

## CHILD CARE SERVICES CCS PROVIDER ANNUAL CHECKLIST FOR PROVIDER AGREEMENT

Name of CCS Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Authorized Provider Representative: \_\_\_\_\_

CCS Provider Number: \_\_\_\_\_

Texas Rising Star Provider Status: \_\_\_\_\_

Instructions: This form is used prior to renewing the provider agreement to ensure all requirements are in place in order to proceed with the agreement.

Child Development Specialist (CDS) verifies:

	YES	NO	N/A
1. CCS Provider's license/registration in good standing with DFPS licensing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Provider on Agreement (POA) has a copy of the CCS Provider Manual and subsequent changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The POA documents all verbal notification to and from CCS (enrollment, billing, terminations, change of days/hours of care, etc...).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The POA maintains a file of all correspondence with the CCS on topics dealing with policy changes, corrective and/or adverse actions or parent complaints and grievances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The POA requires all CCS-referred clients (parents or responsible person) to sign in and out and list the exact times each day the child is brought in and picked up. <i>(This is done to verify hours of care based on Form 2450 and billing submitted from billing Form 2455)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Form 2455, the attendance record, is kept on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A copy of the POA's published rates is provided for agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If transportation is provided to and from school or home it is documented in the parent handbook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Vehicle is insured and a copy of certificate is provided for agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Receipts include:			
a. Name(s) of child(ren) (include last name if different from parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Period of time covered by parent fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. First and Last name of parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Amount of money collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Date money was collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*If any "no" provide technical assistance

Child Development Specialist (CDS) Provided Technical Assistance On:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 11. Absence documentation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Required phone call for 3-day no contact from client                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Required phone call for 5-day no contact from client                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Required phone call within one working day of DFPS licensing visit to facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. How to complete Form 2455  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. How and when to send Form 2455   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. How to collect and document Parent Share of Cost (SOC)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Receipts: _____(list areas covered if any)                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Provider Record of contact with CCS  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Concerns or questions about CCS-referred children                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### PAYMENT RECORD WORKSHEET

Provider Name	Date

Parent Name/Child Name	2450 Eff Dates	Fee Amount	Fee Paid and/or other Comments
1.			
2.			
3.			
4.			
5.			
6.			
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