

MDHS DECCD MISSISSIPPI CHILD CARE PAYMENT PROGRAM

Application for Licensed Child Care Providers & Group Homes

FACILITY INFORMATION

Owner Name:		Phone:
Director Name:		Director DOB:
Child Care Facility Name:		
Physical Address:		
City:	State:	ZIP Code:
Is mailing address the same as the physical address? <input type="checkbox"/> Yes If no, complete section below.		
Mailing Address:		
City:	State:	ZIP Code:
Facility Phone:	Email Address:	
Days of operation: <input type="checkbox"/> Monday-Friday (Check all that apply) <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Nighttime care	Hours of operation: Monday-Friday _____ am/pm to _____ am/pm Saturday _____ am/pm to _____ am/pm Sunday _____ am/pm to _____ am/pm	

License Type: Mandatory License Voluntarily Licensed (License Exempt) License Exempt
 If license exempt, please provide documentation from Mississippi Department of Health, Division of Child Care Licensure.

RATE INFORMATION

Please indicate below the rates you charge for each care level and age group:

Full-Time	Infants (0-12 mo.)	\$	PER DAY
Full-Time	Toddlers (13-35 mo.)	\$	PER DAY
Full-Time	Preschool (36-59 mo.)	\$	PER DAY
Full-Time	School Age (60 mo. & older)	\$	PER DAY
Full-Time	Special Needs (6 wks-18yrs)	\$	PER DAY
Part-Time	Infants (0-12 mo.)	\$	PER DAY
Part-Time	Toddlers (13-35 mo.)	\$	PER DAY
Part-Time	Preschool (36-59 mo.)	\$	PER DAY
Part-Time	School Age (60 mo. & older)	\$	PER DAY
Part-Time	Special Needs (6 wks-18yrs)	\$	PER DAY

DIRECTOR QUALIFICATIONS

Director Education: (Check all that apply)	<input type="checkbox"/> High School Diploma <input type="checkbox"/> B.S. Degree in Child Development/Early Childhood Ed <input type="checkbox"/> Director's Credential <input type="checkbox"/> A. A. Degree in Child Development/Early Childhood Ed <input type="checkbox"/> C. D. A. <input type="checkbox"/> M.S. Degree in Child Development/Early Childhood Ed <input type="checkbox"/> 2 or 4 year degree in other field: _____ How many years of PAID work experience does the director have in a child care facility? <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4 or more years
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Is the facility accredited by a national organization? No Yes Please provide name of organization: _____

1. In order to become an approved child care provider please complete all of the information requested in this packet. In addition, you must be licensed by the Mississippi Department of Health.
 - You must submit a copy of the center's current license from the Department of Health.
 - You must submit a copy of the director's diploma.
 - You must submit a W-9 form.
 - You must submit a signed copy of the Provider Statement of Agreement.
2. Payments will not be issued for any care provided prior to the date on which you were deemed to be an approved provider.
3. It is the applicant's responsibility to ensure that all documents/information is received by the Division of Early Childhood Care and Development.
4. All program policies and regulations can be found at www.childcareinfo.ms
5. Application packets and all additional documentation should be mailed to: DECCD

P.O. Box 352
 Jackson, MS 39205

I certify that this information is true and correct.

 Signature of Authorized Party

 Date

CHILD CARE PROVIDER STATEMENT OF AGREEMENT
CHILD CARE PAYMENT PROGRAM

As Director or Owner of this child care center, or as an in-home provider, I understand and agree to the following guidelines as they relate to the Child Care Payment Program (CCPP).

1. As a child care provider, I will provide developmentally and culturally appropriate early childhood educational activities, including reading and writing.
2. **ALL** rates, fees, and discounts charged to CCPP participants must be offered and equal to those charged to non-participants. This means universal application of advertised tuition rates.
3. All absences will be indicated on the ledger.
4. Parents or authorized parent representatives must sign the child in and out every day. I understand that center employees are not considered authorized parent representatives, unless the parent is employed by the provider. I understand that in order to be eligible for payment, sign in/out sheets and ledgers must reflect the same information.
5. I understand that in cases where documentation of co-payments and attendance cannot be provided, DECCD will recoup payments related to these cases.
6. I will submit comments as required on the ledger reflecting absences and changes in child attendance.
7. I agree to submit payment ledgers each month by the due date in order to be eligible for payment.
8. I agree to collect co-payment fees each month, maintain documentation of collection, and report non-payment to DECCD. I will deduct the paid co-payment amount from total fees owed before billing parents for services.
9. It is my responsibility to report any changes in ownership, tax identification number, address, phone number, center director, tier status, address, household membership (in home providers only), and licensing to DECCD within 10 days.
10. I understand that if I am a Tier 1 provider, the director qualifying for Tier 1 must be on site for a minimum of six hours of the program day in order to receive Tier 1 reimbursement.
11. I agree not to exceed my licensed capacity, or the number of children I am allowed to provide care for.
12. I agree to remain in compliance at all times with any and all regulatory and licensing regulations.
13. I understand that I cannot offer any bribe or payments to any CCPP participants or child care staff to encourage enrollment at my center/home care environment.
14. I agree to report any suspicion of unemployment or school dropout of a CCPP parent to DECCD.
15. I agree to allow unlimited access to the program, including unannounced visits by parents and MDHS representatives, and to furnish reports and/or provide access to information concerning CCPP as requested by DECCD or MDHS representative.
16. As a CCPP approved provider, I understand that my program will be monitored by DECCD, or any representative of the Mississippi Department of Human Services at any time. If it is discovered that I am not in compliance with all applicable regulations, or that I have collected payments for which I was not entitled, recoupments will be made.
17. I understand that if I provide false information, a penalty will be imposed. At first offense, recoupments will be made and a provider may be suspended from participating in the CCPP. At second offense, recoupment will be made and permanent debarment from participating in CCPP will occur.
18. I agree to comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act when center-based and group-home care are provided.

19. I agree that any publicity given to the provider or services provided herein including, but not limited to, notices, information pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the provider shall not identify MDHS as a sponsoring agency nor display any MDHS name or logo in any manner without prior written approval by MDHS.
20. I agree that nothing contained in this Agreement shall be construed to constitute the provider or any of its employees, agents, or subcontractors as a partner, employee, or agency of MDHS, nor shall either party to this Agreement have any authority to bind the other in any respect, it being intended that each shall remain an independent entity. I agree to advise any client served under the terms of this Agreement of the independent status of the provider and MDHS. MDHS does not in any way warrant services rendered by the provider.
21. I agree that MDHS and their employees are to be held harmless for any claim growing out of any action performed by the provider and its agents, employees, or any of its subcontractors under any provisions of this Agreement.

FRAUD: Any person applying for or receiving public assistance by using false statements, and any person assisting that person to receive such public assistance, with knowledge of those false statements, will be subject to criminal prosecution. This prosecution will be a misdemeanor when the amount received or requested is below \$500, or a felony if the amount received is above \$500.

GRIEVANCE PROCEDURE: Any dispute concerning a question of fact under this application/agreement which is not disposed of by agreement of the parties hereto shall be decided by the Director of the Division of Early Childhood Care & Development. In the review by the DECCD Director the parent/provider shall be afforded an opportunity to be heard and offer evidence in support of the questioned decision under review. This decision shall be reduced to writing and a copy thereof mailed or furnished to the parent/provider and shall be final and conclusive, unless, within thirty (30) days from the date of the decision, the parent/provider mails or furnishes the Executive Director of the Mississippi Department of Human Services a written request for review. Pending final decision of the Executive Director or his designee, DECCD will proceed in accordance with the decision of the Director of the Division of Early Childhood Care and Development.

MDHS AGREES:

1. To pay the provider for services rendered in accordance with the terms agreed upon.
2. To provide written notification to the provider of the termination of the family/child.

ALL PARTIES AGREE:

1. That this Agreement may be terminated at any time by MDHS for cause, in whole or in part, for failure of the provider to perform any of the provisions hereof. Should MDHS exercise its right to terminate this Agreement under this Provision, the provider shall be notified in writing with reason and termination date specified.
2. Payment for services under this Agreement are subject to the availability of federal and/or state funding.

Provider Signature

Date