



West Virginia Department of Health and Human Resources Child Care Payment Form Instructions

In order to be paid, you will need to complete a payment form on a monthly basis. Only one month may be entered on a form. Submit one form for each month. Please request more forms whenever your supply becomes low. Please complete the sections and items listed below.

Section 1.

1. Name: As you wish it written on your check.
2. Mailing Address:
 - a. Line 1: complete street number and name, route and box number, or post office box number.
 - b. Line 2: city, state, and zip code.
3. Month Billed For: Enter the name of the calendar month for which payment is needed. Example: October 2015.
4. Provider Signature: Sign, do not print, your full name in ink on this line. Unsigned forms will be mailed back for correction, which causes delays in payment. Signing the form certifies that the days and hours of care submitted are true and accurate.
5. Date Submitted: Enter the date the form was signed and sent in for processing. Payment forms should be submitted on a monthly basis. Waiting more than 30 days beyond the month for which care was provided will cause delay in payment. In addition, family records that show no payment activity for three months are closed out of the system.
6. Column A: Child's Name/Parent's Name
 - a. Child's Name: List the names of the children who attended child care. When providing care to more than one family, list the children alphabetically according to the last name of the child. Within family groups, list children from oldest to youngest.
 - b. Parent's Name: Enter the full name of the parent directly below the child's name.
7. Column B: Child's Birth Date – list each child's birth date.
8. Column C: Child Fee – enter the child's fee from the family's child care certificate. This is the amount charged to parents for the three youngest children in a family.
9. Column D: Date Started – enter a date in this column only if the child is a new client who began care during the calendar month. Otherwise, leave it blank.
10. Column E: Date Child Left – enter a date in this column only if the child left care during the calendar month. Otherwise, leave it blank.
11. Column F: Number of Days
 - a. Part Days (0 – 1 Hour 59 minutes): For each child, enter the total number of days that care was provided for less than two hours (at least 1 minute up to 1 hour 59 minutes). The State pays the daily rate for one-third of these days. Example: 20 days of 0 to 2 hours = 7 full days.

- b. **Part Days (2 – 3 Hours 59 minutes):** For each child, enter the total number of days that care was provided for two to four hours (at least 2 hours 0 minutes up to 3 hours 59 minutes). The State pays the daily rate for two-thirds of these days. Example: 20 days of 2 to 4 hours = 13 full days.
- c. **Full Days (at least 4 hours 0 minutes):** For each child, enter the total number of days care was provided for at least four hours.

12. **Column G: Nontraditional Days:** For each child, count the number of full days that care was provided for:

- a. At least four hours before 6 AM or after 7 PM, Monday through Friday, or
- b. At least four hours on Saturday or Sunday, or
- c. 12 or more hours in a 24 hour period.
- d. Example:

Payment Form

(F) Number of Days			(G) Total Number of Nontraditional Days
Part Days 1 minute – 1 hour 59 minutes	Part Days 2 – 3 Hours 59 Minutes	Full Days At least 4 Hours	
0	3	16	14

Sign In/Out Sheet

Date	Child's Name	Time In	Time Out	0 – 2 hrs	2- 4 hrs	Full Day	Non Trad
10/1/05 – Sat.	Sally Smith	9:00 PM	11:57 PM		✓		
10/2/05 – Sun.	Sally Smith	9:00 PM	11:50 PM		✓		
10/5/05 Wed.	Sally Smith	7:06AM	9:05 AM		✓		
10/6/05 Thurs.	Sally Smith	3:05 PM	11:05 PM			✓	✓
10/7/05 -Fri.	Sally Smith	7:05 AM	3:05 PM			✓	
10/8/05 -Sat.	Sally Smith	3:02 PM	11:15 PM			✓	✓
10/9/05- Sun	Sally Smith	3:00 PM	11:14 PM			✓	✓
10/12/05 – Wed.	Sally Smith	3:00 PM	11:17 PM			✓	✓
10/13/05 –Thurs.	Sally Smith	2:56 PM	11:28 PM			✓	✓
10/14/05 -Fri	Sally Smith	3:07 PM	11:30 PM			✓	✓
10/15/05 – Sat.	Sally Smith	3:01 PM	11:07 PM			✓	✓
10/17/05 – Mon	Sally Smith	7:00 AM	3:12 PM			✓	
10/20/05 – Thurs.	Sally Smith	2:55 PM	11:02 PM			✓	✓
10/21/05 – Fri.	Sally Smith	2:57 PM	11:04 PM			✓	✓
10/22/05 – Sat.	Sally Smith	2:50 PM	11:13 PM			✓	✓
10/27/05 – Thurs.	Sally Smith	2:53 PM	11:08 PM			✓	✓
10/28/05 – Fri.	Sally Smith	2:45 PM	11:06 PM			✓	✓
10/29/05 – Sat.	Sally Smith	6:45 AM	3:10 PM			✓	✓
10/31/05 – Sun.	Sally Smith	7:30 AM	3:20 PM			✓	✓
Totals					3	16	14

Of the 19 total days – 14 days qualify for the \$4 non-traditional day payment.

13. **Sign In and Out Sheets:** Keeping accurate sign in and out sheets, and making sure parents sign in and out daily, is necessary for correct payment form completion.

- a. For Family Child Care Providers and Facilities - the original sign in and out sheet must be turned in with the payment form; however, a copy should be made and kept on file for at least five years. Sign in and out sheets should be made available for a DHHR child care worker to examine during annual monitoring visits.
- b. Child Care Centers must submit sign in and out sheets upon the request of the R&R child care worker.

14. On the last day of each month, complete and mail the Payment Form and Sign In and Out Sheet to:

Section 2.

Child Care Payment Processing

1. Tier I Payment Rates: Payment rates for the various types of child care are listed below. Rates vary according to the age of the child, type of care provided, and the provider’s quality tier standing. Payment is made using a daily rate for any number of days less than 13 or more than 20. A monthly rate is paid any time care is provided for a child from 13 to 20 full days. Monthly rates are set at 20 times the daily rate. For example, daily rates of \$20.00 would mean a monthly rate of 20 times that amount, or \$400.00. The current rates are as follows:

TYPE OF CARE	RATE TYPE	INFANT (0-24 Months) Day/Month	TODDLER (25-36 Months) Day/Month	PRE-SCHOOL (37-59 Months) Day/Month	SCHOOL- AGE (60 Months & Up) Day/Month
Family Child Care Home	Tier I	\$25 / \$500	\$22 / \$440	\$22 / \$440	\$20 / \$400
	Tier II	\$27	\$24	\$24	\$22
	Tier III - Accreditation	\$29	\$26	\$26	\$24
Family Child Care Facility	Tier I	\$27 / \$540	\$25 / \$500	\$25 / \$500	\$25 / \$500
	Tier II	\$29	\$27	\$27	\$27
	Tier III - Accreditation	\$31	\$29	\$29	\$29
Child Care Center	Tier I	\$32 / \$640	\$30 / \$600	\$28 / \$560	\$25 / \$500
	Tier II	\$34	\$32	\$30	\$27
	Tier III - Accreditation	\$36	\$34	\$32	\$29
Unlicensed School Age Child Care	Tier I	\$14.50 / \$290.00			
Informal/ Relative Child Care	Tier I	\$7.50 / \$150.00	\$6.00 / \$120.00	\$6.00 / \$120.00	\$6.00 / \$120.00
In-Home Child Care	Tier I	\$20 / \$400	\$18 / \$360	\$18 / \$360	\$18 / \$360
Available Incentive Rates	Documented Special Needs	Additional \$2.00 added to daily tier rate	Non-Traditional Hours	Additional \$4.00 per qualifying day	

2. Tiers and Incentive Rates:

- a. Special Needs Rate: Providers who care for children who have been determined to have significant developmental delays or have a diagnosed physical or mental condition which has a high probability of resulting in a significant developmental delay are eligible to be paid an additional \$2 per day. Children eligible for this payment rate must have been determined as special needs by early intervention programs, special education programs, or other multi-disciplinary teams.
 - b. Tier II Quality Incentive: An extra \$2 per child per day is added for providers who meet Tier II quality standards. The incentive is based on actual days of care, whether part or full day. Informal/Relative, Unlicensed School Age programs and in-home care providers are not eligible for Tier II rates.
 - c. Tier III/Accreditation Incentive: An extra \$4 per child per day is added for providers who are nationally accredited. The incentive is based on actual days of care, whether part or full day. Informal/Relative and in-home care providers cannot become accredited.
 - d. Nontraditional Work Hours Incentive: \$4 extra per day is added for any child whose care schedule meets the qualifications. (see Section 1, #12)
3. Payment Process: Payment forms should be submitted to the local CCR&R by the 3rd work day of each month. Once the payment form is received by the R&R agency, the worker enters information from the form into the State computer system (FACTS). A computer tape with information for all payments that have been processed by the R&R agency is sent every Friday to the State Auditor's Office. The Auditor's Office prepares the warrants for deposit and returns them to the DHHR Finance Office, where they are transmitted. Deposits are usually transmitted 3 to 5 business days after the tape is sent to the Auditor's office. Please note that State holidays may delay the process. If the provider has not received the deposit by the 20th of the month, the provider should contact the R&R worker. The worker can advise the provider where the deposit is in the process and if/when it will be transmitted.
4. Bank Changes: Providers should notify the State Auditor's Office of any change in bank information. The State Auditor's Office processes bank information changes. Incorrect bank information can result in deposits being returned to DHHR's State Financial Staff or held.
5. Income Verifications and Tax Statements: A listing of the children and the amount paid per child is included with the check. Copies of payment forms are available upon request only. In early February of each year, Providers will also receive a yearly 1099 tax form (Statement for Recipients of Miscellaneous Income) to use for tax purposes. This information is also submitted to the Internal Revenue Service. Child Care is a home based business. You must file as a business and pay any necessary taxes and social security. Failure to do so can result in assessment of fines or penalties by the IRS.