



Provider Agreement

ELIGIBILITY CRITERIA

Child Care Providers must:

- ❖ Be state-licensed, Tribally licensed, or meet state licensing requirements for family childcare homes (for in-home providers).
- ❖ Meet or exceed state health and safety standards.
- ❖ Provide a copy of license (state or Tribal)
- ❖ Provide a copy of QRIS level, if applicable.
- ❖ Read and sign Provider Agreement
- ❖ Submit W-9.
- ❖ Allow clients (parents) unlimited access to their child when the child is in the facility.

FACILITY INFORMATION

Facility Name: _____ Application Date: _____

Physical Address: _____

City: _____ State: _____ County: _____ Zip: _____

Mailing Address: _____

Phone: _____ email Address: _____

Director: _____ email: _____

Name of Facility Owner: _____ Phone Number: _____

State Licensed by: AR KS MO OK Tribally Licensed ONLY (by): _____

Oklahoma STAR rating: _____ Arkansas Better Beginnings: _____

MODOC NATION/PROVIDER RELATIONSHIP

The **PROVIDER** is not an employee of the Modoc Nation. They are considered independent and are required to complete a W-9.

The **PROVIDER** will receive a form 1099 and as an independent vendor is responsible for federal and state taxes.

PROVIDER RESPONSIBILITIES AND ASSURANCES

The **PROVIDER** must meet their respective state licensing or license exempt requirements.

The **PROVIDER** must follow guidelines set in the CoA (Certificate of Authorization).

FINANCIALS AND RECORD KEEPING GUIDELINES

Payment Policy: Provider will receive a CoA listing the child to be serviced, full or part time days, parent co-payment and approval dates.

Payment Rates: Part Time Day-4 hours or less; Full Time Day-Greater than 4 hours up to 10 hours; Overtime is a case-by-case basis that must be pre-approved.

Overtime Fees: May only be charged on Part Time clients over 4 hours or Full-Time clients over 10 hours.

Payment Schedule: Processing time is up to 21 days from receipt of properly filled out claim forms. Holidays and trainings may extend processing time. In accordance with Provider stabilization, a specified number of holidays will be paid as follows: **New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and day after, Christmas Eve and Christmas Day.** **If the holiday falls on a Saturday we will pay for Friday as holiday observed; if the holiday falls on a Sunday we will pay for Monday as holiday observed.* **ALL other closures will be unpaid.** The Provider may not charge the parents for days when the facility is closed.

Provider Agreement cont'd

Claim Form Submissions: Claim Forms must be submitted no later than the end of the following month. Providers will receive a warning notification for the first late claim submission. Further late submissions may not be paid and may not be charged to the parent. Claim forms MUST accompany provider and parent signatures.

Submit claim forms by mail or email:

Modoc Nation CCDF, 418 G St SE, Miami, OK 74354
email: ModocCCDF@modocnation.com

Records: Providers must require parents sign/check their child in and out each day. All documentation regarding a child's attendance shall be kept and maintained for a period of three years. Attendance records must include the child's name, dates the child was present or absent and the parent's signature. Attendance records must reconcile with billing records. Providers will be responsible for making additional copies of the attendance form. Electronic attendance records are allowed and encouraged. The Provider must notify the Modoc Nation CCDF of any changes in status, such as closing, moving, change in director, or change in phone number.

HEALTH AND SAFETY REQUIREMENTS

The **PROVIDER** is expected to follow State and/or Tribal Health and Safety Requirements.
The **PROVIDER** must notify CCDF staff immediately of any serious non-compliance.

PROGRAM MONITORING VISITS

All state monitoring/inspection/compliance reports must be submitted within 10 days of receipt.

Submit to: ModocCCDF@modocnation.com

Program monitoring may be done a minimum of one time a year by CCDF staff.
Unannounced visits will be made during the time children are in care.

Submit Documents

1. Provider Agreement
2. State or Tribal License
3. Current State Monitoring Report (submit each visit there after)
4. Quality Rating Monitoring Documentation
5. Parent Handbook (all fees & such must be reflected in parent handbook)
6. W-9 Form (name and address listed on W-9 will be reflected on all our forms for you)
7. Direct Deposit Form (*ACH Authorization Attached-Complete ALL sections, sign and date plus include a canceled check*)

Facility OWNER/Director AGREES TO THE CONDITIONS OF THE MODOC NATION AGREEMENT and has authorized the following individual(s) to sign the Modoc Nation's Child Care Claim Form.

Owner Name (if different than Director) Printed

Owner Signature

Director Name Printed

Director Signature

The parties hereto agree that facsimile signatures shall be as effective as originals.