

# CCDF Quality Incentive Rate Agreement

## Section I: Participant Information

Facility Name: \_\_\_\_\_

Facility Owner: \_\_\_\_\_

Facility Number: \_\_\_\_\_

Taxpayer Identification Number (SSN or EIN): \_\_\_\_\_

Email Address: \_\_\_\_\_

## Section II: Purpose and Performance of the Agreement

The purpose of this Agreement is to increase higher quality for the Child Care and Development Fund (CCDF) Program and to set forth the Department's general requirements and assurances. By signing this Agreement the Participant agrees to both achieve and maintain higher quality. The CCDF Program provides Participants the opportunity to offer **Quality** child care services to children of families eligible to receive child care services funded through the Department of Human Services (DHS) Division of Child Care and Early Childhood Education (DCCECE). Eligible families have the option of selecting a child care provider from a list of eligible Participants.

### CCDF Quality Incentive Requirements

1. By signing this Quality Incentive Rate Agreement, Participants agree that they have attained Better Beginnings Level 1 or higher.
2. Participants at Better Beginnings Level 1 shall be required to receive and maintain Better Beginnings Level 2 or higher within two (2) years of the date this Quality Incentive Rate Agreement is signed.
3. Participants understand that their Participant Agreement shall be terminated if:
  - a. Participants fail to achieve Better Beginnings Level 2 or higher within two (2) years of signing this Quality Incentive Rate Agreement, or
  - b. Participants voluntarily drop to Better Beginnings Level 1 after achieving Better Beginnings Level 2, or
  - c. Participants fail to maintain Better Beginnings Level 2 or higher.
4. Once terminated, Participants shall not be eligible to participate in the CCDF program until they have re-attained Better Beginnings Level 2 or higher. A new CCDF Participant Agreement will have to be completed at that time.
5. Participants understand that DCCECE shall make available the proper training needed to reach Better Beginnings Level 2 or higher.
6. These rules are in addition to the existing Participant Agreement rules and regulations set forth by DCCECE and/or the rules and regulations set forth by CCDF program.

By signing below, I request to participate in the CCDF Quality Incentive Rate Program and agree to all requirements listed above. I further attest that I am either the owner of this business or I am authorized by the Board of Directors or other governing authority to sign this document on behalf of the Participant. I will notify the Division of Child Care and Early Childhood Education of any changes in this Agreement.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

If you have questions or need assistance, please contact the Family Support Unit at 1-800-322-8176.

Please return completed form to the address below or fax to 1 501-683-0034.  
Division of Child Care and Early Childhood Education  
Attn: Patricia Johnson  
P.O. Box 1437 Slot S-145  
Little Rock, AR 72203