

CHILD CARE RATES

Read the instructions before completing.

1. Name of Facility: _____ 2. County: _____
3. Mailing Address: _____
P.O. Box/Street/Rural Route City Zip Code
4. Location Address (If different from mailing address) _____
P.O. Box/Street/Rural Route City Zip Code
5. Director/Owner's Name: _____ 6. Telephone: _____
7. Contact Person: _____ 8. Telephone: _____
9. Email Address: _____
10. Effective Date of Rates: _____
11. Do you currently provide transportation to and/or from school? YES NO
12. Do you currently provide transportation to and/or from home? YES NO
13. Do you currently participate in the Child and Adult Care Food Program? YES NO

**Indicate your WEEKLY child care rates listed in the chart below.
Do NOT include multiple children discounts or late fees in the rates.**

<i>Ages of Children Approved to Serve in Center/Home</i>	<u>Weekly Rates Charged to Public</u>
Infant: Birth to 16 months	
Toddlers: 16 month to 24 months	
Preschool: 24 months to age of eligibility to attend public school (5 years of age by September 30 th)	
School Age: children eligible to attend public school, age five* or older by September 30 of that same year. Full Day Care, i.e., workdays, snow days, summer, spring/winter break, etc.)	
Annual Registration Fee (if applicable)	
Comments:	

NOTE: *Children turning five after September 30th are considered pre-school until they start school the following year. In order to receive subsidy payment, all child care fees/rates must be reported for your facility/home including rates offered through sliding fee scales and scholarship.

I certify that the information provided on this document and all attachments is accurate to the best of my knowledge.

(Official Authorized Signature and Title)

(Date)

INSTRUCTIONS FOR COMPLETING CHILD CARE RATES AND OTHER FEES FORM

1. Enter the name of the child care facility where care is being provided and for which rates are being submitted. ***If you are submitting rates for more than one facility then a separate form must be completed for each.*** The facility name should be the same name that is on your license/permit/certificate/exemption and/or the name used when filing taxes.
2. Enter the name of the county in which your facility is located.
3. Enter the mailing address to which the subsidy child care information should be sent. This address should be the same as the facility mailing address on file with licensing or other regulatory agency.
4. Enter the location where the child care is being provided if it is different than the mailing address. The location address must be the same address as on your license/permit/certificate/exemption.
5. Enter the name of the facility director or other person who has on-site administrative responsibility for the child care facility.
6. Enter the area code and telephone number for the child care facility.
7. Enter the name of the person who is responsible for completing this form or who has responsibility for the rate setting process, if different from the facility director.
8. Enter the area code and telephone number the contract person listed in #7 of this form.
9. Enter the email address for the facility.
10. Enter the date these rates become effective for your private-paying parents. NOTE: Rate increases are requested once per year only.
11. Check the **YES** box if you provide transportation to and/or from school.
12. Check the **YES** box if you provide transportation to and/or from home.
13. Check the **YES** box if you participate in the Child and Adult Care Food Program (CACFP); check NO if you do not participate in the CACFP.

You may attach a copy of your private paying child care rates (fee schedule) instead of completing the rate portion of this form. Your rate schedule must reflect all charges. When reporting rates, **do not** include late fees; report rates as weekly rates only.

NOTE: This form must be dated and signed by the person legally responsible for the operation of the facility or provider's designee.

**VDSS / CCECD
Child Care Subsidy Program
P.O. Box 1977
Richmond, VA 23218-1977**