



Department of Human Resources  
311 W. Saratoga St.

Baltimore, MD. 21201-3521

## FIA ACTION TRANSMITTAL

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**TO:** DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
PURCHASE OF CARE ADMINISTRATORS  
FAMILY INVESTMENT SUPERVISORS

**FROM:** LINDA HEISNER, EXECUTIVE DIRECTOR, CCA  
ROBERT EVERHARD, EXECUTIVE DIRECTOR, FIA  
LINDA MOUZON, EXECUTIVE DIRECTOR, SSA

**RE:** INFORMAL CHILD CARE CHANGES

**PROGRAM AFFECTED:** PURCHASE OF CHILD CARE

**ORIGINATING OFFICE:** OPD/ CHILD CARE ADMINISTRATION

**SUMMARY:**

The Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (P.L.104-193) consolidated all Federal child care funding. The legislation includes health and safety requirements for all types of child care and requires that states allow parental choice in the selection of a child care provider. Parental choice has increased the use of informal care. To provide protection for children in informal care, the Child Care Administration has amended its regulations, policy and procedures to require Child Protective Services (CPS) clearances for informal providers and any adult regularly present in the provider's home during child care hours and limit to six the number of children in an informal provider's care.

## **I. INFORMAL CARE POLICY (See Section III for Procedures)**

### **A. Eligibility**

Purchase of Child Care (POC) regulations require a potential informal child care provider to submit a signed affirmation of compliance with child care health and safety standards. The affirmation is part of the informal provider agreement. Effective September 1, 1999, Purchase of Child Care regulations have been amended to also require:

1. The potential informal provider and any adult regularly present in the provider's home during child care hours to sign a consent form authorizing a local department to review and evaluate child abuse and neglect records concerning them.
  - a. The requirements apply to all new informal providers starting September 1, 1999.
  - b. The requirement will apply to existing informal providers by February 29, 2000, to allow a gradual implementation.
2. If either the provider or any adult regularly present in the provider's home during child care hours refuses to sign a consent form, payment must be denied. The parent must be given an opportunity to select another provider.
3. If the record evaluation of the potential informal provider or other adult reveals behavior harmful to children, payment must be denied. The parent must be given an opportunity to select another provider.
4. The POC case manager may not approve payment for an informal provider when:
  - a. The provider has appealed the CPS finding and a decision is pending; or
  - b. The evaluation of child abuse and neglect records indicates behavior harmful to children.
5. Based on a review of the circumstances by CPS, the local department director may grant an exception.

### **B. Provider Appeals**

Beginning September 1, 1999, local departments are required to give written notification and appeal rights to each individual denied POC payment based on:

- a. A written recommendation from CPS on the POC Informal Provider Evaluation Request Form (DHR/CCA 1716) to not approve the provider following a child abuse and neglect record evaluation; or
  - b. Legally obtained documentation that the health and safety of a child is at risk in that placement.
2. If POC payment is denied because of a CPS finding, POC case managers should inform customers and potential providers that payment is denied pursuant to COMAR 07.04.06.11F(13). The POC case manager using POC records will handle the payment denial appeal.
3. If the provider has not previously received a notice regarding a child abuse and neglect finding from CPS, he/she should be directed to the CPS unit for information on the finding and to obtain appeal rights. POC case managers should not ask CPS for specific information regarding the finding or share known information about the CPS finding with the customer or the potential informal provider.
4. Parents are not offered appeal rights when payment is denied and must be given the opportunity to choose another provider.

### **C. Limit on Children in Care**

1. Informal child care providers may be approved for payment for six children or less. This requirement pertains to relative care, care in the child's home and care in a provider's home for less than 20 hours a month. The total number of children in a provider's care, counting the provider's own children is limited to six with the following conditions:
  - a. No more than two children under two years old may be in care at any time.
  - b. The provider's children under six years of age are included in the count.
2. A local department director or a designee may exempt a provider who is caring for more than six children and approve payment, if it is determined that a hardship will result that affects the customer's work activities.
3. Information on the number of children in care will be collected on the Informal Child Care Provider Agreement form.

## **II. INFORMAL CARE FORM CHANGES**

### **A. Consolidation of Existing Forms**

1. The Parent/Guardian/Caregiver Statement (DHR/CCA 1420 10/97) and the Informal Care Terms of Agreement (DHR/CCA 8502) have been consolidated into the Informal Child Care Provider Agreement (DHR/CCA 1421 Revised 10/97) and revised to be one form - The Informal Child Care Provider Agreement (DHR/CCA 1421 Revised 8/99).
2. The agreement, included in the health and safety standards packet, lists all the conditions, terms, and responsibilities regarding informal care for the customer and the provider. Both the customer and the provider must sign the form where indicated to assure it has been read and understood. A copy is given to the customer and the provider.

### **B. New Forms**

1. Purchase of Child Care Informal Provider Consent Form (DHR/CCA 1420-Revised 8/99).
  - a. All potential informal providers and adults regularly present in the provider's home when a child is in care must sign this form to consent to the local department's review and evaluation of child abuse and neglect records.
  - b. The original form must be kept in the POC case file while the provider is providing care for a POC child.
  - c. A copy is given to the provider.
  - d. A copy is forwarded to CPS with the Purchase of Care Informal Provider Evaluation Request form if the CIS clearance on the potential informal provider or an adult regularly present in the provider's home reveals an indicated or unsubstantiated finding. See Section III for procedures.
  - e. This form is not included in the health and safety packet and must be ordered separately from the DHR warehouse.
2. Purchase of Care Informal Provider Evaluation Request (DHR/CCA 1716).
  - a. This form is completed by the POC case manager if the CIS review indicates an individual is known to CPS and forwarded to the CPS unit at the local department for a review and evaluation of child

abuse and neglect records.

- b. A copy of the signed consent form must accompany the request. The lower section of the form is completed by the CPS unit to indicate whether the potential provider is recommended for approval. After CPS completes and returns the form, the POC case manager must retain the completed form in the POC case file.
- c. This form is not included in the health and safety packet and must be ordered separately from the DHR warehouse.

### **C. Revision of Remaining Informal Child Care Forms**

1. The Informal Child Care Provider Agreement is amended as noted in Section II.A.
2. The manual Informal Child Care Voucher DHR/CCA 411-I and the CCAMIS voucher have been revised. Each includes a statement that the parent and informal provider acknowledge that payment may be stopped if subsequent abuse and neglect record evaluations result in the Services unit withdrawing its recommendation of approval for the provider.
3. The Informal Child Care Health and Safety Standards have been reformatted to be more user friendly.

## **III. INFORMAL CARE PROCEDURES (*CCAMIS Instructions are Italicized*)**

### **A. Customer Overview of Informal Care**

1. Parent/guardian/caretaker applies to the local department for POC.
2. Case manager determines customer's eligibility.
3. Appropriate priority code is determined.
4. Case manager reviews with the customer the types of care available.
5. Case manager explains informal care to the applicant, including:
  - a. Informal Child Care Health and Safety Standards
  - b. Informal Child Care Health and Safety Standards Checklist
  - c. Informal Child Care Provider Agreement

- d. Child abuse and neglect record review and evaluation requirement for the informal provider and any adult regularly present in the provider's home when the child is in care.
- e. Limit on the number of children an informal provider may care for while receiving POC payment, as explained in Section I.C.
- f. Payment rate for informal care, and;
- g. Informal voucher.

## **B. Implementation**

1. Beginning September 1, 1999, the Informal Provider Child Care Health and Safety Standards, the Informal Child Care Provider Agreement and the Purchase of Child Care Informal Provider Consent Form must be given to new customers at application and to current customers at their next redetermination.
2. All current customers using informal child care must have their eligibility redetermined by February 29, 2000. Local departments should gradually issue redetermination notices to current customers between September 1, 1999, and January 15, 2000.
3. Because the requirement is not effective until February 29, 2000, for existing informal providers, a local department may issue a 30-day or less voucher to a customer at redetermination if:
  - a. The customer continues to meet need and income eligibility requirements. The date need and income eligibility is determined and all verifications are received is the voucher authorization date.
  - b. The customer continues with the same informal provider;
  - c. The voucher will expire before the provider can be approved; and
  - d. The consent forms are completed and returned.
4. No voucher can be issued after February 29, 2000, until the provider is recommended by the CPS unit and approved for POC payment.
5. *CCAMIS reports available on the standard menu will include:*

- a. *Informal vouchers expiring in the date range selected by the user to identify vouchers expiring after February 29<sup>th</sup>.*
- b. *Tickler report to identify potential informal providers with consent forms returned, but clearance not yet determined.*

### **C. Informal Child Care Health and Safety Packet**

The local department gives the Informal Child Care Provider Health and Safety Standards Packet to any customer requesting informal child care. The packet contains the following:

- 1. Informal Child Care Health and Safety Standards (DHR/CCA 1714 Revised 8/99) to be retained by the provider;
- 2. Informal Child Care Provider Self- Assessment Checklist to be retained by the provider;
- 3. Informal Provider Agreement (DHR/CCA 1421 Revised 8/99).
  - a. Both the customer and the provider must sign the form. The customer is responsible for assuring the form is returned to the local department before informal care can be authorized.
  - b. The agreement must be completed with every voucher.
  - c. The case manager or staff designee must review the informal provider agreement to affirm that no more than six children are in care and that no more than two children are under the age of two years, counting the provider's own children under the age of six.

### **D. Purchase of Child Care Informal Provider Consent Form (DHR/CCA 1420 – Rev. 8/99)**

- 1. The informal provider and any adult regularly present in the provider's home when the child is in care must complete this form.
- 2. This form must be notarized and returned to the local department or signed in the presence of designated local department staff.
- 3. In the agreement, providers must agree to:
  - a. Notify the local department within 10 days when an adult begins to frequent the provider's home when a child is in care. A



consent form must be completed for that individual and returned to the local department within 30 days.

- b. Complete and return a consent form for a child abuse and neglect record review and evaluation at least every two years. See F. below.

- 4. As noted in Section II.B above, this form must be ordered separately from the DHR warehouse.

#### **E. Approval/Denial**

1. *Once the consent and the informal provider agreement are returned, the basic provider information is entered into CCAMIS and includes the date the consent form was received.*
2. The POC case manager or designated agency staff, must run a CIS clearance on all persons for whom a consent form was received. Staff who perform this function must have the proper CIS security log-on. It is the responsibility of the local department to obtain the necessary log-ons.
3. If the CIS clearance indicates that the provider and any adult regularly present in the provider's home when a child is in care are not known to CPS:
  - a. POC will issue an informal voucher.
  - b. The voucher will be effective from the date the customer was determined eligible if the child is in care during that period.
  - c. *The case manager or designated agency staff enters into CCAMIS the date the clearance was approved.*
4. If the CIS clearance indicates the provider and/or any adult regularly present in the provider's home when a child is in care are known to CPS then the case manager requests that the CPS unit initiate a child abuse and neglect record review by forwarding:
  - a. The Purchase of Care Informal Provider Evaluation Request Form;
  - b. A copy of the signed Purchase of Child Care Informal Provider Consent Form; and



- c. A copy of the CIS screen that indicates a CPS history.
  - d. When the Evaluation form is returned and the provider is recommended for payment, the case manager:
    - (1) *Enters in CCAMIS the date CPS recommended approval.*
    - (2) Issues the informal voucher from the date the customer was determined eligible if the child was in care during that period. The date of eligibility is the date all verifications were received, not the date the consent form was received or the date of payment approval.
5. If the CPS evaluation response indicates that the potential provider cannot be recommended because the Services worker has checked #2 on the POC Informal Provider Evaluation Request:
- a. The local department informs the parent that payment to the potential informal provider is denied pursuant to COMAR 07.04.06.11F(13). The local department is limited to citing the regulation. If further information on the child abuse and neglect finding is requested, the parent should be directed to the provider.
  - b. The customer must select another provider.
  - c. The local department informs the provider that payment is denied and provides appeal rights. See Section I.B.
  - d. *The case manager or designated agency staff enters into CCAMIS the date the clearance was not approved by the CPS unit.*

## **F. Renewals**

- 1. A CIS clearance must be completed at least every two years. Within the two-year period, a local department may conduct another CIS clearance. The clearance will reveal any history subsequent to the provider's approval for payment. A new referral to CPS for a case record review and evaluation would only be made when a subsequent history is revealed. The anchor from which to count the two-year time frame is the date the last clearance was completed.

2. *CCAMIS procedures to track the two-year time limit for conducting a CIS Clearance are as follows:*

*a. Each time an additional voucher is receipted into CCAMIS, the case manager must check the date the original or last clearance was completed.*

*b. A CCAMIS report will be available identifying the informal provider and the date of their most recent clearance and approval.*

3. Send the Purchase of Child Care Informal Provider Consent Form (DHR/CCA 1420 Revised 8/99) to the informal provider at least 30 days before the two-year expiration date to avoid a break in service. The form may be ordered from the DHR warehouse.

4. If an informal provider stops providing care and then resumes service during the two-year period, a new clearance is not required.

**ACTION REQUIRED OF:** All local departments.

**ACTION DUE DATE:** Effective September 1, 1999. Direct inquiries to Pamela Evans 410-767-7845, Office of Program Development, Child Care Administration.

cc: DHR Executive Staff  
CCA Management Staff  
FIA Management Staff

**INFORMAL CHILD CARE HEALTH AND SAFETY STANDARDS  
AND  
INFORMAL CHILD CARE PROVIDER SELF-ASSESSMENT  
CHECKLIST**

To be read by the parent and the provider. To be kept by the informal provider.  
Not to be returned to the local department of social services.

DHR/CCA 1714

## **INFORMAL PROVIDER HEALTH & SAFETY STANDARDS**

### **ADMISSION TO CARE**

**Keep the following information for each child in care:**

### **CHILD INFORMATION RECORD**

- 1. Child's name**
  - 2. Birth date**
  - 3. Child's home address**
  - 4. Parent's name(s)**
  - 5. Location & telephone number where parent(s) may be reached while the child is in care**
  - 6. Name, address and telephone number of at least one person who may be called in an emergency when child's parent(s) cannot be reached**
  - 7. Name, address and telephone number of child's doctor, hospital or clinic**
- ILLNESS: The provider must call the child's parent(s) or another person authorized by the parent(s) if the child shows symptoms of becoming ill.**

## **INFORMAL PROVIDER HEALTH & SAFETY STANDARDS**

### **PERSONAL STANDARDS**

#### **THE INFORMAL PROVIDER SHALL:**

- 1. Be 18 years old or older**
- 2. Be free from physical, mental and emotional conditions that limit ability to care for children**
- 3. Be free from communicable disease**
- 4. Not be dependent on alcohol or illegal drugs**
- 5. Not have a record of child abuse, neglect or other serious criminal offenses that show behavior harmful to children**
- 6. Not have had a license, registration or certification for any type of care denied, suspended or revoked in the last 5 years**

## **INFORMAL PROVIDER HEALTH & SAFETY STANDARDS**

### **GENERAL CLEANLINESS**

#### **THE INFORMAL PROVIDER SHALL:**

- 1. Use sanitary methods when disposing of all trash, garbage and wet or soiled diapers**
- 2. Immediately change a child's diaper, clothing and bedding when soiled or wet**
- 3. Follow diapering procedures to prevent the spread of disease**
- 4. Keep diapering area clean and sanitary**
- 5. Wash her/his hands and the child's hands (or make sure the child washes her/his own hands) thoroughly with soap & warm running water**
  - Wash hands after:**
    - Toileting**
    - Diapering**
    - Before food preparation & eating**
    - After playing outdoors**
    - After handling animals**
    - And at other times when necessary to prevent the spread of disease**

## **INFORMAL PROVIDER HEALTH & SAFETY STANDARDS**

### **SAFETY OF THE HOME**

- 1. The home meets fire & health codes.**
- 2. The home is free of health & safety hazards**  
**At a minimum, this includes:**
  - **In good repair**
  - **Free of insect or rodent infestation**
  - **Be well-lit & well-ventilated**
  - **Have hot & cold running water**
  - **Have an inside toilet that works**
  - **Have utilities for cooking, lighting & heating**
  - **Have a heating system that works & is safe**
  - **Have a refrigerator & stove that work**
  - **Have a telephone & smoke detector that work**
  - **Have a first-aid kit**
- 3. All items that might be harmful to children are stored & kept away from children.**  
**At a minimum, this includes:**
  - **Sharp or pointed items**
  - **Medications of any kind**
  - **Matches, lighters & flammable products**
  - **Alcoholic beverages**
  - **Guns**
  - **Cleaning agents**
  - **Poisonous substances**



## INFORMAL PROVIDER HEALTH & SAFETY STANDARDS

### CHILD ABUSE AND CHILD NEGLECT

**CHILD ABUSE AND CHILD NEGLECT** are defined under Protective Services for Neglected and Abused Children: COMAR 07.02.07.02.

**“Child abuse” means:**

- Physical injury, not necessarily visible, of a child, under circumstances that indicate that the child’s health or welfare is harmed or at substantial risk of being harmed;
- Any sexual abuse of a child, meaning an act or acts involving sexual molestation or exploitation, whether or not physical injuries are sustained;
- Mental injury to a child.

**“Child neglect” means:**

- The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm;
- Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.

**“Mental injury”** means the observable, identifiable, and substantial impairment of a child’s mental or psychological ability to function.

**“Proper care and attention”** includes, but is not limited to, necessary food, clothing, shelter, medical care, nurturance, guardianship, and supervision appropriate to a child’s needs and development.

## **INFORMAL PROVIDER HEALTH & SAFETY STANDARDS**

**NO ONE MAY ABUSE OR NEGLECT CHILDREN IN CARE**

### **CHILD MISTREATMENT**

**Child mistreatment means any deliberate act that hurts a child physically or emotionally, including:**

- **Spanking, Biting, Hitting, Shaking**
- **Any other means of physical discipline**
- **Not attending to a child's physical needs**
- **Shouting, Cursing, Shaming, Ridiculing**
- **Washing a child's mouth with soap**
- **Putting pepper or other spicy or distasteful items in a child's mouth**
- **Requiring a child to stand on one foot as punishment**
- **Tying child to a cot or other equipment**



**DISCIPLINE A CHILD ACCORDING TO THE AGE OF THE CHILD AND IN A WAY THAT DOES NOT HURT THE CHILD EMOTIONALLY OR PHYSICALLY.**

**IMMEDIATELY REPORT ANY SUSPECTED CHILD ABUSE OR NEGLECT TO THE PROTECTIVE SERVICES UNIT OF THE LOCAL DEPARTMENT OF SOCIAL SERVICES OR TO THE LAW ENFORCEMENT AGENCY**

## INFORMAL CHILD CARE PROVIDER SELF ASSESSMENT CHECKLIST

**Directions:** Please mark yes or no to indicate whether the home in which child care will be provided meets or will meet the following standards. I agree to share the above information with the parent(s) and/or caretaker(s) of the child(ren) in my care. I will keep this self assessment checklist in my files.

### ADMISSION TO CARE:

**This information is kept for all children in my care:**

**Yes No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Child's name, address, home phone number, and birth date.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Parents' name(s), location and telephone number where parent(s) may be reached while child is in my care.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Name, address, and telephone number of person(s) who will pick up child.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Name, address, and telephone number of at least one person who may be called in any emergency when parents cannot be reached.  |
| <input type="checkbox"/> | <input type="checkbox"/> | List of chronic medical conditions and regular medications.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation of child's up to date immunizations.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Name of child's doctor, hospital or clinic, address and telephone number.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent(s), or other persons named by the parent, are called when their child becomes ill and arrangements are made to keep the ill child from other children until the parent(s) or their designee can pick up the child from the home, unless the care is in the child's home. Some signs of illness are vomiting, fever, seizures, severe pain and diarrhea. |
| <input type="checkbox"/> | <input type="checkbox"/> | Prescription and non-prescription medications are given only when the parent or doctor gives written permission. They should be from the original container, labeled with name of child and name of physician and should not be given beyond the expiration date.  |

### PROVIDER STANDARDS:

**Yes No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am 18 years of age or older.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am free from infections that can be passed on .  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am free from dependency on alcohol or illegal drugs.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I do not have a record of child abuse, neglect or other serious criminal offenses nor does anyone living in my home if care is given in my home. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have not had a license registration or certification for any type of care denied, suspended or revoked in the last five (5) years.             |

## INFORMAL CHILD CARE PROVIDER SELF ASSESSMENT CHECKLIST

### GENERAL CLEANLINESS:

Yes No

☐ ☐

I keep all areas of the home clean so as not to endanger children's health.

☐ ☐

I dispose of all trash, garbage, and wet or soiled diapers in a sanitary manner.

☐ ☐

I wash my hands and child's hands (or make sure the child washes his/her hands) thoroughly with soap and running water after toileting, diapering, before food preparation and eating, and at other times when necessary to prevent the spread of disease.

☐ ☐

I immediately change a child's diaper, clothing, and bedding when soiled or wet.

☐ ☐

I keep diapering areas in a clean and sanitary manner.

☐ ☐

I follow recommended diapering procedures.

### HOME STANDARDS:

Yes No

☐ ☐

I do not have conditions existing in or on the grounds of the home that would endanger the health, safety, and welfare of the children in my care.

☐ ☐

The home's outside play area is free of broken parts, sharp objects, edges, and exposed nails.

☐ ☐

The play equipment is well anchored; in good repair.

☐ ☐

The home has hot and cold running water and a working toilet.

☐ ☐

There is adequate heat, light and ventilation in the home.

☐ ☐

The home's kitchen has a sink, stove and refrigerator in working condition.

☐ ☐

There is a telephone in the home. I have emergency numbers posted for police, fire department and poison center.

☐ ☐

The home has a smoke detector in working order and placed where needed.

☐ ☐

All stairways are guarded by a protective gate if child(ren) in care are infant(s) or toddler(s).

☐ ☐

Dangerous items are properly stored and out of reach of children in the home.

☐ ☐

The home has first aid supplies (soap, band-aids, sterile gauze squares, adhesive tape, syrup of ipecac) kept in a designated area.

☐ ☐

The home has guns stored in a locked area that is not accessible to children.

☐ ☐

The home has protective coverings on electrical outlets.

## INFORMAL CHILD CARE PROVIDER SELF ASSESSMENT CHECKLIST

### CHILD PROTECTION:

Yes No

☐ ☐

I allow the parent(s) to visit his/her child at all times and see the areas of the home used for child care.

☐ ☐

I immediately report to the child's parent any serious injury or accident to the child.

☐ ☐

I report to the child's parent the same day any non-serious injury or accident to the child.

☐ ☐

I release a child only to the child's parent(s) or to a person named by the parent(s). I check the identification of the person.

☐ ☐

I discipline a child according to the age of the child and in a way that does not hurt the child emotionally or physically. Discipline may not include spanking, hitting, or shaking or any other means of physical discipline. Discipline, also, may not include shaming, ridiculing, name calling, or cursing; washing a child's mouth with soap; putting pepper or other spicy or distasteful items in a child's mouth.

### CHILD COMFORT:

Yes No

☐ ☐

I make meals and snack time a pleasant social and learning experience for children.

☐ ☐

I store all food in a safe and sanitary manner.

☐ ☐

I provide adequate time for meals, snacks, and rest according to the ages and activities of the children.

☐ ☐

I get prior written permission from the parent(s) to transport the child in a vehicle.

☐ ☐

I use car seats and seat belts as required by Maryland Law.

☐ ☐

I provide or ask the parents to supply clean, safe, individual cribs, playpens, beds, or mats for each child.

☐ ☐

I assure that no more than one child will occupy a crib or cot at one time.

## **INFORMAL CHILD CARE PROVIDER AGREEMENT\***

**\*Must be signed by the customer and the informal child care provider  
and returned to the local department of social services.**

DHR/CCA 1421 (Revised 8/99)

## **INFORMAL CHILD CARE PROVIDER AGREEMENT\***

**\*Must be signed by the customer and the informal child care provider  
and returned to the local department of social services.**



**Department of Human Resources  
Child Care Administration**

**Informal Child Care Provider Agreement**

**Read Carefully**

**Section I: To the Customer and Provider**

You are applying to the local department of social services for payment for informal child care benefits. Here is what you need to know about child care.

**1. Child care provided in the child's home by relatives is not regulated under Maryland law.**

- ◆ If Purchase of Care funds are requested by a family and the intended provider is related to the child, then the relative must agree to the terms and conditions of this informal provider agreement.
- ◆ A relative is a person related to a child by blood, marriage or adoption. Relatives include parents, grandparents, brothers, sisters, stepparents, stepsisters, stepbrothers, uncles, aunts, first or second cousins, great-grandparents, great-uncles, or great-aunts.
- ◆ To be paid, the relative must:
  - Sign and return the informal provider agreement and the informal provider consent form, and
  - Be favorably recommended by the local department after a review and evaluation of Child Protective Services (CPS) records.

**2. Under Maryland law, anyone paid to provide child care for children who are not related to him/her must be registered or licensed by the Child Care Administration, unless the care is less than 20 hours per month.**

- ◆ Adults who are not related to a child may provide informal child care for more than 20 hours a month if the care is provided in the child's home.
- ◆ To be paid POC funds, relatives and adults not related to the child must:
  - Provide proof of age, if requested
  - Sign and return the Informal Child Care Provider Agreement and the Purchase of Child Care Informal Provider Consent Form, and
  - Be recommended by the local department after a review and evaluation of Child Protective Services records.

**Section II. Customer's Statement of Understanding**

**The terms, responsibilities and conditions for payment for informal care are listed below:**

My signature on this statement of understanding indicates that I have read or have had this form read to me. I understand and agree that:

1. Maryland law states that it is a misdemeanor to fraudulently get, or try to get, public aid. This means deliberately saying something false or pretending to be someone else. It also includes not reporting changes in household or income. Punishment for this is repayment, a fine of up to \$1,000, and a possible prison sentence for up to three years and/or loss of child care funds.
2. Informal care is care by a relative in my home or in the relative's home. It is also care by a non-relative in my home or care by a non-relative in the non-relative's home for less than twenty-hours per month. **INFORMAL CARE IS NOT REGULATED IN ANY WAY. I AM RESPONSIBLE FOR MONITORING THE QUALITY OF CARE MY CHILD RECEIVES.**
3. Parents, stepparents, legal guardians and members of the same Temporary Cash Assistance (TCA) unit are not eligible for payment.
4. Before payment is made to an informal provider I have selected, the provider and any adult who is regularly present in the informal provider's home when my child is in care must sign a release of information form consenting to a review and evaluation of child abuse or neglect records concerning them.
5. If the person I have selected or any adult regularly present in the informal provider's home when my child is in care refuses to sign the consent form, payment will be denied.
6. If the person I have selected as a provider is not recommended by the local department for payment, I will be asked to select a different informal provider.
7. The local department may deny the initial request for payment or may stop payment if a review and evaluation of child abuse and neglect records reveal that the informal provider, or an adult regularly present in the provider's home when child care is provided, has been identified as an individual responsible for "unsubstantiated" or "indicated" child abuse or neglect.
8. The local department may deny payment or may stop payment if the local department has information that the health or safety of my child is at risk with the provider.
9. The consent form must be signed when requested by the local department. (At least every two years.)
10. If the local department denies payment to the individual that I have selected to be an informal provider based on an evaluation of child abuse and neglect records, that individual may file an appeal.
11. I must pay the provider the assigned parental copayment listed on the voucher each month at times set by the provider. The provider will give me a receipt for copayments I make. The Department will pay the provider monthly after receiving a completed invoice.

**Section II. Customer's Statement of Understanding (Continued)**

12. The voucher must be completed, signed and returned to the local department within 60 days of the date of authorization on the voucher. If I do not return the voucher within 60 days, it is void. Payment will be not made to the provider for care provided if the voucher is void.
13. The provider must allow me to visit my child while in care and to see the areas of the home used for child care.
14. I have read or have had read to me and understand the contents of the Informal Provider Child Care Health and Safety Standards. I also understand that the provider must meet these Standards for each child in care.
15. The department has provided the health and safety checklist as a tool to be completed by the provider and me. It is not returned to the local department. It is to be used to help me determine if the setting where care is being provided is healthy and safe for my child.
16. I understand the provider must be at least 18 years old to be paid.
17. I understand that the local department of social services' Child Protective Services unit will investigate any complaint of mistreatment, neglect, or abuse that occurs while my child is in care.
18. If any of the following happens, the Department will end this voucher agreement with a 5 working day written notice to the parent and the provider. Vouchers issued for less than 5 days do not require the 5 working day notice.
  - A. The family no longer qualifies for the POC program according to COMAR 07.04.06.03 and .09.
  - B. The family does not pay the assigned copayment to the provider on time.
  - C. The local department or the family decides that the care does not contribute to the healthy development of the child.
  - D. The provider refuses to care for the child or the service plan is not being met.
  - E. Federal or State funding is no longer available.
  - F. The child misses more than 10 scheduled days per month for 2 months in a row.
  - G. The family commits welfare fraud.
  - H. The family fails to provide documentation required by the local department to determine or redetermine eligibility.
  - I. The family refuses to pursue child support for the child for whom a subsidy is sought.
  - J. The family fails to report any change in its circumstances.
  - K. The family regularly violates the provider's requirements.

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 Provider's Relationship to the Child

- ☐ Related by Blood  
☐ Related by Marriage  
☐ Not Related

---

 Address Where Child Care is Provided

---

 Customer Phone Number

---

 Date

---

 Customer's Printed Name

---

 Customer's Signature

**Section III: Provider Statement of Understanding**

**The terms, responsibilities and conditions for payment for informal care are listed below:**

My signature on this statement of understanding indicates that I understand and agree that:

1. Maryland law states that it is a misdemeanor to fraudulently get, or try to get, public aid. This means deliberately saying something false or pretending to be someone else. It also includes not reporting changes in household or income. Punishment for this is repayment, a fine up to \$1,000, and a possible prison sentence for up to three years.
2. The parent must pay the provider any assigned parental copayment listed on the voucher each month at times set by the provider. The provider must give the parent a receipt for all parent copayments. The Department will pay the provider monthly after receiving a completed invoice.
3. The Department will send the provider a 1099-Income Statement. If the provider receives TCA, he/she must tell the Family Investment case manager of this income. Earned income may change the TCA grant.
4. An informal provider and any adult regularly present in the home of the informal provider when a child is in care must each sign a release of information form consenting to a local department review and evaluation of child abuse and neglect records. The local department may deny payment or may stop payment if a review and evaluation of child abuse and neglect records reveal that I, or any adult regularly present in my home while a child is in care, has been identified as an individual responsible for "unsubstantiated" or "indicated" child abuse or neglect.
5. If other adults or I refuse to sign the consent form or fail to return the completed form, I understand that payment will be denied.
6. The local department may deny payment or may stop payment if it has information that the health or safety of the child is at risk in my care.
7. If the local department denies payment to me as an informal provider based on a review and evaluation of child abuse and neglect records, I have the right to appeal.
8. I must allow the parent/guardian/care giver to visit the child while the child is in my care and to see the areas of the home used for child care.
9. If a complaint is made, I must allow representatives of the Child Care Administration or other State, or local government agencies to enter and look at the home where the child care is given.
10. I have read or had read to me and understand the contents of the Informal Provider Child Care Health and Safety Standards. I also understand that I must meet the Standards for each child for whose care I receive payment.
11. I understand I must be at least 18 years old to be paid.
12. As an informal child care provider, I am to be paid for providing child care for the child named on the voucher on the days and hours listed on the voucher.

**Section III: Provider Statement of Understanding (continued)**

13. I cannot be paid to provide care to my children, stepchildren, or any child in my custody. If asked, I will give proof to the local department of my relationship to the child in care.
14. The local department will not pay for informal care if a caregiver should be registered/licensed with the Child Care Administration (CCA) to provide child care. You must be registered/licensed by CCA unless you are providing care for a related child in your home or the child's home. You do not have to be related to the child if the care is in the child's home or if the care is in your home for under 20 hours a month.
15. I will allow financial, attendance, and other records related to this voucher agreement to be shown, on request, to personnel of the local department. I will keep financial and other records related to this voucher for three years.
16. The local department is not responsible for any of my actions, including contracts and law suits.
17. I may not have more than six children in my care during the hours I am paid as an informal provider. This six children maximum includes any child in my care, whether or not they receive a subsidy, and includes my own children under the age of six years. No more than two children can be under the age of two years.
18. I must give a parent 5 working days notice if I am going to stop caring for a child.
19. The Department will end this voucher agreement with a 5 working days written notice to the parent and to me under the circumstances listed below. Vouchers issued for less than 5 days do not require the 5 working day notice.
  - A. The family no longer qualifies for the Purchase of Child Care program according to COMAR 07.04.06.03 and .09.
  - B. The family does not pay the assigned copayment on time.
  - C. The local department or the family decides that the care does not contribute to the healthy development of the child.
  - D. I refuse to care for the child or the service plan is not being met.
  - E. Federal or State funding is no longer available.
  - F. The child misses more than 10 scheduled days per month for 2 months in a row.
  - G. The family commits welfare fraud.
  - H. The family fails to provide documentation required by the local department to determine eligibility.
  - I. The family refuses to pursue child support for the child for whom a subsidy is sought.
  - J. The family fails to report any change in its circumstances.
  - K. The family regularly violates the provider's requirements.
20. This agreement is subject to Maryland laws and regulations. This agreement is confidential. I may not use or share information about this agreement unless there is a connection with child care, except if the parent agrees in writing.
21. The local department will give me a written notice of the right to and methods of requesting and obtaining a fair hearing if I am denied payment because:

**Section III: Provider Statement of Understanding (Continued)**

- a. The completed release of information consent form(s) was not received by the local department;
  - b. The evaluation of child abuse and neglect records indicated behavior harmful to children; or
  - c. The local department has documented information indicating a risk to the health and safety of the child in my care.
22. The local department of social services' Child Protective Services unit will investigate any complaint of mistreatment, neglect, or abuse of a child in my care.
23. I must notify the local department within 10 days if an adult begins to frequently be in my home when a child for whom I am paid is in care. I must obtain a consent form and assure it is signed by the adult and returned to the local department. The form must be notarized or signed in the process of designated local department staff.

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 Provider's printed name

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 Provider's address

---

 Provider's Relationship to the Child

---

 Address Where Child Care is Provided

☐ Related by Blood

☐ Related by Marriage

☐ Not Related

---

 Provider's Telephone Number

---

 Name of provider's own children under six years of age:

---

 Child's Birth Date

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 Name of other children in care:

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 Name of adults (over 18 yrs.) present in provider's home during child care hours:

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 Provider's Signature  
 DHR\CCA 1421 (Revised 8/99)

---

 Date

**PURCHASE OF CHILD CARE \*  
INFORMAL PROVIDER CONSENT FORM**

\*Must be signed by the informal child care provider and any adult regularly present in the provider's home during the hours that child care is to be given. The form must be notarized and returned to the local department of social services or signed in the presence of designated local department staff.



## Purchase of Child Care Informal Provider Consent Form

Purchase of Child Care Regulations (COMAR 07.04.06.06D) and the Informal Child Care Provider Agreement require that all informal child care providers, and any adult with a regular presence in the informal provider's home when a child is in care, sign a release of information form. The form must be signed in the presence of a local department representative or attested to by a notary public. By signing this form, I consent to a review and evaluation of child abuse and neglect records by the local department. The following consent form must be read and signed to comply with the regulations.

**Part I -A: To be read to or by the potential provider. The potential informal provider's name should be entered in the blank.**

I, \_\_\_\_\_, authorize the Department of Social Services to review child abuse and neglect records to determine whether I have been identified as a person responsible for child abuse or neglect whether the finding was indicated or unsubstantiated. MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND THAT:

1. I WILL NOT BE CONSIDERED FOR PAYMENT AS AN INFORMAL PROVIDER UNLESS THIS FORM IS COMPLETED.
2. I UNDERSTAND THAT MY CONSENT AND RELEASE OF THIS INFORMATION MAY RESULT IN THE LOCAL DEPARTMENT DENYING PAYMENT BASED ON THE OUTCOME OF AN EVALUATION OF CHILD ABUSE AND NEGLECT RECORDS.
3. IF THE PURCHASE OF CARE PROGRAM DENIES PAYMENT BASED ON AN EVALUATION OF THESE RECORDS, I MAY APPEAL THAT DECISION.
4. TO BE VALID, THIS CONSENT FORM MUST BE SIGNED IN THE PRESENCE OF A LOCAL DEPARTMENT REPRESENTATIVE OR A NOTARY PUBLIC.
5. IF I AM NOT APPROVED AS AN INFORMAL PROVIDER BASED ON AN EVALUATION OF CHILD PROTECTIVE SERVICES RECORDS, THE LOCAL DEPARTMENT MAY TELL THE PARENT THAT I HAVE NOT BEEN APPROVED AS AN INFORMAL PROVIDER BASED ON COMAR 07.04.06F(13) AND REFER THEM TO ME.

\_\_\_\_\_  
Signature (Full name).

\_\_\_\_\_  
Provider's printed name

\_\_\_\_\_  
If your name has changed in the past 7 years,  
list any prior name by which you were known.

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Social Security Number

**Purchase of Child Care Informal Provider Consent Form (continued)****Part I -B: To be read and signed by the local department representative or notary public.**

1. I, \_\_\_\_\_, attest that the above signature was made before me on \_\_\_\_\_  
Date. The individual identified above presented valid identification.

\_\_\_\_\_  
Signature of Local Department Representative\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name of Local Department Representative

Or

2. Sworn and subscribed to before me this \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
Signature of Notary Public or Local Department Representative\_\_\_\_\_  
Printed Name of Notary Public or Local Department Representative

Notary Seal, My commission expires: \_\_\_\_\_

**Purchase of Child Care Informal Provider Consent Form (continued)**

**Part II-A: To be read by any adult regularly present in the potential provider's home when a child is in care. This adult's name should be entered in the blank. Complete a separate sheet for each adult**

I, \_\_\_\_\_, consent to have the Department of Social Services review child abuse and neglect records to determine whether I have been identified as a person responsible for child abuse or neglect, whether the finding was indicated or unsubstantiated.

**TO BE VALID, THIS CONSENT MUST EITHER BE SIGNED IN THE PRESENCE OF A LOCAL DEPARTMENT REPRESENTATIVE OR A NOTARY PUBLIC.**

\_\_\_\_\_  
Signature (Full name).

\_\_\_\_\_  
Provider's printed name

\_\_\_\_\_  
If your name has changed in the past 7 years,  
list any prior name by which you were known.

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Social Security Number

**Part II -B: To be read and signed by the local department representative or notary public.**

1. I, \_\_\_\_\_, attest that the above signature was made before the individual and me on \_\_\_\_\_. The individual listed above presented valid identification.  
Date

\_\_\_\_\_  
Signature, Local Department Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Local Department Representative

Or

2. Sworn and subscribed to before me this \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Month Day Year

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Notary Seal My commission expires: \_\_\_\_\_

## **POC INFORMAL PROVIDER EVALUATION REQUEST**

Not to be given to customers or providers. This form is for internal local department use only to request a review of child abuse and neglect records.

DHR/CCA 1716

## POC Informal Provider Evaluation Request

Date: \_\_\_\_\_

To: Services Unit

\_\_\_\_\_  
(Name)

From: Purchase of Child Care Unit

\_\_\_\_\_  
(Case Manager Name)

Re: Child Abuse and Neglect Record Review for \_\_\_\_\_  
Name

An eligible Purchase of Child Care (POC) customer has selected Informal Child Care. Purchase of Child Care regulations (COMAR 07.04.06.06D) and the Informal Child Care Provider Agreement require that all informal child care providers and adults regularly present in the informal provider's home when a child is in care sign a release of information form consenting to a review and evaluation of their child abuse and neglect records by the local department. The form must be signed in the presence of local department of social services staff or a notary public. Accordingly, the enclosed consent is being referred to your unit. The provider will not be approved for POC payment until the outcome below is completed and returned.

Enclosed is the release of information form signed by the potential provider and any adult regularly present in the informal provider's home when a child is in care. A copy of the relevant CIS screen is also enclosed. Please review and evaluate all applicable records. When the evaluation is complete, please forward the Informal Provider Evaluation Outcome information at the bottom of this form to my attention in the POC unit. Thank you in advance for your cooperation in this matter.

### INFORMAL PROVIDER EVALUATION OUTCOME

A clearance completed on \_\_\_\_\_ reveals:  
Name

- \_\_\_\_ 1. The applicant is cleared for the provision of child care.  
\_\_\_\_ 2. The applicant can not be recommended for the provision of child care at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**RETURN TO POC UNIT WHEN COMPLETED.**

DHR/CCA 1716