

SOLUTIONS AND ALTERNATIVE PLANS

The Child Care Program is making the following recommendations to families who are in need of child care services during emergency closings:

FIRST recommendation is to seek alternative care at an open state licensed child care center. The CCDF program will be able to pay for this emergency child care with “quality” funds as stated in the CCDF Flexibility in Spending CCDF Funds in Response to Federal or State Declared Emergency Situations, (CCDF-ACF-IM-2017-02). This document is attached to our disaster preparedness and response plan.

SECOND recommendation is to allow families to use a “program approved” relative provider who is NOT in the HIGH RISK CATEGORIES FOR COVID-19. The relative provider will have to pass the restricted registry search. This search searches for individuals who are recorded on the registry for 3 reasons:

1. If a person has been confirmed/substantiated finding of abuse or neglect of a child for an incident that occurred while in the care of a child care facility, certified, operated or contracted by or with the DHS or the office of juvenile affairs
2. If a person has had a child care facility license that has been denied or revoked.
3. If a person has a specified criminal history such as a criminal conviction for violent crimes or crimes against children.

We will also conduct an oscn.net search. We will also do a search with the Oklahoma Department Corrections Offender Inquiry. The relative provider must have lived in Oklahoma for the past 5 years. NOTE: These relative background checks will only apply in emergency closings.

Furthermore, the relative provider will not be eligible for payment until all paperwork is approved and the background checks are cleared. The program will be able to complete background checks as soon as the paperwork is received. The processing of payment will be on a monthly basis after timesheets are filled out and signed by the relative provider and the parent.

The CCDF program and the Family Engagement subsidies will be paid to providers based on enrollment and NOT attendance during emergency closures.

Comanche Nation Child Care Program

Provider's Registration

Name of Facility:

Contact Person at Facility:

Telephone #: _____ Fax #: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Driving Directions to Facility:

Facility Type (please check one):

Child Care Center: _____ Home Provider: _____

Before & After School Program: _____ Extended Day Program: _____

Other : _____

License number: _____

Capacity: _____

Issued Date: _____

I hereby consent to any authorized representative of the Comanche Nation to obtain information from any and all records that may be needed to determine my eligibility as a Child Care Provider for the Comanche Nation Child Care Program. I will attach a copy of my Child Care License with this Provider Registration form.

Provider Signature

Date

Child Care Staff

Date

Clients Name

Date

Comanche Nation Child Care Program

PROVIDER'S
WAIVER OF ADDITIONAL INSURANCE

Parent's Name: _____

I, _____ as the provider for

(list children names) hereby waive my right to obtain additional homeowner's and vehicle insurance. I realize that by waiving my right as a provider to obtain additional coverage, I will not hold the Comanche Nation Child Care Program, the Comanche Nation of Oklahoma and all of its entities liable for any accidents, injuries, or mishaps that may happen while the child(ren) of the afore mentioned parent (s) are in my care. By signing this document, I hereby release the Comanche Nation Child Care Program, the Comanche Nation of Oklahoma, and all its entities from all liability for loss or injury in association with my services as a child care provider. However, this does not release me of liability due to child abuse.

Signature of Provider

Date

INDIVIDUAL ACKNOWLEDGEMENT

Subscribed and Sworn by me this _____ day of _____ 20____.

My commission number: _____ expires the _____ day of 20____.

Notary Signature

Comanche Nation Child Care Program

CHILD CARE PROVIDER AGREEMENT

PROVIDER'S AGREEMENT

PART ONE

THIS AGREEMENT: entered into an effective the _____ day of _____ 20____, by and between the Comanche Nation Child Care Program, P.O. Box 908, Lawton, OK 73502, hereinafter referred to as "Program", and _____ as an (check one) ,Licensed In-Home Child Care _____, or Licensed Center Based Child Care _____ which is located at: _____, hereinafter referred to as "Provider" in this agreements set forth herein, it is mutually agrees as follows:

PART TWO

THIS AGREEMENT is too be effective from;

ELIGIBLE START DATE: _____ END DATE: _____
X_____

PART THREE

IT IS AGREED AND UNDERSTOOD that daycare services are provided to the following child(ren):

IT IS FURTHER AGREED that said services will be provided at the following location:

IT IS FURTHER UNDERSTOOD AND AGREED that no services authorized under this contract will be subcontracted by provider to any other person or entity without prior written approval by the Program.

X_____

PART FOUR

IT IS AGREED AND UNDERSTOOD that the Program will pay for services rendered by Provider pursuant to this agreement only (a) in accordance with written authorized from the Program for each client served and (b) upon receipt from Provider, and verification of monthly timesheet by the Program. In addition, the Provider agrees to provide unlimited access to the facility by the parent/guardian during normal hours of operation in order that the child maybe observed in the care setting may be assessed.

X_____

IT IS AGREED AND UNDERSTOOD by Provider that changes to the Program for authorized services will not exceed the Program maximum payment rates schedules of the Comanche Nation Child Care Program.

X_____

Comanche Nation Child Care Program

IT IS FURTHER AGREED AND UNDERSTOOD by Provider that in the event of an overpayment by the Program to the Provider, (1) withhold the full amount of overpayment from the next month's payment (2) accept a mutually agreeable written re-payment plan (3) seek collection by ligation.

X_____

PART FIVE

IT IS AGREED AND UNDERSTOOD that the Program will determine eligibility for all authorized clients' services.

X_____

IT IS FURTHER AGREE that the Provider will not include on any list for billing, invoice or monthly claim any person or persons without prior certificate of eligibility by the Program.

X_____

IT IS FURTHER AGREED AND UNDERSTOOD that any recipient of service will have the right to a fair hearing in cases of denial or termination of services described herein.

X_____

PART SIX

IT IS AGREED AND UNDERSTOOD that Provider must meet and maintain all Tribal, State and Federal standards applicable to the authorized services being provided pursuant to this Agreement and Provider hereby acknowledges full awareness of such standards. Provider shall, prior to renewal or approval of this agreement, disclose to the Program the name of any person who has an ownership or controls an interest in or is an agent or managing employee of Provider and who has been convicted of criminal offense related to such person's involvement in any program under Title XVIII, XIX or XX of any Social Security Act since inspection of these Program.

X_____

PART SEVEN

PROVIDER AGREES to develop and maintain written records sufficient to document proper fiscal and program management of Providers' responsibilities under this Agreement. All records shall be retained for a period of three years, Provider further agrees to utilize a uniform method of record keeping.

X_____

PROVIDER FURTHER AGREES AND UNDERSTANDS that all such business records shall be made available and accessible to the Program at any time with or without notice, for the Program use in inspecting, monitoring, evaluating, and in addition, Provider's compliance with the terms of this agreement.

X_____

Comanche Nation Child Care Program

PART EIGHT

IT IS AGREED that any Provider who resides, or has a principal place of business in Indian Country, as defined in 18 USC 151, will be subject to the C.F.R. Court of Indian Offenses or the Comanche Nation Court as the court of competent jurisdiction.

X_____

PART NINE

IT IS AGREED AND UNDERSTOOD that this Agreement may be canceled at any time by mutual consent of the parties hereto, by either party, without cause by giving a thirty (30) day written notice of intent to cancel to the other party; or by another party with cause by giving a ten (10) day written notice of intent to cancel the other party. The term "with cause" is hereby defined as failure to meet the terms and conditions, of the Agreement as set forth herein or incorporated herein, as through fully set out, by reference thereto.

X_____

PART TEN

FOR the faithful performance of the terms of this Agreement, the parties hereto in their respective capacities as stated affix their signature below.

Provider or Authorized Representative

Date

INDIVIDUAL ACKNOWLEDGEMENT

Subscribed and Sworn by me this _____ day of _____ 20____.

My commission number: _____ expires the _____ day of 20_____.

Notary Signature



Comanche Nation Child Care Program

Monthly Timesheet

Month of Service: _____

Provider Information:

Client's & Child's name with child's age:

Date of Services	Time IN	Time Out	Time IN	Time Out	Total Hours	Date of Services	Time IN	Time Out	Time IN	Time Out	Total Hours
1 st						17 th					
2 nd						18 th					
3 rd						19 th					
4 th						20 th					
5 th						21 st					
6 th						22 nd					
7 th						23 rd					
8 th						24 th					
9 th						25 th					
10 th						26 th					
11 th						27 th					
12 th						28 th					
13 th						29 th					
14 th						30 th					
15 th						31 st					
16 th						Total					

Total Before Co-payment: \$ _____ Client Co-payment: \$ _____ Total Due: \$ _____

I certify that the rates and attendance shown above are accurate. I also understand that providing false information may result in termination of Child Care Program Services as well as prosecution.

Provider Signature & Date

Parent Signature & Date