

**APPENDIX G-1
CHILD CARE SECTION
2007 - 2009**

County: Wayne

I. Administration (Required Section)

Describe how your district is organized to administer the child care program including any functions that are subcontracted to an outside agency.

1. Identify the unit that has primary responsibility for the administration of child care for:

Public Assistance Families: **Temporary Assistance**

Transitioning Families: **Services**

Income Eligible Families: **Services**

Title XX: **N/A**

2. Indicate the use of New York State Child Care Block Grant (NYSCCBG) Funds.

Total NYSCCBG Amount:	Estimate	\$1,325,000 (includes rollover)
A. Subsidy		\$1,258,750
B. Other Program Costs (excluding subsidy)		\$ 77,820
C. Administrative Costs		\$ 66,250

3. Does your district have a contract or formal agreement with another organization to perform any of the following functions?

<u>FUNCTION</u>	<u>ORGANIZATION</u>	<u>AMOUNT OF CONTRACT</u>
<input type="checkbox"/> Eligibility Screening		
<input type="checkbox"/> Screening of Legally-Exempt Providers		
<input type="checkbox"/> Assistance in Locating Care		
<input type="checkbox"/> Child Care Information Systems		
<input checked="" type="checkbox"/> Other Registration and Compliance MOU #2024	Child Care Council	\$114,621

APPENDIX G-2**II. Other Eligible Families if Funds are Available (Required Section)**

Listed below are optional categories of eligible families that your district can include as part of its ICP. Select any categories your district wants to serve and describe any limitations associated with the category.

OPTIONAL CATEGORIES	OPTION	LIMITATIONS
1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. PA families or families with income up to 200% of the State Income Standard When the caretaker is:		
a.) participating in an approved substance abuse treatment program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b.) homeless	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c.) a victim of domestic violence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d.) in an emergency situation of short duration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Families with an open child protective services case when child care is needed to protect the child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Families with income up to 200% of the State Income Standard when child care services are needed because the child's caretaker:		
a.) is physically or mentally incapacitated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	M.D. statement is needed indicating disability does not allow person to provide care
b.) has family duties away from home	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OPTIONAL CATEGORIES	OPTION	LIMITATIONS
5. Families with income up to 200% of the State Income standard when child care services are needed for the child's caretaker to actively seek employment for a period up to 6 months.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	verify schedule of job search activities, appt.
6. PA families where a sanctioned parent is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Families with income up to 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in:		in accordance with 18 NYCRR 415
a.) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b.) an education program that prepares an individual to obtain a NYS High School equivalency diploma	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c.) a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

d.) a program providing literacy training designed to help individuals improve their ability to read and write;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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APPENDIX G-3

III. Reasonable Distance, Very Low Income, Definition of Engaged in Work for Child Care in Lieu of Temporary Assistance, Family Share, Case Closings and Openings, and Fraud and Abuse Control Activities (Required Section)

Reasonable Distance

Your district is required to define reasonable distance based on community standards for determining accessible child care.

The following defines “reasonable distance”: Child’s day care provider is no more than one hour travel time from home or work location.

Describe any steps/consultations made to arrive at your definition:
Give client maximum flexibility in deciding which provider to use.

Very Low Income

Very Low Income is defined by each district and is used in determining priorities for child care benefits.

Very Low Income is defined as 200% of The State Income Standard.

Definition of Engaged in Work for Child Care in Lieu of Temporary Assistance

The minimum number of hours for Federal Fiscal Year 2006 are:

- 20 hours for a single parent with a child under the age of six years old
- 30 hours for a single parent whose children are six years of age and older
- In two parent families the parents must be working a combined total of 55 hours with at least one parent working 30 or more hours

If a district proposes a higher minimum number of required hours of work describe the requirement below.

- h ours for a single parent with a child under the age of six years old
- h ours for a single parent whose children are six years of age and older

- In two parent families the parents must be working a combined total of 55 hours with at least one parent working or more hours.

Family Share

Family share is the weekly amount paid towards the costs of the child care services by the child's parent or caretaker. In establishing family share, your district must select a percentage from 10% to 35% to use in calculating the family share. The family share of child care is calculated by applying the family share percentage against the amount of the family's annual gross income that is in excess of the State Income Standard divided by 52.

Family Share Percentage selected by our district 25%.

Case Closings (select one or two)

1. The district must describe below how priority is given to federally mandated priorities and describe local priorities. If all NYSCCBG funds are committed, the district will discontinue funding to those families that have lower priorities in order to serve families with higher priorities. Described below is how the district will select cases to be closed in the event that there are insufficient or no funds available.

Other than those families guaranteed child care, services are provided based on available funds. For families dependent on availability of funding, cases will be closed starting at the 200% level and work down.

2. The district has not established priorities beyond the federally-mandated priorities. If all NYSCCBG funds are committed, case closings for families which are not eligible under a child care guarantee and are not a federally-mandated priority must be based on the length of time in receipt of services. The length of time used to close cases may be based either on the shortest or longest time receiving child care services but must be consistent for all families. The district has chosen to close cases based on:

- shortest time receiving child care services
 longest time receiving child care services

Case Openings

The district must describe below how priority is given to federally mandated priorities and how the district will select cases to be opened in the event that there are insufficient funds available.

1. Families guaranteed child care

2. Then, most impoverished families first

0 – 100% of poverty level

101- 125

126-150

151-175

176-200

For families not guaranteed child care, we will place these cases on a waiting list by above categories. As funds become available, we will contact these cases by category in reverse order of closing. New applicants will be added to the waiting list by category. As funds become available, these cases will be opened following the reverse of the above closing order procedure.

Fraud and Abuse Control Activities

1. The district will identify higher than acceptable risk for fraudulent or erroneous child care subsidy payments by reviewing information contained in applications and the applicant's employment verification and then comparing it to provider information. If the information raises a concern for fraud or erroneous payments, the provider and/or parent will be contacted for further clarification. We will also do further investigations for cases where there is conflicting information based on WMS information, arrest reports, child support postal checks, or school attendance information.

If there is still concern over the risk for fraud, the district will check to see if the client or provider is active FS or MA. If the client or provider is active with one of these programs, the examiner will be informed of the concern. If it affects their case, they will do a FEDS referral. If the examiner feels the information has no bearing on their case, the day care assistance worker will do a FEDS referral.

2. All cases, in which day care assistance is needed for limited time frame, are tracked by noting the information on the Notice of Decision or if for longer than 6 months by the use of the case file. This alerts both the person doing the authorization and the accounting department, where the payments are done, of attendance limits. Ongoing cases are recertified every 6 months and employment is verified by reviewing 8 weeks worth of pay stubs.

3. At this time, the number of informal providers in the Child and Adult Care Food program are few, therefore it seems reasonable to conduct a sampling once per year. The Child Care Council will provide DSS with "Food Attendance" information on 50% of the providers participating in the Food program. DSS will then compare this information to the bills submitted to us for day care subsidy. This will help to verify attendance.
4. If a case is closed with no fraudulent concerns but an overpayment has occurred, the amount will be entered in CAMS for recoupment. If the client fails to pay on this amount, the client will not be eligible for further benefits unless they pay half of the amount owed prior to receiving further benefits. The remainder will be recouped in their Family Share that will not exceed \$10.00/week over and above the 25%.

APPENDIX G-4**IV. District Options (Required Section)**

Districts have certain flexibility to administer the child care subsidy program to meet local needs. Check which options that your district wishes to include in your county plan. Complete attachments for any area(s) checked.

1. Our district has identified local priorities in addition to the federal priorities (complete Appendix G-5).
2. Our district has chosen to establish funding set-aside for NYSCCBG (complete Appendix G-6).
3. Our district is using Title XX funds for the provision of child care services (complete Appendix G-7).
4. Our district has chosen to establish additional local standards for child care providers (complete Appendix G-8).
5. Our district has chosen to make payments to child care providers for absences (complete Appendix G-9). to registered providers only
6. Our district has chosen to make payments to child care providers for program closures (complete Appendix G-10).
7. Our district has chosen to pay for transportation to and from a child care provider (complete Appendix G-11).
8. Our district has chosen to pay up to a 15% higher than the applicable market rates for regulated child care services that have been accredited by a nationally recognized child care organization (complete Appendix G-11).
9. Our district has chosen to pay up to 15% higher than the applicable market rates for non-traditional hours (complete Appendix G-11).
10. Our district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix G-11).
11. Our district has chosen to make payments to child care providers who provide child care services, which exceed 24 consecutive hours (complete Appendix G-12).

12. Our district has chosen to include 18, 19, or 20 year olds in the Child Care Services Unit (complete Appendix G-12).
13. Our district is seeking a waiver from one or more regulatory provisions. Such waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix G-12).
14. Our district has chosen to pay for breaks in activity for low income families (non public assistance families, complete Appendix G-12).
15. Our district has chosen to use local equivalent forms such as, but not limited to, child care application, client notification and/or legally exempt enrollment forms (attach copies of the local equivalent forms your district uses).

Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.

APPENDIX G-8
ADDITIONAL LOCAL STANDARDS FOR CHILD CARE PROVIDERS

The district may propose local standards in addition to the State standards for providers who will receive child care subsidies.

1. Described below are the additional local standards that will be required of providers as well as which providers must comply with each additional standard.

All Legally-Exempt Family Child Care, Legally-Exempt In Home Child Care, and Legally-Exempt Group Child Care providers will be subject to the additional standards outlined below. In addition, for legally exempt family child care the provider and each employee, volunteer or member of the household 18 years of age or older will be subject to the below standards.

Child Welfare Database Checks for Accuracy of CA/M Attestations

Local Criminal Background Checks for Accuracy of Criminal History Attestations

2. Described below are the methods and resources that will be utilized to determine that these additional local standards are being met.

Child Abuse and Maltreatment History

Authorizations will be included in the enrollment packages

One authorization will allow Wayne County DSS (WCDSS) to conduct a local child welfare database check including CPS. Signing of the authorization is voluntary. A provider cannot be forced to sign a release and cannot be denied enrollment on the basis of that refusal.

In cases where a provider, or in the case of a legally-exempt family child care provider, an employee, volunteer or household member 18 years of age or older refuses to sign an authorization, the parent/caretaker will be asked to consider this refusal in their decision to select this provider and be given information about how to select another provider.

When a local database check reveals that a legally exempt provider and/or household member(s) 18 years of age and older are an indicated

subject of a child abuse or maltreatment report they will be required to submit to WCDSS a written statement providing information concerning the indicated incident(s). This statement must be signed by the parent/caretaker acknowledging receipt of this information and the parent/caretaker's wish to use this child care provider.

If the information regarding the indicated child protective report does not correlate with the information obtained from the local data base check our Department will notify the parent/caretaker and provider that enrollment will be delayed until such time that the provider clarifies the discrepancies in the information submitted to the Department and parent/caretaker. No action will be taken by our Department until the provider submits information to our Department and the parent/caretaker that either correlates with the information obtained by our Department's local database check or the providers submits information to our Department which documents that the information obtained from the local database check is inaccurate.

If the information regarding the indicated child protective report correlates with the information obtained from the local database check and there are no other health or safety concerns and the parent/caretaker still chooses to use the provider, the provider will be enrolled. In some cases, our district will need to inform the parent that the parent's decision to place their child in the care of this provider would place their child at risk. As mandated reporters, the district is obligated to make a report of suspected child abuse or maltreatment if placing the child in the care of a provider would place the child in imminent danger of impairment and the parent/caretaker nevertheless places the child in provider's care. Parents will be informed of their right to chose an alternative provider and be given information about how to locate other providers.

The Enrollment Agency (EA) will check enrollment packets for household members, releases and additional statements and send copies to WCDSS. WMS records will be checked by WCDSS for possible household members. If a person is not listed as a member of the household (HH) in the enrollment packet but is found to be in the HH when the Services Day Care workers check WMS records, the EA will be notified by e-mail.

Parents or caretakers who choose providers when circumstances above exist, may be asked to sign a release indicating that they have chosen this provider and understand that they have the right to select another provider.

Local Criminal History Checks

The second authorization is for local criminal history background checks.

If a provider or for legally-exempt family child care providers, an employee, volunteer or a member of the provider's household 18 years of age or older refuses to sign an authorization for a local criminal background check, the enrollment package will be considered incomplete and the enrollment process cannot move forward. WCDSS will inform the Enrollment Agency (EA) when such individuals refuse to sign an authorization. If a provider still does not comply, the parent is sent Notice that their provider can not be considered a legally exempt provider.

All Legally-Exempt providers or for family child care providers, their employees, volunteers, household members/age 18 or older with a criminal conviction are required to write a summary of the incident and then they along with the parent must sign and date the statement.

DSS will then request the Wayne County Probation or Sheriff's Department to check its records (at no cost to DSS) for any law enforcement involvement/arrests.

When a local criminal history check or self-attestation of a provider or in the case of a legally exempt family provider, any employee, volunteer or household member age 18 or older reveals the conviction of a crime, the Wayne County Department of Social Services will provide the EA with the results of the criminal convictions. The EA will review all convictions using the guidelines for reviewing criminal convictions issued by the Office of Children and Family Services.

Described below are the procedures the district will use to notify the Legally Exempt Caregiver Enrollment Agency as to whether or not the legally exempt provider is in compliance with the additional local standards. (Districts only need to describe this procedure if the additional local standard is applied to legally exempt child care providers.)

Regarding process for both local child welfare database checks and local criminal background checks, the EA sends DSS a provider packet or the parent/provider sends it to DSS by accident. If the

later occurs, DSS makes copies and forwards the packet to the EA. If it comes from the EA, whether complete or not, WCDSS logs the provider and parent into the log book, checks WMS for all in the HH 18 or over, does the local child welfare database check (indicated CPS) on the provider (only if there is a signed authorization), notifies the EA within 15 days as to whether or not the additional local standard has been met, and files the results. On new applications WCDSS checks for convictions with Probation. On recertifications, WCDSS checks with the Sheriff's Department.

If requested, the provider will be notified that if they need details, they are instructed to write a letter to the Commissioner to set up an appointment to see their CPS file. They can also contact the Sheriff's department to review their file there. Once convictions and CPS are disclosed and the client verifies they know of this and still wants to use the provider, we again notify the Enrollment Agency if it is acceptable or not.

DSS may notify the Enrollment Agency via e-mail or fax whether or not a provider has met the additional local standard.

Described below is the justification for each additional standard.

Attempting to help ensure the provision of SAFE Day Care services to children.

**APPENDIX G-9
PAYMENT TO CHILD CARE PROVIDERS FOR ABSENCES**

**The following providers are eligible for payment for absences:
(check any that are eligible)**

- | | |
|---|---|
| <input checked="" type="checkbox"/> Day Care Center | <input checked="" type="checkbox"/> Legally Exempt Group |
| <input checked="" type="checkbox"/> Group Family Day Care | <input checked="" type="checkbox"/> School Age Child Care |
| <input checked="" type="checkbox"/> Family Day Care | |

**Our district will only pay for absences to providers with which
the district has a contract or letter of intent.** YES NO

Base period selected (check one) 3 months 6months

Number of absences allowed during base period:

Period	Routine Limits (# of days)	Extenuating Circumstances (# of days)	Total Number of Absences Allowed (# of days)
In a month	12	3	15
Base period	24	16	40

List reasons for absences for which the district will allow payment:

In accordance with 18 NYCRR 415.6 only.

List any limitations on the above providers' eligibility for payment for absences:

DSS would not pay if another provider has provided care and charged DSS for that time or if the provider was closed and unable to provide care.

Note: Legally exempt family child care and in-home child care providers are **not** eligible to receive payment for absences.

Wayne County Department of Social Services
 77 Water Street, P.O. Box 10
 Lyons, New York 14489-0010
 (Telephone: 315-946-4881)

DAY CARE NOTICE OF DECISION

To _____ Case No. S_____ Case Name _____
 _____ Date _____
 _____ Provider _____

This is to inform you of the action taken on your Day Care case. The items checked below apply to you.

- Your application for Day Care has been (approved) (continued with changes).
- Your recertification for Day Care has been (approved) (continued with changes).

This is Day Care for your child(ren)_____. If eligible, Day Care is approved from ____ to _____. Your **weekly** Family Share is _____. Added to this is _____ which reflects _____ contribution toward child care costs. The Family Share is determined from your gross income. You are responsible for paying this Family Share to your Day Care Provider each week. This fee along with any other contributions toward child care costs will then be deducted from the weekly amount billed by your provider. In those cases where more than one child is in care, the fees should be attributed to the cost of care for the youngest child. The Family Share and any other contribution is the same whether the Day Care is part-time or full-time and regardless of the number of days attended per week.

BASED ON PROVIDER RATES FOR UNSUBSIDIZED CHILD CARE, AND THE NYCRR 415.9 THE FOLLOWING PAYMENT SCALE HAS BEEN APPROVED FOR YOUR CHILD(REN):

Rates	Child's Name and Date of Birth			
Children Ages: 6 wks- 12 yrs				
Daily 6-11 hrs/day				
Weekly 30+ hrs/5 days or less				

Part - day 3 hrs - 5½ hrs/day				
Hourly ½ hr to 2½ hrs/day				

PLEASE NOTE: Payments are rounded down to the nearest one-half hour.

Additional Explanation: _____

PAYMENT FROM THE DEPARTMENT OF SOCIAL SERVICES FOR DAY CARE IS CONTINGENT UPON THE AVAILABILITY OF STATE ALLOCATED FUNDING.

****CHANGES IN INCOME, JOB STATUS, SCHOOLING, LIVING ARRANGEMENTS, ADDRESS OR CHILDCARE MUST BE REPORTED PRIOR TO OR WHEN A CHANGE OCCURS****

- Your application for Day Care has been disapproved
- Your recertification for Day Care has been disapproved
- Your case (will be) (has been) closed effective _____

The reason for the (disapproval) (closure) is: _____

BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION.

RIGHT TO REJECT SERVICES: Approval of your application does not obligate you to accept the services. You may decline to accept services if you choose to do so.

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference, you are still entitled to a fair hearing. Even if you ask for a conference you still have only 60 days from the date of this notice to request a fair hearing. Read below for fair hearing information.

Nancy Abel
(Day Care Caseworker)

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

- (1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) 800-342-3334
OR
- (2) **Fax:** Your fair hearing request to (518) 473-6735 **OR**
- (3) **Email:** Your fair hearing request to <http://www.otda/state/ny.us/oah/forms.asp> **OR**
- (4) **Writing:** Complete the information, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Please keep a copy for yourself.**

I want a fair hearing. The Agency's action is wrong because:

Signature of Client: _____ Date: _____

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

I understand I may be eligible for aid continuing. My benefits have been stopped and I wish to have my benefits restored (aid continuing): If you request a fair hearing **within ten (10) days** of the date of the post mark of the mailing of this notice, your child care will be reinstated and will be unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any child care that you should not have received. We are required to recover any child care overpayments. We must make a claim against you for any child care you receive that you were not entitled to, which may be collected by reduction of future child care allotments, lump sum installment payments, or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your child care.

I do **not** want my benefits continued until the hearing decision is issued.

Administrative Component DSS
1/8/07
Wayne County 2007-09 CFS Plan

If you need help in the Fair Hearing, contact the following community legal service: Legal Assistance of the Finger Lakes, One Franklin Square, P.O. Box 487, Geneva, New York. Phone: 781-1465.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you **only** if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

SS-510a (Rev. 3/04)

**LEGALLY-EXEMPT FAMILY CHILD CARE PROVIDER AGREEMENT
FORM
(WHEN CARE IS PROVIDED IN THE PROVIDER'S HOME)**

This form must be completed whenever legally-exempt family child care is provided.

1. Parent Certification

I understand that I can choose who will provide child care for my child.

I understand that if I choose someone that is not considered legal, that I am responsible for all child care costs.

I understand that it is my obligation to pay all child care costs if I should become ineligible for benefits.

I understand that any child care benefit for which I am eligible may only cover a portion of my child care costs.

I understand that I am responsible for any child care costs that my child care benefit does not cover.

PARENT/CARETAKER SIGNATURE:	DATE:
PARENT/CARETAKER SIGNATURE:	DATE:

2. In-Home Provider Certification

I have been hired by _____ to provide child care in my home.

(NAME OF PARENT/CARETAKER)

My work schedule and wages are determined by _____, who is

(NAME OF PARENT/CARETAKER)

my employer. I understand that as my employer, it is _____'s

PARENT/CARETAKER)

(NAME

OF

responsibility to pay my wages.

I understand and acknowledge that I am not an employee of Wayne County Department of Social Services. I further understand that child care payments that I receive directly or indirectly for providing child care will not make me an employee of that county.

By signing this form, the parent and provider agree to all of the requirements listed above. No payment will be made unless the parent and the provider sign this form.

PROVIDER SIGNATURE:	DATE:
PROVIDER NAME (PRINT):	DATE: