

Maryland Department of Education
Early Childhood Division, Office of Child Care, Child Care Scholarship Branch
Child Care ERROR PAYMENT Adjustment Request Form

Facility Legal/License Name	Provider ID _____
Facility Name	County
Name of Facility Owner/Operator	Phone
Facility Mailing Address	City, State, Zip
	Email

By my signature affixed below, I hereby affirm that I have not received any payment for the children listed below or I received incorrect payment for the children listed below and I assert that I am due payment.

SECTION 1: REASON FOR REQUEST (Complete one form per service period. **Must attach copy of invoice.**)

Was not paid for entire service period
 Pay was incorrect
 Pay not correct for school closure day
 Did not receive EPCC/EPSA Advance
 Received PT payment for FT child
 Registration fee
 Did not receive EPCC/EPSA Grant
 Pay not correct for provider closure day
 Overpayment

Provide detail for other _____

SECTION 2: CHILD AND PARENT INFORMATION (download additional form if more than 5 children)

Name of Child	Child Voucher Number	Service Period Date	Name of Parent
1.			
2.			
3.			
4.			
5.			

Facility Owner/Operator Signature

Date

SECTION 3: DECISION (to be completed by MSDE or MSDE Vendor)

<input type="checkbox"/> Approved <input type="checkbox"/> Approved with modifications _____ _____ _____	<input type="checkbox"/> Denied <input type="checkbox"/> Child paid correctly <input type="checkbox"/> Family/child not eligible <input type="checkbox"/> Past 30 day time frame <input type="checkbox"/> Adjustment paid on _____ <div style="text-align: right;"><i>Settlement date(s)</i></div> Other _____ _____
--	---

MSDE Representative _____ Date _____

Comments:

Maryland State Department of Education
DIVISION OF EARLY CHILDHOOD
Office of Child Care, Child Care Scholarship Branch

Child Care Error Payment Adjustment Request
Instructions for Filing a Request with the Child Care Scholarship Program
Error Payment Adjustment Review Committee

Requests must be filed on the approved Child Care Error Payment Adjustment Request Form. Complete a separate form for each service period. **Requests filed on other forms or requests not meeting the following criteria will not be accepted and will not be processed. During COVID-19, only emailed requests to the MSDE staff listed at the bottom of this form will be accepted.**

1. All entries made by a provider on the request form should be printed or typewritten.
2. You **must** file the Child Care Error Payment Adjustment Request form with MSDE at the below email address. Copies of any supporting documentation (see #8) **must** be included with the request form.
3. The **facility legal/license name, facility name, name of facility owner/operator, facility mailing address, provider ID, county, and phone number** must be included in the space provided. If an adjustment is authorized, reimbursement cannot be issued without this information. Requests without provider ID cannot be processed and **will be returned** to the child care facility.
4. **REASON FOR REQUEST:** The *Reason for Request* [Section 1] must be completed so that the Error Payment Adjustment Review Committee can understand the basis of the request.
5. **CHILD AND PARENT INFORMATION:** The *Child and Family Information* [Section 2] must be completed to include the child's name as it appears on the Child Care Scholarship, the Scholarship Number, the Service Period begin date in question, and the name of parent as provided on the Scholarship.
6. **REGISTRATION PAYMENTS:** Provide parent information and service period begin date when requesting payment for registration fees not paid, if applicable.
7. **SIGNATURES:** During COVID-19 all requests must be emailed. Request forms not containing **original** signatures, will not be processed. Requests with photocopied or electronically generated signatures will not be accepted.
8. **SUPPORTING DOCUMENTATION:** The child care facility is responsible for including copies of all documents needed to support his/her request. Acceptable supporting documentation includes the sign-in/sign-out sheets with the parent's full signature for the child for whom reimbursement is requested and/or a doctors statement.
9. **SUBMITTING REQUESTS:** Email completed request form and all supporting documentation to:

John.Lamb1@maryland.gov and copy
Raye.Dugger1@maryland.gov

The burden of proof rests with the child care provider. Submittal of supporting documentation is the responsibility of the child care provider and not the Child Care Error Payment Adjustment Review Committee, the Maryland State Department of Education, Division of Early Childhood, Office of Child Care, Child Care Scholarship Branch or MSDE vendor. **Invoice for service period in which adjustment is being requested, must be attached.**