



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE SUBSIDY
QUALITY IMPROVEMENT ACCREDITATION/DISPROPORTIONATE SHARE ENHANCEMENT AGREEMENT (ADS Rate)

Provider Name	Facility Name
Provider Mailing Address	City, State, Zip Code
Provider Email Address	Departmental Vendor Number (DVN)
Provider Telephone Number	Provider County

ADS Rate Agreement Terms & Conditions:

To qualify for the ADS Rate, I understand that I must agree to the following : (Agree to each of the items by initialing that you have read and understand each statement.)

- _____ 1. I understand I must maintain a child care license or a license-exempt status with the Department of Elementary and Secondary Education (DESE) /Office of Childhood (OOC).
- _____ 2. I understand that the number of Child Care Subsidy eligible children enrolled in my child care facility must be at least fifty percent (50%) of the total number of children enrolled. If the number of Child Care Subsidy eligible children enrolled in my child care facility falls below 50% of the facility's total enrollment, I will no longer be eligible to receive the ADS rate.
- _____ 3. I understand that upon request, I am responsible for submitting my child care facility enrollment information to DESE/OOC to verify the percentage of Child Care Subsidy eligible children enrolled at my facility. I understand if I do not return the requested enrollment information as specified by the DESE/OOC, my eligibility to receive the ADS rate enhancement will be terminated.
- _____ 4. I understand I must submit a current Certificate of Accreditation or documentation from a DESE/OOC approved accrediting body verifying I have started the accreditation process, if a Certificate of Accreditation has not been submitted with this agreement.
- _____ 5. I understand that I may receive the ADS Rate enhancement for no more than 6 months while I am waiting on a site visit from a DESE/OOC approved accrediting body.
- _____ 6. I understand I must notify DESE/OOC within 10 business days upon learning that my child care facility will not be accredited or upon learning my child care facility is no longer accredited (the facility is responsible for returning any rate differential payments received during the period I was no longer pursuing or lost my accreditation).
- _____ 7. I understand I must notify DESE/OOC of any changes to my child care facility within 10 days of the change. I understand certain changes and failure to report a change within 10 days may result in a loss of my eligibility to receive the ADS Rate.
- _____ 8. I understand that if I become ineligible for the ADS Rate enhancement, my future requests to receive the ADS Rate enhancement may be put on a wait list for eligibility.

Return Address
 Office of Childhood - Subsidy
 Fax (573) 526-2926 or
CCPayments@dese.mo.gov

Submit this form and the following documents to be considered for ADS rate:

1. An alphabetical list of all children (state- and parent-paid) enrolled in your child care facility. Indicate the children for whom you currently receive payment from DESE/OOC.
2. An alphabetical list of all children participating in your Head Start or Early Head Start Grantee/Partner. (If you are not a Head Start of Early Head Start Grantee/Partner, this does not apply.)
3. A current copy of your Certificate of Accreditation or a letter dated within the last 30 days, from the accrediting organization, stating that the Program has an active account and has started the application for Accreditation. (Verification of a site visit must be submitted within 6 months of the submission of the ADS Rate Agreement and proof of accreditation must be submitted within 12 months of the submission of the ADS Rate Agreement).

By signing this agreement, I certify that I serve a disproportionate number of Child Care Subsidy eligible children, the above information is accurate and I agree to abide by the terms and conditions of the ADS Rate Agreement.

Child Care Provider Signature	Date
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.