



Dear Provider,

September 2023

Thank you for your interest in becoming a provider on our Child Care Subsidy Program. Having providers like you throughout Clark County offers more choices of quality programs for our clients who receive childcare subsidy. To get started, you will need to submit a copy of your current child care business license, current rate sheet, and parent hand book. You will also need to complete our Provider Registration Form, Provider Subsidy Agreement, W-9, and ACH Deposit Form. Please make a copy of these forms for your files and submit your original signed copies to Provider Services.

Every month, the Early Childhood Connection Consumer Education department offers free, Provider Billing Training. *This class is currently being offered virtually.* This training is Nevada Registry approved for 2 hours of continued Child Care training. In this training, you will be oriented on Client Certificates, accurately completing Time Sheets, and the Billing Process.

To register for the Provider Billing training please visit:

<https://www.eventbrite.com/o/las-vegas-urban-league-early-childhood-connection-32053479655>

If you need additional assistance, please contact the Consumer Education department via phone at (702) 473-9400 Extensions: 459 or 469 or email [ECCTrainingProgram@lvul.org](mailto:ECCTrainingProgram@lvul.org)

We look forward to partnering with you in servicing the community. If you have any further questions or need assistance, please feel free to contact me.

Sincerely,

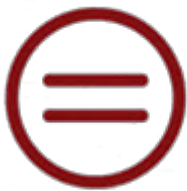
*Maria Robles*

Reimbursement Supervisor  
(702) 473-9400, Extension: 431  
[Maria.Robles@lvul.org](mailto:Maria.Robles@lvul.org)

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Phone: (702) 473-9400  
Website: [www.childcarelv.org](http://www.childcarelv.org)

2470 N. Decatur Blvd., Suite 130  
Las Vegas, NV 89108



Las Vegas Urban League

## Licensed Provider Check List

Provider Business Name: \_\_\_\_\_

Provider Contact Name: \_\_\_\_\_

Provider Contact Number: \_\_\_\_\_

Provider Address: \_\_\_\_\_

- Provider Registration Form
- W-9
- ACH Deposit Form
- Provider Subsidy Agreement
- Copy of Current Child Care Business License
- Copy of Current Rate Sheet (s)
- Copy of Current Parent Handbook or Policies and Procedures

## Notes

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# Licensed Provider Registration

**Las Vegas Urban League**  
**Early Childhood Connection**  
 Connecting Kids with a Network of Resources

General Contact Information	
Name of Person Completing Form: _____	Director/Owner: _____
Name of Child Care Business on License: _____	
Physical Address: _____	City: _____ Zip: _____
Mailing Address: _____	City: _____ Zip: _____
Phone: _____	Alternate Phone: _____ Fax: _____
E-mail _____	Website Address: _____
What Program (s) would you like to be registered (check one or both)? <input type="checkbox"/> Child Care Subsidy <input type="checkbox"/> Parent Referrals	

License Information	
License ID#: _____ Expiration Date: ____/____/____ Date you first became licensed: ____/____/____	Licensed by: <input type="checkbox"/> State of Nevada <input type="checkbox"/> Tribe <input type="checkbox"/> Federal Government
Program Type	Licensed Capacity: (as stated on License)
<input type="checkbox"/> Center <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Family Child Care <input type="checkbox"/> Head Start (traditional, tribal, migrant or early) <input type="checkbox"/> Pre-K (State-funded program) Accreditation type: _____ Expiration Date: _____	Age Range (ex. 6mo.-2yrs)
	Capacity for Age Range
	<b>Total Capacity:</b>

Schedule		Schedule Types	
Select the days and fill in the times you are open. Circle am or pm.		Select the schedule types that are accommodated.	
<input type="checkbox"/> Monday	Open: ___ am/pm Closed: ___ am/pm	<input type="checkbox"/> 24 Hour Care	<input type="checkbox"/> Track Break
<input type="checkbox"/> Tuesday	Open: ___ am/pm Closed: ___ am/pm	<input type="checkbox"/> Overnight	<input type="checkbox"/> Drop-in (not regularly scheduled)
<input type="checkbox"/> Wednesday	Open: ___ am/pm Closed: ___ am/pm	<input type="checkbox"/> Evening	<input type="checkbox"/> Rotating Schedules
<input type="checkbox"/> Thursday	Open: ___ am/pm Closed: ___ am/pm	<input type="checkbox"/> Afternoon Only (1/2 day)	<input type="checkbox"/> Weekend
<input type="checkbox"/> Friday	Open: ___ am/pm Closed: ___ am/pm	<input type="checkbox"/> Mornings only (1/2 day)	<input type="checkbox"/> Extended Hours
<input type="checkbox"/> Saturday	Open: ___ am/pm Closed: ___ am/pm	<input type="checkbox"/> Before School	<input type="checkbox"/> Summer Care
<input type="checkbox"/> Sunday	Open: ___ am/pm Closed: ___ am/pm	<input type="checkbox"/> After School	<input type="checkbox"/> School Year

Holidays & Closures	
Please select the holidays below that are closed. <b>Observed means that you are closed during the week when the holiday falls on a weekend. Attention Subsidy Providers:</b> It is very important that you only indicate the days you will be closed. If you indicate you are closed, our system will not allow reimbursement. <b>If you decide to remain open on any of these days, you must contact the Las Vegas Urban League Early Childhood Connection Provider Services a week prior to the holiday closure listed below.</b>	
<input type="checkbox"/> New Year's Day	<input type="checkbox"/> Nevada Day
<input type="checkbox"/> Martin Luther King, Jr.	<input type="checkbox"/> Veterans Day
<input type="checkbox"/> President's Day	<input type="checkbox"/> Thanksgiving Day
<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Family Day
<input type="checkbox"/> Independence Day	<input type="checkbox"/> Christmas Eve
<input type="checkbox"/> Labor Day	<input type="checkbox"/> Christmas Day
<input type="checkbox"/> Columbus Day	<input type="checkbox"/> Other Closure: _____ Date(s): _____

Child Care Rates—Children Ages 0-5									
Enter the rates you charge parents by age range. You can also simply include your rate sheet when returning this form.									
Age Range in Level (e.g., from 1 year up to 3 years; then 3 years up to 5 years)		Full-Time Rates (4.5 or more hours per day*)				Part-Time Rates (Used only for market rate purposes only.)			
From	Up To (Not through)	Daily**	Weekly	Monthly	Other:	Daily**	Weekly	Monthly	Other:
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
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<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								

**Subsidy providers please note:**

\* A part-time rate (full-time rate÷2) will be used for attendance less than 4.5 hours (4 hours, 29 minutes).

\*\*This is not a drop-in rate for intermittent schedules. This is a daily rate based on a child who attends a full-time schedule (weekly rate÷5)

Child Care Rates—School-Age Children												
Enter the rates you charge by age range. You can also simply include your rate sheet when returning this form. <b>Do not include private school tuition rates for K-12, only include the rates charged for care outside your private K-12 school hours.</b>												
Age Range in Level (e.g., from 6 years up to 8 years; then from 8 years up to 13 years)		Full-Time Rates This is what you might charge for track break, summer or holiday care. More than 3 hours a day.*				Part-Time Rates These are <u>not</u> before & after school rates. Used for market rate purposes; not subsidy.				Before & After School Rates Check if rates are for: <input type="checkbox"/> Before School <input type="checkbox"/> Afterschool <input type="checkbox"/> Before & Afterschool		
From	Up To	Daily**	Weekly	Monthly	Other	Daily**	Weekly	Monthly	Other	Daily**	Weekly	Monthly
<input type="checkbox"/> Years	<input type="checkbox"/> Years											
<input type="checkbox"/> Years	<input type="checkbox"/> Years											
<input type="checkbox"/> Years	<input type="checkbox"/> Years											

**Subsidy providers please note:**

\* A part-time rate (full-time rate÷2) will be used for attendance less than 3 hours.

\*\*This is not a drop-in rate for intermittent schedules. This is a daily rate based on a full-time schedule (weekly rate÷5)

Additional Fees Please check the fees that you charge.		
<input type="checkbox"/> Initial Enrollment or Registration Fee (Amount: \$ _____)	<input type="checkbox"/> Bad Check	<input type="checkbox"/> Late Payment
<input type="checkbox"/> Annual Fee (Amount: \$ _____) Charged in what month: _____	<input type="checkbox"/> Insurance	<input type="checkbox"/> Meals
	<input type="checkbox"/> Late Pick-Up	<input type="checkbox"/> Supplies
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other:

**Subsidy providers:** The State of Nevada will reimburse licensed providers up to \$40 total per year for annual or registration fees.

**Attention Subsidy Providers**

1. For each care level that you provide, enter the age range and the full-time weekly rate. This must be the rate you charge to the general public, regardless of subsidy program participation.
2. Only those rates listed on this form or on the attached rate sheet will be input into the Nevada Child Care System (NCCS). If you are updating rates, no rates will be carried over from previous records.
3. Double check that you have included all age ranges and rates for which you provide care.
4. Rate Effective Date: If you are submitting this rate sheet as part of your Subsidy Registration Packet, rates will be effective the day we receive your completed subsidy registration paperwork. If you are a provider already on our Subsidy Program, your **rate change will not be effective until the first of the month following a full 30 days' notice (e.g., your rate change was received by The Las Vegas Urban League Early Childhood Connection on 10/15/2014. Your new rates will not be effective until 12/1/2014).**

Provider Signature

Provider Printed Name

Date

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947



The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.**

You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.**

You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice


Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Las Vegas Urban League  
Early Childhood Connection

## Provider Authorization Agreement for Direct Deposit Payments

I, hereby authorize the **Las Vegas Urban League Early Childhood Connection** to process my payments through automatic bank deposits, and to deposit, if necessary, adjustments for any entries made in error to the account indicated and financial institution named below.

 You must attach a **Voided Check** or a **Direct Deposit Form** from your financial institution or prepaid card account **with your name, account number, and routing numbers included**, along with a copy of your **Photo ID** and return with this form. Please ensure that all lines are filled out properly before returning.

Provider Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Provider ID#: \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**If you wish to decline, please check the box below, sign and date.**

I would like to decline direct deposit at this time.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

STATE OF NEVADA  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
Child Care and Development Program  
**PROVIDER SERVICE AGREEMENT**

**Provider Name:** \_\_\_\_\_ **Provider ID:** \_\_\_\_\_

The State of Nevada Division of Welfare and Supportive Services (DWSS) Child Care Manual outlines the rules and regulations for participation in the Child Care and Development Program (CCDP) for both providers and clients. This document constitutes an agreement between the Child Care and Development Program (CCDP) and the child care provider. It outlines the responsibilities of all parties in meeting the needs of Program participants in accordance with DWSS policies, and the best practices of the CCDP.

**I. DOCUMENT REQUIREMENTS**

The following documentation is required to register, receive payments, and remain a subsidy provider with the CCDP. Failure to provide requested documentation in the timeframes given for initial registration or continued participation may result in delayed payment and/or non-reimbursement.

**A. Service Agreement (this document)**

1. All providers must have a current Service Agreement on file with the CCDP.
2. The Service Agreement is in effect until terminated by either party or program requirements change.
3. If provider requirements change, a new Service Agreement will be sent to you and you must sign and return the new Service Agreement to the issuing child care office.

**B. Provider Registration Form**

1. The Provider Registration form must include current name, tax identification number, address (physical and mailing), phone number, days and hours of care, and days closed.
2. If you have changes to the information you provided when you registered, those changes must be reported to CCDP within 10 days (back-up documentation may be required/requested). Failure to report changes within this timeframe may result in an overpayment and/or a program violation.

**C. Provider Rate Information and Reporting Changes**

1. Providers must report their rates and other fees charged either on the *Provider Registration Form* or by providing a rate sheet that is used with parents.
  - a) Licensed providers must report rates for all ages of children for which the provider is licensed.
2. Providers cannot charge CCDP clients different rates than they charge the general public.
3. Providers can charge any rate; however, the CCDP will only pay up to the State daily maximum reimbursement rate, which is set by DWSS based on provider type, geographical area, and the child's care level.
4. Payments will be made based on the following care levels regardless of how the provider classifies the children into classrooms (Note: The care level changes on the child's birthday).
  - a) Infant – newborn up to 1 year
  - b) Toddler – 1 year up to 3 years
  - c) Preschool – 3 years up to 6 years
  - d) School Age – 6 years up to 13 years
  - e) Special Needs – 13 years up to 19 years
5. Child care rate changes need to be submitted within 10 days of the rate change. New rates will be effective on the 1st of the month following a 30-day notice period as long as all required documentation has been submitted and received (Example: rates submitted on June 5th will be effective August 1st).

**D. W-9 Tax Form**

1. An Internal Revenue Service W-9 Form must be completed upon program registration and within 10 business days of any change in provider name, business name, tax identification number, or address.
  - a) Licensed Providers: a change in the service address will not be completed without the addition of an updated license for the new service address.
  - b) Family Friend and Neighbor (FFN) Providers: A change in the service address will not be completed without proof of residence such as a rental agreement or utility bill.

### E. Background Checks

Providers and all persons over the age of 18 who have access to the child(ren) must be able to pass a complete background check and be free of criminal convictions that are listed on the DWSS' Background Information Disclosure Form. Additional requirements regarding background checks will be forthcoming.

### F. Child Attendance and Provider Reimbursement Timesheet (Timesheet)

1. Provider must make timesheet(s) accessible to clients on a daily basis so they can fill them out and sign confirming the accuracy of the completed timesheet(s).
2. The "Client/Child Schedule this Month" and "School Bell Schedule" sections of the Timesheet must be completed no later than the first day of attendance for the billing month.
3. An absent reason must be specified for all days that the child was scheduled to use care but did not.
4. All clients are allowed up to **21 discretionary days** per child, per calendar year, to be used for absences from child care (sick days, holidays, or vacation). The use of discretionary days must be pre-authorized by the client's initialing the timesheet for each discretionary day on the provider's timesheet.
  - a. When child care payments are based on approved schedule, discretionary days are used for weeks with no attendance by the child. If the child attends at least one day out of the week, reimbursement will be made based on the approved schedule.
  - b. When child care payments are based on actual attendance, discretionary days are required to be used for **any** approved days the child is absent.
5. Timesheets must be completed and signed by the client and provider and submitted by the last business day of the month following the service period. If the client's signature is not available, you must provide a reason why and supporting verification (if requested) in order to be reimbursed. Signing the Timesheet for the client is a program violation.
6. Timesheets submitted for reimbursement must be originals for each child with original signatures from both the client and provider (legible faxed and scanned Timesheets will be considered to have original signatures).
7. Providers are to keep copies of the timesheets on file for a period of one year. In the event that there are discrepancies between attendance and payment, copies of your records may be requested for auditing. The timesheet copies in your records must match the original timesheet you submitted for reimbursement.

Billing for services on days and hours when care was not provided may result in an overpayment and/or a program violation unless the client has authorized a discretionary day or the client is authorized to use child care based on an approved schedule (this will be indicated on the Certificate).

### G. Immunization Records

1. All children enrolled with the child care provider must be up-to-date on their immunizations and have current immunization records on file with the provider.
  - a) Providers who are not related to the child and provide care in the providers' home must have immunization records on file for all children who are not enrolled in school.

## II. PAYMENT (REIMBURSEMENT) PRACTICES

All reimbursements are based on the client's eligibility. Providers will be reimbursed for services in accordance with the approved rate (the lesser of the provider's actual rate or the state maximum rate for each care level), less any co-payment. If you charge more than the state maximum reimbursement rate, the overage, as well as any co-payment, is the sole responsibility of the client. CCDP child care reimbursements are paid directly to the provider.

### A. Certificates

1. Once you accept/receive a Child Care Certificate, CCDP participants are not required to pay the full cost of tuition up-front and in full prior to attendance.
2. The approved reimbursement rate is documented on the Child Care Certificate for each eligible child.
3. It is your responsibility to ensure that the Child Care Certificate received is current, covers the schedule utilized by the client, and is valid for the site where services are being provided. CCDP participants are required to obtain a new Child Care Certificate when circumstances change and when they transfer providers, even within the same child care chain.

4. Reimbursement for child care services is based on either actual attendance or approved schedule as specified on the Child Care Certificate.
5. CCDP is not responsible for payment of days and hours not covered on the Child Care Certificate; this is the responsibility of the parent.

#### **B. Payments**

1. Reimbursements will be issued within 30 business days after timely timesheet submittal in accordance with Section I.E.
2. Child Care Attendance and Provider Timesheet submitted after the last day of the month following the service period (e.g., timesheets submitted August 1 or later for the month of June) are subject to non-payment.
3. Payment issues and discrepancies are your responsibility and must be resolved within 60 days of receiving payment for services. Submittals outside this timeline are subject to non-payment.
4. CCDP will not deduct taxes, insurance, or other coverage for providers from their CCDP reimbursements (also see Employment in section IX.C).
5. CCDP participants are responsible for maintaining current co-payments with providers.
6. All providers are responsible for keeping records of copayments and overages received from the client and providing the client a receipt for payment.

#### **C. Reimbursable Fees**

1. All or part of the cost of child care, not to exceed the current DWSS maximum rates, for the days, times and time period authorized by the CCDP per the Child Care Certificate.
2. All or part of the Enrollment/Registration fee not to exceed the DWSS maximum amount.
3. Providers will be reimbursed for up to 21 discretionary day per year, per child, for days authorized by the parent (See I.F.4). If the parent does not approve the use of the discretionary day and/or the child has exceeded the 21 days per year allowed, the provider will not be reimbursed.

#### **D. Non-Reimbursable Fees**

1. Meals, activities/field trips, uniforms, equipment, class pictures, transportation, or any other fees in excess of direct child care cost including fees charged for children being picked up late.
2. Days on which the child is regularly scheduled for care and provider is not available (unless the client authorizes the use of discretionary days—See I.F.4.). This is for actual attendance billing only.
3. Child care expenses and/or fees that are not charged to non-CCDP families.
4. Child care which has been provided prior to authorization of the Child Care Certificate or after the Child Care Certificate has ended or terminated.
5. Any day on which child is with the provider for 14 minutes or less. This is for actual attendance billing only.
6. Any day the provider bills for care and there is not a sign in or sign out time for the child on that day. This is for actual attendance billing only, and for pay by schedule if sign in or sign out times are missing for an entire week.
7. Services that supplant or duplicate the academic program of any public or private school (including virtual education).
8. Services provided to children during a regular school day for children enrolled in grades Kindergarten or higher.
9. Any additional costs for child care services that exceed the state maximum rate for child care. Additional fees are the sole responsibility of the parent.
10. Absent days (unless the client authorizes the use of discretionary days). This is for actual attendance billing only or pay by schedule if the child is absent for an entire week.

### **III. PROVIDER PARTICIPATION AND RESPONSIBILITIES**

Providers, their employees, and agents who receive child care reimbursements are independent contractors, self-employed business owners, or a sub-contracted employee of the clients and are not employees of DWSS, CCDP, or their partner agencies and therefore do not have of the rights or privileges of officers or employees of the State of Nevada or the CCDP. All CCDP providers must agree to the following terms in order to receive child care reimbursements.

## **A. Conduct**

1. As with all enrolled families, providers will allow parents unlimited access to their children during normal hours of operation and anytime children are in the care of the provider.
2. The provider agrees not to participate in discriminatory practices by refusing services to children and/or families with disabilities.
3. Any provider behavior deemed to be verbally abusive, degrading or threatening to program staff may result in termination from the CCDP at the discretion of the DWSS Child Care Chief.
4. The provider agrees not to use language in his/her marketing activities that implies that the program is approved or recommended by DWSS, CCDP, or any of their partner agencies but may state that the program accepts child care subsidy administered by these agencies.
5. The use or disclosure of a CCDP client's personal data for any purpose not connected with the administration of this Provider Service Agreement is prohibited.
6. The provider understands they are mandated reporters of abuse and neglect if it is suspected. Provider will immediately report any suspected abuse or neglect to the appropriate licensing or law enforcement agency.

## **B. Changes**

1. Providers are required to report the following changes within 10 days from the date the change occurred:
  - Residence and/or mailing address
  - Location where care will be provided
  - Adding/Dropping a child/family
  - Participation in a Welfare program (for FFNs only)
  - Licensure status (newly licensed, revoked, etc.)
  - Changes in the rates for any age group
  - Changes in age levels served (care levels)
  - Changes in days/hours of operations, closed days
2. Additional documentation or verification may be requested by CCDP in order to validate reported changes. All requests for additional information must be provided within the requested timeframes.

Failure to report changes or provide information timely may result in a delayed payment, non-payment, an overpayment, and/or a program penalty.

## **C. Audit Compliance**

All documentation regarding CCDP clients including sign in and out attendance logs and payment information is subject to auditing for accuracy by the CCDP, DWSS, or partner agencies. Failure or refusal to fully cooperate with any audit review related to this program may result in a finding of overpayment to the provider and/or termination from CCDP participation.

## **D. Overpayments and Underpayments**

1. Overpayments and underpayments are subject to approval by the CCDP.
2. In the event of an overpayment due to a condition of CCDP policies and/or this Provider Service Agreement, the provider will be responsible for the overpayment.
  - a) An overpayment may be repaid by adjusting future child care reimbursements or by paying DWSS directly.
  - b) If the provider is terminated prior to repayment of the overpayment, DWSS will pursue repayment through the DWSS Investigations and Recovery unit.
3. In the event of an underpayment, the amount owed to the provider will be adjusted with future reimbursements.

## **E. Program Penalties**

1. Making false or misleading statements, concealing or withholding facts in order to establish or maintain eligibility for clients, or to obtain payment for care for which you are not entitled is a program violation.
2. Depending on the severity of the program violation, CCDP providers who are found guilty may be suspended or terminated. Suspension times are ninety (90) days or one hundred eighty (180) days and a termination is permanent.
3. If a penalty is imposed, you will receive a letter from the CCDP outlining the following information:
  - The cause of the penalty;



- The period of time the penalty will be imposed; and
  - The rights to an administrative review.
4. CCDP providers have the right to request Special Consideration if charged with a provider program violation that you do not agree with. This request must be sent to the appropriate child care office who will submit the records regarding the violation to the DWSS Child Care Chief for review. The Chief's decision on the penalty action is final, and may not be appealed.
  5. In addition to program penalties, DWSS Investigations and Recovery staff (I&R) are responsible for investigating allegations of fraud and/or abuse and pursuing criminal prosecution against any individual or group of individuals who violate program rules.

#### **F. Emergency Preparedness Plan**

Providers must have a plan in place that makes sense for their facility and for the needs of children in their care and identifies accommodations for infants, toddlers, children with disabilities, and children with chronic medical conditions. Also, their plan must include a plan for in place evacuation, relocation, shelter-in-place, lockdown, and communications with and reunification of families. Procedures for staff and volunteer emergency preparedness training and practice drills, including training requirements for child care providers of services for which assistance is provided under CCDF at § 98.41(a)(1)(vii). This policy applies to all licensed and OST/OSR providers. FFN providers are given the Emergency/Disaster Preparedness & Response Toolkit.

### **IV. ADDITIONAL REQUIREMENTS**

All of the information and requirements in sections I, II, and III apply to all CCDP providers except where indicated. Certain providers have additional requirements which are listed in this section.

#### **A. Licensed Child Care Providers ONLY**

1. Must comply with all applicable county and state child care licensing regulations, including maintaining appropriate staff-to-child ratios, group size and capacity limits.
2. Must provide a copy of their current parent handbook and parent contract at the time of enrollment.
3. Must provide a copy of their current child care license at the time of enrollment. State and applicable county licensing reports will be monitored by the CCDP to identify status changes and renewals. Providers may be assessed for an overpayment for care billed after the date of a licensing status change.
4. Must participate in the Nevada Silver State Stars Quality Rating and Improvement System (QRIS). If there is a waitlist, placement on the waitlist counts as participation.
5. Must follow steps in the Expulsion and Suspension Prevention policy, which includes Pyramid Model training and support from Nevada Technical Assistance Center for Social-Emotional Intervention (TACSEI). If a provider has already established a positive discipline model other than the Pyramid Model, they must receive approval from CCDP to use the alternative model for the purposes of expulsion and suspension prevention.

#### **B. License-Exempt School-Age Recreation Programs ONLY**

1. Must provide their program handbook that provides policy and procedures for Health and Safety compliance.
2. Must complete Health and Safety training as outlined by CCDP staff and comply with annual monitoring visits.

#### **C. Family, Friend and Neighbor (FFN) Providers ONLY**

1. Must operate legally by obtaining a business license if required by the city or municipality in which the provider provides child care
2. Must only watch authorized children and abide by the number of children FFN providers are authorized to provide care:
  - *Non-relative*: Up to 4 children (12 years old or younger) who are not related to the provider, or 6 including the provider's own children.
  - *Approved relative*: Up to 6 children (12 years old or younger) who are related to the provider, including the provider's own children.
3. Must be at least 18 years of age and a legal U.S. resident with a taxpayer I.D or Social Security number.

4. Must not be the natural/adoptive parent or legal guardian of the child receiving services.
5. Must not be a client of the CCDP.
6. Must not live in the home of the CCDP client in which services are being provided.
7. Must have an active telephone where child care services will take place.
8. Must report income received from providing child care services to DWSS if you are also a recipient of public assistance (TANF, Medicaid, SNAP, etc.).
9. Must have a 5 lb. Class ABC Fire Extinguisher, UL Listed Smoke Detector(s), and a First Aid Kit on the premises where care is being provided.
10. Must complete Health and Safety training as outlined by CCDP staff and comply with home visits.
11. Changes in the status or location of child care is subject to the approval of the CCDP and is subject to non-payment if the change is not authorized and the provider bills for child care at the new care and/or residency location.

**V. CCDP RESPONSIBILITIES**

**A. Documents**

1. Process all completed provider registration paperwork within 10 business days of receipt.
2. Notify provider when provider registration paperwork is incomplete or completed incorrectly.
3. Contact providers when an update to the provider required documentation is required.
4. Process all required and updated paperwork within 10 business days of receipt.

**B. Certificates and Eligibility**

1. Provide a copy of the *Child Care Certificate* to providers for:
  - a) Each newly enrolled child,
  - b) Every new service period, and
  - c) Anytime the co-pay or authorized schedule changes for the parent.
2. Providers will be notified as soon as possible of the children/clients no longer on the CCDP.
3. Respond to provider appeals within 14 days of receipt.

**C. Payments**

1. Process provider claims for payment in a timely manner as funds allow for claims that are submitted complete and on schedule (see Section V).
2. Reconciliation of overpayment and underpayment issues will be handled in a timely manner.
3. Providers receiving \$600 or more dollars in reimbursement checks during the calendar year will be issued a 1099 Miscellaneous Income Form at the end of the calendar year.

**D. Health and Safety**

1. Develop a training plan with FFN providers to ensure that all required health and safety training is completed within the allotted timeframes.
2. Conduct visit(s) on an unannounced basis and as frequently as deemed necessary to ensure the health and safety of children participating on the Child Care Subsidy Program.

**I have read, understand, and agree to the program guidelines of the CCDP. I agree to indemnify and hold harmless the CCDP, DWSS, and their partner agencies, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of or in any way connected with the provision of services under this agreement. This agreement is in effect upon provider’s signature and subsequent approval from the CCDP or partner agency.**

**Provider:**

Printed Name of Child Care Provider or Facility	SSN or Tax ID Number
Service Address	City
Printed Name of Provider Authorized Representative	State
	Zip Code
	Title

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Signature of Provider Authorized Representative

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Date

**CCDP:**

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Printed Name of the CCR&R Representative

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Title

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Signature of the CCR&R Representative

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Date



Las Vegas Urban League



**DECATUR**

2470 N. Decatur, Ste. 150  
Las Vegas, NV 89108  
Phone: (702) 473-9400  
Toll Free: (855) 4UL-KIDS  
Fax: (702) 410-9906



**PAHRUMP**

1840 Pahrump Valley Blvd.  
Pahrump, NV 89048  
Toll Free: (855) 4UL-KIDS  
Fax: (702) 405-8583

**NOTICE OF APPEAL**

If you do not agree with the action taken by the Child Care and Development Program, you may appeal the decision within ninety (90) days from the date of this notice. Complete the information below and return this notice to the Child Care office at the address listed above. You will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. You may request information on the various legal services that may be available in your community at no cost; please contact us for information.

**Statement of Complaint**

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**Continued Benefits**

If your appeal request is received within the above mentioned timeframe, you may have your benefits continued until the appeal process is complete and a decision is made. If you lose, abandon or withdraw your appeal, your benefits will stop and benefits issued must be repaid. You may not have continued benefits if the only issue of the appeal is federal law/regulation or the action taken was a denial of your application.

Please mark one box:  I want continued benefits  
 I do not want continued benefits

Client Signature \_\_\_\_\_

Date \_\_\_\_\_