



CHILD CARE PROVIDER - APPLICATION

Please note:

- * BBNA has 30 days to determine eligibility for your case.
- * We cannot determine eligibility, until we have a completed application with all required documents.
- * Child care is approved from the date we receive all the necessary documents to determine your case; **no child care is approved before that date.**
- * The provider must be 18 or older and cannot reside in the home with the children or the client.

Camai Provider;

We are pleased that you are interested in applying to be an approved Child Care Provider. In order to establish eligibility, please submit the following:

- Complete Child Care Provider Application**
- Qualifications of Persons Form**
- Notification to Child Care Provider Form**
- 2 - Child Care Provider Reference Forms**
- Submit Interested Persons Report** (Criminal Background Check) for ALL members of the household whom are 16 years of age and older.

This can be obtained through the State of Alaska Troopers Office, or request an Ingens Online Background Check from the BBNA CCDF Case Manager.

If you are providing care in the child's home you only need to submit a report for yourself. Additional approval is needed for care in child's home.

- Copy of current TB Test Results**
- Copy of Social Security Card**
- Complete W-9 Form**
- Copy of Business License Application and Payment** PRIOR to mailing off to the State of Alaska

Below is the rate of pay BBNA will remit to the Child Care Provider.

BBNA will provide notification of the maximum number of approved hours for payment per day, anything over this is the payment responsibility of the parent.

Age	Less than 8 Hours	Daily Rate
0 – 1 Years	\$5.00 per hour	\$40.00 per day
13 Months – 3 Years	\$4.50 per hour	\$36.00 per day
4 Years – 12 Years	\$4.00 per hour	\$32.00 per day

If you have any questions or need additional information please do not hesitate to contact us.

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Bristol Bay Native Association - Workforce Development
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262
Fax 907-842-3498 • www.bbna.com

CHILD CARE PROVIDER APPLICATION

Each person who provides child care for a parent or guardian receiving child care assistance from the Bristol Bay Native Association Workforce Development Child Care Development Program must complete a home visit at least once a year.

The Bristol Bay Native Association Workforce Development reserves the right to deny registration and payment to any person or agency who is determined by the Tribe to be a potential danger to children because of current or past association with or participation in criminal activities, alcohol or other substance abuse, communicable health problems, or unsafe child care practices.

The requirement for all child care providers are on page 2, Questions 1-4.

*If the child care provider cares for more than six (6) children, unrelated to him/her, it is necessary that the provider be licensed by the State of Alaska Child Care Program. In this case, the provider must contact the State of Alaska Child Care Program at 1-888-268-4632 for licensure. You can find information, forms and applications on their website at <http://dhss.alaska.gov/dpa/Pages/ccare/default.aspx>. BBNA Workforce Development requires that care givers are in compliance with all State and Tribal licensing before authorization of payment.

CHILD CARE PROVIDER INFORMATION

Name: _____
(First) (Middle) (Last) (Business Name)

Social Security # _____ - - Date of Birth: ____ / ____ / ____ Gender: Male Female

Mailing Address: _____
(P.O. Box #) (City) (State) (Zip Code)

Home Phone: (____) _____ - Work Phone: (____) _____ - Cell Phone: (____) _____ -

Email Address: _____

Physical Location where care takes place: _____
(Street Address) (City) (State) (Zip Code)

*IF CARE IS IN PARENT'S HOME – PARENT UNDERSTANDING FOR IN-HOME CHILD CARE FORM and IN-HOME PROVIDER CAREGIVER VERIFICATION MUST BE INCLUDED)

Education: Degree Major: _____
 Associate of Arts (AA) Associate of Applied Science (AAS)
 Bachelor of Arts (BA) Bachelor of Science (BS)
 Masters
 Other: List additional Education or Training: _____

I allow BBNA Workforce Development to provide my contact information to parents/guardians seeking child care Yes No

PRINT: _____ SIGNATURE: _____ DATE: _____

CHILD CARE HEALTH / SAFETY CHECKLIST:

PROVIDER	YES	NO
Are you 18 years of age or older?		
Has everyone in the home, 16 years or older, obtained a Criminal Background Check?		
Do you fully understand that you are required by law to report suspected child abuse?		
Do you provide a smoke, drug and alcohol free environment for the children in your care? This includes the child care site and vehicle used to transport children.		
Does each floor of the facility have at least one properly installed and maintained smoke and carbon monoxide detector?		
Is there a fire extinguisher, which is readily accessible and maintained in operable condition?		
Are you current on your EC First Aid / CPR Certification? (submit copy for file) Expiration Date:		
Is there a First Aid Kit that is in a convenient location and is inaccessible to children?		
Is there a list of emergency contact numbers – including the parent/guardians?		
Is there an emergency evacuation plan?		
Are there at least two ways of exiting the child care area?		
Are poisons, toxic materials, cleaning substances, sharp or pointed objects, and guns kept in a safe place or locked up so children cannot get to them?		
Are all outlets covered or non-accessible to children?		
Are all small items checked against choking hazards?		
Is there a safe play area provided, including inside and outside areas?		
Are the floors and walls clean and maintained in a condition safe for children?		
Ventilation, temperature, and lighting are adequate for children’s safety and comfort?		
Are toys and objects (i.e. high chair / crib / etc.) safe, durable, easy to clean and non-toxic?		
Do you have home owners or rental insurance?		
Has your water quality been tested? Last Tested:		
Do you have a woodstove?		
If you answered yes to having a woodstove, do you have a plan to keep children from potential harm?		
CHILD’S HEALTH	YES	NO
Is all medicine, prescribed and/or over-the-counter; administered only with written parental instruction?		
Do you use separate towel/washcloth on each child?		
Do you diaper, change and toilet children away from the food preparation area?		
Are parents notified of any accident or injury to the child?		

How do you insure that allergies to foods / environment are noted and observed? _____

What form/s of discipline do you use? _____

How do you keep track of the mobile children? _____

Do you have pets? No Yes – **Are all pets current on rabies vaccinations?** Yes No
Have any of these pets harmed anyone either intentionally or by accident? No Yes – Explain: _____

How do you keep the children / pets safe from harm? _____

List ALL the children you will be providing care for:

Children's First and Last Name	Date of Birth	Provider Relationship

Name of Parent #1 (Client) _____
(First) (MI) (Last)

Home Phone: () - Work Phone: () - Cell Phone: () -

Name of Parent #2 (Client) _____
(First) (MI) (Last)

Home Phone: () - Work Phone: () - Cell Phone: () -

I certify that I will comply with all the requirements set forth by the Bristol Bay Native Association (BBNA) Workforce Development (WFD) Child Care Development Fund (CCDF) Program governing the registration of child care providers and that I my answers to all the questions and statements I have made on the pages of this registration are true and cored to the best of my knowledge.

As a Child Care Provider, I agree to comply with the recommendations listed above. All recommendations will be followed through within 3 weeks from the date of this form. I understand that if the above recommendations are not completed within 3 weeks that my Child Care Payments will be suspended until I have complied with the above requests.

I allow BBNA WFD to provide a copy of pages 1-3 of this Home Visit to clients whom are parents of the children I care for.

CHILD CARE PROVIDER:

PRINT: _____ SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN OF CHILD/CHILDREN:

PRINT: _____ SIGNATURE: _____ DATE: _____

BBNA WFD CHILD CARE ASSISTANCE CASE WORKER OR REPRESENTATIVE:

PRINT: _____ SIGNATURE: _____ DATE: _____



QUALIFICATIONS OF PERSONS HAVING REGULAR CONTACT WITH CHILDREN IN A CHILD CARE FACILITY

As per 4 AAC 62.210 (b) and (d) as referenced in 4 ACC 65.185 (a) (3): Approved Providers

An individual may not work, volunteer, or reside in a child care facility or in any other part of the premises housing a child care facility, if the individual has the opportunity to access to the child care facility and:

- Is the alleged perpetrator of an incident of child abuse or neglect in which the Department of Health and Social Services found the evidence available substantiates the allegation, or the information available the Department demonstrates to the department individual's inability to adequately provide care and supervision to children:
- Has a physical, health, mental health or behavioral problem to an extent that the problem poses a significant risk to the health, safety, or well-being of child in care:
- Has a domestic violence or alcohol or other substance abuse problem to an extent that the problem poses a significant risk to the health, safety or well-being of the children in care:
- Was the subject of prior adverse licensing action:
- Subject to the Barrier Crimes requirements as listed by the Barrier Crimes Matrix listed in 7 AAC 10.900-7 AAC 10.990 at the website <http://dhss.alaska.gov/ocs/Documents/BarrierCrimeMatrix.pdf>
- Was, **at any time**, under indictment, charged by information or complaint, or convicted of any of the following offenses:
 - An offense against the family and vulnerable adults
 - Perjury under AS 11.56.200
 - A serious offense

For a list of Barrier Crime offenses please request a copy from the Child Care Case Worker.

I have read and understand the above statements.

PRINT: _____ SIGNATURE: _____ DATE: _____



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NOTIFICATION TO CHILD CARE PROVIDER

The Federal Law concerning fraud states... "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than 5 years or both."

Under the Privacy Act. 5 U.S.C. 552 (a) (1) (2), BBNA Workforce Development cannot give out information you give the Case Worker except BBNA Workforce Development can share this information with other Federal, State, Tribal offices and programs who have some responsibility with the BBNA Workforce Development Center for which you are applying. The information can also be given to those agencies when you ask them for a job or for some other benefit and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information in your case record and you can ask to see it. If you believe some information is inaccurate, ask your Case Worker about how to change the information in the case record.

This must be read and signed.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____



CHILD CARE PROVIDER REFERENCE

This is a reference for _____ which I have known for _____ months / years
Child Care Provider's Name

in the capacity of _____
Friend, Coworker, Employer, etc. (Not an immediate relative)

I know this person: Very Well Casually Not Well Enough to give a reference

Please answer the following questions:

Does this provider show any serious health, alcohol or drug problems? No Yes – Explain: _____

Can you attest to the good character, maturity and sound judgment of this provider? No Yes – Explain: _____

How would you assess the provider's ability to provide good care to children? Excellent Good Fair Poor

List qualities, which you believe will enable the provider to work successfully (or unsuccessfully): _____

If you needed a Child Care Provider, how would you feel about leaving your children with this provider?

Very Enthusiastic Somewhat Enthusiastic Worried Would NOT

Comments: _____

PRINT: _____ SIGNATURE: _____ DATE: _____

Mailing Address: _____
(P.O. Box #) (City) (State) (Zip Code)

Home Phone: () - Work Phone: () - Cell Phone: () -

Email Address: _____



CHILD CARE PROVIDER REFERENCE

This is a reference for _____ which I have known for _____ months / years
Child Care Provider's Name

in the capacity of _____
Friend, Coworker, Employer, etc. (Not an immediate relative)

I know this person: [] Very Well [] Casually [] Not Well [] Enough to give a reference

Please answer the following questions:

Does this provider show any serious health, alcohol or drug problems? [] No [] Yes - Explain: _____

Can you attest to the good character, maturity and sound judgment of this provider? [] No [] Yes - Explain: _____

How would you assess the provider's ability to provide good care to children? [] Excellent [] Good [] Fair [] Poor

List qualities, which you believe will enable the provider to work successfully (or unsuccessfully): _____

If you needed a Child Care Provider, how would you feel about leaving your children with this provider?

[] Very Enthusiastic [] Somewhat Enthusiastic [] Worried [] Would NOT

Comments: _____

PRINT: _____ SIGNATURE: _____ DATE: _____

Mailing Address: _____
(P.O. Box #) (City) (State) (Zip Code)

Home Phone: () - Work Phone: () - Cell Phone: () -

Email Address: _____