Legal Nonlicensed Provider Registration and Acknowledgment

The Child Care Assistance Program (CCAP) requires that child care providers register with the agency that services the family’s child care assistance case. If you want to be authorized by more than one agency, you must register with each agency separately. To be a legal nonlicensed (LNL) provider, you must:

- Be at least 18 years of age, AND
- Not be a member of the MFIP assistance unit, or a member of the family applying for or receiving child care assistance, AND
- Not be living in the same home as the child whose family is applying for or receiving child care assistance, AND
- Provide child care only to related children, and/or provide child care to children from a single unrelated family at one time. Related refers to the provider being a sibling, a grandparent, an aunt, or an uncle by blood relation, marriage or court decree, AND
- Have current certification in First Aid and CPR.

What is the CCAP agency?

A family’s county or tribal social services agency is responsible for administering the Child Care Assistance Program and registering providers. In some cases, the social services agency may contract with another local agency to provide child care assistance. We call the agency that is administering child care assistance for the family the agency.

Instructions

To register, complete, sign and date this registration form and return it and the forms listed below to the agency listed above. If you do not want to be authorized or have questions about this process, please contact the CCAP agency.

Legal Nonlicensed (LNL) Provider Training Documentation Form (DHS-3769A)

Direct Deposit Form for the Minnesota Child Care Assistance Program (DHS-3552)

Complete and return this form if you would like direct deposit of your CCAP payment.

Your written payment policies

Submit any written payment policies to us with this registration.

W-9 Request for Taxpayer Information

Complete and return this form if you are begin authorized for the first time or following a period of time when you were not authorized. If you are currently authorized to receive payments from the Child Care Assistance Program (CCAP), you are not required to complete this form unless your information has changed.

Review the documents below and keep for your records.

Child Care Provider Responsibilities and Rights (DHS-4079)

Read this form to learn what your responsibilities are as a Child Care Assistance Program provider and what rights you have.
**Authorization Process**

After you have completed and returned these forms, we will review them and tell you by mail whether you have been authorized. You cannot be paid for care you provide until both you and the family who has chosen you as their provider have been authorized to receive child care assistance payments. When both you and the family have been authorized, we will send a Service Authorization. The Service Authorization lists how much child care is approved for the family, the most that we can pay, and how payments will be made.

If your request to be a child care assistance provider is denied, a parent may appeal the denial. If he/she appeals, we will tell you by mail.

**Please provide the following information**

<table>
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<tr>
<th>FIRST NAME</th>
<th>MI</th>
<th>LAST NAME</th>
<th>BIRTH DATE</th>
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1. Have you **ever been authorized** to receive CCAP payments by any agency?  ○ Yes  ○ No
   IF YES, WHICH COUNTY(IES) OR TRIBE(S)

2. Have you **ever been refused** CCAP authorization by any agency?  ○ Yes  ○ No
   IF YES, PLEASE EXPLAIN

3. Have you ever had a CCAP authorization **revoked** by any agency?  ○ Yes  ○ No
   IF YES, PLEASE EXPLAIN
4. Household composition (Please provide the following information on all people in your household.)

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<tr>
<th>Name</th>
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**Note:** You are the primary provider of child care and responsible for all care provided. Any other family or household member who will be providing care, except in an emergency, must complete a separate acknowledgment form and successfully complete the authorization process before providing care.

5. Child care site information

**CHILD CARE PROVIDED AT:**
- Child's home
- Provider's home
- Other (please specify)

**CHILD CARE SITE ADDRESS (Not a P.O. Box)**

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<tr>
<th>STREET ADDRESS</th>
<th>APT./SUITE NUMBER</th>
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<th>STATE</th>
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**MAILING ADDRESS (if different than site address)**

**LOCATION:**
- Provider's home
- Other (please specify)

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Tell us where you want us to send written notices (check one option for each notice type):

- **Eligibility Notices** – These notices tell you about changes in your program’s eligibility for CCAP.
  - Site Address
  - Mailing Address

- **Service Authorizations** – These notices tell you about care authorized for each child at your program.
  - Site Address
  - Mailing Address

- **Billing Forms** – You submit one form per family, per billing period in order to get paid by CCAP.
  - Site Address
  - Mailing Address

- **Remittance Advice for Electronic Fund Transfer (EFT)** – These notices give details about each payment you receive via direct deposit (EFT).
  - Site Address
  - Mailing Address

- **Payments/Warrant Remittance Advice** – These notices give details about each payment you receive via check/warrant.
  - Site Address
  - Mailing Address
Tell us about the spoken and written languages used at your program.

i. **WHAT IS YOUR PROGRAM’S SPOKEN LANGUAGE?**

ii. **WHAT IS YOUR PROGRAM’S WRITTEN LANGUAGE?**

6. **Provider rates and policies** (Enter your standard rates in the chart below)

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<thead>
<tr>
<th>Rate</th>
<th>Infant</th>
<th>Toddler</th>
<th>Pre-school</th>
<th>Kindergarten</th>
<th>School Age</th>
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<tr>
<td>Hourly rate</td>
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Note: Child care assistance may pay child care costs only up to the maximum rate allowed by law. The family is responsible for all child care costs that exceed the amount allowed by law.

   a. I want payment on a (check one)  ○ 2-week or  ○ 4-week billing cycle

   b. I want my payment to be made by:  ○ Check or  ○ Electronic Funds Transfer* (EFT-direct deposited into your bank account).

*Note: You must submit a [Direct Deposit for the Minnesota Child Care Assistance Program Form (DHS-3552)](DHS-3552) for funds to be direct deposited into your bank account.

7. **Credentials**

Child care assistance can pay 15 percent above the maximum rate, up to the provider charge, if the provider has certain early childhood development credentials.

If you have one of the credentials listed, check the box and submit verification to the agency. The verification must show expiration dates when applicable. If you do not have one of the credentials listed, you cannot receive 15 percent above the maximum rate.

- □ Child Development Associate credential (CDA) (must be issued by the Council for Professional Recognition)
- □ Diploma in child development from a Minnesota state technical college
- □ Associate’s degree in child development
- □ Bachelor’s degree or post-baccalaureate degree in early childhood education from an accredited college or university
- □ Accreditation by the National Association for Family Child Care
- □ Competency Based Training and Assessment Program Certificate (must be issued by Professional Learning Alternatives, Inc prior to 1997)

8. **Training**

Child care assistance requires all legal nonlicensed providers to meet certain training requirements before they can be authorized or reauthorized. Check the applicable box.

- □ This is my initial authorization, and I have current First Aid and CPR training certification. (This certification is current as of my registration date.) **Attach certification/documentation**

- □ This is my renewal/reauthorization (generally every 2 years) and I have completed the additional eight hours of training in topics listed in the Minnesota Center for Professional Development registry and had on-going training in any additional topics required.

- □ I have reviewed *What are the training requirements for legal nonlicensed providers? (DHS-6419)*. I understand that before child care can be authorized for any child under 5 years old, I must meet additional training requirements. If I care for children who are not related to me, I must take additional training within 90 days of child care being authorized.

**Attach certification/documentation and/or enter your Develop ID:**

a. Health and safety requirements

You must review the health and safety information you received from the CCAP agency with CCAP families. This includes, but is not limited to “Health and Safety Resource List for Parents and Legal Nonlicensed Providers” (DHS-5192A).

Use the information from the resources and “Keeping Children Safe in Your Home” (DHS-5192B) to ensure your home environment is healthy and safe for young children.

☐ I will review the health and safety information received with CCAP families and use the resources to ensure my home is healthy and safe for young children.

b. Emergency preparedness plans

All providers must develop a plan to respond to emergencies. Use the “Legal Nonlicensed (LNL) Child Care Emergency Plan” (DHS-7414B) template to document your plan. All legal nonlicensed providers must have an emergency preparedness plan developed and available upon request. Providers who are not related to all the children that they care for will have their plan reviewed at their annual monitoring visit.

☐ I will develop an emergency preparedness plan and document my plan using the “Legal Nonlicensed (LNL) Child Care Emergency Plan” (DHS-7414B) template. I will submit my plan for review upon request.

c. Annual monitoring visits

If you are authorized to care for an unrelated child, the CCAP agency will visit your child care site annually to ensure your site is healthy and safe for young children. If you refuse or do not make yourself available for a monitoring visit or if a visit is performed and your child care site does not meet the health and safety requirements identified, your registration will be closed and you will not be eligible to register as a legal nonlicensed CCAP provider until you meet the conditions set by the CCAP agency.

Unrelated children are children who are not related to you by blood, marriage or court decree as a grandchild, great-grandchild, brother, sister, niece, or nephew. If a child is related to you in another way, they are considered unrelated by the CCAP program.

☐ I understand that if I am paid by CCAP to care for a child not related to me, the CCAP agency will monitor my child care site annually. My registration will be closed if I do not demonstrate I meet health and safety requirements each year I care for an unrelated child.

10. Background studies

Before a legal nonlicensed provider can be authorized to receive Child Care Assistance Program payments, background studies must be completed for all household members who require a study.

Background studies are required for:

- The provider and each household member age 13 and older.
- Each household member age 10-12 living in the household where the provider services will be provided when the commissioner has reasonable cause as defined under MN Statutes 245C.02 subd. 15.
- An individual who, without providing direct contact services, may have unsupervised access to children receiving services, when the commissioner has reasonable cause.

Legal nonlicensed providers are required to report changes to household composition that would result in a new background study being required, including if another person over the age of 13 joins the household or if a current household member turns 13 years old.
11. Other payment policies

a. Do you have written payment policies?  ○ Yes*  ○ No
   *If yes, please send us your full written payment policies with this registration form.

b. Do you require payment for holidays?  ○ Yes  ○ No
   IF YES, PLEASE LIST WHICH HOLIDAYS

   c. Do you require a termination notice when care is ending?  ○ Yes  ○ No
   IF YES, LIST HOW MANY DAYS’ NOTICE YOU REQUIRE

Acknowledgment for legal nonlicensed providers
Generally, anyone providing child care must be licensed, but there are limited exceptions. Minnesota Statute, section 245A.03, subdivision 2 and Minnesota Rules, part 9502.0325, subpart 3 states the following types of child care do not have to be licensed.

1a. Child care provided by a relative to only related children and/or child care provided to children from one family that is unrelated to the provider.
   “Related” means any of the following relationships by marriage, blood, or court decree: grandparent, brother, sister, uncle or aunt. Related also includes a legally appointed guardian.

1b. Child care provided for a cumulative total of less than 30 days in any 12-month period.

Because CCAP follows licensing law, (Minnesota Statute, section 245A.03, subdivision 2b) the following people cannot provide care or be paid by CCAP for any child not related to them.

2a. A person who applied for a child care license, or who was a child care license holder, and who received a license denial, fine or sanction that has not been reversed on appeal.

2b. A provider who, as a result of the licensing process, has a disqualification that has not been set aside or a provider who has a household member who, as a result of a licensing process, has a disqualification that has not been set aside.

Please check the appropriate box(es) in the sections below.

☐ I affirm that I am qualified to provide unlicensed child care as a legal nonlicensed child care provider as described in item 1a. above.
☐ I affirm that I am qualified to provide unlicensed child care child care under the limited care exemption as described in item 1b. above.
☐ I affirm that the items described in items 2a. and 2b. above do not apply to me.
☐ I affirm that I am at least 18 years of age.
☐ I affirm that I do not share a home or residence with the child whose family is applying for or receiving child care assistance.
☐ I understand that I am considered the primary provider of care at the listed site. I am responsible for all care provided; and I must be present during the hours care is provided.
☐ I will obtain immunization records for each child in care within 30 days of the child starting care and update the records with information from the family.
☐ I affirm compliance with state and local health ordinances and building and fire codes applicable to the premises where child care is provided.

General acknowledgment for all providers
I understand that by signing and dating below, I acknowledge reading and understanding the following statements. Billing CCAP for services that are not provided is a crime.

• Charging CCAP families more than private, full-paying families for like services or wrongfully obtaining child care assistance will be investigated and may be charged as a crime.
I understand that it is against the law to bill CCAP for holidays, unless I mark them correctly on the Billing Form. I will mark an "H" for any day I am closed for a holiday if a child is scheduled to be in care.

Parents must be given unlimited access to their children and to the provider(s) who provide child care for their children during all hours the children are in the provider's care.

I must notify the CCAP agency:
- when a child or children have been absent for more than seven days in a row,
- when a child's attendance falls to less than half of the child's authorized hours or days for a four-week period by reporting in the Comments section on the Billing Form,
- when child care has ended,
- when I believe that child care will be ending,
- when a child has died in my care,
- when a child has been maltreated in my care AND/OR
- when a child has had a serious injury in my care.

I must notify the CCAP agency of changes to the information included on this form. I can use the Provider Registration Change Form (DHS-7196) to report changes.

As a provider, I am mandated to report any maltreatment of minors [Minnesota Statute, section 626.556] to my local welfare agency.

When the CCAP agency knows a provider or child care arrangement is unsafe, they may deny CCAP payments to the provider regardless of termination notice requirements.

I must keep daily attendance records at the site where services are delivered for six years for all children receiving child care assistance and must make those records available immediately to the county, tribe or the Department of Human Services upon request. The attendance records must include the date, the first and last name of the child, and times that the child arrived and departed. The times must be entered by the person dropping off or picking up the child to the extent possible.

I must keep, maintain, and make records available immediately to investigators as outlined under M.S. 245E.05, subd. 1. These include, but are not limited to, records pertaining to payroll and employees, children's attendance, banking and accounting, billing, business ownership, and transportation of children.

If I accept payments from a source other than the family for a family's child care costs that are not paid by CCAP, I must maintain family specific documentation of payment source, amount, type of expenses and time period covered. I can use the CCAP Financial Tracking Form (DHS-5318) to record third party payments.

The CCAP agency is required to keep a record of substantiated parental complaints concerning the health and safety of children in my care and that, upon request, information about the substantiated complaints will be released to the public as authorized under Minnesota Statutes, chapter 13.

I am not currently excluded or debarred from being a provider in any DHS program. I understand that if I am excluded or debarred from being a provider in any DHS program that I cannot be a CCAP provider while I cannot provide other services for DHS.

If I am approved to provide care in the child's home, payment will be made to the family and the family is considered the employer. The family may need to pay some taxes and minimum wage and overtime laws may apply. I give permission to the department to release detailed payment information to the family receiving care, including any withholding from the CCAP payment for the child care I provide, the reason for the withholding, and the amount being withheld.

I understand and agree that by signing this document I am giving permission for Child Care Assistance Program staff to access my Develop Learning Record for the purposes of administering the Child Care Assistance Program.

If CCAP pays me more than I should receive, I agree to allow CCAP to deduct the money I was overpaid from my payments according to the standards outlined under Minnesota Rules, part 3400.0187.
Authorization to share information for fraud investigation and audits

I give permission to authorized investigators and third parties to share information about me during the course of investigations regarding fraud, fraud prevention and misrepresentation and conducting Federal or state audits. Third parties who can share information about me with investigators include but are not limited to financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and other as they apply. I also understand that my permission to share information about me remains in effect for six months after my child care registration ends.

Remember: Returning this completed form begins the registration process. If authorized, you will receive a Service Authorization and a Billing Form for all children who are eligible for CCAP payments.

Penalty warning

Do not give false information or hide information:

- To get or continue to get child care assistance
- To help someone else to get or to continue to get child care assistance.

The state may bar a provider from the Child Care Assistance Program who breaks either of these rules, or who repeatedly and/or intentionally violates program laws under M.S. 119B or M.S. 245E. The bar lasts three years for the first fraud, and is permanent for the second fraud. The bar may affect your ability to clear a background study, hold a child care license or certification, have direct contact or access to children in a child care setting, and/or participate in other Department of Human Services programs.

A person who supplies false information in order for them or someone else to receive child care assistance may also be prosecuted criminally.

By signing and dating below

- I agree to follow all Child Care Assistance Program (CCAP) statutes, rules, and policies.
- I have received a copy of the Child Care Provider Responsibilities and Rights (DHS-4079) (including the penalty warning), Notice of Privacy Practices (DHS-3985) and the CCAP Child Care Provider Guide (DHS-5260) for my records. I have read, and understand this information. If I have questions about this information, I will ask a worker to explain to me.
- I agree to the sharing of information as stated in the fraud investigation authorization information above.
- I agree to allow information on substantiated complaints concerning the health and safety of children in my care to be disclosed to the public according to Minnesota Statutes, chapter 13.
- I declare that the information I have provided on this form is true and correct.

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<th>PROVIDER’S NAME (Print)</th>
<th>JOB TITLE</th>
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<th>PROVIDER’S SIGNATURE</th>
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Attachments:

- Direct Deposit Form for the Minnesota Child Care Assistance Program (DHS-3552)
- Child Care Provider Responsibilities and Rights (DHS-4079)
- W-9 Request for Taxpayer Information
- Notice of Privacy Practices for Child Care Providers (DHS-3985)
- Minnesota Child Care Assistance Program Provider Registration Change Form (DHS-7196)
- Training Requirements for LNL Providers – Q & A (DHS-6419)
- Legal Nonlicensed (LNL) Provider Training Documentation Form (DHS-3769A)
- Health and safety information, including:
• Health and Safety Resource for Parents and Legal Nonlicensed Providers (DHS-5192A)
• Keeping Children Safe in Your Home (DHS-5192B)
• Legal Nonlicensed (LNL) Child Care Emergency Plan (DHS-7414B)
Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

For accessible formats of this information or assistance with additional equal access to human services, write to dhs.ccap@state.mn.us, call 651-431-3809, or use your preferred relay service. ADA1 (2-18)