

## CHILDREN'S HOME SOCIETY OF CALIFORNIA

### DECLARATION: In-Home License-Exempt Child Care Provider

An in-home child care provider may only be granted upon receipt of a written request that includes the following information and acknowledgements. To request approval of an in-home license-exempt child care provider, please complete the below form and submit it to your assigned Program Specialist. If additional information is needed to complete this request, a CHS staff member will contact you. Please note that this form does *not* serve as child care approval; you will receive a Child Care Certificate and Notice of Action with a future start date if child care is approved.

Parent first and last name: \_\_\_\_\_

Provider first and last name: \_\_\_\_\_

Date child care is requested to begin (future effective date) \*: \_\_\_\_\_

Child(ren) name(s) for whom care is requested: \_\_\_\_\_

Any additional information (optional): \_\_\_\_\_

#### Please note the following:

- If you choose to have child care provided in your home by a provider who is license-exempt, you are legally considered the employer of the child care provider. You are responsible for paying your child care provider at least the state minimum wage, social security tax, Medicare, and state worker's compensation insurance for your provider. You may also be responsible for unemployment taxes.
- You may be required to withhold federal or state income taxes from the child care provider's earnings. The provider is responsible for reporting income and payment of any federal or state income taxes.
- You can learn more about your employer responsibilities by reviewing the [2025 California Employer's Guide \(DE 44\) Rev. 52 \(4-26\)](https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de44.pdf) ([https://edd.ca.gov/siteassets/files/pdf\\_pub\\_ctr/de44.pdf](https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de44.pdf)), developed by the **Employment Development Department**.

This resource outlines employer responsibilities concerning payroll taxes, which may include:

- Unemployment insurance
  - Employment Training Tax
  - State Disability Insurance
  - California Personal Income Tax
- For more information about your responsibilities as an employer, contact your local office of the Employment Development Department at (888-745-3886). For general

information about the local child care resource and referral program, you may call toll free at (800-KIDS R WE or 800-543-7793).

**Please check all four boxes below to acknowledge your understanding:**

- I acknowledge that I understand all of the above-listed information.
- I acknowledge that I understand that if I choose to have child care provided in my home by a provider who is license-exempt, I am legally considered the employer of the child care provider. I am responsible for paying my child care provider at least the state minimum wage, social security tax, Medicare, and state worker's compensation insurance for my provider. I may also be responsible for unemployment taxes.
- I acknowledge that I understand that I may be required to withhold federal or state income taxes from the child care provider's earnings. The provider is responsible for reporting income and payment of any federal or state income taxes.
- \*I understand that this form does not represent the approval of subsidized child care services. Child care services will only be reimbursed beginning on a future effective date contingent on the child care provider's eligibility, timely submission of documents, and adherence to requirements for license-exempt child care providers as required by state and federal law. I will be notified of approval of child care services via a Notice of Action and Child Care Certificate indicating the start date of child care services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b><u>FOR CHS OFFICE USE ONLY:</u></b>		<input type="checkbox"/> Primary Parent	<input type="checkbox"/> Secondary Parent
Notes: _____	_____	_____	_____
Staff Name: _____	_____	Staff Title: _____	_____
Staff Signature: _____	_____	Date: _____	_____