

PRIVATE PAYING RATES AND OTHER FEES

Read the instructions on the back of the form before completing (Type or print information)

1. Name of Facility: _____
2. Facility ID No.: _____ 3. County: _____
4. Mailing Address: _____

PO Box/Street/Rural Route	City	Zip Code
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5. Location address if different from mailing address: _____

Street/Rural Route	City	Zip Code
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6. Director's Name: _____ 7. Telephone: () _____
8. Contact Person: _____ 9. Telephone: () _____
10. Effective Date of Rates: _____ 11. Do you currently provide transportation to and from school or home? YES NO If YES, include your transportation rate below if not included in your child care rates.
12. You may choose to attach a copy of your Child Care Fees/Tuition Form/Letter, such as a printed booklet or fee schedule, that states all of your child care rates for private-paying children, including discounts for early payments, **instead** of completing the chart below. If applicable, you must attach a copy of your sliding fee scales and policies and scholarship program requirements. *Do not include late fees in the rates that you list below.*

Indicate if child care rates listed in chart below are weekly or monthly rates. Check () One: Weekly Monthly

Ages of Children Approved to Serve in Licensed Facility	On-Time Rates Charged to Private Paying Parents	Discount Rate for Early Payment for Private Paying Parents	Ages of Children Approved to Serve in Licensed Facility	On-Time Rates Charged to Private Paying Parents	Discount Rate for Early Payment for Private Paying Parents
Under Age One (R10)	\$	\$	Before & After-School Care (R06)	\$	\$
Age One (R11)	\$	\$	Before-School Care (R06)	\$	\$
Age Two (R12)	\$	\$	After-School Care (R06)	\$	\$
Age Three (R13)	\$	\$	Transportation (Under age 3 or special needs)	\$	\$
Age Four (R14)	\$	\$	Transportation (age 3 and over)	\$	\$
Age Five (R15)	\$	\$	Initial Registration Fee (Maximum Rate-\$25.00)	\$	\$
Full Time School Age-Care (R03)	\$	\$	Annual Registration Fee (Maximum Rate-\$25.00)	\$	\$
Summer Care for School-Age Children (R03)	\$	\$	Other (Please specify)	\$	\$

NOTE: *In order to receive subsidy payment, all child care fees/rates must be reported for your licensed or G.S. 110-106 facility, including rates offered through sliding fee scales and scholarships. After enrolling in the SCC Program, if your facility has a rate change and you fail to report the change, then the payment will be effective the date the private paying rate is received by the local purchasing agency(ies): To establish a monthly rate, your private paying weekly rate will be multiplied by 4.333 and rounded to the nearest dollar. The subsidized payment for child care will be this monthly rate or the county market rate for your rated license, whichever is lower. (Bonuses and/or enhancements may be available in addition to this payment.) However, if you offer private paying parents a discount for paying early, then your subsidy payment will not be more than ten percent (10%) above your discounted early payment rate for private paying parents and shall not exceed the on-time rate or the applicable market rate. Your child care coordinator will send you a copy of your approved subsidy rates. Contact your child care coordinator if you have questions regarding your approved subsidy rates.*

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 Signed

INSTRUCTIONS FOR COMPLETING PRIVATE PAYING RATES AND OTHER FEES FORM

For initial and annual enrollment, the completed Application for Enrollment to Be a Provider of Subsidized Child Care (Form DCD-0451) must be provided to the child care coordinator in each county that you conduct business or attached to this form before your rates can be processed for subsidy payments.

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 or Notice of Compliance (G.S. 110-106). If the name is different, please notify your child care consultant in the Regulatory Section of the Division of Child Development (DCD).
2. If the facility is enrolled in subsidy, enter the **Subsidized Child Care (SCC) Facility ID number found on the Subsidized Child Care Reimbursement Summary.** This number begins with a “letter” of the alphabet, such as **J**, for example: **J9210000**. You may enter the facility license or GS. 110-106 number if you do not yet have a SCC ID number. Facilities that are Department of Public Instruction (DPI) certified **will not** use this form. DPI certified facilities should submit their rates on the **Subsidized Child Care Input Form for DPI Certified Child Care Program (Form DCD-0335A)** and mail to the Subsidy Services Section of the Division.
3. Enter the name of the county in which your facility is located.
4. Enter the mailing address to which the approved rates on the **Application for Enrollment to Be a Provider of Subsidized Child Care (Form DCD-0451)** and other reports should be sent. This address should be the same as the facility mailing address in your licensing file in the Regulatory Section of the Division. You need to notify your child care consultant or staff in the Regulatory Section of the Division if your mailing address has changed. The address in the Subsidized Child Care Reimbursement System for your facility **cannot** be changed until the child care consultant in the Regulatory Section submits this change to the Subsidy Services Section of the Division.
5. 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, Letter of Intent, or Notice of Compliance. If not, contact your child care consultant of the Division of Child Development. You cannot serve a subsidy child if the location is not licensed or G.S. 110-106 approved. **NOTE: Children receiving subsidy services cannot be served in an unregulated program or area.**
6. Enter the name of the facility director or other person who has on-site administrative responsibility for the child care facility.
7. Enter the area code and telephone number for the child care facility.
8. 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.
9. Enter the area code and telephone number for the contact person listed in # 8 of this form.
10. **Enter the date these rates become effective for your private-paying parents.** The LPA must receive this rate form and the Application for Enrollment (DCD-0451) before your initial rates may be processed for Subsidized Child Care. Your child care coordinator of the LPA will send you a copy of your approved subsidy rates. In order for this date to be the effective date for subsidy, these rates must be effective the first day of the month and the local purchasing agency (LPA) **must have received these rates 30 days before your requested effective date. Rates cannot be backdated.** **Example:** For a rate to become effective on May 1st for all parents, private paying and subsidized, this rate must be received by your local purchasing agency no later than the end of March. Providers may submit changes in their private paying child care rates, but rate increases will be processed **once per year only**. However, a provider who receives a higher star license may request an additional change in his/her child care rates as a result of achieving a higher star rated license. **NOTE:** Any decreases in your private paying rates must also be reported when the decrease in rates occurs. Include the effective date of the rate decrease.
11. Check () the YES box if you provide transportation to and from school or home at an additional charge to parents and if it **is not** already included in your child care rates.
12. **You may attach a copy of your private paying child care rates (fee schedule) instead of completing the rate portion of the form.** Your rate schedule should reflect **all charges** including early payment discounts, transportation, registration fees, sliding fee scales and policies and scholarship program requirements. If you charge a registration fee, indicate if it is charged **each year** the child is enrolled **or** charged **only** at the **time of initial registration** **or both**. The maximum reimbursement for initial/annual registration fee is \$25.00. When reporting rates **do not** include late fees. Report rates as weekly or monthly rates, **check** () one box only. **DO NOT** report or include hourly rates! **NOTE:** Some counties **do not** pay registration and/or transportation fees. Family child care homes **are not** paid registration fees. Contact your local purchasing agency if you have questions about fees that are payable through the SCC Program.

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

IMPORTANT: *Mail the white-signed original to the child care coordinator of the local purchasing agency in each county that you conduct business. Be sure you retain the yellow copy of this signed form in your child care files, including a copy of the facility's private paying rates, sliding fee scale(s) and policies and scholarship program requirements.*