

	Orange County Department of Education Business Services FAMILY SUPPORT SERVICES Tel. (714) 708-3860 • Fax (714) 708-2916	Mailing Address
		Family Support Services P.O. Box 9050 Costa Mesa, CA 92628-9050

RATE CONFIRMATION / POLICY STATEMENT

Provider _____ DBA _____ Contact Name _____ Facility Address _____ City _____ Zip _____ Mailing Address _____ City _____ Zip _____ Email _____ Social Security # or Tax ID # _____ Main # _____ Cell # _____ Fax # _____ Days/Hours of Operation _____ Age range of children served _____	Family Child Care ☐ Licensed Child Care Center ☐ License Exempt Center/ School District ☐
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Please initial and sign below. This document is required prior to OCDE FSS implementing any rate change.
****All signatures must be handwritten (wet) — no typed or electronic signatures will be accepted.**

I certify under penalty of perjury that the information contained in this document is accurate. I agree to the following:		INITIAL
1.	The rate sheet submitted is the current rates charged for child care services and is applicable to all children regardless of their subsidized or non-subsidized status.	
2.	Provider will submit to the local Resource and Referral Agency (<i>Children's Home Society of California, 333 South Anita Drive, Suite 350, Orange, CA 92868</i>) a copy of current rate sheet listing rates charged, discounts and scholarship policies.	
3.	Provider does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, in determining which children are served. Children with exceptional needs are welcome. Reasonable accommodations based on the requirements of the American Disabilities Act will be made for such children.	
4.	All applicable licensing regulations and local, state and/or federal regulations will be followed. A copy of the provider facility license(s) will be provided to Orange County Department of Education Family Support Services (OCDE FSS), if applicable.	
5.	Conditions set forth in the Agreement for Child Care Services, the Certificate for Child Care Services, OCDE FSS Policy Statement and Provider Participation Guidelines will be observed.	
6.	Provider reimbursement is limited by statutes and regulations found in Education Code and California Code of Regulations, Title 5, Subchapter 2.5: Utilization of the Regional Market Rate Ceiling.	
7.	OCDE FSS will honor requests for provider rate changes throughout the school year. New rates will be effective within 60 days of submission of updated rate sheet.	
8.	Provider will only be paid for days and hours of care authorized by OCDE FSS.	
9.	Provider must submit a copy of their written policies regarding: child absences, provider days of non-operation, registration, provider notice, and other fees paid by non-subsidized families.	
10.	Parents have unlimited access to their children and child care provider during normal business hours of provider operation and whenever children are in the care of the provider.	
11.	Failure to submit any requested documentation may result in termination of your contractual agreement for child care services with OCDE FSS.	

Provider Signature _____	Print Name _____	Date _____
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Return the completed form to the above mailing address or fax to (714) 708-2916.	Attn: Provider Services
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TO BE COMPLETED BY OCDE FSS

Date Rates Received:	Effective Date of Rates:	
Date All Documents Received:	Type of Action/Change:	Date:
FSS Authorized Signature:	Print Name:	Date: