



**SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND
PROGRAM (CCDF)**

Phone: 918-542-7232

Fax: 918-542-4138

Diana Baker - Director Children & Family Services

diana@shawnee-tribe.com

Sean Graham - CCDF Program Specialist

sean@shawnee-tribe.com

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cindy@shawnee-tribe.com

Please address all correspondence to:

**Shawnee Tribe CCDF Program
c/o Diana Baker, Sean Graham or Cindy Chandler
21 N. Eight Tribes Trail Suite A
Miami, Oklahoma 74354**



SHAWNEE TRIBE CHILD CARE & DEVELOPMENT PROGRAM

21 N. Eight Tribes Trail / Miami, OK 74354

(918) 542-7232 / (918) 542-4138 Fax

PROVIDER ORIENTATION

Facility Name: _____

Date: _____

- Type: New Licensed Center One Star
 Renewal Licensed Home One Star Plus
 Two Star
 Three Star

License Number: _____

Name of Director: _____

EIN/SSN: ____-____-____ or ____-____-____

Physical Address: _____

Mailing Address: _____

Phone: _____ Cell _____

Fax: _____

County: _____

Email: _____

Checks are made payable to: _____

*****Licensed centers and homes, please a copy of your current State license or permit, Star Certificate and your current DHS Monitoring Report (monitoring reports must be submitted each time you are visited)*****

Licensed Capacity: _____

Days & Hours of Operation: _____

Please List Daily Rate:

Full-Time:	0-12 Months:	\$ _____	Part-Time	0-12 Months:	\$ _____
	13-24 Months:	\$ _____		13-24 Months:	\$ _____
	25-48 Months:	\$ _____		25-48 Months:	\$ _____
	49-72 Months:	\$ _____		49-72 Months:	\$ _____
	73 + Months:	\$ _____		73 + Months:	\$ _____

*****Facility OWNER has authorized the following individual(s) to sign the Shawnee Tribe Child Care Claim Form*****

Signature: Authorized Individual

Signature: Authorized Individual

Please sign and date below that the above information is correct to the best of your knowledge:

Signature: Facility Owner (if different than Director)

Date

Shawnee Tribe CCDF Program Requirements

The Shawnee Tribe's Department of Children and Family Services, which operates the Child Care Development Fund (CCDF) Program that subsidizes children in your child care facilities, wants to take this opportunity to remind each of you about some of the CCDF Program participation requirements.

- 1). Payments to providers are made once each month. Payments cover the preceding month. For example, at the very beginning of next month, you will fill out a time sheet for the hours that you provided child care from January 1st through January 31st, 2019. A sheet must be filled out for each child on our CCDF Program under your care.
- 2). Completed time sheets, signed by each child's parent or guardian, can be submitted by mail or scanning and emailing. The provider will receive full payment for each month as long as the child attends a minimum of **7 days** during the month. Payments will be made either on Part-Day or Full-Day based on the approval letter. A Full-Day is 4 hours or more and a Part-Day is less than 4 hours. If a child is in attendance less than 7 days, the Shawnee Tribe will only pay for the days the child is in attendance. Beginning January 1, 2019 the Shawnee Tribe CCDF Program will also pay for 6 holidays (New Year's Day, Labor Day, Independence Day, Memorial Day, Thanksgiving Day, & Christmas Day). In addition, the Shawnee Tribe CCDF Program will be allowing payment for inclement weather (snow days). If the child is approved for full time you will be paid at the full time rate, and if the child is approved for part time you will be paid at the part time rate. Time sheets **filled- out in pencil will not be accepted.**

Claim Form Instructions:

The Time-In and Time-Out must be filled in and then marked whether it is a full or part day. Any days the child is absent please write **ABSENT** in the Time-In/Time-Out slot or in the event of a snow day please write **SNOW DAY** in the Time-In/Time-Out slot. If your facility is closed for a holiday or otherwise, please write **CLOSED** on that particular day.

Please do not call each month and ask to speak to the accounting office about your check or request to stop by and pick it up. If you are concerned that something on one of your timesheets may have been incorrect, please call Diana Baker of Sean Graham at (918-542-7232).

- 3). A delay in processing your check may occur if your time sheets are not completely and accurately filled out. Also, please make sure time sheets are legible. Most problems of this type have been minor and have been remedied with a quick phone call. If there is an error on the claim form it will be sent back for correction. Repeated problems with illegible or inaccurate time sheets will result in the time sheets being returned to the provider to redo them and have the parent or guardian sign them again. Please remember to make copies of the time sheets for your records before you submit them to the Shawnee Tribe.
- 4). Participants in our CCDF Program must be pre-approved for overtime. Providers are mailed a copy of the participant's certification form that list's the children's names as well as the timeframe in which the Shawnee Tribe will provide coverage. This form will also clearly indicate if the family is eligible for overtime, if this form does not reflect they are covered the Shawnee Tribe will not pay for overtime rates. Shawnee Tribe CCDF Program guidelines consider anything over 10 hours per day "overtime".

5). We will not accept time sheets on which dates of service exceed 60 days. Failure to submit times sheets within the 60 day timeframe will result in the loss of reimbursement from the Shawnee Tribe. Parents will also not be required to pay for amounts other than the determined “co-pay” amount. It is up to the Provider to send in time sheets in order for payments of child care to be processed.

6). Mail or e-mail time sheets to the below address:

Shawnee Tribe CCDF Program

21 N. Eight Tribes Trail

Suite A

Miami, OK 74354

diana@shawnee-tribe.com

sean@shawnee-tribe.com

cindy@shawnee-tribe.com

ccdf@shawnee-tribe.com

7). Any and all monitoring reports from State and Tribal agencies should be forwarded to our office for tracking purposes. All incidents and or complaints that are to be reported to the Oklahoma Department of Human Services **“MUST”** be reported to the Shawnee Tribe CCDF within 3 working days as well.

PLEASE KEEP A COPY OF THIS MEMO IN YOUR FILES FOR FUTURE REERENCE.

**SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND
ATTENDANCE CLAIM FORM (Effective October 1, 2020)**

Child's Name:	Date of Birth: Attends School Yes or No
Guardian's Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:

I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian: _____

Signature of Provider: _____

**Fill in appropriate abbreviation for each day the child is/is not in attendance at your facility.
Approved days will be based on Approval Notification letter.**

(P) Present	(ABS) Absent Day	(PSC) Present School Closed- <i>for School Age Only</i>
(PV) Present Virtual Learning -<i>School Age Only</i>	(H) Holiday	(CL) Provider Closed

******Attendance times not required. Abbreviations ONLY******

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SCHOOL AGE CHILDREN:

- ✚ Throughout the school year, all school age children will be approved for Part Day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for Full Day. Holidays throughout the school year will be paid at a part day rate.
- ✚

To be eligible for a full month payment, the child must be in attendance 7 days or more.

Claim forms can be emailed to:
ccdf@shawnee-tribe.com

Please put the name of your facility, the month and year in the subject box.

Or mailed to:
Shawnee Tribe CCDF
21 N Eight Tribes Trail, Suite A
Miami, OK 74354

For the Month of: _____, 20_____

***** FOR OFFICE USE ONLY *****						
Full Day		X		Per Day	=	
Part Day		X		Per Day	=	
Star Rating:			Total Monthly Charges			
			Less Co-pay			
			ADJ Total DUE			



Dear Provider,

The Shawnee Tribe CCDF offers full monthly payment for each child as long as the child is in attendance **7 days or more**. If the child is there LESS than 7 days, you will only receive payment for the days attended. All children will be approved based on their notification letter. When filling out the Shawnee Tribe monthly claim forms, please be mindful of the following sections:

Section ONE:

- Input the child's information, including the child's parent/guardian, address and date of birth.
- The signature from the parent/guardian must be one of the names listed on the Shawnee Tribe notification letter. Any other signatures will not be accepted and the claim for will be returned.
- Ensure to circle Yes or NO if child is attending school or not.

Section TWO:

- Your facilities information and the owner/director's signature as listed on your provider contract. Any other signature will not be accepted.

Please remember that under no circumstance should a parent or provider sign a blank claim form.

Section THREE:

- Fill in the appropriate abbreviation for each day the child is or is not in attendance at your facility. Approval days will be based off the child's notification letter.
- **SCHOOL AGE CHILDREN** will be approved for a PART DAY through out the school year, this includes holidays if the child is NOT in attendance at your facility. If the child IS in attendance at your facility, you will be paid for a FULL DAY.

For Example: Fall, Spring, Thanksgiving and Christmas breaks or any day school is not in session:

- You will be paid a full day for any day the child IS in attendance at your facility.
- If your facility is CLOSED or if the child is NOT in attendance, you will be paid a part day.

- When school is out for the summer, all school age children will be approved for FULL DAY. This will include summer holidays such as Fourth of July and Memorial Day
- Attendance times are not required. Abbreviations ONLY! If you fill in the box using a check in and check out times, your claim form will be returned.
- Fill in the Month and Year located below the attendance time.

Section Four:

- This section is for OFFICE USE ONLY. DO NOT fill out this section. If you fill out this section, your claim for will not be accepted and will be returned to you.

When turning in claims for the month, please send all claims together at the same time to ensure timely processing. This will help keep claims being reimbursed as quickly as possible. Thank you for your attention to this matter.

If you have any questions, please feel free to call **DIANA OR SEAN** at 918-542-7232.

Thank You,

DIANA BAKER
DIRECTOR OF CHILDREN & FAMILY SERVICES
SHAWNEE TRIBE

21 N. Eight Tribes Trail, Suite A

Miami, OK 74354

Phone: 918-542-7232

Fax: 918-542-4138

SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND SERVICE ATTENDANCE CLAIM FORM

Child's Name:	Date of Birth:	ATTENDS SCHOOL Yes or No
Guardian's Name:	Name of Provider:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	

I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian:	Signature of Provider:
------------------------	------------------------

Fill in appropriate abbreviation for each day the child is not in attendance at your facility.
Approved days will be based off notification letter.

- | | | |
|--|------------------|---|
| (P) Present | (ABS) Absent Day | (PSC) Present School Closed- <i>for School Age Only</i> |
| (PV) Present Virtual Learning - <i>School Age Only</i> | (H) Holiday | (CL) Provider Closed |

****Attendance times not required. Abbreviations ONLY****

SCHOOL AGE CHILDREN:

- ✚ Throughout the school year, all school age children will be approved for part day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for full day.
- ✚ Holidays throughout the school year will be paid at a part day rate.

To be eligible for a full month payment, the child must be in attendance 7 days or more.

Claim forms can be emailed to:
ccdf@shawnee-tribe.com

Please put the name of your facility, the month and year in the subject box.

Or mailed to:
Shawnee Tribe CCDF
21 N Eight Tribes Trail
Miami, OK 74354

For the Month of:		Year:	
***** FOR OFFICE USE ONLY *****			
Full Day	X	Per Day	=
Part Day	X	Per Day	=
Star Rating:	Total Monthly Charges		
		Less Co-pay	
		Adj Total DUE	

SECTION FOUR

SHAWNEE TRIBE

PROVIDER PAYMENT RATES

(EFFECTIVE 10/1/21)

ONE-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$25.00	\$20.00
13 – 24 months	\$25.00	\$20.00
25 – 48 months	\$23.00	\$17.00
49 – 72 months	\$22.00	\$17.00
73 months – 13 years	\$19.00	\$15.00

ONE-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$25.00	\$19.00
25 - 48 months	\$23.00	\$17.00
49 - 72 months	\$22.00	\$17.00
73 months – 13 years	\$18.00	\$13.00

ONE-STAR PLUS CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$27.00	\$20.00
13 – 24 months	\$26.00	\$20.00
25 – 48 months	\$24.00	\$17.00
49 – 72 months	\$23.00	\$17.00
73 months – 13 years	\$21.00	\$15.00

ONE-STAR PLUS HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$25.00	\$18.00
25 - 48 months	\$23.00	\$17.00
49 - 72 months	\$23.00	\$17.00
73 months – 13 years	\$18.00	\$14.00

SHAWNEE TRIBE

PROVIDER PAYMENT RATES

(EFFECTIVE 10/1/21)

TWO-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$48.00	\$33.00
13 – 24 months	\$43.00	\$30.00
25 – 48 months	\$41.00	\$28.00
49 – 72 months	\$32.00	\$25.00
73 months – 13 years	\$28.00	\$22.00

TWO-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$38.00	\$28.00
25 - 48 months	\$36.00	\$26.00
49 - 72 months	\$32.00	\$25.00
73 months – 13 years	\$28.00	\$21.00

THREE-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$54.00	\$38.00
13 – 24 months	\$51.00	\$36.00
25 – 48 months	\$47.00	\$33.00
49 – 72 months	\$35.00	\$26.00
73 months – 13 years	\$30.00	\$22.00

THREE-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$48.00	\$36.00
25 - 48 months	\$45.00	\$33.00
49 - 72 months	\$36.00	\$27.00
73 months – 13 years	\$30.00	\$22.00

SHAWNEE TRIBE CCDF OUT OF STATE RATES

Effective 10/1/2021

****CHILD CARE CENTERS**

DAILY RATES

	FULL DAY	PART DAY
0 – 12 mos.	\$48.00	\$33.00
13 – 24 mos.	\$43.00	\$30.00
25 – 48 mos.	\$41.00	\$28.00
49 – 72 mos.	\$32.00	\$25.00
73 – 13 yrs.	\$28.00	\$22.00

CHILD CARE HOMES

DAILY RATES

	FULL DAY	PART DAY
0 – 24 mos.	\$38.00	\$28.00
25 – 48 mos.	\$36.00	\$26.00
49 – 72 mos.	\$32.00	\$25.00
73 mos. – 13 yrs.	\$28.00	\$21.00

FULL DAY – Over 4 hours

PART DAY – 4 hours or less

* Parents are responsible for monthly co-payment as well as any additional charges the provider may require.

**Arkansas 3 Star Better Beginning and Nationally accredited facilities qualify for additional funds. (Must submit documentation)



SPECIAL NEEDS RATES

Special Needs (ages 0 – 18 years of ages) – A special needs unit type, if approved, is paid in addition to the rate paid for a typical child of the same age. The child must meet the definition of ‘special needs’ as mentally or physically handicapped as established in the Shawnee Tribe CCDF policies and procedures. Higher payment rates for providers caring for children with special needs who are mentally or physically handicapped may be made with prior approval of CCDF staff if proper documentation of child's special needs meet requirements listed in policies and procedures. Higher payment rates are for those children with mental or physical handicaps who require more care/attention as verified by a physician and/or other recognized professional within the medical and/or mental health field.

If approved, the following rates apply:

- **Moderate Special Needs Rate:** Child care providers receive an additional \$21 for a full-time day and an additional \$13 for a part-time day for a child approved for the moderate special needs rate
- **Severe Special Needs Rate:** Child care providers receive an additional \$33 for a full-time day and an additional \$20 for a part-time for a child approved for the severe special needs rate.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.