

# CCDF Program Participant Agreement

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Contents

Section I: Purpose and Performance of the Agreement .....	2
Section II: Definitions .....	3
Section III: Department of Human Services Responsibilities .....	5
Section IV: Participant Responsibilities .....	6
A. General Requirements .....	6
B. Initial Approval .....	7
C. Training .....	8
D. Attendance Sheets and Records .....	8
E. Billing and Financials .....	9
F. Withdrawal .....	12
G. Better Beginnings Requirement .....	12
H. Anti-Lobbying Act .....	13
I. Suspensions/Expulsions (BehaviorHelp Program) .....	13
J. CCDBG Health & Safety Requirements .....	14
Section V: Corrective Action Plan Process .....	15
Section VI: Cancellation of the Agreement .....	15
Section VII: Administrative .....	16
Section VIII: Appendices .....	17

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Section I: Purpose and Performance of the Agreement

The purpose of this Agreement is to establish eligibility for participation in the Child Care and Development Fund (CCDF) Program and to set forth Department and Participant responsibilities and assurances. The CCDF Program provides participants the opportunity to provide child care services to children of families eligible to receive child care services funded through the Department of Human Services (DHS). Eligible families select a child care provider from a list of eligible participants.

The Participant must comply with State, Federal, and departmental regulations. If any statute or regulation is enacted or promulgated requiring changes in this Agreement, both parties will consider this Agreement to be automatically amended to comply with the newly enacted statute or regulation as of the effective date of the statute or regulation. DHS shall notify the Participant in writing within thirty (30) days of the receipt of any necessary changes or amendments to this Agreement resulting from newly enacted State or Federal statutes or regulations.

This Agreement becomes effective when certified by the Department of Human Services, Division of Child Care and Early Childhood Education Chief Fiscal Officer (CFO) or designee and will remain effective until amended or cancelled by either party.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Section II: Definitions

- A. **Absentee Billing:** Billing when a child is authorized to attend but is temporarily absent.
- B. **Agreement:** The Child Care and Development Fund Program Participant Agreement.
- C. **Age Groups:** For billing purposes, age groups are as follows:
  - a. Infant (0-18 months)
  - b. Toddler (18-36 months/ 18 months - 3 years)
  - c. Preschool (30-71 months/ 2 ½ years - 5 years)
  - d. School Age (60-155 months/ 5 to 13 years)
  - e. Children between the ages of 13 and 19 years are eligible if they are deemed to have special needs (See definition of Special Needs Child)
- D. **AMI:** Alternative Method of Instruction
- E. **CCDBG:** Child Care and Development Block Grant.
- F. **Certificate of Authorization:** A document establishing DHS's financial obligation to pay the Participant after delivery of specified child care services.
- G. **Child Care and Development Fund (CCDF):** Primary funding for the Child Care Assistance Program comes from the Child Care and Development Fund. The Child Care and Development Fund is under the administration of the U.S Department of Human Services, Administration for Children and Families.
- H. **Client:** The parent, custodian, or guardian (or in the case of a child in DHS custody, the child's primary caseworker) of the child receiving child care assistance.
- I. **Daily Rates:** Daily payment rates are determined according to the age of the child, geographic location, and level of Better Beginnings.
- J. **DCCECE:** Division of Child Care and Early Childhood Education.
- K. **Department or DHS:** The Arkansas Department of Human Services.
- L. **DHS Representative:** A representative of DHS is an employee or contractor of DHS, including, Child Care Service Specialists, Program Eligibility Specialists, investigators, etc.
- M. **Direct Deposit:** Electronic transfer of funds from the State of Arkansas to the Participant's financial institution.
- N. **Early Departure:** When a child is picked up prior to the regularly scheduled departure time.
- O. **Employer Identification Number (EIN):** A unique numerical identifier which is used to identify businesses, partnerships, or other entities and is used by the IRS for tax-related purposes.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

- P. **Expulsion:** Permanent removal of a child from the child care facility.
- Q. **Facility:** A licensed, registered or church operated exempt site where child care services are provided.
- R. **Full-Time:** Care for seven (7) or more hours per day. The hours do not have to be consecutive.
- S. **Holidays:** A day listed on the official Federal and/or State of Arkansas holiday calendar, with the exception of two holidays (marked with an asterisk below). The days are:
- New Year's Day
  - Good Friday\*
  - Labor Day
  - Thanksgiving Day
  - Christmas Day
  - Dr. Martin Luther King, Jr. Birthday
  - Memorial Day
  - Columbus Day
  - Friday after Thanksgiving
  - New Year's Eve\*
  - President's Day
  - Independence Day
  - Veteran's Day
  - Christmas Eve
- T. **Hours of Care:** The hours when a child is the responsibility of the Participant including transportation time, if provided.
- U. **Improper Payment:** Payment to a Participant for services not delivered, services incorrectly billed, or for which records are not available.
- V. **Inclement Weather:** Severe weather that causes the facility to close.
- W. **License/Registration Number:** The number assigned by the Child Care Licensing Unit to each specific site name and address approved to provide child care services.
- X. **Licensure Adverse Action:** The revocation, suspension, or denial of a license or registration.
- Y. **Night Care:** Care provided between the hours of 6:00 p.m. and 5:59 a.m. on a weekday. Over one-half of the total care must be provided after 6:00 p.m. for an authorization to be keyed for night care.
- Z. **Part-Time:** Care for less than seven (7) hours per day. The hours do not have to be consecutive.
- AA. **Participant:** The name of the owner or business name of the organization providing child care services.
- BB. **Password:** A sequence of eight (8) to twenty (20) characters, consisting of letters and numbers, giving access to the Child Care Billing system.
- CC. **PHI:** Protected Health Information. Individually identifiable health information including: the individual's past, present, or future physical or mental health condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual. Also, any information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.
- DD. **Special Needs Child:** A child whose physical condition has lasted or is expected to last at least two (2) years as diagnosed by a licensed medical or psychological practitioner, a child determined eligible for special services under the Individuals with Disabilities Act (IDEA) for whom a current IFSP or IEP exists, and/or a child with an emotional and/or behavioral disturbance defined by IDEA and reviewed by a team of Behavior Specialists certified in Early Childhood Mental Health Consultation (designated by the DCCECE) as experiencing one or more of the following: an inability to learn that cannot be explained by intellectual, sensory, or health factors, an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal circumstances, a general pervasive mood of unhappiness or depression, and/or a tendency to develop physical symptoms or fears associated with personal or school problems.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

- EE. **Taxpayer Identification Number (TIN)/Employer Identification Number (EIN):** A number issued by the Internal Revenue Service to report income paid to an individual. This number may be either an individual's social security number or employer identification number (EIN).
- FF. ***Weekend Care:*** Care provided between 6:00 a.m. Saturday through 11:59 p.m. Sunday.

Section III: Department of Human Services Responsibilities

1. DHS agrees to make training and technical assistance available to new and existing Participants.
2. DHS agrees to establish an online public listing of all Participants in the CCDF Program. Eligible clients may select a child care Participant from the online listing. The link to the online listing can be located at <https://dhs.arkansas.gov/dccece/cclas/FacilitySearch.aspx#Child%20Care%20Search>
3. DHS agrees to notify Participants via electronic mail and/or by issuance of the authorization that a client has been certified as eligible for assistance. The notification obligates the Department to reimburse Participants for services provided.
4. DHS may require a Participant to certify the name of their business via the Arkansas Secretary of State.
5. DHS does not conduct business with excluded individuals or entities. DHS does not allow Participants to be represented on any matter related to the CCDF program by any individual or entity that has been placed on an exclusion or debarment list for either State or Federal.
6. DHS agrees to reimburse the Participant for services delivered in compliance with this Agreement after the Certificate of Authorization has been received and services are rendered. A Participant cannot bill or receive payment for services until this Agreement has been signed by the Participant and certified by the Department.
7. DHS is not obligated to pay any bills received more than sixty (60) calendar days after the date the service was delivered without prior written approval from the CCDF Program Administrator. Approval can be given by the CCDF Program Administrator on a case by case basis one (1) time every three (3) calendar years. Additional requests after the first will require a Corrective Action Plan (CAP).
8. DHS does not provide pre-notification of client withdrawal from the CCDF program and shall not be charged a drop fee by the Participant.
9. DHS reserves the right to amend this Agreement with a thirty (30) day notice.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Section IV: Participant Responsibilities

A. General Requirements

1. The Participant agrees to comply with all the requirements set forth in this Agreement. Failure to comply is grounds for termination of participation from the CCDF Program and for possible further action by DHS.
2. The Participant agrees to maintain a child care facility license, registration or church-operated exemption and to comply with child care licensing or registration standards in accordance with the Minimum Licensing Requirements. This Agreement terminates upon any final agency determination of adverse action against the participant and will affect participation at any or all facilities licensed that have been identified in the adverse action. (See definition of Licensure Adverse Action) The participant agrees that the agreement will terminate immediately upon emergency revocation and participation in the CCDF system will be cancelled notwithstanding any appeal of the emergency revocation. The Participant also understands that the agreement will remain active pending appeal and final agency action for other licensing adverse actions. If a facility's compliance with licensing or registration rules cannot be determined because the facility does not submit required information or does not permit reasonable access to the facility, this Agreement will be terminated upon written notification to the Participant.
3. The Participant agrees not to discriminate against any employee or applicant for employment. Upon a final determination by a court or administrative body having proper jurisdiction that the Participant has violated State or Federal laws and regulations regarding discrimination, DHS may impose a range of appropriate remedies, up to and including termination of the Agreement and exclusion from all DHS programs.

The Participant agrees to comply with Titles VI and VII of the Civil Rights Act and to operate, manage, and deliver services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color, or national origin.

4. The Participant agrees to comply with Executive Order 98-04 (Guidelines for Employment, Grants, Contracts, and Purchasing) by completing and returning the appropriate Disclosure Forms to the Department. Failure to make any disclosure required by Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this Agreement. Any Participant, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the DHS.
5. The Participant agrees that it will indemnify and hold harmless DHS against any and all liability, loss, damages, costs, or expenses which the Participant may sustain, incur, or be required to pay as a result of any act or omission by DHS.
6. The Participant agrees to notify DHS via electronic mail immediately of any change in ownership, change in business structure, facility site location, change in employer identification number, or closure of the facility. The Participant agrees to provide DHS with a copy of the notice from the Internal Revenue Service verifying any change in a Taxpayer Identification Number.
7. The Participant may not delegate, assign, or subcontract the performance of any obligations contained in this Agreement. If the Participant chooses to use a Representative for any matter related to the CCDF program, the Participant is prohibited from being represented by any individual and/or entity that has been placed on any exclusion or debarment list, either State or Federal.
8. The Participant understands that this Agreement does not create an employer - employee relationship.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

9. Participants who are incorporated must be registered with the Secretary of State's office and must remain in good standing to participate in the CCDF Program.
10. To meet the Federal requirements of improving the quality of care to children receiving subsidy CCDF Child Care Assistance, the Participant agrees to work cooperatively with any DHS Contractor or DHS Representative with any assessment initiatives that helps improve the quality of care for children. Refusal to work with these programs violates this agreement and may lead to the termination of this agreement. (NOTE: all Participants must be at Better Beginnings Level 2 on or before June 30, 2022, see section G, 1).
11. The Participant agrees to allow clients unrestricted access to their child(ren).
12. The Participant agrees to provide breakfast, lunch, snacks, and evening meals in accordance with the U.S. Department of Agriculture guidelines, including portion sizes. Menus for all food service shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk. *(For additional guidance on nutrition, please review the Minimum Licensing Requirements and the Department of Agriculture's guidelines. If you are a Participant of the DCCECE Health and Nutrition Program, or HNP, please contact your HNP Specialist).*

#### B. Initial Approval

1. The Participant understands that direct deposit is a requirement to participate in the CCDF Program and allows reimbursements to be directly deposited to a checking/savings account. The direct deposit form must be submitted to DCCECE and must be signed by the owner. Owners may delegate this to an authorized representative. The authorized representative must be identified in writing and must be on file with DCCECE. A list of authorized signees must be submitted to DCCECE on bank letterhead in addition to all required documentation.
2. The Participant agrees to conduct transactions by electronic means. Electronic transactions include but are not limited to electronic mail, submission of the Participant Agreement, direct deposit, notices of action, authorizations, adverse actions, and improper payments. Participant must provide a valid email address or report any changes to the DCCECE Family Support Unit immediately.
3. The Participant agrees to accept the electronic DHS Certificate of Authorization as approval to provide and bill for services. The Participant agrees to accept reimbursement received from DHS as payment in full for all services covered by this Agreement, which includes transportation (if available).
4. The Participant agrees DHS will not pay for services delivered prior to or after the dates shown on the Certificate of Authorization. The Participant agrees not to accept the child(ren) without **written approval** from an authorized DHS representative or Certificate of Authorization obligating DHS.
5. The Participant can charge a maximum of 15% over the designated subsidy payment rate as stated in the Certificate of Authorization. Example:  $\$33.50$  (Subsidy Payment)  $\times 1.15 = \$38.53$ , the provider may charge the family an additional \$5.03 per day. However, if the provider's private pay rate is only \$35.00 per day the 15% overage charge may only be \$1.50 per day as they CANNOT charge a CCDF family more than the Private pay. TEA clients and foster care clients are exempt from all fees.
6. All rate changes must be submitted to DHS using the approved form available on DCCECE's website at [https://humanservices.arkansas.gov/images/uploads/dccece/Rate\\_Change\\_Form1.pdf](https://humanservices.arkansas.gov/images/uploads/dccece/Rate_Change_Form1.pdf)
7. The Participant may charge the client additional reasonable fees including, but not limited to, registration, late pick-up, late payment fee, insurance, and materials. The Participant also has the option to charge the client for absentee days that



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

exceed the limit allowed by this agreement. Any reasonable charges must be fully disclosed in a document to the client and available to DHS upon request. Reasonable fees must not exceed fees paid by private pay clients. TEA clients and foster care clients are exempt from all fees. DCCECE will give qualifying providers an additional “activity fee payment” for each child in an exempt category. The “activity fee payment” will be built in as a \$0.50 daily increase above the established CCDF subsidy rate.

8. The Participant may hire a CCDF Program recipient as a caregiver. The recipient’s children, if in care at the Participant’s facility, must represent less than fifty (50) percent of the Participant’s current attendance.

#### C. Training

1. The Participant and/or designee agree **to complete DHS-sponsored mandatory training prior to the submission of this Agreement and at any other time required by DHS.** The Participant and/or designee agree to complete the online CCDF Participant Agreement refresher course **and** attend one face-to-face or virtual training once every twelve (12) months. If training is not completed by the training due date, payments will be suspended until training is completed and/or a corrective action plan implemented. In the event the mandated training is not completed within sixty (60) days after the training due date or a corrective action plan implemented, this Agreement will be cancelled. If an Agreement is cancelled in this way, a new Participant Agreement will not be accepted for sixty (60) days after the cancellation date. The Department, at its discretion, may mandate additional training. Examples of when additional mandated training may be required include, but are not limited to, Participants being subject to adverse action, billing discrepancies, changes in key staff, etc.
2. The Participant and/or designee, if placed on a corrective action plan (CAP), agrees to complete all mandatory module trainings associated with the CAP within 60 days. See Section V for CAP requirements and process.

#### D. Attendance Sheets and Records

1. The Participant agrees to retain all books, records, and other documents relating to expenditures, services rendered, attendance or individuals served under this Agreement for five (5) years from the date of service. If an audit or investigation is pending at the end of the five-year period, information shall be retained until resolution of the audit, investigation, or any issues, disputes or appeals raised by or resulting from the audit or investigation. Any person authorized by DHS will have full access to these materials during this period.
2. The Participant must use an approved paper form or an electronic attendance system. To be approved, the attendance form or electronic system **must** include:
  - a. Each child's legal first and last name (no nicknames)
  - b. Date each child was present or absent,
  - c. Time care begin and end for each child with (if providing 24-hour care, a.m. and p.m. must be placed beside the times),
  - d. Child(ren) must have a signature by a parent, guardian, or authorized representative verifying the attendance of each child on a daily or weekly basis. (Electronic attendance systems will not require a signature. Computer spreadsheets are not considered an electronic attendance system and are NOT exempt from signatures.
  - e. The following Statement must be reflected on all attendance records:

ARKANSAS DEPARTMENT OF HUMAN SERVICES

CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Provider Certification: I declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted

for fraud (For electronic attendance records, the facility must submit a signed provider form which is included in this agreement.)

- f. Signature of staff person must be provided on all attendance sheets to certify they are accurate including electronic attendance sheets. *Each child means one individual. The above is a requirement for siblings also.*
  - g. A sample attendance form is available at <https://humanservices.arkansas.gov/images/uploads/dccece/dailyattendance.pdf> . Attendance records must reconcile with billing records. If attendance records are submitted without an appropriate signature or do not meet the requirements listed above, DHS will consider the payment in question to be an improper payment. (See definition of Improper Payment)
3. If Participant provides transportation, all Transportation Requirements for attendance rosters listed in the Minimum Licensing Requirements must be followed. *(All Minimum Licensing Requirements must be adhered to. For additional information regarding Licensing Requirements, please contact your Child Care Licensing Specialist).*
  4. The Participant may be required to submit statistical records on expenditures charged to other funding sources to verify non-duplication of payment.
  5. The Participant agrees to maintain all client records in a confidential manner. The Participant agrees to report to DHS/DCCECE any loss of information that would be considered Protected Health Information (PHI) within twenty-four (24) hours of the loss
  6. The Participant must maintain immunization records for all children, including school age children, served under this agreement in accordance with 45 CFR 98.41(a)(1)(i)(A).
  7. Upon request, access to Participant records related to individuals served under this agreement will be made available to DHS employees, DHS designated agents, or any agency of State or Federal government for purposes of auditing or any other reason connected with DHS service programs. The Participant may require official identification prior to allowing records access except with the informed, written consent of the client. If the client is not an adult or has been declared incompetent by a probate court, the client's parent, custodian, or guardian may consent on the client's behalf.

E. Billing and Financials

1. A password is required to submit billing to DHS. The Participant accepts liability for all billing submitted to DHS using the password and agrees that only directors, owners, or authorized representatives will bill DHS. The password is non-transferable; therefore, a change in Taxpayer Identification Number (TIN) or License/Registration Number will require a new password.
2. The Participant agrees to bill for absentee billing, inclement weather billing or actual services performed to receive payment utilizing State-approved electronic billing methods.
3. The Participant agrees to follow absentee, holiday and inclement weather billing procedures for children temporarily absent from the program. Billing is not allowed when the facility is closed unless it is an observed holiday or due to inclement weather. Should the participant bill for inclement weather, documentation must be provided upon request with attendance records for that billing period.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

4. In cases where the client is responsible for a co-pay, the Participant is responsible for collecting the co-pay amount for days billed as absentee, holiday or inclement weather. When applicable, the Participant may charge the client for absentee days over those allowed by this Agreement. TEA clients and foster care clients are exempt from all fees.
5. The Participant agrees to submit billing no later than sixty (60) calendar days after services were delivered. DHS is not obligated to pay any bills received more than sixty (60) calendar days after the date the service was delivered without prior written approval from the CCDF Program Administrator. Approval can be given by the CCDF Program Administrator on a case by case basis one (1) time every three (3) calendar years. Additional requests after the first will require a Corrective Action Plan (CAP).
6. The Participant agrees to promptly submit missing documentation to correct all billing or payment errors (i.e., billed wrong care type, missing attendance records, missing inclement weather Statement) and understands that they are responsible for all improper payments or fraud. Facility may be placed on a billing hold, submitted for exclusion from the CCDF Program, or both if billing and payment errors are not corrected.
7. When conducting a paper form attendance second review. Only missing documents can be submitted. Any facility using an electronic attendance system and request a second review must submit an Audit Summary. The summary will display any edits posted following the initial review held by the Quality Assurance Team. Only one additional review will be conducted for childcare centers. The Family Support Unit is not required to provide any additional reviews following a Quality Assurance review.
8. A billing hold may be implemented for up to 30 calendar days to allow for attendance records to be verified. Current Year attendance records must be presented when requested by DHS staff or authorized representatives within approximately one (1) hour of the request. All other attendance records must be submitted by 10:00 a.m. the following business day after the request from DHS staff or authorized representative. Attendance records must follow the guidelines listed in this agreement. Site visits by DHS staff or authorized representatives may be unannounced.
9. DHS will permit billing for a temporarily absent child if the billing conforms to the requirements of the Federal or State funding source. All absentee billing must be submitted in accordance with the requirements set out below. DHS will not permit billing when the facility is closed unless it is an observed holiday or due to inclement weather.
  - DHS recognizes that a client's child may be temporarily absent from the facility because of illness or some reason connected with the plan of service as listed on the certificate of authorization. If facility is closed due to a situation out of their control, at the time of closure, the facility must contact the CCDF Program Administrator of DCCECE for **pre-approval** on billing type and must maintain documentation on file.
  - The intent of the absentee billing policy is to avoid penalizing either the client or the Participant by not allowing reimbursement for the child's temporary absence. The facility must be open and the billed services available before billing for a temporarily absent child is allowable. (See definition of Absentee Billing)
  - Billing for a temporarily absent child is allowed only when the child is absent on a day the child is scheduled to attend and there is a reasonable expectation the child will return to the program. Billing for an absent child is not allowed if the child is not scheduled by DHS to attend or if the Participant has been notified by the client or DHS that care is no longer needed. For example, if a child is enrolled to attend only Monday, Wednesday and Friday, the Participant may not use absentee billing for Tuesday and Thursday.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

*The maximum billable absentee days per trimester are as follows:*

Trimester	Days Allowed	Not to Exceed
July – October	12*	6 in a given month**
November – February	16*	8 in a given month**
March – June	12*	6 in a given month**

*\* Days will be pro-rated based on the start date of the authorization.*

*\*\* The Participant reserves the right to charge the client for absentee days that exceed the above limits. TEA clients and foster care clients are exempt from all fees*

*\*\*\* Absentee Days will follow the child per calendar year.*

- Absentee days are cumulative per child per twenty-four (24) hour period and may not exceed forty (40) days per calendar year without written approval. Waivers of the forty (40) day limit may be granted by the CCDF Administrator in cases including, but not limited to, extreme illness or other health-related conditions.
10. DHS will permit billing for up to ten (10) of the fourteen (14) listed holidays, if the holiday is observed on a day when the child would have been scheduled to attend. DHS will only permit holiday billing if the facility is closed. (See definition of Holidays)
11. DHS will permit billing when the facility is closed due to inclement weather (See definition of Inclement Weather), if allowable through the designated Federal or State funding source and billed in accordance with the requirements set out below:
- DHS realizes that facilities may be forced to close due to inclement weather. DHS allows Participants to bill for those operational days lost due to severe weather conditions; however, the policy may only be applied when public schools in the Participant's area have been forced to close or whenever other extraordinary weather-related conditions exist. "Extraordinary weather-related conditions" exist whenever it can be demonstrated that clients were unable to reach the premises, or the Participant could not open due to circumstances beyond the control of the Participant. This does not mean that a Participant must close when local schools close
12. Arkansas Act 862 of 2017 allows a public-school district and open-enrollment public charter school to develop a plan for alternative methods of instruction to be used on days when the superintendent closes school due to exceptional or emergency circumstances. DHS will only permit public school districts and public charter schools to bill AMI days due to exceptional or emergency circumstances.
- For public-school districts and open-enrollment public charter schools' closure due to inclement weather
    - DHS will permit billing when the facility is closed due to inclement weather (see #11 above)
  - Participants who bill inclement weather for exceptional or emergency circumstances must maintain documentation of the closure such as print out from a school district's website, notices regarding school closure, etc.
  - For Privately owned facilities (Child Care Facilities/Licensed Child Care Family Homes) closure due to inclement weather.
    - DHS will permit billing when the facility is closed due to inclement weather (See #11 above)
    - Privately owned facilities (Child Care Facilities/Licensed Child Care Family Homes) other than public school districts or open-enrollment public charter schools may bill inclement weather for exceptional or emergency circumstances with **pre-approval** from the CCDF Program Administrator of DCCECE and must be maintained on file.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

- Participants who bill inclement weather for exceptional or emergency circumstances must maintain documentation of the reason for closure such as print out from school district's website, notices regarding school closure, etc.
  - DHS may require additional attendance record reviews if facilities continue to operate during exceptional or emergency circumstances.
13. DHS recognizes that early departure occurs for children in care. DHS agrees to pay the normal daily rate when a child is picked up earlier than usual. For instance, if a child is scheduled for full-time but only attends half-time on a day because of a doctor's appointment, etc., DHS will pay the full-time rate since that is the normal time of attendance. These days will not be billed as absentee days. If the temporary situation of early departure will exist longer than two (2) consecutive weeks, then a new authorization with the correct care type shall be written. DHS shall notify Participants when a child becomes ineligible for continued payment.
14. If applicable, the Participant agrees to have an annual audit in accordance with the "Guidelines for Financial and Compliance Audits of Programs Funded by DHS" effective for the period of this Agreement. A copy of the "Guidelines" will be provided upon request. Failure to follow these guidelines will result in the Participant losing the privilege to participate in the child care assistance program until the issue is resolved and may result in the Participant's exclusion from all DHS programs per DHS Policy 1088. (Notice will be provided in writing with specific timeframes for submission of the audit.) Whether an audit is required or not, all financial information will be readily available for any review conducted by an authorized DHS representative.
15. The Participant agrees to accept responsibility for the reporting of funds received through DHS each calendar year. The Participant is responsible for the payment of all required Federal and State taxes accrued.

**F. Withdrawal**

1. The Participant shall not charge DHS, or the client, a drop fee for withdrawal. The facility shall terminate any written or agreed upon contractual arrangement with the client at the time of withdrawal of their child(ren). Any further or future arrangement, agreement, or contract entered into by the Participant with a former CCDF client as a private pay attendee shall be separate and apart from the CCDF Agreement.
2. The Participant agrees to notify the DHS Authorized Representative when a child withdraws from the CCDF Program. Notice shall be provided no later than the next working day after the child withdraws.

**G. Better Beginnings Requirement**

1. To meet the Federal requirements of improving the quality of care to children receiving subsidy CCDF Child Care Assistance, individual facilities must be certified in Better Beginnings at Level 2 (two) or higher prior to the approval of this Agreement. Participants will receive technical assistance at each individual facility to assist in becoming certified in Better Beginnings. For more information on Better Beginnings, please visit the website at [www.arbetterbeginnings.com](http://www.arbetterbeginnings.com) or call 1-800-445-3316. Please allow thirty (30) days for technical assistance to be received.
  - New Participants, and all associated individual facilities participating in the CCDF subsidy program, must be certified in Better Beginnings at Level 2 or higher prior to approval of this Agreement. (Effective January 1, 2019)
  - Current Participants, and all associated individual facilities participating in the CCDF subsidy program, must be certified in Better Beginnings at Level 2 or higher by July 1, 2022.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

H. Anti-Lobbying Act

1. The Participant agrees to notify and submit a new Contract and Grant Disclosure and Certification Form to DHS within ten (10) days of the beginning of employment should the owner, a member of the owner's immediate family, or an authorized representative of the facility accept employment with the State of Arkansas.
2. If a member of the Participant's Board of Directors is employed by the Participant and then accepts employment or does additional business with the State of Arkansas, the board member must submit a Contract and Grant Disclosure and Certification Form to DHS within ten (10) days of State employment or other business with the State of Arkansas.
3. The Participant agrees to comply with Public Law 101-121(Anti-Lobbying Act):
  - a. If the Participant receives more than \$100,000 per award of appropriated Federal funds in any Agreement period (July 1 - June 30), the Participant must certify that these funds will not be used to pay for lobbying activities by completing a Certification Regarding Lobbying Form (DHS-9350) and submitting the form to the Department.
  - b. If the Participant has paid or will pay for lobbying using funds other than appropriated Federal funds, Standard Form-LLL (Disclosure of Lobbying Activities) must be completed and submitted to the Department.
  - c. The Participant (referred to as the lower tier Participant in the following clause) agrees to comply with Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions), which States:

By signing and submitting this lower tier proposal (this Agreement), the prospective lower tier Participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

- Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.
- Or, where the prospective lower tier Participant is unable to certify to any of the above, such prospective Participant shall attach an explanation to this proposal.
- Participant will return a signed and dated copy of the Certification Regarding Lobbying Form (DHS-9350) with the initial agreement and certify annually.

I. Suspensions/Expulsions (BehaviorHelp Program)

The CCDBG of 2014 and the CCDF Final Rule required all States to implement programs to "prevent and ultimately eliminate suspension and expulsion of children in child care settings" (ACF, 2016).

DCCECE does not allow for the suspension or expulsion of children from programs receiving CCDF Funding without approval from the DCCECE Director or DCCECE Director's Representative. It is also recommended that centers not discriminate against children based on their funding stream (i.e., the expulsion of a private pay or other children). The DCCECE Suspension/Expulsion/Transition procedure must be followed prior to a participant disenrolling a child due to behavior: <https://humanservices.arkansas.gov/wp-content/uploads/Behavior-Help-Memo-July-2021-Final.pdf> . Failure to follow the procedure as outline may result in the termination of the CCDF Program Participant Agreement.

In 2016, DCCECE established the Behavior Help system to assist centers who are experiencing challenging behaviors or classroom management issues. Any center receiving CCDF Funding can use this system at any time.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

To access Behavior Help:

1. Go to BehaviorHelpOnline.org
2. Click the orange “Submit a Request” button
3. Fill out the form.
4. Click “Submit” at the bottom of the form.

Once submitted, a Behavior Help Specialist will contact the center to complete an interview. After the interview, the Specialist will assign the case to one of our partnering agencies.

#### J. CCDBG Health & Safety Requirements

The Child Care and Development Block Grant (CCDBG) Act of 2014 requires States and Territories to have health and safety requirements for CCDF Program Participants. All staff, including new and existing caregivers and teachers, must be trained and meet the health and safety requirements below:

1. Prevention and control of infectious diseases (including immunizations)
2. Prevention of Sudden Infant Death Syndrome (SIDS) and use of safe sleeping practices
3. Administration of medication, consistent with standards for parental consent
4. Prevention of and response to emergencies due to food and allergic reactions
5. Building and physical premises safety, including identification of techniques for protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
6. Prevention of Shaken Baby Syndrome and abusive head trauma
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man- caused event (such as violence at a child care facility)
8. Handling and storing of hazardous materials and the appropriate disposal of bio-contaminants
9. Precautions in transporting children
10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification for all staff providing direct care to children. Approved certification programs must follow Arkansas’s Minimum Licensing requirements.

DCCECE has developed training modules for requirements 1 – 9 that can be utilized to provide staff with the required training. For more information, please <https://humanservices.arkansas.gov/about-dhs/dccece/programs-services/child-care-assistance/ccdbg-health-safety-requirements> .

Certification must be kept on file at the facility. New staff have ninety (90) days to complete the health and safety requirements.



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Section V: Corrective Action Plan Process

For all adverse actions requiring a Corrective Action Plan (CAP) the following process shall be followed:

1. Notice of Action sent to Participant requesting a Corrective Action Plan (CAP).
2. Participant has 30 calendar days from the date on the Notice of Action to appeal or comply with submitting a CAP.
  - a. Failure to Submit
    - If on the 31st day the CCDF Program Participant has not submitted the required CAP or an appeal, a DCCECE Letter of Proposed Termination with 30 days to appeal shall be sent.
  - b. Denied CAP
    - DHS shall send a letter of denial to the CCDF Program Participant.
    - CCDF Program Participant has 15 calendar days to submit a new CAP.
    - If CAP is still denied, DCCECE will send a Letter of Proposed Termination with 30 days to appeal.
  - c. Approved CAP
    - Follow-up review of the CCDF Program Participant shall be conducted within 90 calendar days to ensure compliance.
    - If facility is still out of compliance, DCCECE Letter of Proposed Termination shall be sent with 30 days to appeal.

Section VI: Cancellation of the Agreement

1. This Agreement is non-transferable. It automatically terminates without DHS action if the ownership or fifty (50) percent or more of the ownership interest of a facility under a TIN is transferred to a new owner, if the only open facility under the TIN closes, or if the only open facility under the TIN relocates.
2. The Participant may change their Taxpayer Identification Number (TIN) from a social security number to an Employer Identification Number (EIN) issued by the IRS by submitting a new W-9 and letter requesting the change to the address listed on the signature page. Any change in TIN must be accompanied by written verification from the IRS.
3. The Participant or DHS may cancel this Agreement unilaterally, at any time, by giving the other party thirty (30) calendar days' written notice and delivering notice of cancellation either in person or by certified mail, return receipt requested, restricted delivery. If the Participant is the party canceling the Agreement, such notification must be sent to the Director of the DCCECE.
4. DHS may cancel this Agreement pursuant to DHS Policy 1088, which refers to the exclusion of any participant/vendor by any Division of DHS. This exclusion to participate includes immediate family (blood relative, by marriage, etc.) or anyone affiliated with your facility (sharing common ownership, board members, or any other interest). DHS may prohibit participation regardless of the name or location of the participating entity. The Participant agrees that submission of falsified records or participation in any form of fraud for the purpose of obtaining benefits for the Participant or a CCDF Program recipient or submission of falsified records for the purpose of obtaining a child care license will result in exclusion from all DHS programs. A copy of DHS Policy 1088 will be provided upon request.
5. If DHS determines there is immediate jeopardy to the health and safety of children receiving services from the Participant, DHS may cancel the Agreement immediately upon notice to the Participant.
6. Any written notice from DHS to the Participant canceling this Agreement shall specify the reason for cancellation.



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Section VII: Administrative

1. The Participant may appeal any adverse action taken by DHS (including audit, billing, payment, termination, etc.) by filing a written notice of appeal within thirty (30) days from the Participant's receipt of DHS notification in accordance with DHS Administrative Appeal/Hearing Procedures. A copy of the appeal procedures will be provided by DHS upon request.
2. The Participant agrees to notify DCCECE of any legal controversies with any local, State or Federal governmental agency including other agencies within DHS.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

*Section VIII: Appendices*

Certification Regarding Lobbying Form

Electronic System Certification Form

Daily Attendance Sheet Example

Weekly Attendance Sheet Example

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Agreement Number: \_\_\_\_\_ Attachment Number: \_\_\_\_\_ Action: \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_

**CERTIFICATION REGARDING LOBBYING**

**CERTIFICATION FOR CONTRACTS, SUB-GRANTS, LOANS,  
AND COOPERATIVE AGREEMENTS  
DHS-9350**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By: \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Provider Representative)

For: \_\_\_\_\_  
Name of Provider Agency

\_\_\_\_\_  
Title of Grant Program

\_\_\_\_\_  
Title of Grant Program

\_\_\_\_\_  
Title of Grant Program

\_\_\_\_\_  
Title of Grant Program

\_\_\_\_\_  
Title of Grant Program

DHS-9350 rev. 12/01/08

Alternate formats (large print, audio tape, etc.) will be provided upon request

## Electronic System Certification Form

### Provider Certification

I, \_\_\_\_\_ (*Director/Owner Name*), declare under penalty of perjury that the attached information is true and that these children were provided services at the location listed below, on the days and times listed. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

---

Month Being Submitted for Review (*Ex. February 1, 2025 – March 31, 2025*)

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Facility Name    Facility Number

---

Director/Owner Printed Name

---

Director/Owner Signature      Date

### *Disclosure:*

*DHS may cancel this Agreement pursuant to DHS Policy 1088, which refers to the exclusion of any participant/vendor by any Division of DHS. This exclusion to participate includes immediate family (blood relative, by marriage, etc.) or anyone affiliated with your facility (sharing common ownership, board members, or any other interest). DHS may prohibit participation regardless of the name or location of the participating entity. The Participant agrees that submission of falsified records or participation in any form of fraud for the purpose of obtaining benefits for the Participant or a CCDF Program recipient or submission of falsified records for the purpose of obtaining a child care license will result in exclusion from all DHS programs. A copy of DHS Policy 1088 will be provided upon request.*

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

**DAILY CHILD ATTENDANCE FORM**

Facility Name \_\_\_\_\_ Facility Number \_\_\_\_\_ Date of Service \_\_\_\_\_

**Parent/Guardian/Authorized Representative Certification of Attendance:** By my signature below, I declare under penalty of perjury that the information is true and that my child was provided services at the above location and on the days and times listed below. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

Child's Name	Time In	Parent Signature**	Time Out	Parent Signature**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Provider Certification:** I declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

\_\_\_\_\_  
Director/Owner Signature

\_\_\_\_\_  
Date

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

Daily Attendance Form Example

DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILDCARE & EARLY CHILDHOOD EDUCATION

**DAILY CHILD ATTENDANCE FORM**

Facility Name Heavenly Happy Facility Number 123456 Date of Service June 10, 2019

Parent/Guardian/Authorized Representative Certification of Attendance: By my signature below, I declare under penalty of perjury that the information is true and that my child/children were provided services at the above location and on the days and times listed below. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

Child's Name	Time In	Parent Signature**	Time Out	Parent Signature**
1 <u>Sammy Jeans</u>	<u>Absent</u>			
2 <u>Cindy Jeans</u>	<u>Absent</u>			
3 <u>Carolyn Crabby</u>	<u>6:45 PM</u>	<u>Jenny Crabby</u>	<u>4:00 AM</u>	<u>Jenny Crabby</u>
4 <u>Amy Rabbit</u>	<u>7:30 AM</u>	<u>David Rabbit</u>	<u>4:15 PM</u>	<u>David Rabbit</u>
5 <u>Hoppy Jackson</u>	<u>8:00 AM</u>	<u>Jack Johnson</u>	<u>5:30 PM</u>	<u>Jack Johnson</u>
6				
7				
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9				
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17				
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25				

Provider Certification: I declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

Director/Owner Signature Hanna Jenkins Date 6/10/2019

DHS 9800 A2D (7/1/2007)

\*\*Parent signature is required as disclosed in the 9800 agreement for payment of vouchers.

### WEEKLY CHILD ATTENDANCE FORM

Facility Name \_\_\_\_\_ Facility Number \_\_\_\_\_ Week of \_\_\_\_\_

**Parent/Guardian/Authorized Representative Certification of Attendance:** By my signature below, I declare under penalty of perjury that the information is true and that my child was provided services at the above location and on the days and times listed below. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

Child's Name	TIME	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Parent Signature**	Date
1	IN									
	OUT									
2	IN									
	OUT									
3	IN									
	OUT									
4	IN									
	OUT									
5	IN									
	OUT									
6	IN									
	OUT									
7	IN									
	OUT									
8	IN									
	OUT									
9	IN									
	OUT									
10	IN									
	OUT									
11	IN									
	OUT									

**Provider Certification:** I declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

\*\*Parent signature is required as disclosed in the 9800 agreement for payment of vouchers.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

**DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILDCARE & EARLY CHILDHOOD EDUCATION**

**WEEKLY CHILD ATTENDANCE FORM**

Facility Name Heavenly Happy Facility Number 123456 Week of June 9 - June 15, 2019

Parent/Guardian/Authorized Representative Certification of Attendance: By my signature below, I declare under penalty of perjury that the information is true and that my child/children were provided services at the above location and on the days and times listed below. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

Child's Name	TIME	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Parent Signature**	Date
1 Sammy Jeans	IN		A	8:00 AM	7:45AM	A	8:00AM		<i>Betty Boop</i>	6/14/2019
	OUT			5:00 PM	4:30 PM		4:45 PM			
2 Cindy Jeans	IN		A	8:00 AM	7:45 AM	A	8:00 AM		<i>Betty Boop</i>	6/14/2019
	OUT			5:00 PM	4:30 PM		4:45 PM			
3 Carolyn Crabby	IN		6:45 AM	6:38 AM	6:50 AM	6:30 AM	6:45 AM		<i>Jenny Crabby</i>	6/14/2019
	OUT		4:00 PM	4:00 PM	4:05 PM	4:02 PM	4:10 PM			
4 Amy Rabbit	IN		7:30 AM	7:23 AM	7:32 AM	7:28AM	A		<i>Daniel Rabbit</i>	6/14/2019
	OUT		4:15 PM	4:00 PM	4:00 PM	4:00 PM				
5 Hoppy Jackson	IN		8:00 PM	8:00 PM	8:00 PM	8:00 PM	7:56 PM		Jack Johnson	6/14/2019
	OUT		5:30 AM	5:30 AM	5:30 AM	5:30 AM	5:30 AM			
6	IN									
	OUT									
7	IN									
	OUT									
8	IN									
	OUT									
9	IN									
	OUT									
10	IN									
	OUT									
11	IN									
	OUT									
12	IN									
	OUT									
13	IN									
	OUT									
14	IN									
	OUT									
15	IN									
	OUT									

Provider Certification: I declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

\*\*Parent signature is required as disclosed in the 9800 agreement for payment of vouchers.

DHS 9800 A2W (7/1/2007)

*Hanna Jenkins*  
Director/Owner Signature

6/14/2019

Date