

Example of Parent Fee Documentation for non-DSS Subsidy Programs

- **Monthly Chart of Parent Fees**
- **Signed Attendance Form**
- **Parent Contract**
- **Provider Contract**

NOTE: Items in this section noted as “EXAMPLES” are for illustration purposes only. Their inclusion in this manual are as examples of good practices, not as “official” templates.

SMART START MOE REPORTING FORM

COUNTY: Forsyth	Pmt. Month & Yr: April 2008
Reporting Agency: Smart Start of Forsyth County	Service Month & Yr: Mar 2008
Cash Contributions - Parent Fees	Contact and Phone: Felicia Strong

Period: Mar-08

Provider	**New	Child's			Charge	SSFC	Parent Fees	Date Processed
		Last Name	First Name	D.O.B.				
ABC Daycare		Adams	Jane	01/12/07	585.00	565.00	20.00	04/10/08
		Smith	Tom	05/18/05	497.95	340.95	157.00	04/10/08
		Stone	Sue	05/16/03	476.00	245.00	231.00	04/10/08
		Williams	Jim	02/02/04	476.00	401.00	75.00	04/10/08

Example

**SMART START OF FORSYTH COUNTY
DAY CARE ATTENDANCE FORM
CHILD CARE SUBSIDIES PROGRAM**

Period Covered: March 2008 Date: March 31, 2008
 Provider: ABC Daycare Tax ID #: 55-555555
 Address: 123 Anywhere St. Telephone: 336-555-1234
 City, Zip Code: Winston-Salem, NC

I certify that the information being reported is accurate, and that parent fees have been collected as indicated below, and that these fees are not being collected from any other source.

Authorized By: *Felicia Strong*
 (Signature)

Child's Name	Date of Birth	# of days Absent	(---Required---) Reason for absence	Parent Fee	SSFC Fee
Jane Adams	01/12/07	0		20.00	565.00
Tom Smith	05/18/05	0		157.00	340.95
Sue Stone	05/16/03	0		231.00	245.00
Jim Williams	02/02/04	0		75.00	401.00

FORM MUST BE COMPLETED AND SIGNED. INCOMPLETE OR INACCURATE FORMS WILL BE RETURNED AND MAY DELAY PAYMENT.

Return To: Smart Start of Forsyth County
 7820 North Point Blvd., Suite 200
 Winston-Salem, NC 27106

DO NOT FAX!!!!

Please mail on the 25th of the month (NOT BEFORE).
 Payment for forms postmarked after the 3rd of the month may be delayed. **Checks are mailed out by the 20th.**

Submitting inaccurate information in order to meet criteria to qualify for Smart Start assistance constitutes fraud and will result in immediate exclusion from Smart Start Programs for a minimum of twelve (12) months.



Smart Start of Forsyth County (SSFC)
7820 North Point Blvd., Suite 200, Winston-Salem, NC 27106
 Subsidy Agreement, Fiscal Year July 1, 2008 – June 30, 2009

Parent/Applicant's Name: _____

Child(ren)'s Name(s): _____ **D.O.B.:** _____
 _____ **D.O.B.:** _____
 _____ **D.O.B.:** _____

I, the undersigned, agree to meet the following terms as long as the subsidy is in effect:

1. I will enroll my child in an early childhood program meeting the quality requirements of Smart Start of Forsyth County (SSFC).
2. I agree to follow all policies of the child care program in which my child is enrolled.
3. I agree to pay the parent portion of the total monthly fee as determined by SSFC.
4. I understand that all parent fees must be current prior to moving or removing my child.
5. I understand that delinquent parent fees may result in termination of my subsidy.
6. I understand that if my child is absent more than 5 days without an excuse, my subsidy may be terminated.
7. I agree to follow the termination policies of the child care program, whether I remove my child from the child care program or if my child is terminated for any reason. I understand that SSFC will only pay for the costs (SSFC fee) associated with my child attending the participating child care facility. Costs associated with early termination of services will not be covered by SSFC.
8. I will give Work Family Resource Center (WFRC) two weeks notice signed by the director of the program I am leaving prior to removing my child from a program.
9. I will notify WFRC if I lose my job or there is any change in my income level or student status.
10. I will notify WFRC if my child turns six as Smart Start funds only cover children ages birth through five years.
11. I understand that in the event of an Abuse and Neglect Report or a change to Provisional Licensing/Registration, I will be given the choice of continuing enrollment or choosing a new qualifying program.
12. I understand that if an Abuse and Neglect Report is substantiated or the License/Registration revoked, my child must move to a new qualifying program in order to continue to receive subsidy funds.

Submitting inaccurate information to meet criteria to qualify for Smart Start assistance constitutes fraud and will result in immediate exclusion from Smart Start Subsidy programs for a minimum of 12 months.

Applicant's Signature

Date

**Note: This program has been established with expectations of certain levels of funding from the state, as well as contributions from corporations. If the ultimate level of funding from state or private sources are less than expected, SSFC may have to reduce either the length of time scholarships are provided or the percentage covered by SSFC.*

APPEAL PROCESS

Subsidy Appeals - Parents or responsible parties wishing to appeal decisions must submit the appeal in writing to WFRC within 15 days of notification. Initial appeals will be reviewed by the Subsidy Committee at their next regularly scheduled meeting. Parents wishing to appeal a decision made by the Subsidy Committee will be reviewed by the Early Education Committee at their next regularly scheduled meeting or by 51% approval through email voting.

Emergency Appeals – Must be submitted in writing within 15 days of denial and are sent directly to the Early Education Committee for review or reviewed by email with 51% approval by email voting

Appeals should be submitted in writing to:

Work Family Resource Center, Subsidy Committee Appeals, 313 Indera Mills Court, Winston-Salem, NC 27101

SMART START OF FORSYTH COUNTY
7820 North Point Blvd., Suite 200, Winston-Salem, NC 27106
Child Care Provider Contract, Fiscal Year 2007-2008

The following is a legal agreement between **NAME OF PROVIDER** and Smart Start of Forsyth County, hereafter referred to as "SSFC". These terms must be met as long as this provider participates in the SSFC Child Care Subsidies Program.

A. CHILD CARE PROVIDER /SCHOOL AGREEMENT

Child Care Provider: NAME OF PROVIDER

License Number: _____

Tax ID Number: _____

In participating in the SSFC Child Care Subsidies Program during the year of July 1, 2007 through June 30, 2008, we agree to the following:

1. The child care program listed above has been registered or licensed by the state of North Carolina (includes GS 110 letters) and does not have a provisional or expired license or registration.
2. The provider understands that providers who receive payment for SSFC Child Care Subsidies children must maintain a 3, 4 or 5 star rated license.
3. The provider agrees to notify SSFC in the event of any change in licensure (including the following: Provisional Status; Temporary Status; Reduction or Increase in star rated license), and of any abuse and/or neglect accusations. Notice is to be given, in writing, within 3 working days of DHS investigation for abuse and/or neglect and 5 working days of receipt of official notification of a Provisional license.
4. This program admits children regardless of their race, color, sex, handicap, religion, or national origin.
5. I understand that I will be notified when a Child Care Subsidies child is approved to activate their subsidy at this home/center, and will be sent a form listing the Parent and SSFC fees, along with the term of the subsidy. This should be kept on file for the duration of the child's attendance during the Child Care Subsidies year.
6. The child care provider must immediately notify SSFC if a Child Care Subsidies child is absent five or more days in a month without an excuse, or if a Child Care Subsidies parent does not pay their portion. I agree to collect the parent portion of the total monthly fee and if any parent becomes delinquent, I will notify SSFC for removal from the program.
7. The provider will send an attendance sheet for Child Care Subsidies children to SSFC each month, certifying the children's attendance, and listing the SSFC and Parent Portions for the month, and verifying that parent portions listed have been collected. These sheets must be filled out completely and accurately and if any information is incomplete, it will result in delay of payment. SSFC reserves the right to verify these records. Provider guarantees access to these records for a period of up to 3 years from the date of last payment.
8. Provider agrees to notify SSFC immediately when a parent gives notice so that the last month's fees may be calculated. Provider understands that the SSFC Child Care Subsidies Program pays for the period of notice given to the provider only when the child remains in attendance during that period. Costs associated with early termination of services will not be covered by SSFC.
9. Providers must give parents and SSFC a two week notice prior to dismissing a Child Care Subsidies child from care.
10. The provider understands that SSFC will continue to make child care payments for any Child Care Subsidies program approved for this provider through June 30, 2008, as long as these terms continue to be met and as long as funds are available.* SSFC will adjust the initial rate for care no more than twice during the fiscal year, and only to meet a change in the child's placement or a change in the rates charged to all children in the program. The effective dates of Child Care Subsidies are set by the SSFC Child Care Subsidies Committee and the first month will be pro-rated.

I agree to the above terms.

Signature, Child Care Provider/School

Date

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B. SSFC CHILD CARE SUBSIDIES AGREEMENT. SSFC agrees to:

1. Distribute Child Care Subsidies application forms throughout the community.
2. Process Child Care Subsidies applications from parents and provide information to parents on quality child care.
3. Provide the SSFC portion of the total monthly fee of the cost of the child's care in monthly payments to the child care program. These rates will be based on 4.33 weeks in a month.
4. **Notify Child Care Subsidies recipients and the child care provider of the amount of each child care subsidy awarded and the amount of each family's fee.**
5. Provide a minimum of two weeks notification if insufficient funding requires any change in the duration of the program or amount of child care subsidy.*

Date: _____

Signature: _____

SSFC, Executive Director

**Note: This program has been established with expectations of certain levels of funding from the state, as well as contributions from corporations. If the ultimate level of funding from state or private sources are less than expected, SSFC may have to reduce either the length of time child care subsidies are provided or the percentage covered by SSFC.*

Example

*We look forward to working with you.
THANK YOU!*