



# Alternative Payment CalWORKs Program



## PROVIDER/CENTER AGENCY AGREEMENT

Licensed Provider/Director Name		Center/Family Child Care Business Name		
Address where care is provided:		City	Zip Code	Date of Birth
Mailing Address (if different from the above address)		City	Zip Code	
Telephone Number: Home: _____ Cell Phone: _____ Other: _____			Social Security Number or Tax I.D #	
E-mail: _____		Preferred Method of Communication <input type="checkbox"/> Voice Mail <input type="checkbox"/> Text <input type="checkbox"/> Email		
Days of Operation	Hours of Operation	Photo ID#	ID Expiration Date	Ages Served

	<b>I Certify that:</b>
1.	The program is based on sound principals of child growth/development and complies with licensing regulations.
2.	Child care services are available at my facility to all children, regardless of sex, sexual orientation, gender ethnic group identification, race, ancestry, national origin, color, or mental physical disability.
3.	All parents/guardians utilizing my facility have unlimited access to their children and program during hours of operation.
4.	I will enroll children funded by Children's Resource & Referral (CRR) under the same enrollment criteria required of non-subsidized children.
5.	The rates, registration fees, sibling discounts and other miscellaneous fees listed on my rate sheet are equal to the rates charged to non-subsidized children.
6.	Any portion of rates that exceed the Regional Market Rate will not be paid by CRR and will be the parent's responsibility.
7.	All additional charges for meals, transportation, or any other expenses not covered by the CRR including termination of care without proper notice are the responsibility of the parent.
8.	I must give the CRR 30-day written notice when rates change. New rates will take effect on the 1st day of the month following receipt of notice. Only one rate change will be permitted per fiscal year (July-June). Regional Market Rate Ceilings may be found at: <a href="http://www3.cde.ca.gov/rcsc/index.aspx">http://www3.cde.ca.gov/rcsc/index.aspx</a>
9.	Payment may be discontinued by the CRR at any time.
10.	I understand and agree that Child Care Providers affiliated with CRR are not employees of CRR. Child Care Providers are privately owned and operated. CRR is required to issue 1099-Misc tax forms to all Child Care Providers that received \$600.00 or more annually no later than January 31st.
11.	The Child Care and Development Services provided do not include religious instruction or worship.
12.	Within two business days of receiving notification that a facility license has been suspended or revoked the CRR will terminate payment as of the effective date of the temporary suspension or license revocation. The facility will be reimbursed for services provided prior to that date.
13.	I understand that I am responsible for reading the Children's Resource & Referral Alternative Payment Program Parent & Provider Policies and Procedures Handbook available online at <a href="http://www.sbfcc.org">http://www.sbfcc.org</a> and I may request a printed copy at any time. I agree to check the website regularly for updates to the parent and provider handbook.
14.	I understand the actual time the children arrive and depart from my care must be recorded daily on the Attendance Record supplied by the CRR and alternate forms of attendance may not be accepted for reimbursement.
15.	As a Licensed Child Care Provider I understand child care reimbursement for holidays, child absence days, and non-operational days are the responsibility of the parent to pay when the approved days and hours of the parent's need



## Alternative Payment CalWORKs Program



0024020200623  
90030

# PROVIDER/CENTER AGENCY AGREEMENT

	activity is “varied” each week and are not predictable. Please refer to the current Certificate of Child Care Services (CCC).
16.	I have received a copy of form IMM-230 (1/16) Guide to Immunizations Required for Child Care or Preschool. I understand this guide is also available online at <a href="http://www.sbfcc.org">http://www.sbfcc.org</a>
17.	Monthly attendance records are generated for each child authorized to participate on the Alternative Payment Program and are available online for download by the provider and can be accessed through the Care Portal website at: <a href="https://careportal.mcttechnology.com/">https://careportal.mcttechnology.com/</a> or through the “Care Portal Log in” link on CRR’s website: <a href="http://www.sbfcc.org/index.php/providers/alternative_payment_calworks_programs">http://www.sbfcc.org/index.php/providers/alternative_payment_calworks_programs</a>
18.	It is the responsibility of the <b>provider</b> to submit the Child Attendance Records by the 5th day of each month for each child in the program receiving subsidized child care. The due dates are posted online at: <a href="http://www.sbfcc.org/index.php/providers/alternative_payment_calworks_programs">http://www.sbfcc.org/index.php/providers/alternative_payment_calworks_programs</a>
19.	Reimbursement for on-time attendance records will be on or around the 20 <sup>th</sup> of every month following the month of care. If the 20 <sup>th</sup> falls on a Saturday, Sunday or Monday funds will be disbursed the following business day. Disbursement of funds is contingent upon CRR’s receipt of state funding.
20.	Attendance records received from the 6 <sup>th</sup> day of each month to the end of the month following the month of care will be considered late. Late attendance records will be reimbursed with the following months payment schedule.
21.	<b>The Final Deadline for receipt of attendance records is the last day of the month following the month of care. Due to the close of the fiscal year, the final deadline for receipt of attendance records for the month of June is the 5<sup>th</sup> business day of July. If attendance records are submitted after the deadline, the provider’s right to reimbursement is forfeited.</b>
22.	Attendance records may be mailed or dropped off directly at CRR’s Alternative Payment Program office in Santa Maria. CRR is not responsible for late mail delivery or lost attendance records. For your convenience, a mail slot is available.  <p style="text-align: center;"><b>Children’s Resource &amp; Referral 124 W. Carmen Lane, Suite C Santa Maria, CA 93458</b></p>

I have read and understand the policies and procedures as stated above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_