## 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			
	parent/ste parent/gu The child outdoor p	re provider is ineligible to receive CCDF paymp-parent/guardian is employed by the ardian is responsible for their own child for any sparent/step-parent/guardian <b>MAY NOT</b> be it lay area as their child for any part of the child of the chil	provider and the py part of the child care n the same room or care day.	
we have re	ad and understand the above st	atements. Our signatures on this form acknow	riedge our compitance.	
Parent/Step	-Parent/Guardian Name (Printe	d) 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 the	<b>DF Eligible Licensed Child Care Home,</b> the pair child attends. (CCDF Policy 2.11.4)		
Child name	(s)			
Child attend	ds site address/license #			
Parent/Step	-parent/Guardian Printed Name	Parent/Step-parent/Guardian Signature	Date	
Provider (E	mployer) Printed Name	Provider (Employer) Printed Name	Date	