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CHILD CARE & DEVELOPMENT FUND VOUCHER PROGRAM
ON MY WAY PRE-K PROGRAM

CHILD CARE and DEVELOPMENT FUND VOUCHER PROGRAM

Provider (Employer) – Parent (Employee) Statement (v8-18)

- If the Provider (Employer) is **CCDF Eligible and is a Licensed Center or Legally Licensed 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	
_____	_____	A child care provider is ineligible to receive CCDF payments when a child's parent/step-parent/guardian is employed by the provider and the parent/step-parent/guardian is responsible for their own child for any part of the child care day.
_____	_____	The child's parent/step-parent/guardian **MAY NOT** be in the same room or outdoor play area as their child for any part of the child care day.

We have read and understand the above statements. Our signatures on this form acknowledge our compliance.

Parent/Step-Parent/Guardian Name (Printed)	Parent/Step-parent/Guardian Signature	Date
Please print Facility Name (Employer)	Facility Owner/Director Signature	Date

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- If the Provider (Employer) is **CCDF Eligible and is a Licensed Child Care Home or a Legally Licensed Exempt Home,** the parent/step-parent/guardian **MAY NOT** work at the home where their child attends. (CCDF Policy 2.11.4)

Parent's work site address/ license or EX #: _____

Child name(s): _____

Child attends site address/license or EX #: _____

Child name(s): _____

Child attends site address/license or EX #: _____

Parent/Step-parent/Guardian Name (Printed)	Parent/Step-parent/Guardian Signature	Date
Provider (Employer) Name (Printed)	Provider (Employer) Signature	Date