



PO Box 453220 Grove, Oklahoma 74345 P: 918-787-5452 Ext. 6055
or 6056

Child Care Program

PROVIDER CHECKLIST

Please Mail Original Contract Faxed Contracts will not be accepted.

- _____ 1. Orientation Form

- _____ 2. License

- _____ 3. Quality Rating Documentation Oklahoma "Reaching for the Stars"
Arkansas: "Better Beginnings"
Kansas & Missouri: QRIS not in place currently

- _____ 4. W-9 Form

- _____ 5. CECPD Registry

Please sign and date below, stating that you will send in everything stated above. Please call if you have any questions.

I understand that daycare assistance will not be paid until a date of approval is determined by the CCDF program. Any assistance received prior to the date of approval will be the sole responsibility of the applicant. You will receive an approval letter from the CCDF program.

Provider signature

Date

Provider Contract Orientation

DATE: _____

NAME OF FACILITY _____

NAME OF FACILITY DIRECTOR: _____

COUNTY: _____ LICENSE NUMBER: _____

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Attach latest Monitoring Report Forms from your State or any other Tribes visits.

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

STAR STATUS: () 1 () 2 () 3 () 4 () 5

THIS IS A LEGALLY BINDING DOCUMENT. BE SURE TO READ IT BEFORE SIGNING.

Check one only: () Sole proprietor () Corporation () Partnership () Other

DO NOT FAX APPLICATION-MUST HAVE ORIGINAL!

Purpose and Performance of the Agreement

The purpose of this Agreement is to establish eligibility for Provider participation in the Child Care System and to set forth Tribal and Provider responsibilities and assurances. The Child Care System provides eligible clients who receive childcare services funded through the Seneca Cayuga Nation's CCDF Program, the opportunity to select a childcare provider from a list of eligible participants. The Provider must comply with Tribal, State and Federal regulations. If any statute or regulation is enacted or promulgated requiring changes in this Agreement, both parties will consider this Agreement to be automatically amended to comply with the newly enacted statute or regulation as of the effective date of the statute or regulation. The Tribe shall notify the Provider in writing within thirty (30) days of the receipt of any necessary changes or amendments to this Agreement resulting from newly enacted State or Federal statutes or regulations.

1. Seneca Cayuga CCDF Statements:

- a. If a provider is licensed by the State, they are automatically approved through the Seneca Cayuga Nation. Once the Tribe and/or CCDF Program receives all documentation requested with the application, they are registered with the Nation. The Provider MUST submit all monitoring reports conducted by the State or any other Tribes to stay registered with the Seneca Cayuga Nation. If monitoring reports are not submitted to the Nation, then payment may be held until the Tribe receives the reports.
- b. The Provider will not receive a W-2 form at the end of the year. The provider will receive a 1099 Miscellaneous Income Form if they receive more than \$600.00 worth of childcare payments. As an independent vendor, the Provider is responsible for federal and state taxes.
- c. The Seneca Cayuga Nation reserves the right to cancel services in the event of any violations.
- d. The Seneca Cayuga Nation will pay for these HOLIDAYS,

New Year's Day
Memorial Day
Independence Day
Labor Day Thanksgiving
Day & the day after
Christmas Eve &
Christmas Day

2. RESPONSIBILITIES OF THE PROVIDER

- a. Children must be always supervised by the Provider.
- b. Notify the Child Care Office of any changes in status of our clients (i.e., living situation, or change of address)
- c. The Provider agrees that private pay clients, receiving substantially the same services, shall not be charged at a rate less than that paid for by clients under this agreement.
- d. Notify the Seneca Cayuga Nation Child Care Program of any anticipated change of ownership or address. It is further agreed and understood that this contract shall terminate immediately upon the sale of Caregiver/Provider's facility to a third party and that the new owner/vendor must obtain their own contract for services with the Seneca Cayuga Nation Child Care Program.
- e. Provider must meet their respective state licensing or license exempt requirements.
- f. Provider must follow guidelines of approval letter. Provider understands that starting a child before receiving an approval letter will be the parent's responsibility for payment of days attended without CCDF's Approval.

- g. It is understood by the Provider that by signing and submitting its claim form pursuant to this contract, it certifies that the services claimed were provided to the Seneca Cayuga Nation Child Care program or its clients. Further, Provider acknowledge it is aware that filing a fraudulent claim for services submitted to the Seneca Cayuga Nation Child Care program is a felony punishable by a fine not to exceed \$10,000 and/or imprisonment in the penitentiary for a term not to exceed two years.
- h. It is understood that in the event of an overpayment by the Seneca Cayuga Child Care Program to the Provider, the Seneca-Cayuga at its discretion may (1) demand immediate reimbursement by Provider; (2) withhold up to the full amount of the overpayment from any and all funds due to or to become due and owing the Provider; (3) accept a mutually agreeable written repayment plan; (4) seek collection by any other means including, but not limited to, litigation.

3. RESPONSIBILITIES OF THE PARENT

- a. Responsible to collect co-payments, that is between client and provider, as well as any additional charges from the provider.
- b. Parents must recertify for continued assistance.

4. RECORD KEEPING GUIDELINES

- a. Payment policy: Approval Letter, Original Claim Forms Claims must be submitted monthly, multiple submitted months will not be paid. Parents will not be held financially liable for claims not submitted correctly and on time for payments by the provider.
- b. Payment rates: Part-time (4 hours and less), Full-time (more than 4 hours up to 10). On a case-by-case basis there may be special circumstances, which would allow assistance for extended hours.
- c. Processing time is 30 days from receipt of properly filed claim. Holidays may extend processing time.
- d. Both signatures must be on claim forms and legible.
- e. Properly completed claim forms that are in the Child Care Office by the 5th day of the month

5. HEALTH AND SAFETY REQUIREMENTS

We follow State and Tribal Standards. Please send in Monitoring Report Forms from your State/Tribal visit.

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2. TRAINING

- a. Eligible to attend OHS sponsored training.
- b. Eligible to attend training sponsored by Tribal Child Care and Development Department.
- c. Training information is available through the Child Care Department.

Facility Owner has authorized the following individuals(s) to sign the Seneca Cayuga Nation Child Care Claim Form. Only names listed below are authorized to sign claim forms for payment.

Signature: Authorized Individual

Signature: Authorized Individual

Facility Owner (if different than Director)

SSN/FIN

Seneca Cayuga Nation CCDF Program Contact Information

Mailing Address:
P.O. Box 453220
Grove, OK 74345

Physical Address
23701 South 655 Rd
Grove, OK 74344

CCDF Director:
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nlogan@sctribe.com
(918)-791-6055

CCDF Program Assistant
Emily Shield
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(918)-791-6056