

CCDF CHILD CARE PROVIDER STATEMENT

I have agreed to provide child care to children enrolled in Indiana's Child Care and Development Fund (CCDF) Voucher Program. As a CCDF provider, I understand that **I must be operating legally and in compliance with all State requirements including maintaining compliance with CCDF Health and Safety Standards (Minimum Standards) (as found in Indiana Code 12-17.2-3.5 et seq.)** to remain an eligible participant.

In addition to the requirements above, I understand that **other federal and state regulations indicate that I must also comply with the following:**

- I may not be paid to provide care for my own child(ren), stepchild(ren) or child(ren) for whom I am the legal guardian.
- I may not leave a child unattended or under the care of a minor (under age 18) as stated in Indiana Code 12-17.2-3.5 et seq.
- I must take preventative steps to ensure the health and safety of the child(ren) in my care as stated in Code of Federal Regulations (CFR) 98.41.
- I must report any suspected child abuse or neglect to the proper authority and understand that others have the responsibility of reporting suspected child abuse or neglect concerning my care of children.
- I must allow parents/guardians to visit their child(ren) while in my care and allow access to all areas used for child care as noted in CFR 98.31
- I must allow applicable state and local licensing agent(s) to enter and inspect, without notice, the child care facility during normal business hours.
- I must allow State government representatives or their agents to perform fiscal auditing activities with regard to my child care business as outlined in CFR 98.67.
- I understand care may only be paid when provided at the address listed on the voucher.
- **I may not possess or use a Hoosier Works for Child Care card** to authorize electronic attendance transactions for any CCDF children. This policy also applies to my child care staff, as well as any members of my household/facility in which child care is provided. I understand I may not require or coerce parents to violate this policy. .Exceptions to this policy will only be accepted with written documentation from the Bureau of Child Care.

- **I understand that discrepancies for payments must be mailed within 60 (sixty) days from the last day of the service week.** Discrepancies older than 60 (sixty) days will be rejected.
- **Personal Day discrepancies must have a parent signature on the Statement of Service (SOS) form.** Lack of parent signature will result in the discrepancy being rejected.
- **Parents with repeat discrepancies for failure to use their swipe cards according to program policy will receive communication from the State that warn continued abuse of program policy may result in termination from the CCDF voucher program.**

Violations of any of the above could result in negative action against my child care business, up to and including permanent termination from the CCDF program.

I understand that any misrepresentation may subject me to negative actions, up to and including permanent termination from the program, civil litigation and/or criminal prosecution under applicable law.

Signed, _____ **Date** _____

Printed Name _____ **EIN/SSN** _____

Questions about this statement should be directed to the Bureau of Child Care at 1-800-441-7837. You may also visit <http://www.in.gov/fssa/carefinder/law/> to view the CCDF Policy Manual. Copies of the manual may be purchased from the Bureau of Child Care.

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