

**SUBSIDIZED CHILD CARE REQUEST TO CHANGE PRIVATE PAYING AND
TRANSPORTATION RATES**

Read the instructions on page 3 of the form before completing (Type or print information)

1. Name of Facility: _____

2. SCC Facility ID No.: _____

3. County: _____

4. Mailing Address: _____

P0 Box/Street/Rural Route

City

Zip Code

4. Location address (if different from mailing address):

P0 Box/Street/Rural Route

City

Zip Code

6. Director's Name: _____

7. Contact Person: _____

8. Telephone: () _____ - _____

9. Fax: () _____ - _____

10. Effective Date of Rates: _____

11. Do you currently provide transportation to and from school or home?

YES NO

(If your answer is YES, be sure to include your transportation rate in the chart below if it is not already included in your child care rates.)

12. You may choose to attach a copy of your Child Care Fees/Tuition Form/Letter (this may be a printed booklet, form or a fee schedule that is posted in your child care facility) that states **all** of your child care rates for private-paying children, including discounts for early payments, instead of completing the information in the chart below. ***DO NOT include late fees in the rates that you list below.***

*Indicate if child care fees listed in chart below are weekly or monthly fees.

Check (✓) One: Weekly Monthly

Ages of Children Served	Child Care Fees Charged Private Paying Parents (On-Time Rate)	Discount Rate for Early Payment	Ages of Children Served/Other Fees	Child Care Fees Charged Private Paying Parents (On-Time Rate)	Discount Rate for Early Payment
Under Age One	\$	\$	Before & After School Care	\$	\$
Age One	\$	\$	Full Time School Age Care	\$	\$
Age two	\$	\$	Summer Care for School Age Children	\$	\$
Age Three	\$	\$	Transportation (Under age 3 or special needs)	\$	\$
Age Four	\$	\$	Transportation (age 3 and over)	\$	\$
Age Five	\$	\$	Initial Registration Fee	\$	\$
Before School Care	\$	\$	Annual Registration Fee	\$	\$
After School Care	\$	\$	Other (Please Specify)	\$	\$

NOTE: In order to receive payment for all subsidized children, you must report all your child care fees/rates. ***If you fail to report a fee then the payment will be effective the date the private paying rate is received by the local purchasing agency.*** To establish a monthly rate, your private paying weekly rate will be multiplied by 4.333 and rounded to the nearest dollar. The subsidized payment for child care will be this monthly rate or the county market rate for your rated license, whichever is lower. (Bonuses and/or enhancements may be **available**.) **However**, if you offer private paying parents a discount for paying early, then your subsidy payment **will not** be more than **ten percent (10%) above your discounted early payment rate for private paying parents and shall not exceed the on-time rate or the applicable market rate.** After your enrollment in the subsidy program, your child care coordinator will send you the **Application for Enrollment to be a Provider of Subsidized Child Care Form (DCD-0451)** which indicates your approved subsidy reimbursement rates for child care and other fees. (See Part D of DCD-0451.) Be sure to contact your child care coordinator of your local purchasing agency if you have questions regarding this form and your approved subsidy reimbursement rates and fees.

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

Official Authorized Signature and Title

Date Signed

White Signed Original: Child Care Coordinator/Local Purchasing Agency
 Yellow Signed Copy: Provider's File, DCD-0330T, Rev. 10/01

INSTRUCTIONS FOR REQUEST TO CHANGE PRIVATE PAYING/TRANSPORTATION RATES

1. Enter the name of the child care facility where care is being provided and for which rates are being submitted. *If you are submitting rates for more than one facility, then a separate form must be completed for each.* The facility name should be the same name that is on your license or Notice of Compliance (GS 110-106). If the name is different, please notify your child care consultant in the Regulatory Section of the Division of Child Development (DCD).
2. Enter the **Subsidized Child Care (SCC) Facility ID Number found on your Subsidized Child Care Reimbursement Summary**. This number begins with the letter of the alphabet, such as J, for example: J9210000. If you are uncertain about the SCC Facility ID number then enter the facility license or GS 110-106 number. Facilities that are Department of Public Instruction (DPI) certified **will not** use this form. DPI certified facilities should submit their rates on the **Subsidized Child Care Input Form for DPI Certified Child Care Program (Form DCD-0335A)** and mail to the Subsidy Services Section of the Division of Child Development.
3. Enter the name of the county in which your facility is located.
4. Enter the mailing address to which the approved rates on the **Application for Enrollment to Be a Provider of Subsidized Child Care (Form DCD-045I)** and other reports should be sent. This address should be the same as the facility mailing address in your licensing file in the Regulatory Section of the Division of Child Development. You need to notify your child care consultant or staff in the Regulatory Section (if the Division if your mailing address has changed. The address in the Subsidized Child (are Reimbursement System for your facility **cannot** be changed until the child care consultant in the Regulatory Section submits this change to the Subsidy Services Section of the Division.
5. Enter the location where the child care is being provided if it is different than the mailing address. The location address must be the same address as on your license, Letter of Intent, or Notice of Compliance. If not, contact your child care consultant of the Division of Child Development. You cannot serve a subsidy child if the location is not licensed or G.S. 110-106 approved.
6. Enter the name of the facility director or other person who has on-site administrative responsibility for the child care facility.
7. Enter the area code and telephone number for the child care facility.
8. Enter the name of the person who is responsible for completing this form or who has responsibility for the rate setting process, if different from the facility director.
9. Enter the area code and telephone number for the contact person listed in # 8 of this form.
10. **Enter the date these rates become effective for your private-paying parents.** In order for this date to be the effective date for subsidy, these rates must be effective the first day of the month and the local purchasing agency (LPA) **must have received these rates 30 days before your requested effective date.** **Example:** For a rate to become effective on May 1 for all parents, private paying and subsidized this rate must be received by your local purchasing agency no later than the end of March. Providers may submit changes in their private paying child care rates, but rate increases will be processed **once per year only**. However, a provider who receives a higher star license may request an additional change in his/her child care rates as a result of achieving a higher star rated license. **NOTE:** Any decreases in your private paying rates must also be reported when the decrease in rates occurs include the effective date of the rate decrease.
11. Check (✓) the YES box if you provide transportation to and from school or home at an additional charge to parents and if it **is not** already included in your child care rates. Note: *Your facility must be in compliance for transportation requirements before the Division of Child Development can approve transportation for subsidy payment and establish a rate.* The effective date for subsidy payment will be

White Signed Original: Child Care Coordinator/Local Purchasing Agency

Yellow Signed Copy: Provider's File, DCD-0330T, Rev. 10/01

the date the Subsidy Services Section of the Division of Child Development receives notification from the child care consultant of the Regulatory Section of the Division that your facility meets all of the licensing requirements for transportation. Some of the requirements for transporting children can be found in the form **Requirements for Transportation Only Providers (Public and Private Agencies)- Form DCD-0038** or **Requirements for Transportation Only Providers (Individual) Form DCD-0039**. These forms can be obtained from your local purchasing agency.

12. **You may attach a copy of your private paying child care rates (fee schedule) instead of completing the fee chart in this section.** Your fee schedule should reflect **all charges** including all discounts and registration fees. If you charge a registration fee, indicate if it is charged **each year** the child is enrolled or charged only at the time of initial registration or both. When reporting rates do not include late fees. Report rates as weekly or monthly rates, **check** (✓) one box only. **DO NOT** report or include hourly rates! **PLEASE NOTE:** Some counties **do not** pay registration and/or transportation fees. Family child care homes **are not** paid registration fees. Contact your local purchasing agency if you have questions about fees that are payable through the Subsidized Child Care Program.

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

IMPORTANT: *Mail the white-signed original to the child care coordinator of the local purchasing agency. Be sure you retain the yellow copy of this signed form in your child care files, including a copy of the facility's private paying rates.*

[Reverse Side / DCD-0330T / Rev. 10/01]