

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

A provider must be at least 18 years old. Child care providers may not reside at the same address as the children.

- Complete Provider Agreement
- Child Care Provider Information Sheet
- Criminal Background Check Eligibility Letter from OCFS (Recreational Centers must have all direct care staff eligibility letters on file)
- State of Maine New Vendor Form
- Provide a copy of a blank sign in and out sheet.
- Online Health and Safety Training must be completed within 90 days of becoming a CCSP approved provider.
- 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

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 LICENSE-EXEMPT CHILD CARE PROVIDER AGREEMENT

To qualify as a License-Exempt Child Care Provider (refers to a child care provider who is not licensed to provide child care services), providers must be one of the following:

1. An **In-home Child Care Provider** means a License-Exempt Child Care Provider who is eighteen (18) years of age or older, a Maine resident, and provides Child Care Services to no more than two (2) Children in the Child's home.
2. A **License-Exempt Child Care Provider** means a Child Care Provider who is not required to be licensed to provide Child Care Services for no more than two (2) Children, eighteen (18) years of age or older, a Maine resident, and does not reside in the same household.
3. A **Recreational Program** means a License-Exempt non-residential provider of Child Care Services as defined by Child Care Licensing rules

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 complete 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). Please see Section 9(E) 1-10 of the Child Care Subsidy Rules. The provider, owner, director, and all direct care staff must have a background check letter of eligibility on file and available to inspectors. A copy of the background check eligibility letters must be supplied to the Child Care Subsidy Program before parental awards can be issued. Until a parental award has been issued the parent is responsible for all payments to the childcare provider. CCSP does not backdate reimbursement payments.
 - a. Using your computer web browser, go to <https://www.identogo.com/>, scroll down to either "Find the nearest Identogo center" to search by zip code or "Search for services by state" to search by state. Select "Digital fingerprinting".
 - b. If you do not have access to the internet, you may call toll-free at (855)-667-7422 to schedule an appointment. If you call, you will be asked to provide information instead of completing these steps yourself.
 - c. Click "Schedule a New Appointment" and choose the language you wish to use for scheduling (English or Spanish).

- d. Choose the proper employing or licensing agency (DHHS Child Care) as your Agency Name and click “go”.
 - e. Choose the proper Applicant Type (Licensed Facility, Family Child Care, or License Exempt Provider) and click “go”.
 - f. Select your reason for fingerprinting, OCA, or other identifying numbers required by your employing or licensing agency clicking “go” after each.
 - g. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to get a list of locations in a specific area. Press “go”.
 - h. Click on the words, “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
 - i. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click “Send Information”.
 - j. Confirm the information. Follow the on-screen directions to make any changes necessary. Once you see the data is correct, click “Send Information”.
 - k. Print your confirmation page.
 - l. Bring approved identification documents with you to the appointment. These approved document options are identified on your confirmation of your appointment.
 - m. Arrive at the facility at your appointed date and time.
 - n. The Enrollment Officer at the site will check your ID, verify your information, verify payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
 - o. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting, if needed.
 - p. Provide CCSP with a copy of your eligibility letter.
3. 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
4. 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.

5. Providers must immediately notify the Department of Health and Human Services in the case of any contagious disease or potential public health threat.
6. 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>
7. 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.
8. 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.
9. 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 week no earlier than Friday at 5:00 p.m. The provider must submit bills for the previous week 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 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.

- f. In-Home Child Care Providers, by federal law you may be considered an employee of the parent with requirements that you are paid minimum wage, as well as being subject to withholding tax and may be subject to requirements of Fair Labor Standards Act.

10. 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. **Acceptable 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.
- 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.

11. Recordkeeping

- a. Retain all Child Care Subsidy award letters used to complete the reimbursement billing form for a minimum of three (3) years.

- b. 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).
- c. 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

12. 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.
- d. For the 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; 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; 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 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 is physically or mentally incapable of caring for him or herself or is under court supervision and who attends school.

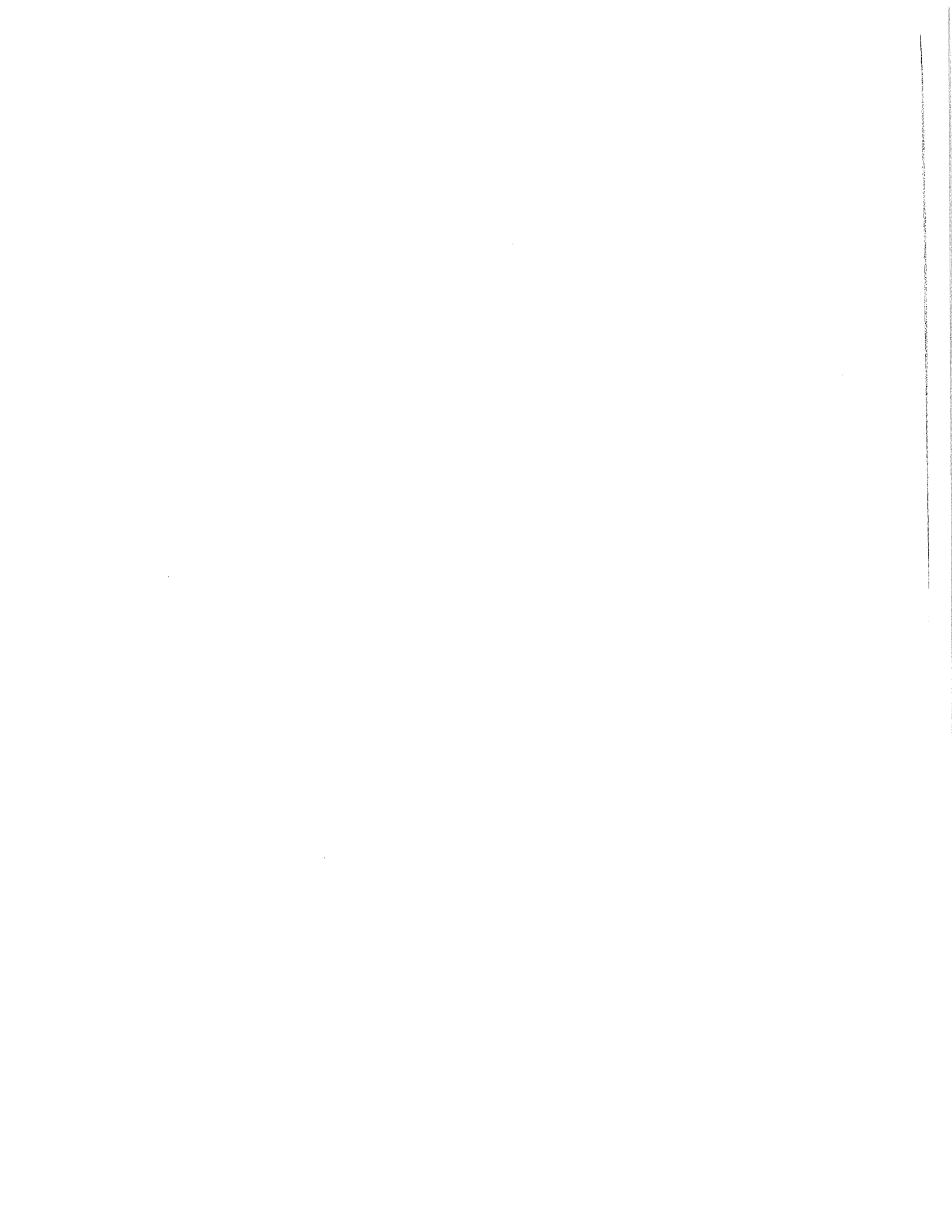
13. Department Responsibilities

- 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.

14. Site Visits

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

*See attached License-Exempt Child Care Provider Health and Safety Monitoring Checklist for information regarding your monitoring visit.



LICENSE-EXEMPT CHILD CARE PROVIDER HEALTH AND SAFETY MONITORING CHECKLIST

Please be aware you will be expected to comply with all of the following.

- Allow the Department of Health and Human Services to perform an annual monitoring of the premises for which I am providing care and my signature shall constitute permission for entry and inspection of the properties.

Ensure the provider, owner, director, and all direct care staff have a background check letters of eligibility on file.
- Ensure that the provider is using positive methods of guidance with the child(ren).
- Ensure all Children will be supervised by the child care provider at all times, to include, at a minimum, inside supervision, which can be sight and sound and outdoor supervision (including swimming), which must be by sight.
- When approved by Child Care Subsidy Program to transport children the child care provider must:
 - Have a valid driver's license.
 - Follow all driving laws, including the use of car seats and seat belts.
 - Follow State of Maine law, which prohibits smoking in a motor vehicle with any child(ren) under the age of sixteen (16).
- Ensure a working telephone is located in the child care provider's home.
- Building and physical premises are to be safe and protected from hazards, bodies of water, and vehicular traffic. All hazardous materials and other dangerous materials are required to be out of the reach of the children.
- All firearms and ammunitions are to be stored separately, locked, and out of the reach of all children.
- A written Emergency Preparedness Plan is required and will include, at least, the following:
 - Parent and secondary emergency contact information.
 - First Aid supplies and manual.
 - Written authorization from each Child's Parent allowing permission to seek emergency treatment for a Child.
 - A method of immediately notifying the Parent of any injury requiring emergency treatment.
 - Understanding of prevention and response to emergencies due to food or allergic reactions.
 - Procedures in place for evacuation, relocation, shelter-in-place, and lockdown, and proof of when each was practiced (at a minimum, annually).

Compliance with Fire Standards and Danger/Toxins, which requires:

- Functioning and unaltered smoke detectors where care is given.
- At least two (2) exits clear from obstructions such as locked doors, storage, or possible obstruction from large objects nearby that can fall and block exits.
- Fire extinguishers, which are properly charged, and easily assessable to adults.
- Written authorization from the child's parent allowing permission to provide non-expired prescription or nonprescription medication to a Child.
- Handwashing is taking place after bathroom use and diaper changing, and prior to food preparation.

A copy of each child/infant's immunization records.

Safe sleep practices are to be implemented for infants and include the infant being put to sleep on their back, on a firm mattress, and in an area free from hazards that could cause strangulation or suffocation.

All choking/swallowing hazards must be out of reach of infants.

The Department of Health and Human Services may verify that the child care provider is complying with all the above statements. Providers found to be noncompliant will have thirty (30) days to come into compliance. Noncompliance continuing after the thirty (30) days may result in termination from participation in the Child Care Subsidy Program.

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CHILD CARE SUBSIDY PROGRAM LICENSE-EXEMPT CHILD CARE PROVIDER AGREEMENT

Provider Name: _____ Hours of Operation: _____
 Street Address: _____ Language: _____
 Town/City: _____ State: _____
 County: _____ Zip: _____
 Email: _____
 Phone: _____ D.O.B. _____ Fax: _____

Social Security/ EIN Number: _____ Billing Number: _____
(current provider only)

- Type of Child Care Provider In-Home Child Care Provider (In Parent's Home)
 (please select one) License-Exempt Child Care Provider
 Recreational Program

Have you ever had a revocation sanction by Child Care Licensing? No Yes Date of Revocation: _____
 License Number: _____

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

	Full-time rate	Part-time rate	Half-time rate	Quarter-time rate
Infant Rate (6 wk. 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 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

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

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Transportation of Children

If you would like to transport children, it is required by the Child Care Subsidy Program that a Department of Motor Vehicle Check is completed. Please fill out the following information:

Name
Maiden Name
D.O.B.
Address

The following findings would disqualify you from being able to transport children. A conviction for an OUI or Driving to Endanger within the last three (3) years, More than one (1) operating under the influence (OUI) conviction, with the latest conviction in the last five (5) years; Three (3) or more convictions in the last five (5) years for speeding in excess of twenty (20) miles per hour over the speed limit by the Child Care Provider. A suspended driver's license at the time of application by the Child Care Provider.

If approved you would you receive, a transport approval letter that would need to be kept on file for site reviews. DMV checks must be completed with each Provider Agreement renewal.

Signature:

Date:



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 <u>Providers</u> Home: <input type="checkbox"/> Unrelated	<input type="checkbox"/> Related (must indicate relationship) _____
In <u>Child's</u> 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



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.)

<input type="checkbox"/> New Request	<input type="checkbox"/> New Location/Additional Entry	<input type="checkbox"/> Change (Choose)	<input type="radio"/> Legal Name	<input type="radio"/> DBA Name
		<input type="radio"/> Payment Address	<input type="radio"/> Ordering Address	<input type="radio"/> 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

<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Foreign (W8 required)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Nonresident Alien		<input type="checkbox"/> Trust	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Other Gov't
			<input type="checkbox"/> 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"/>

STATE OF MAINE NEW VENDOR & VENDOR UPDATE FORM INSTRUCTIONS

1. TYPE OF REQUEST

- a. Is it NEW?
- b. Adding location? (a sub entry to another existing.)
- c. CHANGES to existing? Checkmark a type.

2. FEDERAL TAXPAYER ID NUMBER

- a. This is your social security number if you are an individual and being paid as such. OR
- b. This is your EIN if you're a company and being paid as such.
- ❖ NOTE: pick ONE or the other do NOT give us both. If one is not provided the form is NOT processed.

3. ORGANIZATION TYPE

- a. Individual if you gave SSN above.
- b. Company if you gave EIN above.
- ❖ NOTE: pick one that matches to the number above it. (see arrows)

4. CLASSIFICATION TYPE

- a. SSN = Individual = Individual / Sole Prop. / NonRes Alien ~ (Use person's first & last name in legal name field.)
- b. EIN = Company = Corporation / Foreign / Partnership / Trust / St Gov't / Other Gov't / Other ~ (Use company's name in legal name field)

5. LEGAL NAME

- a. LEGAL NAME: Person's first & last name if an SSN is provided above. OR Company's name if an EIN is provided above.
- b. ALIIS/DBA: alias or also known as OR the DBA = doing business as is entered here.

6. OTHER INFO (add in addition to TIN, NOT instead of)

- a. Vendor Code a number that was assigned by the State of Maine's accounting system Advantage. Usually a VC or VS number. (if known)
- b. Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI. (if known)

7. PAYMENT ADDRESS

- a. Address = Street OR PO Box address (NOT both)
- b. C/O = Care Of or attention to(ATTN) goes in this space.
- c. City, State, & Zip
- d. Phone = the phone number of the legal name above.
- ❖ My BILLING and/or Admin Address is the same. (Advantage has 4 types of addresses: Payment/Procurement/Billing/Administrator)

8. CONTACT


- a. Contact name for above address that we can contact in reference to payments.
- b. Contact phone number & extension for above address.
- c. Contact's Email for above address.
- ❖ Email notification of Direct Deposit/EFT (requires Direct Deposit/EFT form to be completed.)

9. PHYSICAL / PROCUREMENT ADDRESS ~ follow#7's a-d above in reference to contracts.

10. CONTACT ~ follow#8's a-c above in reference to contracts.

11. AUTHORIZED SIGNATURE, TITLE & DATE

a person authorized to make changes for individual (self if form is for self) or company.



State of Maine Substitute W-9 & Vendor Authorization Form

PURPOSE: To establish or update an account with the State of Maine's accounting system.

This form replaces the DHS W-9 form per the DHS 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.

Complete this form if: 1) You will receive payment from the State of Maine, 2) You are a vendor who provides services or goods to the State of Maine, and/or 3) You are a U.S. citizen with a valid Tax ID Number (SSN/EIN)

Reset Form

All items with an asterisk (*) needs to be completed.

TYPE OF REQUEST: (Must select one)	
<input type="radio"/> New Request	<input type="radio"/> New Location/Additional Entry
<input type="radio"/> Change (Choose)	<input type="radio"/> Legal Name <input type="radio"/> DBA Name
<input type="radio"/> Payment Address	<input type="radio"/> Ordering Address <input type="radio"/> Contact Info
1. TAXPAYER ID NUMBER (TIN): (Provide ONE only)	
Social Security Number (SSN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Federal Employer ID Number (FED#) <input type="text"/> <input type="text"/> <input type="text"/>
3. Organization Type: choose one	
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Corporation <input type="checkbox"/> Foreign (No required)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust <input type="checkbox"/> State Gov't <input type="checkbox"/> Other Gov't <input type="checkbox"/> Other
4. LEGAL NAME: (Must provide: Legal name filed with IRS tied to the ID number, SSN/EIN or first name/EIN/last name/EIN)	
5. Legal Name: <input type="text"/>	Alias/DBA: <input type="text"/>
6. Other Info:	
Vendor Customer Number (if known) VC/V#: <input type="text"/>	Account/Client/Provider Number (if known): <input type="text"/>
Payment Address: My <input type="checkbox"/> Billing Address <input type="checkbox"/> Admin. Address is the same.	
Address: <input type="text"/>	C/O: <input type="text"/>
City/State/Zip: <input type="text"/>	Phone: <input type="text"/>
8. CONTACT:	
Name: <input type="text"/>	Phone: <input type="text"/>
Ext: <input type="text"/>	Email: <input type="text"/>
<input checked="" type="checkbox"/> Send me Email notifications of DD/EFT or other Direct Deposit EFT form to be completed.	
9. Procurement/Physical Address: My <input type="checkbox"/> BILLING Address <input type="checkbox"/> Admin. Address is the same.	
Address: <input type="text"/>	C/O: <input type="text"/>
City/State/Zip: <input type="text"/>	Phone: <input type="text"/>
10. CONTACT:	
Name: <input type="text"/>	Phone: <input type="text"/>
Ext: <input type="text"/>	Email: <input type="text"/>
11. Authorized Signature, Title & Current Date:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

OFFICE USE ONLY
State Agency & CUS#

Information on State Agency Submitting Vendor Form
Answer Contact Person Name & Title

OFFICE USE ONLY
Facsimile Phone #

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

State agency or department you are doing business with. (ie., 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

TIN of Payee*

Choose ONE

- SSN
 EIN

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

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

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 **REQUIRE** 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.

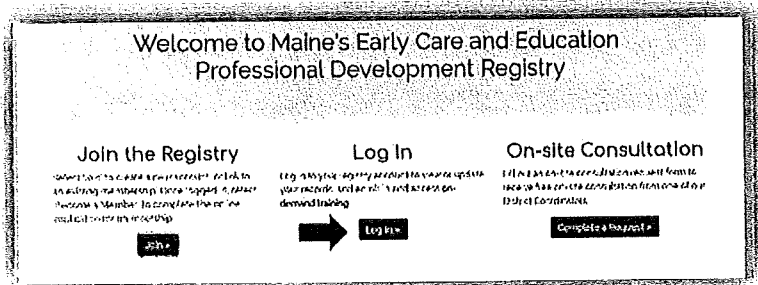
6. **Email:** For email notification of direct deposit. Usually received about 3 to 5 days prior to your deposit for a normal cycle. **Checkmark:** I authorize the state of Maine to send DD/EFT payment detail to the email address included. Check the box if you want the email notification. This is optional.
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.

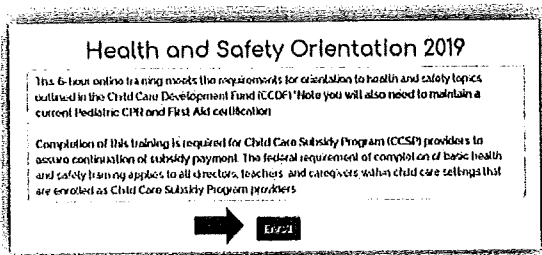
FREE On-Demand Health and Safety Orientation Training

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

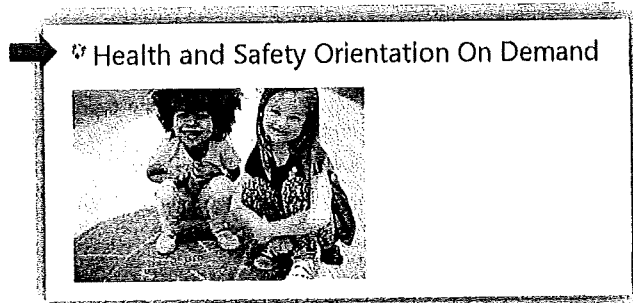
1. Begin at the login page for the Maine Roads to Quality Registry:
<https://mrtq-registry.org/>
2. Log in using your Maine Roads to Quality Registry user name and password.*



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.*

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

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

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	\$63.75	\$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
ARROOSTOOK	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
SAGADAHOOC	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