

SOLANO FAMILY & CHILDREN'S SERVICES

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LICENSE-EXEMPT PROVIDER ACKNOWLEDGEMENTS

There are many rules/regulations/policies governing the funding that allows Solano Family & Children's Services (SFCS) to reimburse a Subsidized Child Care Provider. Below are some things that are often overlooked or misunderstood. **Please initial next to each statement**, to acknowledge you understand each of these.

_____ I understand SFCS is closed to the public every Tuesday morning until Noon AND all day on the first Friday of each month (effective 1/3/2020).

_____ I understand that I am **NOT** an employee of SFCS (I am an Independent Contractor – self-employed). Therefore, taxes will not be deducted from my reimbursements, and I cannot collect unemployment based on money received from SFCS. Each January (if I have received at least \$600 in reimbursements from SFCS the previous year) I will receive an IRS form 1099-Misc (not a W-2). I also understand that I should NOT list SFCS as my employer when completing employment/credit applications or housing/apartment rental applications. Instead I should write that I am an Independent Contractor (self-employed).

_____ I understand that if I do not meet the deadlines set forth in the "Notice to Provider" (NTP) issued to me by SFCS, there may be a delay or denial of reimbursements for child care services provided by me. SFCS will not be able to reimburse me for any care I provide to children before the date I complete all of the requirements. No retroactive reimbursements will be made for care provided before the completion date, unless I am a Relative Provider not needing to be TrustLined, or I'm a Provisional Provider (my NTP has more details about these exceptions).

_____ I understand my "provider file" will not be considered complete until all requirements are met, including TrustLine Registration (if applicable), and all required documents are received by SFCS. It is not until this process is completed, that certificates and Child Care Attendance Forms (CCAFs) are generated and sent to me. It is these CCAF's that result in my reimbursements.

_____ I understand there are requirements the parent, whose child I am caring for, must meet that also affect my reimbursement.

_____ I understand that until I receive the official CCAF, I must use a Temporary CCAF, completed by the subsidized parent on a daily basis, and follow the steps listed below in order to be reimbursed:

- ✓ I must wait to receive the Certificate (Provider Copy) and the official CCAF;
- ✓ I must turn in to SFCS, the official CCAF (with the temporary CCAF stapled to the back);
- ✓ Once all of the above is done, then I can expect my reimbursement from SFCS, based on the reimbursement schedule I received.

_____ Effective January 7, 2020 – I understand that every Tuesday (by 5:00 p.m.) is a CCAF submission deadline. The deadline for SFCS to receive my CCAF is the first Tuesday after the care is completed for the month. Therefore, if the last day of the month is ON a Tuesday, and the care doesn't end until 5:00 p.m., I will not be able to submit the CCAF until after 5:00 p.m. that day. I cannot submit a form BEFORE the care is completed for the month – for example, if the last day of care for the month is June 30, and the care ends at 5:00 p.m., I cannot submit the form before 5:00 p.m. that day. Also, the cut-off date will not be extended when SFCS-

observed holidays fall on Tuesdays. IMPORTANT: Submission of CCAFs earlier than the last day/time of care in the month, will result in non-reimbursement for the entire day and a warning issued.

_____ I understand that my reimbursement date is based on the date the correct and complete CCAF is received by SFCS. Once a CCAF is received (by the Tuesday deadline), the reimbursement will be issued on or before three Wednesdays later. Please refer to the CCAF Reimbursement Schedule for more specifics.

_____ I understand that my reimbursement is based on my rates, not to exceed the attached Regional Market Rate Ceilings (RMRC), the care that I provide, and the child's approved child care hours.

_____ I understand that SFCS does not reimburse for care provided during the time a school-age child would normally be in school. Examples of this would be: 1) A child enrolled in independent studies; or 2) A child who is home schooled. In these cases, the provider would only be reimbursed for the normal before/after school hours.

_____ I understand that except for children enrolled in Stage 1 (CDSS), CCAFs received by SFCS more than 30 days after the close of the month of service, will NOT be processed for reimbursement. They will be held until the end of the fiscal year, and if funds are available, I will be reimbursed at that time.

_____ I understand that if I am currently employed, I will only be approved as a provider if SFCS can verify my employment with an authorized 3rd party (such as a company's Human Resources Department or a Verification Service). Should my work schedule (hours and days) overlap in any way with those of the parent's certified child care hours, SFCS will not enter into an agreement with me as a child care provider. As a participating child care provider, I am to be available to the parent based on their certified child care hours listed on the Notice of Communication, and I cannot utilize another person as a substitute child care provider on my behalf.

_____ I understand that beginning July 1, 2019, Solano Family & Children's Services will be submitting my information to the California Department of Education (CDE) on a recurring monthly basis through the Child Development Management Information System (CDMIS). The CDE will subsequently submit these lists to specified provider organizations as defined by law and pursuant to SB 75. The CDE can also use this information to meet federal Child Care and Development Block Grant requirements, including emergency response preparedness. (See attached letter, "Notice to Subsidized Child Care Providers" dated August 29, 2019 for further information)

Provider's Name (Print): _____ SFCS Staff / PSS Name (Print): _____

Provider's Signature: _____ SFCS Staff / PSS Signature: _____

Provider's Phone #: _____ Date: _____

Date: _____