



190 Hampshire Street
Lawrence, MA 01840
978-686-4288

Date: _____

Dear Colleague:

The Child Care Circuit administers the Voucher Child Care Program for the Greater Lawrence, Haverhill, Cape Ann, North Shore, Tri-City and Eastern Middlesex areas. The enclosed brochure explains what voucher childcare is and how it works.

If you would like to participate in the Voucher Childcare Program, please complete the enclosed Provider Agreement Packet. Please fill out and sign all paperwork and forms, and include a copy of your current DEEC license as well as a copy of your private rates and a Parent Handbook if applicable. **Please return all paperwork to my attention at the address shown above.** To be considered an eligible provider, you must be:

- 1.) Currently licensed by the Department of Early Education and Care, or exempt from licensing by DEEC (a copy of the DEEC exemption letter must be submitted)
- 2.) Participate in the State's Quality Rating Improvement System (QRIS) at a Level 1 or higher.
- 3.) You cannot be the subject of a DCF-51A substantiation or of a licensing litigation with DEEC. Child Care Circuit does not evaluate a program or a provider and does not assume any licensing responsibilities.

Upon receipt of all the required paperwork your information will be reviewed to ensure that all forms etc. have been completed and signed by you and a voucher rate will be established (rates as based on your private rates and the capped reimbursement rate set by DEEC). Once your agreement is complete and approved by Child Care Circuit your information will be added to our Voucher Referral database and a copy of the Voucher Agreement packet will be sent to you for your files. The length of time required to process a voucher agreement will depend on the submission of all required information and all appropriate paperwork being completed.

If you have any questions or concerns regarding the Voucher Agreement packet, please feel free to contact me at the number shown above, I can be reached at extension 595.

Sincerely,

Karen Rodriguez

Karen Rodriguez
Supervisor of Provider Services
KRodriguez@childcarecircuit.org
978-686-4288 ext.595

What is Voucher Child Care?

◆ What is the Voucher Child Care program?

Voucher Child Care is a process by which the Child Care Circuit contracts with the state to make child care accessible to authorized participants of the Dept. of Transitional Assistance and income eligible parents from the state-wide waiting list.

◆ Can I become a Voucher Provider?

You are eligible to participate in the Voucher Child Care Program if all of the following are met:

1. You are currently licensed or identified as a license exempt program by the Dept. of Early Education & Care.
2. You are participating in the State's Quality Rating Improvement System (QRIS) at a Level 1 or higher.
3. You (or a current employee) are not the subject of a substantiated report of abuse/neglect or an EEC licensing litigation.
4. You understand and agree to all of the conditions in the Voucher Child Care Agreement. This is the contractual arrangement between a provider and Child Care Circuit to follow EEC provider policies for subsidized care.

◆ Why should I become a Voucher Provider?

- Voucher enrollment is flexible, as provider can determine the number of children accepted with subsidies.
- Stable source of revenue- guaranteed payment for services
- Marketing support and free publicity through increased referral base.
- Increased enrollment (voucher vs. empty slot)
- Fill a community need for families who require assistance in your area.
- Peer support network
- Meets eligibility requirement by EEC to apply for UPK (Universal Pre-Kindergarten) grant funding.
- Reimbursement rates are more comparable to private rates.

◆ How will parents choose a voucher program and contact me?

Once the parent has been determined eligible, if needed, an Information & Referral counselor will provide them with providers in their requested area that accept child care assistance vouchers. As a Voucher Provider, our program would be among these referrals a parent may choose from.

For more information on the voucher provider process, please contact:

Karen Rodriguez

978-722-2595

KRodriguez@childcarecircuit.org



190 Hampshire St.
Lawrence, MA 01840
(978) 686-4288 or (877) 823-2273

New Child Care Voucher Provider Checklist

Please check off the items that you are returning in this packet:

Required forms that MUST be returned (please only submit required forms, all other information in this packet is for your records):

- Voucher Provider Contact Information
- FY 2017 Rate Certification Form
- Program Closure schedule (Holiday)
(Please include a copy of school calendar if an academic year only program)
- Voucher Reimbursement Form
- Late Pick-up policy
- Child Abuse & Neglect policy
- Completed W-9 Form
- SharePoint Agreement (email address is required)
- CCFA Username Request
(This is the system attendance must be entered into for you to be paid)
- Direct Deposit Form (voided check must be attached)
- Early Education and Care Voucher Services Agreement
(Must be signed by a person in your agency who has the authority to enter into an agreement)
- Program information sheet (for referral database)
- Copy of your EEC license or EEC letter of license exemption
- QRIS Participation Verification – Summary Page (must be at Level 1)

****Child Care Circuit recommends that you keep copies of all information that you submit to us. ALL ORIGINALS MUST BE RETURNED TO THE ADDRESS ABOVE.****

Thank-you,

**Karen Rodriguez
Supervisor of Provider Services**



VOUCHER PROVIDER CONTACT INFORMATION

Please complete the following information for each site and sign at the bottom.

Federal Tax ID#: _____

Parent Agency Name: _____

Program Name: _____
(as it appears on your EEC license)

Site Location: _____

Program Director: _____

Programs Phone Number: _____ Program Fax Number: _____

Program Director's E-mail: _____

Mailing Address: _____

Billing Contact: _____

Billing Phone Number: _____ Billing E-mail: _____

Is Your Agency: For Profit Not for Profit

Does Your Parent Agency Hold Basic Contracts with EEC: Yes No

If Yes what Region: 1 2 3 4 5 6

Does Your Program Provider Transportation: Yes No

**If yes, you must return a copy of your program's transportation policy.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Please note that it is your responsibility to report any changes to Child Care Circuit



Early education and care
and out of school time care.

190 Hampshire Street Lawrence, MA 01840
Toll-Free (800) 660-2868 Local (978) 686-4288
Fax (978) 975-3120 www.childcarecircuit.org





FY2017 RATE NOTIFICATION AND CERTIFICATION

The Department of Early Education and Care ("EEC" or the "Department") cannot pay a provider a rate that is higher than the lowest fee charged to any of its private paying clients for the same type of care, unless an exception can be sufficiently documented.¹ In the event that a provider obtains and uses private donations to fund a scholarship (or other discounted rate system), the provider may enter the maximum EEC daily rate in CCFA provided that the program has documentation, in writing from the donor(s), to adequately fund the difference between the lowest rate charged and the EEC max rate.

The current maximum standard daily rates for the provision of early education and care services in the Commonwealth are attached to this notification and certification form. The daily rate for part-time care is 60% of the full-time rate.

In certifying current rates below, be advised that private rates shall include any rates based on sibling discounts and/or any employee benefits. EEC reserves the right to require all providers and family child care systems to submit documentation (as specified by EEC) to substantiate the rates they charge to their privately paying clients for the same type of services and, if applicable, documentation to substantiate any discounting of private rates with restricted charitable contributions, in writing, by the donor.

For Group and School Age, Center-Based Early Education and Care Programs providing services to infants, toddlers, and pre-school age children, please enter the lowest fee charged to private pay families using the following rate chart:

| Program Type | Full Day Rate | Part Day Rate |
|---------------------|----------------------|----------------------|
| Infant | | |
| Toddler | | |
| Pre-School | | |

For Group and School Age, Center-Based Early Education and Care providing wrap-around services to Head Start children, please enter the lowest fee charged to private pay families using the following rate chart:

¹ The Commonwealth cannot be charged a rate which is higher than the lowest fee charged to the general public for human and social services, including child care, with the following exceptions: (a) where a Provider/Educator has charged and collected a fee calculated based upon EEC's approved sliding fee scale (i.e., parent fees); or (b) where a Provider/Educator has sufficient restricted charitable contributions designated by its donor, in writing, to be used to offset the difference between the child care fee charged and collected to a private paying family and the rate charged to the Commonwealth. See 808 CMR 1.03(4).

| Program Type | Full Day Rate | Part Day Rate |
|------------------------------------|----------------------|----------------------|
| Head Start - Before School | | N/A |
| Head Start - After School | | N/A |
| Head Start - Before & After School | | N/A |
| Head Start - Full Day/Part Day | | |

For Group and School Age, Center-Based Early Education and Care providing wrap-around services to Kindergarten children, please enter the lowest fee charged to private pay families using the following rate chart:

| Program Type | Full Day Rate | Part Day Rate |
|--------------------------------------|----------------------|----------------------|
| Kindergarten - Before School | | N/A |
| Kindergarten - After School | | N/A |
| Kindergarten - Before & After School | | N/A |
| Kindergarten - Full Day/Part Day | | |

For Group and School Age, Center-Based Early Education and Care providing wrap-around services to School Age children, please enter the lowest fee charged to private pay families using the following rate chart:

| Program Type | Full Day Rate | Part Day Rate |
|------------------------------------|----------------------|----------------------|
| School Age - Before School | | N/A |
| School Age - After School | | N/A |
| School Age - Before & After School | | N/A |
| School Age - Full Day/Part Day | | |

For Family Child Care, please complete the following rate chart:

| Program Type | Full Day Rate | Part Day Rate |
|-----------------------|----------------------|----------------------|
| Family Child Care < 2 | | |
| Family Child Care > 2 | | |

In order to be eligible to accept the maximum FY2017 rate, the Provider/Educator certifies to EEC that it will comply with the following requirements:

1. The Provider/Educator currently provides subsidized child care services through EEC funded contracts or vouchers or holds an active agreement to service subsidized child care services through contracts or vouchers.
2. The Provider/Educator will maintain its rate(s) charged to and collected from the general public so as to equal or exceed the rate(s) at which EEC will reimburse the Provider/Educator for the same service(s).

3. If the Provider's/Educator's private rates are lower than EEC's maximum standard daily rates, the Provider/Educator understands that EEC will reimburse the provider at the private rate.
4. EEC reserves the right, subject to appropriation and allotment of funding, to increase the rates paid to providers and systems. EEC further reserves the right to alter, amend and/or revise the rate structure and/or method of payment to providers and systems in accordance with M.G.L. c. 15D, Section 2.
5. In the event that EEC increases the maximum daily rate, the Department will notify all Providers/Educators of the rate increase and require the submission of an "Updated" Rate Notification and Certification form within two months of the rate increase notice, in order to be eligible for any retroactive rate increases, if applicable.
 - a. If EEC increases the maximum daily rates, the Provider/Educator must use the funds received through any FY2017 rate increase to increase salaries², increase benefits, provide stipends for professional development of child care workers, and/or for programmatic quality improvements, unless otherwise specified, in writing, by EEC.
 - b. The Provider/Educator will maintain documentation to support that funds received through any FY2017 rate increase have been distributed in accordance with the requirements outlined in this certification form and in accordance with its own fair and equitable professional development plan. This documentation must detail:
 - i. the amount each staff person received in salary, benefit or stipend and/or the amount used to implement programmatic quality improvements;
 - ii. the effective date of any salary, benefit, stipend, or programmatic quality improvement increase;
 - iii. the reason for the amount given; and
 - iv. the date the increase, benefit, stipend, or programmatic quality improvement was made.

Furthermore, the Provider/Educator acknowledges the following:

1. In addition to all other rights granted to the Commonwealth under law and the Terms and Conditions for Human and Social Services Contracts, EEC Contract and Monitoring Staff may request information and conduct file reviews to determine compliance with all requirements outlined in this certification form.
2. Should the Provider/Educator fail to expend the funds received through the FY2017 rate increase in accordance with these requirements, the funds are subject to recoupment by EEC, and the rate increase may be suspended/and or withdrawn.

² For Provider/Educators electing to increase salaries to pursue the objectives of any FY2017 rate increase, the Provider/Educator may also use any FY2017 rate increase to cover the increased cost of employer payroll tax and fringe benefit obligations directly associated with these salary increases, if necessary, provided that the Provider/Educator is able to maintain documentation of these payroll increases.

3. The Provider/Educator will disburse all funding received through the FY2017 rate increase by June 30, 2017, if applicable.

Legal Name of Provider/Educator:

Region (submit only one form for each region that you hold one or more contracts)

The Provider/Educator agrees to comply with the requirements stated herein above.

Provider/Educator's Authorized Signature

Date

Provider/Educator's Authorized Signatory's Name



MEMORANDUM

To: Department of Early Education and Care (EEC) Contracted Programs/Family Child Care Systems, Child Care Resource and Referral Agencies (CCR&Rs), and Head Start Programs

From: Sandy Fortier-Hollow, Associate Commissioner for Accounting and Contracts

Re: FY17 Closure Schedule for Family Child Care Providers/Family Child Care Systems

Date: May 9, 2016

Annual Submission of Closure Schedule

Early Education and Care Programs/Systems must annually submit a Closure Schedule to the CCR&R/EEC prior to the start of each state fiscal year (prior to July 1st). Any changes to the dates stated on the attached chart must be submitted for approval to the CCR&R/EEC, at least 60 days in advance.

Parental Notice

Programs/Systems must annually provide a final Closure Schedule to parents of all subsidized children (i.e., both voucher and contract) participating in the program by July 1, 2016. For any subsidized child that enrolls after July 1, 2016, the Closure Schedule must be provided prior to enrollment so that parents may make an informed choice about their child care options. In addition, Programs/Systems shall provide parents of subsidized children at least 60 days notice prior to making any changes to its Closure Schedule.

Union Negotiations

Please note that the Collective Bargaining Agreement (CBA) currently in effect for Family Child Care (FCC) Providers receiving subsidized child care payments expires on June 30, 2016. As a result, EEC's negotiations with the FCC Union are ongoing and the negotiations for the CBA running from July 1, 2016 to June 30, 2019 may change the mandatory closure day schedule. It is presently unclear whether there will be changes, so please complete the attached chart in accordance with the directions below. EEC will inform you as quickly as possible if the negotiations between EEC and the FCC Union result in any changes for FY17.

Closure Day Limitations and Requirements

Programs/Systems will be paid only for the number of closures submitted to the CCR&R/EEC, as long as the closure days selected comply with the limitations and requirements set forth below:

1. Closure Day Requirements for Family Child Care Providers/Family Child Care Systems:

- The program must close for both private and subsidized families.
- The program must charge private paying families the full tuition for closure days.
- The program must charge subsidized families their full assessed parent fees for closure days.

2. **# of Approved Closure Days for Family Child Care Providers:** FCC Providers (as defined in M.G.L. c. 15D, §17) who receive subsidized payments from EEC will receive a minimum of 10 holiday closure days as follows:

New Year's Day
Martin Luther King's Birthday
President's Day
Patriot's Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Thanksgiving Day
Christmas Day

- An eligible FCC Provider may substitute religious holidays for any of the identified holidays.
- FCC Systems must make best efforts to schedule trainings on days other than state holidays.

3. **Closure Day Requirements for Family Child Care Systems:** Systems may choose to establish Closure Schedules for all of their affiliated FCC Providers, but must provide FCC Providers with a schedule of closure days as described in this memorandum. FCC Systems may not overlap closure days or make any substitutions other than for a religious holiday as agreed to by the FCC Provider. FCC Providers shall receive 2 professional development closure days and, if eligible, 2 QRIS closure days. FCC Systems who offered their FCC Providers a greater number of closure days in FY14 must continue to do so in this closure schedule for FY17.

4. **Professional Development Closure Day Requirements:** FCC Providers must receive 2 professional development closure days per year.

- Reimbursement for Professional Development: FCC Systems and FCC Providers receiving subsidized payments from EEC designating closure days for professional development opportunities must ensure that educators and staff, including System staff if applicable, engage in professional development activities on those days. Failure to engage in professional development activities may result in denial of reimbursement requests.
- FCC Systems and Professional Development: There is no requirement that professional development opportunities must be sponsored or provided by the System on such closure days.
- Professional development days sponsored by the System shall not require attendance on a religious holiday.

5. **QRIS-Related Closure Day Requirements:**

- All FCC Providers receiving subsidized payments from EEC who are at or above QRIS level 1 shall receive 2 paid days off per year to be used to advance in QRIS.
- All professional development/training must be documented and filed with required QRIS application materials.
- All professional development/training content must support meeting the QRIS standards. This may include understanding the QRIS system, application process, measurement tools, and required documentation.

DEPARTMENT OF EARLY EDUCATION AND CARE
Early Education and Care Program/System FY 2017 Closure Schedule
 (July 1, 2016 to June 30, 2017)

Program/System Legal Name: _____ Vendor Code: _____

Program Site (indicate program name and address if schedules are site specific): _____

Please list the specific dates (month/day/year), including the day of the week and holiday names (if applicable), for each day your Program/System intends to be closed in Fiscal Year 2017.

PAID CLOSURES

| # | Month/Day/Year | Day of the Week | Holiday Name, if applicable | State if Open or Closed |
|-------|----------------|-----------------|-----------------------------|-------------------------|
| 1 | | | Independence Day | |
| 2 | | | Labor Day | |
| 3 | | | Columbus Day | |
| 4 | | | Thanksgiving Day | |
| 5 | | | Christmas Day | |
| 6 | | | New Year's Day | |
| 7 | | | Martin Luther King Day | |
| 8 | | | Presidents' Day | |
| 9 | | | Patriots' Day | |
| 10 | | | Memorial Day | |
| 11 | | | | |
| 12 | | | | |
| PD1 | | | | PD |
| PD2 | | | | PD |
| QRIS1 | | | | QRIS |
| QRIS2 | | | | QRIS |

UNPAID CLOSURES (VOUCHER ONLY)

| # | Month/Day/Year | Day of the Week | Holiday Name, if applicable | Reason for Closure |
|----|----------------|-----------------|-----------------------------|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

| FY 2017 Calendar Days by Month | | | |
|---------------------------------------|----|----------|----|
| July | 21 | January | 22 |
| August | 23 | February | 20 |
| September | 22 | March | 23 |
| October | 21 | April | 20 |
| November | 22 | May | 23 |
| December | 22 | June | 22 |
| TOTAL: 261 Service Days | | | |

TO BE COMPLETED BY EEC/ CCR&R:

Number of FY2017 Open Days: _____.

Number of FY2017 Program Closures: _____.

Total Number of FY2017 Reimbursable Service Days: _____.

Note whether any dates submitted by the Program/System were not approved by EEC/CCR&R as paid closures:

CHILD CARE CIRCUIT

VOUCHER REIMBURSEMENT

I, the undersigned, understand that my program/agency will not be reimbursed for child care services provided to children who are enrolled without a signed, current voucher authorized from the Child Care Circuit. If I accept a child without a signed, current voucher or without a written authorization from the Child Care Circuit, I waive all rights to payment.

Program*/Agency Name: _____

Provider Address: _____
City/Town

Provider Signature: _____
Date

Print Provider Name: _____

Provider Position: _____

Please note that the program name must be entered as it appears on your EEC License

LATE PICKUP POLICY LICENSED PROVIDERS

Program Name*: _____
(as it appears on your EEC License)

This program will follow the procedures below in the event that a parent/guardian is late in picking up his/her child.

1. This program will maintain an updated list of individuals and telephone numbers authorized by the parent/guardian as emergency backup.
2. If a parent/guardian is more than _____ minutes late from the expected time and has not contacted the program, staff will call the emergency backup names as given by the parent/guardian. This program will ask an emergency contact person to pick up the child and release the child to his/her custody.
3. If the parent/guardian does not contact the program and if I am unable to reach the emergency back up individuals during a _____ hour time frame, staff will notify the Department of Social Services and/or the Police Department that the child has been abandoned.
4. Staff may release the child to the Department of Social Services or the Police Department, at their request. Unless this request is made, a staff member (approved to have direct contact with children) from this program will remain with the child.
5. Any parent/guardian who does not pick up his/her child by the designated time will be required to pay a late fee of _____.

Signature _____

Title _____

Date _____

Please note that the program name must be entered as it appears on your EEC License

POLICIES AND PROCEDURES ON INSTITUTIONAL CHILD ABUSE AND NEGLECT FOR CHILD CARE CENTERS, NURSERY SCHOOLS, FAMILY DAY CARE SYSTEMS, CAMPS

The policy detailed below is implemented/followed by:

Agency Name (as it appears on your EEC License)

POLICY

There shall be no corporal punishment of children. No child shall be subjected to cruel or severe punishment, humiliation or verbal abuse, including, but not limited to the denial of food.

DEFINITION

Child Abuse is the non-accidental commission of any act by a caretaker which causes or creates a substantial risk of harm to a child's physical and emotional well being, including sexual abuse.

Child Neglect is the failure by a caretaker, either deliberately or through negligence, to take those actions necessary to provide a child with minimally adequate food, safety, clothing, shelter, medical care, supervision, or other essential care.

PROCEDURE

Whoever has a reasonable cause to believe that a staff member or family day care provider may have been abusive or neglectful toward a child(ren) shall immediately notify their supervisor and/or program.

“Reasonable Cause” means that after examining all the facts in a particular situation, most people with similar training and experience would also suspect abuse/neglect.

The suspected or alleged employee or family day care provider shall be immediately removed from working directly with children until a written investigation has been completed.

The Program Director or supervisor must immediately notify the Executive Director or designee. The Executive Director or designee will assess the situation and if warranted, report the suspected or alleged incident to the Department of Social Services and the Child Care Circuit within 24 hours.

The program director will prepare within twenty-four hours, but no later than thirty-six hours, a written report of the situation. That report shall include dates, times, names of all parties (adults and children), places and a description of the incident(s).

The Personnel Practices Manual (if applicable) will be adhered to in handling any employee suspected or substantiated of inflicting abuse or neglect.

SIGNATURE: _____

TITLE: _____

DATE: _____

Request for Taxpayer Identification Number and Certification

Completed form should be given to the requesting department or the department you are currently doing business with.

Please print or type

| | | |
|--|--|----------------|
| Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2) | | |
| Business name , if different from above. (See Specific Instruction on page 2) | | |
| Check the appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶----- | | |
| Legal Address: number, street, and apt. or suite no. | Remittance Address: if different from legal address number, street, and apt. or suite no. | |
| City, state and ZIP code | City, state and ZIP code | |
| Phone # () | Fax # () | Email address: |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.
Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number
□ □ □ - □ □ - □ □ □ □

OR

Employer identification number
□ □ - □ □ □ □ □ □ □ □

DUNS
□ □ □ □ □ □ □ □ □ □

Vendors:
Dunn and Bradstreet Universal Numbering System (DUNS)

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am an U.S. person (including an U.S. resident alien).
- I am currently a Commonwealth of Massachusetts's state employee: (check one): No ___ Yes ___ If yes, **in compliance with** the State Ethics Commission **requirements**.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

| | | |
|------------------|-------------------------------|---------------|
| Sign Here | Authorized Signature ▶ | Date ▶ |
|------------------|-------------------------------|---------------|

Purpose of Form
A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments.

The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement –

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at www.ccr.gov. Any entity that does not have a DUNS number can apply for one on-line at www.DNB.com under the DNB D-U-N Number Tab.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ The minor ² |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The grantor-trustee ¹ |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The actual owner ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | |
| 5. Sole proprietorship | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Sole proprietorship | The owner ³ |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.

Child Care Circuit

190 Hampshire Street
Lawrence, MA 01840

Re: Efficient Method of Transferring Child Care Circuit Documents to You!

Dear Executive Director:

The Child Care Circuit is pleased to offer a system for transferring CONFIDENTIAL DOCUMENTS to child care agencies with voucher agreements. We rolled this out the beginning of May 2010 and have been successfully utilizing this method since its roll out date. We use this system for posting request for reimbursements (RFR's), vouchers and other confidential documents for your agency to our secure SharePoint server. You will be able to securely access, download, and print the documents from any location with internet access.

The internet address of our electronic system is <http://providersite.childcarecircuit.org>. **You will need to identify a SharePoint Administrator for your site/agency.** The SharePoint Administrator will be responsible for creating user logins for your staff that need to access these documents.

Please review, complete and sign the enclosed user agreement that also requires the signature of your SharePoint Administrator. Please return this signed document with the additional Initial Voucher Agreement documents.

If you have any questions, please contact me at CDoucette@childcarecircuit.org or 978-722-2547.

Thank you.

Cyndi Doucette

Cyndi Doucette

Manager of Provider Services

Child Care Circuit

SharePoint User Agreement

The Child Care Circuit SharePoint Provider Site (<https://providersite.childcarecircuit.org>) is a web-based store for provider documents. Some of these documents may contain sensitive personal information. As such, good security practices are essential to ensure the privacy of the documents stored on the site. Before accessing the system, all providers are required to read, sign, and return this document to: **Child Care Circuit, Ms. Cyndi Doucette, 190 Hampshire Street, Lawrence, MA 01840**

Site Access

The address of the site is <https://providersite.childcarecircuit.org>. This site is secured with SSL encryption. Access to the web site is restricted through the use of usernames and passwords. Once staff is registered, they will be able to access their center's documents.

SharePoint Administrator/Site Registration:

Each center/system/agency must identify a SharePoint Administrator (SPA). The SPA is responsible for creating usernames and password for their staff on the web site. The SPA will have access to restricted pages on the provider site, on which they can register staff. SPA's should create individual IDs for each staff member that needs to access the site, rather than create a single username and password that is shared by multiple staff members.

Password Recovery/Changes

Registered site users can change their passwords, and reset forgotten passwords through the web site. The Child Care Circuit will not routinely provide this service.

Staff Changes

It is the center's/system's/agency's responsibility to notify Child Care Circuit when staff members with access to SharePoint Provider Site have left, or are no longer allowed to access the provider site.

Security of Documents

Once documents have been downloaded from the provider site, their security is the responsibility of the center/system/agency. **Please note that vouchers uploaded to SharePoint do not require a signature and are considered valid and will be honored by Child Care Circuit. All voucher payments are subject to available EEC funding.**

The SharePoint Administrator for our site is: _____

Email Address of SharePoint Administrator: _____

Center/System /Agency Name/Address: _____

I HAVE READ, UNDERSTAND AND ACCEPT MY RESPONSIBILITIES WITH THE SHAREPOINT USER AGREEMENT.

SharePoint Administrator Signature

Date

Executive Director/President/Superintendent/Principal Signature

Child Care Financial Assistance (CCFA) Application

Request for Users

(This is the new electronic attendance system that you are required to submit attendance electronically through)

Agency Name: _____

Agency Administrator:

Name: _____

Email Address: _____

Phone Number: _____

Attendance Specialist:

Name: _____

Email Address: _____

Phone Number: _____

Attendance Specialist (Back-up):

Name: _____

Email Address: _____

Phone Number: _____

Other: _____

Name: _____

Email Address: _____

Phone Number: _____

Signature

Date

Printed name & Title

Please return this form to your local CCR&R so that your account can be established once the CCFA system becomes available.

The next 7 pages is your voucher agreement, please read carefully to ensure all requirements are met within the agreement.

Any questions, please contact:

Karen Rodriguez, Supervisor of Provider Services – Krodriguez@childcarecircuit.org – 978-722-2595

Cyndi Doucette, Manager of Provider Services – Cdoucette@childcarecircuit.org – 978-722-2547

Early Education and Care Voucher Services Agreement



This Agreement is between the local Child Care Resource and Referral Agency (“CCR&R”) and your program¹, either a licensed or license-exempt early education and care provider^{2,3} (hereinafter referred to as “Provider”) or a Family Child Care System (hereinafter referred to as a “System”).⁴

I. The Provider/System further agrees to the following terms and conditions:

1. Provision of Education and Care Services

The Provider/System agrees to:

- Provide/administer early education and care services for children whose families qualify for publicly funded early education and care services. The Provider/System understands that the child’s parent or guardian will be responsible for deciding to place the child in its care.
- Provide early education and care services in an EEC licensed space or an EEC license-exempt space in accordance with EEC licensing regulations and any updates thereto. See www.mass.gov/eec to access EEC’s licensing regulations. The Provider/System understands that neither EEC nor the CCR&R will pay for the care of children in space that is either unlicensed or not license-exempt space.
- Utilize EEC’s web-based Child Care Financial Assistance (“CCFA”) system to enter and maintain attendance in a timely manner, ensure attendance is accurate, and submit billing monthly, unless agreed to, in writing, by the CCR&R.

2. Applicable Laws, Policies and Agreements

The Provider/System agrees to comply with all applicable, Federal, State, and/or local laws or regulations, policies and agreements impacting the provision of early education and care services, including but not limited to:

¹ Any licensed independent family child care provider who enters into an Early Education and Care Voucher Services Agreement with a CCR&R may only accept voucher referrals through the CCR&R and may not accept referrals through a family child care System. Family child care providers affiliated with a System cannot enter into a Voucher Agreement with a CCR&R or accept voucher referrals directly from a CCR&R. Family child care providers can only affiliate with one family child care System at a time.

² The term “Provider” shall refer to all center-based programs, independent family child care providers, System affiliated providers, and schools providing voucher early education and care services. In signing this Agreement, a System is agreeing that its affiliated providers are bound to the terms and conditions contained in this document.

Agencies that have parent companies must have the parent company enter into the Voucher Agreement. The parent company must specify on a separate attachment to the Agreement the names of each agency under it and location of each site that will be providing voucher services. Any terms or conditions agreed upon by the parent company must also be adhered to by any agencies/sites providing voucher early education and care services under the parent company’s control. The parent company must immediately notify the CCR&R whenever an agency under it will discontinue its voucher services and/or a new agency under it would like to provide voucher services. The parent company must also immediately notify the CCR&R of any changes to sites where voucher services are or will be provided. The CCR&R must approve in advance and in writing any such changes.

³ Where voucher services will be provided at more than one site, the CCR&R must confirm the licensing status (licensed or license-exempt) for each site. Agencies with multiple sites must also provide annually published rate information and hours of operation that are specific to each site. Rate sheets attached to this Agreement must specify the rates for each site.

⁴ Systems must hold an Income Eligible Contract or Priority Populations Contract (Supportive, Teen, and/or Homeless) with the Department of Early Education and Care (EEC) in each Region where they administer voucher child care services.

- The Civil Rights Act of 1964 and the Americans with Disabilities Act, and any amendments thereto, which apply to the provision of early education and care services;
- EEC’s statutes, regulations, policies and procedures, which include, but are not limited to, those outlined in M.G.L. c. 15D, EEC’s Financial Assistance Policy Guide, EEC’s Management Bulletins, 606 CMR 10.00 et. seq. (EEC’s subsidy regulations), and 606 CMR 7.00 (the licensing regulations);
- 808 Code of Massachusetts Regulations 1.00 et. seq. (applies to Providers/Systems that have a responsibility to file an annual Uniform Financial Report with the Operational Services Divisions (OSD), as described in greater detail below; and
- The Collective Bargaining Agreement between Local 509, Service Employees International Union and the Commonwealth of Massachusetts Department of Early Education and Care entered into on behalf of family child care (“FCC”) providers and in-home caregivers who care for children in their own home and receive payments for subsidized child care (hereinafter “FCC CBA”).

3. Quality and Improvement Rating System (QRIS)

The Provider/System agrees to:

- Participate in the Massachusetts Quality and Improvement Rating System (QRIS) in accordance with EEC’s policies, procedures, timelines, and, if applicable, the terms and conditions of any direct contract with EEC. For all early education and care providers that began serving voucher children on or after July 1, 2012, participation in QRIS, for the purposes of this Voucher Services Agreement, means that the Provider completed the EEC QRIS Application and submitted it to EEC. EEC and the CCR&R reserve the right to update and/or amend the requirements for participation in QRIS over time.

4. Transportation

If transportation is provided to any child receiving any early education and care services subsidized through a voucher, the Provider/System agrees to:

- Provide safe transportation in accordance with EEC’s licensing requirements and any applicable State and/or local laws, regulations, requirements, and/or policies, including but not limited to the Massachusetts Registry of Motor Vehicles and/or the Massachusetts Department of Transportation. If transportation services are paid for by the CCR&R, then the Provider/System agrees to enter into a Transportation Addendum with the CCR&R and adhere to its terms and conditions. If there is a transportation incident, including but not limited to an accident or an issue requiring the filing of a 51A, while children are being transported, then the Provider/System agrees to notify EEC and the CCR&R.

5. Notification

The Provider/System agrees to:

- Notify the CCR&R in writing regarding any changes to the Provider/System’s location, management, ownership, or significant financial situations (i.e., IRS tax lien, bankruptcy filings) at least thirty (30) days before the change or financial situation occurs to avoid disruption in care and avoid subsidy payments from being delayed and/or withheld; and
- Notify the CCR&R and enrolled families, in writing, at least thirty (30) days in advance of any permanent or temporary closure. The Provider/System must work cooperatively with the CCR&R to transition such families to alternate providers for the continuation of early education and care services.

6. Notification Regarding Substitute Care (for Systems only)

The System agrees to:

- Pay the provider that provided the substitute care if substitute care is offered and accepted by a regularly enrolled family.
- With the exception of any EEC approved closures (up to 14 per year) or substitutions as permitted by the FCC CBA and the application of earned sick time under M.G.L. 149, § 148C and 940 CMR 33.00 et seq., FCC Systems cannot bill the CCR&R for any days where its affiliated providers are not open or are unavailable to provide care.

7. Confidentiality

The Provider/System agrees to:

- Keep confidential from any third party, except as indicated below, any personal/medical/financial information regarding a voucher recipient, including the parents' and children's names, dates of birth, social security numbers, and the fact that the family receives a subsidy. Such information may be shared with EEC, EEC's agents, agencies of the Commonwealth, and/or other entities as directed by EEC, in accordance with applicable laws.

8. Closures

Providers/Systems that hold direct contracts with EEC agree to:

- Be open and provide services in accordance with the terms and conditions outlined in their contracts with EEC.

Providers that do not hold direct contracts with EEC agree to:

- Provide care year round except for closure periods/days approved by the CCR&R.

Providers/Systems agree to:

- Annually submit to the CCR&R for approval a Closure Form. Closures must be in accordance with EEC's policies and, if applicable, the terms of any direct contract with EEC and the terms of the Family Child Care Collective Bargaining Agreement.

9. Financial Reporting

Providers/Systems receiving \$500,000 or more in voucher funds agree:

- To file a Uniform Financial Report (UFR) electronically with the Operational Services Division (OSD), on or before the 15th day of the fifth month after the end of the Provider/System's fiscal year end, unless expressly exempted by OSD from having to file.⁵
- To adhere to 808 CMR 1.00 et. seq. and Title 48 Code of Federal Regulations Part 31 which apply to any voucher funds they receive.

All Providers/Systems agree:

- To provide electronically to EEC's Director of Audit Resolution, any audit that contains material weaknesses and/or reportable conditions or disclosures along with a Corrective Action Plan ("CAP") prepared by the Provider's/System's executive officer and approved by its Board of Directors (if applicable) to address the conditions/disclosures within thirty days (30) days of issuance of the audit.

⁵ For information regarding the UFR and OSD's regulations and policies visit OSD's website: www.mass.gov/osd. See also OSD's Audit and Preparation Manual (also available on its website) for entities exempted from filing a UFR.

10. Earnings/Surplus Revenue Retention Cap (applies to Providers/Systems that have an Income Eligible Contract; and/or Providers/Systems that have a Priority Populations Contract; and/or Providers/Systems that receive \$500,000 or more in voucher funds annually).

Such For-Profit Providers/Systems agree:

- Not to exceed a commercial fee cap of 5%. *See* 808 CMR 1.03(6).

Such Not-For-Profit Providers/Systems agree:

- Not to exceed a surplus revenue retention cap of 5%. *See* 808 CMR 1.03(7).

11. Certifications and Indemnification

The Provider/System agrees to the following:

- The Provider/System certifies that neither it, any of its staff, nor any affiliated provider has been debarred from any transaction with a public agency and/or has been convicted of any charge involving misuse of public funds or property, within the past three (3) years.
- The Provider/System shall indemnify and hold harmless the CCR&R, EEC, and/or the Commonwealth (including their agents and employees) against any and all liability, loss, and/or damages that may occur in connection with the provision of early education and care services, including but not limited to any acts, omissions, negligence, or intentional conduct of the Provider/System, its agent(s), officers, employees or subcontractors.
- The Provider/System understands and certifies herein that the Provider/System enters into this Agreement as an independent contractor and shall not be considered an employee of the CCR&R, EEC, and/or the Commonwealth. FCC System affiliated providers shall not be considered employees of the CCR&R and/or the Commonwealth as a result of providing voucher services except as described in M.G.L. c. 15D, §§ 2 and 17 and c. 149, § 148C.
- The Provider/System certifies that it has been provided this the Agreement and has read, understands and will comply with the terms outlined in the document.
- The Provider/System agrees to maintain a copy of this Agreement in its files for a minimum of seven (7) years.
- The Provider/System certifies that any information provided by the Provider/System to be included in this Agreement is true and accurate.

II. The CCR&R agrees to:

1. Eligibility Assessments/Parent Fees

The CCR&R agrees to:

- Conduct initial and ongoing eligibility assessments in accordance with EEC's regulations and policies.
- Assess the voucher parent's/guardian's fee in accordance with the Commonwealth of Massachusetts' Child Care Sliding Fee Scale and sign a Fee Agreement with each parent/guardian, as applicable, in accordance with EEC's policies and procedures.

2. Referrals

The CCR&R agrees to:

- Refer eligible parents/guardians to appropriate subsidized child care programs that have contracts with EEC or with other state and local resources, and/or voucher agreements with the CCR&R, provided that the programs are in good standing with EEC's regulations, policies and/or other requirements.

3. Reimbursement

The CCR&R agrees to:

- Review and approve each fully completed and timely submitted request for reimbursement, utilizing EEC's web-based Child Care Financial Assistance (CCFA) application, then submit CCFA generated invoices to EEC with original, wet signature, in accordance with the timeframes established by the Department.
- Reimburse the Program for authorized and enrolled days of eligible voucher recipients as requested, or inform the Program of the reason for disallowance of payment.
- Reimburse the Program within five (5) working days of receipt of reimbursement from EEC.

III. Both Parties agree to the following:

1. Rates / Payments

Both parties agree that:

- Subject to appropriation and the availability of funds, the rate(s) specified in the attached rate sheet shall be in effect for the duration of this Agreement, unless otherwise amended.⁶ EEC shall have the right to increase or decrease a Provider/System's rate based on the amount of available funding or budget appropriation. EEC shall provide prior notification to the Provider/System of any changes to the rates.
- All vouchers payments are subject to available funding.

2. Improper Payments

Both parties agree that:

- The CCR&R and/or EEC shall have the right to recoup and/or demand repayment of any improper payments made by the Provider/System, including, but not limited to payments made on behalf of ineligible families, or where a Provider/System double bills EEC and/or the CCR&R for services.

3. Limiting Vouchers

Both parties agree that:

- The CCR&R and/or EEC may limit the number of vouchers a Provider/System may accept.

4. Access to Site/Records

⁶ Upon the CCR&R or EEC's request, but no less than once per year, Providers/Systems must submit their public or private pay rates that they (or their affiliated providers) charge for early education and care services before they can receive payment. Providers/Systems and System-affiliated providers must not charge/bill the CCR&R and/or EEC a higher rate for families receiving early education and care subsidies than they charge for private paying families for the same type of care, unless the Provider/System has sufficient restricted revenue to offset the difference between the Provider/System's voucher reimbursement rate and the lowest rate charged to any of its privately paying families (multiplied by however many contract/voucher/grant slots the Provider/System holds). Any revenue must have been restricted in writing by the donor specifically for the purpose of offsetting privately paying parents' rates for child care prior to the period in which such funds are being used. The Provider/System must include any information about scholarships/discounts that may be offered to private paying parents, including, but not limited to, discounts for early payments with the submission of private rates. The Provider/System must maintain records to document the off-set available for any years where discounted rates are charged to private paying families or scholarships are offered.

Both parties agree that:

- The CCR&R, EEC, and/or any other authorized state agency, including but not limited to the State Auditor’s Office, shall have access to the Provider's/System’s site/office, including the location of early education and care related records, at any time, upon reasonable notice.

5. Termination

Both parties agree that:

- This Agreement may be terminated by either party with two weeks written notice with or without cause. Cause may include, but is not limited to, when a Provider/System changes its days/ hours of operation and consequently the needs of its enrolled families are no longer met or where a Provider/System bills the CCR&R and/or EEC for services not provided.
- This Agreement may be terminated immediately if EEC and/or the CCR&R finds that the health or safety of one or more child in care is at risk, if there is insufficient funding available to pay for early education and care related services, and/or a Provider/System has undergone a substantial change, has had unapproved closures, and/or is experiencing a significant financial situation (e.g., merger, bankruptcy, IRS tax liens, major debt/ lack of operating income, etc.).
- This Agreement may end sooner than two weeks in the event the System’s Contract (Income Eligible or Priority Population) with EEC ends, so that the end date of the Contract and the Voucher Agreement coincide.

6. Effective Dates and Amendments

Both parties agree that:

- This Agreement becomes effective when signed by both the CCR&R and the Provider/System and supersedes any prior Voucher Agreement in effect between the CCR&R and the Provider/System.
- Any amendments to this Agreement must be made in writing and signed by both parties.
- Amendments to this Agreement will become effective when signed by both parties, or on such later date as the parties may agree.

Name of Child Care Center (parent entity if applicable)/FCC Provider/System/License-Exempt Provider

Fed. ID # / Social Security #

Signature of Authorized Representative for Provider/System Date

Telephone number E-mail address

The CCR&R has reviewed the contents of this Agreement with the Provider/System and certifies that the approved rates(s) have been verified according to EEC’s regulations and policies.

Signature of Authorized Representative of Child Care Resource and Referral Agency Date

Printed Name of Authorized Representative of the CCR&R and Title

Agency Specific Information (where a Parent Entity is signing the Agreement):
Please list the name and address of each agency that is governed by the Parent Entity and will be providing early education and care voucher services.

Site Specific Information:

Please list below the names and locations for each site where your program/agency will be providing early education and care voucher services:

Site #1:

Name of Program

Address of Site

Site #2:

Name of Program

Address of Site

Site #3:

Name of Program

Address of Site

Site #4:

Name of Program

Address of Site

Site #5:

Name of Program

Address of Site

Site #6:

Name of Program

Address of Site

Provider Name: _____

Name of Program (if applicable): _____

Address: _____ Apt # _____

City: _____ **Zip:** _____ **Phone:** _____

Mailing Address: (if different than above) _____

City: _____ **Zip:** _____

E-mail Address: _____ **Website:** _____

License Type: _____ **Regular FCC** _____ **Large FCC**

Ages Accepted: From _____ to _____

| Age Group | License Capacity | Current FT Vacancies | Full Week Rate | Daily Rate | Other Rate |
|-----------------------|------------------|----------------------|----------------|------------|------------|
| Infants | | | | | |
| Toddlers | | | | | |
| Preschool | | | | | |
| School age – B/S | | | | | |
| School age – A/S | | | | | |
| School age - full day | | | | | |
| Kindergarten | | | | | |

Any additional rate information: _____

I offer part time care _____ Yes _____ No

Current part time openings: # _____ infants # _____ 15 months – 2 years # _____ over 2 years
_____ preschool # _____ School Age

Comments on openings: _____

Transportation

- Transportation Provided Walking Distance to School Near Public Transportation
- On Public School Bus Route Provides School Age Transportation

What Elementary school(s) do you serve? _____

Is transportation provided to the school? _____ Yes _____ No

If yes, to / from what schools? _____

If you offer transportation, what are the fees charged? _____

Please list ALL languages spoken by staff (including American Sign Language):

Other side →

I offer these schedule options (check all that apply):

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Part week | <input type="checkbox"/> Part day | <input type="checkbox"/> Full day |
| <input type="checkbox"/> 2nd shift | <input type="checkbox"/> 3rd shift | <input type="checkbox"/> Sick care |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Overnight | <input type="checkbox"/> Flexible Schedule |
| <input type="checkbox"/> Open school vacation week | <input type="checkbox"/> Full week | <input type="checkbox"/> Weekend |

Schedules - Days care provided

Days: S M T W T F S Hours: From _____ To _____

Evenings (if applicable): S M T W T F S Hours: From _____ To _____

Overnight (if applicable): S M T W T F S Hours: From _____ To _____

Program Year: (check only one)

- Open all year Open school-year only Open summer only

Does your program offer any of these care options?

- Emergency back-up care Respite care Drop in care
 Before school care After school care Rotating Schedules
 Holiday Care

I charge the following additional fees

- | | | |
|---|---|--|
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Late Pick Up Fee | <input type="checkbox"/> Extended Care Fee |
| <input type="checkbox"/> Waitlist Fee | <input type="checkbox"/> Materials Fee | <input type="checkbox"/> Activities Fee |

QRIS Level Granted _____ **QRIS #** _____

Program Environment (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accepts Cloth Diapers | <input type="checkbox"/> Adult Pool | <input type="checkbox"/> Air Conditioned |
| <input type="checkbox"/> Approved Assistant | <input type="checkbox"/> Cat(s) | <input type="checkbox"/> Dog(s) |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Field Trips Taken | <input type="checkbox"/> No Pets |
| <input type="checkbox"/> Other Pets | <input type="checkbox"/> Peanut Free | <input type="checkbox"/> Smoke Free |
| <input type="checkbox"/> Uses Public Playground | <input type="checkbox"/> Wheelchair Accessible | |

Meals (Check all that you provide or that apply to your program)

- | | | |
|---|---|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Morning Snack | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Afternoon Snack | <input type="checkbox"/> Dinner | <input type="checkbox"/> I belong to a Food Program |
| <input type="checkbox"/> Special Meal Request | <input type="checkbox"/> Parents Provide Food | <input type="checkbox"/> Parents Provide Lunch |

I use the following Program Philosophy (Check one if appropriate)

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic Program | <input type="checkbox"/> High/Scope Approach | <input type="checkbox"/> Learning/Play |
| <input type="checkbox"/> Montessori | <input type="checkbox"/> Parent Cooperative | <input type="checkbox"/> Piaget |
| <input type="checkbox"/> Reggio Emilia | <input type="checkbox"/> Religious Orientation | <input type="checkbox"/> Resources for Infant Educators |
| <input type="checkbox"/> Waldorf | | |

Financial Assistance (Check all subsidies that you accept)

- | | | |
|--|--|---|
| <input type="checkbox"/> Campership | <input type="checkbox"/> Contracted Slots | <input type="checkbox"/> DCF Supportive Slots |
| <input type="checkbox"/> Headstart | <input type="checkbox"/> Private Scholarship | <input type="checkbox"/> Sibling Discount |
| <input type="checkbox"/> Sliding Fee Scale | <input type="checkbox"/> Teen Parent Slot | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Other | <input type="checkbox"/> Voucher | |

I accept Part Time Vouchers _____ Yes _____ No

I have the following Program Policies (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Written Contract | <input type="checkbox"/> Written Handbook | <input type="checkbox"/> Provider Sick Allowance |
| <input type="checkbox"/> Provider Vacation Allowance | <input type="checkbox"/> Child Absence Allowance | |

Special Skills Available In Your Program (check all that apply; program has experience with or allows for)

- | | | |
|---|---|--|
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Onsite Therapy | <input type="checkbox"/> Onsite Medical Care |
| <input type="checkbox"/> Onsite Nurse | | |

Special Needs (check all of the following health conditions that you have experience working / caring for children with)

- | | | |
|--|---|--|
| <input type="checkbox"/> Experience | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma/Allergies |
| <input type="checkbox"/> At risk | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Behavioral |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Emotional/Social | <input type="checkbox"/> Feeding Tube |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Monitors | <input type="checkbox"/> Parental Incapacity | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Sensory Integration | <input type="checkbox"/> Special Diet | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> None | <input type="checkbox"/> Other |

Other side →

I have the following Accreditation (Check one if any apply)

- NAFCC NAEYC NSACA
 ACA NAEYC in process

Is your Program affiliated with any of the following? (check all that apply)

- Local Family Child Care Association
 Coordinated Family & Community Engagement Grant Council
 Support Group Leader Other

Are you willing to assist with advocacy efforts by:

- Phone Tree Leader Phone Tree Participant Write Letters
 Visit Legislators On Mailing List

How often are written Child Assessments completed? (Check one)

- Annually Twice a Year Quarterly

What type of Child Assessment does your program use?

- Ages & Stages Creative Curriculum
Developmental Continuum High Scope Child
Observation Record
 Work Sampling System Our Own Developed Assessment Teaching Strategies Gold
 Other

Do you belong to a Family Child Care System? ____ Yes ____ No

If 'Yes' what is the name of FCC System: _____

I employ a certified assistant: ____ Part time ____ Full time

____ I only use an approved assistant as needed ____ I do not use any assistants

Please list all pets: _____

What type of Family Care Setting is your program in?

____ House ____ Apartment ____ Town House ____ Duplex ____ Multi - Family ____ Other

Is there a dedicated indoor play area for the children? ____ Yes ____ No

Do you use a car regularly during child care hours? ____ Yes ____ No

I have the following (Please check all that apply):

_____ High School Diploma/GED _____ Child Development Associate (CDA) Credential

_____ An Associate's Degree in _____

_____ A Bachelors Degree in _____

_____ I am currently pursuing my degree in _____

_____ I have taken some Early Childhood College courses

Please list any other degrees/certifications you or your staff may have (teacher, lead teacher or director certified, special education training, etc. _____)

What is the total number of years of experience working in the Early Childhood Field? _____

Please tell us how much your gross income was in total last year for your family child care business:

___ under \$9,999 ___ \$10-20,000 ___ \$21-30,000 ___ \$31-40,000 ___ over \$40,000

Benefits: Please check all of the benefits that you have available to you.

- | | | |
|---|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Paid Vacation |
| <input type="checkbox"/> Unpaid Vacation | <input type="checkbox"/> Paid Sick Leave | <input type="checkbox"/> Unpaid Sick Leave |
| <input type="checkbox"/> Other | <input type="checkbox"/> Refused | |

Census Bureau Statistics (optional):

My Race is: ___ White ___ Hispanic ___ African/American ___ American Indian

___ Asian Indian ___ Native Hawaiian ___ Chinese ___ Japanese ___ Filipino

___ Vietnamese ___ Samoan ___ Other Asian ___ Other

My ancestry / ethnic origin is: _____

Please share with us information about your child care environment, philosophy, daily schedule or program that we can include in your record for parents to read, or mail or email us your brochure. (Use back if needed)

What training opportunities would be most helpful to you? _____

Again, thank you for taking the time to join us in our efforts in keeping your program's information current in our data system!!