

CHILD CARE RATES AND OTHER FEES

Read the instructions before completing. Please print the information.

1. Name of Facility: _____ 2. County/City: _____
3. Mailing Address: _____
P.O. Box/Street/Rural Route City Zip Code
4. Location Address (If different from mailing address) _____
Physical Street Address Only City Zip Code
5. Director/Owner's Name: _____ 6. Telephone: _____
7. Contact Person: _____ 8. Telephone: _____
9. Email Address: _____
10. Effective Date of Rates: _____
11. Does the vendor serve children with special needs? Yes No
12. Do you currently provide transportation to and/or from home? Yes No
13. Do you currently provide transportation to and/or from school? Yes No
14. Is the vendor subject to Head Start/Early Head Start Standards? Yes No
15. Do you currently participate in the Child and Adult Care Food Program? Yes No
16. **(For Unregistered/Unlicensed Providers Only)** Does the vendor charge parents for Absent Days? Yes No

Indicate the **WEEKLY** child care rates your facility/home charges the general public in the chart below.

Do **NOT** include multiple children discounts or late fees in the rates.

Any rates field left blank, N/A or with a \$0, will be entered as \$0 and no payment will be authorized for that particular age group/category.

Ages of Children Approved to Serve in Center/Home	Weekly Full-Day Rates Charged to Public (5 days per week / 5 or more hours daily)	Weekly Part-Day Rates Charged to Public (Less than 5 hours daily) Note: If you do not have part-day rates leave blank.
Infant: Birth up to 16 months	\$	\$
Toddlers: 16 months up to 24 months	\$	\$
*Preschool: 24 months to age of eligibility to attend public school	\$	\$
School Age	\$ (Summer/School Closures)	\$ (Before/After School)
*Registration Fee (if applicable) Amount: \$ <input type="checkbox"/> Annual <input type="checkbox"/> One-Time <i>*This fee is paid up to \$100 and only once per State Fiscal Year</i>		
Comments:		

*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 all ages served by your facility/home.

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)

Vendor ID # _____

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, 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 or independent city in which your facility is located.
3. Enter the mailing address to which 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 from 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 for the contact person listed in #7 of this form.
9. Enter the email address for the facility.
10. Enter the date these rates became effective for your private-paying parents.
11. Check the applicable box if you do or do not serve children with special needs.
12. Check the applicable box if you do or do not provide transportation to and/or from home.
13. Check the applicable box if you do or do not provide transportation to and/or from school.
14. Check the applicable box if you are or are not subject to Head Start/Early Head Start Standards.
15. Check the applicable box if you do or do not currently participate in the Child and Adult Care Food Program.
16. If you are an unregistered or unlicensed provider, check the applicable box if you do or do not charge parents for Absent Days.

Please **do not** attach a copy of your child care rates (fee schedule); you must complete the rate portion of this form. When reporting rates, **do not** include late fees, report rates as full-time weekly rates, unless you provide part-time services only.

VDSS will authorize payments for the rates listed or the maximum reimbursable rate, whichever is lower. For children authorized to attend less than five days a week, we will divide the weekly rate by 5 to determine the payable daily rate.

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

Form Can Be Mailed, Faxed, or Emailed To:

**VDSS-CCECD
Attn: Child Care Subsidy Program
P.O. Box 1997
Richmond, VA 23218-1997
Fax #: 804-726-7655
Email Address: vendor.manager@dss.virginia.gov**