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			
We have re	parent/step-p parent/guard The child's parent/ste outdoor play	is ineligible to receive CCDF payments whe parent/guardian is employed by the paian is responsible for their own child for any ep-parent/guardian MAY NOT be in the same area as their child for any part of the child caments. Our signatures on this form acknowle	rovider and the pa part of the child care do e room or are day.	
Parent/Step	-Parent/Guardian Name (Printed)	Parent/Step-parent/Guardian Signature	Date	
Please print Facility Name (Employer)		Facility Owner/Director Signature	Date	
<u>NO</u>	<u>T</u> work at the home where their c	Eligible Licensed Child Care Home, the pa hild attends. (CCDF Policy 2.11.4)		dian <u>MAY</u>
Child name	e(s)			
Child attend	ds site address/license #			
Child name	e(s)			
Child attend	ds site address/license #			
Parent/Step	p-parent/Guardian Printed Name	Parent/Step-parent/Guardian Signature	Date	
Provider (E	Employer) Printed Name	Provider (Employer) Signature	Date	