

Paul R. LePage, Governor

Ricker Hamilton, Commissioner

Department of Health and Human Services
Office of Child & Family Services
2 Anthony Ave.
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282

RE: Unlicensed Provider Information Request

Dear Provider:

Welcome to the Department of Health and Human Services Child Care Subsidy Program. This program helps pay for child care for income eligible families, who are employed or attending an approved educational program.

A provider must be at least 18 years old and a Maine resident for at least six months. Child care providers may not reside at the same address as the children. In order for you to be approved as a Child Care Subsidy provider, the following information is needed:

- Complete Provider Agreement (enclosed)
- Child Care Provider Information Sheet (enclosed)
- Release of Personal History Form (enclosed)
- State of Maine New Vendor Form (enclosed)
- Unregulated Child Care Health & Safety Checklist (enclosed)
- A copy of a blank sign in and out sheet (see provider agreement, see page 3, Section E #4)
- Child Care Market Rates, maximum rates (enclosed)
- Better Kids care form (1 for you to keep, the other needs to be signed and returned)

Funding for this program is limited. If a parent or guardian is eligible for subsidy but funding is not available, their name will be placed on a waiting list until funding becomes available. This program cannot pay retroactively for a child care provided prior to a contract being issued.

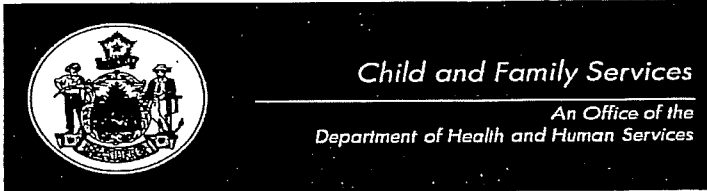
If you have any questions please contact me at 1-877-680-5866 or 624-7992 or by e-mail at Holly.harris@maine.gov

To access a full copy of the Child Care Subsidy Program Rules, please visit the following website:
<http://www.maine.gov/sos/cec/rules/10/148/148c006.doc>

Sincerely,

Holly Harris

Holly Harris
Financial Resource Specialist



Department of Health and Human Services
Office of Child & Family Services
2 Anthony Ave.
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282
TTY Users: Dial 711 (Maine Relay)

CHILD CARE SUBSIDY PROVIDER AGREEMENT

I THE CHILD CARE PROVIDER AGREES TO:

1. OPERATE AS AN UNLICENSED HOME

- a. Provide services as specified in accordance with the State's Administrative Rules. To access the rules please see: <http://www.maine.gov/sos/cec/rules/10/148/148c006.doc>.
- b. Provide care for no more than two (2) children who are unrelated to the child care provider.
- c. Sign a release authorizing the Department of Health and Human Services to obtain State Bureau of Investigation, Child Protective Services, Department of Motor Vehicles, and State and National Sex Offender Registry checks for all adults residing in the household.
- d. Certify that they are at least eighteen (18) years of age and have been a Maine resident for at least six (6) months. The child care provider also agrees to indicate other states they have resided in within the past five (5) years.
- e. Sign a health and safety agreement provided by the Department of Health and Human Services.
- f. Allow the Department of Health and Human Services to perform an annual inspection of the location where the child care provider operates. By signing this agreement the child care provider agrees that the Department of Health and Human Services shall have permission to enter and inspect any location where said child care provider is providing child care services.
- g. Sign an immunization record form, assuring that the children the child care provider is providing care for are age-appropriately immunized and meet the latest recommendation for childhood immunizations in Maine.
- h. Provide a copy of a water bill or water test as required in the Child Care Subsidy Rules. See: Child Care Subsidy Rules 7.03.3, which requires that a Legal, Unlicensed Child Care Provider who uses water from any source other than an approved public water supply shall submit a satisfactory water analysis report completed by the Department of Health and Human Services, Division of Health Engineering or by another approved laboratory. The water shall be tested for, at least, the following: coli form bacteria, nitrate and nitrite nitrogen, fluoride, chloride, hardness, copper, iron, pH, manganese, uranium, and arsenic.

For reference, the SBA test meets all of these requirements. MECDC list price is \$70.
<http://www.maine.gov/dhhs/mecdc/environmental-health/eohp/wells/mewellwater>

OR

2. OPERATE AS A LEGAL, UNLICENSED SCHOOL AGE PROGRAM

- a. Provide services as specified in accordance with the State's Administrative Rules. To access the rules please see: <http://www.maine.gov/sos/cec/rules/10/148/148c006.doc>.

- b. Meet the definition of a program not requiring a license as outlined in Maine Child Care Facilities Rules.
- c. Assure that all staff members have passed a background check that includes checks of State Bureau of Investigations, Child Protective Services, Department of Motor Vehicles, and State and National Sex Offender Registry.
- d. All child care providers must have an Emergency Preparedness and Response Plan that is updated annually.

OR

3. OPERATE AS A RECREATIONAL PROGRAM

- a. Provide services as specified in accordance with the State's Administrative Rules. To access the rules please see: <http://www.maine.gov/sos/cec/rules/10/148/148c006.doc>.
- b. Meet definition of a program not requiring a license as outlined in Maine Child Care Facilities Rules.
- c. The Program must be located in a building that has been inspected and approved by a Maine State Fire Marshal.
- d. Assure that all staff members have passed a background check that includes checks of State Bureau of Investigations, Child Protective Services, Department of Motor Vehicles, and State and National Sex Offender Registry.
- e. All Providers must have an Emergency Preparedness and Response Plan that is updated annually.

B. OPERATIONS

1. Maintain procedures to be followed when children are not picked up on time. Signed agreements which define the procedures shall be provided to parents who receive subsidy and the Department of Health and Human Services. The signed agreements shall also be kept on file with the child care provider.
2. Distribute a written copy of the snow day policy to all parents and the Department of Health and Human Services.

C. REFERRALS

1. Accept referrals from the Department of Health and Human Services without discrimination with regard to race, color, national origin, ancestry, age, sex, religion, or special needs status.

D. PARENT FEE COLLECTION

1. Collect only the parent fee as specified on the parent's child care subsidy award letter.
2. Charge rates that do not exceed the Department of Health and Human Services' established Market Rate or the child care provider's private rate, whichever is less,
3. Charge a total rate that does not exceed the rate charged to the child care provider's other parents

for equivalent child care services. The total rate is the combination of the subsidy payment and the parent fee.

4. Maintain a cash receipt journal of all fees collected from parents who are receiving subsidy and provide receipts to these parents for parent fees paid.
5. Refund any overcharges to the parent caused by miscalculation of assessed fee by the Department of Health and Human Services.

E. REIMBURSEMENT

1. Complete, sign, and deliver the request for reimbursement billing form to the Department of Health and Human Services on a biweekly basis according to the billing schedule issued by the Department of Health and Human Services.
2. Maintain an attendance record. The child care provider must maintain a system for recording the days and the number of hours the child(ren) are in the child care provider's care. This system must also record excused and unexcused absences for each child on the attendance record. Parents or legal guardians will be required to sign these attendance records to indicate their agreement to the number of hours of care provided.

The Department of Health and Human Services will conduct random unannounced periodic on-site reviews of child care providers who are receiving child care subsidy and will be requesting these attendance forms to verify and compare actual attended hours with the approved, contracted hours and the billing forms submitted. Attendance records must be updated daily.

F. REPORTING

1. Notify the Department of Health and Human Services, in writing, thirty (30) days in advance of any changes in information previously reported.
2. Immediately notify the Department of Health and Human Services, in writing if a child has more than two (2) unexcused absences within one (1) month. If notification is not given, any billing with absences in excess of this will be disallowed.
3. Immediately notify the Department of Health and Human Services, in writing, if a child has more than ten (10) excused absences within one (1) month. If notification is not given, any billing with absences in excess of this will be disallowed.
4. Immediately notify the Department of Health and Human Services, in writing, if a parent terminates child care services before the end date authorized on the child care subsidy award letter or contract.
5. Notify the Department of Health and Human Services and parent, in writing, at least twelve (12) calendar days in advance of terminating services.

G. RECORD KEEPING

1. Maintain a daily attendance record for each enrolled child in accordance with paragraph 1.E.2. (above).
2. Allow the Department of Health and Human Services to have access to all records (including, but not limited to, cash receipts, journals, and attendance records).

3. Maintain confidentiality of all records and other information concerning parents and/or children, with the exception of authorized disclosures to staff of the Department of Health and Human Services or other authorized state or federal agency staff in accordance with law.

H. SITE VISITS

1. Allow for site visits by the DHHS staff. Site visits may include random unannounced visits and planned visits.
2. Encourage parent and child visitation to the program, prior to acceptance.
3. Encourage parent involvement, allow unlimited parental access, and give parents information about the child's program activities.

I. HEALTH AND SAFETY

1. Maintain a clean, safe, and sanitary environment for staff and children. This includes, but is not limited to, hand washing, regular cleaning of bathroom fixtures, expedient removal of trash, regular washing of equipment and tools, and non-smoking environment.
2. Immediately notify the Department of Health and Human Services in the case of any contagious disease or potential public health threat, in order to receive assistance in following required procedures.
3. Maintain records regarding incidents such as injuries, health concerns, and safety issues which occur during the course of the day.

J. CHILD ABUSE AND NEGLECT

1. Adhere to all applicable state requirements pertaining to checking criminal records of employees.
2. Adhere to title 22 M.R.S.A. §4011, which requires that all child care personnel be mandated reporters.
3. Maintain written procedures for the reporting of any suspected incident of child abuse.

II. THE OFFICE OF CHILD AND FAMILY SERVICES AGREES TO:

A. TRAINING/TECHNICAL ASSISTANCE

1. Provide training, technical assistance, and resource information to child care providers.

B. REIMBURSEMENT

1. Provide child care providers with a billing schedule at least twice a year.
2. Review and process each properly completed Request for Reimbursement billing form.
3. Pay the balance due the caregiver for an underpayment, pursue collection of an overpayment, or make adjustment(s) to the child care provider's future payment(s) when the child care provider has been incorrectly paid.
4. Issue payment to a child care provider who submits a Request for Reimbursement billing form within sixty (60) days of the service date, based on the bi-weekly billing cycle. Payment will not be

made on Request for Reimbursement billing forms submitted later than sixty (60) days beyond the service date.

5. To pay the child care provider within ten (10) working days of receiving the child care provider's request for payment when the child care provider's bill is correctly completed and submitted to the Department of Health and Human Services within the time frame stipulated in the Provider Agreement
6. .

C. COMMUNICATIONS

1. Inform the child care provider of any change or termination of parent's child care subsidy authorization.
2. Make available to the child care provider any or all information contained in the child care provider's file upon request.

III. ALL PARTIES TO THE AGREEMENT AGREE THAT:

A. RATES

1. Subsidy contract rate(s) are in effect for the duration of this Agreement. When the parent reports a change in circumstances affecting a change in the parent fee and/or subsidy payment, the change shall become effective following redetermination of eligibility and the execution of a new subsidy award.
2. The subsidy parent rate(s) shall not be higher than the rate(s) charged to private parents for the same program type, and shall not exceed the market rates set by the Department of Health and Human Services. The parent will be responsible for the registration, application, administration, or one-time deposit fees.
3. Once enrolled, the only fee a parent receiving subsidy is required to pay is the parent fee, except those noted in the subsidy rules. No other fees or costs may be charged to the Parent.
4. For purpose of enrollment and billing for infants, toddlers, and preschoolers, full time is thirty (30) hours or more per week; three-quarter time is more than twenty (20), but less than thirty (30) hours per week; half-time is more than ten (10), but less than twenty (20) hours per week; quarter time is more than zero (0), but less than ten (10) hours per week. Billing shall coincide with these hours.
5. For purpose of enrollment and billing for school age children, full time is thirty (30) hours or more per week, three-quarter time is more than eleven (11), but less than thirty (30) hours per week, half-time is more than six (6), but less than eleven (11) hours per week and quarter-time is more than zero (0), but less than six (6) hours per week. Billing shall coincide with these hours.
6. The school age rate will be used beginning with children who are attending full-time kindergarten. Subsidy can continue up to age twelve (12) years old and can include a child between the age of thirteen (13) and eighteen (18) who is physically or mentally incapable of caring for him or herself or is under court supervision and who attends school.

B. REIMBURSEMENT POLICY

1. Child care services are considered properly authorized when a subsidy award has been issued and remains current. The provider will not be paid for services which are provided before the start date of a subsidy authorization agreement or beyond the end date of the subsidy authorization

agreement.

2. The child care provider will be reimbursed only for the time that children attend child care, according to the child care subsidy award agreement.
3. The child care provider must notify the Department of Health and Human Services immediately after two (2) days of unexcused absence or ten (10) days of excused absences in one month. Billing for days in excess of this will be disallowed if notification is not given and approved by the Department of Health and Human Services.
4. Program additions and rate changes are not effective until rates are approved by the Department of Health and Human Services. Rates may only be adjusted on an annual basis, at the time of agreement completion or renewal.
5. An agreement must be completed every two (2) years. All rates must be clearly identified including seasonal rate changes. Payments will not be issued to programs without a current, signed agreement. *Policy states: 11.02.2 If the provider does not return a new or renewal agreement completed and signed within 30 days of the Department's request for this information, the Department may withdraw its approval of this provider due to not having an active agreement with said provider*
6. If the child care provider's written policy requires payment for parental vacation weeks, the Department of Health and Human Services shall pay the provider for no more than two (2) weeks in any twelve (12) month period. (The child care provider must indicate vacation time on the Request for Reimbursement billing form.)
7. Parents who are students will receive subsidy during semester breaks.
8. If the child care provider's written policy requires payment for scheduled closings other than State and Federal holidays, the Department of Health and Human Services shall pay for no more than one (1) week in any twelve (12) month period. (The child care provider must indicate the time on the request for reimbursement billing form)

C. TERMINATION OF SERVICES

1. When the Department of Health and Human Services wishes to terminate the subsidy agreement, a twelve (12) calendar day advance written notification to the child care provider and parent is required.
2. The subsidy agreement shall be terminated when either the child care provider or the parent wishes to terminate the child care arrangement. When the agreement is terminated by the child care provider, a twelve (12) calendar day, advance notification to the parent and the Department of Health and Human Services is required. When the parent terminates the agreement, a twelve (12) calendar day, advance notification must be given to the child care provider and the Department of Health and Human Services. Notification shall be made either in writing, in person, or by direct telephone contact with the appropriate individual.
3. The subsidy agreement will be terminated for intentional misrepresentation or fraudulent reporting of services provided in the request for reimbursement billing form to the Department of Health and Human Services. This type of case may also be referred to the Department of Health and Human Services' Fraud Investigation Unit pursuant to Title 22 M.R.S.A. §13 and the Department of Health and Human Services may pursue establishment of a program violation against the parent and/or child care provider administratively.

4. The subsidy agreement shall be terminated for substantial non-compliance to the child care subsidy annual inspection, a finding of child abuse/neglect or any other circumstances that, in the opinion of the Department of Health and Human Services, threaten the health and safety of the children in care.
5. The subsidy agreement shall be terminated for discrimination against a child care subsidy parent and/or child in the provision of service and/or fee assessment.
6. The subsidy agreement shall be terminated for collections of fees in excess of the assessed parent fee as stipulated in the award letter.
7. The subsidy agreement and child care Provider Agreement shall be terminated for failure of the child care provider to submit timely billings, and/or failure to submit complete and accurate billing, and/or failure to submit information requested to verify enrollment/attendance.
8. The subsidy agreement shall be terminated for failure of the child care provider to notify the Department of Health and Human Services when the child has been absent from the program for more than two (2) days per month as an unexcused absence.
9. The subsidy agreement may be terminated if the parent becomes ineligible prior to the end of their current contract, due to a change in family size, income, change in employment status, failure to resume employment or participation in an educational or training program following a twelve (12) week maternity or paternity leave, or failure to meet other eligibility requirement.
10. The Department of Health and Human Services will pay for up to twelve (12) weeks of child care in accordance with the current award letter for a child whose parent is on maternity or paternity leave, regardless of whether or not the child attends child care.
11. The Department of Health and Human Services will not transfer a parent's subsidy to another child care provider unless the parent's assessed parent fees have been paid or a payment plan has been set up.
12. The parent may terminate the subsidy agreement immediately when she or he has cause to believe an immediate threat to the health and safety of his or her child exists.
13. The parent may immediately terminate the subsidy agreement if he or she is denied access to his or her child during the hours that their child is in the care of the child care provider. The only exception is when access is denied due to court order limiting or prohibiting contact. Denial of parental access shall be reported to the Department of Health and Human Services' Division of Licensing and Regulatory Services, Child Care Licensing Unit for investigation.
14. The subsidy parent shall be informed of their rights to request a Fair Hearing.



Department of Health and Human Services
 Child and Family Services - Child Care Subsidy Program
 2 Anthony Avenue
 11 State House Station
 Augusta, Maine 04333-0011
 Tel.: (207) 624-7999; Fax: (207) 287-6303
 Toll Free (877) 680-5866; TTY Users: Dial 711 (Maine Relay)

CHILD CARE SUBSIDY PROGRAM CHILD CARE PROVIDER AGREEMENT

Provider Name: _____ Address: _____
 Town, State, Zip: _____ County: _____
 Social Security/EIN Number: _____ State of Maine Vendor Code: _____
 Phone: _____ Fax: _____ Email: _____

Type of Child Care Provider, please select one:

- Child Care Center
- Certified Family Child Care Home
- Legal Unlicensed Relative in provider's home
- Legal Unlicensed Relative in Child's home
- Legal Unlicensed Non-Relative in provider's home
- Legal Unlicensed Non-Relative in child's home
- Unlicensed School Age Program
- Recreational Program

Have you been denied an application to operate a Licensed Child Care program? Yes or No, Date of denial: _____
 Have you ever had a revocation sanction by Child Care Licensing? Yes or No, Date of revocation: _____
 License Number: _____ Expiration: _____ Capacity: _____ Ages of children: _____
 Quality Certificate Number: _____ QRS Step 1 _____ Step 2 _____ Step 3 _____ Step 4 _____

Please list the Rate that you charge and attach a complete copy of your written program policies, procedures and rates

	Full-time rate	Part-time rate	Half-time rate	Quarter time rate
Infant Rate	30+ hours per week	20-29 hours per week	10 to 19 hours per week	0 to 9 hours per week
Toddler Rate	30+ hours per week	20-29 hours per week	10 to 19 hours per week	0 to 9 hours per week
Preschool Rate	30+ hours per week	20-29 hours per week	10 to 19 hours per week	0 to 9 hours per week
School Age Rate	30+ hours per week	11 - 29 hours per week	6 to 10 hours per week	0 to 5 hours per week

Effective Dates of the Child Care Provider Agreement:
 Program rates are not effective until the rate(s) are approved by the Department of Health and Human Services, rates can only be modified annually or upon completion of this Agreement every two (2) years, this Agreement must include all rates for child care services including seasonal rate differences, this Agreement is not effective until signed by both parties. This Agreement shall be in effect from June 1, 2016 to September 30, 2018, at which time a new Agreement must be signed if service provision is to continue. The Agreement may be terminated by either party upon twelve (12) days written notice, or suspended immediately in the case of emergency action by the Department of Health and Human Services.

I understand that I am entering into this Agreement as an independent contractor and may, in no way, be considered an employee of the State or Federal Government. I further agree to hold harmless the State and Federal governments for any damages to person(s) or property, which may arise out of the delivery of services under this Agreement.

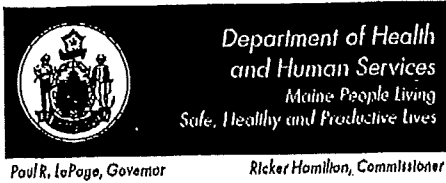
I give my permission for the Department of Health and Human Services to access information from the Department of Health and Human Services, the State Bureau of Investigation, the Department of Motor Vehicles and the State, and National Sex Offender Registry which pertain to my ability to care for children.

I understand the policies contained in this Agreement, and I agree to comply fully with them. Further, I certify that the rate(s) listed are approved according to the child care subsidy policy. I understand that upon a further review of rate information by the Department of Health and Human Services, justification must be provided to support the rate(s), or the rate(s) will be adjusted accordingly.

 Signature of Child Care Provider Date

 Name of Child Care Facility

 Signature of Department of Health and Human Services Staff Date



Department of Health and Human Services
 Child and Family Services – Child Care Subsidy Program
 2 Anthony Avenue
 11 State House Station
 Augusta, ME 04333-0011
 Tel.: (207) 624-7999; Fax: (207) 287-6308
 Toll-Free (877) 680-5866; TTY Users: Dial 711 (Maine Relay)

Child Care Subsidy Program Provider Information Sheet (To be completed by Provider)

Parent Name: _____
 Child(ren's) Name(s): _____

When is child expected to attend your program? _____
 (Must have specific start date)

Business Name: _____
 Name of Contact Person: _____
 Provider Address: _____
 Provider Telephone: _____
 Provider E-mail: _____

► Type of Provider: (Check one type)

Licensed Child Care License Number: _____

Do you currently participate in the Quality for ME Quality Rating System? Yes No

- License-Exempt Provider
- Must be 18 years old and may not reside at the same address as the child(ren); and,
 - Can only watch a maximum of two (2) children in provider home; and,
 - In-Home License-Exempt Provider can care for no more than six (6) children total (including provider's children).

CHECK ONE:

In Provider's Home Unrelated
 Related (Must Indicate relationship): _____

In Child's Home Unrelated
 Related (Must Indicate relationship): _____

School Age Program/Recreational



SIGNATURE REQUIRED: Please sign, date and return:

By signing below, you acknowledge that the Child Care Subsidy Program does not pay retroactively and the parent is responsible for all payments until you receive an award letter. If you are a new provider to the Child Care Subsidy Program, you will be receiving additional paperwork that needs to be completed.

Provider's Signature

Date

*Background check paperwork for License-Exempt Providers may take up to 45 days to process.

► **Return completed form to:**

Child Care Subsidy Program
2 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011
Email: CCSP.DHHS@Maine.gov
Fax: (207) 287-6308

Questions?

Call: (877) 680-5866 / (207) 624-7999
Email: CCSP.DHHS@Maine.gov
Fax: (207) 287-6308

Authorization for the Release of Personal History Information on all Adult Members of the Household

By signing below, I authorize the release of confidential records and information regarding any criminal record, child protective record, motor vehicle record and the State and National Sex Offender Registry to the Department of Health and Human Services, Child Care Subsidy Program (CCSP).

I understand that any information obtained as a result of this release of information will remain confidential, as required by law, and will be used solely for the purpose of determining eligibility to participate in the Child Care Subsidy Program.

Also, if any criminal record, child protective record, motor vehicle record or state and national sex offender registry indicates that a prior conviction or finding exists the applicant will need to provide evidence to the child care subsidy program, that any prior history has been addressed and that the individual will not compromise or threaten the safety of any children to be cared for by the applicant.

This consent may be revoked by me, in writing, at any time except that information that has already been obtained.

I understand that each adult member of my household must complete the lower portion of this form and that failure to do so will invalidate my application.

For all adult household members; By signing below, adult household members authorize the Department of Health and Human Services to disclose confidential records and information regarding that person's criminal, child protective, motor vehicle record, and the State and National Sex Offender Registry to the applicant/provider.

Providers Information	Household Member
Provider's Full Name: _____	Provider's Full Name: _____
Former/Maiden Names: _____	Former/Maiden Names: _____
Street Address: _____	Street Address: _____
City, State & Zip: _____	City, State & Zip: _____
Telephone: _____	Telephone: _____
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Signature: _____	Signature: _____

Household Member	Household Member
Provider's Full Name: _____	Provider's Full Name: _____
Former/Maiden Names: _____	Former/Maiden Names: _____
Street Address: _____	Street Address: _____
City, State & Zip: _____	City, State & Zip: _____
Telephone: _____	Telephone: _____
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Signature: _____	Signature: _____

Please fill out, sign and return to Child Care Subsidy Program, 2 Anthony Ave, 11 SHS Augusta, ME 04333-0011



State of Maine Substitute W-9 & Vendor Authorization Form

PURPOSE: To establish or update an account with the State of Maine's accounting system.
Complete this form if: 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine.

This form replaces the IRS W-9 form per the IRS W-9 language; "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."

All items with an asterisk (*) must be completed.

RETURN TO:
by mail
to the agency who requested the form or sent it to you, or the agency you're doing business with.
(i.e., DHHS/Labor/DEP/Education/etc)

TYPE OF REQUEST* (Must select one.)

- New Request
- New Location/Additional Entry
- Change (Choose)
- Legal Name
- DBA Name
- Payment Address
- Ordering Address
- Contact Info

TAXPAYER ID NUMBER* (TIN) (Provide ONE only)

Social Security Number (SSN) []-[]-[] OR Federal Employer ID Number (FEIN) []-[]

Organization Type* choose ONE Individual OR Company

- Classification* choose ONE
- Individual
 - Sole Proprietorship
 - Corporation
 - Foreign (WB required)
 - Partnership
 - Nonresident Alien
 - Trust
 - State Gov't
 - Other Gov't
 - Other

LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)

Legal Name* [] Alias/DBA []

Other Info Vendor Customer Number (if known) VC#/VS# [] Account/Client/Provider Number (if known) []

Payment Address* My Billing Address Admin. Address is the same.

Address [] C/O []
City/State/Zip [] Phone []

Contact* Name [] Phone [] Ext []

Email [] Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

Procurement/Physical Address* My Billing Address Admin. Address is the same.

Address [] C/O []
City/State/Zip [] Phone []

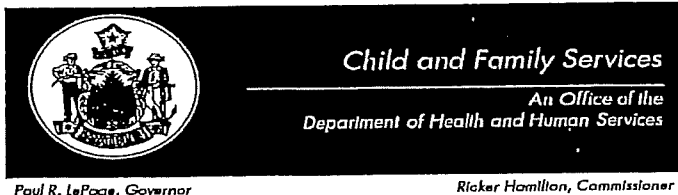
Contact* Name [] Phone [] Ext []

Email []

Authorized Signature, Title & Current Date*

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

OFFICE USE ONLY State Agency & SHS #	Information on State Agency Submitting Vendor Form Agency Contact Person Name & Title	OFFICE USE ONLY Contact's Phone #
[]	[]	[]



Paul R. LePage, Governor

Ricker Hamilton, Commissioner

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UNLICENSED CHILD CARE-HEALTH AND SAFETY CHECKLIST

Child care providers who care for two or fewer un-related children are not required to obtain a child care license or registration from the Department of Health and Human Services (DHHS), however, in order to receive a child care subsidy payment the following requirements must be met and agreed upon. Requirements must be met whether child care is provided in the provider's home or in the parent's home.

Please put a check beside each item when you have read the statement next to it.

- I will have authorization in writing from the child's parent before I give medication to a child. I will also have written authorization from the child's parent to get emergency treatment for a child in a hospital.
- I have a plan for taking care of medical emergencies. The plan includes a method of immediately notifying the parent of any injury requiring emergency treatment. Emergency numbers are located near the telephone.
- The children will be supervised (indoors and outdoors) by an adult at all times.
- The children will have regularly scheduled nutritional meals and snacks.
- I will notify the parents immediately if any one who comes to the child care site/parent's home becomes sick with a communicable disease.
- I have a plan to enable the children in my care to escape from a fire. The plan includes a method of contacting the Fire Department and other appropriate authorities after the children have been evacuated.
- I have First Aid materials such as adhesive tape, band aids, gauze pads, instant cold packs, scissors, tweezers, and a thermometer in the child care site/parent's home.
- All hazardous materials, firearms, and other dangerous materials are out of reach of the children.
- Smoke detectors that work are located throughout the child care site/parent's home as required by law.
- A working telephone is located in the child care site/parent's home.
- I will review all information received from the Department of Health and Human Services. This information may include, but is not limited to, prevention and control of infectious diseases (including immunizations), building and physical premises safety, first aid and CPR and other health and safety materials.
- If I will be transporting the children, I certify that I have a valid driver's license. I will follow all driving laws including the use of car seats and seat belts. I will be sure that anyone else at the child care site/parent's home that transports children will also have a valid driver's license and will follow all driving laws, including the use of car seats and seat belts.
- No one at the child care site/parent's home has been a perpetrator of child abuse, sexual abuse or neglect. I understand that DHHS will check to see if I have a criminal record, motor vehicle violations, or have been involved with adult or child protective services. I also understand that I will not be paid for the child care I have provided if a check in these areas produces serious questions about my ability to care for a child safely.
- No one at the child care site/parent's home will drink alcoholic beverages, use mind altering substances or smoke while caring for children.
- Allow the Department of Health and Human Services to perform an annual inspection of the premises for which I am providing care and my signature shall constitute permission for entry and inspection of the properties.

The Department of Health and Human Services may verify that the child care provider is complying with all statements.

Child Care Provider Name: _____
 Address: _____ Town, State, Zip: _____
 Phone: _____ Fax: _____ Email: _____
 Signature: _____ Date: _____

SAMPLE COPY: TIME IN/OUT SHEET

The Child Care Provider must maintain a system for recording the days and the number of hours the Child(ren) are in the Child Care Provider's care. Parents are required to sign these attendance records to indicate their agreement to the number of hours of care provided weekly.

This is a sample of a Time In/Out Sheet. Please send in a copy of what you will be using for your attendance.

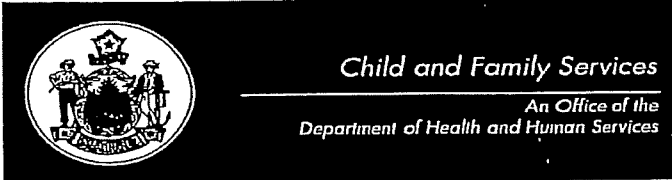
Date:

Day	Child's Name	Time Dropped Off	Time Picked Up	Total Hours of Care for the Day	Parent's Signature	Reason for Absences
*Saturday						
*Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Date:

Day	Child's Name	Time Dropped Off	Time Picked Up	Total Hours of Care for the Day	Parent's Signature	Reason for Absences
*Saturday						
*Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

*Off Hour Care is Saturday, Sunday and between 6 p.m. to 6 a.m. Monday through Friday



Child and Family Services

*An Office of the
Department of Health and Human Services*

Paul R. LePage, Governor

Ricker Hamillan, Commissioner

Department of Health and Human Services
Office of Child & Family Services
2 Anthony Ave.
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282
TTY Users: Dial 711 (Maine Relay)mary

RE: Provider Policy Request

Dear Provider,

The Child Care Subsidy Program requires information about your provider policies. Please answer the questions below:

- Do you charge the parent when or if you take a vacation? _____
- Do you charge a late fee if the parent picks the child up after the scheduled time? _____
If yes, how much? _____
- Do you charge the parent if the child is scheduled to be in your care but the child is absent
(sickness, inclement weather, holiday)? _____

The Child Care Subsidy Program requires that you keep a time in and out sheet that the parent signs on a daily/weekly basis. On the back of this form is a sample copy. If you are going to use this form, please check here _____ and a copy will be put in your file.

Child Care Name: _____

Provider Signature: _____

Date: _____

STATE OF MAINE
ACTIVATION/CHANGE REQUEST FOR DIRECT DEPOSIT / EFT

MAIL TO: Dept. of Health & Human Services/OCFS
 CCSP Child Care Subsidy Program
 11 State House Station
 Augusta, ME 04333-0011

State agency or department you are doing business with. (i.e., DHHS/Labor/DEP)

We require you to submit a voided check or letter from your bank for account verification.

Choose ONE
 NEW
 CHANGE

Payee's Name

Contact Person's Name & Phone # (if different from Payee)

Address of Payee (Street/PO, City, State, & Zip)

Email

TIN of Payee# Choose ONE
 SSN
 EIN

*TIN is required - Employer ID No. or Social Security No.

Vendor Code Include VC or VS

One Vendor Code (VC/VIS) Number per a form & can be provided by agency.

I authorize the State of Maine to send DD/EFT payment detail to the email address included.

By signing and returning this document, you agree to the following statement:

I, the below signed, authorize you to electronically transfer payments to the account provided below. I/we authorize the Agency to initiate credit entries and debit entries (only for the purposes of correcting an erroneous credit provided that, prior to the debit I/we are notified by the Agency in writing of the reason) to my/our account at the below named financial institution. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

OLD Bank Info: *This section is for CHANGES ONLY - For New bank setup, please skip to NEW section below.*

Name on Account Routing #
 (Transit/ABA #)

Name of Financial Institution Account #

Address of Financial Institution (Street/PO, City, State, Zip & Phone)

Choose ONE
 SAVINGS
 CHECKING

You MUST notify us of changes to your name, address, & contact info by completing a Vendor Activation/Change form.
 Locate our forms at: <http://www.maine.gov/osc/forms/index.shtml> (Under VENDOR section.)

NEW Bank Info: *New bank info is **REQUIRED** to be written on this document.

Name on Account* Routing #*
 (Transit/ABA #)

Name of Financial Institution* Account #*

Address of Financial Institution* (Street/PO, City, State, Zip & Phone)

Choose ONE
 SAVINGS
 CHECKING

We require you to submit a voided check or letter from your bank for account verification.

Signature of Payee* _____ Date

(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)

INCOMPLETE FORMS WILL NOT BE PROCESSED

For agency use only
 AGENCY CONTACT NAME _____ PHONE # _____ SEB # _____ DATE _____

REQUIRED

Dear CCSP Provider,

All Child Care Subsidy Program providers are required to take basic health and safety training addressing specific subject areas within 90 days. This is a requirement for continuation as a Child Care Subsidy Program provider and payment of subsidy for child care. The federal requirement of completion of basic health and safety training applies to all directors, teachers, and caregivers within child care settings that are enrolled as Child Care Subsidy Program providers.

What is this training all about?

"Health & Safety Basics: Requirements for Certification" is a 6-hour online training created to meet the requirements outlined in the Child Care and Development Block Grant (CCDBG) reauthorization of 2014. The required topic areas are:

- 1) Safety of buildings and physical spaces
- 2) Transportation safety
- 3) Handling and storage of hazardous materials
- 4) Emergency preparedness
- 5) Prevention and control of infectious disease
- 6) How to respond to food and allergic reactions
- 7) Administration of medication
- 8) Shaken baby syndrome/abusive head trauma
- 9) Safe sleep and SUID prevention

** Note that the 10th required topic area is CPR and First Aid training, which will NOT be included in the Better Kid Care training. Log on to the MRTQ PDN website at <http://muskle.usm.maine.edu/malneroads/> to find opportunities for obtaining CPR and First Aid training in Maine.*

How do I sign up?

Visit the website at <http://muskle.usm.maine.edu/maineroads/healthsafety.html>. Code: TGNSR7. You do not need to submit any documentation for this training; your participation will be recorded by Better Kid Care and shared with MRTQ PDN and reported to the Child Care Subsidy Program. It is recommended that you keep a record of your participation for your files.

Who to call if you have problems logging onto the training?

Please contact Alli Penan at MRTQ PDN at (207) 780-5864 or email allison.penan@maine.edu. MRTQ PDN office hours are Monday through Friday, 8:00am-4:30pm.

Please sign and return to the Child Care Subsidy Program certifying you understand child care staff must complete Better Kids Care Training within 90 days.

Signature: _____

Date: _____

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Signature: _____

Date: _____

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES JUNE 30, 2018

County	Licensed Child Care Center				Licensed Family Child Care Maximum Rate				License-Exempt Child Care Maximum Rate				
	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time	
ANDROSCOGGIN													
Infants	\$195.00	\$146.25	\$97.50	\$48.75	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00	
Toddlers	\$185.00	\$138.75	\$92.50	\$46.25	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00	
Preschool	\$155.00	\$116.25	\$77.50	\$38.75	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25	
School Age	\$140.00	\$105.00	\$70.00	\$35.00	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88	
AROOSTOOK													
Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25	
Toddlers	\$150.00	\$112.50	\$75.00	\$37.50	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88	
Preschool	\$140.00	\$105.00	\$70.00	\$35.00	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88	
School Age	\$135.00	\$101.25	\$67.50	\$33.75	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88	
CUMBERLAND													
Infants	\$303.00	\$227.25	\$151.50	\$75.75	\$220.00	\$165.00	\$110.00	\$55.00	\$154.00	\$115.50	\$77.00	\$38.50	
Toddlers	\$279.00	\$209.25	\$139.50	\$69.75	\$200.00	\$150.00	\$100.00	\$50.00	\$140.00	\$105.00	\$70.00	\$35.00	
Preschool	\$259.00	\$194.25	\$129.50	\$64.75	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38	
School Age	\$150.00	\$112.50	\$75.00	\$37.50	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50	
FRANKLIN													
Infants	\$201.95	\$151.46	\$100.98	\$50.49	\$145.00	\$108.75	\$72.50	\$36.25	\$101.50	\$76.13	\$50.75	\$25.38	
Toddlers	\$196.00	\$147.00	\$98.00	\$49.00	\$127.98	\$95.99	\$63.99	\$32.00	\$89.59	\$67.19	\$44.80	\$22.40	
Preschool	\$181.67	\$136.25	\$90.84	\$45.42	\$130.00	\$97.50	\$65.00	\$32.50	\$91.00	\$68.25	\$45.50	\$22.75	
School Age	\$118.00	\$88.50	\$59.00	\$29.50	\$100.00	\$75.00	\$50.00	\$25.00	\$70.00	\$52.50	\$35.00	\$17.50	
HANCOCK													
Infants	\$218.00	\$163.50	\$109.00	\$54.50	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25	
Toddlers	\$210.00	\$157.50	\$105.00	\$52.50	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13	
Preschool	\$188.00	\$141.00	\$94.00	\$47.00	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13	
School Age	\$125.00	\$93.75	\$62.50	\$31.25	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88	
KENNEBEC													
Infants	\$220.00	\$165.00	\$110.00	\$55.00	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63	
Toddlers	\$195.00	\$146.25	\$97.50	\$48.75	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25	
Preschool	\$267.00	\$200.25	\$133.50	\$66.75	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50	
School Age	\$125.00	\$93.75	\$62.50	\$31.25	\$100.00	\$75.00	\$50.00	\$25.00	\$70.00	\$52.50	\$35.00	\$17.50	

