



Licensed Provider Policy Certification

Name:		Phone:		
Address:		City:	State:	Zip:
County:	Days and Hours of Operation:			
Social Security or Tax Identification Number:		<input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Center		
Facility License #1:	Age Group and Capacity	Facility License #2 (if applicable):	Age Group and Capacity	
Name of Director (Please print clearly):			Check this box if religious instruction is provided: <input type="checkbox"/>	

I understand and certify the following:

1. I must include a copy of my **policies and rates** to the Alternative Payment Program (APP) along with this signed Licensed Provider Policy Certification.
2. I have received and agree to follow each Agency's APP/CalWORKs Policies and Procedures and the R&R Agency's Referral policies.
3. The child care services I offer are available to all children without regard to race, religion, national origin, color, ethnic group identification, ancestry, age, sex, sexual orientation, gender, or mental or physical disability (ADA).
4. The program I operate is based on sound principles of child growth and development.
5. Reimbursement for child care services are subject to adequate funding from Federal, State, County, and local sources.
6. The facility license must be active in order to receive reimbursement for the authorized care period (Not applicable to facilities exempt from licensing under Title 22 H&S code).
7. I am self-employed and not an employee of any Alternative Payment Program/R&R agency and **I am responsible for paying my own State & Federal Taxes.**
8. Any fraudulent request for payment will result in termination from the child care program, collection of overpayment of childcare fees, and possible referral to appropriate Law Enforcement (District Attorney, Courts) for collection.
9. I must include my **scholarship and discount policies** as well as my evening and weekend rates that I would charge to all parents including non-subsidized full fee paying parents.
10. I agree that I must allow parents/guardians **unlimited access** to their children.
11. I must ensure children are signed **in and out daily** using the actual times of arrival/departure.
12. The child care rates that I submit may be compared with the Resource and Referral agency rates. If the submitted rates do not match the rates on file, the R&R will update my rates to reflect the new rates I have submitted. These child care rates will be available for Payment Programs and Resource and Referral.
13. My rates will remain in effect for a minimum of one year for all Alameda County Alternative Payment/CalWORKs Programs.
14. If I charge for **non-operational days**, the days must be listed in my facility contract, handbook or rate sheet in order to be reimbursed (10 days maximum).
15. I cannot sign the participant's initials or participant's full signature on Attendance Sheet records or any other documents submitted to the agency.

By signing this form I am certifying under penalty of perjury that this information is true and correct and I agree to abide by the statements on this form.

Print Name:	Date:
Signature:	