

MS Child Care Payment Program: Parent Rights and Statement of Agreement

PARENT RIGHTS

As a recipient of child care subsidy funds, you have rights you should know about. They are as follows:

- The information you share with DECCD is confidential. This means that what you tell MDHS staff cannot be shared with anyone other than the child care provider of your choice without your permission except State or Federal program review or fiscal agents.
- You have the right to see your case file unless this is prohibited by federal or State law or regulation.
- You have the right not to be discriminated against because of your political affiliation, religion, race, color, sex, handicap, national origin, or age.
- You may enroll your child with the child care provider of your choice, providing they qualify as an approved provider.
- You have the right to request an appeal of decisions against your case. An administrative agency appeal hearing is available for any child care provider, applicant or recipient upon written request to the Administrative Hearings Division of the Office of the Inspector General (OIG) of MDHS. An administrative agency appeal hearing provides an opportunity for a more formal review when the child care provider, applicant, or recipient disagrees with an adverse action that was taken directly by MDHS. MDHS Programmatic Administrative Agency Appeal Hearing Policy is incorporated herein by reference (See Part 23, Chapter 7 can be found at: <https://www.sos.ms.gov/adminsearch/ACCode/00000671c.pdf>).

☐ By signing below, I acknowledge that I have read, understand all of the statements listed above.

Parent Signature: _____ Date: _____

STATEMENT OF AGREEMENT

As the parent/guardian, I understand:

- ☐ I must select a child care provider that is already approved to provide care through the CCPP. No payment will be made for care provided until a provider has been approved.
- ☐ DECCD does not cover the costs of private school care. If parents opt to enroll their child in a private or charter school, they are responsible for the payments
- ☐ I must go through redetermination annually.
- ☐ At eligibility determination and redetermination, my case may be assessed a co-payment fee. If this occurs, I am required to pay this amount to the child care provider each month.
- ☐ The Division of Early Childhood Care and Development (DECCD) will provide payment once a year for the annual registration/activity fee of \$50 for each child enrolled in the Child Care Payment Program (CCPP).
- ☐ If you transfer to a different child care provider and the annual fee has already been paid by DECCD, an additional fee will not be paid. *
- ☐ If a child care provider charges more than \$50.00 for the registration fee, I am personally responsible for the additional amount.
- ☐ If my child care provider charges more tuition than CCPP pays, I am responsible for paying the difference in addition to any co-payment listed on my child care certificate, per child.
- ☐ If I change providers, I am required to submit a request to transfer with a two-week notice to the provider and DECCD.
- ☐ CCPP will not pay a subsidy to the new provider until the old provider has received a two-week notice.
- ☐ If my child is absent for three (3) consecutive days, I must contact my provider with an explanation.
- ☐ If my child is absent for sixty (60) consecutive days or more with no correspondence with my provider, my certificate will be terminated due to underutilization, and I must reapply for the CCPP.
- ☐ That I (myself) or my authorized representative must sign the child in and out every day with the first & last name of the adult signing the child in/out.
- ☐ Payments for child care cannot be made to any person living in the same home as the child.
- ☐ No subsidy approved parent who is employed by the child care center shall provide care for their own child, nor shall the parent be included in a group with their child to maintain ratios as required by the MS Department of Health.
- ☐ If the subsidy approved parent is the center director, the subsidy approved child cannot be enrolled in the facility where the parent is the director.

☐ I agree to report any changes to the following within ten (10) days of occurrence to DECCD:

<input type="checkbox"/> Family Income	<input type="checkbox"/> Work hours ** <i>If they fall below twenty-five (25) hours per week.</i>
<input type="checkbox"/> Marital Status **	<input type="checkbox"/> Household Size **
<input type="checkbox"/> Address Change	<input type="checkbox"/> Email Address Change **
<input type="checkbox"/> Phone Number Change **	<input type="checkbox"/> Parent/Guardian Name Change **
<input type="checkbox"/> Change in Employment/Job Training **	<input type="checkbox"/> Voluntary Withdrawal from CCPP

(**) MDHS will only act on information reported if the information **LOWERS** the family co-payment and **INCREASES** the family subsidy.

UNDERSTANDING

In addition to the statements above, I understand:

- ☐ The provider of the child care services is NOT an agent of MDHS, and that the foregoing entities in no way warrant the services rendered, and I understand that the child care provider acts solely as an independent contractor in its capacity as a child care provider.
- ☐ That under Mississippi law, any person who knowingly commits fraud or aids or abets another person to commit fraud, in connection with State or federally funded assistance programs may be punished for either a misdemeanor or a felony. Fraudulent acts are set forth in the applicable statutes, but they include failure to disclose a material fact in making a determination for a person to receive aid or benefits or services under any State or federally funded assistance program; failure to disclose a change of circumstances; and knowingly filing a false claim for aid, benefits, or services.
- ☐ Failure to comply with any of the items in this document or any requirements in the Child Care Payment Program Policy Manual could result in termination from CCPP and/or criminal prosecution.

VERIFICATION

In compliance with all the above statements, I acknowledge that:

- ☐ All material submitted to MDHS related to my case has been examined by me, and that the information provided is true and correct to the best of my knowledge and belief.
- ☐ I will provide information needed to verify any statements given in this application and hereby give MDHS, or its agents, permission to obtain such verification. I will cooperate fully with State and federal personnel in any review.
- ☐ If I provide false information during the application or redetermination process, my child care certificates will be terminated, and I may face criminal prosecution and/or suspension or debarment from the program.

In signing this document, I am in full comprehension and agreement of all statements listed in this document.

Date: _____

Parent/Guardian Signature: _____

GRIEVANCE PROCEDURE

Any parent or provider who applies for or receives CCDF subsidies by using false statements, or any person who assists a parent or provider to receive such public assistance with knowledge of false statements, is committing fraud. If a suspicion of fraud is investigated and substantiated, policies described in the Child Care Payment Program Policy manual will be applied.

FRAUD

An administrative agency appeal hearing is available for any child care provider, applicant or recipient upon written request to the Administrative Hearings Division of the Office of the Inspector General (OIG) of MDHS. An administrative agency appeal hearing provides an opportunity for a more formal review when the child care provider, applicant, or recipient disagrees with an adverse action that was taken directly by MDHS. MDHS Programmatic Administrative Agency Appeal Hearing Policy is incorporated herein by reference (See Part 23, Chapter 7 can be found at: <https://www.sos.ms.gov/adminsearch/ACCode/00000671c.pdf>).