

Child Care Stabilization Grant Program

Session 1: Documentation Needed



Customer Service Support Session

January 4 & 11, 2022

Meeting Objectives

- Provide an overview of the program.
- Review the documentation providers will need to complete the application.
- Answer any questions.

Overview

Grant Application Opened:

January 3, 2022

Grant Application Submission Deadline:

January 23, 2022 by 6:00pm (EST)

Grant Period:

From January 3, 2022 to December 31, 2022

Overview

- Funding is part of the American Rescue Plan Act (ARPA) of 2021
 - To help providers keep their doors open
 - To stabilize the child care market as a whole
- Providers are eligible to receive a grant payment if they
 - are currently licensed; and
 - open to take care of children or temporarily closed due to financial hardship or COVID-related reasons (but will be open by March 7, 2022)

Grant Guidance

Visit the dedicated web page and download the guide:

<https://earlychildhood.marylandpublicschools.org/2022ARP>



Grant Awards

\$10,000 base award and additional funds calculated by the **number of licensed slots** as of December 15, 2021.

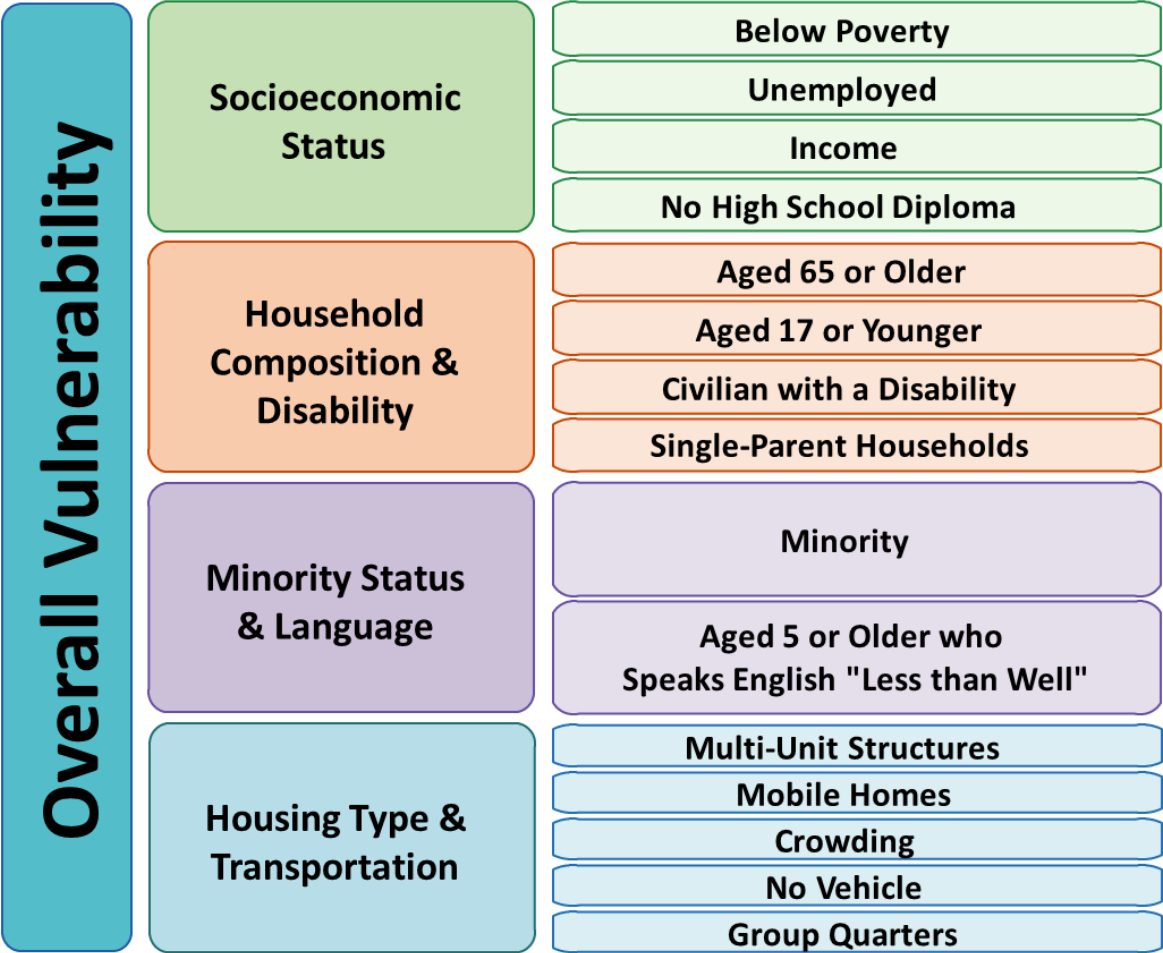
Infants (6 weeks to 12 months)	\$126.00 per licensed child care slot for providers who serve infants
Toddlers (13 months to 23 months)	\$126.00 per licensed child care slot for providers who serve toddlers
Child care scholarship	\$126.00 per licensed child care slot for providers who enroll children that participate in the Child Care Scholarship program (June-Dec, 2021)
Maryland EXCELS	\$126.00 per licensed child care slot for providers who are participating in the Maryland EXCELS program by December 15, 2021
Social vulnerability	\$126.00 per licensed child care slot for all eligible providers located in a census tract with a Social Vulnerability Index of greater than .6

Grant Amount

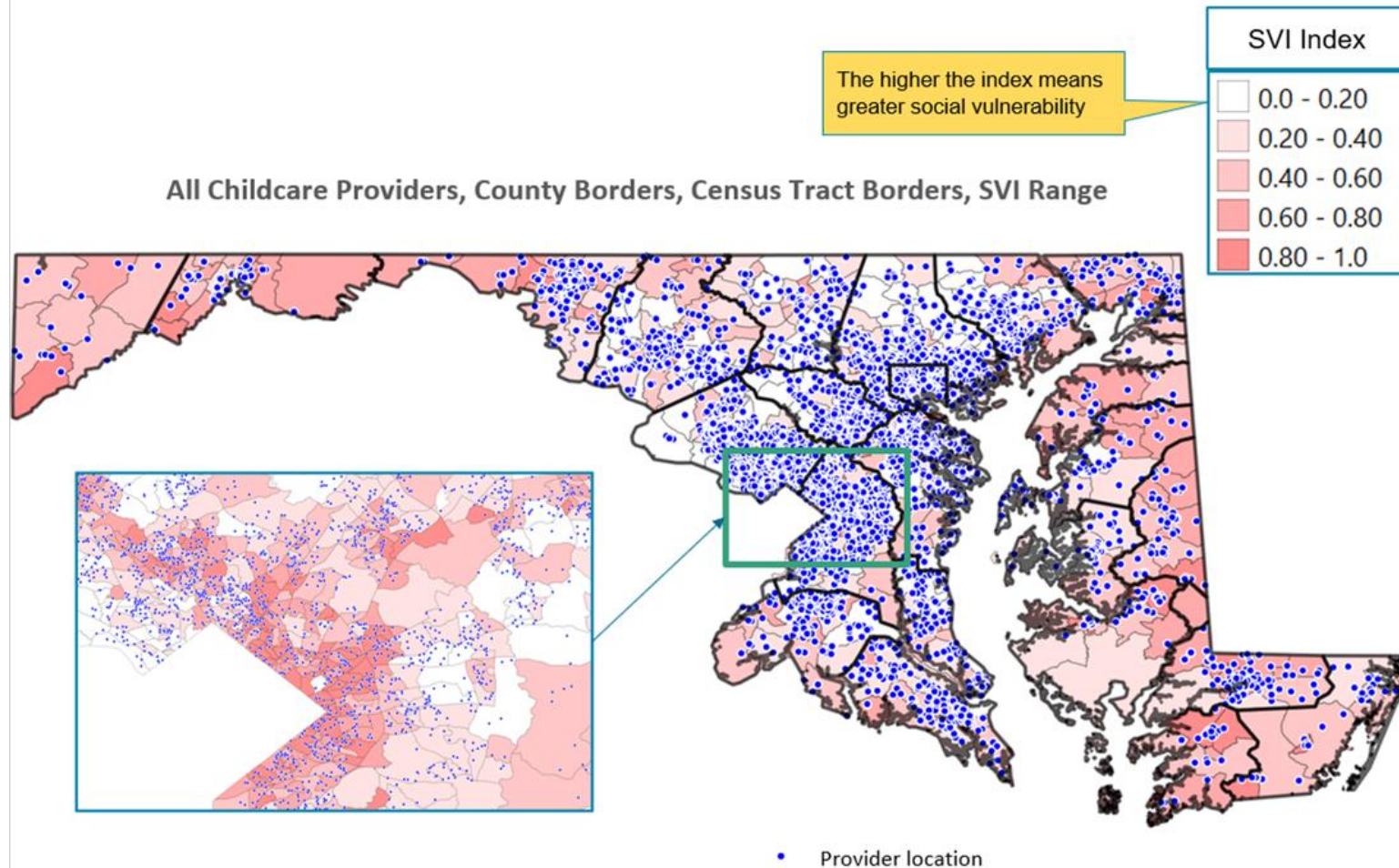
- The balance of any unutilized funds made available from providers not seeking a grant award will be distributed to all grant-awarded providers evenly, per licensed slot.
- The MSDE will use the number of licensed child care slots on record at the Department **as of December 15, 2021** to calculate program funding amounts.
- For the **child care scholarship program** bonus, MSDE determines eligibility based on whether or not a program has invoiced the MSDE for payment between June 2021 and December 15, 2021.

All grants are taxable. Please consult your tax professional.

Social Vulnerability Index

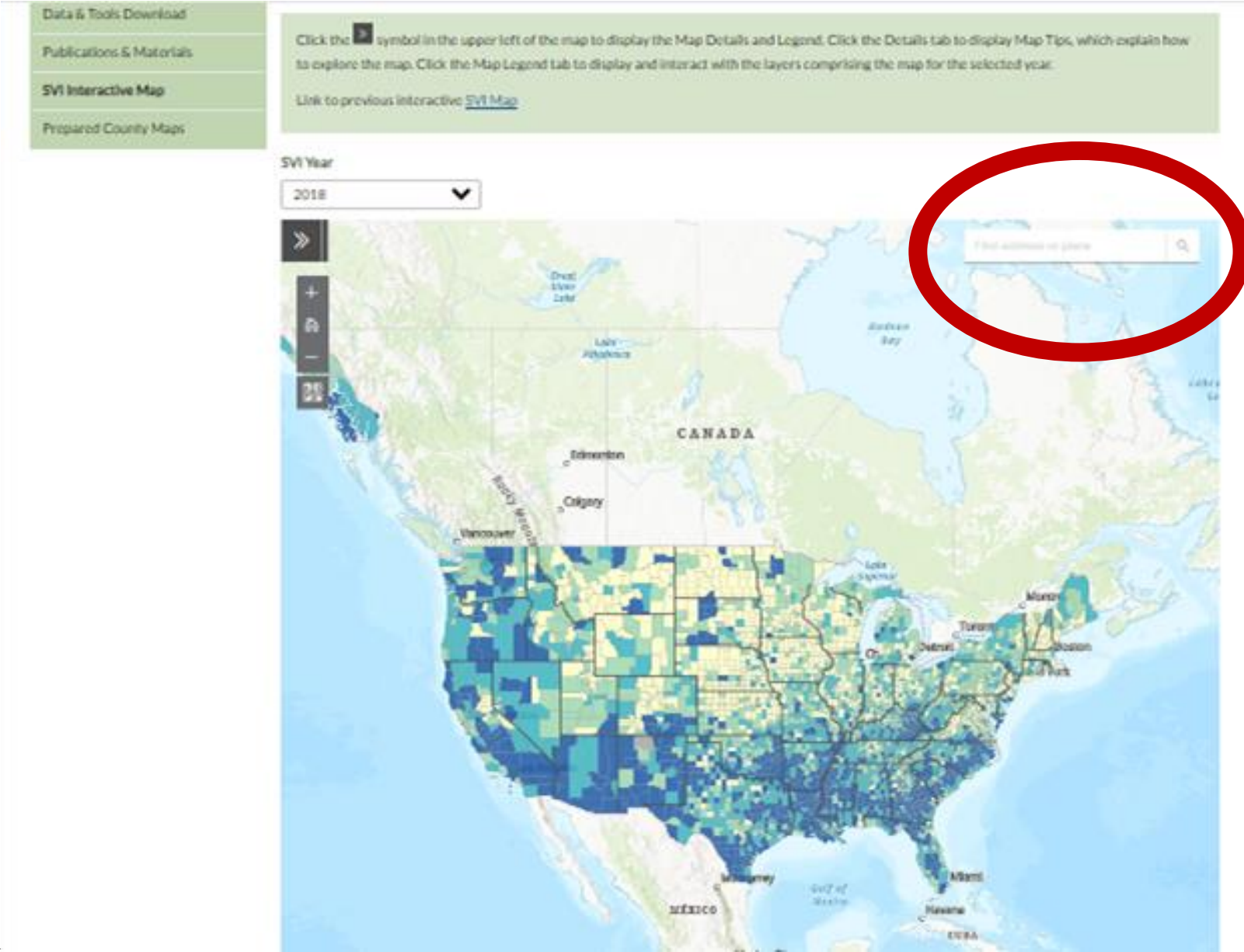


Social Vulnerability Index



How do I calculate my SVI?

- A provider may look up the address of the facility on the interactive map and see the SVI score.
- <https://svi.cdc.gov/map.html>



Grant Timeline

Date	Program Milestone
January 3, 2022	The grant application period opens and providers can submit their application online via the web submission form.
January 4, 2022	The MSDE begins concurrent customer service support sessions while the grant period is open.
January 10, 2022	The MSDE begins processing grant applications and notifying providers of award or incomplete/ineligible applications.
January 15, 2022	The MSDE holds its final customer service support session.
January 23, 2022	The grant application window closes at the end of the day on Sunday, January 23, 2022 (6pm) .
February 4, 2022	All applications are reviewed for completeness and eligibility. The MSDE will notify applicants of incomplete applications and/or errors in applications by this date.

Use of Funds

- Personnel costs
- Rent/Mortgage, utilities, facilities, maintenance, and insurance
- Personal protective equipment, cleaning, and other health and safety practices
- Equipment and Supplies
- Goods and services
- Mental Health Services
- Paying for Past Expenses

Documents/Information Needed to Apply

- *Your* Provider ID number (a 6-digit number found on your inspection report)
- A digital copy of your license or certificate of registration
- *Your* license or registration number (found on your license or certificate of registration)
- An updated W-9 form
- A direct deposit form, if you wish to receive your payment via Direct Deposit

Inspection Report

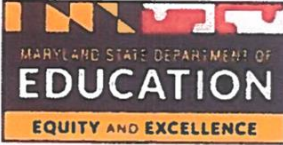
MARYLAND STATE DEPARTMENT OF EDUCATION - Office of Child Care - Licensing

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:		INSPECTION TYPE		<table border="1"> <thead> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> </thead> <tbody> <tr> <td>0-23 Months</td> <td>2</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>2's</td> <td>● Y N</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>3's</td> <td>● Y N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>4's</td> <td>● Y N</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td>● Y N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td>● Y N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>Overnight</td> <td></td> <td>0</td> <td>0</td> <td>XXXXXX</td> </tr> <tr> <td>Head Start</td> <td></td> <td>0</td> <td>XXXXXX</td> <td>XXXXXX</td> </tr> </tbody> </table>					AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	1	1	0	2's	● Y N	2	2	0	3's	● Y N	1	1	0	4's	● Y N	2	2	0	5's (pre-school)	● Y N	0	0	0	5-12 (school-age)	● Y N	0	0	0	TOTAL		6	6		Overnight		0	0	XXXXXX	Head Start		0	XXXXXX	XXXXXX
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PROVIDER ID:		<input type="checkbox"/> Initial Application <input type="checkbox"/> Conversion <input type="checkbox"/> Mandatory Review <input checked="" type="checkbox"/> Full <input type="checkbox"/> Complaint Investigation <input type="checkbox"/> Monitoring <input type="checkbox"/> Other <input type="checkbox"/> Follow Up																																																								
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Certificate of Registration

POST IN CONSPICUOUS PLACE - This Certificate of Registration is not transferable to another person, address, or location.



State of Maryland - Department of Education
Office of Child Care
CERTIFICATE OF REGISTRATION

Region:
County:
Registration Number:
~~First License/Registration Issued:~~

This certifies that is registered to operate a Family Child Care Home
at:

The Office of Child Care issues this Certificate of Registration pursuant to Education Article, Sections 9.5-101 through 9.5-110, Sections 9.5-301 through 9.5-321 and COMAR 13A.15.01-.15.

Current Status of Registration:		Approved Ages of Children in Care:		Approved Hours of Operation:		Accreditation:	
Issued on:		Under 2 years old *		Days:		Accredited:	
Revised on:		2 years through 5 years old		Evenings:		Accrediting Agency:	
Expires on:		5 years through 12 years old		Overnight:			
Status:		13 years through 20 years old		Weekends:			

Maximum number of family child care children approved for care at one time:

This Certificate of Registration is issued to the provider named above on condition that the provider agrees to comply with all applicable family child care laws and regulations. Failure to comply with applicable laws and regulations may result in an enforcement action against the Certificate of Registration, including but not limited to suspension or revocation of the Certificate or denial of a new Certificate. The provider must surrender this Certificate to the Office of Child Care upon suspension, revocation, voluntary closure, or denial of a new Certificate.

* No more than two children under the age of two, including the provider's own children, may be in care at any time unless approved in advance by OCC.


RESTRICTIONS/COMMENTS: Child care is approved in lower level playroom, Kitchen, master bedroom and bedroom number 3. Provider must accompany children at all times when they are outdoors. Chinchillas must remain in accessible to children in care. Anniversary Month is December.

Co-Providers:

OCC 1276 (Revised 10/08) - All previous editions are obsolete.

License

POST IN CONSPICUOUS PLACE - This license or approval is not transferable to another operator, location, or address.



State of Maryland - Department of Education
Office of Child Care
CHILD DEVELOPMENT PROGRAM LICENSE

Legal Name of Business
123 Street St. City, MD 12345

Operated by Legal Name of Business

Region:
County:
License Number:
First License Registration Issued:
School Number:
Approved Since:

The Office of Child Care issues this license pursuant to Education Article, Sections 9.5-101 through 9.5-110, Sections 9.5-401 through 9.5-420, and COMAR 13A.16.01-.19.
In addition, an approval is issued pursuant to Education Article, Section 2-206, Annotated Code of Maryland and COMAR 13A.16.16.

License Status:

Issued on:	
Revised on:	
Status:	

Key: 1=Child Care, 2=Educational Program, 3=Accredited

Ages:	1	2	3

Schedule:

Months:	
Days:	
Hours:	
Total Capacity:	

Rooms Approved and Capacity:

Room	Cap.

This Child Care Center License is issued to the licensee named above on condition that the licensee agrees to comply with all applicable child care center licensing laws and regulations. Failure to comply with applicable laws and regulations may result in an enforcement action against this License, including but not limited to suspension or revocation of the License or denial of a new License. The licensee must surrender this License to the Office of Child Care upon suspension, revocation, voluntary closure, or denial of a new License. The licensee must notify the Office of Child Care of a change in ownership of the child care center prior to its effective date.

RESTRICTIONS/COMMENTS: NAPPING IS APPROVED IN ALL ROOMS. AUX FRONT (CAPACITY 8) AND AUX REAR (CAPACITY 12) IS APPROVED AS AUXILIARY SPACE. ***ANNIVERSARY MONTH IS JULY***

OCC 276 (Revised 10/08) - All previous editions are obsolete

Letter of Compliance

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
LETTER OF COMPLIANCE

The Office of Child Care issues this license pursuant to Education Article, Sections 9.5-101 through 9.5-110, Sections 9.5-401 through 9.5-420, and COMAR 13A.17.01-.17.
___ In addition, an education program may be operated, pursuant to Education Article, Section 2-206, Annotated Code of Maryland and COMAR 13A.17.14.

Name of Church

has been granted approval to operate the facility known as: **Name of Education Program**

located at: **Address of Church**

and approved as specified below:

Key: 1=Child Care, 2=Educational Program, 3=Accredited			
Approved for Ages:	1	2	3

Approved to Operate:	
Months:	
Days:	
Hours:	

Rooms Approved and Capacity:	
Room	Capacity

The following restrictions are in effect:
ROOM 3 MAY BE USED AS AN ALTERNATE SPACE WITH A MAXIMUM CAPACITY OF 20 CHILDREN. OPERATING HOURS DURING THE REGULAR SCHOOL YEAR ARE 9:00 TO 11:30 A.M. AND 12:30 TO 3:00 P.M. THE SUMMER PROGRAM WILL OPERATE IN JULY FROM MONDAY TO FRIDAY, 9:00 A.M. TO 12:00 P.M. ***ANNIVERSARY MONTH IS OCTOBER.***

Issuance of this Letter of Compliance is expressly conditioned on the operator's consent to permit inspections by a designee of the State Superintendent of Schools of Maryland State Department of Education to determine whether (a) the operator is complying with the laws and regulations relating to the operation of a child care program and, if applicable, of an educational program; and (b) any complaints or unfavorable comments, which relate to the facility are true and accurate.

This Letter of Compliance is not transferable to another operator or location, and remains the property of the Office of Child Care. The operator must surrender this Letter of Compliance to the Office of Child Care upon suspension, revocation, voluntary closure, denial of a new Letter of Compliance, or change of facility ownership prior to its effective date.

Facility #	
School #	
Issued on:	
Revised on:	
Status:	

W-9 form

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: 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 **not** 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.

☐ Other (see instructions) ►

4 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) _____

(Applies to accounts maintained outside the U.S.)

W-9 form

See instructions	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

Social security number									
			-			-			
or									
Employer identification number									
			-						

Direct Deposit form



STATE OF MARYLAND ACH/DIRECT DEPOSIT AUTHORIZATION FOR VENDOR PAYMENTS

Type of authorization (select one only):

☐ **NEW:** Enter all banking information requested below and submit this form. (Complete lines 1-12 and 16-22)

Note: Student refunds, Lottery payments, DORS payments, Renters tax credits, and Restitution payments are NOT eligible for ACH.

☐ **CHANGE:** Complete this form by entering changes to the financial institution, account number, or type of account, and submit the completed form. Do not close your old bank account until electronic payments are received in your new account. (Complete all lines)

☐ **CANCELLATION (Revocation):** You may cancel (revoke) your prior Authorization by checking this box and completing and submitting this form. (Complete lines 1-7, 13-15 and 17-22)

Please complete all sections of this Enrollment Form and attach either a voided check OR a letter signed by your bank representative, confirming account name, account number, and ABA routing number for ACH payments. Starter checks or counter checks are NOT acceptable. Online credit cards are NOT eligible for ACH transfer.

Send completed form and documentation to: State of Maryland, Comptroller of Maryland, ACH Registration, General Accounting Division, Room 205, P.O. Box 746, Annapolis, Maryland 21404-0746 or fax the form to 410-974-2309. If you have any questions, contact the General Accounting Division at 410-260-7813, option 7 or toll free at 888-784-0144, option 7.

Please type or print legibly. PAYEE INFORMATION	The number below is: <input type="checkbox"/> Social Security No.(SSN) <input type="checkbox"/> Federal Employer No.(FEIN)
1. Payee Name	2. SSN or FEIN
3. Mailing Address	4. City, State, ZIP Code
5. E-mail address	
6. Contact Name and Title	7. Daytime Telephone Number

Direct Deposit form

NEW - Complete 8-12	OLD BANK ACCOUNT INFORMATION - Complete 13-15
8. Financial Institution Name	13. Financial Institution Name
9. ABA/Routing Number	14. ABA/Routing Number
10. Account Number	15. Account Number for Deposit of Electronic Funds Transfer
11. Account Type (Select one only) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
12. Financial Institution Telephone Number	

16. Level of Detail on Bank Statement Requested (select one only):

☐ Standard format - CCD+ (DEFAULT)
 ☐ Detailed format - CTX* (multiple detail lines)
 ☐ Detailed format - EDI* (full detail)

Example: "State of Maryland"
 "State of Maryland and Invoice Information"
 "State of Maryland and Invoice Information"

**Note: You must contact your bank to receive these detailed formats. There may be a charge to you by your bank for detailed formats.*

Direct Deposit form

John Adams 01/02 123
1234 Main Street
New York, NY 12345-0000 12-34/1234

_____ 20 _____

PAY TO THE ORDER OF _____ \$

_____ DOLLARS

Checking Savings Investments Bank
New York, NY 12345-0000

FOR _____

⑆ 123456789 ⑆ 1234567899 ⑆ 0123

Routing Number

Account Number

Check Number

Direct Deposit form

I hereby certify that I am authorized to make the representations contained in this paragraph. I authorize the Comptroller and the Treasurer of Maryland to register the payee for automated clearing house (ACH) using the information contained in this registration form. I agree to receive all vendor payments from the State of Maryland by electronic funds transfer according to the terms of the ACH program. I agree to return to the State of Maryland any ACH payment incorrectly disbursed by the State of Maryland. I agree to hold harmless the State of Maryland and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.

17. Print or Type Name of Payee or Payee's Authorized Signatory	18. Title of Authorized Signatory
19. Signature of Payee or Payee's Authorized Signatory	20. Date
21. Signature of Secondary Signatory(s) - if applicable	22. Date

ADMINISTRATIVE USE ONLY	
GAD Input By:	STO Input By:
GAD Reviewed By:	STO Reviewed By:

COT/GAD X-10 (Rev 9/20)

Page 1 of 2

Direct Deposit form



STATE OF MARYLAND ACH/DIRECT DEPOSIT INSTRUCTION SHEET

Purpose:

To provide information to the State of Maryland for ACH/Direct Deposit.

Who will use the form?

Vendors that are required to have payments made via ACH/Direct Deposit or other vendors requesting payments via ACH/Direct Deposit.

Routing and General Instructions:

Complete and send the form and documentation to Vendor Services in the General Accounting Division. Please retain a copy of the form for your records.

Submit to:

ACH Registration, General Accounting Division
Room 205, P.O. Box 746
Annapolis, Maryland 21404-0746
(or) Fax to 410-974-2309

Processing:

Allow 14 days from the date of your request for the Comptroller's/Treasurer's office to process your request. Payments will be processed according to payment terms.

Questions: Email to GADCSC@marylandtaxes.gov, call 410-260-7813, option 7 or toll free at 888-784-0144, option 7.

Questions not Answered in the Guide

If you have questions about the application or the process, you can complete this inquiry form and we will get back to you with an answer!

https://docs.google.com/forms/d/e/1FAIpQLSd070lhyBfkJzTeGQILgh_3UHEH7uxfAZnFAypMBIY7lgRbyA/viewform

You may also call 855-476-5010 (8am-5pm M-F)



Questions?