

State of Illinois
Department of Children and Family Services

**DAY CARE SERVICES ELIGIBILITY
AGREEMENT & RATE CERTIFICATION**

TO BE COMPLETED BY THE DAY CARE PROVIDER
Please complete each line. (N/A for answers that would not apply)

A) DAY CARE PROVIDER INFORMATION:

Facility/Provider's Name: _____ Social Security #: _____

Street address: _____ FEIN: _____

City/State/Zip: _____ County: _____

Telephone number: _____ Email: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip code: _____

Date of Birth: ____/____/____ (If an individual day care provider, must be 18 years old or older)
Month Day Year

B) DAY CARE TYPE: (You Must Check One)

1. LICENSED DAY CARE CENTER DCFS DCC LICENSE #: _____ Expiration Date: _____

2. DAY CARE CENTER EXEMPT FROM LICENSING Provider ID # (if known) _____

3. LICENSED DAY CARE HOME DCFS DCH LICENSE #: _____ Expiration Date: _____

(Please note: No more than 12 unrelated children under the age of 12 may be cared for, including the provider's own children.)

4. LICENSED GROUP DAY CARE HOME DCFS DGDC LICENSE #: _____ Expiration Date: _____

(Please Note: No more than 16 unrelated children under the age of 12 may be cared for, including the provider's own children.)

5. DAY CARE HOME EXEMPT FROM LICENSING - Care provided in the home of the provider.

Provider ID #: _____

(Please Note: No more than three unrelated children under the age of 12 may be cared for, including the provider's own children.)

6. RELATIVE - Care provided in the home of a relative (related to child). Provider ID#: _____

7. RELATIVE - Care provided in the home of the child by a relative. Provider ID#: _____

8. NON-RELATIVE - Care provided in the home of the child by a non-relative.

Provider ID#: _____

9. DAY CARE HOME NETWORK – Licensed child care through a Day Care Home Network provider.

Provider ID#: _____

- **PLEASE NOTE: If you are Day Care type #: 2, 5, 6, 7, or 8, the child's caseworker will contact you to arrange for a CANTS and LEADS Background Check.**

C) CERTIFICATIONS

By checking these boxes, the Day Care Provider certifies that these statements are true, correct, and complete:

- Parents/Foster Parents/Relative Caregivers/Adoptive Parents/Guardians/Teen Parents will have unrestricted access to their children at all times, unless you have been given a copy of a court order prohibiting contact between such individual and a child.
- All state and local fire, health, and safety codes have been followed.
- I will have a current TB skin test and a physical examination, documented, and on file in the facility/home within 90 days of my signing this form.
- All cleaning agents, poisons, and other hazardous materials are stored in an area that is inaccessible to the child (ren).
- Firearms and ammunition are stored in a locked cabinet or locked storage at all times.
- First aid supplies are readily available.
- There will be **no corporal punishment or spanking**
- The children will be provided with developmentally appropriate play activities.
- The children will be supervised (indoors and outdoors) at all times.
- The children will be given nutritional meals/snacks.
- I have not been a perpetrator of child abuse or neglect in the past five (5) years or a perpetrator of sexual molestation or sexual exploitation in the past twenty (20) years or as otherwise set forth in 89th Illinois Administrative Code Part 431. I authorize the Department to check the Child Abuse and Neglect Tracking System (CANTS), Law Enforcement Agency Data System (LEADS) and Sex Offender Registry checks to confirm this information.
- All services will be performed in accordance with all local, state and federal laws, regulations, and standards.
- The rates charged to the State of Illinois do not exceed those charged to the general public for similar services.
- I will be paid what I charge to the general public up to the DCFS maximum rate schedule.
For maximum rates allowed for Child Care Centers visit; <https://www.dhs.state.il.us/page.aspx?item=35766>
For maximum rates allowed for Child Care Home Providers visit; <https://www.dhs.state.il.us/page.aspx?item=59145>
- I may not collect the DCFS day care rate, or any portion thereof, from the DCFS parent or foster parent.
- I understand these day care payments are considered income and will be reported as taxable income on form 1099 Misc. by the State of Illinois.
- Except as may be required by state or federal law, regulation or order, the Day Care Provider shall not release information concerning persons served by the Department without prior written approval of the Director of the Department, or designee.
- The Day Care Provider shall inform its employees and subcontractors of such confidentiality obligations, as well as the penalties for violation thereof, and shall assure their compliance therewith. The Day Care Provider acknowledges that nothing herein prevents the Day Care Provider from sharing any confidential information with the Department for youth for whom the Department has legal responsibility, and the Day Care Provider is required to deliver said information to the Department upon request as allowable under state or federal law.
- A current, signed copy of my W2 form is attached.

I hereby certify, to the best of my knowledge and belief, that the information, above statements and attachment(s) are correct and complete. I understand that giving false information or failure to provide correct information may result in referral to the proper authority or entity for prosecution for fraud.

DAY CARE PROVIDER'S SIGNATURE

DATE