

**Provider License Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

As an approved provider in the State of Indiana, I understand that I must be operating legally and in compliance with all State requirements, including maintaining compliance with the CCDF Provider Eligibility Standards, as found in Indiana Code (IC) 12-17.2-3.5 et seq). I have also agreed to provide child care services to children enrolled in Indiana's Child Care and Development Fund (CCDF) and/or On My Way Pre-K (OMWPK) voucher program.

**In addition to the requirements above, I understand that I must also comply with the following, which can be found in the CCDF/OMW Provider Manual available at <https://on.in.gov/vouchers>:**

- I am required to log on to the provider portal through I-Lead and register with the payment vendor to receive electronic deposits for all voucher children.
- I am required to submit attendance and absences at least bi-weekly for all CCDF and OMW children in my care. Failure to do so will result in payments being put on hold until attendance is submitted.
- I am required to provide child care for CCDF or OMW children at the address listed on the voucher. I understand I will not be reimbursed if children are moved to a different address without notifying the eligibility office.
- I am required to report in the Provider Portal within five (5) business days when a child is no longer enrolled in my program so they can be removed from my roster.
- I am required to record attendance and absences for each voucher child in my care, as well as all program closures. I understand that all attendance submissions will be audited, and I am required to provide copies of my back up attendance when requested.
- I am required to keep a backup method of attendance for at least three (3) years, in addition to what is submitted in the portal, through a Child Care Management system (CCMS), electronic tracking system (with the parent checking in/out), or paper attendance signed by the parent. I understand that failure to keep a backup method, or submitting false attendance records, can result in repayment and/or the inability to accept child care vouchers at my program.
- I am required to report any suspected child abuse or neglect to the proper authorities, and I understand that others have the responsibility of reporting suspected child abuse or neglect concerning the care of children in my care.

- I am required to report and return any payments that I received that I was not entitled to receive.
- I understand that I may not be paid to provide care for my own child(ren), stepchild(ren) or child(ren) for whom I am the legal guardian or standing in loco parentis.
- I understand that I will continue to be paid the full subsidy amount, even for a child's occasional absences, until they have reached their 40<sup>th</sup> absence, across all providers that they attend, in an enrollment year. Notices will be sent out to both families and providers showing the absence totals prior to this time. Absence counts reset at the child's Anniversary Date, which can be found on both the provider and parent portals.
- I understand that once a child has reached their 40<sup>th</sup> occasional absence (or 20<sup>th</sup> consecutive absence) the vouchers will be terminated, and I will no longer be paid for that child.
- I understand that I cannot use state funds, property, or resources to support diversity, equity, and inclusion activities, procedures or programs if they grant preferential treatment based upon one person's particular race, color, ethnicity, or national origin, over that of another person.
- I understand if found in non-compliance of these policies, I will be issued a Corrective Action Plan (CAP).
- I understand that if I commit an Intentional Program Violation (IPV) by falsifying attendance, as determined by the State, I will be subject to repayment and/or ineligibility to accept vouchers at my child care program.

**I understand that failure to comply with these requirements, including misrepresentation or falsification of records may result in corrective actions, up to and including repayment of voucher funds, termination from the voucher program, civil litigation, and/or criminal prosecution as permitted by law. By typing my name below, I acknowledge that this constitutes my electronic signature and confirms my agreement with the information provided.**

**Provider Signature:** \_\_\_\_\_

**Provider License Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Questions about this statement should be directed to the Office of Early Childhood and Out of School Learning (OECOSL) at [paymentquestions@fssa.in.gov](mailto:paymentquestions@fssa.in.gov)