



CCDF/OMW PROVIDER NOTICE OF REQUIREMENTS (rev 7/24)

As an approved provider in the State of Indiana, I understand that I must be operating legally and in compliance with all State requirements, including maintaining compliance with the CCDF Provider Eligibility Standards, as found in Indiana Code (IC) 12-17.2-3.5 et seq). I have also agreed to provide child care services to children enrolled in Indiana's Child Care and Development Fund (CCDF) and/or On My Way Pre-K (OMWPK) voucher program.

In addition to the requirements above, I understand that I must also comply with the following, which can be found in the CCDF/OMW Provider Manual available at <https://on.in.gov/vouchers>:

- I understand that it is my responsibility to log on to the new provider portal through I-Lead and register with the payment vendor to receive electronic deposits for all voucher children. I must submit attendance and absences on a bi-weekly basis for all CCDF and OMW children in my care. Failure to do so will result in payments being put on hold until attendance is submitted.
- I understand that I will continue to be paid the full subsidy amount, even for a child's occasional absences, until they have reached their 45th absence (across all providers that they attend) in an enrollment year. Notices will be sent out to both families and providers showing the absence totals prior to this time.
- I understand that once a child has reached their 45th absence the vouchers will be terminated immediately, and I will no longer be paid for that child.
- I understand it is my responsibility to report to the Eligibility Office within five (5) business days when a child is no longer enrolled in my program so they can be removed from my roster.
- I understand that my attendance submissions will be audited, and I am responsible for recording the actual attendances and absences of each voucher child in my care.



Office of Early Childhood and Out-of-School Learning
402 W. WASHINGTON STREET, ROOM W361, MS02
INDIANAPOLIS, IN 46204

- I understand that child care may only be reimbursed for CCDF or OMW children when the care is provided at the address listed on the voucher for the child receiving services.
- I understand that I may not be paid to provide care for my own child(ren), stepchild(ren) or child(ren) for whom I am the legal guardian or standing in loco parentis.
- I understand that I must report any suspected child abuse or neglect to the proper authority and understand that others have the responsibility of reporting suspected child abuse or neglect concerning my care of children.
- I understand if found in non-compliance of these policies or having committed an Intentional Program Violation (IPV) as determined by the State, I will be subject to repayment and/or ineligibility to receive voucher payments.

I understand that any misrepresentation or violations of any of the above may subject me to negative actions, up to and including termination from the voucher program, repayment of voucher payments, civil litigation and/or criminal prosecution under applicable law.

Provider Signature: _____

Date: _____

Provider Printed Name: _____

Provider License Number: _____

Questions about this statement should be directed to the Office of Early Childhood and Out of School Learning (OECOSL) at paymentquestions@fssa.in.gov