

**DEPARTMENT FOR CHILDREN AND FAMILIES
CHILD CARE PROVIDER RATE MODIFICATION**

ES-1602
Rev. 10-04

INSTRUCTIONS: Use a ball point pen. Complete unshaded areas of Section I. The shaded areas are for DCF use only.

SECTION I

Name _____ DCF Region _____ County _____

Street Address _____ Mailing Address (if different) _____

SSN/EIN _____ Phone # _____

TYPE OF FACILITY: (Check One):

- Licensed Out-of-Home Relative Child Care Center Sick Child Care
 Licensed Group Home Registered Home Special Purpose Center

PRIVATE SECTOR HOURLY RATE SCHEDULE: Enter your current rate charged to the private sector for like services. If care is not provided for that age, do not enter a rate.

PROVIDER TYPE AND AGE OF CHILD	HOURLY RATE	DCF APPROVED RATE
1. CHILD CARE HOMES (Rel/Reg/Licensed)		
a. 18 months and younger		
b. over 18 months		
2. CHILD CARE CENTER/UNITS		
a. 12 months and younger		
b. 13 months thru 18 months		
c. 19 months thru 30 months		
d. 30 months thru 5 years		
e. 6 years and over		
3. SPECIAL PURPOSE CENTERS/UNIT		
a. under 2.5 years		
b. 2.5 years and over		

I understand that DCF may pay less, but not more, than the fee charged the private sector for like services.

Director/Provider's Signature _____ Date _____

SECTION II
 REASON FOR RATE CHANGE: To be completed by local DCF staff:

Provider Rate Change New Services New State Rate
 Other (Specify) _____

DCF Staff Signature _____ Telephone Number _____ Date Approved _____ Effective Date _____

INSTRUCTIONS

PURPOSE:

Use this form to notify DCF when the provider's hourly rate charged the private sector increases or decreases. This form is also used to enroll multiple sites for a provider under one Agreement.

FORM COMPLETION:

When an enrolled provider notifies the DCF office of a change in rates charged to the private sector, or when new services will be offered, the local DCF staff sends this form to the provider for completion.

INSTRUCTIONS:

PROVIDER:

1. Enter name as shown on the Agreement Form and current information related to DCF Region, county, address, and SSN or Employer Identification Number (EIN) and facility type.
2. Enter current full time rates, figured on an hourly basis, charged the private sector for like services.
3. Sign and forward all copies to the local DCF office.

DCF STAFF:

1. Review provider rates and compare with the DCF Maximum Rates paid for like services.
2. Enter the DCF Maximum Rate or the provider's actual rate (whichever is lower).
3. Complete Section II and distribute as indicated.

FOR RETENTION:

Form shall be kept in the provider's file and retained for five years following expiration date.