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,

Massiel Tremols

Massiel Tremols
Supervisor of Provider Services
MTremols@childcarecircuit.org
978-686-4288 ext.595

CHILD CARE CIRCUIT

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:

Massiel Tremols
978-722-2595
MTremols@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
( ) Rate Increase 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,

Massiel Tremols
Supervisor of Provider Services

CHILD CARE AWARE OF MASSACHUSETTS
VOUCHER PROVIDER CONTACT INFORMATION

Please complete the following information:

Federal Tax ID# _____

Program Name (*as it appears on your EEC License*) & **Mailing, Billing & Payment Address:**:

_____

_____

Program Telephone# _____ **Fax#**_____

Name of Person Responsible for **Voucher Enrollment**: _____

Telephone _____ E-Mail_____

Name of Person Responsible for **Billing**: _____

Telephone _____ E-Mail_____

Program Location, Name &Address:

_____

_____

Name of Program Director: _____

Telephone _____ E-Mail_____

Name & Address of Parent Agency: _____

_____

Name & Address of Executive Director: _____

_____

Telephone of Executive Director: _____

E-mail of Executive Director: _____

Is your organization (*circle one*) **For Profit** **Not For Profit**

Does your parent company have a **Basic Contract with EEC**? Yes No
If **YES**, in which **Region(s)**? ( ) 1 ( ) 2 ( )3 ( ) 4 ( ) 5 ( ) 6

Does your program provide transportation? (circle one) Yes No
If yes, you must return a copy of your programs transportation policy.

Does your program offer any discounted rates and if so please describe: sibling discount/employee discount.
Please note that these discounts are also applied to voucher rates. _____
_____

Signature: _____ **Title:** _____ **Date:** _____

******Please note that it is your responsibility to report any changes to Resource & Referral Agency******

FAMILY CHILD CARE PROVIDER
FY2017 RATE INCREASE CERTIFICATION

In order to be eligible to accept the maximum FY2017 rate increase, the Provider/Educator certifies to the Department of Early Education and Care ("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) under the FY2017 rate increase provider agreement contract amendment(s).[1]

3. In the event that any of the Provider/Educator's rates charged to and collected from the general public (also known as its private rates) are below the rate(s) at which EEC will reimburse the Provider/Educator for the same service(s), the Provider/Educator will, no later than June 1, 2017, increase its rate(s) charged to 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) under the FY2017 rate increase provider agreement contract amendment(s).

4. The Provider/Educator is certifying that this rate is effective July 1, 2016. The Published Private Rates in the Child Care Financial Assistance (CCFA) must be updated with an effective date of July 1, 2016, to receive the rate increase.

5. The Provider/Educator must use the funds received through the FY2017 rate increase to increase salaries[2], increase benefits, provide stipends for professional development of child care workers, and/or for programmatic quality improvements.

---

[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).

[2] For Provider/Educators electing to increase salaries to pursue the objectives of this FY2017 rate increase, the Provider/Educator may also use the 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.

6. The Provider/Educator will maintain documentation to support that funds received through the 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:

    a. the amount each staff person received in salary, benefit or stipend and/or the amount used to implement programmatic quality improvements;
    b. the effective date of any salary, benefit, stipend, or programmatic quality improvement increase;
    c. the reason for the amount given; and
    d. 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.

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

EEC is collecting your published/private rates on the chart below. Please complete as applicable to your program:

Provide Region and Effective Date	
Region: _____	**Effective Date: _____**
Provide Private Pay Rate	
Center Based Program	
Infant	
Toddler	
Preschool	
Before School	
After School	
Berfore and After School	
School Age Full Day	
Family Child Care (If a FCC System include Admin. Rate)	
Providers: Under 2 Years of Age	
Providers: 2 Years of Age and Over	
Head Start	
Before Head Start (up to 2 hours)	
After Head Start (minimum 4 hours)	
Before and After Head Start	
Full Day (Head Start Not in Session)	
Kindergarten	
Before Kindergarten	
After Kindergarten	
Before and After Kindergarten	
Full Day Kindergarten	

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

Department of
Early Education and Care
The Commonwealth of Massachusetts

Thomas L. Weber, Commissioner

MEMORANDUM

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

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

Re: FY18 Closure Schedule for Family Child Care Providers/Family Child Care Systems

Date: May 2017

Annual Submission of Closure Schedule

Early Education and Care Programs/Systems must annually submit a Closure Schedule to the CCRR/EEC prior to the start of each state fiscal year (prior to July 1st). Any changes to the dates you state on the attached chart must be submitted for approval to the CCRR/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, 2017. For any subsidized child that enrolls after July 1, 2017, 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 expired on June 30, 2016. A new contract in effect from July 1, 2016 to June 30, 2019 is presently being considered by Union membership. The new contract could change the mandatory closure day schedule, though that is not expected at this time. Please complete the attached chart in accordance with the directions below. EEC will inform you as quickly as possible if there are any changes in the closure day schedule.

Closure Day Limitations and Requirements

Programs/Systems will be paid only for the number of closures submitted to the CCRR/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 FY18.

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.

Unpaid Closures

As noted above, EEC pays for a prescribed number of closure days. There are providers that know in advance that they will be closed for more days than the EEC-prescribed paid closure days. We request that providers complete the attached chart ("Unpaid Closures") if a provider knows **now** days in FY18 that will be unpaid closures. (Note: This chart is not intended to include emergency days which, of course, are not known in advance.) Providers must be entered these days into CCFA as "unpaid closures".

DEPARTMENT OF EARLY EDUCATION AND CARE

Early Education and Care Program/System FY 2018 Closure Schedule

(July 1, 2017 to June 30, 2018)

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 2018.

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

#	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 2018 Calendar Days by Month			
July	21	January	23
August	23	February	20
September	21	March	22
October	22	April	21
November	22	May	23
December	21	June	21
TOTAL: 260 Service Days			

TO BE COMPLETED BY CCRR:

Number of FY2018 Open Days: _____.
Number of FY2018 Program Closures: _____.
Total Number of FY2018 Reimbursable Service Days: _____.
Note whether any dates submitted by the Program/System were not approved by EEC/CCRR as paid closures: _____
_____
_____

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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: _____

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Form **W-9**
(Massachusetts Substitute W-9 Form)
Rev. April 2009

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: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ 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.*

Vendors:
Dunn and Bradstreet Universal Numbering System (DUNS)

Social security number
☐☐☐-☐☐-☐☐☐☐
OR
Employer identification number
☐☐-☐☐☐☐☐☐☐

DUNS
☐☐☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. 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**
2. 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**
3. I am an U.S. person (including an U.S. resident alien).
4. 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:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. 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:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. 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 whole 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]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
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

SharePoint/Provider Site 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. Each user must have a unique email address.)

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.

Child Care Circuit

190 Hampshire Street
Lawrence, MA 01840

DIRECT DEPOSIT AUTHORIZATION

❑ NEW ❑ CHANGE ❑ CANCEL

❑❑❑❑❑❑❑❑❑

EMPLOYEE IDENTIFICATION NUMBER (EIN)

PROGRAM NAME_____

_____

_____

Privacy Act of 1974
Disclosure of your EIN and other personal information is solicited by the authority of Title 10, United States Code, Sections 3012 and 8012. The information is used to identify you in the Child Care Circuit voucher payment system and to correctly transmit your funds to the financial institution indicated.

NAME_____ |: 000000000 |:

(FINANCIAL INSTITUTION) ROUTING NUMBER

CITY _____STATE _____

❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑||• ❑ CHECKING ❑ SAVINGS

ACCOUNT NUMBER AT YOUR FINANCIAL INSTITUTION

I HEREBY AUTHORIZE CHILD CARE CIRCUIT, ITS AGENTS AND THE FINANCIAL INSTITUTION (S) INDICATED, TO DEPOSIT TO OUR ACCOUNT INDICATED ABOVE, THE T FULL AM OUNT DUE FOR ANY REIMBURSEMENT PERIOD WITH THE SAME EFFECT AS IF A CHECK HAD BEEN DELIVERED TO US FOR SUCH AMOUNT. IF FUNDS TO WHICH WE ARE NOT ENTITLED ARE DEPOSITED TO MY ACCOUNT, I AUTHORIZE CHILD CARE CIRCUIT AND ITS AGENTS, TO DIRECT THE FINANCIAL INSTITUTION (S) TO RETURN SAID FUNDS. THIS AUTHORITY REMAINS IN EFFECT UNTIL I FILE IN WRITING A NEW AUTHORIZATION FOR MY AGENCY/BUSINESS OR CANCEL MY PARTICIPATION. TERMINATION OF VOUCHER AGREEMENT ALSO VOIDS THIS AGREEMENT.

V O U C H E R P R O V I D E R

SIGNATURE_____DATE_____

POSITION _____

ATTACH VOIDED CHECK OR PERSONALIZED DEPOSIT SLIP FOR EACH FINANCIAL INSTITUTION HERE

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Early Education and Care Voucher Services Agreement

MASSACHUSETTS Department of Early Education and Care

This Agreement is between the local Child Care Resource and Referral Agency ("CCRR") and your program[1], 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 CCRR 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 accurately enter and maintain attendance in a timely manner, ensure attendance is entered accurately in accordance with EEC policies, and submit billing monthly, unless agreed to, in writing, by the CCRR.

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:

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[1] Any licensed independent family child care provider who enters into an Early Education and Care Voucher Services Agreement with a CCRR may only accept voucher referrals through the CCRR and may not accept referrals through a Family Child Care System ("System"). Family child care providers affiliated with a System cannot enter into a Voucher Agreement with a CCRR or accept voucher referrals directly from a CCRR. Family child care providers can only affiliate with one 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 CCRR 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 CCRR of any changes to sites where voucher services are or will be provided. The CCRR must approve in advance and in writing any such changes.

[3] Where voucher services will be provided at more than one site, the CCRR 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, EEC Subsidy Communications, 606 CMR 10.00 et. seq. (EEC's subsidy regulations), and 606 CMR 7.00 (the licensing regulations); and
- 808 CMR 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.

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 CCRR 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 CCRR, then the Provider/System agrees to enter into a Transportation Addendum with the CCRR 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 CCRR.

5. Notification

The Provider/System agrees to:

- Notify the CCRR 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 CCRR 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 CCRR 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 Family Child Care Collective Bargaining Agreement ("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 CCRR 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 CCRR.

Providers/Systems agree to:

- Annually submit to the CCRR 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 $750,000 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 Associate Commissioner for Audit and Teacher Qualifications, 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 $750,000 or more in voucher funds annually).

Such For-Profit Providers/Systems agree:

- Not to exceed a commercial fee cap percentage determined by EEC. *See* 808 CMR 1.03(6).

Such Not-For-Profit Providers/Systems agree:

- Not to exceed a surplus revenue retention cap of 20%. *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 CCRR, 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 of 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 CCRR, EEC, and/or the Commonwealth. FCC System affiliated providers shall not be considered employees of the CCRR 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 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 CCRR agrees to:

1. Eligibility Assessments/Parent Fees

The CCRR 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 CCRR 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 CCRR,

provided that the programs are in good standing with EEC's regulations, policies and/or other requirements.

3. Reimbursement

The CCRR 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, unless EEC directs that reimbursement must be held because the Program has billing discrepancies due to the Program's failure to comply with EEC's regulations, policies, procedures, or contractual provisions. If a Program's reimbursement is withheld by EEC, then EEC will direct that payment be made when the Program provides sufficient information as determined by EEC to reconcile the billing discrepancies.

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 or in accordance with the law. 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 CCRR 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 CCRR for services.

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[6] Upon the CCRR 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 CCRR 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.

3. Limiting Vouchers

Both parties agree that:

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

4. Access to Site/Records

Both parties agree that:

- The CCRR, EEC, and/or any other authorized state agency, including but not limited to the State Auditor's Office, shall have in-person 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 for purposes of auditing the Program or otherwise inspecting the facility for compliance with EEC's regulations, policies, and contractual requirements.

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 CCRR and/or EEC for services not provided.
- This Agreement may be terminated immediately if EEC and/or the CCRR 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 CCRR and the Provider/System and supersedes any prior Voucher Agreement in effect between the CCRR 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 CCRR 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 CCRR 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 <u>part time</u> 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):

- ☐ Part week
- ☐ Part day
- ☐ Full day
- ☐ 2nd shift
- ☐ 3rd shift
- ☐ Sick care
- ☐ Evening
- ☐ Overnight
- ☐ Flexible Schedule
- ☐ Open school vacation week
- ☐ Full week
- ☐ 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

- ☐ Registration Fee
- ☐ Late Pick Up Fee
- ☐ Extended Care Fee
- ☐ Waitlist Fee
- ☐ Materials Fee
- ☐ Activities Fee

QRIS Level Granted _____ QRIS # _____

Program Environment (Check all that apply)

- ☐ Accepts Cloth Diapers
- ☐ Adult Pool
- ☐ Air Conditioned
- ☐ Approved Assistant
- ☐ Cat(s)
- ☐ Dog(s)
- ☐ Fenced Yard
- ☐ Field Trips Taken
- ☐ No Pets
- ☐ Other Pets
- ☐ Peanut Free
- ☐ Smoke Free
- ☐ Uses Public Playground
- ☐ Wheelchair Accessible

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

- ☐ Breakfast
- ☐ Morning Snack
- ☐ Lunch
- ☐ Afternoon Snack
- ☐ Dinner
- ☐ I belong to a Food Program
- ☐ Special Meal Request
- ☐ Parents Provide Food
- ☐ Parents Provide Lunch

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

- ☐ Academic Program
- ☐ High/Scope Approach
- ☐ Learning/Play
- ☐ Montessori
- ☐ Parent Cooperative
- ☐ Piaget
- ☐ Reggio Emilia
- ☐ Religious Orientation
- ☐ Resources for Infant Educarers
- ☐ Waldorf

Financial Assistance (Check all subsidies that you accept)

- ☐ Campership
- ☐ Contracted Slots
- ☐ DCF Supportive Slots
- ☐ Headstart
- ☐ Private Scholarship
- ☐ Sibling Discount
- ☐ Sliding Fee Scale
- ☐ Teen Parent Slot
- ☐ United Way
- ☐ Other
- ☐ Voucher

I accept Part Time Vouchers _____ Yes _____ No

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

- ☐ Written Contract
- ☐ Written Handbook
- ☐ Provider Sick Allowance
- ☐ Provider Vacation Allowance
- ☐ Child Absence Allowance

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

- ☐ Adaptive Equipment
- ☐ Onsite Therapy
- ☐ Onsite Medical Care
- ☐ Onsite Nurse

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

- ☐ Experience
- ☐ ADD/ADHD
- ☐ Asthma/Allergies
- ☐ At risk
- ☐ Autism Spectrum Disorder
- ☐ Behavioral
- ☐ Developmental
- ☐ Emotional/Social
- ☐ Feeding Tube
- ☐ Hearing Impairment
- ☐ Learning
- ☐ Medical Condition
- ☐ Monitors
- ☐ Parental Incapacity
- ☐ Physical
- ☐ Sensory Integration
- ☐ Special Diet
- ☐ Speech/Language
- ☐ Visual Impairment
- ☐ None
- ☐ 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.

- ☐ Health Insurance
- ☐ Dental Insurance
- ☐ Paid Vacation
- ☐ Unpaid Vacation
- ☐ Paid Sick Leave
- ☐ Unpaid Sick Leave
- ☐ Other
- ☐ 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!!