

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 Relative Provider Information Request

Dear Provider:

Welcome to the Department of Health and Human Services Child Care Affordability 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 2 weeks from the above date.

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
- State of Maine New Vendor Form
- Provide a copy of a blank sign in and out sheet.
- Child Care Market Rates, maximum rates (enclosed)
- If you would like to receive Child Care 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.

Funding for this program is limited. If a parent or guardian is eligible for CCAP 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, or CCSP.DHHS@maine.gov

To access the Child Care Affordability Program website, please visit: <http://www.maine.gov/dhhs/ocfs/ec/occhs/step.htm>

Sincerely,
Financial Resource Specialist

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

CHILD CARE AFFORDABILITY PROGRAM LICENSE-EXEMPT RELATIVE 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. **Relative 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. **Relative Child Care Provider** means a relative who is a License-Exempt Child Care Provider, a grandparent, great-grandparent, aunt, or uncle or siblings of the Child if living in a separate residence, eighteen (18) years of age or older, a Maine resident who provides Child Care Services to no more than two (2) Children.

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 Affordability Program Rules.
2. 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. Please call the Child Care Affordability Program Manager at 1-877-680-5866.
3. Providers must immediately notify the Department of Health and Human Services in the case of any contagious disease or potential public health threat.
4. 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> and must be completed within 30 days of hire.
5. 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.
6. Parent Fee Collection:
 - a. Collect the weekly parent fee once the child physically attends and as specified in the Child Care Affordability Program 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.

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

- c. Maintain a cash receipt journal of all fees collected from parents who are receiving Child Care Affordability Program and provide receipts to these parents for parent fees paid.
- d. Refund any overpayments to the parent within thirty (30) days.

7. Reimbursement

- a. In order to be processed, the Department of Health and Human Services' reimbursement billing form must be completed, signed, and returned by either mail, email, online, or fax biweekly according to the billing schedule issued by the Department of Health and Human Services. The provider may submit bills for the previous two- weeks no earlier than Friday at 5:00 p.m. The provider must submit bills for the previous two-weeks 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 unexcused absences and absences for reasonable cause for excused hours for each child on the attendance record. Parents will be required to sign these attendance records or a unique ID system 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. Reimbursement will not start until the child physically attends care.
- 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 Affordability Program.
- 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.

8. 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 Affordability Program Payment.

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

- i. **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.
 - 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.
 - iii. During Summer vacations, children not in care due to parent visitation agreements, will need to have their CCSP put "on hold" status.
- 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 Affordability Program 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.

9. Recordkeeping

- a. Retain all Child Care Affordability Program 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).

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

- c. Upon request, provide documentation that the Children receiving Child Care Affordability Program are age-appropriately immunized and meet the latest recommendation for childhood immunizations in Maine, as recommended by the Department's Center for Disease Control (CDC). A ninety (90) calendar day grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement. Children who receive care in his/her own home may be exempted from the immunization requirement
 - d. 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
10. 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 Affordability Program payment, the change shall become effective following redetermination of eligibility and the execution of a new Child Care Affordability Program award.
 - b. The Child Care Affordability Program 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 Affordability Program is required to pay is the parent fee, except those noted in the Child Care Affordability Program rules. No other fees or costs may be charged to the parent. Parent fees may only be charged on weeks CCSP is billed.
 - d. For the purpose of enrollment and billing for infants, toddlers, and preschoolers, full time is thirty (30) hours or more per week; part 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; part 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 Affordability Program 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

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

age of thirteen (13) and eighteen (18) who has been determined by a professional to be a child with a disability.

11. 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 fifteen (15) 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.

12. 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.

13. Program Integrity Training

Training for Child Care Providers on policy, procedures, and systems is available at: [Child Care Affordability Program Information for Providers | Department of Health and Human Services \(maine.gov\)](#)

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5282

Child Care Affordability Program Relative Licensed-Exempt Child Care Provider Agreement

Provider Name: _____
 Mailing Address: _____
 County: _____ Telephone Number: _____ Fax: _____
 Language: _____ Email: _____
 Social Security / EIN: _____ Date of Birth: _____ Billing Number: _____ (Current provider only)

Type of Child Care Provider (Circle):
 In-Home Child Care Provider (In Parent's Home)
 License-Exempt Relative Child Care Provider

Have you ever had a revocation sanction by Child Care Licensing? No Yes
 If yes, please provide the Date of Revocation _____ and License number _____

Please list the rate that you charge for the span of hours.

	Full-time Rate	Part-time Rate	Half-time Rate	Quarter-time Rate
Infant (6 weeks 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 FT 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

Do you charge a registration fee? Yes No

Effective Dates of the Child Care Provider Agreement

Child Care Affordability 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 Affordability Program 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 Affordability Program
2 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011**

**EMAIL CCAP.DHHS@Maine.gov
Or FAX 207-287-6308**

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	\$53.75	\$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	
AROSTOOK													
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
SAGadahoc	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			Qtr Time	Half Time	Maximum Rate	
	Full Time	Part Time	Half Time	Full Time	Part Time	Half Time	Full Time	Part Time	Half 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	\$98.00	\$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	
	30 + hours per week	20-29 hours per week	11-19 hours per week	6-10 hours per week	1-8 hours per week	1-5 hours per week	1-5 hours per week	
Infant/Toddler/Preschool								
School Age								



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."

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)

All items with an asterisk (*) must be completed.

TYPE OF REQUEST* (Must select one.)

New Request

New Location/Additional Entry

Change (Choose)

Legal Name

DBA Name

Payment Address

Ordering Address

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

Individual

Sole Proprietorship

Corporation

Foreign (W8 required)

Partnership

Nonresident Alien

Trust

State Gov't

Other Gov't

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) VCII/VSII

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/BFT (requires Direct Deposit/BFT 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 #

MA 108179 08/01/09

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. (i.e., 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

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

Address of Payee (Street/PO, City, State, & Zip)

Email

TIN of Payee* Choose ONE
 SSN
 EIN

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

Vendor Code Include VC or VS
 One Vendor Code (VC/VS) Number per a form & can be provided by agency.

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

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. CCAP 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

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)

CCAP Provider Online Billing

*Online billing cannot be set up until you have at least one child enrolled with CCAP

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 CCAP 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 CCAP 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 CCAP Specialist will need to approve your online billing account. If this hasn't happened within 24 hours of sign up, please call your CCAP Specialist at 1-877-680-5866 or email CCSP.DHHS@Maine.gov

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 fifteen days of receipt. The below information is a quick reference guide to billing. For complete information refer to your Provider Agreement and Child Care Affordability Program Rules.

Column Explanation

Parent Fee Current Y/N - Parent portion paid to the provider by the parent.

Regular Hours – Total physical hours the child attended for the week between 6:00a.m.- 6:00 p.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

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)

* **Tip:** Many providers take vacation the same week that a holiday falls on ex: July 4th week and Christmas week. CCAP will get a billing form using 40 hours of vacation time. The provider may bill 8 hours for the holiday during that vacation week as excused. Full time care is 30 hours. An additional 22 hours of vacation time would equal full time pay for the week for a provider. This leaves the provider enough time for a 2nd paid vacation during the Christmas break.

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
[REDACTED]	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	1-9 hours per week
School Age	30 + hours per week	11-29 hours per week	6-10 hours per week	1-5 hours per week

**Child Care Subsidy Program
Billing Week Schedule, December 2023 through January 2025**

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, Juneteenth, 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.
12/2-12/15	Fri 12/15 after 5 p.m. until Wed 12/20 by noon
12/16-12/29	Fri 12/29 after 5 p.m. until Wed. 01/03/24 by noon
12/30 – 01/12/24	Fri 01/12 after 5 p.m. until Wed. 01/017 by noon
01/13 – 01/26	Fri 01/26 after 5 p.m. until Wed. 01/31 by noon
01/27 – 2/9	Fri. 02/09 after 5 p.m. until Wed. 02/14 by noon
02/10 – 02/23	Fri. 02/23 after 5 p.m. until Wed. 02/28 by noon
02/24 – 03/08	Fri. 03/08 after 5 p.m. until Wed. 03/13 by noon
03/09 – 03/22	Fri. 03/22 after 5 p.m. until Wed. 03/27 by noon
03/23 – 04/05	Fri. 04/05 after 5 p.m. until Wed. 04/10 by noon
04/06 – 04/19	Fri. 04/19 after 5 p.m. until Wed. 04/24 by noon
04/20 – 05/03	Fri. 05/03 after 5 p.m. until Wed. 05/08 by noon
05/04 – 05/17	Fri. 05/17 after 5 p.m. until Wed. 05/22 by noon
05/18 – 05/31	Fri. 05/31 after 5 p.m. until Wed. 06/05 by noon
06/01 – 06/14	Fri. 06/14 after 5 p.m. until Wed. 06/15 by noon
06/15 – 06/28	Fri. 06/28 after 5 p.m. until Wed. 07/03 by noon
06/29 – 07/12	Fri. 7/12 after 5 p.m. until Wed. 07/17 by noon
07/13 – 07/26	Fri. 07/26 after 5 p.m. until Wed. 07/31 by noon
07/27 – 08/09	Fri. 08/09 after 5 p.m until Wed. 08/14 by noon
08/10 – 8/23	Fri. 08/23 after 5 p.m. until Wed. 08/28 by noon
08/24 – 09/06	Fri. 09/06 after 5 p.m. until Wed. 09/11 by noon
09/07 – 09/20	Fri. 09/20 after 5 p.m. until Wed. 09/25 by noon
09/21 – 10/04	Fri. 10/04 after 5 p.m. until Wed. 10/09 by noon
10/05 – 10/18	Fri. 10/08 after 5 p.m. until Wed 10/23 by noon
10/19 – 11/01	Fri. 11/01 after 5 p.m. until Wed. 11/06 by noon
11/02 – 11/15	Fri. 11/15 after 5 p.m. until Wed. 11/20 by noon
11/16 – 11/29	Fri. 11/29 after 5 p.m. until Wed. 12/04 by noon
11/30 – 12/13	Fri. 12/13 after 5 p.m. until Wed. 12/18 by noon
12/14 – 12/27	Fri. 12/27 after 5 p.m. until Wed. 01/01/25 by noon
12/28 – 01/10/25	Fri. 01/10 after 5 p.m. until Wed. 01/15 by noon
01/11 – 01/24	Fri. 01/24 after 5 p.m. until Wed. 01/29 by noon