## 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 arent/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 coments. Our signatures on this form acknowle	rovider and the parent/step- part of the child care day. ne room or are day.
		Parent/Step-parent/Guardian Signature	Date
Please print Facility Name (Employer)		Facility Owner/Director Signature	Date
<u>NO</u>	<b>T</b> work at the home where their c	Eligible Licensed Child Care Home, the pa hild attends. (CCDF Policy 2.11.4)	
Child name	(s)		
Child name	(s)		
Child attend	ds site address/license #		
Parent/Step	-parent/Guardian Printed Name	Parent/Step-parent/Guardian Signature	Date
Provider (Employer) Printed Name		Provider (Employer) Printed Name	Date