

# OTTAWA TRIBE OF OKLAHOMA

CHILD CARE PROGRAM  
P.O. BOX 110  
13 S 69A  
MIAMI, OK 74355  
PHONE (918)540-153  
(TOLL FREE) (877)540-1536  
FAX (918)542-3214



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## PROVIDER CHECKLIST

- \_\_\_\_\_ 1. PROVIDER AGREEMENT FORM
- \_\_\_\_\_ 2. LICENSE
- \_\_\_\_\_ 3. QUALITY RATING DOCUMENTATION  
OKLAHOMA “REACHING FOR THE STARS”  
ARKANSAS “BETTER BEGINNINGS”  
KANSAS & MISSOURI – QRIS NOT IN PLACE AT THIS TIME
- \_\_\_\_\_ 4. CURRENT STATE MONITORING REPORT
- \_\_\_\_\_ 5. W-9 FORM



# PROVIDER AGREEMENT

OTTAWA TRIBE  
13 S. 69A  
MIAMI, OK 74354  
PHONE: 918-540-1536  
FAX: 918-542-3214

**PLEASE PRINT**

DATE: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

FACILITY DIRECTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COUNTY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

STATE LICENSED BY: AR KS MO OK TRIBALLY LICENSED ONLY (BY): \_\_\_\_\_

OKLAHOMA S.T.A.R. RATING: \_\_\_\_\_ ARKANSAS BETTER BEGINNINGS \_\_\_\_\_

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**1. OTTAWA TRIBE / PROVIDER RELATIONSHIP**

- A. The PROVIDER is not an employee of the Ottawa Tribe. They are considered an independent vendor. No taxes are withheld from their payments. They are not eligible for unemployment, social security, workman’s compensation, or medical insurance.
- B. The PROVIDER will not receive a W-2 form at the end of the year. The PROVIDER will receive a form 1099 Miscellaneous Income Form if they receive more than \$600 worth of child care payments. As an independent vendor, the PROVIDER is responsible for federal and state taxes.

**2. RESPONSIBILITIES OF THE PROVIDER**

- A. Provider must meet their respective state licensing or license exempt requirements
- B. Provider must follow guidelines of approval letter.

**3. RESPONSIBILITIES OF THE PARENT**

- A. Parent(s) must recertify for continued assistance.
- B. Parent(s) will make co-payments to providers.
- C. Parent(s) are responsible for the co-payment as well as any additional charges from the provider.

**4. RECORD KEEPING GUIDELINES**

- A. **Payment Policy:** Provider will receive an Approval Letter listing children to be served, how many full or part days, parent co-payment and effective date(s) of service
- B. **Payment rates:** Part-time (4 hrs. and less); Full-time (more than 4 hrs. up to 10). On a case-by-case basis there may be special circumstances, which would allow assistance for extended hours.
- C. Processing time is 21 days from receipt of properly filled out claim. Holidays may extend processing time.
- D. Parent and provider signatures must be on claim forms.
- E. Claims may be mailed or emailed using the following:

**Mail:** OTTAWA TRIBE CCDF, PO BOX 110, MIAMI, OK 74355  
**Email:** [ottawatribeccdf@gmail.com](mailto:ottawatribeccdf@gmail.com)

**5. HEALTH AND SAFETY REQUIREMENTS –** Providers are expected to follow State and/or Tribal Health and Safety Requirements

**6. PROGRAM MONITORING VISITS**

- A. Monitoring will be done a minimum of one time a year
- B. Unannounced visits will be made during the time children are in care.

**7. TRAINING**

- A. Eligible to attend state sponsored training.
- B. Eligible to attend trainings sponsored by Northeastern Tribal CCDF programs
- C. Northeastern Tribal CCDF training information is available at [www.ottawatribe.org](http://www.ottawatribe.org) under Tribal Services – Child Care

Facility OWNER has authorized the following individual(s) to sign the Ottawa Tribe of Oklahoma's Child Care Claim Form.

\_\_\_\_\_  
Facility Owner (if different than Director)

\_\_\_\_\_  
Facility Director

\_\_\_\_\_  
Signature: Authorized Individual

\_\_\_\_\_  
Signature: Authorized Individual

