



Bristol Bay Native Association
 Child Care Development Funding (CCDF)
 P.O. Box 310, Dillingham, AK 99576
 Phone: 907-842-4059 or Fax: 1-907-842-2338
 Email: CDDAdmin@bbna.com

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
- Release of Information
- Complete W-9 Form
- Copy of Social Security card and Current ID
- Copy of Business License Application
 (Relative are Exempt & get paid hourly only)

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	Relative Providers (Only)	Business Licensed Providers (Only)	
	Hourly Rate	Half a Day	Full Day
0-1 Year	\$5.00 per hour	\$20.00 per day	\$40.00 per day
13 – 48 Months	\$4.50 per hour	\$18.00 per day	\$36.00 per day
4 Years – 12 Years	\$4.00 per hour	\$16.00 per day	\$32.00 per day

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



Bristol Bay Native Association
 Child Care Development Funding (CCDF)
 P.O. Box 310, Dillingham, AK 99576
 Phone: 907-842-4059 or Fax: 1-907-842-2338
 Email: CDDAdmin@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 Child Care Development Department must complete a home visit at least once a year.

The Bristol Bay Native Association Child Care Development Department 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 child care providers are on page 4.

***If the child care provider cares for more than four (4) 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 to their website at <http://dhss.alaska.gov.dpa/Pages/ccare/default.aspx>. **BBNA Child Care Department requires that caregivers are in compliance with all State and Tribal licensing before authorization of payment.**

CHILD CARE PROVIDER INFORMATION

NAME: _____			
(First)	(Middle)	(Last)	(Also known as/maiden name)
SOCIAL SECURITY # ____/____/____		DATE OF BIRTH: ____/____/____	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			
MAILING ADDRESS: _____			
(P.O. Box#)	(City)	(State)	(Zip Code)
HOME # (____) _____		WORK # (____) _____	
CELL# (____) _____			
EMAIL ADDRESS: _____			
Physical Location where care takes place: _____			
(Street Address)	(City)	(State)	(Zip Code)

Education: Degree Major: _____

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

HOUSEHOLD MEMBERS: (Please list ALL household members):

First, MI and Last Name	Relationship to Applicant	Tribal Enrollment	Date of Birth

PROVIDERS ARE REQUIRED TO HAVE THE FOLLOWING: Business License: _____ Expiration Date: _____ Criminal Background Checks for ALL Household Members 16 and older	HAVE	NEED

What are your hours of care? (Please check ALL that apply)

- 12:00 a.m.
 1:00 a.m.
 2:00 a.m.
 3:00 a.m.
 4:00 a.m.
 5:00 a.m.
 6:00 a.m.
 7:00 a.m.
 8:00 a.m.
 9:00 a.m.
 10:00 a.m.
 11:00 a.m.
 12:00 a.m.
 1:00 p.m.
 2:00 p.m.
 3:00 p.m.
 4:00 p.m.
 5:00 p.m.
 6:00 p.m.
 7:00 p.m.
 8:00 p.m.
 9:00 p.m.
 10:00 p.m.
 11:00 p.m.

What are your days of care? (Please check ALL that apply)

- Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Holidays off? (Please list ALL that apply) _____

What age range will you provide care for? (Please check ALL that apply)

- 0-1 Year
 13 Months – 48 Months
 4 Years – 12 Years

Will you be available for drop-ins? Yes No
 Will you be available for after school care? Yes No

Where is care provided?

- Home (In Provider Home)
 In-Home (In Child’s Home)
 In Child’s Home (Relative)
 (Choose: Grandparent / Great-Grandparent / Aunt / Uncle / Sibling (out of home residence))

There may be times when you are ill or need help in an emergency; two back-up providers are recommended. BOTH providers must meet the health and safety requirements listed above. (Criminal Background checks on ALL household members 16 and older).

Primary Back-Up Provider: _____ Phone #: _____

Secondary Back-Up Provider: _____ Phone #: _____

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 childrent 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 copyfor file) Expiration Date:		
Is there a fire extinguisher, which is readily accessible and maintained in operable condition?		
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 forms 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 CCDF CHILD CARE ASSISTANCE CASE WORKER OR REPRESENTATIVE:

PRINT: _____ SIGNATURE: _____ DATE: _____



Bristol Bay Native Association
Child Care Development Funding (CCDF)
P.O. Box 310, Dillingham, AK 99576
Phone: 907-842-4059 or Fax: 1-907-842-2338
Email: CDDAdmin@bbna.com

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 AAC 10.900(b) with any entity or individual service provider that is subject to the requirements of 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 of the Child Care Eligibility Technician.

I have read and understand the above statements.

PRINT: _____ SIGNATURE: _____ DATE: _____



**Bristol Bay Native Association
Child Care Development Funding (CCDF)
P.O. Box 310, Dillingham, AK 99576
Phone: 907-842-4059 or Fax: 1-907-842-2338
CDDAdmin@bbna.com**

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 an 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 Child Care Development cannot give out information you give the child care eligibility technician or case worker except CCDF Development can share this information with other Federal, State, Tribal offices and programs who have some responsibility with the BBNA Workforce Development Department 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:** _____



Bristol Bay Native Association
Child Care Development Funding (CCDF)
P.O. Box 310, Dillingham, AK 99576
Phone: 907-842-4059 or Fax: 1-907-842-2338
Email: CDDAdmin@bbna.com

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, Co-Worker, 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: _____



**Bristol Bay Native Association
Child Care Development Funding (CCDF)
P.O. Box 310, Dillingham, AK 99576
Phone: 907-842-4059 or Fax: 1-907-842-2338
Email: CDDAdmin@bbna.com**

**AUTHORIZATION FOR RELEASE OF INFORMATION
A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

I authorize and release any and all information needed by Bristol Bay Native Association (BBNA) Child Care Development Center (CCD) or its agents within the Department of Law. I understand the requested information will only be used in the administration of BBNA and BBNA Child Care Development services, and will not be released to any other person or agency outside BBNA or its agents within the Department of Law.

Persons or organizations that may be contacted include, but are not limited to: Department of Law; Department of Public Safety; Department of Fish and Game; Department of Labor; Department of Military and Veterans Affairs; Department of Revenue; Bureau of Citizenship and Immigration Services; Alaska Housing Finance Corporation; Social Security Administration; Tribal Children's Service Worker (CTSW); Office of Child Services (OCS); Commercial Fishing Companies; Funeral Homes; Local Governments; City Councils; Village Councils; State, Federal, and Private Educational agencies; Public Assistance program contractors and grantees; tax assessors; financial institutions; Native Corporations; stock brokerage firms; landlords; employers; school authorities; and private individuals.

Information requested can be sent to: **Bristol Bay Native Association
Child Care Development
P.O. Box 310
Dillingham, AK 99576
Fax: 907-842-2338 or 1-800-285-2262**

This release will remain in effect while I am an applicant or recipient of BBNA CCD program services, and for any later investigations of my eligibility and receipt of benefits.

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