

Child Care Assistance Program Provider Application

Thank you for your interest in becoming a provider with the Maniilaq Child Care Assistance Program. To qualify, you must be 18 years or older and complete a background check and home visit. The program cannot pay for services until both the parent and provider are approved.

NOTE: Applicants MUST submit an application and attach ALL required documentation to be considered a complete application. If the application is incomplete or does not include all required documentation, it will not be processed!

Application Instructions:

1. Applicant must complete all pages of this application.
2. Fill in all blanks of the application. If a question does not apply to you, please write "NA".
3. Make sure you have signed and dated your application when it is submitted.

Required Documents:

- Valid Identification (current Driver's License or other State or Federal photo identification for applicant);
- W-9 form;
- Proof of residency within the Maniilaq service area (voter registration, utility statement, paystub, etc.);
- Current Negative TB test results or TB clearance screening;
- State of Alaska Department of Public Safety Request for Criminal Justice Information form (non-relative providers);
- Criminal Background Results from the State of Alaska, and National and State Offender Registries; if provider has lived outside of Alaska in the last 5 years, Maniilaq will complete an out-of-state criminal check, sex offender registry, and child abuse neglect check from the previous state;
- Complete Home Visit Form, an Inspection of the home where care will be provided MUST be completed prior to approval.

All Providers must complete the Health & Safety Standards Training assigned within 3 months of approval. Incentives offered for completing training requirements- depending on funding availability. Failure to complete training will result in termination of eligibility.

Background check results must be received prior to approval for the provider and all household members in the home where care is provided, who are 16 years of age or older.

<http://dhss.alaska.gov/dhcs/Documents/Residential-Licensing/Background/bgcheck/assets/BarrierCrimeMatrix.pdf>

All providers are encouraged to apply with the State of Alaska Child Care Licensing Program.

Check the category that best describes the type of provider you are applying:

- **Licensed Child Care Centers and Family Child Care Homes** – These facilities must be licensed through the State of Alaska. Maniilaq will require documentation of current licensing and training certifications to verify eligibility and to ensure they are compliant with the programs federal regulations.
- **License Exempt and In-Home Child Care Provider** - Must be 18 years of age, may provide care for no more than four (4) children under age 13 of which no more than two (2) may be under 30 months of age. Complete a minimum of five (5) hours of pre-service training within the first three (3) months. Training must provide coverage in all the health & safety standards; and must complete a minimum of five (5) training hours annually which must be on at least one (1) subject from the health and safety standards
- **Relative Provider** - Must be 18 years of age, and may be exempt from immunization requirements. May provide care for no more than six (6) children under the age of 13, of which no more than two (2) may be under the age of 30 months of age, and no more than four (4) may be under the age of 48 months of age. Relative providers are encouraged to complete health & safety standards training to provide a safe and healthy environment to the children in care.

Maniilaq Association Workforce Development reserves the right to deny applications and/or payment to any person(s) or agency who is determined by the Tribe and/or Program to be a potential danger to children

UNIFORM GRIEVANCE & APPEALS PROCEDURE

Maniilaq Workforce Development has established a fair and consistent appeal and grievance procedure that applies to all participants and tribal staff in our Workforce Development programs. This process ensures that everyone is treated fairly and establishes a series of steps beginning with informal resolution at the staff level. The final appeal at the tribal level is presented to the Maniilaq Association Tribal Government Administrator.

Any appeals or grievances must be submitted in writing within twenty (20) business days of the incident being appealed. Participants will receive a response to their written complaint within ten (10) business days of submission. Any participant in our programs who believes that a violation of the Regulations has occurred may seek an appeal/grievance. The following procedure should be used to settle such appeals and/or grievances:

- Step 1.** The participant should first report the incident in writing to their assigned caseworker within 20 days of the incident.
- Step 2.** If the matter is not resolved, the participant should immediately put their complaint in writing and submit it for review to either the TANF Manager or the WFD Deputy Director at P.O. box 256 Kotzebue, AK 99752.
- Step 3.** If the matter is still not resolved, the participant should request in writing that the complaint be reviewed by the Workforce Development Director.
- Step 4.** If the matter remains unresolved, the participant should request in writing a review by the Tribal Government Services Administrator.

ALCOHOL/DRUG-FREE WORKPLACE/NO FIREARMS ALLOWED

Maniilaq Association maintains a safe and secure workplace that is free from drugs and alcohol. It strictly prohibits illegal substances, drug paraphernalia, or firearms on its premises. This policy applies to all employees and guests of the organization. Anyone found violating this policy or breaking the law will face appropriate actions, including but not limited to removal from the building or grounds, termination or suspension of services, and legal proceedings.

CONFIDENTIALITY

Any information that I provide or is obtained on my behalf will be deemed confidential. I understand that all WFD staff are obligated to maintain the confidentiality of participants, unless otherwise specified in the release of information to which I agree.

RELEASE OF INFORMATION

I certify that the information provided in this application is correct and true to the best of my knowledge and is subject to verification. Falsification of any facts is grounds for immediate termination and may result in prosecution under the law.

I hereby authorize Maniilaq Workforce Development staff to obtain or release information included in this application and my participant file in relation to my eligibility for services, assistance sought on my behalf from other social services programs, for verification of information provided, and for reporting purposes.

Print Name _____ SS# _____ DOB: _____

Carefully read the application instructions on page 1 BEFORE completing this application.

Applicant Information - Please print clearly

| | | | |
|---|--|--------------------------------|--------------------|
| Last Name | First Name | M.I. | Maiden/Other Names |
| <input type="checkbox"/> I am a New Applicant | <input type="checkbox"/> I was a child care provider in the past | Date last provided child care: | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Social Security No. | |

Education Status

High School Year Graduated _____ College/University Type of Degree _____
 GED Year received _____ Major _____ Year received _____
 Vocational Training Year Graduated _____ Currently enrolled/attending school

List all certificates, license or college credits you have earned related to Childcare:

Contact Information

Mailing Address, City, State Zip code

Physical Address, City, State Zip code

| | | |
|-----------------------|------------|---------------|
| Home or Message Phone | Cell Phone | Email Address |
|-----------------------|------------|---------------|

| List ALL household members over 16 residing in home where care is provided | Date of Birth | Relationship to provider |
|--|---------------|--------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

Child Care Schedule

| | |
|--|--|
| What hours will you provide care? | What days will you provide care? |
| Where will care be provided? <input type="checkbox"/> Center <input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home | What ages will you provide care for? <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School Aged |
| Do you take drop-ins? <input type="checkbox"/> Yes <input type="checkbox"/> No | Can the child care program give your contact information to a parent in need of child care? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Children in care - List ALL children you plan to provide child care services

| Children's Full Name | Relationship | Children's Full Name | Relationship |
|----------------------|--------------|----------------------|--------------|
| | | | |
| | | | |
| | | | |

Child Care Health/Safety Checklist

Applicant: Review the following checklist of safety requirements with your child care provider. Parents are required to monitor child care providers and facilities for compliance with Childcare Assistance Safety Standards.

Parent: Read and Initial each item as it is reviewed with your provider. Providers are required to meet these standards.

| PROVIDER | PARENT | TO BE COMPLETED BY PROVIDER AND CHILD'S PARENT OR GUARDIAN |
|----------|--------|---|
| | | I understand that providers are required by law to report suspected child abuse. |
| | | The provider does not leave child alone. |
| | | Children are never left alone with a known or convicted sex offender, or a person who has been convicted of a crime of violence or with an animal known to be dangerous. |
| | | Provider will provide a smoke, drug and alcohol free environment for the children. |
| | | The provider has a working smoke alarm, carbon monoxide monitor & fire extinguisher. |
| | | Home has a first aid kit that is in a convenient location and is accessible to the children. |
| | | Provider ensures ventilation, temperature, and lighting are adequate for children's safety and comfort. |
| | | Place where children receive care is well maintained, free of hazards and safe, both inside and out. |
| | | Guns are locked in a safe place, unloaded and out of reach of children. Ammunitions are stored separately. |
| | | Medicines, cleaners, & dangerous materials are kept out of the reach of children. |
| | | The place where the child receives care has 2 separate exits (one may be a window large enough for an adult to exit). |
| | | The provider has a plan to evacuate children in the event of a fire. Please provide a copy of your fire escape plan. |
| | | The home where care is provided has safe drinking water, proper sewage & garbage disposal. |
| | | Outlets are covered or non-accessible to infants and toddlers, toys and small items are safe, durable, non-toxic and checked for choking hazards. |
| | | Provider will offer daily activities to promote children physical, social, intellectual & emotional development that includes time for sleep, toileting, playtime, and exercise according to each child's individual needs. |
| | | Provider will contact the parent/guardian immediately about any injury to the child(ren) requiring medical treatment and any serious illness. The provider keeps emergency contact information available. Medication is only given if the provider has written permission from the parent/guardian. |
| | | Provider is aware of any food or known allergies to the child(ren). |
| | | If applicable, provider will potty-train and/or change diapers away from food preparation area. |
| | | The provider washes hands before & after handling food, changing diapers, and using the bathroom. |
| | | Children are not physically punished or verbally abused. |
| | | The provider allows parent's access to their children at all times. |

I certify that I will comply with all the requirements set forth by the Manillaq Association WFD Child Care Assistance Program. The answers to the health and safety checklist are true and correct to the best of my knowledge.

Child Care Provider Signature

Child Care Provider Printed Name

Date

Parent or Guardian Signature

Parent or Guardian Printed Name

Date

Child Care Provider Agreement & Requirements

As a child care provider for a parent who is applying for the Child Care Assistance Program, you must meet these requirements & provide the documentation requested. Please be advised that child care providers are subject to home visits by the Child Care Program Staff.

- _____ I have not been refused a child care license or had a child care license revoked within the past 10 years. I have not had a substantiated incident of child abuse or neglect.
- _____ I will be submitted to the 477 Child Care Criminal Background Check. The background check must be free of crimes involving sexual assault or sexual abuse of a minor, neglect, incest, unlawful exploitation of a minor or indecent exposure. This report must show that you have not been convicted of a felony within the past 10 years. Please coordinate with the Child Care Compliance Officer to arrange the criminal background check.
- _____ I will not care for more than the maximum number of children specified on my Child Care Approval.
- _____ I have no health problems or contagious diseases that might be a risk to children.
- _____ I understand that I am not an employee of Maniilaq Association; I am running my own business. Approved child care providers are independent contractors; you are responsible for reporting all income received through this program to the Internal Revenue Service (IRS) for tax purposes. At the end of the calendar year, the finance department will issue a 1099-MISC form to all providers earning over \$600 during that year.
- _____ I understand that the Child Care Program Staff will visit my home or the home where care is provided.
- _____ I understand this Child Care eligibility is non-transferable and is valid only on the premises that is indicated on the approval letter.
- _____ I understand my information may be verified through collateral contact and/or available databases to ensure my participation eligibility.
- _____ I understand that I am responsible for compliance with all program rules and requirements, penalties, and repayment of any overpayments. I further understand I will not receive any payment for child care services I provide prior to the effective date of an approval determination regarding my eligibility, and/or the effective date of approval for program participation.
- _____ **FRAUD PENALTY WARNINGS:** You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect, or incomplete information to apply for the Child Care Assistance Program, or for helping someone obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or are convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program.

CERTIFICATION AND STATEMENT OF TRUTH: Under penalty of perjury or unsworn falsification, I certify that I am the only individual providing child care at the physical address listed; the statements made on this application regarding myself and individuals living in the location where child care is provided are true and correct. I further certify I will not participate in paid or unpaid employment, self-employment, unpaid/ volunteer activity, educational or any other type of activity during the hours of my child care operating hours.

Pay Standards

- The Child Care Program will pay up to the full-time day rate of child care per day, payments are processed bi-weekly for license-exempt and monthly for licensed providers.
 - The Child Care Program has 30 days to process applications and payments.
- Once a provider is no longer providing services, they will receive their last child care payment within 30 days after the final time sheet is received by the WFD office.
 - Child Care Provider Timesheets must be signed by both parent(s) and provider, in order to be processed.

Child Care Provider Certification - I certify that I will meet the child care provider's requirements. I also understand and agree with the pay standards.

Child Care Provider's Printed Name _____

Child Care Provider's Signature _____ **Date** _____

477 Program Participant Rights & Responsibilities

- Be treated with respect without regard to creed, national origin, religion, sex, sexual preference, or age.
- Have all personal information treated confidentially.
- Review his or her file with the appropriate staff present.
- Be fully informed regarding all fees associated with the service the client receives.
- Be given clear information regarding participation in all program activities, e.g.: attendance, and requirements.

The applicant has the responsibility to:

- Be accurate and complete when providing information.
- Carry out program rules & requirements related to the services he or she is applying for.
- Actively participate in the creation of a personal employability development plan.
- Inform staff of any changes in name, address, or other personal information.
- Ask for clarification regarding any instructions, guidelines, or service requirements that the applicant does not fully understand.

Denial or Discontinuation of Services

Each applicant or recipient of direct assistance will be given a written, detailed explanation regarding the ultimate denial or discontinuation of services. This explanation will include action needed or issues to be resolved for successful reapplication or reinstatement, if applicable.

FRAUD POLICY

APPLICANTS OR RECIPIENTS WHO KNOWINGLY OR WILLFULLY PROVIDE FALSE OR FRAUDULENT INFORMATION ARE SUBJECT TO PROSECUTION UNDER 18 U.S. 1001, WHICH CARRIES A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH.

I/WE HAVE READ THE CLIENT RIGHTS & RESPONSIBILITIES AND FRAUD POLICY AND STATE THAT I/WE UNDERSTAND MY RIGHTS & RESPONSIBILITIES AND THE FRAUD POLICY.

APPLICANT SIGNATURE

DATE

| The following documents are required | Date Completed | | |
|---|-----------------------|---|---|
| Background Check for self and on all household members 16 and older | | Y | N |
| TB Results: Expiration Date: | | Y | N |
| Copy of Social Security Card | | Y | N |
| Copy of valid Identification | | Y | N |
| W-9 | | Y | N |
| Home monitoring/Home visit form completed | | Y | N |

Whom do I contact if I have questions, need more information, and/or need assistance in completing my application?

For all services, please contact: etprogram@manilaq.org, Phone: (907)442-7021, Fax: (866)832-9350

Child Care Provider Reference Questionnaire

This is a reference for _____, who I have known for _____ months/years
Child Care Provider's Name (circle one)

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 problem? No Yes – Explain:

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

How would you rate the applicant's capabilities to care for children?

EXCELLENT **GOOD** **FAIR** **POOR**

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

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

VERY ENTHUSIASTIC **SOMEWHAT ENTHUSIASTIC** **WORRIED** **WOULD NOT**

Additional Comments:

Print Name: _____ **Signature:** _____ **Date:** _____

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

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

Email Address: _____

Return completed form to Maniilaq Workforce Development - PO Box 256 Kotzebue, AK 99752