Parent Name:	C4K Case Number:

Si quiere recibir este material en español sírvase llamar al 1-888-214-5437.

School Vacation Parent-Provider Agreement Form

Step 1: This form must be completed by the parent **and** the child care provider.
- **Parent –** Complete Sections 1, 3 and 5.
- **Child Care Provider** – Complete Sections 2, 3 and 4.

Step 2: Make sure all sections have been filled in and the information is correct. Answer all Yes or No questions by checking the right box. Once you have filled out and checked this form, make sure the parent and provider sign and date this form. If you need help, call 1-888-214-5437 or visit www.ctcare4kids.com. **Incomplete forms may not be accepted and will delay processing.**

Step 3: All Care 4 Kids (C4K) providers **must complete** all orientation and annual training requirements prior to receiving payments. See the C4K website for provider requirements: Provider Requirements – CT Care 4 Kids

Step 4: The law requires us to report all payments to the Internal Revenue Service (IRS) for income tax purposes. If you are a new child care provider with Care 4 Kids (C4K), you must provide us with your Social Security Number or Federal Employer Identification Number and fill out an IRS W-9 form. To get a W-9 form by mail, call 1-888-214-5437, or download the form at www.ctcare4kids.com. If you have already submitted a W-9 form to us, you do not need to fill out a new form unless your information has changed. Care 4 Kids does not withhold income taxes. Providers are responsible for paying taxes to the IRS and the State of Connecticut.

Step 5: **Submit this form using the Care 4 Kids Parent Portal** https://portal.ct.gov/oec/care4kids.

SECTION 1: PARENT INFORMATION *(To be completed by Parent)*

Parent Name:_____ C4K Case Number:_____
Last Name, First Name, Middle Initial

Parent Address:_____ City, State, Zip Code:_____

Telephone Number: (Cell)_____ (Secondary)_____

Reason for submitting this form: ❒ Part of my Application or Redetermination ❒ Reporting changes or new provider

SECTION 2: CHILD CARE PROVIDER INFORMATION *(To be completed by Provider)*

What type of child care provider are you?

- ❒ Unlicensed Individual (relative)
- ❒ Licensed Family Child Care Home
- ❒ Licensed Child Care Center
- ❒ Licensed Group Child Care Home
- ❒ Licensed Youth Camp
- ❒ Exempt Youth Camp
- ❒ Exempt Center Based Program

Are you accredited by any of the following? (*check if yes*)

- ❒ National Assoc. for the Education of Young Children (NAEYC)
- ❒ Council on Accreditation (COA)
- ❒ New England Assoc. of Schools and Colleges (NEASC)
- ❒ National Assoc. for Family Child Care (NAFCC)

SECTION 2A: LICENSED CHILD CARE PROVIDERS/EXEMPT PROGRAMS *(To be completed by Provider)*

PROVIDER NAME

Center Name:_____ Licensed Home:_____
(Last) (First)

Address where child care is provided:_____
Street City State Zip Code

Telephone Number: (Cell)_____ (Secondary)_____

Date of Birth:_____ C4K Provider ID:_____ License Number:_____
Family Home Providers Only

Please list the address you would like notices to be mailed if different from the address where child care is provided:

Street Address:_____ City, State, Zip Code:_____

Parent Name:	C4K Case Number:

SECTION 2A, CONTINUED: LICENSED CHILD CARE PROVIDERS/EXEMPT PROGRAMS *(To be completed by Provider)*

❒ **I understand I must complete the pre-service orientation/training requirement prior to becoming eligible for payment. Providers will be eligible for payment the day after the training is completed. For more information, visit www.ctcare4kids.com.**

❒ **I understand that all licensed child care and exempt programs must complete all health and safety requirements in order to become and remain an eligible child care provider.**

SECTION 2B: UNLICENSED RELATIVE CHILD CARE PROVIDERS *(To be completed by Provider)*

You must be related to the child by blood, marriage, or adoption. This means the child is your grandchild, great grandchild, niece, nephew, or sibling. If you are not related, you must have a license from the Office of Early Childhood Division of Licensing to provide child care.

Provider Name:_____
Last Name, First Name, Middle Initial

Home Address:_____ City, State, Zip Code:_____

Telephone Number: (Cell)_____ (Secondary)_____

C4K Provider ID:_____

Date of Birth:____/____/____ Gender: ❒ Male ❒ Female

❒ **I understand I must complete the pre-service training requirement prior to becoming eligible for payment. For more information, visit www.ctcare4kids.com.**

Are you self-employed or do you have another job other than providing child care? ❒ YES ❒ NO If yes, enter your work schedule at your other job in the table below.

Name, Address, and Telephone Number of your other job:_____

Provider: Use this table to enter the hours and days you normally work your other job (circle AM or PM).

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM
End	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM	AM ____:____ PM

Where do you provide child care for the children listed on this agreement form? ❒ Child's home ❒ Provider's home ❒Other_____

Is there a working telephone at this care location? ❒ YES ❒ NO Telephone number: (_____)_____

Is there a working smoke detector? ❒ YES ❒ NO Do you have immediate access to a fire extinguisher? ❒ YES ❒ NO

What is the total number of children in your care at the same time on any day, including your own children?_____

How many of these children are under the age of 2, including your own children?_____

Are you under investigation by the Department of Children and Families (DCF) for child abuse or child neglect or do you have a record of child abuse or child neglect in Connecticut or any other state? ❒ YES ❒ NO

Were you ever arrested, or do you have an arrest warrant or criminal charge pending against you? ❒ YES ❒ NO

What crime(s) were you charged with? When and where?_____

Have you ever been convicted of any of the crimes listed below? ❒ YES ❒ NO

- Abandonment, injury, or risk of injury to a minor.
- Cruelty to persons or animals, stalking, obscenity, public indecency, reckless endangerment, arson, robbery, burglary, home invasion.
- Use of force against another person, including murder, assault, manslaughter, kidnapping, unlawful restraint.
- Crimes involving a weapon, explosives, or a firearm.
- Sex crimes including sexual assault, rape, prostitution, child pornography, and other related sex crimes.
- Sale, manufacture, or possession of narcotics or other illegal drugs or controlled substances.

For a complete crime list please visit www.ctcare4kids.com

NOTE: All Unlicensed Relative Providers are subject to child abuse/neglect, sex offender, and criminal background checks. If the results of the background check confirm you are ineligible, you will be required to repay Care 4 Kids benefits issued to you.

Parent Name:	C4K Case Number:

SECTION 3: CHILDREN IN CARE *(To be completed together by Parent and Provider)*

Complete for each child needing Care 4 Kids assistance. *If there are more than 3 children in your care, make a copy of this page or download and print another copy of this page from the Care 4 Kids website at www.ctcare4kids.com.*

CHILD #1

_____ _____ _____ _____/_____/_____

LAST NAME *FIRST NAME* *M.I.* *DATE OF BIRTH*

Vacation Care: Date care started:_ _____ Date care ended:_____ How much is the parent charged per week? $_____

Are you currently charging a mandatory registration fee for this child? ❒ YES ❒ NO If yes, how much is the registration fee? $_____

Are you related to this child? ❒ YES ❒ NO **If related, specify your relationship to the child:**

❑ Grandparent/Great Grandparent ❑ Aunt/Uncle ❑ Sibling ❑ Other: _____

CHILDCARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Monday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Tuesday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Wednesday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Thursday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Friday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Saturday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM

Is this child care schedule the same each week? ❒ YES ❒ NO If no, explain how the care schedule varies:_____

_____

_____

CHILD #2

_____ _____ _____ _____/_____/_____

LAST NAME *FIRST NAME* *M.I.* *DATE OF BIRTH*

Vacation Care: Date care started:_ _____ Date care ended:_____ How much is the parent charged per week? $_____

Are you currently charging a mandatory registration fee for this child? ❒ YES ❒ NO If yes, how much is the registration fee? $_____

Are you related to this child? ❒ YES ❒ NO **If related, specify your relationship to the child:**

❑ Grandparent/Great Grandparent ❑ Aunt/Uncle ❑ Sibling ❑ Other: _____

CHILDCARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Monday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Tuesday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Wednesday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Thursday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Friday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Saturday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM

Is this child care schedule the same each week? ❒ YES ❒ NO If no, explain how the care schedule varies:_____

_____

_____

Parent Name:	C4K Case Number:

SECTION 3, CONTINUED: CHILDREN IN CARE *(To be completed together by Parent and Provider)*

CHILD #3

_____ _____ _____ ____/____/____

LAST NAME *FIRST NAME* *M.I.* *DATE OF BIRTH*

Vacation Care: Date care started:_____ Date care ended:_____ How much is the parent charged per week? $_____

Are you currently charging a mandatory registration fee for this child? ❒ YES ❒ NO If yes, how much is the registration fee? $_____

Are you related to this child? ❒ YES ❒ NO **If related, specify your relationship to the child:**

❑ Grandparent/Great Grandparent ❑ Aunt/Uncle ❑ Sibling ❑ Other: _____

CHILDCARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Monday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Tuesday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Wednesday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Thursday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Friday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM
Saturday	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM	_____:_____ AM PM

Is this child care schedule the same each week? ❒ YES ❒ NO If no, explain how the care schedule varies:_____

SECTION 4: PROVIDER CERTIFICATION *(To be completed by Provider)*

I certify that:

1) I am the individual or program that is providing care to the children listed on this form. I am at least 20 years of age and capable of providing safe and competent child care services. I do not have a disability, impairment or health problem that would prevent me from caring for the children.
2) Care will be given at the location specified on the form. I am responsible for reporting changes in the hours of care, the amount I charge for services, if the child stops attending care, and changes in the location where care is given. I must also inform Care 4 Kids of any changes in my criminal or child abuse/neglect history. Changes must be reported within 10 days.
3) For each child in my care, I have the name of the child's primary care physician and health insurance provider and proof that each child is up to date with his or her immunizations and health screening exams.
4) I understand and agree that the Office of Early Childhood and Care 4 Kids may verify information listed on this form independently without prior authorization, including criminal and child abuse/neglect background checks.
5) I understand that this agreement is between the parent and the provider. It is not a contract with Care 4 Kids or the State of Connecticut. Neither Care 4 Kids nor the State of Connecticut employ me. I am an independent contractor and will receive a 1099 tax form for monies received from Care 4 Kids.
6) Care 4 Kids may not cover my total charges. The parent is responsible for any costs that are not paid by Care 4 Kids.
7) I may be required to repay benefits that were paid to me in error. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent, or provide false information to Care 4 Kids or if I do not report changes in a timely manner that affect payments or my eligibility for this program. I may be liable for all penalties associated with crimes, including, but not limited to, larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement, and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.
8) I must submit a completed invoice to receive payment. Invoices are issued to me when payment is approved and monthly thereafter. I will have **120 days** to submit the completed invoice in order to be paid.
9) To be eligible for payments, (1) I will abide by State of Connecticut health and safety regulations as applied to me (either as a licensed or unlicensed provider), and (2) I will cooperate with the State of Connecticut and its designees in program audits and fraud prevention activities, including any site visits that may be conducted to my home, child care site or place of employment.
10) I understand I must complete the orientation and annual training requirements in order to be eligible for payment. For more information on specific provider requirements, visit www.ctcare4kids.com.
11) I have read and understand the information contained in this form and certify that all of the information I have provided is true and correct to the best of my knowledge.
12) I understand that if I am licensed, I must report any child fatalities and any injuries that result in a child being admitted to a hospital that occur while a child is in my care to The Office of Early Childhood, Licensing Division at 1-800-282-6063.

Provider Name (*please print*): _____ _____ _____

LAST NAME ***FIRST NAME*** ***M.I.***

Provider Signature: _____ ____/____/____

DATE

Parent Name:	C4K Case Number:

SECTION 5: PARENT CERTIFICATION *(To be completed by Parent)*

I certify that:

1) I have selected the provider identified above to care for my children while I work or attend an approved activity.
2) I will report any changes in child care arrangements, household income that exceeds 85% of the State Median Income guidelines, loss of a job or ending of an approved activity, if the child receiving Care 4 Kids benefits is no longer in the home, or my residential address to Care 4 Kids within 10 days of a change.
3) I am responsible to pay the provider any costs not covered by Care 4 Kids.
4) I understand and agree that Care 4 Kids may contact the provider listed above and the provider may contact Care 4 Kids concerning my eligibility and payment amounts.
5) I understand my provider must complete the orientation and annual training requirements in order to be eligible for payment. For more information on specific provider requirements, visit www.ctcare4kids.com.
6) I may be required to repay benefits that were paid in error on my behalf. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent, or provide false information to Care 4 Kids or if I do not report changes in a timely manner that affect payments or my eligibility for this program. I may be liable for all penalties associated with crimes, including, but not limited to, larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement, and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.

Parent Name (*please print*): _____ _____ _____
LAST NAME *FIRST NAME* *M.I.*

Parent Signature: _____ ____/____/____
DATE

Submit this form using the Care 4 Kids Parent Portal

https://portal.ct.gov/oec/care4kids