



**Director: Niki Logan**  
**CCDF Assistant: Klarrissa Harris**

**PROVIDER CHECKLIST**

**E-mail or Fax is accepted**

- \_\_\_\_\_ Orientation Form/Contract Signed
- \_\_\_\_\_ License
- \_\_\_\_\_ Oklahoma STARS documentation
- \_\_\_\_\_ Out of State (MO. AR. KS.) documentation
- \_\_\_\_\_ w-9 Form
- \_\_\_\_\_ Current Monitoring Report
- \_\_\_\_\_ CECPD Learning Record (PDL for all staff)

**Please sign and date below, stating that you will send the above documents in a timely manner. Please call or email CCDF staff with 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

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## PROVIDER CONTRACT ORIENTATION

Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Facility Owner: \_\_\_\_\_

Name of Facility Director: \_\_\_\_\_

County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please circle the following that applies to your facility:

State Licensed By: OK KS MO AR

Tribally Licensed Only: Yes or No

Oklahoma Providers STAR Rating:

Centers: 5 STAR 4 STAR 3 STAR 2 STAR

Family Child Care Home: 5 STAR 4 STAR 3 STAR 2 STAR

Oklahoma Providers Accreditation: \_\_\_\_\_

Arkansas Providers: Better Beginnings: Yes or No

Missouri Providers: QRIS or Accreditation: Yes or No

Kansas Providers: QRIS or Accreditation: Yes or No



### ❖ SENECA-CAYUGA NATION STATEMENTS:

- Within 60 days of client's acceptance into the CCDF program the CCDF Director, or his/her staff member, will go to the site chosen by the client. He/She will inspect site, answer any questions, and register the facility.
- The Seneca Cayuga Nation follows all DHS health and safety regulations as well as CCDF's health and safety standards written in the ACF-118A Plan/CCDF grant.
- 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 worth of childcare payments. As an independent vendor, the PROVIDER is responsible for federal and state taxes.

### ❖ RESPONSIBILITIES OF THE PROVIDER

- Provider must meet their respective state licensing or license exempt requirements.
- 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.
- Must send **ALL** DHS and tribal monitoring reports as soon as you receive them. **ANY** non-compliance received will need to be sent immediately to CCDF staff.
- Any changes such as a new Director will need to be reported to CCDF staff and a New Provider Orientation packet will need to be filled out with the new Director's information.

### ❖ RESPONSIBILITIES OF PARENTS & GUARDIANS

- Parents must recertify for continued assistance. When re-certification is due for a family, they will receive an email with the recertification attached and a phone call to notify them that it is time for their annual recertification.
- Parents are responsible for additional charges from the provider. Any late pick-up fees that occur will be the parent's responsibility.
- Parents and guardians are responsible for letting CCDF staff and the Provider know of any change that will take place such as changing to a new Provider or no longer needing childcare assistance.

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### ❖ RECORD KEEPING GUIDELINES

- Provider will receive an Approval Letter for the children that will be provided with subsidy from the Seneca-Cayuga Nation CCDF Program.
- 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.
- Processing time is 21 days from receipt of a properly filled out claim form. If a claim form is missing anything or isn't filled out correctly it will be sent back to make the corrections. Claim forms received more than two months later will not be accepted. Holidays may extend processing time. Claim forms must be submitted by the 5th of each month.
- Parent and Provider signatures must be on claim forms.
- Submit each month's claim forms at one time. Do not send each child's claim forms separately.
- Claim may be mailed or emailed using the following (**email is preferred**):

Mail:

Seneca Cayuga Nation CCDF Program  
23701 South 655 Road Grove, OK 74344

Email to both Niki & Klarrissa

[nlogan@sctribe.com](mailto:nlogan@sctribe.com) & [kharris@sctribe.com](mailto:kharris@sctribe.com)

### ❖ HEALTH & SAFETY REQUIREMENTS

- Providers are expected to follow State and/or Tribal Health and Safety Standards.

### ❖ MONITORING VISITS

- Monitoring will be done a minimum of one-time year. We will follow up with a monitoring visit on any non-compliance received by DHS.
- Unannounced visits will be made during the time children are in care to always ensure that the children are always receiving quality childcare.



❖ **TRAINING**

- Eligible to attend state sponsor training.
- Eligible to attend training sponsored by Northeastern Tribal CCDF programs.
- Eligible to attend trainings sponsored by the Seneca-Cayuga Nation CCDF Program

❖ **FACILITY OWNER**

has authorized the following individual(s) to sign the Seneca Cayuga Nation of Oklahoma's Child Care Claim Form.

\_\_\_\_\_  
Facility Owner (if different than Director)

\_\_\_\_\_  
Facility Director

\_\_\_\_\_  
Signature: Authorized Individual (Director)  
(Asst. Dir./Other)

\_\_\_\_\_  
Signature: Authorized Individual



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

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

### **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 Seneca-Cayuga Nation CCDF shall notify the Provider in writing within thirty (30) days of receipt of any necessary changes or amendments to this Agreement resulting from newly enacted State or Federal statutes.



- 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 CCDF staff, then payment may be held until the Nation receives the reports.
- The Seneca Cayuga Nation reserves the right to cancel services in the event of any violations.
- 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

- Notify the Child Care Office of any changes in status of our clients (i.e., living situation, or change of address) 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.
- 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.
- 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.

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- 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.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## ***Seneca Cayuga CCDF Program Contact Information***

### **Mailing Address:**

Seneca-Cayuga Nation (Attn: CCDF)  
PO Box 453220 Grove, Ok. 74345

### **Physical Address:**

23701 S. 655 Rd. Grove, Ok. 74344  
Family Services Building & Early Childhood Development Center

### **CCDF Director:**

Niki Logan  
(918) 791-6055  
[nlogan@sctribe.com](mailto:nlogan@sctribe.com)

### **CCDF Assistant:**

Klarrissa Harris  
(918) 791-6056  
[kharris@sctribe.com](mailto:kharris@sctribe.com)