall mean a County Brown Act body member's parent, child, spouse, registered domestic partner, grandparent, grandchild, sibling or dependent; and the member's spouse's or domestic partner's parent, grandparent, grandchild, child, sibling or dependent.
- C. The provider of family care is not the Commissioner's spouse or a person whom the Commissioner can claim as a dependent.

## **REIMBURSEMENT RATE:**

Family Care Expense Reimbursement is for reasonable, actual expenses incurred, and may not exceed the following rates:

- For children (under the age of 13), the California Department of Education's published part-time hourly Average Rate for Child Care Centers in Santa Clara County. (<http://www3.cde.ca.gov/rcscc/>)
- For the aged (65 years of age or older), blind or disabled who, without the care, would be unable to remain safely in his or her own home, the hourly wage that the County of Santa Clara pays to providers of in-home supportive service. (<https://www.sccgov.org/sites/ssa/daas/ihss/Pages/providers.aspx>)

Family Care Expense Reimbursement shall be limited to those actual expenses incurred, and shall be limited to four (4) hours of family care, per family member, per day.

## **REIMBURSEMENT REQUEST:**

All requests for reimbursement must be made using the Family Care Expense Reimbursement Request Form, and original detailed/itemized receipts reflecting the actual costs incurred must be included with each request. All requests must be submitted to the Secretary or Clerk assigned to the County Brown Act body that the member serves no later than 30 days from the date the expenses were incurred.

The Secretary or Clerk assigned to the County Brown Act body that the member serves is responsible for determining the appropriateness and accuracy of each request, and must file the request and required documentation with the Office of the Clerk of the Board no later than 60 days from the date the expenses were incurred.

Under state law, use of public resources or falsifying expense reports in violation of this policy may result in any or all of the following:

1. Loss of reimbursement privileges;
2. Demand for restitution to the County;
3. Civil penalties as specified in Government Code section 8314; and
4. Criminal prosecution for misuse of public resources.

**APPROVAL OF FAMILY CARE EXPENSE REIMBURSEMENT REQUEST:**

When approving requests for reimbursements, the Office of the Clerk of the Board is accountable for determining (a) the appropriateness and accuracy of the request; (b) the availability of funds; and (c) conformity with County policies. The filing of claims for family care expenses under this policy is the responsibility of the Secretary or Clerk assigned to the Brown Act body on which the member serves.

**FAMILY CARE EXPENSE REIMBURSEMENT REQUEST – CONTENTS, DOCUMENTATION, AND SUBMISSION TIMEFRAME:**

Original detailed/itemized receipts, reflecting the actual costs incurred, must be submitted with the Form. No missing receipt affidavit shall be accepted for reimbursements pursuant to this Family Care Expense Reimbursement Policy.

The Form shall include the information listed below:

- Original detailed/itemized receipts;
- Name of County Brown Act body on which the member serves;
- Date, time, duration, location, and type of qualifying business activity of the County Brown Act body member that necessitated the expense;
- Name and age of each family member who received care;
- Name, address, and contact information of the care provider

Copies of Family Care Expense Reimbursement Request Forms and all accompanying documentation shall be retained by the Office of the Clerk of the Board according to the records retention requirement for Accounts Payable files.

The Controller-Treasurer Department will perform the payment review for these transactions. In the case of a dispute, the County Executive or Chief Operating Officer shall have final approval as to the appropriateness and reasonableness of the expenses and adequacy of documentation.

**RELATED POLICIES:**

- County of Santa Clara Ordinance Section A6-9
- County of Santa Clara Ordinance Section A6-106
- County of Santa Clara Ordinance Section A6-235
- Board Policy Manual Section 3.3

**RELATED FORMS AND INFORMATION:**

- Boards and Commission Handbook
- Family Care Expense Reimbursement Request Form