

SECTION IV – PROVIDER AGREEMENT: Providers must comply with 8.9.3 NMAC and 8.9.4 NMAC or 8.9.5 NMAC in addition to the below statements. Please read and initial each statement.

ALL PROVIDERS

_____ I understand that I am not an employee of ECECD and that I am not entitled to payment or benefits other than the subsidy reimbursement outlined in the agreement.

_____ I understand that I will be responsible for all applicable federal and state taxes. The Department will issue IRS Form 1099 (Earnings Statement).

_____ I understand that parents/guardians may choose to transfer the child(ren) to another provider.

_____ I understand that parents/guardians may visit their child(ren) at any time and that a caregiver will be available to discuss issues or concerns with the parents/guardians while the children are in their care.

_____ I understand that I must keep daily attendance records for each child and make them available upon request from ECECD.

_____ I certify that all caregivers are age 18 or older.

_____ I understand that I have the right to accept or not accept a child into my care. I also understand that this decision will not be based on race, color, sex, religious creed, national origin or political beliefs of the child(ren) or parent(s).

_____ I understand that I am responsible for the health, safety and well-being of children while they are in my care. I understand that I must meet the standards established in 8.9.4 NMAC or 8.9.5 NMAC or military authorities.

_____ I understand that children in my care will receive nutritious meals and snacks and will meet age-appropriate USDA requirements.

_____ I understand that I will not receive payment from ECECD or the Child and Adult Food Program (CACFP) until I am approved as a provider, begin to provide care for a child or children and meet the requirements set forth by ECECD.

_____ I understand that if I move or change my name, I must submit a new application and pay the processing charge prior to the occurrence and receive a new on-site health and safety inspection by the department.

PROVIDER ONLY RECEIVING SUBSIDY **I certify that I do not receive subsidy from ECECD for child care. Initial** _____

_____ I agree to participate as a child care provider in the child care assistance program as administered by the ECECD and comply with all state and federal requirements.

_____ I understand that the parents/guardians have the right to select their child care provider. I will be asked to sign an agreement to provide care for a particular child(ren) receiving subsidy.

_____ I understand that collecting the required co-payment is my responsibility. Non-payment must be reported to ECECD. ECECD assists the provider in collecting the co-payment only if the co-payment has been in arrears 30 calendar days or less.

_____ I will notify ECECD immediately if a child disenrolls or within three (3) business days if a child has been absent for a period of five (5) consecutively scheduled days without explanation from parents/guardians.

_____ I understand that ECECD will pay me only for child care services I am authorized to provide and that I will make child care available at the times agreed upon.

_____ I agree to accept the ECECD child care payment rate for services and may not charge families receiving child care assistance above the ECECD rate for the amount of hours listed on the placement agreement.

_____ I understand that if I provide child care services at times other than authorized, ECECD is not responsible and will NOT pay for those services.

_____ I understand that payment for child care is provided by state and federal monies. Providing false information or the misuse of these monies result in loss of benefits, be subject to other legal action, and/or be responsible for repayment.

_____ I understand that the payment process will not be initiated until a signed agreement is received by my local Child Care Office.

_____ I understand that payment will be discontinued on the date that my license or registration expires.

_____ I understand that I may be responsible to repay any and all amounts that are paid to me in error.

_____ I agree to provide a copy of my social security card or FEIN document and a picture ID.

_____ I understand that I can request a copy of the child care assistance policies at any time.

Copy of Social Security Card/FEIN documentation

Copy of Picture ID