Provider Handbook

for the Colorado Child Care Assistance Program

Prepared by the Colorado Department of Human Services, Division of Child Care and the County Department of Social Services

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Welcome and Introduction

Welcome to the Colorado Child Care Assistance Program (CCCAP). This material is provided to inform you of the policies and procedures utilized by the program and make you aware of your rights and responsibilities as a provider of child care services for CCCAP.

The Colorado Child Care Assistance Program (CCCAP) program provides child care to families in four social services programs. Families access Low-Income child care because they meet low income guidelines and are working, in a training program or are teen parents in high school education programs. Other families receive child care benefits because they are eligible through another program such as the Colorado Works Program, Employment First through Food Stamps, or Child Welfare.

These families need child care in order to continue their employment and move toward self-sufficiency. As a child care provider, you will be working in partnership with counties to assist these families.

Keep this handbook for future reference. As information changes, you will be notified by the counties with whom you are working.

Thank you for your participation in the CCCAP program.

Revised 2/29/2008

About the CCCAP Program

How Providers Are Selected

When families apply for child care assistance, they are given a packet of material which outlines their child care choices. They are free to select the child care provider that best meets the needs of the family. This includes both licensed providers and persons legally exempt from licensing because of

the limited number of children in care. The child care provider may be a licensed child care center or family care home. They may choose a relative or neighbor as well, as long as that person is eighteen years of age or older.

If a family needs help locating child care providers, they can call their local resource and referral agency. Resource and referral agencies maintain lists of child care providers

that include the type of care provided and other relevant information parents consider when making a child care choice. For information more about the resource and referral agency serving community, you should contact the Qualistar Toll Free (877) 338-2273.

Once the family has made a child care selection, they notify their CCCAP worker who sets up an agreement between the provider and the county. That document is called a Fiscal Agreement. It sets forth the reimbursement rate the county will pay for the child care services provided.

When a family selects a provider and the Fiscal Agreement is in place, the county can then authorize child care services.

Child Care Wanted

Please call...

If a family selects a person to provide their child care who does not have a child care license, the county will review any records of child abuse and do а fingerprintcriminal based background check on all legally exempt family child care home providers. (There is a fee for this background

check.) If the background check indicates confirmed child abuse or certain criminal convictions the county will refuse to enter into a Fiscal Agreement. In that case, the family would have to select a different provider.

If the county finds no serious incidents during the background checks, the county would establish that person as a legally exempt family child care home provider.

Working with the County

The Fiscal Agreement

Once a CCCAP parent has selected you to be the family's child care provider and the county has approved you as a provider, you receive a packet of information from the county. Included in that package is a Fiscal Agreement. You should read over the agreement very carefully. The Fiscal Agreement works like a contract between the county and you. It will spell out your responsibilities as well as the county's and will set forth the reimbursement rate you will be paid. For more on the rates, see the section entitled **Payment for Services**.

A copy of the Fiscal Agreement and other forms used by the CCCAP program can be found in the Appendix.

When you sign and return the Fiscal Agreement to the county, you must include a copy of your private pay rates, those rates you charge non-CCCAP parents, if you are a licensed provider.

Before you begin providing services to a CCCAP family, you should have a child care certificate to verify that the family is eligible for the CCCAP program. The only guarantee of payment is the child care certificate. Do not hesitate to contact the family's child care worker to confirm that they have been approved for benefits.

Other Forms and Paperwork

The child care certificate will be sent to you when child care for a family has been authorized. The certificate shows the days and times for which care is authorized, the reimbursement rate and, possibly, the date the authorization will terminate. You will receive a new child care certificate if any of the information changes. (There is a date printed next to each child's name, this will tell you the last time something was changed on that child's authorization.) You should read the certificate carefully. You will be notified at least 11 days in advance if there is any increase in the parent



fee, decrease in rates, decrease in hours authorized, and/or authorization closure. Contact the child care worker if you have any questions.

For more information on how to read the child care certificate, please check the Appendix.

On the back of the child care certificate, you will find information regarding your rights as a provider. Do not overlook this information.

All child care providers will be asked to submit a Form W-9. This is an Internal Revenue Service (IRS) form that counties are required to have on file before they pay for services. At the end of each year, counties will send you a Form 1099. This will tell you and the IRS how much you were paid by CCCAP. You will be responsible for any taxes due on that income. In the case of legally exempt family child care home providers, if the county pays the parent then it is the parent's responsibility to provide you with a 1099 form.

All legally exempt family child care home providers will also be required to verify their lawful presence in the United States and sign an affidavit stating they are legally present in the United States. (The county will be able to provide more information on this.)

If you are a legally exempt provider, you will be asked to sign a form entitled Day Care Standards For Non-Licensed Providers. You should read this form carefully before you sign it. You should also keep a copy handy to refer to in the future. By signing this form, you are promising to meet the standards set forth for as long as you are providing care under the CCCAP program. If you fail to meet those standards, the county may terminate your Fiscal Agreement.

Attendance Record and Billing Form

An attendance and billing form will be sent to you each month. That form will list all the CCCAP children in your care. If new CCCAP children enroll during the month, you should add them to your billing form. You must fill out this form in ink then sign and return it to the county in order to receive payment for your services. You will also need to indicate on the Attendance Record and Billing Form if the parent has paid their parent fee in the previous month. For more information about the Attendance Record and Billing Form, see the section entitled **Billing for Services**.

Provider Responsibilities

As a provider under the CCCAP program, you have certain responsibilities to the county. Some of these are set forth in the Fiscal Agreement. If you fail to fulfill these responsibilities, your Fiscal Agreement may be terminated.

Frequent Absences

According to the terms of the Fiscal Agreement, you must notify the county of excessive absences or irregular child care usage within three working days of establishing a pattern. You must notify the county worker listed on the bottom of the child care certificate for the child in question. If a child terminates care for reasons other than county action (in which case you would receive a child care certificate at least 11 days prior to the closure unless a child's health or safety are endangered), you should notify the county worker within one working day.

Non-payment of Parental Fees

Parents are responsible for paying the parental fee set forth on the child care certificate. This fee should be paid directly to you and is due on the first

Call the County If:

- a child has excessive absences
- a family terminates care and you do not receive information from the county
- a parent fails to pay the parental fee in the previous month
- a parent fails to submit current immunization records

day of each month or on a schedule to which you and the parent agree. If the parent fails to make that payment and fails to make arrangements for delinquent payments to be made, you should notify the county worker listed on the child care certificate. If you do not notify the county worker that a parent fee was unpaid in the previous month the county will be unable to assist you in getting this money from the client.

Parents who fail to pay their fees or make arrangements with you to pay delinquent fees may have their child care benefits terminated. The county worker will not know if there is a problem unless you report it.

Records Maintenance

As a CCCAP provider, you must maintain daily attendance records, payment records, and fee collection records for a minimum of three years plus the current year. These records must be available for review by county, state and federal officials upon request.

For your own protection, you should keep a copy of the attendance and billing forms you submit to the county. In the event that the county copy is misplaced or lost, you will have the information available for resubmission.

Depending on county policy, you may be required to obtain current statements of immunizations for the CCCAP children in your care. Parents would be required to give you immunization records within 30 days of the date they begin care. New statements must be obtained annually. Parents can obtain an

immunization statement from their health care provider or the county nursing service.

There are only two reasons parents can choose not to have their children immunized. Parents can object to immunizations for religious reasons. They should sign a statement if they object for this reason. There may also be a medical reason that children are not immunized. In that case, the parent should provide a statement signed by their health care provider that explains that the child is not immunized.

Appeals and Hearings

On the Fiscal Agreement, as well as on each child care certificate, your rights are outlined. Under the CCCAP program, providers have the right to request an informal conference with county officials to discuss payment disputes or termination/denial of a Fiscal Agreement.

To request a conference, you must put your request in writing to the director or manager of the county department of social services within fifteen days of the date of the action. The county must schedule the conference to be held within two weeks of your request.

Reminder:

You must request a conference within 15 days of the date of the county's action. At the conference, you will have the opportunity to discuss the issues with county staff. They will provide you with information to explain their actions and you will be able to provide information to the county to explain why you think they should have acted differently. This conference is limited to discussion of payment issues or termination/denial of a Fiscal Agreement. The county is not required to meet with you for any other reason.

You will receive notice in writing of the county's final decision. After the conference has been held, your rights have been exhausted. There is no avenue to appeal the outcome of the conference or the county's final decision.

Billing for Services

The Billing Form

An Attendance Record and Billing Form will be sent to you at the beginning of each month. It will list all the CCCAP children you are authorized to provide care for. You will use this form to bill the county for your services each month. See the Appendix for complete instructions on how to fill out the billing form.

Each county may have specific timelines for submission of the billing form. As a general rule, you should submit your billing form by the 5th of each month.

Example: If you provide care for CCCAP children in the month of March, you should submit your billing form to the county by the 5th of April.

If you do not turn in your billing form within three months, you will not be paid for those services.

County Billing Deadlines:

Payment Under CCCAP

Rates

The rates you are paid under the CCCAP program are set by each individual county. In determining what the rates will be, county officials may consider a number of factors including local economies, child care availability, market prices/rates and quality.

Counties have rates which represent the maximum amount they can pay for child care for children under two years of age and children two years old and older. When determining the amount they will pay any licensed provider, counties look at the provider's private pay rates. Providers should notify counties of their private pay rates annually. Counties cannot pay more than a provider's private clients pay for the same services.

If you are providing CCCAP child care for more than one county, you may find that the counties pay you under different rate limits. This is a result of the decision-making in each county and the variation of factors considered by county officials.

The Payroll System

After you submit your billing form to the county, the information is entered into the Child Care Automated Tracking System (CHATS). Payroll is run on a Friday night. Funds are distributed through an Electronic Fund Transfer (EFT) on the following Monday. Counties have a choice of which Friday during the month to run their payroll. That decision is often based on the number of billing forms that need to be entered, the number of errors or incomplete forms that need to be verified or corrected and the number of county staff available to do this work.

Your best bet to ensure timely payment is to turn in an accurate and complete billing form by the 5th of the month.

If you are a legally-exempt child care home provider, you can receive your child care payment on a Colorado Quest Card. A Quest card is a plastic debit card that can be used at automated teller machines (ATM's) and at grocery stores and other retailers like Wal-Mart and K-Mart. Payments made to Quest cards are available the first business day after the payroll is processed. That means you don't have to wait for the funds to be transferred to your bank. Call the county for more information about how you can get a Quest card.

All CCCAP information including billing statements are mailed to licensed providers according to the information in the licensing records. If you are a

licensed provider, your information will be made out exactly as your name appears on your license. It will be mailed to the mailing address on your license. If this information is incorrect, you will have to submit the changes in writing to the Division of Child Care, 1575 Sherman Street, First Floor, Denver, Colorado 80203.

Payment Rules and Policies

Payments are made based on the care that is authorized by the county child care worker. The Child Care Certificate you received will outline what care is authorized. Payment will not be made for services provided but not authorized.

Policies regarding absences, holidays, paid notice and holding a slot are set by each county. These policies are likely to vary from one county to another. If you deal with more than one county, you should be sure and note those differences. This information should be in your fiscal agreement.

County Absence Policy:

No paid notice is available under the CCCAP program. You may require that parents give you two weeks notice before leaving your care but CCCAP is not required to pay for that period of time. (You will need to have a contract with the parent outlining your policies.)

You may not charge parents for those costs that CCCAP will not pay. You may, however, charge parents for your services that are utilized in periods when care is not authorized. For example, if care is authorized for Monday through Friday and the parent would like you to provide care on Saturday while she runs some errands, you can charge the parent directly for Saturday's care. You may also charge parents late fees as you would your private pay clients for picking up a child after hours.

Parental Fees

Parental fees are set out on the Child Care Certificate and paid directly to the provider. Parental fee dollars are the first dollars used for care so are due on the first day of every month. Here is an example of how this works:

Assume the parent's fee is \$120. In a typical month, the parent pays the \$120 and the CCCAP program pay \$300 for the child's care. This month, though, the family will no longer be receiving benefits under CCCAP as of the 7th of the month because the parent got a promotion and is relocating. From the 1st to the 7th of the month, the child is in care for only 4 days for a cost of \$95. The parent would pay the \$95 and CCCAP would pay nothing. If the cost for those 4 days was \$125, the parent would pay \$120 (the amount of their fee) and CCCAP would pay \$5.

If the parental fee changes, you will be notified on the Child Care Certificate. Parental fees can be temporarily reduced due to hardship but this will not affect the total amount received by the provider. The CCCAP program will pick up the difference. You will be notified of increases to parent fees at least 11 days prior to the first of the month the change is to occur.



Licensing

Who Should Be Licensed

Regardless of whether you are a licensed or a legally exempt child care home provider, you should be aware of the laws that require licensing. In Colorado, child care centers must be licensed if they care for five or more children. A child care center by definition does not include any child care in a "place of residence."

When child care occurs in a place of residence, it is called a family care home. Family care homes must be licensed if they care for children from more than one household who are not related to the caregiver. In other words, if you are caring for children from **one family** or you are caring for **your relatives**, you do not have to have a license. You would be considered a legally exempt child care provider.

Under CCCAP, licensed providers are usually paid at a higher rate of reimbursement

If you do provide care for multiple families without a license, you could face fines up to \$10,000. Colorado takes this very seriously. If you would like to care for additional children, please get a license to do so.

Care in the child's own home does not have to be licensed. Just remember that children from other homes cannot also be in care.

How to Obtain a License

If you are interested in getting licensed or finding out more information about licensing, you should contact the Colorado Department of Human Services, Division of Child Care at (303) 866-5958 or 1-800-799-5876. The staff there will be happy to answer your questions and send you an order form to order an application packet that includes a copy of the licensing rules. To get a license, you must be 18 years of age.

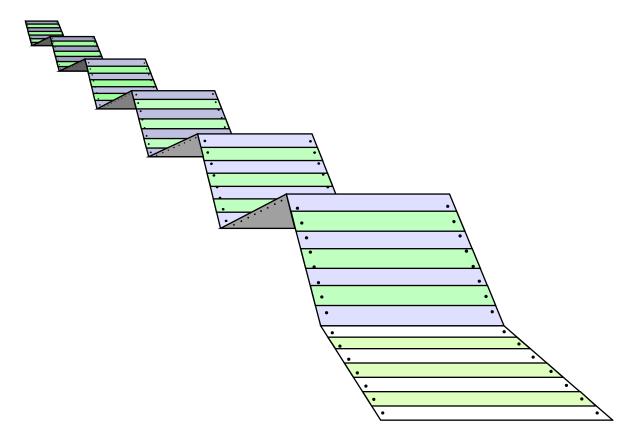
Getting a child care license usually takes a couple of months so be sure to plan ahead.

Appendix

This section of your handbook contains copies of the forms you will be using in the CCCAP program. They include the following:

- ☑ Fiscal Agreements (Exempt and Licensed Providers)
- ☑ Child Care Certificate includes instructions on how to read the certificate
- Attendance Record and Billing Form includes instructions on how to fill out the billing form
- ☑ W-9 Request for Taxpayer Identification Number and Certification
- ☑ Daycare Standards for Non-Licensed Provider

The copies provided are the current versions in use as of the date of this handbook. Changes to these forms may be made without notice to providers. If you have questions about these forms or their use, please contact the county child care worker with whom you are working.



NOTES

Child Care Services Fiscal Agreement

License/Certificate No: Tax	x ID. No		
This Agreement is entered into and between the			_ County Department of
Social Services, herein referred to as "Departmen	nt" and		
		_, herein ref	erred to as "provider" who
will provide child care at the following address:			
. This agreement shall be in effect from	, 20	to	, 20

Provider Agrees to:

- 1. Provide child care at the facility address listed above.
 - 2. Conform to all applicable State and Federal Regulations and local law.
 - 3. Maintain a valid child care license as required by Colorado Statute unless legally exempt from licensing.
 - 4. Report to the county if their license has been revoked, suspended, or denied within three calendar days of receiving notification or a recovery will be established of all payments made as of the effective date of closure.
 - 5. Sign the child care fiscal agreement and all other county or state required forms.
 - 6. Develop an individualized care plan for special needs children.
 - 7. Maintain proof of current immunizations for the children in their care, if required by county policy. Immunization records shall be obtained from parents either at the time of admission or within thirty (30) calendar days of the date of admission and shall be updated annually. For children whose parents object to immunizations on religious grounds or for children whose medical condition contraindicates immunization, providers shall maintain a statement in the child's file signed by the parent stating the reason for not immunizing.
 - 8. Maintain sign in/out sheets with the time the children arrive and leave each day they attend. This record must be signed by the person authorized to drop off or pick up the child(ren). These records must be available for county review upon request and maintained for the current plus three years.
 - 9. Report non-payment of parent fees no later than the end of the month they have not been received.
 - 10. Notify the county of unexplained, frequent and/or consistent absences within ten (10) calendar days of establishing a pattern.
 - 11. Shall not charge the county more than my established private pay rates.
 - 12. Shall not charge parents rates in excess of those agreed upon in the fiscal agreement (this includes the agreed upon registration, mandatory activity and transportation fees if the county pays these fees).
 - 13.1 shall offer free, age appropriate alternatives to voluntary activities.
 - 14. I will bill the county monthly for services authorized, based on county payroll policies, and forfeit payment for services if the original billing form is submitted more than sixty (60) calendar days following the month of service.
- 15. Allow parents immediate access to the child in care.
- 16. Accept referrals for child care without discrimination with regard to race, color, national origin, age, sex, religion, or physical or mental handicap.
- 17. Provide children with adequate food, shelter and rest.
- 18. Provide care for children under this agreement only if authorized by the Department in advance.
- 19. Maintain as strictly confidential all information concerning children and their families.

- 20. Protect children from abuse/neglect and report any suspected child abuse and neglect to the Department.
- 21. Hold the Colorado Department of Human Services, the State of Colorado and the County Department of Social Services harmless for any loss or actions caused by the performance of this Agreement.
- 22. Attach a copy of your current charge policies on rates, transportation, activity, registration fees and payment policies if you are a licensed provider. Allowable rates and other associated charges shall be in accordance with State Rules for Colorado Child Care Assistance Program.
- 23. Charge the Department the county rates of reimbursement as set forth in Attachment One and incorporated herein by reference.

Provider Rights:

- 1. When a provider contends that the county has not made adequate payment based on program rules for care provided, the provider has the right to an informal conference with county staff pursuant to 9 CCR 2503-1 at Section 3.910, (D).
 - Providers may request a conference in writing within 15 days of the date of the action.
 - Provider request should be addressed to the county director of the county Department of Social/Human Services responsible for the action.
 - Provider may request that state program staff participate in the conference. That participation may be by telephone conference.
 - The purpose of the conference will be limited to discussion of the payments in dispute and the relevant rules regarding payment.
- 2. A provider may request an informal conference if s/he disputes the termination of a fiscal agreement.
 - Providers may request a conference in writing within 15 days of the dates of the date of the action.
 - Provider request should be addressed to the county director of the county Department of Social/Human Services responsible for the action.
 - The purpose of the conference will be limited to discussion of termination of agreement pursuant to 9 CCR 2503-1 at Section 3.905, (D).

Department Agrees to:

- Reimburse the provider for authorized child care in accordance with Colorado Child Care Assistance Program rules.
 Payment to the licensed provider is the total cost of authorized care based on rates set by this Agreement minus the parental fee.
- 2. Determine client's eligibility for child care services within 30 days of the application date.
- 3. Send notices to the provider of changes in parental fees, authorized amount of care, added or deleted children, and other changes to child care arrangements.
- 4. Send Child Care Certificates to the provider within 7 working days of county's initial approval or prior to making any changes in eligibility of each child.
- 5. Provide an informal conference within 2 weeks of the provider's written request to discuss the basis for any denial or termination of this agreement or to discuss any payment dispute.
- 6. Will provide a written notice of the results of the informal conference within 15 days of the conference date.

This Agreement may be terminated by either party by giving the other party 30 days notice by registered mail. This Agreement may be terminated without advance notice if a child's health or safety is endangered or if the provider is under a negative licensing action. The provider may request an informal conference to discuss the basis of any termination or denial of this agreement by submitting that request in writing within 15 days of the action.

By signing this agreement, the provider acknowledges receipt of information regarding the rules and policies of the Colorado Child Care Assistance Program.

CHILD CARE PROVIDER		DEPARTMENT OF SOCIAL	_ SERVICES					
Authorized Representative	Date	Authorized Representative	Date					
Mailing Address	_	Address						
City, State Zip	Phone Number	City, State Zip	Phone Number					

Rate Type	Definition	Children's Age Group	Provider Private Pay Rate	County Rate of Reimbursement
Basic Rate – Full time	Rate for 5 or more hours of care during standard business hours (6am to 6pm)	Birth up to 12 months		
Basic Rate – Part time	Rate for less than 5 hours of care during standard business hours (6am to 6pm)	Birth up to 12 months		
Basic Rate – Full time	Rate for 5 or more hours of care during standard business hours (6am to 6pm)	12 months up to 24 months		
Basic Rate – Part time	Rate for less than 5 hours of care during standard business hours (6am to 6pm)	12 months up to 24 months		
Basic Rate – Full time	Rate for 5 or more hours of care during standard business hours (6am to 6pm)	24 months and older		
Basic Rate – Part time	Rate for less than 5 hours of care during standard business hours (6am to 6pm)	24 months and older		
Night Rate – Full time	Rate for 5 or more hours of overnight care (6pm to 6am)	Birth up to 12 months		
Night Rate – Full time	Rate for 5 or more hours of overnight care (6pm to 6am)	12 months up to 24 months		

Exempt Family Child Care Home Provider Fiscal Agi	reement	Exempt provider ID No:
This Agreement is entered into and between the	_ Departmen	t of Social Services, herein referred to
as "Department" and	, herein refe	erred to as "exempt provider" who will

provide child care at the following address:				
This agreement shall be in effect from	, 20	_ to _	, 20	

Exempt Provider Agrees to:

- 24. Submit to a fingerprint based criminal background check along with a review of the state administered database for child abuse and neglect and provide the names and fingerprints of all adults age 18 and over who reside in the home for the same purpose.
- 25. Provide verification of Lawful Presence in the United States and provide an affidavit of citizenship.
- 26. Notify the Department within eleven calendar days of any circumstances that results in the presence of a new adult age 18 and over in the residence.
- 27. Provide child care at the facility address listed above.
 - 28. Conform to all applicable State and Federal Regulations and local law.
 - 29. Sign the child care fiscal agreement and all other county or state required forms.
 - 30. Develop an individualized care plan for special needs children.
 - 31. Maintain sign in/out sheets with the time the children arrive and leave each day they attend. This record must be signed by the person authorized to drop off or pick up the child(ren). These records must be available for county review upon request and maintained for the current year plus three years.
 - 32. Report non-payment of parent fees no later than the end of the month they have not been received. (I understand that the county cannot enforce non-payment of parent fees if this information is not reported.)
 - 33. Notify the county of unexplained, frequent and/or consistent absences within ten (10) calendar days of establishing a pattern.
 - 34. Shall not charge parents rates in excess of those agreed upon in the fiscal agreement (this includes the agreed upon registration, mandatory activity and transportation fees if the county pays these fees).
 - 35. I will bill the county monthly for services authorized, based on county payroll policies, and forfeit payment for services if the original billing form is submitted more than sixty (60) calendar days following the month of service.
- 36. Allow parents immediate access to the child in care.
- 37. Accept referrals for child care without discrimination with regard to race, color, national origin, age, sex, religion, or physical or mental handicap.
- 38. Provide children with adequate food, shelter and rest.
- 39. Provide care for children under this agreement only if authorized by the Department in advance.
- 40. Maintain as strictly confidential all information concerning children and their families.
- 41. Protect children from abuse/neglect and report any suspected child abuse and neglect to the Department.
- 42. Hold the Colorado Department of Human Services, the State of Colorado and the County Department of Social Services harmless for any loss or actions caused by the performance of this Agreement.
- 43. Allowable rates and other associated charges shall be in accordance with State Rules for Colorado Child Care Assistance Program.
- 44. Charge the Department the county rates of reimbursement as set forth in Attachment One and incorporated herein by reference.

Exempt provider Rights:

2. When an exempt provider contends that the county has not made adequate payment based on program rules for care provided, the exempt provider has the right to an informal conference with county staff pursuant to 9 CCR 2503-1 at

Section 3.910, (D).

- Exempt providers may request a conference in writing within 15 days of the date of the action.
- Exempt provider requests should be addressed to the county director of the county department of social/human services responsible for the action.
- Exempt providers may request that state program staff participate in the conference. That participation may be by telephone conference.
- The purpose of the conference will be limited to discussion of the payments in dispute and the relevant rules regarding payment.
- 2. An exempt provider may request an informal conference if s/he disputes the termination of a fiscal agreement.
 - Exempt providers may request a conference in writing within 15 days of the dates of the date of the action.
 - Exempt provider requests should be addressed to the county director of the county department of social/human services responsible for the action.
 - The purpose of the conference will be limited to discussion to termination of agreement pursuant to 9 CCR 2503-1 at Section 3.906.

Department Agrees to:

- 7. The county has the option to reimburse the exempt child care provider for care from the date the completed fingerprint packet and fees for the provider's household are received by the Division of Child Care. The exempt provider may continue to receive moneys after that as long as the exempt provider and all qualified adults living in the residence show no evidence of criminal offenses or a pattern of misdemeanor offenses.
- 8. Counties also have the option to pay after the results are returned from the Colorado Bureau of Investigation and/or Federal Bureau of Investigation.
- Reimburse the exempt provider for authorized child care in accordance with Colorado Child Care Assistance Program
 rules. Payment to the exempt provider is the total cost of authorized care based on rates set by this Agreement minus
 the parental fee.
- 10. Determine client's eligibility for child care services within 30 days of the application date.
- 11. Send notices to the exempt provider of changes in parental fees, authorized amount of care, added or deleted children, and other changes to child care arrangements.
- 12. Send Child Care Certificates to the exempt provider within 7 working days of county's initial approval or prior to making any changes in eligibility of each child.
- 13. Provide an informal conference within 2 weeks of the exempt provider's written request to discuss the basis for any denial or termination of this agreement or to discuss any payment dispute.
- 14. Will provide a written notice of the results of the informal conference within 15 days of the conference date.

Either party may terminate this Agreement by giving the other party 30 days notice by registered mail. This Agreement may be terminated without advance notice if a child's health or safety is endangered. The exempt provider may request an informal conference to discuss the basis of any termination or denial of this agreement by submitting that request in writing with 15 days of the action.

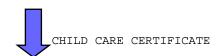
By signing this agreement, the exempt provider acknowledges receipt of information regarding the rules and policies of the Colorado Child Care Assistance Program.

CHILD CARE EXEMPT PROVIDER

Print Name		DEPARTMENT OF SOCIAL SERVICES						
		Print Name						
Signature	Date							
		Signature	Date					
Mailing Address								
		Address						
City, State Zip	Phone Number							
		City, State Zip	Phone Numbe					

Reason for action: This is where it will tell you what has occurred.

DEAR CLIENT NAME:



REASON FOR ACTION: CHANGE IN YOUR CHILD CARE ARRANGEMENTS WITH PROVIDER NAME

03/28/2007 WORKER ID: #### CASE NUMBER: ######### PROVIDER ID: ###### CLIENT NAME CC: PROVIDER NAME CLIENT ADDRESS PROVIDER ADDRESS Provider CLIENT ADDRESS PROVIDER ADDRESS Information Client Information

THIS NOTICE IS TO LET YOU KNOW THAT YOUR CHILD CARE ARRANGEMENTS WITH PROVIDER NAME HAVE CHANGED.

CHILD NAME IS AUTHORIZED FOR THE FOLLOWING CHILD CARE ARRANGEMENTS BEGINNING 04/2007 AND ENDING ON 08/31/2007 IF REDETERMINATION OF ELIGIBILITY FORM NOT RETURNED.

- * UP TO 10 DAYS OF SCHOOL AGE FULL TIME CARE AT \$22.86 PER DAY
- * UP TO 10 DAYS OF SCHOOL AGE PART TIME CARE AT \$12.57 PER DAY
- * UP TO 23 DAYS OF BEFORE & AFTER PART TIME CARE AT \$15.59 PER DAY

CARE IS B/A SCHOOL MON-FRI AND FT OR PT CARE ON NON SCHOOL DAYS

AUTH FT OR PT CARE FOR SUMMER BREAK MON-FRI

AUTHORIZATION LAST CHANGED ON 03/28/2007 AT

Indicates the last date and time a change was made

CHILD NAME IS AUTHORIZED FOR THE FOLLOWING CHILD CARE ARRANGEMENTS BEGINNING 04/2007 AND ENDING ON 08/31/2007 IF REDETERMINATION OF ELIGIBILITY FORM NOT RETURNED.

- * UP TO 23 DAYS OF PRESCHOOL FULL TIME CARE AT \$25.20 PER DAY
- * UP TO 23 DAYS OF PRESCHOOL PART TIME CARE AT \$13.40 PER DAY

AUTH FT OR PT CARE MON-FRI

AUTHORIZATION LAST CHANGED ON 03/28/2007 AT 12:55:22 AM

Indicates case worker notes on authorized care

CHILD NAME IS AUTHORIZED FOR THE FOLLOWING CHILD CARE ARRANGEMENTS BEGINNING 04/2007

AND ENDING ON 08/31/2007 IF REDETERMINATION OF ELIGIBILITY FORM NOT RETURNED.

* UP TO 23 DAYS OF PRESCHOOL FULL TIME CARE AT \$25.20 PER DAY * UP TO 23 DAYS OF PRESCHOOL PART TIME CARE AT \$13.40 PER DAY CARE IS FULL TO PART TIME, MONDAY THROUGH FRIDAY.

PARENT FEE: \$88.00 (APRIL ON)

AUTHORIZATION LAST CHANGED ON 03/28/2007 AT 12:55:42 AM

Indicates parent fee to be paid and the effective date



Indicates the number of units authorized, the rate of pay, and other information related to when care will be used.

IN 04/2007 YOU MUST PAY A PARENT FEE OF \$88.00 . YOU MUST CONTINUE TO PAY \$88.00 TO PROVIDER NAME EACH MONTH UNTIL YOU RECEIVE WRITTEN NOTICE THAT YOUR PARENT FEE HAS CHANGED OR YOU RECEIVE WRITTEN NOTICE THAT YOUR CHILD CARE ARRANGEMENTS ARE TERMINATED.

IF YOU HAVE QUESTIONS ABOUT YOUR CHILD CARE ARRANGEMENTS, PLEASE CONTACT WORKER NAME AT WORKER NUMBER. IF YOU DO NOT AGREE WITH THE INFORMATION ABOVE, YOU HAVE UNTIL 04/12/2007 TO APPEAL. SEE THE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INFORMATION ON YOUR APPEAL RIGHTS.

> Case worker's/County contact information



WORKER NAME CHILD CARE SPECIALIST COUNTY DEPARTMENT OF SOCIAL SERVICES WORKER PHONE NUMBER

SS-67 (R 8/03)

PROVIDER RIGHTS

IF YOU CONTEND THAT THE COUNTY HAS NOT MADE ADEQUATE PAYMENT FOR CARE YOU HAVE PROVIDED, YOU HAVE THE RIGHT TO AN INFORMAL CONFERENCE WITH COUNTY STAFF PURSUANT TO 9 CCR SECTION 3.911, L. (EFFECTIVE 8/1/1995).

- * ANY REQUEST FOR A CONFERENCE MUST BE MADE IN WRITING WITHIN 15 DAYS OF THE DATE OF THE ACTION.
- * YOUR REQUEST SHOULD BE ADDRESSED TO THE COUNTY DIRECTOR FOR THE COUNTY DEPARTMENT OF SOCIAL SERVICES RESPONSIBLE FOR THE ACTION.
- * YOU MAY REQUEST THAT STATE PROGRAM STAFF PARTICIPATE IN THE CONFERENCE. THAT PARTICIPATION MAY BE BY TELEPHONE.
- * THE COUNTY DEPARTMENT MUST HOLD THE CONFERENCE WITHIN 2 WEEKS OF THE DATE OF YOUR REQUEST.
- * THE PURPOSE OF THE CONFERENCE WILL BE LIMITED TO DISCUSSION OF THE PAYMENTS IN DISPUTE AND THE RELEVANT RULES REGARDING PAYMENT.

FOR LICENSED PROVIDERS:

PAYMENTS BASED ON THIS AUTHORIZATION WILL BE MADE OUT TO YOUR CHILD CARE FACILITY EXACTLY AS THE FACILITY NAME APPEARS ON YOUR LICENSE. FOR FAMILY CHILD CARE HOMES, THIS MEANS THAT PAYMENT WILL BE MADE TO YOU AND YOUR SPOUSE IF BOTH NAMES APPEAR ON YOUR LICENSE. PAYMENTS WILL BE MAILED TO THE MAILING ADDRESS THAT APPEARS ON YOUR LICENSE.

THIS INFORMATION CAN BE CHANGED BY SUBMITTING A REQUEST IN WRITING ADDRESSED TO:

DIVISION OF CHILD CARE COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN, 1ST FLOOR DENVER, COLORADO 80203-1714 ATTN: SUPPORT SERVICES UNIT

PLEASE BE SURE TO INDICATE YOUR LICENSE NUMBER ON ANY CORRESPONDENCE. IF YOU ARE REQUESTING TO HAVE YOUR NAME CHANGED ON YOUR LICENSE, A \$25.00 PROCESSING FEE MUST ACCOMPANY YOUR REQUEST. YOU WILL RECEIVE A CORRECTED COPY OF YOUR LICENSE.

FOR ALL OTHER PROVIDERS:

ANY CHANGE TO YOUR NAME OR ADDRESS SHOULD BE SUBMITTED IN WRITING TO THE COUNTY DEPARTMENT OF SOCIAL SERVICES FROM WHICH YOU RECEIVE PAYMENT.

(REV 6/00)

How to Complete the Attendance Record and Billing Form

The form will be mailed to you by the county department of human services. The following sections will already be completed when you receive the form:

- ☐ County department of human services that makes the payment to you next to County (1)
- ☑ Month you provided child care next to Month (2)
- ☑ Your name and address under *Provider* (3)
- Name of child approved to receive care from you in the *Child's Name* (4) column. This column will also show the *Auth No* a 14-digit number assigned to each authorization. This number also appears on the Child Care Certificate. The first 10 digits are the Household or Case Number (number assigned by the county to every family), the Member Number (number assigned by the county to each member of the family), and the Sequence Number, (a counter to help track the authorizations for each child).
- ☐ The full and part time rates (5) you have been approved to receive on the Child Care Certificate
- ☐ The amount of parental fee the parent should have paid you for the month care was provided in the *Par Fee* (6) column

You must complete the *Attendance Record* (7) section, the *Total Units Used* (8) column for both part and full time units, the *Reg*istration (9), *Activity* (10), *Trans*portation (11) and *Cnty Only* (12) columns. You must also calculate the *Subtotal* (13) and *Total Amount to be Reimbursed* (14) to you.

The *Attendance Record* section will list each child who has been approved by the county to receive care from you. For each day of the month, the *Attendance Record* section has a **F**ull time line and a **P**art time line. When a child uses a Full time unit, 5 hours of care or more in a day, you must write an **F** on the Full time line under the day of the month when care was used. When a child uses a Part time unit, up to 5 hours of care in a day, you must write a **P** on the Part time line under the day of the month when care was used.

When a child is approved to use both **F**ull time and **P**art time units **on different days of the month**, you must indicate a **P** on the Part time line or a **F** on the Full time line under the day of the month the child was in your care.

If a child is approved to use both a **F**ull time and a **P**art time unit **on the same day**, indicate a **P** on the Part time line and a **F** on the Full time line under the same day.

Use these codes to complete the *Attendance Record* section:

Code	Description	Code	Description
P	Part time (up to 5 hours) unit used	н	Holiday (for example, instead of an F , use an H if the child would normally use a full time unit on the day of the holiday)
F	Full time (5 hours or more) unit used	L	Hold the child's slot, must be preauthorized by county worker, (for example, instead of a P , use an L if the child would normally use a part time unit on the day the slot was held)
A	Day the child is absent from care (for example, instead of a P , use an A if the child would normally use a part time unit on the day the child was absent)		Days that no child care is approved should be left blank

To calculate the *Total Amount to be Reimbursed* for each child:

Add the Full time units used in the month and write the total on the Full time line in the *Total Units Used* column. Next, multiply the Total full time units used times the full time rate.

- + Add the Part time units used in the month and write the total on the Part time line in the *Total Units Used* column. Next, multiply the Total part time units used times the part time rate.
- + Registration fee approved for the month on the Child Care Certificate
- + Activity fee approved for the month on the Child Care Certificate
- + Transportation fee approved for the month on the Child Care Certificate
- + County Only fees approved on the Child Care Certificate in the County Only section
- Parental fee the parent was assessed for the month child care was provided
- = Total Amount to be Reimbursed

Registration, activity, transportation and county only fees must be approved on the child's Child Care Certificate. If a fee is not shown on the Child Care Certificate, but should be billed for, contact the county worker on the bottom of the Child Care Certificate as soon as possible.

If you have received a Child Care Certificate from the county department of human services for a child, but have not received an *Attendance Record and Billing* form, call the county worker listed on the bottom of the Child Care Certificate and ask for extra copies of the Attendance Record and Billing form. When you receive blank forms, you must fill all of the sections of the form as described above.

If you have received a Child Care Certificate from the county for a child, but the child is not listed on the Attendance Record and Billing form, you may add the child's name, household number and member number and complete the form on an empty line or on an extra form. You should contact the county worker listed on the Child Care Certificate each time you add a child to the Attendance Record and Billing form.

Payments

The Attendance Record and Billing Form must be signed, dated and returned to the county department of human services listed on the top left-hand corner of the form by the 5th working day of the month after you provided care. For example, if you provided care in the month of May 2006, you must return this form to the county department by the 6th of June 2006. If you do not sign (15) and date (16) this form you will not be paid.

If you turn in your Attendance Record and Billing Form by the 5th working day of the month, you can expect your warrant to be mailed to you on the Monday after the second full week of each month. The *Total Amount to be Reimbursed* to you will be recalculated by the county. If the amount you calculate and the amount calculated by the county are not the same, you will be reimbursed the amount calculated by the county. If you have questions about your payment, contact the county department of human services.

The shaded section at the bottom of this form is for county use only.

Child Care Attendance Record and Billing Form

This is a legal document. Please retain a copy for your records.

County: 1																																					th: 2	
Provider: 3																																				Page	: 01 OF	01
											N	lon	hly	7 Ca	aler	ıda	r 7															Total	Rate	e e				
Child & Auth Nr	Rate Type	1	2	3	4	5	6	7 8	3 9	1 0	1	1 2	1 3	1 4	1 5	1 6		1 8	1 9	2 0	2 1	2 2	2 3	2 4	2 5	6	2 7	2 8	2 9	0	3	Total days X used	per day		RAT =	Sub total	Parent Fee (Pd y/n)	= Total
4	5																															8	9 10 11 12	1		13	6	14
																																Total						\$ 14
			•							•																				•								

I certify that the above Child Care Attendance Record and Billing Form is accurate and complete for care actually provided and for which payment has not been received. I also certify that the parents who owe parent fees, according to this document, have paid them as required.

FOR COUNTY USE ONLY. Approved f	or payment by:	15	16	
Director or Designee Signature	Date	Provider Signature	Date	_
F730 0 (Per 11 (0007)				

5730.2 (Rev. 11/2007) 615-82-14-7304

COLORADO DEPARTMENT OF HUMAN SERVICES CHILD CARE STANDARDS FOR NON-LICENSED PROVIDER

PROVIDER #

	SELF-ASSURANCE FORM													
Provi	Provider Name Child's Home: Relative Provider Other: Relative Home Non-Relative Provider Non-Relative Home												ne	
Prov	ider, please	answer each o	of the follow	ving quest	ions by placi	ing an X in	the appropriate	box.						
A.	PROVIDE	₹										Yes		No
4	Do you ha	o an interest in	and knowled	dae of obile	dran and a say	noorn for the	eir proper care an	من الميد المنام	.a2					
1.	•			Ū			tial treatment fac		ıg r]	_	[]
3.	•	least 18 years o		•			uai treatment iac	anty:				[_	[] []
4.	•	•	ŭ	_			eeds of the child	ren?				[[]
5.	Are you fre		nsibilities ar				the provision ca		al att	entio	n, and	ĺ		[]
6.		perienced in the ms, emergencie			rledgeable of t	their needs	and development	t, and able	to de	al eff	ectively	[]	[]
7.	7. Are you able to work cooperatively with the parents and agency in providing appropriate discipline, care, and direction for the children that will not be in conflict with parental practices?													[]
8.	Are you wi	lling to participat	te in training	programs	?							[]	[]
B.	HOUSE A	ND YARD												
C.	Are your he EQUIPME	ouse and yard m NT	naintained fr	ee from ha	zards to healt	th and safet	y?					[]	[]
	Do you have materials and equipment appropriate for the age of children in care and in good repair that will be available for both active and quiet play?]	[]
D.	FEEDING	AND HEALTH (CARE OF TH	HE CHILDE	REN									
1.		rve the children dren are in care		eals suited	to the age ar	nd special n	eeds of the child	ren in care	and t	o the	period	[]	[]
2.	. Will you provide daily activities that promote normal physical, mental, social and emotional development of children and sufficient rest periods?										[]	[]	
E.	E. NUMBER OF CHILDREN IN CARE.													
	Will you pr licensing la		that complie	es with the	following stan	ndards for cl	nild care facilities	exempt fro	m Co	olorad	do	[]	[]
a		Own Home: Wh s of that home.	en children	are in care	in their own h	nome, there	is no limit to the I	number of o	childr	en in	care as	long a	s the	y are all
b	. <u>Exemp</u>	t Child Care Hor	me: There is	s no limit to	the number	of children i	n care for exempt	t day care h	nome	s tha	t meet tl	ne follo	wing	criteria:
		ve provider - ca e, nephew or co					andparent, brothe e or adoption.	r, sister, ste	ep br	other	, step si	ster, ur	ncle,	aunt,
		relative provider he legal guardia		children fro	m one family	household.	In addition, the p	orovider ma	ay car	e for	any chil	dren fo	r wh	om they
			•											
I atte	has entered	ne in my house	cifically finding				ntally incompeten nce or insanity is							
G.	REMAI	RKS												
	ı cannot agre approval.	e to all of these	assurances,	those not a	agreed to must	t be verified	by the County De	partment fro	om co	ounty	records	and ma	ay re	sult in
Provi	der's Signat	ure		Date				P	rovid	er's F	Printed N	lame		
By si child provi availa	NON-LICENSED PROVIDERS STATUS By signing below I state that I have reviewed the assurances above and understand the following statements. This provider is not required to obtain a shild care license or meet monitoring requirements for licensed providers by Colorado law. The parent assumes the responsibility to monitor the care provided to the child. Non-licensed providers may apply for a license if they choose to do so. The local county department will make information to parents on how to assess and choose child care settings.													
Clien	t's Signature)	Date					C	Client	's Pri	nted Na	me		

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