



August 8, 2019

Dear Clients & Providers,

Effective October 1, 2019, monthly childcare payments will be made based on the **CLIENT APPROVAL LETTER**. The provider will receive full payment for each month as long as the child attends a minimum of **7 days** during the month

Payments will be made either on Part-Day or Full-Day based on the approval letter. A Full-Day is 4 hours or more and a Part-Day is less than 4 hours. If a child is in attendance less than 7 days, the Shawnee Tribe will only pay for the days the child is in attendance.

Beginning January 1, 2019 the Shawnee Tribe CCDF Program will also pay for 6 holidays (New Year's Day, Labor Day, Independence Day, Memorial Day, Thanksgiving, & Christmas). In addition, the Shawnee Tribe CCDF Program will be allowing payment for inclement weather (snow days). If the child is approved for full time you will be paid at the full time rate, and if the child is approved for part time you will be paid at the part time rate.

Claim Form Instructions:

The Time-In and Time-Out must be filled in and then marked whether it is a full or part day. Any days the child is absent please write **ABSENT** in the Time-In/Time-Out slot or in the event of a snow/weather day please write **SNOW/WEATHER DAY** in the Time-In/Time-Out slot. If your facility is closed for a holiday or otherwise, please write **CLOSED** on that particular day.

***Providers: If there is an error on the claim form they will be sent back for correction. DO NOT fill in the lower section of the claim form marked **For Office Use Only**. CCDF staff will complete based on new policies.**

Please feel free to contact Diana or Sean at 918-542-7232, if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Diana Baker". The signature is written in a cursive style.

Diana Baker

Shawnee Tribe CCDF Program



**Shawnee Tribe
Child Care Development Fund
Program (CCDF)**

Phone: 918-542-7232 Fax: 918-542-4138

Diana BakerDirector Children & Family Services
diana@shawnee-tribe.com

Sean Graham.....CCDF Program Specialist
sean@shawnee-tribe.com

Please address all correspondence to:

**Shawnee Tribe CCDF Program
c/o Diana Baker or Sean Graham**

**21 N. Eight Tribes Trail Suite A
Miami, Oklahoma 74354**



SHAWNEE TRIBE CCDF PROGRAM

21 N. Eight Tribe's Trail Suite A

Miami, OK 74354

(918) 542-7232

(918) 542-4138 Fax

2019 PROVIDER CHECKLIST

Please submit the following documentation

- _____ 1. 2019 ORIENTATION FORM**
- _____ 2. LICENSE**
- _____ 3. CURRENT State/Tribal MONITORING REPORTS**
- _____ 4. STAR RATING (Oklahoma only)**
- _____ 5. 2019 Signed & Dated W-9 FORM**

Shawnee Tribe CCDF Program Requirements

The Shawnee Tribe's Department of Children and Family Services, which operates the Child Care Development Fund (CCDF) Program that subsidizes children in your child care facilities, wants to take this opportunity to remind each of you about some of the CCDF Program participation requirements.

1). Payments to providers are made once each month. Payments cover the preceding month. For example, at the very beginning of next month, you will fill out a time sheet for the hours that you provided child care from January 1st through January 31st, 2019. A sheet must be filled out for each child on our CCDF Program under your care.

2). Completed time sheets, signed by each child's parent or guardian, can be submitted by mail or scanning and emailing. The provider will receive full payment for each month as long as the child attends a minimum of **7 days** during the month. Payments will be made either on Part-Day or Full-Day based on the approval letter. A Full-Day is 4 hours or more and a Part-Day is less than 4 hours. If a child is in attendance less than 7 days, the Shawnee Tribe will only pay for the days the child is in attendance. Beginning January 1, 2019 the Shawnee Tribe CCDF Program will also pay for 6 holidays (New Year's Day, Labor Day, Independence Day, Memorial Day, Thanksgiving Day, & Christmas Day). In addition, the Shawnee Tribe CCDF Program will be allowing payment for inclement weather (snow days). If the child is approved for full time you will be paid at the full time rate, and if the child is approved for part time you will be paid at the part time rate. **Time sheets filled- out in pencil will not be accepted.**

Claim Form Instructions:

The Time-In and Time-Out must be filled in and then marked whether it is a full or part day. Any days the child is absent please write **ABSENT** in the Time-In/Time-Out slot or in the event of a snow day please write **SNOW DAY** in the Time-In/Time-Out slot. If your facility is closed for a holiday or otherwise, please write **CLOSED** on that particular day.

Please do not call each month and ask to speak to the accounting office about your check or request to stop by and pick it up. If you are concerned that something on one of your timesheets may have been incorrect, please call Diana Baker of Sean Graham at (918-542-7232).

3). A delay in processing your check may occur if your time sheets are not completely and accurately filled out. Also, please make sure time sheets are legible. Most problems of this type have been minor and have been remedied with a quick phone call. If there is an error on the claim form it will be sent back for correction. Repeated problems with illegible or inaccurate time sheets will result in the time sheets being returned to the provider to redo them and have the parent or guardian sign them again. Please remember to make copies of the time sheets for your records before you submit them to the Shawnee Tribe.

4). Participants in our CCDF Program must be pre-approved for overtime. Providers are mailed a copy of the participant's certification form that list's the children's names as well as the timeframe in which the Shawnee Tribe will provide coverage. This form will also clearly indicate if the family is eligible for overtime, if this form does not reflect they are covered the Shawnee Tribe will not pay for overtime rates. Shawnee Tribe CCDF Program guidelines consider anything over 10 hours per day "overtime".

5). We will not accept time sheets on which dates of service exceed 60 days. Failure to submit times sheets within the 60 day timeframe will result in the loss of reimbursement from the Shawnee Tribe. Parents will also not be required to pay for amounts other than the determined "co-pay" amount. It is up to the Provider to send in time sheets in order for payments of child care to be processed.

6). Mail or e-mail time sheets to the below address:

Shawnee Tribe CCDF Program

21 N. Eight Tribes Trail

Suite A

Miami, OK 74354

diana@shawnee-tribe.com

sean@shawnee-tribe.com

ccdf@shawnee-tribe.com

7). Any and all monitoring reports from State and Tribal agencies should be forwarded to our office for tracking purposes. All incidents and or complaints that are to be reported to the Oklahoma Department of Human Services "**MUST**" be reported to the Shawnee Tribe CCDF within 3 working days as well.

PLEASE KEEP A COPY OF THIS MEMO IN YOUR FILES FOR FUTURE REERENCE.



THE SHAWNEE TRIBE CCDF

CHANGES EFFECTIVE 10/01/2019

- Shawnee Tribe CCDF families will now be approved for 12 months of care based on notification letter.
- USE Our **NEW** Provider Claim Forms (Please make copies)
- If a child is in attendance **7 days or more**, we will pay the remainder of the month. If a child is there less than 7 days, we will only pay for the days attended.
- In addition to the absent days, we will also pay for Snow Days and Holidays.
- You can Scan/E-Mail monthly claim forms. Provider name, Month and Year must be in the subject box. Once we receive your claim forms, we will reply to confirm it has been received.

Email monthly claim forms to: ccdf@shawnee-tribe.com

- Please follow instructions when filling out new claim forms. **Incorrect claim forms will be returned. No Exceptions!!**

If you have any questions regarding these changes, please feel free to contact us.

Diana Baker or Sean Graham

918-542-7232

The following is the Mailing address and Physical address of the Shawnee Tribe CCDF office.

Shawnee Tribe CCDF Program
21 N. Eight Tribes Trail, Suite A
Miami, OK 74354

**SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND
ATTENDANCE CLAIM FORM (Effective October 1, 2019)**

Child's Name:	Date of Birth:
Guardian's Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:

I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian: _____

Signature of Provider: _____

**Fill in appropriate abbreviation for each day the child is/is not in attendance at your facility.
Approved days will be based on Approval Notification letter.**

(P) Present	(ABS) Absent Day	(PSC) Present School Closed- for School Age Only
	(H) Holiday	(CL) Provider Closed

******Attendance times not required. Abbreviations ONLY******

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SCHOOL AGE CHILDREN:

- ⬇ Throughout the school year, all school age children will be approved for Part Day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for Full Day.
- ⬇ Holidays throughout the school year will be paid at a part day rate.

To be eligible for a full month payment, the child must be in attendance 7 days or more.

Claim forms can be emailed to: ccdf@shawnee-tribe.com

Please put the name of your facility, the month and year in the subject box.

Or mailed to:
Shawnee Tribe CCDF
21 N Eight Tribes Trail, Suite A
Miami, OK 74354

For the Month of: _____, 20_____

***** FOR OFFICE USE ONLY *****						
Full Day		X		Per Day	=	
Part Day		X		Per Day	=	
Star Rating:			Total Monthly Charges			
			Less Co-pay			
			ADJ Total DUE			



Dear Provider,

The Shawnee Tribe CCDF offers full monthly payment for each child as long as the child is in attendance **7 days or more**. If the child is there LESS than 7 days, you will only receive payment for the days attended. All children will be approved based on their notification letter. When filling out the Shawnee Tribe monthly claim forms, please be mindful of the following sections:

Section ONE:

- Input the child's information, including the child's parent/guardian, address and date of birth.
- The signature from the parent/guardian must be one of the names listed on the Shawnee Tribe notification letter. Any other signatures will not be accepted and the claim for will be returned.

Section TWO:

- Your facilities information and the owner/director's signature as listed on your provider contract. Any other signature will not be accepted.

Please remember that under no circumstance should a parent or provider sign a blank claim form.

Section THREE:

- Fill in the appropriate abbreviation for each day the child is or is not in attendance at your facility. Approval days will be based off the child's notification letter.
- **SCHOOL AGE CHILDREN** will be approved for a **PART DAY** through out the school year, this includes holidays if the child is **NOT** in attendance at your facility. If the child **IS** in attendance at your facility, you will be paid for a **FULL DAY**.

For Example: Fall, Spring, Thanksgiving and Christmas breaks or any day school is not in session:

- You will be paid a full day for any day the child **IS** in attendance at your facility.
- If your facility is **CLOSED** or if the child is **NOT** in attendance, you will be paid a part day.

- When school is out for the summer, all school age children will be approved for FULL DAY. This will include summer holidays such as Fourth of July and Memorial Day
- Attendance times are not required. Abbreviations ONLY! If you fill in the box using a check in and check out times, your claim form will be returned.
- Fill in the Month and Year located below the attendance time.

Section Four:

- This section is for OFFICE USE ONLY. DO NOT fill out this section. If you fill out this section, your claim for will not be accepted and will be returned to you.

When turning in claims for the month, please send all claims together at the same time to ensure timely processing. This will help keep claims being reimbursed as quickly as possible. Thank you for your attention to this matter.

If you have any questions, please feel free to call Diana or Sean at 918-542-7232.

Thank You,

Diana Baker
Director of Children & Family Services
Shawnee Tribe
21 N. Eight Tribes Trail, Suite A
Miami, OK 74354
Phone: 918-542-7232
Fax: 918-542-4138

**SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND SERVICE
ATTENDANCE CLAIM FORM**

Child's Name:	Date of Birth:
Guardian's Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:

SECTION ONE

SECTION TWO

I affirm, under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian:	Signature of Provider:
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Fill in appropriate abbreviation for each day the child is not in attendance at your facility.
Approved days will be based off notification letter.

(P) Present	(ABS) Absent Day (H) Holiday	(PSC) Present School Closed- for School Age Only (CL) Provider Closed																																																																
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SECTION THREE

SCHOOL AGE CHILDREN:

- Throughout the school year, all school age children will be approved for part day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for full day.
- Holidays throughout the school year will be paid at a part day rate.

To be eligible for a full month payment, the child must be in attendance 7 days or more.

Claim forms can be emailed to: ccdf@shawnee-tribe.com

Please put the name of your facility, the month and year in the subject box.

Or mailed to:
Shawnee Tribe CCDF
21 N Eight Tribes Trail
Miami, OK 74354

Revised 10/01/19

For the Month of:		Year:	
***** FOR OFFICE USE ONLY *****			
Full Day	X	Per Day	=
Part Day	X	Per Day	=
Star Rating:		Total Monthly Charges	
SECTION FOUR		Less Co-pay	
		ADJ Total DUE	

**SHAWNEE TRIBE OF OKLAHOMA
PROVIDER PAYMENT RATES
(Effective 3/1/20)**

TWO-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$43.00	\$28.00
13 – 24 months	\$38.00	\$25.00
25 – 48 months	\$36.00	\$23.00
49 – 72 months	\$27.00	\$20.00
73 months – 13 years	\$23.00	\$17.00

TWO-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$33.00	\$23.00
25 - 48 months	\$31.00	\$21.00
49 - 72 months	\$27.00	\$20.00
73 months – 13 years	\$23.00	\$16.00

THREE-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$49.00	\$33.00
13 – 24 months	\$46.00	\$31.00
25 – 48 months	\$42.00	\$28.00
49 – 72 months	\$30.00	\$21.00
73 months – 13 years	\$25.00	\$17.00

THREE-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$43.00	\$31.00
25 - 48 months	\$40.00	\$28.00
49 - 72 months	\$31.00	\$22.00
73 months – 13 years	\$25.00	\$17.00

**SHAWNEE TRIBE OF OKLAHOMA
PROVIDER PAYMENT RATES
(Effective 3/1/20)**

ONE-STAR CENTERS

Child's Age	Daily Rates	
	FULL	PART
0 – 12 months	\$20.00	\$15.00
13 – 24 months	\$20.00	\$15.00
25 – 48 months	\$18.00	\$12.00
49 – 72 months	\$17.00	\$12.00
73 months – 13 years	\$14.00	\$10.00

ONE-STAR HOMES

Child's Age	Daily Rates	
	FULL	PART
0 – 24 months	\$20.00	\$14.00
25 - 48 months	\$18.00	\$12.00
49 - 72 months	\$17.00	\$12.00
73 months – 13 years	\$13.00	\$8.00

ONE-STAR PLUS CENTERS

Child's Age	Daily Rates	
	FULL	PART
0 – 12 months	\$22.80	\$15.00
13 – 24 months	\$21.80	\$15.00
25 – 48 months	\$19.60	\$12.80
49 – 72 months	\$18.50	\$12.80
73 months – 13 years	\$16.10	\$10.70

ONE-STAR PLUS HOMES

Child's Age	Daily Rates	
	FULL	PART
0 – 24 months	\$20.70	\$13.90
25 - 48 months	\$18.50	\$12.80
49 - 72 months	\$18.50	\$12.80
73 months – 13 years	\$13.70	\$9.60

SHAWNEE TRIBE CCDF

OUT OF STATE RATES

Effective 3/1/2020

**CHILD CARE CENTERS

DAILY RATES

	FULL DAY	PART DAY
0 – 12 mos.	\$43.00	\$28.00
13 – 24 mos.	\$38.00	\$25.00
25 – 48 mos.	\$36.00	\$23.00
49 – 72 mos.	\$27.00	\$20.00
73 – 13 yrs.	\$23.00	\$17.00

CHILD CARE HOMES

DAILY RATES

	FULL DAY	PART DAY
0 – 24 mos.	\$33.00	\$23.00
25 – 48 mos.	\$31.00	\$21.00
49 – 72 mos.	\$27.00	\$20.00
73 mos. – 13 yrs.	\$23.00	\$16.00

FULL DAY – Over 4 hours

PART DAY – 4 hours or less

* Parents are responsible for monthly co-payment as well as any additional charges the provider may require.

**Arkansas 3 Star Better Beginning and Nationally accredited facilities qualify for additional funds. (Must submit documentation)

