

CHILD CARE AND DEVELOPMENT FUND VOUCHER PROGRAM
Provider (Employer) – Parent (Employee) Statement (v2-16)

➔ If the Provider (Employer) is **CCDF Eligible and is a Licensed Center or Legally License Exempt Facility, including a Registered Child Care Ministry**, please read and initial each statement acknowledging your understanding of CCDF Policy 2.11.4.

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 their own child for any part of the child care day.

_____ _____ The child’s parent/step-parent/guardian **MAY NOT** be in the same room or outdoor play area as their child for any part of the child care day.

We have read and understand the above statements. Our signatures on this form acknowledge our compliance.

Parent/Step-Parent/Guardian Name (Printed) Parent/Step-parent/Guardian Signature Date

Please print Facility Name (Employer) Facility Owner/Director Signature Date

➔ If the Provider (Employer) is a **CCDF Eligible Licensed Child Care Home**, the parent/step-parent/guardian **MAY NOT** work at the home where their child attends. (CCDF Policy 2.11.4)

Parent’s work site address/ license # _____

Child name(s) _____

Child attends site address/license # _____

Child name(s) _____

Child attends site address/license # _____

Parent/Step-parent/Guardian Printed Name Parent/Step-parent/Guardian Signature Date

Provider (Employer) Printed Name Provider (Employer) Signature Date