

Essential Personnel Child Care (EPCC) Site Enrollment Application

2020

Please Indicate the Type of Facility: Programs **cannot apply** to be an EPCC site if they are under a compliance agreement, have been sanctioned, and/or have a revocation or emergency suspension currently.

___ Child Care Center/LOC License # _____
___ Family Child Care Home/Large Family Registration # _____

Contact:

Program Address: _____
City: _____ **State:** _____ **Zip code:** _____
Phone Number: _____
Email Address: _____

Contacts of Program (Please provide information so someone can be reached at any time during operating hours)

Main Contact
Name: _____
Cell Phone Number: _____
Email Address: _____

Second Contact
Name: _____
Cell Phone Number: _____
Email Address: _____

Please indicate how many rooms can accommodate a grouping of 10 people separately (1 teacher or provider/ 9 or fewer children based on licensing requirements? (If your program is family child care home you may only have 10 people at any time in the entire house, including residents)

Please initial each item below, acknowledging your understanding of the requirements of the EPCC program. You must be approved to provide services and are selected by eligible participants to provide child care services.

_____ I understand submitting an application as an EPCC enrollment site does not guarantee approval or selection as a provider.

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_____ I understand that I must have a current child care center license, letter of compliance, family child care certificate of registration, or large family certificate of registration.

_____ I agree to submit bi-weekly the name of each parent, child and the verification of attendance. (parents must sign attendance sheets to verify attendance)

_____ I agree to submit completed bi-weekly invoices to MDemergencychildcare@conduent.com or Fax to: 410-229-0010. **Please send invoices one way or the other, not to both.** Payments will be made to the program on a bi-weekly basis following the submission of the first invoice.

_____ I agree to operate during my Office of Child Care approved hours only.

_____ I agree to maintain the following ratios for each age group: (Must indicate which age group you are providing care for, you **CANNOT** care for any age child for which you are not currently licensed)

___ 1:3 for children 6 weeks up to 24 months

___ 1:4 for children ages 2 up to 4 years

___ 1:9 for children age 4 up to 13 years

_____ I agree that if the program is using mixed age groupings, the program will maintain using OCC regulations while still using the grouping total of up to 10, including providers/teachers.

_____ I agree that infant and toddlers will be kept away from older children and the program will adhere to all current infant/toddler licensing regulations, with modification in paperwork needed, that will be guided by the OCC.

_____ I agree that all staff are currently approved by the Office of Child Care and have passed all Criminal Background Checks (CBC) and Child Abuse and Neglect clearances.

_____ I agree to take temperature of ALL children arriving to the building with a temporal thermometer (must be below 100.4)

_____ I agree to limit parent contact by limiting inside access to parents upon drop off or pick up.

_____ I agree to practice social distancing the best way possible, within the setting.

_____ I agree to check for food and other allergies of all students.

_____ If the parent decides to end service, the program must notify Conduent on the bi-weekly invoice.

_____ I agree to notify licensing specialist in writing if I am suspending service 7 days in advance.

_____ I agree to not charge any additional fees to families during this time.

_____ I agree to utilize cleaning practices that follow the CDC COVID-19 Environmental Cleaning Disinfection protocol.

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_____ I agree I may not accept children under the EPCC program until I have been notified by the Office of Child Care that I have been approved to provide care as an EPCC provider.

In response to the need of essential personnel to have access to child care services during the state of emergency, the Maryland Department of Health (MDH), through its Office of Preparedness and Response, has committed to fund the cost of child care services provided under the EPCC for a period **up to June 30, 2020**.

_____ I understand that continued funding is contingent upon lawful appropriations by the Maryland General Assembly. If the Maryland General Assembly fails at any time to continue funding for payments due hereunder, this Agreement is terminated as of the date that the funding is no longer available or expires. Provider will be paid for child care services performed and invoiced at the time the program is ended.

By signing below, I hereby agree to abide by the terms and conditions as provided in this EPCC site enrollment form. **I understand that I will be paid a flat fee of \$250 for each child between the ages of 3 and 13 and for children 6 weeks up to 3 years a flat fee of \$350 per child.** I will keep attendance sheets with a parent's signature to verify the child's attendance. I understand that any violation of the aforesaid terms and conditions may result in non-payment.

ACKNOWLEDGEMENT: I have read or had read to me the terms of the EPCC enrollment and I understand and agree to them. I understand that I will not be paid unless all required paperwork is completed, and submitted as instructed.

I have reviewed the EPCC enrollment form and attest I am fully aware of the information contained in this document.

Name: _____ Signature: _____

(Please Print)

Date: _____

For Office Use Only I have reviewed the EPCC enrollment form with the entity providing this care and have addressed any questions posed at the time of receipt of the form.

_____ Eligible to provide services under the EPCC

_____ Not approved to provide services under the EPCC Reason: _____

Regional Manager _____ Signature: _____ Date: _____

(Please Print)

Date: _____