



**Shawnee Tribe
Child Care Development Fund
Program (CCDF)**

Phone: 918-542-7232 Fax: 918-542-4138

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Please address all correspondence to:

**Shawnee Tribe CCDF Program
c/o Diana Baker or Sean Graham**

**21 N. Eight Tribes Trail Suite A
Miami, Oklahoma 74354**

Shawnee Tribe CCDF Program Requirements

The Shawnee Tribe's Department of Children and Family Services, which operates the Childcare Development Fund (CCDF) Program that subsidizes children in your childcare 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 monthly claim form for the days of attendance that you provided childcare from January 1st through January 31st, 2023 etc. A claim form must be filled out for each child on our CCDF Program under your care.

2). Completed claim forms, signed by each child's parent or guardian, can be submitted by mail, or scanning and emailing. Payments will be made either on Part-Day or Full-Day based on the approval letter. The Shawnee Tribe CCDF Program will also pay for 6 holidays (New Year's Day, Labor Day, Independence Day, Memorial Day, Thanksgiving Day and Day After, & Christmas Eve and Christmas Day). If the holiday is on a Saturday, we will pay on Friday. If the holiday is on a Sunday, we will pay on Monday. In addition, the Shawnee Tribe CCDF Program will be allowing payment for inclement weather (snow days). On a case-by-case basis there may be special circumstances which would allow for extended hours. **Time sheets filled- out in pencil will not be accepted.** Payments will be based on the approved enrollment status listed on the approval letter. Parents are required to approve and sign the final monthly claim form before submission.

Claim Form Instructions:

Any days the child is absent please write the initials **ABS** in the slot or in the event of a snow day please write **Weather** in the slot. If your facility is closed for a holiday, please insert an **H** in the box. The Shawnee Tribe must be contacted immediately by email if the facility is closed in order to be approved for closure. Date and reason for closure must be included in the email. Payment is NOT guaranteed for closed days and parents may NOT be charged for those days that childcare is not available. Please write **CL** in the box when the facility is closed. Closures must be approved by the Shawnee Tribe CCDF Staff.

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 or Sean Graham at (918-542-7232).

3). A delay in processing your check may occur if your claim forms are not completely and accurately filled out. Also, please make sure claim forms are legible and visible. 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 claim forms will result in the claim forms being returned to the provider to redo them and have the parent or guardian sign them again. Please remember to make copies of the claim forms for your records before you submit them to the Shawnee Tribe.

4). We will not accept time sheets on which dates of service exceed 60 days. Failure to submit claim forms 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 the monthly claim form in order for payments of childcare to be processed.

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

Shawnee Tribe CCDF Program
21 N. Eight Tribes Trail, Suite A
Miami, OK 74354
ccdf@shawnee-tribe.com

6). 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, 2023)**

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>
(V) Virtual Learning	(H) Holiday	(CL) Provider Closed (must give reason)

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- 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.
- The following Holidays will be paid as a full day: Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve, Christmas Day & New Years Day.
- To receive full month payment the child must be in attendance at the facility.
- Provider will not be paid for days the facility is closed. Weather and unforeseen closures will be determined by the CCDF Staff.

For the Month of: _____, 20_____

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.

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

***** 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			

SHAWNEE TRIBE OF OKLAHOMA
PROVIDER PAYMENT RATES (Revised 11/23/22)
(Effective 3/1/23)

ONE-STAR CENTERS

Child's Age	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	
	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

TWO-STAR CENTERS

Child's Age	Daily Rates	
	FULL	PART
0 – 12 months	\$27.00	\$22.00
13 – 24 months	\$26.00	\$22.00
25 – 48 months	\$24.00	\$19.00
49 – 72 months	\$23.00	\$19.00
73 months – 13 years	\$21.00	\$17.00

TWO-STAR HOMES

Child's Age	Daily Rates	
	FULL	PART
0 – 24 months	\$26.00	\$20.00
25 - 48 months	\$24.00	\$19.00
49 - 72 months	\$23.00	\$19.00
73 months – 13 years	\$19.00	\$16.00

**SHAWNEE TRIBE OF OKLAHOMA
PROVIDER PAYMENT RATES
(Effective 3/1/23)**

THREE-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

THREE-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

FOUR-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

FOUR-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 OF OKLAHOMA
PROVIDER PAYMENT RATES
(Effective 3/1/23)**

FIVE-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$56.00	\$40.00
13 – 24 months	\$53.00	\$38.00
25 – 48 months	\$49.00	\$35.00
49 – 72 months	\$37.00	\$28.00
73 months – 13 years	\$32.00	\$24.00

FIVE-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$50.00	\$38.00
25 - 48 months	\$47.00	\$35.00
49 - 72 months	\$38.00	\$29.00
73 months – 13 years	\$32.00	\$24.00

SHAWNEE TRIBE CCDF

OUT OF STATE RATES

Effective 3/1/2023

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

SHAWNEE TRIBE CCDF

ARKANSAS 3 & 4 STAR "BETTER BEGINNING"

DAILY RATES

Effective 3/1/23

**CHILD CARE CENTERS

DAILY RATES

	FULL DAY	PART DAY
0 – 12 mos.	\$54.00	\$38.00
13 – 24 mos.	\$51.00	\$36.00
25 – 48 mos.	\$47.00	\$33.00
49 – 72 mos.	\$35.00	\$26.00
73 – 13 yrs.	\$30.00	\$22.00

CHILD CARE HOMES

DAILY RATES

	FULL DAY	PART DAY
0 – 24 mos.	\$48.00	\$36.00
25 – 48 mos.	\$45.00	\$33.00
49 – 72 mos.	\$36.00	\$27.00
73 mos. – 13 yrs.	\$30.00	\$22.00

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.

** Provider must submit current 3-4 Star documentation/certificate and/or proof of accreditation

SHAWNEE TRIBE CCDF

ARKANSAS 5 & 6 STAR "BETTER BEGINNING"

DAILY RATES

Effective 3/1/23

**CHILD CARE CENTERS

DAILY RATES

	FULL DAY	PART DAY
0 – 12 mos.	\$56.00	\$40.00
13 – 24 mos.	\$53.00	\$38.00
25 – 48 mos.	\$49.00	\$35.00
49 – 72 mos.	\$37.00	\$28.00
73 – 13 yrs.	\$32.00	\$24.00

CHILD CARE HOMES

DAILY RATES

	FULL DAY	PART DAY
0 – 24 mos.	\$50.00	\$38.00
25 – 48 mos.	\$47.00	\$35.00
49 – 72 mos.	\$38.00	\$29.00
73 mos. – 13 yrs.	\$32.00	\$24.00

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.

** Provider must submit current 5 or 6 Star documentation/certificate and/or proof of accreditation



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.

**SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND SERVICE
ATTENDANCE CLAIM FORM**

Child's Name:		Date of Birth:		ATTENDS SCHOOL Yes or No	
***** FOR OFFICE USE ONLY *****					
Guardian's Name:		Name of Provider:			
Full Day	X	Per Day	=	Address:	
Part Day		Per Day	=	City, State, Zip:	
Star Rating:		Total Monthly Charges			
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:		ADJ Total DUE		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- for School Age Only
(V) Virtual Learning (H) Holiday (CL) Provider Closed (Must give reason)

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

- 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.
- The following Holidays will be paid as a full day: Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve & Christmas Day.
- To receive full month payment facilities must be open for the whole month with exception of an approved holiday and the child must be in attendance for at least 7 days. Payment for weather and other closures will be determined by the CCDF Staff.

For the Month of: _____, 20____

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

Please put the name of your facility, circle Yes or No if child attends public school and the month and year in the subject box.

Mailed to:
Shawnee Tribe CCDF
21 N Eight Tribes Trail, Ste. A
Miami, OK 74354

***** 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			

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>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<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>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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.