



**MODOC TRIBE OF OKLAHOMA**  
625 6<sup>th</sup> Ave SE  
Miami, Oklahoma 74354  
918-542-7890 \* FAX 918-542-7878

**DOCUMENTS INCLUDED IN THIS APPLICATION**

1. DOCUMENTS INCLUDED IN THIS APPLICATION
  2. PROGRAM INFORMATION SHEET AND PARENT CHECK LIST
  3. APPLICATION FOR CHILD CARE SERVICES
  4. ACKNOWLEDGMENT DOCUMENT
  5. SIGNATURE PAGE
  6. HOURS ATTENDING FORM - (Hours your child will be attending daycare.)
  7. PRIORITY RULES FOR SPECIAL NEEDS AND PROTECTIVE SERVICES
  8. EMPLOYMENT VERIFICATION FORM - (Release of Information-One per employee and per employer.)
  9. TRIBAL ENROLLMENT CONFIRMATION (If you are waiting for your tribal card, please complete this document.)
  10. WHAT IS UNLIMITED PARENTAL ACCESS
  11. SIGNS OF EMOTIONAL AND PHYSICAL ABUSE
- 

**DISCLAIMER:** you will only be approved from the date you submit ALL correct and complete documents. Any days your child is in daycare for unapproved hours must be paid by you. If you do not have a signed parent agreement contract then you are not an active and approved client of the Modoc CCDF and may not request payment from the Modoc CCDF program. **The Tribe is not responsible for unapproved hours.**

10.1.18



**Modoc Tribe of Oklahoma  
Child Care and Development Fund (CCDF)  
625 6<sup>th</sup> Ave SE  
Miami, OK 74354**

**(918) 542-7890 (P) (918) 542-7878 (F)**

**PROGRAM INFORMATION SHEET AND PARENT CHECK LIST**

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***Submit the Application Using Any of the Following Methods:***

***\*Bring or Mail it to the above address "Attention CCDF"***

***\*Email to [regina.shelton@modoctribe.com](mailto:regina.shelton@modoctribe.com)***

***\*Fax to (918) 542-7878***

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The following documentation is required to maintain eligibility for child care assistance.

- \_\_\_ 1. Application and supporting forms. We have 20 days to review and process your application.
- \_\_\_ 2. Copy of tribal membership cards or Certificate Degree of Indian Blood (CDIB) for ALL members.
- \_\_\_ 3. Copy of Children's Birth Certificates.
- \_\_\_ 4. Copy of Social Security cards for ALL household members.
- \_\_\_ 5. Copy Immunizations records for all children attending day care.
- \_\_\_ 6. Income and Work Verification: W-2, 1099, Employer Letter - Schedule with days & hours currently working for all adult members of the household. Yearly tax documents (1040 Form including any schedules attached). Students must submit schedule per semester. NOTE: Self Employed persons must also submit monthly hours. Please see office for further information. Client must work a minimum of 20 hours or attend full time higher education or PRE-approved part time. Job search must be pre-approved.
- \_\_\_ 7. Proof of physical address (***Current*** utility bill/lease/mortgage) with client name, street address, city, state, zip or, notarized statement from landlord/homeowner.
- \_\_\_ 8. Letter from your Tribe stating you are not getting CCDF service through them. At initial application.

To be eligible you must provide the complete documentation list, meet income guidelines, live within the Tribe's CCDF service area (which is 100 miles radius of the Tribal Office) and work 20 hours or more or attend pre-approved higher education or pre-approved job search.

YEARLY RE-CERTIFICATION Recertification occurs once a year unless otherwise notified. Please check your contract dates and MARK YOUR CALENDARS. Clients/providers will need to submit ALL documentation and complete the application. Courtesy notices will be sent to both parents and providers.

Applications are accepted all year, with the exception of auditing and recertification periods or maximum capacity. Submit your completed application to the Modoc Tribe of Oklahoma CCDF office. Do NOT submit your applications to your provider. Once we process your application we will send you written notification of approval, denial or pending. If approved we may pay back to the first day of the month for which you have submitted a complete application. ALL APPLICATIONS ARE PENDING FINAL APPROVAL.

**I understand that I must have all the above documentation delivered to the CCDF office and have a complete application before I will be considered for assistance from the CCDF Program. I also have read the above and understand in its entirety.**

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**Signature of Applicant**

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**Date**

**DISCLAIMER:** This is not an entitlement program without obligation. Client/Provider approval is not a guarantee of payment. Payment will be based on eligibility at time of payment submission and pending client /provider has met program obligations. Payment will also be pending sufficient federal funds. In the event that either the program obligations have not been met or the program no longer has sufficient funds payment arrangements will need to be made directly between the client and the provider. The Modoc Tribe of Oklahoma is not responsible for un-approved payment requests when obligations by either the client or the provider have not been met. The Modoc Tribe of Ok is not responsible for lost or misdirected mail. **PLEASE KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS AND REFERRALS.**

10.1.2018



**MODOC TRIBE OF OKLAHOMA**

625 6<sup>TH</sup> Ave SE

Miami, Oklahoma 74354

918-542-7890 \* FAX 918-542-7878

**Application for Child Care Assistance**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Do you prefer we contact you by phone or e-mail? \_\_\_\_\_

Do you live within 100 miles of Miami OK? Yes \_\_\_\_\_ No \_\_\_\_\_

Excludes federally recognized Indian reservation lands.

**Household members – including applicant**

	Name	Sex	DOB	SS#	List Tribe
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

**Household Income**

	Name	Source	Net	Documentation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Total Net Income \$ \_\_\_\_\_

Expenses and Deduction – please see the program admin to see if you qualify for expenses and deductions. Health Insurance or Medical expense, work expense, retirement etc., MIGHT be allowable deductions.

	Name	Expense	Documentation
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____

Total Expenses \$ \_\_\_\_\_

Have you or any member of your household received child care services from other source before? Yes \_\_\_\_\_ No \_\_\_\_\_  
(list source and dates below)

\_\_\_\_\_  
Source of service Date

\_\_\_\_\_  
Source of service Date

\_\_\_\_\_  
Source of service Date

\_\_\_\_\_  
Source of service Date

Have you or any member of your household previously been on probation or suspension with another Tribal CCDF? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please submit written explanation and detailed information.

You are not an approved CCDF client unless you have a current approved signed contract agreement. Any days your child is in daycare for unapproved hours must be paid by you. If you do not have a signed parent agreement contract then you are not an active and approved client of the Modoc CCDF and may not request payment from the Modoc CCDF program. CCDF is not responsible to make payment for pending, unapproved, canceled or unsigned contracts. In the absence of a notice it is the client's/provider's responsibility to make sure their own contracts are current. Please refer to your own signed contract and applications for details. The Tribe is not responsible for unapproved hours.

By signing this form I verify that all the information is true and correct and that I will cooperate with tribal and Federal officials should my application or information become part of a quality control audit review. I understand that the CCDF child care program is federally funded and that penalty for providing false information shall not be more than \$10,000.00 fine or not more than 4 years imprisonment or both. I hereby authorize tribal representatives to make any necessary investigation of my financial conditions and the times submitted on this form or other information regarding my eligibility. I understand that I have a right to a fair hearing if I am not satisfied with the decision, action or any unreasonable delay in a decision notification.

\_\_\_\_\_  
**Signature of Applicant** **Date**

Please initial that you have read the disclaimer on attached page.

## Signature Page

Please provide your legal signature as you would sign the daycare claim form followed by your printed name.

\_\_\_\_\_  
Signature -Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Parent 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Parent 2

\_\_\_\_\_  
Date

Child Care Provider Fraud is a third-degree felony. If you are found unlawfully and knowingly filing or assisting in filing claims for fraudulent reimbursement of child care you could face up to five years in prison and a \$5,000.00 fine and will lose state licensing and/or client approval status.



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## **Acknowledgement Document**

### **DISCLAIMER**

\_\_\_\_\_ initial

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### **ELIGIBILITY**

\_\_\_\_\_ initial

To be eligible, the client (or provider when applicable) must provide the complete documentation list, meet income guidelines, live within the Tribe's CCDF service area (which is 100 miles radius of the Tribal Office) and work 20 hours or more or attend pre-approved higher education, Or job search AND other obligations which may not be listed but will be required as needed.

Employment or educational program - 20 hours or more a week for employment or job training or 12 credit hours of education or Pre-approved job search.

Indian child - Must be enrolled or eligible for enrollment or eligible for a CDIB with a federally recognized tribe or must be in the cultural custody or living with a person who is eligible for enrollment or enrolled member/CDIB of a federally recognized tribe. (I.e. step child – ward, sibling)

Indian reservation or service area - 100 mile radius of Tribal office. Excludes federally recognized Indian reservation lands.

Roughly 75% of our service area occurs in Arkansas, Missouri and Kansas with 25% of the service area being in NE Oklahoma.

Providers - All providers must be state/tribally licensed and Oklahoma providers must be one star plus or above.

### **Continuity of Care**

\_\_\_\_\_ initial

Clients will be approved for five (5) full time days of continuity childcare no matter the parents work schedule. We would like to encourage infant and toddler parents to utilize the continuity of care. *Over time hours will still need to be pre-approved.*

**YEARLY RE-CERTIFICATION**

\_\_\_\_\_ initial

Re-certification occurs once a year unless otherwise notified. Please check your contract dates and **MARK YOUR CALENDARS**. Clients/providers will need to submit ALL documentation and complete the application. Courtesy notices will be sent to both parent and provider.

**APPROVAL PROCESS AND ERRORS**

\_\_\_\_\_ initial

I understand that every effort will be made to ensure the application is processed and approved in a timely manner but sometimes clerical errors are made. I understand that this is a partnership and all parties are obligated to review and report mistakes or errors. I understand that in the event a mistake or error is made on the contract which is in conflict with program requirements, the program requirements will take precedence and I may have to reimburse the Tribe or make payment arrangements directly with the provider/parent for the amounts in error.

**SIGNATURE REQUIRED**

\_\_\_\_\_ initial

You are not an approved CCDF client unless you have a current approved signed contract agreement. Any days your child is in daycare for unapproved hours must be paid by you. If you do not have a signed parent agreement contract then you are not an active and approved client of the Modoc CCDF and may not request payment from the Modoc CCDF program. CCDF is not responsible to make payments for pending, unapproved, canceled or unsigned contracts. This includes modified contracts that do not have signature approvals as well as ending temporary contracts and contracts that are waiting provider signature or information. In the absence of a notice it is the client's/provider's responsibility to make sure their own contracts are current. Please refer to your own signed contract and applications for details. The Tribe is not responsible for unapproved hours.

**UNLIMITED ACCESS**

\_\_\_\_\_ initial

1. It is the parents right to make an informed choice and to monitor the quality of childcare provided by the chosen provider.
2. It is the parental responsibility to determine the appropriateness of the chosen child care provider.
3. I understand that custodial parents have the right to open and **unlimited access** to the childcare facility at all times and may enter freely of the childcare facility at any given time to check on the health and welfare of children. Court orders take precedence.
4. The Modoc Tribe reserves the right to make unannounced visits to the provider.

**CONTRACTUAL**

\_\_\_\_\_ initial

1. The Modoc Tribe of Oklahoma reserves the right to cancel services with either the parent or the center in the event of violations.
2. I agree to hold the Modoc Tribe blameless from any liability, claims, or damages that may result from the provider or the parental performance of this obligation including failure to meet contract deadlines and obligations.
3. I understand the Modoc Tribe will only pay provider services for state/tribally licensed center-based facilities and home facilities.
4. I understand that services will be paid directly to the provider.
5. Claim forms must be submitted between the 1<sup>st</sup> and the 20<sup>th</sup> of the month following the service dates. Turn your claim forms in monthly as the Modoc Tribe will NOT pay for

multiple months. Usually checks are processed within 30 days of receipt of the claim forms in this office as long as there are no errors or problems.

6. I understand that parents will not be held financially liable for errors on the provider's behalf, i.e. the provider forgets to submit claim forms for six months and is denied payment through the Tribe.
7. I agree to provide written notice to the Modoc Tribe within ten working days of changes to my status. Changes to my schedules, address and employment must be reported within ten business days. Changes outside the guideline may cause me to be permanently suspended from the program.
8. I am aware that if the chosen provider violates regulations or laws the Modoc Tribe may cease payment service to the provider and the parent will have the choice to stay and pay services out of pocket or chose another approved provider.
9. I understand that my contract/agreement is not approved for payment unless I have a current signed Certificate of Authorization with three signatures; parent, tribe and provider.
10. I understand that any false information provided by me, may or will cause me to be denied any future funding and may or will cause me held liable to the Tribe for reimbursement or denial of services.

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\_\_\_\_\_  
SIGNATURE - Parent or Custodial Guardian

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name

Client Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you prefer we contact you by phone or email? \_\_\_\_\_

If Phone list which one.





**Priority Rules for Special Needs and Protective Services**  
Parent Please Complete This Form

Does any child in the home have a special needs or protective service? \_\_\_ Yes \_\_\_ No

If so then please describe: \_\_\_\_\_

(Attach appropriate documents)

**Special Needs Include Children Delayed in: (check all that apply)**

- \_\_\_ Cognitive development,
- \_\_\_ Physical development,
- \_\_\_ Speech and language skills,
- \_\_\_ Psychosocial development, or self-help skills whose condition requires oversight or Care,
- \_\_\_ Children who receive SSI, sooner start or special education services,
- \_\_\_ Medical/including documented temporary mental health leave, (Evaluate every 30 days.)
- \_\_\_ Other case-by-case: \_\_\_\_\_

**Protective Services will be Available for At-Risk Families: (check all that apply)**

- \_\_\_ TANF Families and families at or below poverty \*,
- \_\_\_ Homeless, including temporarily living with a friend or family, \*
- \_\_\_ Teen parents, (age 19 or under)\*
- \_\_\_ Single parent/guardian with documented sole custody\*, (One or all parents out of the picture.)
- \_\_\_ Foster care, respite care\*,
- \_\_\_ Families who have an open case with State/Tribal CPS or ICW\*,
- \_\_\_ Abusive situations, (detailed guardian statement)
- \_\_\_ Single parent/guardian
- \_\_\_ Military Family (One or both parents deployed.)
- \_\_\_ Children living with grandparents,
- \_\_\_ Pre-school age,
- \_\_\_ Families in danger of having protective cases opened with DHS/ICW,
- \_\_\_ Parents with temporary disabilities who need treatment in order to return to work ,
- \_\_\_ Families with parents actively participating in job search,
- \_\_\_ Other case-by-case: \_\_\_\_\_

Do you feel your case should be considered priority for any other reason not listed above?

\_\_\_ Yes \_\_\_ No If so then please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

-----  
DO NOT WRITE BELOW THIS LINE

This case is considered a priority case? \_\_\_ Yes \_\_\_ No

What special considerations will be given and what basis are they given?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CCDF Signature

\_\_\_\_\_  
Date



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**Child Care and Development Fund**  
 625 6<sup>TH</sup> Ave SE  
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**Client Employment Verification**

Employee Name: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above named individual is seeking childcare through the Modoc Tribe CCDF Program. Federal regulations require employment verification which includes work schedule and rate of pay. The individual has authorized your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I, \_\_\_\_\_ hereby authorize the release of information  
 (Print Applicant Name)  
 requested below regarding my employment and compensation.

\_\_\_\_\_  
 Signature Date  
**TO BE COMPLETED BY EMPLOYER**

1. Date employment began \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Work schedule (example Tue-Sat 7:30am-4:30pm) \_\_\_\_\_
3. Current rate of pay \$ \_\_\_\_\_ per hour Full time or Part time (circle)
4. Number of hours per week normally worked \_\_\_\_\_
5. Employee is paid: (circle one) **Weekly** **2X a Month** **Every Other Week** **Monthly**

**I certify that the preceding information is true and correct:**

\_\_\_\_\_  
 Name of Company Official Title of Company Official

\_\_\_\_\_  
 Signature of Company Official Date

If you have any questions regarding the documentation please contact the Modoc Tribe CCDF Program at 918-542-7890.

Note: Submit one form for each adult household member and each employer. **Please ask for more copies if needed.**



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**Client Employment Verification**

Employee Name: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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2. Work schedule (example Tue-Sat 7:30am-4:30pm) \_\_\_\_\_
3. Current rate of pay \$ \_\_\_\_\_ per hour Full time or Part time (circle)
4. Number of hours per week normally worked \_\_\_\_\_
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**Tribal Enrollment Confirmation Request**

Date: \_\_\_\_\_

Dear Applicant:

Your application for Modoc tribal services are pending receipt of the following Information that you must seek from your federally recognized Tribe:

- Tribal membership, or
- confirmation of completed enrollment application, and
- Date Tribal membership is estimated to be approved.

Please submit this request to your Tribal enrollment department and have them send or fax confirmation to:

Modoc Tribe of Oklahoma  
Children and Family Services  
625 6<sup>th</sup> Ave SE  
Miami, OK 74354

Phone: 918-542-7890  
Fax: 918-542-7878

Client Name: (Parent) Please Print

\_\_\_\_\_  
Mailing City State Zip

\_\_\_\_\_  
Child Seeking enrollment DOB

\_\_\_\_\_  
Child Seeking enrollment DOB

\_\_\_\_\_  
Child Seeking enrollment DOB

\_\_\_\_\_  
Child Seeking enrollment DOB

\_\_\_\_\_  
Parent Signature (Release of Information)

\_\_\_\_\_  
Date

## **WHAT IS UNLIMITED PARENTAL ACCESS? For Parents**

**The Federal Government requires that the Modoc Tribe CCDF, “ Shall have in place procedures to ensure that providers receiving CCDF funds afford parents unlimited access to their children.”**

We believe that UNLIMITED Parental Access includes not just liberal but unhindered access to your child. Liberal access would be a manned door with a buzzer system, unlimited means no locked doors, no buzzers, no door bells, no having to knock. Parents may have a key for entry or a code for keypad entry, there are many ways to ensure unlimited parental access and still protect children from strangers.

Even though the majority of childcare centers in the United States is provided by trustworthy establishments, (and we have no reason to believe your chosen facility is anything other than trustworthy) **abuse in daycares** still occurs. The Modoc Tribe CCDF believes that reliable daycare is essential for today's working parents. Every parent wants their child to be cared for properly by knowledgeable and compassionate individuals. Our system of unlimited parental access is set up to help parents evaluate the center, monitor the classroom and protect their children while in the daycare setting. Understanding that child abuse comes in many forms, none more disturbing than when the people or person you trust to keep your child safe are the ones committing the abuse. Abuse in daycares is a serious issue that must not go overlooked. **It is your right to have UNLIMITED Parental Access to your child.**

When choosing a facility for your child, follow these tips adapted from the Texas Consumer Protection Board:

- Make sure that the daycare center is designed so that parents have unlimited access with no locked doors (against custodial parent) and are free to come and go, with no requirements to call first and no areas off limits to parents.
- Make sure that the bathrooms do not contain areas where children can be isolated. Find out who takes the children to the bathroom, for what purposes, and at what times. Two-thirds of all daycare sexual abuse and exploitation occurs during toileting.
- Make sure that there is proper supervision of the children during naps. Children may be more at risk of sexual abuse and exploitation during nap time because other children are sleeping and staff may be out of the room.
- Ask about the extent of education and training of all daycare personnel interacting with your children, and determine if they were screened for criminal history, emotional instability, or substance abuse. Be aware that volunteers or teacher's aides are not likely to have been carefully screened. *Abuse in daycare* can result from a failure in the hiring process.
- Find out who will be interacting with your children in addition to the daycare provider and staff. Much of the sexual and physical abuse and exploitation associated with childcare centers occurs at the hands of individuals not directly involved in teaching or child-care responsibilities: bus drivers, janitors, and relatives of the daycare center providers. In 36% of cases examined by a nationwide study of daycare abuse, children were sexually molested by family members related to the staff – mainly husbands or sons. Make sure that your child's contact with such persons is limited, and question your child closely about them.
- Discuss in depth with the daycare provider how the discipline of children is handled -- who administers it, under what circumstances it is used, and what form it takes. Make sure to talk to your children each day about what happens at the daycare center, paying close attention to what punishments were used under what circumstances and any other incidents that made the child uncomfortable.

IF your provider limits your parental access in anyway contact the Modoc Tribe CCDF at (918) 542-7890. If you suspect abuse in your child's facility either to your child or to other children immediately call your local police department and ask for instructions on reporting child abuse.

## Signs of Emotional and Physical Abuse at a Daycare

Daycare abuse isn't just a physical phenomenon. Sometimes the worst forms of abuse are not physical at all. Emotional abuse and neglect are big problems with daycare facilities and can have serious detrimental effects on children.

### Signs of Emotional Abuse & Neglect

Physical Indicators:

- Eating disorders, including obesity or anorexia.
- Speech disorders (stuttering, stammering).
- Developmental delays in the acquisition of speech or motor skills.
- Weight or height level substantially below norm.
- Flat or bald spots on head (infants).
- Nervous disorders (rashes, hives, facial tics, stomach aches).

Behavioral Indicators:

- Habit disorders (biting, rocking, head-banging).
- Cruel behavior, seeming to get pleasure from hurting children, adults or animals; seeming to get pleasure from being mistreated.
- Age-inappropriate behaviors (bedwetting, wetting, soiling).
- Behavioral extremes, such as overly compliant-demanding; withdrawn-aggressive; listless-excitabile.



### Signs of Physical Abuse

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, black eyes, cuts, or scrapes
- Has fading bruises or other marks noticeable after an absence from school
- Shies away from adults and physical contact
- Reports an injury from a caregiver

If the caregiver, when confronted, gives conflicting, unconvincing or no explanation for the injury, describes the child as evil or otherwise in a negative fashion, or has a history of complaints, physical abuse may be occurring with your child. Parents should be cautioned to



investigate the child care facility that is being considered to be, or is currently, entrusted with the care of their children. Furthermore, if any concerns arise about possible neglectful actions or abuse by anyone at that facility, parents should certainly report such concerns to the your local department of human services so that an investigation may be undertaken into the incident.