



PO Box 453220 Grove, Oklahoma 74345 | P: 918-787-5452 Ext. 101 or 103

Child Care Program

PROVIDER CHECKLIST

Please Mail Original Contract

Faxed Contracts will not be accepted

- _____ 1. Orientation Form
- _____ 2. License
- _____ 3. Current DHS Monitoring Report
- _____ 4. Star Rating (Letter from State-Oklahoma Only)
- _____ 5. W-9 Form



Provider Orientation

Date: _____
Name of Facility: _____
Signature of Facility Director: _____
Background check/date: _____ Licensed by: _____
County: _____ Certification/Accreditation: _____
Mailing Address: _____
Physical Address: _____
Phone: _____ Fax: _____
Email: _____

Must be a 1 Star Plus or higher: Please circle: 1 Star Plus 2 Star 3 Star

1. Seneca-Cayuga Tribe/Provider Relationship

- A. Within 30 days of client's acceptance into the CCDF program the Child Care Director, or his/her staff member, will go to the Day Care site chosen by the client. He/She will inspect site, answer any questions, and register the facility.
- B. The PROVIDER will not receive a W-2 form at the end of the year. The PROVIDER will receive a form 1099 Miscellaneous Income Form if they receive more than \$600 worth of child care payments. As an independent vendor, the PROVIDER is responsible for federal and state taxes.

2. Responsibilities of the Provider

- A. Children must be supervised by the PROVIDER at all times.
- B. Parents must be working or attending school job training to claim.
- C. Parents must sign children in/out of facility
- D. Notify the Child Care Office of any changes in status of our clients.

1. Responsibilities of the Parent

- A. Notify the Child Care Office of any changes that might affect their eligibility.
- B. Recertify for continued assistance.
- C. Promptly make co-payments to providers.
- D. Parents who leave children longer than the approved time will be held responsible for hourly compensation to the Provider.

2. Record Keeping Guidelines

- A. Payment Policy: Approval Notice, Claim Forms
- B. Payment Rates: Part time (4.0 hours or less); Full time (4.01 hours or more, up to 10 hours). 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 filled out claim. Claim forms received more than two months late will not be accepted. Holidays may extend processing time.
- D. Both Parent and Provider signatures must be on claim forms. In the event a parent/guardian is unable to sign the claim form, please write "Parent Unavailable" in the parent signature line and attach a letter explaining why parent was unable to sign.
- E. ATTENTION: Seneca-Cayuga CCDF, for prompt delivery
- F. Properly completed claim forms that are in the Child Care Office by Mondays of each week should have checks issued that Friday, barring unforeseen circumstances. Claim forms received after Monday of each week are not guaranteed to have a check issued that Friday and may not be issued until the following Friday.

3. Health and Safety Requirements ó Seneca-Cayuga CCDF follows State and Tribal Standards.

4. Monitoring Visits – Periodic Visits Will Be Done

- A. Every effort will be made to visit within 30 days of registration (if within 50 miles of office).
- B. Approximately six months after initial visit (more frequently if required).
- C. Visits will be made during the time children are in care.
- D. Health and safety equipment available: smoke alarms, fire extinguishers, first aid kits, outlet covers.

5. Training

- A. Eligible to attend DHS sponsor training.
- B. Eligible to attend training sponsored by Seneca-Cayuga Child Care and Development Department.
- C. Training information is available through the Child Care Department.
- D. The Child Care Director will assist with information, consultation and technical assistance.

6. FACILITY OWNER has authorized the following individual(s) to sign the Seneca-Cayuga Tribe of Oklahoma's Child Care Claim Form.

Facility Owner (if different than Director)

SSN/EIN

Signature: Authorized Individual

Signature: Authorized Individual