



RATE ESTABLISHMENT FORM

Instructions: Use this form to establish or update your child care rates. In accordance with BCCS Policy 2022-04, rate requests are limited to one (1) adjustment per fiscal year.

All update requests must be submitted by the September 1st deadline to take effect on October 1st.

Program Name: _____

Director/Owner: _____

Rate Category Breakdown:

- Part-Time Rates: Apply to programs operating under 121 hours per month.
- Full-Time Rates: Apply to programs operating 121 hours or more per month.

Program Rates during regular school hours.

Hours of operation: _____ to _____			
Age Bracket (Months)	Part – Time Rates	Full Time Rates	After-School Rates
0 - 11 Months			
12 - 23 Months			
24 - 35 Months			
36 - 47 Months			
48 - 59 Months			
60 - 71 Months			
72 - 155 Months			

Seasonal Camp Program Rates (e.g. Christmas, Spring camps)

Hours of operation: _____ to _____		
Age Bracket (Months)	Part – Time Rates	Full Time Rates
60 – 71 Months		
72 – 155 Months		
START DATE:		END DATE:

Summer Camp Program Rates

Hours of operation: _____ to _____		
Age Bracket (Months)	Part – Time Rates	Full Time Rates
60 – 71 Months		
72 – 155 Months		
START DATE:		END DATE:

Provider Acknowledgment

I acknowledge that this constitutes my one allowed rate change for the fiscal year. I understand that rate adjustments are subject to BCCS approval, and I must provide families a minimum of 30 days' written notice once approved.

I understand that active categories cannot have overlapping dates, as the BCCS payment system only supports one valid rate per age group at a time.

Signature: _____ Date: _____