Provider Statement

Please read and initial each statement if you agree to adhere to the policy.

Parent Initial	Provider Initial	
_____	_____	A childcare provider is ineligible to receive CCDF payments when a child's parent/step-parent/guardian is employed by the provider and the parent/step-parent/guardian is responsible for his/her own child at any time while the child is in the childcare provider's care during the parent's work hours.
_____	_____	The child's parent/step-parent/guardian **MAY NOT** be in the same room or outdoor play area as the child who has an active CCDF voucher while the child is in the childcare provider's care during the parent's work hours.

I have read and understand the above statements. My signature on this form acknowledges my compliance with the above statements.

I attest that _____*will not have direct supervision, as stated above, of*
(Parent Name)
his/her own child during his/her work hours at my facility.

_____ _____
Name of Facility Facility Owner/Director (Printed Name)

Parent's work site address & license #_____

Child name(s)_____

Child attends site address/license # _____

Child name(s)_____

Child attends site address/license # _____

_____ _____
Facility Owner/Director Signature Date

_____ _____
Parent Signature Date