

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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

RE: 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. Please return the enclosed packet within two weeks from the date of this letter.

- Complete Provider Agreement
- Child Care Provider Information Sheet
- State of Maine New Vendor Form
- Provide a copy of a blank sign in and out sheet.
- Copy of you DHHS License
- Copy of your Quality Rating and Improvement System Certificate (QRIS)
- If you would like to receive Child Care Subsidy payments by direct deposit, please fill out the enclosed direct deposit form and include a voided check or letter from your financial institution verifying your account information
- Child Care Market Rates, maximum rates (enclosed)
- Once you are an approved provider you must sign up for an online billing account
- Online Health and Safety Training must be completed within 90 days of becoming a CCSP Provider

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.

If you have any questions please contact me at 1-877-680-5866, CCSP.DHHS@maine.gov

To access the Child Care Subsidy Program website, please visit: <http://www.maine.gov/dhhs/ocfs/ec/occhs/step.htm>

Sincerely,
Financial Resource Specialist

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CHILD CARE SUBSIDY LICENSED CHILD CARE PROVIDER AGREEMENT

To qualify as a Licensed Child Care Providers must be one of the following:

1. **Family Child Care** means a licensed Child Care Provider's legal residence in which the Child Care Provider provides licensed Child Care Services for any part of a day, for three to twelve (3-12) Children who are not the Children of the Child Care Provider.
2. **Child Care Center** means an entity licensed by the Department in which a Child Care Provider maintains or otherwise provides Child Care Services, for any part of a day, for thirteen (13) or more Children.
3. **Child Care Facility** means an entity licensed by the Department in which a Child Care Provider maintains or otherwise provides Child Care Services, for any part of a day, for three (3) but no more than twelve (12) Children.
4. **Child Care Provider** Licensed under New Hampshire DHHS Child Care Licensing Unit.

THE CHILD CARE PROVIDER MUST AGREE TO ALL OF THE FOLLOWING:

1. Providers must provide child care services as specified in accordance with the State's Child Care Subsidy Rules.
2. Licensed and License-Exempt Child Care Provider (excluding Relative Child Care Providers) are required to submit a request for a criminal background check for all current and prospective staff members, all adults residing in the location where Child Care Services are being provided, any individuals whose activities involve the care or supervision of Children or who have unsupervised access to Children, and the Child Care Provider him/herself as required by federal law (45 C.F.R. § 98.43).
3. Providers must enroll in the Maine Roads to Quality registry and Quality for ME, Quality Rating and Improvement.
4. All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Step One (1) quality rating from Maine Roads to Quality and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety (90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41):
 - a. Please visit Maine Roads to Quality PDN at <https://mrtq.org/> to access the free on-demand 6-hour Health and Safety Orientation training or the annual Health and Safety Training.

- b. For child care provider training and/or technical assistance, Inclusion Warm Line, or assistance with expulsion and suspension prevention please call (844) 209-5964 or visit mrtq.warmline@maine.edu
5. Providers are required to report to a designated State, Territory, or Tribal entity any serious injuries or deaths of children occurring in a child care setting.
6. Providers must immediately notify the Department of Health and Human Services in the case of any contagious disease or potential public health threat.
7. All child care personnel are required to be mandated reporters; meaning all child care personnel are required to report any suspected incident of child abuse or neglect and shall complete at least once every 4 years mandated reporter training approved by the department. Training can be found at: <https://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml>
8. Providers must accept all 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.
9. Parent Fee Collection:
 - a. Collect the weekly parent fee as specified in the Child Care Subsidy award letter.
 - b. Charge a total rate that does not exceed the rate charged to the child care provider's other parents for equivalent child care services.
 - c. Maintain a cash receipt journal of all fees collected from parents who are receiving Child Care Subsidy and provide receipts to these parents for parent fees paid.
 - d. Refund any overpayments to the parent within thirty (30) days.
10. Reimbursement
 - a. In order to be processed, the Department of Health and Human Services' reimbursement billing form must be completed, signed, and returned online, biweekly according to the billing schedule issued by the Department of Health and Human Services. The provider may submit bills for the previous weeks no earlier than Friday at 5:00 p.m. The provider must submit bills for the previous weeks no later than Wednesday at 12:00 p.m.
 - b. Providers can not submit bills and corrections older than sixty (60) days.
 - c. 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 unacceptable absences and absences for reasonable cause for each child on the attendance record. Parents will be required to sign these attendance records or a unique ID system to indicate their agreement to the number of hours of care provided weekly. Daily attendance records must be retained for a minimum of three (3) years.
 - d. To maintain continuity of child care services the Department will pay the child care provider for Federal and State holidays, up to four (4) training days, and up

to one (1) week of child care provider vacation time in a twelve (12) month period.

- e. The Department of Health and Human Services reserves the right to conduct unannounced on-site or desk audit reviews of child care providers who are receiving Child Care Subsidy.

11. Reporting

- a. When a Child Care Provider reports to the Department that a Child had more than twenty hours (20) Unacceptable Absences in a month, the Parent will be sent a letter explaining the policy pertaining to Unacceptable Absences. When a Child is absent from the program beyond two (2) consecutive weeks for the same Reasonable Cause, the Child Care Provider must obtain prior written approval from the Department to continue Child Care Subsidy Payment.
 - i. **Unacceptable Absence** means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department.
 - ii. **Reasonable Cause** means Department-Approved reasons for a Child's absence from a Child Care Provider's program which may include, without limitation: Federal/State holidays; Parental vacation days; inclement weather defined by a snow day when local schools are closed; illness of the Child or other immediate Family member; appointments; transportation issues that affect the Parent's ability to transport the Child to care; Family visitations: Family emergencies, including, but not limited to, surgery, medical treatments, or accidents; or catastrophic events affecting the Family, including but not limited to fires, storms, or accidents.
 - iii. During summer vacations, children not in care due to parent visitation agreements, will need to have their CCSP put "on hold" status.
- a. Immediately notify the Department of Health and Human Services, if a parent terminates child care services before the end date authorized on the Child Care Subsidy award letter or contract. Indicate if the previous 2-weeks of parent fees have been paid in full.
- b. Notify the Department of Health and Human Services and parent, at least twelve (12) calendar days in advance of terminating services.
- c. Children will be considered school age if they become five (5) years of age on or prior to October 15th, unless the Department is notified the Child will not be attending school the school age rate will be applied to billing.

- d. For school age children full time care will apply to school vacations. Part time, half time, quarter time care, will be based on the parent's work and child's school schedule.

12. Recordkeeping

- a. The Child Care Provider will maintain, retain, and provide to the Department upon request, daily attendance records; records must be retained for a minimum of three (3) years.
- b. The Child Care Provider must issue a receipt upon payment of the Parent Fee and retain copies of all receipts in agency files and keep fiscal records on all fee transactions for a minimum of three (3) years.
- c. Parents and Child Care Providers are required to sign attendance sheets or have a unique ID in a system weekly, at a minimum.
- d. The Child Care Provider's attendance records must align with the submitted billing forms.
- e. 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.

13. Rates

- a. 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 Child Care Subsidy payment, the change shall become effective following redetermination of eligibility and the execution of a new Child Care Subsidy award.
- b. The Child Care Subsidy parent rate(s) shall not be higher than the rate(s) charged to private parents for the same program type. If the child care provider has a policy of requiring a one-time deposit, registration fee, or application fee for all parents, the parent will be responsible for these fees.
- c. Once enrolled, the only fee a parent receiving Child Care Subsidy is required to pay is the parent fee, except those noted in the Child Care Subsidy rules. No other fees or costs may be charged to the parent. Parent fees may only be charged on weeks CCSP is billed.
- d. For the purpose of enrollment and billing for infants, toddlers, and preschoolers, full time is thirty (30) hours or more per week; part 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; and quarter time is more than one (1), but less than ten (10) hours per week. Billing shall coincide with these hours.

- e. For the purpose of enrollment and billing for school age children, full time is thirty (30) hours or more per week; part 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 one (1), but less than six (6) hours per week. Billing shall coincide with these hours.
- f. Child Care Subsidy can continue up to age twelve (12) years old or who turns thirteen (13) during the award period and can include a child between the age of thirteen (13) and eighteen (18) who has been determined by a professional to be a child with a disability. .

14. Department Responsibilities

- a. When the Child Care Provider's billing form is free of errors and submitted to the Department within the time frame stipulated in this Provider Agreement, the Department will pay the Child Care Provider within twenty-one (21) calendar days of receipt.
- b. Furnish the Child Care provider a copy of Notification of Termination issued to the parent or use of alternative form of notification when sensitive information should not be shared with the Child Care Provider.

15. Site Visits

- a. Encourage parent and child visitation to the program, prior to acceptance.
- b. Encourage parent involvement, allow unlimited parental access, and give parents information about the child's program activities.
- c. Allow for site visits by Department of Health and Human Services staff. Site visits may include random unannounced visits and planned visits

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TTY: Dial 711 (Maine Relay); Fax: (207) 287-6308
TTY Users: Dial 711 (Maine Relay)

Child Care Subsidy Program Licensed Child Care Provider Agreement

Provider Name: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

County: _____ Telephone Number: _____

Email: _____ Fax Number: _____

Social Security / EIN: _____ Language: _____

Type of Child Care Provider (Please circle one) Child Care Center Child Care Facility Family Child Care

License Number: _____ Expiration date: _____ Capacity: _____

Ages of Children: _____ Hours of Operation: _____

Quality Certificate Number: _____ QRIS Step: 1 2 3 4 (Please circle your current step)

Please list the rate that you charge for the span of hours. If the rate is not completed, you will receive the current Market Rate.

	Full-time Rate	Part-time Rate	Half-time Rate	Quarter-time Rate
Infant (6 weeks to < 13 mo.)	30+ hours per week	20-29 hours per week	10-19 hours per week	1-9 hours per week
Toddler Rate (13 mo to 36 mo.)	30+ hours per week	20-29 hours per week	10-19 hours per week	1-9 hours per week
Preschool Rate (36 mo. to enrolled in FT Kindergarten)	30+ hours per week	20-29 hours per week	10-19 hours per week	1-9 hours per week
School Age Rate (enrolled in school)	30+ hours per week	11-29 hours per week	6-10 hours per week	1-5 hours per week

Do you charge a registration fee? Yes No

Effective Dates of the Child Care Provider Agreement

Child Care Subsidy Program rates are not effective until the rate(s) are approved by the Department of Health and Human Services and rates can only be modified annually or upon completion of this Agreement. This Agreement is not effective until signed by both parties.

This Agreement shall be in effect from _____07/05/2024___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 and the Department of Motor Vehicles 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 REQUIRED: Please sign, date and return

I certify under penalty of perjury that to the best of my knowledge the above information is true. I understand that this information will be provided to the Department of Health and Human Services for use in administration of this program. I authorize the agency to verify this information by whatever means necessary.

Signature of Child Care Provider

Date

Signature of Department of Health and Human Services Staff

Date

► Return completed form to:

Child Care Subsidy Program
2 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011

EMAIL CCSP.DHHS@Maine.gov
Or FAX 207-287-6308



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Child and Family Services**

Child Care Subsidy Program – Child Care Provider Information Sheet

Please have your Child Care Provider complete this form

Child Care Provider Responsible for Completion	
1. Parent Name:	
2. Child(ren's) Name(s):	
3. When is the child expected to attend your program?	

Provider Information	
1. Business Name:	2. What is your QRIS Step Level:
3. Name of Contact Person:	4. Phone Number:
5. Address:	
6. Email Address:	
7. Do you currently participate in the Maine's Quality Ratings and Improvement System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Provider Type: (select below)	
<input type="checkbox"/> Licensed	License Number:
<input type="checkbox"/> License Exempt Provider	*Background check paperwork may take up to 45 days to process* *Additional paperwork will be sent for completion*
<ul style="list-style-type: none"> • 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 • Must be a Maine resident for 6 months 	
Check one:	
In <i>Providers</i> Home:	<input type="checkbox"/> Unrelated <input type="checkbox"/> Related (must indicate relationship) _____
In <i>Child's</i> Home:	<input type="checkbox"/> Unrelated <input type="checkbox"/> Related (must indicate relationship) _____
School Age Program/Recreational <input type="checkbox"/>	

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.

Providers Name (Print): _____ Preferred Language: _____

Provider's Signature: _____ Date: _____

***Signature Required-Please sign, date and return to the following address:**

**Department of Health and Human Services
Office of 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: 1-877-680-5866

TTY users call Maine relay 711

Email: CCSP.DHHS@Maine.gov



Who is eligible to join *Quality for ME*?

Licensed child care centers, family child care programs, and Head Start programs are eligible to join *Quality for ME* if:

- ✓ The program meets licensing regulations and has not had any serious licensing violations in the past twelve months.
- ✓ All staff employed at the program are members of the Maine Roads to Quality Registry.

Who is required to join *Quality for ME*?

Licensed child care programs that wish to accept Child Care Subsidy Program (CCSP) funds are required to join *Quality for ME*. All Head Start programs in Maine who receive state funding are also required to join.

How does a program enroll with *Quality for ME*?

- ✓ Ensure that all program staff are members of the Maine Roads to Quality Registry. If the program director/administrator has Director Access to the Registry, he or she can view this information online: <https://mrtq-registry.org>

Additional questions can be directed to Eric Norgaard at Maine Roads to Quality Professional Development Network (MRTQ PDN) at 1-888-900-0055.

- ✓ Once all staff are confirmed to be members of the Maine Roads to Quality Registry, the program director/administrator can complete the *Quality for ME* application online: <https://www.earlycaremaine.org/>

What is required of a program once it is enrolled with *Quality for ME*?

- ✓ Programs should keep a notebook or online file system of documentation supporting the self-report answers on the application (e.g. staff meeting minutes). Programs **may** be randomly selected for a documentation review. The application describes the documentation required at each Step.

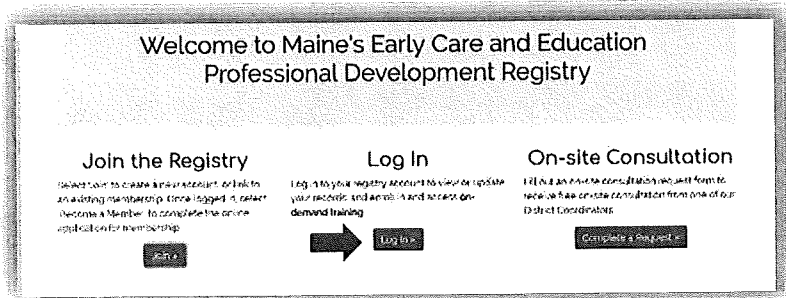
Additional information:

- ✓ *Quality for ME* information from the Maine Department of Health and Human Services, Office of Child and Family Services: <https://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm>
- ✓ To contact MRTQ PDN, email mrtq.registry@maine.edu , call 1-888-900-0055, or visit online at <https://mrtq.org>

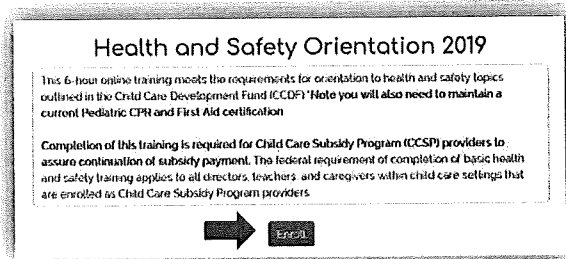
FREE On-Demand Health and Safety Orientation Training

To access the new *Health and Safety Orientation* training, please follow the instructions below:

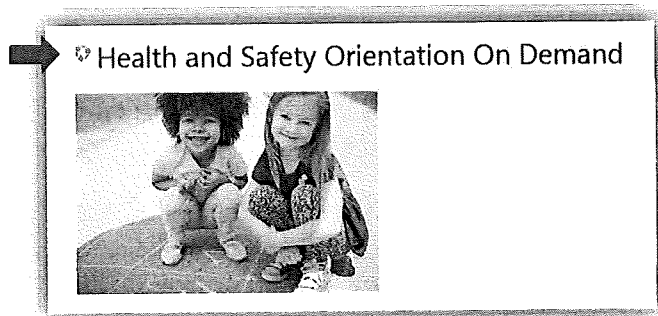
1. Begin at the login page for the Maine Roads to Quality Registry:
<https://mrtq-registry.org/>
2. Log in using your Maine Roads to Quality Registry user name and password.*



3. Once you have logged in, click "Enroll" under the heading "On-demand Training"
4. Select the *Health and Safety Orientation 2019* (top of page).



5. Under "My courses," select *Health and Safety Orientation On Demand*.



You are now enrolled in the training! If you have questions regarding how to access or complete this training, please contact Maine Roads to Quality Professional Development Network at mrtq.training@maine.edu or call 1-888-900-0055.

* If you are not a Maine Roads to Quality Registry member, please click on "Join" to create a user name and password. *You do not need to join the Registry to access this training.*



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."

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

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

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 (W8 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 #
<input type="text"/>	<input type="text"/>	<input type="text"/>

TIME IN/OUT SHEET

Name of Child Care Provider/Facility: _____

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. CCSP may request copies of your time in/out sheet, please maintain these records.

Please keep for your record keeping.

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

TIME IN/OUT SHEET

Name of Child Care Provider/Facility: _____

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. CCSP may request copies of your time in/out sheet, please maintain these records.

Please keep for your record keeping.

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

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

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

Choose ONE
 NEW
 CHANGE

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

Payee's Name

TIN of Payee*

Choose ONE

SSN

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

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

EIN

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

Vendor Code Include VC or VS

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

Email

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 set up, 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 # _____

SHS # _____

DATE _____

**State of Maine – Instructions for:
Direct Deposit/EFT Activation/Change Request**

- A. **Mail to:** You should return this form and any other forms to the State of Maine agency you're doing business with. The agency address should be here. Do **not** send it to OSC.
- B. **Agency use only:** This is for the State of Maine agency requesting your information to complete. You do not need to write anything here.

Your information should be filled in by you or a legal representative for you. (Not by a state employee.) It is your responsibility to provide accurate information. (We may request proof of SSN.)

1. We **REQUIRED** that you submit a voided check or letter from your bank for account verification. This must include your name, address, and routing & account numbers either on a preprinted check or on letter head from the bank. (We do **NOT** accept Deposit Slips or Starter Checks.)
2. **New or Change:** Are you changing bank info or adding new bank info? Select ONE. You may skip this if you are unsure.
3. **Payee Name:** is you. **Contact name/phone:** is you or someone who can discuss info on your behalf. **Address of Payee:** is your mailing address. These fields are **REQUIRED**.
4. **TIN of Payee:** This is your Social Security Number (SSN) if you are being paid personally or your Employer Tax ID # (EIN) if you're a business. Choose ONE only. This is **REQUIRED**.
5. **Vendor Code:** You may know your vendor code number (VC#) this is NOT required by you. The agency can add this info to

the form for you. You may not have a VC# because you're new.

6. **Email:** For email notification of direct deposit. Usually received about 3 to 5 days prior to your deposit for a normal cycle. **Checkmark: I authorize the state of Maine to send DD/EFT payment detail to the email address included.** Check the box if you want the email notification. This is optional.
7. **By signing and returning this document, you agree to the following statement:** You should read the fine print. No changes to the fine print can be made. The State of Maine does not normally debit you without notification via Treasury or your Bank. Odds of this are slim. This authorizes us to credit your account with your payment.
8. **OLD Bank Info:** This is where your old bank info would go if you are changing from one bank or account number to a new bank or account number. This is not required, but is preferred.
9. **New Bank Info:** Enter your new bank info here. Name on account, Name of bank, address of bank. This is **REQUIRED**.
10. **Routing & Account Numbers:** Enter your routing and account numbers here. Must match backup documentation. This is **REQUIRED**.
11. **Savings or Checking:** select only one. This is **REQUIRED**.
12. **Sign and Date:** you are required to sign & date this form or we cannot process the request. This is **REQUIRED**.

*We cannot process incomplete forms. If one of the items that is required is not completed we cannot process the request. The form will be returned to the State of Maine agency you're doing business with or it will be shredded.

Janet T. Mills
Governor



Jeanne M. Lambrew, Ph.D.
Commissioner

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

CCSP Provider Online Billing

Visit: <https://gateway.maine.gov/DHHS/ccsp/Account/ProviderLogin.aspx>

- Click on the link that says, "Click here to apply for new Provider Account."

When the page opens, enter the following information:

- The License/Provider ID #, which is 6 digits long
 - If you don't know your License/Provider ID #, call your CCSP specialist at 1-877-680-5866 or if you have received a copy of an award letter, it can be found in the bottom left-hand corner of the page.
- Enter the new user's first and last name.
 - The user is the person who is entering billing information for the Child Care Provider. This person might be the owner, manager, accountant, or book keeper of the Child Care Center, Facility or Home.
- Enter the new user's email address.
- Verify the Business Physical Address
- Verify the Business Mailing Address
 - If the wrong physical address and/or mailing address is entered, the appropriate billing information will not show up.
 - Call your CCSP Specialist at 1-877-680-5866
- Read the Release Statement and place a checkmark in the box to acknowledge that you've read and understand the Release Statement.
- Click SUBMIT!

A CCSP Specialist will need to approve your online billing account. If this hasn't happened within 24 hours of sign up, please call your CCSP Specialist at 1-877-680-5866 or email CCSP.DHHS@Maine.gov

Child Care Subsidy Program
Billing Week Schedule, July 2021 through August 2022

CCSP follows a Bi-weekly Billing Schedule. The forms are submitted after the care is complete, but no sooner than Friday at 5:00 p.m. following the schedule listed below. Any bills submitted early will be rejected. For billing to be processed it must be received without error by noon on Wednesday. When the Child Care Provider's billing form is free of errors and submitted to the Department within the time frame stipulated, the Department will pay the Child Care Provider within twenty-one (21) calendar days of receipt. The Department will not pay a Child Care Provider who does not submit a bill within sixty (60) calendar days of the Department established submission deadline.

The State of Maine observes the following list of holidays. Offices may be closed, and billing delayed, during these weeks. New Year's Day, Martin Luther King, Jr. Day, President's Day, Patriot's Day, Memorial Day, Independence Day, Labor Day, Indigenous Peoples Day, Veterans Day, Thanksgiving Day and the day following, and Christmas.

For additional information about billing and payment, please refer to your Provider Agreement.

Bi-Weekly Billing Cycle	Dates to Submit Billing for it to be processed.
07/31-8/13	Fri 08/13 after 5 p.m. until Wed 08/18 by noon
08/14-08/27	Fri 08/27 after 5 p.m. until Wed 09/01 by noon
08/28-09/10	Fri 09/10 after 5 p.m. until Wed 09/15 by noon
09/11-09/24	Fri 09/24 after 5 p.m. until Wed 09/29 by noon
09/25-10/08	Fri 10/08 after 5 p.m. until Wed 10/13 by noon
10/09-10/22	Fri 10/22 after 5 p.m. until Wed 10/27 by noon
10/23-11/05	Fri 11/05 after 5 p.m. until Wed 11/10 by noon
11/06-11/19	Fri 11/19 after 5 p.m. until Wed 11/24 by noon
11/20-12/03	Fri 12/03 after 5 p.m. until Wed 12/08 by noon
12/04-12/17	Fri 12/17 after 5 p.m. until Wed 12/22 by noon
12/18-12/31	Fri 12/31 after 5 p.m. until Wed 01/05 by noon
01/01-01/14	Fri 01/14 after 5 p.m. until Wed 01/19 by noon
01/15-01/28	Fri 01/28 after 5 p.m. until Wed 02/02 by noon
01/29-02/11	Fri 02/11 after 5 p.m. until Wed 02/16 by noon
02/12-02/25	Fri 02/25 after 5 p.m. until Wed 03/02 by noon
02/26-03/11	Fri 03/11 after 5 p.m. until Wed 03/16 by noon
03/12-03/25	Fri 03/25 after 5 p.m. until Wed 03/30 by noon
03/26-04/08	Fri 04/08 after 5 p.m. until Wed 04/13 by noon
04/09-04/22	Fri 04/22 after 5 p.m. until Wed 04/27 by noon
04/23-05/06	Fri 05/06 after 5 p.m. until Wed 05/11 by noon
05/07-05/20	Fri 05/20 after 5 p.m. until Wed 05/25 by noon
05/21-06/03	Fri 06/03 after 5 p.m. until Wed 06/08 by noon
06/04-06/17	Fri 06/17 after 5 p.m. until Wed 06/22 by noon
06/18-07/01	Fri 07/01 after 5 p.m. until Wed 07/06 by noon
07/02-07/15	Fri 07/15 after 5 p.m. until Wed 07/20 by noon
07/16-07/29	Fri 07/29 after 5 p.m. until Wed 08/03 by noon
07/30-08/12	Fri 08/12 after 5 p.m. until Wed 08/17 by noon
08/13-08/26	Fri 08/26 after 5 p.m. until Wed 08/31 by noon

Quick Reference Guide to Provider Billing

Provider billing is submitted after care is complete, but no sooner than Friday at 5:00 p.m. following the bi-weekly billing schedule. For billing to be processed that week it must be submitted by noon on Wednesday. For billing to be paid it must be submitted within 60 days of the established deadline. Once it is submitted free of errors the Department will pay the childcare provider within twenty-one days of receipt. The below information is a quick reference guide to billing. For complete information refer to your Provider Agreement and Child Care Subsidy Rules.

Column Explanation

Parent Fee Current Y/N - Parent portion paid to the provider by the parent. *At this time all parent fees are being covered by the American Recovery and Reinvestment Act (ARPA). Please enter Y.*

Regular Hours – Total physical hours the child attended for the week between 6:00a.m.-6:00p.m. Monday-Friday.

Excused Hours – Absences that you know about and must be noted on the form. **Reasonable Cause** means Department-Approved reasons for a Child's absence from a Child Care Provider's program which may include, without limitation: Federal/State holidays; Parental vacation days; inclement weather defined by a snow day when local schools are closed; illness of the Child or other immediate Family member; appointments; transportation issues that affect the Parent's ability to transport the Child to care; Family visitations: Family emergencies, including, but not limited to, surgery, medical treatments, or accidents; or catastrophic events affecting the Family, including but not limited to fires, storms, or accidents

Through the ARPA CCSP began billing for enrollment VS attendance. Regular Hours will be the actual hours the child is in attendance and Excused Hours will be the hours added to bring the child up to the maximum authorization allowed as approved on the award letter.

Example: Jane Doe is a school age child and has been awarded a subsidy up to full time hours (30 hours). Jane typically attends childcare full time in the summer and part time during the school year, Monday 7-8 am, Tuesday 8 am-5 pm, Wed 7-8 am, Thursday 8 am-5 pm, Friday 7-8 am for a total of 21 hours per week. The billing form during the school year would read 21 Regular Hours and 9 Excused Hours to add up to 30 full time hours

Excused Days - skip

Un-excused Hours - Unacceptable Absence means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department.

Provider Vacation To maintain continuity of Child Care Services, in a twelve (12) month period (January to January), the Department will pay the Child Care Provider for: state holidays and up to fifty (50) hours of Child Care Provider vacation time as required by federal law (45 C.F.R. §98.45)

Provider Training To maintain continuity of Child Care Services, in a twelve (12) month period (January to January) the Department will pay the Child Care Provider for: up to forty (40) training hours.

Unexcused Days – skip

Off Hours – Care between the hours of 6:00 p.m. and 6:00 a.m. and on weekends. An additional payment of 35% of the providers base rate for the hours used will be paid)

Total Hours- total hours of care for the week – Add up

Unacceptable Absence means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department

Week 2 Billing Period: 9/25/2021 - 10/1/2021

Child	Age Group	Parent Fee Current Y/N	Regular Hours	Excused Hours	Excused Days	Un-excused Hours	Provider Vacation	Provider Training	Un-excused Days	Off Hours	Total Hours
	Toddler										
	Infant										
	Preschooler										

Infant means a child six (6) weeks through twelve (12) months of age
 Toddler is a child thirteen (13) months through thirty-six (36) months of age
 Preschooler is a child more than 36 months of age but not yet enrolled in Kindergarten
 School age is a child enrolled in Kindergarten

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

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES JULY 3, 2021

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	\$215.00	\$161.25	\$107.50	\$53.75	\$170.00	\$127.50	\$85.00	\$42.50	\$119.00	\$89.25	\$59.50	\$29.75
	Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
	Preschool	\$165.00	\$123.75	\$82.50	\$41.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
	School Age	\$155.00	\$116.25	\$77.50	\$38.75	\$135.00	\$101.25	\$67.50	\$33.75	\$94.50	\$70.88	\$47.25	\$23.63
ARROSTOOK	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	\$154.00	\$115.50	\$77.00	\$38.50	\$130.00	\$97.50	\$65.00	\$32.50	\$91.00	\$68.25	\$45.50	\$22.75
	Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88
	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
CUMBERLAND	Infants	\$303.00	\$227.25	\$151.50	\$75.75	\$225.00	\$168.75	\$112.50	\$56.25	\$157.50	\$118.13	\$78.75	\$39.38
	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	\$263.08	\$197.31	\$131.54	\$65.77	\$225.00	\$168.75	\$112.50	\$56.25	\$157.50	\$118.13	\$78.75	\$39.38
	School Age	\$180.00	\$135.00	\$90.00	\$45.00	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
FRANKLIN	Infants	\$205.00	\$153.75	\$102.50	\$51.25	\$193.75	\$145.31	\$96.88	\$48.44	\$135.63	\$101.72	\$67.82	\$33.91
	Toddlers	\$196.00	\$147.00	\$98.00	\$49.00	\$172.50	\$129.38	\$86.25	\$43.13	\$120.75	\$90.56	\$60.38	\$30.19
	Preschool	\$181.67	\$136.25	\$90.84	\$45.42	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
	School Age	\$125.00	\$93.75	\$62.50	\$31.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
HANCOCK	Infants	\$227.00	\$170.25	\$113.50	\$56.75	\$157.25	\$117.94	\$78.63	\$39.31	\$110.08	\$82.56	\$55.04	\$27.52
	Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
	Preschool	\$197.00	\$147.75	\$98.50	\$49.25	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
	School Age	\$149.00	\$111.75	\$74.50	\$37.25	\$145.00	\$108.75	\$72.50	\$36.25	\$101.50	\$76.13	\$50.75	\$25.38
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	\$200.00	\$150.00	\$100.00	\$50.00	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
	Preschool	\$267.00	\$200.25	\$133.50	\$66.75	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
	School Age	\$145.00	\$108.75	\$72.50	\$36.25	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES July 3, 2021

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	
KNOX	Infants	\$219.00	\$164.25	\$109.50	\$54.75	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
	Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
	Preschool	\$209.00	\$156.75	\$104.50	\$52.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
	School Age	\$220.00	\$165.00	\$110.00	\$55.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
LINCOLN	Infants	\$210.00	\$157.50	\$105.00	\$52.50	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
	Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
	Preschool	\$200.00	\$150.00	\$100.00	\$50.00	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
	School Age	\$178.75	\$134.06	\$89.38	\$44.69	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
OXFORD	Infants	\$205.00	\$153.75	\$102.50	\$51.25	\$193.75	\$145.31	\$96.88	\$48.44	\$135.63	\$101.72	\$67.82	\$33.91
	Toddlers	\$196.00	\$147.00	\$98.00	\$49.00	\$172.50	\$129.38	\$86.25	\$43.13	\$120.75	\$90.56	\$60.38	\$30.19
	Preschool	\$181.67	\$136.25	\$90.84	\$45.42	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
	School Age	\$125.00	\$93.75	\$62.50	\$31.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
PENOBSCOT	Infants	\$255.00	\$191.25	\$127.50	\$63.75	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
	Toddlers	\$230.00	\$172.50	\$115.00	\$57.50	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
	Preschool	\$205.00	\$153.75	\$102.50	\$51.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
	School Age	\$200.00	\$150.00	\$100.00	\$50.00	\$165.00	\$123.75	\$82.50	\$41.25	\$115.50	\$86.63	\$57.75	\$28.88
PISCATAQUIS	Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
	Toddlers	\$154.00	\$115.50	\$77.00	\$38.50	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
	Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$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	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
SAGadahoc	Infants	\$210.00	\$157.50	\$105.00	\$52.50	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
	Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
	Preschool	\$200.00	\$150.00	\$100.00	\$50.00	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
	School Age	\$178.75	\$134.06	\$89.38	\$44.69	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES July 3, 2021

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	
SOMERSET	Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
	Toddlers	\$154.00	\$115.50	\$77.00	\$38.50	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
	Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$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	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
WALDO	Infants	\$219.00	\$164.25	\$109.50	\$54.75	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
	Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
	Preschool	\$209.00	\$156.75	\$104.50	\$52.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
	School Age	\$220.00	\$165.00	\$110.00	\$55.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
WASHINGTON	Infants	\$227.00	\$170.25	\$113.50	\$56.75	\$157.25	\$117.94	\$78.63	\$39.31	\$110.08	\$82.56	\$55.04	\$27.52
	Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
	Preschool	\$197.00	\$147.75	\$98.50	\$49.25	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
	School Age	\$149.00	\$111.75	\$74.50	\$37.25	\$145.00	\$108.75	\$72.50	\$36.25	\$101.50	\$76.13	\$50.75	\$25.38
YORK	Infants	\$270.00	\$202.50	\$135.00	\$67.50	\$210.00	\$157.50	\$105.00	\$52.50	\$147.00	\$110.25	\$73.50	\$36.75
	Toddlers	\$255.00	\$191.25	\$127.50	\$63.75	\$200.00	\$150.00	\$100.00	\$50.00	\$140.00	\$105.00	\$70.00	\$35.00
	Preschool	\$240.00	\$180.00	\$120.00	\$60.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
	School Age	\$204.00	\$153.00	\$102.00	\$51.00	\$165.00	\$123.75	\$82.50	\$41.25	\$115.50	\$86.63	\$57.75	\$28.88

Infant means a child six (6) weeks through twelve (12) months of age
 Toddler is a child thirteen (13) months through thirty-six (36) months of age
 Preschooler is a child more than 36 months of age but not yet enrolled in Kindergarten
 School age is a child enrolled in Kindergarten

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