

Mahaska Wapello Early Childhood IOWA
FYE 2026 Early Care & Education Scholarship Program / Provider Agreement

Provider Name:		Agreement Number (will be assigned by MWECEI):	
Billing Address:		E-mail Address:	
City:	State: Iowa	Zip Code:	Phone
Address where care is provided (if different):			
City	State	Zip Code	Phone ()
Social Security Number	Federal ID Number (if you have one) EIN:		County:

Eligible Early Care & Education Provider:

I agree to meet all federal, state, and local standards that pertain to the preschool services being provided under this payment agreement. I also understand that I am **required to meet the quality standards of Iowa DHS Registration/License AND at least one of the quality expectations from the following three state recognized initiatives: NAEYC accreditation; IQ4K Levels 1, 2, 3, 4, or 5 (or working on IQ4K verified by CCR&R); or Iowa QPPS -DE Verification.** I also agree to provide a current copy of the following items: 1) DHS Registration/License, 2) NAEYC accreditation certificate or IQR4K Level 1, 2, 3, 4, or 5 certificate, or Iowa QPPS - DE Verification, 3) Preschool Policies (parent handbook), and 4) Copy of my business liability certificate of insurance. I must not assign, transfer, or subcontract any interest in this agreement. That is, no payment for services made under this agreement can go to anyone other than the provider named in this agreement.

Step UP in Quality - Requirements for FYE 2026:

In support of early care, health and education state-wide initiatives that are recognized as signs of "high quality / best practice child care and preschool," all early care & education programs partnering with Mahaska Wapello Early Childhood Iowa and receiving FYE 2026 Preschool Scholarship Program Funds must also agree to partner and develop a CQI plan with each of the local 1) Region IV - CCR&R Child Care Consultant; 2) the Child Care Nurse Consultant (AHFA); 3) and the Infant Early Childhood Mental Health Consultant (AHFA) to assess local levels of early care and education quality. Providers must work with each of the above-mentioned consultants to plan and execute their CQI action plans. Providers with verified successful implementation of their CQI goals are eligible for additional QI funds to assist with costs for materials to support/maintain their identified CQI goals.

By signing this form, I agree to participate as a provider of early care & education services for the Early Care & Education Scholarship Program and assure Mahaska Wapello Early Childhood IOWA that I will comply with the provisions of this agreement.

Please, sign here and on page 5.

Signatory Preschool Official / Name and Title:	Date:
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Mahaska Wapello Early Childhood IOWA

Please describe your programming base rates: including days and hours per week, age groupings, and location if held at more than one site. You may attach your own rate chart.

Preschool Provider - Rate Base Descriptions	Amount

Payments made by Mahaska Wapello Early Childhood IOWA will be in accordance with the "Approved Scholarship Rate" listed below

Up to 100% of the Monthly Capped Rate	\$175.00
Effective Date: 09/01/2025	Termination Date: 05/31/2025

The Mahaska Wapello Early Childhood IOWA, Area Director shall determine eligibility for services and shall authorize services if eligible. You may appeal if you are dissatisfied with the Mahaska Wapello Early Childhood IOWA decision.

Contact Information:
Pat McReynolds, MW Early Childhood IOWA, Area Director
POB 335, Richland, Iowa 52585

Signature of MWECI Area Director _____ Date: _____

I understand the payment I will receive for providing early care & education services funded by Mahaska Wapello Early Childhood IOWA:

1. Is based on a monthly percentage (100%) and capped rate for programming services up to \$175.00 per month.
2. Is based on the decision of the Mahaska Wapello Early Childhood IOWA to fund scholarships.
3. Is effective from the effective date to the termination date of this Agreement, or until all funding is cut, expended or ceases, whichever comes first.

Parent/Step-Parent or Caretaker (referred to subsequently as "Parent") Fees:

I understand:

1. I am responsible for collecting all co-payment fees assessed to the Parent, as determined by Mahaska Wapello Early Childhood IOWA, directly from the Parent.
2. I will not bill any MWECl Scholarship Program participant more than the approved monthly percentage (100%) and capped rate for programming services up to \$175.00 per month, indicated on page 2 of this Agreement for the amount of services provided, as stated in the Parent's *Notice of Program Eligibility*.
3. I must maintain a record of all fees collected from Parents and / or Mahaska Wapello Early Childhood Iowa. This record shall be available, upon request, for audit by the Mahaska Wapello Early Childhood Iowa and the Iowa Department of Health and Human Services (IHHS) or any of their representatives.

Billing and Payment:

I understand:

1. I must provide the programming service as authorized on the Parent's *Notice of Program Eligibility* before submitting a claim for payment.
2. The billing period begins on the first day of the calendar month and ends on the last day of the calendar month.
3. **Within 10 days of the end of each billing period**, I will submit a claim to Mahaska Wapello Early Childhood Iowa, only for those approved services that are provided, using the *Provider Request for Payment*, the *Attendance Record* and the *Mahaska Wapello Early Childhood Iowa FYE2025 Preschool Scholarship Claim Form*.
4. I cannot bill the Mahaska Wapello Early Childhood Iowa more than what I charge other families for the same service.
5. I cannot request or accept additional payment from a family participating in the Early Care & Education Scholarship Program, except for the Parent's cost incurred above paid programming services or scheduled times. Any cost incurred above the limit is the responsibility of the Parent.

Payment for Child Absences:

I understand:

1. I may bill for absences (in accordance with student attendance 85% of the regular schedule) when a child is scheduled to be in attendance that day but is absent and the same policy applies to private pay families.
2. **Any MWECl Early Care & Education Scholarship may be terminated if the child does not maintain an average of 85% monthly attendance.**
3. Holidays may be paid ONLY when the child is scheduled to be in attendance and only if these days are charged to private pay families. You must include holidays in the absences allowed per month.

Record Keeping and Auditing:

I understand:

1. I am responsible for keeping accurate records that document "time in" and "time out" and dates of class time provided to each individual child funded by Mahaska Wapello Early Childhood Iowa. These records must be **kept for seven (7) years**.
2. If this family's record is selected for review or audit authorized by the Mahaska Wapello Early Childhood Iowa or the Department of Health and Human Services, or its representatives, I will make these records immediately available, upon request, to substantiate the services I provided and received payment from the Early Care & Education Scholarship Program (Discretionary-General Use).

Other Provider Requirements:

Non-Discrimination:

I will not discriminate because of race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status against any person seeking services.

Change Reporting:

I am responsible for reporting changes in my address, phone number, etc. within 10 days of any change to the Mahaska Wapello Early Childhood Iowa.

Abuse Reporting:

I understand that as a registered or licensed provider, I am a mandatory reporter regarding suspected child abuse of children in my care and will report any suspected incidents of child abuse to the Department of Health and Human Services immediately by phone and follow up with a written report. The number for reporting suspected child abuse is 800-362-2178.

I have a written policy stating how I will report suspected child abuse.

Confidentiality:

I will respect the privacy of the Parent and keep the Parent's relationship with the Mahaska Wapello Early Childhood Iowa confidential. Personal information about the Parent may not be shared with anyone but the Mahaska Wapello Early Childhood Iowa, Area Director and the Parent. Failure to respect the Parent's privacy could result in cancellation of the Agreement and legal sanctions, if warranted.

Indemnity

I understand that I have the status of an independent contractor only and shall in no sense be an agent, employee, or servant of the state of Iowa, the Iowa Department of Health and Human Services, Mahaska Wapello Early Childhood Iowa, any of its employees, or its clients. I will not hold the state of Iowa, the Iowa Department of Health and Human Services, Mahaska Wapello Early Childhood Iowa, its employees, or its clients liable, as I shall be responsible for all activity in the delivery of services. I am also responsible for any and all income taxes imposed by any federal, state, or local government, or for contributions under the Federal Insurance Contribution Act.

Smoke-Free & Drug-Free Environment

I will provide a smoke-free and drug-free child care environment in accordance with Executive Order Number 38.

INSURANCE

Insurance Requirements:

The Provider shall maintain in full force and effect, with insurance companies licensed by the State of Iowa, at their own expense, insurance covering your work during the entire term of this Agreement and any extensions or renewals. The Provider's insurance shall, among other things, be occurrence based and shall insure against any loss or damage resulting from or related to their performance of this Agreement regardless of the date the claim is filed or expiration of the policy. The State of Iowa and the MWECI Board shall be named as additional insured or loss payees, or the Provider shall obtain an endorsement to the same effect, as applicable.

Types and Amounts of Insurance Required.

Unless otherwise requested by the MWECI Board in writing, the Provider shall cause to be issued the insurance coverage set forth below:

TYPE OF INSURANCE	LIMIT	AMOUNT
General Liability (including contractual liability) written on an occurrence basis	General Aggregate	\$2,000,000.00
Employee Sexual Misconduct	General Aggregate	\$1,000,000.00
Automobile Liability (including any auto, hired autos, and non-owned autos)	Combined Single Limit	\$500,000.00
Workers Compensation and Employer Liability	As required by Iowa law	As required by Iowa law

Certificates of Coverage:

All insurance policies required by this Agreement shall remain in full force and effect during the entire term of this agreement and any extensions or renewals thereof and shall not be canceled or amended except with the advance written approval of the MWECI Board. The Provider shall submit certificates of the insurance, which indicate coverage and notice provisions as requested by the MWECI Board. The certificates shall be subject to approval by the MWECI Board. The insurer shall state in the certificate that no cancellation of the insurance will be made without at least thirty

(30) days' prior written notice to the MWECI Board. Approval of the insurance certificates by the MWECI Board shall not relieve the Provider of any obligation under this Agreement.

Repayment:

I understand that when fraudulent practices are suspected a referral may be made to an investigative unit, and that I must cooperate with the investigation. I understand that I may have to re-pay money received in error or as a result of fraudulent billing.

Agreement Termination:

Non-compliance with any of the provisions of this agreement may result in termination of this agreement upon ten days written notice from the Mahaska Wapello Early Childhood Iowa, Area Director. Both parties agree that except in case of emergencies such as illnesses, death, or fire, ten days advance notice shall be given to allow for the arrangement of alternate service provision for Parents. Termination of this agreement may prevent you from making application to be a Provider for 12 months. Mahaska Wapello Early Childhood Iowa may also refuse to enter into subsequent agreements with you.

Prior to the expiration date, this agreement may be terminated with ten days written notice for any of the following reasons:

1. Your IHHS Registration/License expires.
2. There is a lack of funds to continue the child(ren)'s enrollment in the program.
3. There is fraud on the part of the Provider.

This agreement may also be terminated upon mutual agreement of the parties.

A lapse of time between a current QRS rating while transitioning to the IQ4K rating system will be allowed and not negate this agreement for the fiscal year of 2025-2026.

Agreement Amendment and Renewal:

This agreement may be amended upon mutual agreement of the parties. This agreement makes no provision for renewal beyond the date of June 30, 2026.

Signatory Preschool Official / Name and Title:

Date:

Contact Information:

Pat McReynolds, MW Early Childhood IOWA, Area Director
335, Richland, Iowa 52585

POB

Signature of MWECI Area Director _____ Date: _____

Mail or email: Return all 5 pages of this agreement and copies of the 4 items listed below to:

Pat McReynolds, MW Early Childhood IOWA, Area Director
POB 335, Richland, Iowa 52585 patmcreynolds318@gmail.com

1) IHHS Registration/License,

2) NAEYC accreditation certificate; or IQ4K Level 1, 2, 3, 4, or 5 certificate / verification from CCR&R you are working on IQ4K; or Iowa QPPS - DE Verification,

3) Preschool Policies (parent handbook), and

4) Copy of business liability certificate of insurance, **naming MWECI as additional insured or loss payee.**