



Indian Township Child Care- CCDF/CCDBG

CHILD CARE PROVIDER AGREEMENT

The Child Care Certificate Program is a subsidy for eligible families to use with state licensed or approved in-home/ family child care providers who are willing to accept CCDF/CCDBG funds.

You have been selected by this family to provide services to children who have been approved for coverage by the Certificate program, in order to authorize the services, the information below is needed.

*** BEFORE/AFTER CARE: before or after school.**

Please check which type of provider:

In-Home

Family In-Home

Parent Name: _____

CHILD CARE PROVIDER NAME						DATE OF BIRTH:	
PHYSICAL ADDRESS						MAILING ADDRESS <input type="checkbox"/> SAME AS PHYSICAL	
MAILING ADDRESS							
TELEPHONE #		EMAIL		DO YOU HOLD ANY CERTIFICATIONS OR LICENSES? IF YES, WHAT TYPE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NON-LICENSED PROVIDERS RATES WILL BE SET BY PROGRAM. Quarter time hrs (0-5hrs per Wk) # of kids : _____							
CHILD'S NAME		First:		Last:		AGE:	
ENROLLMENT <i>(Select only those that apply)</i>		<input type="checkbox"/> FULL TIME 30+ hrs		<input type="checkbox"/> PART TIME 20-29hrs		<input type="checkbox"/> HALF TIME 10-19hrs	
Relation to child:		WHAT DAYS	Drop off time	Pick up time	HRS PER DAY	HRS PER WK	BEFORE/AFTER CARE
CHILD'S NAME		First:		Last:		AGE:	
ENROLLMENT <i>(Select only those that apply)</i>		<input type="checkbox"/> FULL TIME 30+ hrs		<input type="checkbox"/> PART TIME 20-29hrs		<input type="checkbox"/> HALF TIME 10-19hrs	
Relation to child:		WHAT DAYS	Drop off time	Pick up time	HRS PER DAY	HRS PER WK	BEFORE/AFTER CARE
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Relation to child:		WHAT DAYS	Drop off time	Pick up time	HRS PER DAY	HRS PER WK	BEFORE/AFTER CARE

Please review, sign and date second page of form and send both pages along with any current certifications or licenses you may have.

NOTES:

PARENT/PROVIDER AGREEMENT: FOR IN-HOME OR FAMILY CARE SERVICES

- In-home care (in the parents' home only)
- Family care (in the family home only) from a member of the child's immediate family (Adult sibling 18 and up or 16 with authorized adult supervision. aunt. uncle. grandparent or great-grandparent).

***All providers must complete a fingerprint background check.**

***Anyone over 18 in the home must complete a fingerprint background.**

1. The Office Of ITCC, hereafter referred to as the "Tribe", has determined that the State of Maine Fair Market Rate value for childcare services for the child(ren) named above is \$, _____ per (day, hour). **Set by the program.**
2. The Tribe may change or terminate its subsidy upon written notice to the other Parties at the sole discretion of the Tribe. Including acting in the best interest of the protection and safety of children.
3. It is understood that the Tribe will pay the Provider on a weekly basis. All required documentation must be filled out correctly signed and dated by both parties(weekly childcare sheets/attendance sheet/etc).
4. The Provider certifies that he/she is free of communicable diseases and is physically and mentally capable of caring for children.
5. The Provider assures that the Provider will: (a) protect the child(ren) against infectious diseases, (b) protect the child(ren) from physical or mental harm or abuse, and (c) ensure the health, safety and good nutrition of the child(ren).
6. The Provider understands that the tribal payment is for childcare services for children who are members and/or a descendant of the Passamaquoddy Tribe at Indian Township, and only for childcare received while the Parent is working, going to school, or receiving job training.
7. All Parties agree to remain in compliance with all policies and procedures of the Tribe's Child Care & Development Program. Including consenting to a background check.
8. The Provider understands that the Child Care Block Grant will only pay for those days the child physically attends. Sick days, vacation or holidays that the provider charges shall be billed directly to the parent for payment.
9. The Provider and Parent agree to give all parties two (2) week notice of withdrawal from the program.
10. Provider must complete all required paperwork for Indian Township tribal government finance dept IE. Independent contractor application, and W9 annually.
11. The Parent(s) and the Provider understand that the Tribe has a procedure to assess and substantiate grievances against providers and that the Tribe keeps a file of substantiated complaints at the tribal office that is available for public review.
12. All concerned parties realize that this is a parental choice program and that the Tribe has not inspected or warranted the condition of the child(ren)'s environment or the degree or type of supervision, and that the tribe may conduct an in-home monitoring and Health & Safety check at any time. The Tribe assumes no responsibility for injury or damage arising from the performance of this contract. The Provider and parent(s) understand that the tribe is a federally recognized Indian Tribe with sovereign immunity and cannot be held liable for harm arising from this program.
13. Any other written or unwritten agreement between the Parent(s) and the Provider that is not discussed here is solely between the parent(s) and the Provider. The Tribe assumes no responsibility for such agreements.
14. The Tribe may change the requirements upon written notice at the sole discretion of the Tribe.

Parent/Guardian Signature: _____

Date: _____

Provider Print: _____

Provider Signature _____

Date: _____

(This form expires one year from the date of signatures)