

Wake County Quality Supplements Child Care Provider Application & Agreement

wakeQS@childcareservices.org or 919-314-6853



Please fill out one application per licensed facility, print clearly and complete all sections. An original copy of the application and agreement along with a signed W-9 and voided check **OR** letter from your bank verifying your bank account and routing number should be returned to Child Care Services Association at 1201 S. Briggs Ave, Ste 200, Durham, NC 27703.

Section 1: Facility Information

Name on Child Care Facility License: _____

Facility License #: _____ Date Current License Issued: _____

License Type: Center Family Child Care Home Star Rating: 4-star 5-star Other

Accreditation: NAEYC Accreditation Date: _____ Program Standard Points: 7pts 6pts 5pts 4pts

NAFCC Accreditation Date: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Facility Phone: (____) _____ Facility Fax: (____) _____

Website: _____

Section 2: Contact Information

Please indicate at least one person who is authorized to discuss information regarding your program's participation in the Wake County Quality Supplements program and report changes to the program's licensing, accreditation and direct deposit information.

Primary Facility Contact:

Name: _____ Title: _____

E-mail: _____ Phone Ext. or Alt Phone: _____

Additional Facility Contact:

Name: _____ Title: _____

E-mail: _____ Phone Ext. or Alt Phone: _____

OFFICE USE -- Pckt Rcvd: ____ / ____ / ____ By: _____ QSDB Active: ____ / ____ / ____ By: _____

Section 3: Provider Agreement

As the undersigned, I understand that:

Initial Eligibility

- The child care facility listed above must be **licensed** by the state of North Carolina's Division of Child Development and Early Education (DCDEE).
- The child care facility listed above must hold a **4- or 5-Star license with at least 4 Program Standard points. Note that eligibility for programs with 4 or 5 Program Standard points will be discontinued beginning with the 2017-2018 Program Year.**
- The child care facility listed above must have **no active Administrative Actions** against the current license related to supervision or child maltreatment. Please refer to the Compliance Section of this agreement for further details about **new steps** that will be taken in instances of substantiated abuse or neglect (also known as child maltreatment).
- Participating **centers must serve at least 2 children birth-5 years old (not Kindergarten eligible)** receiving a Wake County Human Services (WCHS) Child Care Subsidy voucher and participating **family child care homes must serve at least 1 child birth-5 years old (not Kindergarten eligible).**
- The child care facility listed above must operate in **Wake County.**

On-Going Eligibility

- In addition to the initial eligibility criteria, ongoing eligibility will require:
 - Submission of a comprehensive **operating budget,**
 - Documentation that subsidy-related **parent co-payments/fees** are being collected on an ongoing basis,
 - Meaningful participation in a **quality-improvement activity** for facilities with **4 or 5 Program Standard points.**
 - The intent of participation in a quality-improvement activity is to help programs **improve quality, as measured by Program Standard points.** With upcoming changes to eligibility criteria, programs with 4 or 5 Program Standard points should seek to improve their point level in order to maintain supplements.
 - Programs with 4 or 5 Program Standard points that will enter their re-licensing window in the 2016-2017 Program Year will be required to submit an application for **Technical Assistance** through Child Care Services Association or Wake County Smart Start to support quality improvement and re-licensing efforts.
 - Programs will **establish goals** for quality improvement designed to increase Program Standard points and select a quality-improvement activity that will directly help achieve these goals.
 - Programs with 4 or 5 Program Standard points will **receive a consultation visit** from Quality Supplement Program Staff regarding their established goals and chosen quality-improvement activity.
 - **Meaningful participation** in a quality-improvement activity is defined by making progress toward self-identified goals and on-going participation in a chosen activity. Participation will be monitored on a monthly basis. Discontinuation of the quality-improvement activity may jeopardize supplement payments.

Licensing

- Changes in license or accreditation may result in changes to quality supplement payments and in some cases termination from the supplement program.

Compliance (New Policy for the 2016-2017 Program Year)

The purpose of the Quality Supplement program is to provide additional financial resources to support high quality child care. The substantiation of abuse or neglect (also known as child maltreatment) in a child care program is not consistent with the provision of consistent high quality child care. Wake County SmartStart has developed the following policy for how substantiation of abuse or neglect will impact eligibility for Quality Supplement payments:

If at any point after July 1, 2016 the Division of Child Development and Early Education (DCDEE) indicates that child abuse or neglect have been substantiated (including substantiation based on reports of abuse or neglect prior to July 1, 2016) the following actions will occur:

Facility License # _____

- If this is the only case of substantiated abuse or neglect in a three year period, **Quality Supplement payments will be suspended for 6 months** from date of DCDEE notification of substantiation. Quality Supplement payments will only be reinstated after 6 months if all other eligibility requirements are met.
- If there has been at least one additional case of substantiated abuse or neglect in the prior three years, **Quality Supplement payments will be suspended for 18 months**. Quality Supplement payments will only be reinstated after 18 months if all other eligibility requirements are met.

The above policy is in addition to all current eligibility requirements, including that there be no open Admin Action related to Supervision, Abuse or Neglect.

Payments

- The **supplement payment rate** will be based on the facility's level of quality as determined by star-rating and Program Standard points and number of enrolled children birth-5 on WCHS subsidy. Rates are subject to change.
- **Rates** will be based on data provided by DCDEE and WCHS regarding licensing status and average number of subsidy children served per month. CCSA does not guarantee accuracy of information obtained from these agencies.
- **Supplement payments** are made by Wake County SmartStart (WCSS) via direct deposit by the last business day of the month and will typically be available by the 2nd business day of the following month.
- **Changes to a facility's direct deposit information** must be reported to CCSA immediately and any failure to do so may result in delayed payment of the quality supplement. This includes changes to account numbers, banks, owner information, business name, location and tax payer identification number.
- **Rate tiers** will be assessed on a quarterly basis. Changes in the intervening months affecting rate tiers will go into effect at the beginning of the following quarter. Delays in submitting any required paperwork may delay the start of new supplement payment rates.
- Quality Supplement funds **may not be used to supplant parent co-payments/fees** collected from families receiving child care subsidy vouchers.

General

- **Supplement payments can only be provided as funding permits**. Rates are subject to change within the program year based on the availability of funding. Providers will be notified as soon as possible if there are changes in funding expected to impact quality supplement payments or rates.
- Providers must refrain from **fraudulent activity** while enrolled in the quality supplement program.

My signature below certifies the following:

- 1.) The answers given in this application are true to the best of my knowledge.
- 2.) I understand that my answers will be used to help determine my child care program's initial eligibility for supplement payment through the Wake County Quality Supplement Program.
- 3.) I have read the information provided to me and understand and agree to the terms of participation in the Wake County Quality Supplement Program, as stipulated in this agreement
- 4.) I will retain a copy of this application and all signed materials submitted to the Wake County Quality Supplement Program.

Signature: _____ Date: _____

Printed Name: _____ Title: _____



Wake County Smart Start, Inc.
 4901 Waters Edge Drive, Suite 101
 Raleigh, NC 27606

Phone: (919) 851-9550 Web: www.wakesmartstart.org

ACH AUTHORIZATION FORM

Place an (X) in the box beside the Request Type: New Account Set-Up <input type="checkbox"/> Account Change <input type="checkbox"/> * *Any account changes must be received at least 30 days prior to disbursement in order to take effect.			
Complete and print this form and attach an <u>ORIGINAL VOIDED CHECK</u> or a letter from your bank verifying the bank's routing number and your bank account number. Mail to: Wake County Smart Start, Inc., Attention: Accounts Payable, 4901 Waters Edge Drive, Suite 101, Raleigh, NC 27606. <i>Note: No faxed copies of this form or faxed copies of voided checks will be accepted. No counter checks or deposit slips will be accepted.</i>			
Participating Entity Information			
Entity Name:			
Entity Address:			
Tax ID Number:			
Financial Institution Account Information			
Institution Name:			
Institution Address:			
Transit / Routing #:			
Bank Account #:			
Type of Account: (check one)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Participating Entity Authorization			
I, on behalf of the participating entity indicated above, hereby authorize Wake County Smart Start, Inc. (WCSS) to initiate ACH credit entries to the above designated bank account for payments due from WCSS, pursuant to the Established Policies and Procedures For WCSS EFT Payments System. I (we) also authorize any necessary ACH debit entries or adjustments for any ACH credit entries made in error to the account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and provisions of the National Automated Clearing House Association (NACHA) Operating Rules. The authority will remain in effect until we have cancelled it in writing.			
Authorized Signer's Name (print):			Tel: _____
Signature:			Date: _____
Email Address for Payment Notification			
Mail completed form and an original, VOIDED check or letter from bank to: Wake County Smart Start, Inc. Attn: Accounts Payable 4901 Waters Edge Dr., Suite 101 Raleigh, NC 27606	WCSS Use Only: Updated by: _____ Date: _____ Approved by: _____ Date: _____		