

Association of Village Council Presidents  
Education, Employment, Training and Child Care Division  
Pouch 219 \* Bethel, AK 99559  
800-478-3521 ext. 7456, 7457, 7458, 7459

### **Child Care Provider Application Process**

Each person or agency who provides child care for a parent or guardian receiving child care assistance from the Association of Village Council Presidents' Child Care Development Fund must complete this form and be approved before child care payment can be authorized. Provider's must be 18 years & up.

Please submit the following documents based on where the childcare service area is:

- If the child care provider plans to care for more than four children unrelated to him or her, it is necessary that the provider be licensed by the State of Alaska, or if the providers plans to care for more than six (6) in his or her must be licensed by the State of Alaska before AVCP authorized payment for child care. Alaska Business License Application is enclosed.
- If you are providing child care at your home, criminal background checks are REQUIRED for everyone in the home 16 years old and over. If you are providing at child's home we will need only the provider's criminal background check. Criminal Background Check form is enclosed.
- A current TB test is required, if providing at child's home only the provider will need to be tested, if providing at your home, we will need all residing adults result. TB form is enclosed.
- Child Care Center:
  1. Alaska Business License
  2. Community Care License
  3. Rate Sheet

*\*\*Note\*\* The Association of Village Council Presidents reserves the right to deny registration & 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 chare care practices.*

**The Alaska Business License** must be mailed to the address on the top left hand corner along with a money order or check in the amount of \$200.00 (two hundred dollars). The copy of the Money Order Receipt or Personal Check must be mailed in with your application.

#### **Criminal History Request-**

1. Make payable of \$20.00 (no cash) to Alaska State Trooper.
2. Please complete the State of Alaska request for Criminal Back ground mail it to Criminal Records and Identification Bureau, 5700 E. Tudor Road, Anchorage Ak 99507 along with the \$20.00 check or money order.
3. Your application will be on hold until we receive the Criminal History Background Check(s)

Association of Village Council Presidents  
Education, Employment, Training & Child Care Division

**CHILD CARE ASSISTANCE PROGRAM**  
Tribal Registration – Legally Exempt Care

Business Name:	License Number:
Child Care Provider's Name:	Phone Number:
Mailing Address:	Message Number:
Village & Zip Code:	SSN:

Please list the household members of the Child Care Provider's Home:

Household Members	Relationship to you	Date of Birth	Age
1.	Self		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*(If providing at Provider's Home need all residing adults TB & Criminal Background checks)*

Child Care Services will be provided at:     Child's Home     Provider's Home     Other: \_\_\_\_\_

Name of the Parent that you are providing child care services for: \_\_\_\_\_

Is the Child Care Provider related to the Parent?     Yes     No    What is the relationship? \_\_\_\_\_

Please provide your child care rates below:

Category	Full Month	Part-time	Full Day	Part Day	Hourly
Infant 0-18 months					
Toddler 19-30 months					
Child 31- + months					
Special Needs					

**CHILD CARE ASSISTANCE PROGRAM**  
**CHILD CARE PROVIDER RESPONSIBILITIES**

As a Child Care Provider participating in the program, I agree to comply with the following requirements:

1. I will provide child care services to a parent participating in the Child Care Assistance Program only if the parent provides me with a copy of their Letter of Authorization. I certify that space is available to meet the parent’s work, training, education, or subsistence schedule.
2. I understand as a Child Care Provider, I will be reimbursed for the days and times that the parent is determined eligible. Child care services provided outside the days and times of the Letter of Authorization are to be paid by the parent.
3. I agree to charge a parent participating in the program the same rate that I charge to non-subsidized parents for the same service.
4. I will notify the Child Care Specialist or Coordinator of any balance owed by the parent that has not been paid in full, unless a payment plan has been mutually agreed upon.
5. I will give the parent and the Child Care Specialist or Coordinator at least 14 days notice of my intent to end child care services, or upon mutual agreement between myself and the parent.
6. I qualify as a legally exempt and meet all the required minimum health and safety standards.
7. I understand that once approved, a quarterly inspection will be conducted to ensure that the minimum health and safety standards are being maintained.
8. I understand that is my responsibility to purchase and maintain an Alaska Business License.
9. I understand that a Child Care Certificate becomes null and void if licenses expire or are revoked. I will not receive reimbursement for child care services provided before the effective date of my registration or after the effective date of expiration or revocation.
10. I agree not to discriminate against any program participation on the basis of race, color, creed, age, or sex. I will comply with all applicable federal, state, and local laws and regulations.
11. I certify that parents will have unlimited access to the home or facility whenever their children are in care. I will never leave the children in my care unattended or with another person.
12. I understand that in order to get approved for Child Care Assistance both my and the Parent’s Application must be complete.

**CHILD CARE ASSISTANCE PROGRAM PENALTY WARNING**

**I certify that I have read and understand my responsibilities under the Child Care Assistance Program. I understand that it is fraud to misrepresent facts in order to receive reimbursement for child care services provided. I understand that fraud will result in removal from the program and that I will have to repay funds wrongfully obtained.**

Child Care Provider’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD CARE ASSISTANCE PROGRAM

**DECLARATION OF LEGAL EXEMPTION FROM CHILD CARE LICENSING**

The child care provider is exempt from child care licensing or pre-elementary school certification because of the following conditions that apply:

## EXEMPT CARE:

- Child care services are provided in the child's home.
- Child care services is provided only to children related by blood or marriage as per 7 ACC 50.275.21 "related" means any of the following relationships by blood, marriage, or adoption. Parent, grandparent, brother, sister, step-parent, step-brother, step-sister, uncle, aunt, cousin, step-grandparent, niece, nephew, or first cousin.
- A residence in which child care services is provided to four or fewer children unrelated to the child care provider except when that are a total of seven or more children under the age of 12 (related or unrelated) then, state fire codes apply.
- A center operated by a municipality or a school district.
- A program whose purpose is primarily educational and is either (1) certified by the State of Alaska, Department of Education or (2) serves children aged 3 years or older and receives no direct or federal money.
- A place in which child care services is regularly provided, and where each child's parent is on the premises in reasonable proximity of access to the child. Example: small business with employer provided on premise child care.

I certify that according to AVCP's standards, I am legally exempt from licensing as a child care provider, and that I am at least 18 years of age.

Child Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD CARE ASSISTANCE PROGRAM

**MINIMUM HEALTH AND SAFETY STANDARDS**

1. Space and equipment arrangements are adequate for the child(ren)'s safety and comfort.
2. Ventilation, temperature, and lighting are adequate for the child(ren)'s safety and comfort.
3. A safe play area is provided in both inside and outside areas.
4. Floors and walls are clean and maintained in a safe condition for the child(ren).
5. At least one smoke detector is installed at an appropriate location in the home or facility.
6. The home or facility has at least one fire extinguisher in the kitchen, which is maintained in an operable condition at all times.
7. Combustible and flammable materials are not stored in the water heater rooms, furnace rooms, or laundry rooms but stored in a safe place.
8. In case of a fire, the Child Care Provider's first responsibility is to evacuate the child(ren) to safety. The Child Care Provider must develop a emergency evacuation plan, and post it at the child(ren)'s eye level.
9. Toys and objects (including high chairs) are safe, durable, easy to clean, and non-toxic.
10. The home has a first aide kit which is inaccessible to the child(ren) and stored in a convenient location.
11. Diaper changing is not done in the food preparation area.
12. Use of a common towel or wash cloth will not be allowed.
13. Firearms are unloaded and kept locked up, ammunition are stored in a separate location.
14. The Child Care Provider will never leave the child alone or with someone else.
15. Physical, verbal, or emotional punishment will not be used as a form of discipline.
16. Use of alcohol, drugs, or tobacco will not be allowed during child care service hours.
17. Medicines, cleaning substances, and dangerous materials will be kept in locked cabinets.
18. The Child Care Provider must contact the parent for injury to the child(ren) requiring medical treatment or for serious illness. An emergency child record will be given to the Child Care Provider.
19. Medicine will be given only with the parent's written instructions.
20. The Child Care Provider will wash hands before and after handling food, and after changing diapers and using the bathroom.
21. The child(ren) will never be around a person or animal known to be dangerous.
22. The Child Care Provider will store, refrigerate, and prepare food properly.

I certify that I will comply with all the requirements in the Minimum Health and Safety Standards set by AVCP's Child Care Assistance Program. I understand and agree that the above standards must be met and maintained.

Child Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have explained the Minimum Health and Safety Standards to the potential Child Care Provider. He / She understands that these standards must be met and maintained. I informed the potential Child Care Provider an inspection will be conducted on a quarterly basis to ensure that these standards are maintained.

Child Care Specialist's or Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD CARE ASSISTANCE PROGRAM

PROGRAM OF CARE

Variety of toys and equipment, check the items that you have.

Dolls	Records / Tapes	Musical Instruments
Blocks	Sandbox	Small Animals or People
Books	Stacking Toys	Paints
Peg Boards	Playhouse Equipment	Cars or Trucks
Crayons/Color Pencils	Construction Toys (leggos)	Art Paper / Scissors

Projects and activities that I can provide for the child(ren) in my care:

Reading	Music	Cooking
Story Telling	Singing	Walks
Art Activities	Dancing	Outdoor Playtime
Building / Construction	Homework (after school)	Board Games
Household chores	Dress up	Role Playing

**MEALS / SNACKS**

If you provide child care services for more than 5 hours in a day, you must provide meals and snacks. Either 2 meals or 1 snack or 1 meal and 2 snacks.

**CHILD ABUSE AND NEGLECT POLICY**

If you have a reasonable cause to suspect child abuse or neglect, you must make a report to the Division of Family and Youth Services. The report must be forwarded to the nearest Child Care Specialist or to the Child Care Coordinator. The responsibility of substantiating the report will fall solely on the Division of Family and Youth Services.

**TRANSPORTATION**

You are advised not to transport any child in care to and from appointments, school, etc. The Child Care Assistance Program shall not be held liable for any accidents or problems that may occur, if the parent allows you to transport the child(ren). Transportation to and from school will be the responsibility of the parent.

**RELEASE OF CHILDREN**

The child(ren) should not be picked up by unauthorized family or friends. If there is suspicion of alcohol or illegal drug use by the parents or others authorized to pick up the child(ren), you are advised not to release the child(ren) to their custody. You are advised to make other arrangements before the child is to be released.

**PARENTAL ACCESS**

Parents must have unlimited access to their child(ren) during the hours that their child(ren) are in care.

**WAIVER OF LIABILITY**

AVCP's Child Care Assistance Program will not be held liable for any accidents, injuries, or damages that may occur to the Parents, Child Care Providers, and Child(ren) participating in this program.

I certify that all the information is true, and I agree to follow and maintain the terms and standards outlined in this Tribal Registration – Legally Exempt Application.

Child Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD CARE ASSISTANCE PROGRAM

**PHYSICAL / TUBERCULOSIS CLEARANCE FORM**

Name:	Date of Birth:
Village:	<input type="checkbox"/> Child Care Provider <input type="checkbox"/> Family Member

Examiner's Statement:

I examined the above named person on this \_\_\_\_ day of \_\_\_\_\_, 2007. This examination included a review of his or her past medical history and a physical exam. A copy of the medical history and examination findings will be maintained in the patient's medical records. You or your authorized representative upon a written authorization or request by the patient may review them.

Check the applicable statement:

- The applicant was found to be free of communicable diseases and to be fit for the proposed duties.
- The applicant was found to be unfit for the following reasons: \_\_\_\_\_

**TUBERCULOSIS TEST RESULT**

TYPE OF TEST	RESULT	DATE
<input type="checkbox"/> PPD	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
<input type="checkbox"/> Tine	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
<input type="checkbox"/> X-ray	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	

**FOR PERSONS UNABLE TO TAKE A TB TEST**

TUBERCULOSIS HISTORY	TREATMENT	COMPLETION DATE
<input type="checkbox"/> Positive Skin Test Converter		
<input type="checkbox"/> TB		

Was a Screening Form for persons with a positive TB skin test completed?  Yes  No Date: \_\_\_\_\_

The following tests were performed and the results are available from the applicant's medical records:

Serologic Test:  Yes  No  
 Urinalysis:  Yes  No

Physician / Health Aide Signature: \_\_\_\_\_

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

**STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY  
REQUEST FOR CRIMINAL JUSTICE INFORMATION  
From the Alaska Criminal History Record Repository  
Original forms must be submitted to:  
Criminal Records and Identification Bureau  
5700 E. Tudor Road, Anchorage, Ak 99507  
Telephone: (907) 269-5767 Fax: (907) 269-5091  
Include fee: \$20.00 single copy, \$5 each additional copy  
Check or money order must be made payable to 'State of Alaska'**

Type of information being requested (**from the record subject**): (Choose ONE)

1. Criminal Justice Information available **only to the SUBJECT**
- This report includes all criminal charges and dispositions, including any sealed record.
  - If the record subject has a sealed record this box **MUST** be checked
2. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**
- This report includes current/open criminal charges and charge that resulted in conviction, excluding sealed records.
3. Criminal Justice Information available to an **INTERESTED PERSON**
- This report includes all criminal charges and dispositions, excluding sealed records

A check or money order payable to the State of Alaska in the amount of \$20.00 must accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.

Subject Name: \_\_\_\_\_

Maiden/Allas name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Alaska Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Soc. Sec. No. \_\_\_\_\_

Telephone: \_\_\_\_\_ Msg: \_\_\_\_\_

**MAILING ADDRESS TO SEND REPORT:**

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

Title: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If you would like the record faxed to you, provide a Fax Number: \_\_\_\_\_

**Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)**

**I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct**

\_\_\_\_\_  
**Record Subject's Signature**

\_\_\_\_\_  
**Date**