



CCDF PROVIDER/APPLICANT EMPLOYMENT STATEMENT

State Form 57270 (5-23)

OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

Select the option (A or B) that describes the type of childcare where the Applicant/Co-Applicant is employed.

A. If the Child Care Provider (Employer) is **CCDF Eligible and is a Licensed Center or Legally Licensed Exempt Facility, including a Registered Child Care Ministry**, please read and initial each statement acknowledging your understanding of CCDF Policy regarding CCDF Applicants/Co-Applicants who work for their child's provider.

APPLICANT/
CO-APPLICANT
INITIAL

PROVIDER/
EMPLOYER
INITIAL

1. A child care provider is ineligible to receive CCDF payments when the Applicant/Co-Applicant is employed by the provider and the Applicant/Co-Applicant is responsible for their own child for any part of the child care day.

2. The Applicant/Co-Applicant **MAY NOT** be in the same room or outdoor play area as their child for any part of the child care day

We have read and understand the above statements. Our signatures on this form acknowledge our compliance.

Name of Applicant/Co-Applicant (Printed)	Signature of Applicant/Co-Applicant	Date (month, day, year)
Name of Facility/Employer (Printed)	Signature of Facility/Employer	Date (month, day, year)

B. If the Child Care Provider (Employer) is **CCDF Eligible and is a Licensed Child Care Home or a Legally Licensed Exempt Home**, the Applicant/Co-Applicant **MAY NOT** work at the home where their child attends.

Applicant/Co-Applicant's work site address / license or EX number		
Name(s) of Child		
Child attends site address / license or EX number		
Name(s) of Child		
Child attends site address / license or EX number		
Name of Applicant/Co-Applicant (Printed)	Signature of Applicant/Co-Applicant	Date (month, day, year)
Name of Provider/Employer (Printed)	Signature of Provider/Employer	Date (month, day, year)