



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.

(Do you have a current license) Yes No

Center

Please circle the hours for appropriate age:
Infant/toddler e.g. Part time 20-29 School age e.g. Part Time 11-29

Parent Name: _____

CHILD CARE PROVIDER NAME						license #
PHYSICAL ADDRESS					MAILING ADDRESS <input type="checkbox"/> SAME AS PHYSICAL	
MAILING ADDRESS						
TELEPHONE #		EMAIL		DO YOU HOLD ACCREDITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE?		
PROVIDER RATE INFORMATION - Quarter time hrs (0-9/0-5hrs per Wk) # of slots : _____						
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 20-29/11-29hrs		<input type="checkbox"/> HALF TIME 10-19/6-10hrs	
RATES:	What Days	# of hrs per day	# of hrs Per Wk	\$ Per day	\$ 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 20-29/11-29hrs		<input type="checkbox"/> HALF TIME 10-19/6-10hrs	
RATES:	What days	# of hrs per day	# of hrs Per Wk	\$ Per day	\$ Per Wk	Before/After care
CHILD'S NAME	First:	Last:			AGE:	
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RATES:	What days	# of hrs per day	# of hrs Per Wk	\$ Per day	\$ Per Wk	Before/After care
Please review, sign and date second page of form and send both pages along with your current state license, rate sheets & family contact						
Fax (207) 796-0822 OR email: ccdf@ITCCpass.com or td@ITCCpass.com						

PARENT-PROVIDER AGREEMENT

1. CENTER-BASED PROVIDER

2. The child care provider charge's \$, _____ per hour/day/week/month as shown by the State Market Rate agreement. The Provider certified that the fees indicated are the usual and customary charges for the same services provided to children of non-subsidized families.
3. The Parent is responsible for directly paying the Provider for the remaining portion of the bill. The Tribe may change or terminate its subsidy upon written notice to the other Parties at the sole discretion of the Tribe.
4. It is understood that the Tribe will pay the Provider on a weekly basis. All required documentation must be attached (time sheet/attendance sheet/etc). unless arrangements are made
5. The Provider certifies that he/she is free of communicable diseases and is physically and mentally capable of caring for children. The Provider has provided evidence to the Tribe that the Provider has been tested for tuberculosis within the past 12 months, and the test shows the Provider is free of tuberculosis.
6. The Provider assures that the Provider will: (a) protect the child against infectious diseases, (b) protect the child from physical or mental harm or abuse, and (c) ensure the health, safety and good nutrition of the child.
7. The Provider understands that money received from the Tribe is for childcare services for children who are members of the Tribe, or are descendent's of a Passamaquoddy Tribal member and is only for childcare services received while the Parent is working, going to school, or receiving job training.
8. The Provider understands that the Child Care Block Grant will only pay for those days the child physically attended the child care facility. Sick days, vacation or holidays that the provider charges shall be billed directly to the parent for payment.
9. All Parties agree to remain in compliance with all policies and procedures of the Tribe's Child Care & Development Program.
10. The Parent(s) and the Provider understand that the Tribe has a procedure to assess and substantiate grievances against providers, that the Tribe will provide information on any substantiated complaints to other government agencies, and that the tribe keeps a file of substantiated complaints at the tribal office that is available for public review.
11. The Provider is licensed by the State of Maine to provide Center-based childcare services, which includes meeting health and safety standards for such services.
12. The Provider guarantees that the Parent(s) and the Tribe will have unlimited access to the child(ren) and to the individual(s) caring for their children, during the normal hours of operation or whenever such child(ren) are in the care of the Provider.

Parent/Guardian Signature: _____ Date: _____

PROVIDER PRINT :

PROVIDER SIGNATURE:

DATE:

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