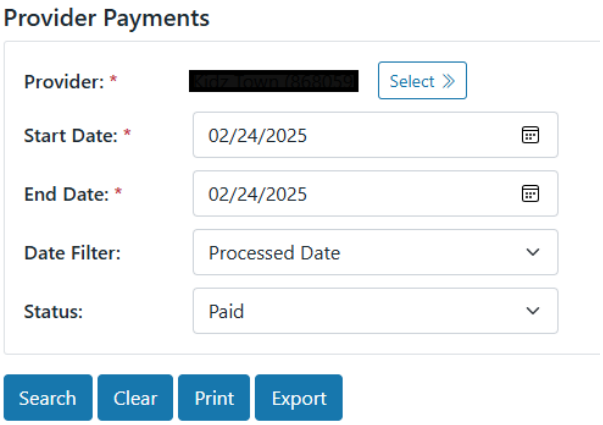
KinderConnect Provider Payment Proof
Desk Aid

This desk aid helps Child Care Services providers use the Payments section of KinderConnect. Additional resources on TX3C (Texas Child Care Connection) are available on https://tx3c.info.

Accessing Provider Payment Proofs by 'Processed Date'

1. In the KinderConnect portal click **Payments** under the **Provider** tab.

2. Searching by Processed Date (date when the Workforce Board processed the payment): The **Provider** will be automatically selected. Enter the **Start Date** and **End Date** of when the payments were processed or use the Calendar button to select. Select **Processed Date** in the **Date Filter** field. Select **Paid** in the **Status** field.



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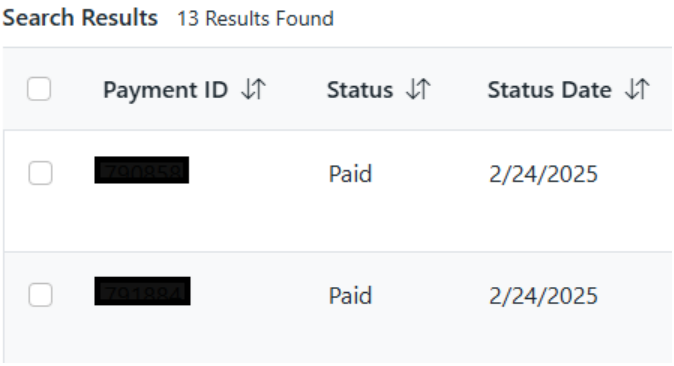
3. Press the **Search** button.

4. The Search Results will show all the paid payments processed on the selected date. Check the box of the payment(s) you would like to view and press **Print**.
    - Please note: 'Status' date is the **Processed Date**



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5. The **Payment Statement** report will download onto your computer with the paid payments you checked from the Search Results.

Payment Statement

May 09, 2025

[redacted]

Family (Child)/Age Group	Pmt ID	Period	Payment Type	Amount
[redacted]/School Age		02/10/2025 - 02/23/2025	ChildCare	217.35
		TRS3 9 BL Days@ 24.15	217.35	
			Family Fee	-74.00
	[redacted]		**Paid**	**$143.35**
[redacted]/Infant 1		02/24/2025 - 03/09/2025	ChildCare	372.90
		TRS3 10 FT Days@ 37.29	372.90	
			Family Fee	-66.00
	[redacted]		**Paid**	**$306.90**
			Provider Total:	**$450.25**

The totals reflected on the Payment Statement report should match the amount of payment you have received. If there are any discrepancies, please contact your Local Workforce Board.

Searching by the **Processed Date** will allow you to view all the payments and/or adjustments that were processed for your center by your Local Workforce Board on a particular payment date. If there were any adjustments made to payments, the Service Period dates will be reflected to show which timeframe the adjustment was for.

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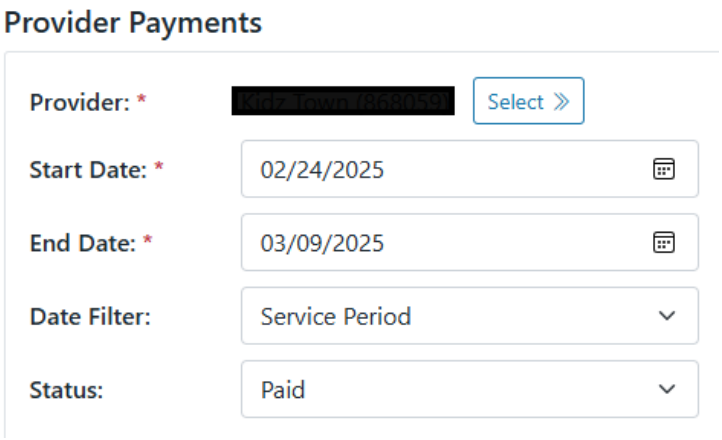
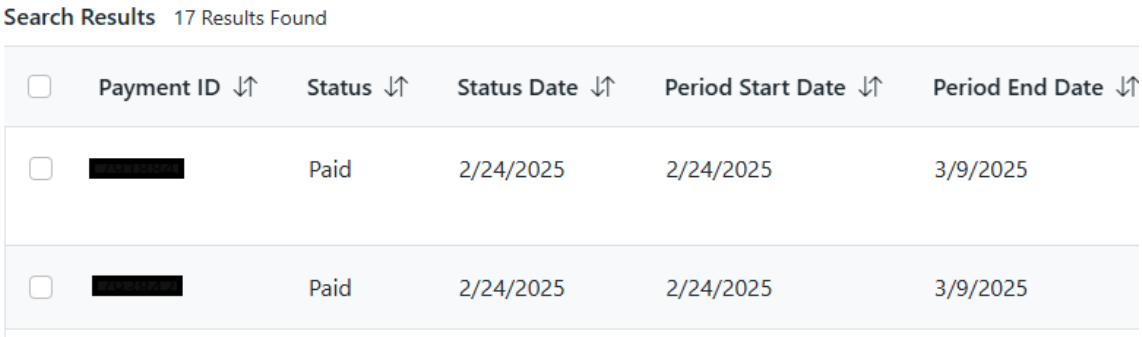
Accessing Provider Payment Proofs by 'Service Period'

1. Searching by Service Period (Includes all dates of service within a given service period):
   The **Provider** will be automatically selected. Enter the **Start Date** and **End Date** of the service period or use the Calendar button to select the dates. Select **Service Period** in the **Date Filter**. Select **Paid** in the **Status** field.



2. Press the **Search** button.

3. The Search Results will show all the paid payments processed for the selected Service Period. Check the box of the payment(s) you would like to view and press **Print**.



4. The **Payment Statement** report will download to your computer with the paid payments you checked from the Search Results

Payment Statement

May 09, 2025

[redacted]

Family (Child)/Age Group	Pmt ID	Period	Payment Type	Amount
[redacted] Infant 1		02/24/2025 - 03/09/2025	ChildCare	372.90
		TRS3 10 FT Days@ 37.29	372.90	
			Family Fee	-66.00
	[redacted]		**Paid**	**$306.90**
[redacted] Infant 1		02/24/2025 - 03/09/2025	ChildCare	372.90
		TRS3 10 FT Days@ 37.29	372.90	
			Family Fee	-84.00
	[redacted]		**Paid**	**$288.90**
			Provider Total:	**$595.80**

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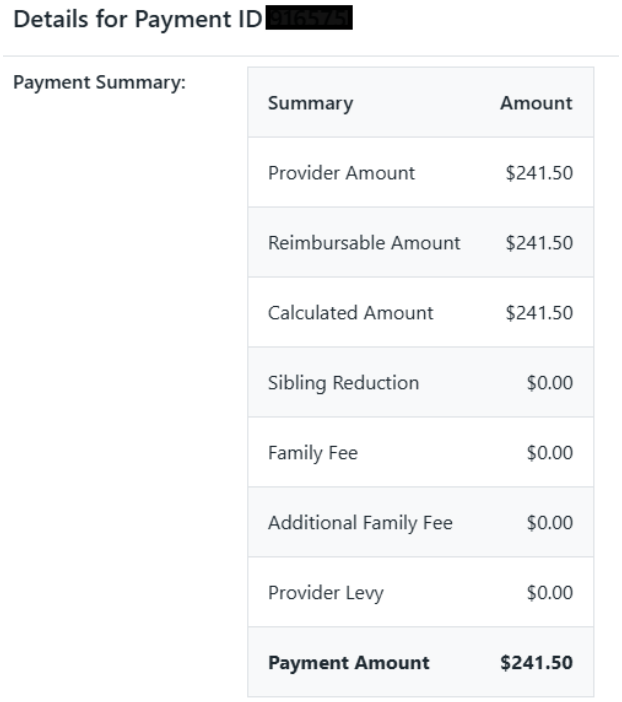
Details

1. When viewing the Search Results; selecting **Details** will provide additional information regarding the selected payment.



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Reconciling Payments

1. Any payment adjustments that were processed will be noted in the Search Results. Under the **Details** tab there will be the option to view the payment **Details** and the **Original Payment.**
    - In the example below there was a negative adjustment of $96.60

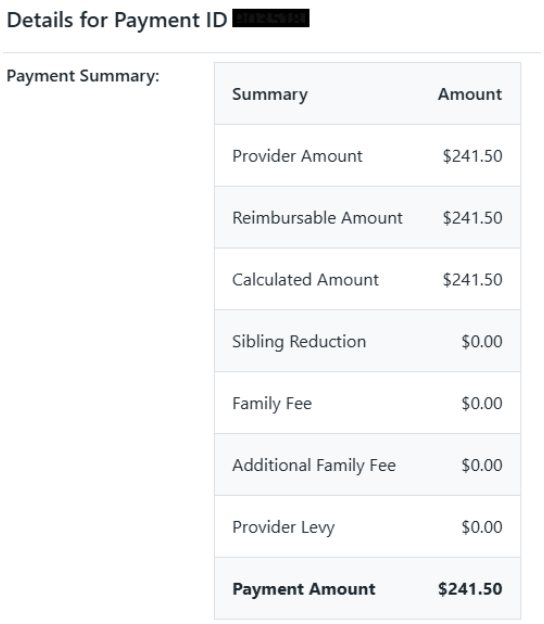
Status	Status Date	Period Start Date	Period End Date	Family Name	Child Name	Amount	Fees	Details
Paid	4/1/2025	2/24/2025	3/9/2025	[redacted]	[redacted]	($96.60)	$0.00	Details Original Payment

2. By selecting **Details** this will reflect the Original Payment information and details for the adjustment that was processed.

Payment Summary:

Summary	Amount
Previous Provider Amount	$241.50
Provider Amount	$144.90
Previous Reimbursable Amount	$241.50
Reimbursable Amount	$144.90
Previous Calculated Amount	$241.50
Calculated Amount	$144.90
Previous Sibling Reduction	$0.00
Sibling Reduction	$0.00
Previous Family Fee	$0.00
Family Fee	$0.00
Previous Additional Family Fee	$0.00
Additional Family Fee	$0.00
Previous Provider Levy	$0.00
Provider Levy	$0.00
Previous Payment Amount	$241.50
Payment Amount	**$-96.60**

3. By selecting **Original Payment** this will reflect the payment details for the Original Payment (payment made prior to the adjustment).



Details for Payment ID [redacted]

Payment Summary:

Summary	Amount
Provider Amount	$241.50
Reimbursable Amount	$241.50
Calculated Amount	$241.50
Sibling Reduction	$0.00
Family Fee	$0.00
Additional Family Fee	$0.00
Provider Levy	$0.00
Payment Amount	**$241.50**