

FORT BELKNAP INDIAN COMMUNITY
 CHILD CARE PROGRAM
 CHILD CARE PROVIDER
 APPLICATION CHECKLIST

PLEASE ATTACH:

- New Application Form *(must be completed in full, signed, dated, and notarized.)*
- W-9 Tax ID Form (Please submit 2 copies)
- Release of Information *(must be completed in full, signed, dated, and notarized.)*
 Yourself Your Spouse Any Additional Workers (included in application)
 Any One Else Living in The House Age 18 or over.
- Health Statement
 Yourself Your Spouse Any Additional Workers (included in application)
- Immunization Records (MMR-Measles, Mumps, Rubella, TD-Tetanus Diphtheria)
 Yourself Your Spouse Any Additional Workers
- T.B. - Tuberculosis Skin Test *(For Anyone Providing Direct Care to Children)*

- First Aid Certification *(For Anyone Providing Direct Care to Children)*
- Infant, Child, and Adult CPR *(For Anyone Providing Direct Care to Children)*
- Background Checks
- Copy of Valid Montana Driver's License

PLEASE NOTE: Failure to complete any portion of this registration form may result in denial of certification.

| Official Use Only | Name |
|--------------------------------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason For Action: _____ _____ _____ | |
| _____ Child Care Manager | _____ Date |

**FORT BELKNAP INDIAN COMMUNITY
FORT BELKNAP CHILD CARE PROGRAM**

(Rev. Mar, 2016)

**APPLICATION FOR REGISTRATION CERTIFICATE
INFANT, FAMILY, OR GROUP DAY CARE HOME**

Provider Name _____ Phone # _____

Facility Name _____ E-Mail _____

Facility Address _____

Street City State Zip

Mailing Address _____

Street/P.O. Box City State Zip

Directions to day care location (from the nearest major street or highway)

Type of registration applying for: *Family* (family homes allow a maximum of 6 children)
(Please check one box) *Group* (group homes allow a maximum of 12 children)

Please specify if you wish to take less than the maximum allowable number of children as specified above. _____

Number of own children, under the age of 6 that will be cared for at the facility: _____

Please mark the youngest and oldest age of Children you wish to provide care to:

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | | | | | | |

Hours of operation (days and hours): _____

ORIENTATION:

- I have taken New Provider Orientation _____
(mm/dd/yy)
- I am scheduled to take New Provider Orientation _____
(mm/dd/yy)

START DATE: I would like my registration to be effective _____
(Please see effective date policy) (mm/dd/yy)

REGISTRATION EFFECTIVE DATE POLICY

- We will not give you a registration start date prior to the date we receive your application
- Your registration date will not be approved until FULL completion of checklist and forms

1. EDUCATION AND EXPERIENCE

a.

| | |
|-------------------------------------------------------------------------------------------------------------------|----------------|
| Elementary to High School (Circle years completed) Did you graduate or receive GED? 1 2 3 4 5 6 7 8 9 10 11 12 | () Yes () No |
| College 1 2 3 4 more than 5 | Degree(s) |

b.

Describe any experience or training you have had in the care and supervision of children. Give dates, locations and names of any organization or agencies, which you worked for: _____

2. PRIOR REGISTRATION/LICENSES

a. Have you been registered or licensed to care for children in Fort Belknap, Montana, or in any other reservation or state? () Yes () No

If yes, when were you registered or licensed? _____

Please list the location: _____
Facility Name Address (City, State, Zip) Reservation or County

b. What kind of registration or license did you have? (Day care, foster care, etc.)

c. Have you ever been denied a license or registration to care for children? () Yes () No

If yes, when, where, and why was the application denied or the registration or license restricted, suspended or revoked? _____

3. CHILD ABUSE and NEGLECT

Have you ever had a child removed from your home? () Yes () No

Have you or any persons living in your home ever been investigated for possible abuse and/or neglect of any children by any Tribal or State child and/or law agency?

() Yes () No

If yes, please indicate child's name: _____

What is your relationship to the above child? _____

Where and when did this happen? (date) _____

4. CRIMINAL CHARGES/CONVICTIONS

Applicants and providers must meet certain requirements such as being free of criminal charges and convictions within the service period. As the agency responsible for child care registration/licensing, the Fort Belknap Childcare Program must ensure the safety of children in a child care setting. In complying with this, each provider, care giver, and adult persons residing in the home must complete a "Release of Information Form," to be notarized and submitted with this application, along with the applicant completing the following questions. These questions apply to all persons residing in the home.

- a) Have you or any person residing in the home lived in another state within the last five years? Yes No

If Yes, Please list the states you have lived in, in the last five years, and the dates:

- b) Have you or any person living in your home been convicted of, pleaded guilty to, or currently charged with a crime classified as an offense against any person or family?
 Yes No

If yes, give details, including name of person, date, place and nature of the conviction and disposition:

- c) Have you or any person living in the home ever been named as a perpetrator in a substantiated report of child or adult abuse or neglect (or exploitation of an adult)?
 Yes No

If yes, please explain

- d) Have you or any person living in the home been convicted of a crime involving, child or elder abuse or neglect, including sexual abuse, physical assault, or other act of violence?
 Yes No

If Yes, Please explain:

5. HEALTH

Applicants and providers must meet certain personal health requirements. As the agency responsible for child care registration/licensing, the Fort Belknap Childcare Program must ensure that the health of all providers and family members is adequate to meet the demands of the care being provided. In complying with this each provider, care giver, and adult persons residing in the home must complete a "Statement of Health Form," to be submitted with this application.

- a. Please indicate state of health: poor fair average excellent (circle one)

6. ACKNOWLEDGEMENT

RELEASE STATEMENT

In Accordance with the Fort Belknap Childcare Program, I hereby request the issuance of an infant, Family, or Group Day Care Home Certificate of Registration on the basis of my affirmation of the following statements:

- a) I have received and have read a copy of the Regulations for Family/Group Day Care Homes and Infant Care.
- b) I certify, to the best of my knowledge and belief that, I will be in compliance with the regulations for Family/Group Day Care Homes and Infant Care, while children are in my care.
- c) I understand that I cannot care for more children at any one time than are indicated by the Registration Certificate. This number includes my own children under the age of 6 years.
- d) I will **immediately** report any convictions or pending charges; for sex offenses, offenses involving children, or drug convictions within my service period.
- e) I understand that any complaints about my registered day care home may be investigated by a representative of the Department, without prior notification.
- f) I understand that my registered day care home may be visited, and I will allow worker entry.
- g) If I move to another address or stop providing care to children I must notify the Fort Belknap Childcare Licensing Program.
- h) I understand that the name and address of my registered day care home will appear on a list which is maintained by the Fort Belknap Childcare Program Services.
- i) I will provide the department with the names, addresses, phone numbers, and parents' names, of each child in my care whenever requested to do so by the department.
- j) Per Inter-Agency agreement, I authorize fort Belknap Childcare Program the release and exchange of information to the State of Montana DPHHS or its agents of general participation information, including, but not limited to, progress reports, enrollment, attendance, and eligibility.
- k) I understand that I must allow **unlimited access** of children to parents.

To the best of my knowledge and belief, all information I have given to the Department of Public Health and Human Services and/or its authorized agents this form is true and correct. I will supply true and correct information requested during all subsequent contacts.

(Signature)

(Date)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me, this _____ day of _____, A.D. _____

(Notary of the Public for the State of Montana)

Residing at _____

My Commission Expires _____

DAY CARE LOCATION:

Is the day care located in your residence? [] Yes [] No

If Yes, please complete both the *Household Member* table and the *Caregivers* table

If No, you only need to complete the *Caregivers* table.

*If you are renting, please make sure it is ok with your landlord to provide day care on the rental property.

HOUSEHOLD MEMBERS

*In the space provided below, please include the name and birth date of all persons presently living in the home, where day care will be provided. (Please include yourself, if you reside there)

| Name | Date Of Birth | Relationship |
|------|---------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

CAREGIVERS

Please list the names, addresses, and phone number of all persons responsible for the direct care and supervision of children in your facility.

| Name | Mailing Address (Street or P.O. Box, City, State, Zip | Phone # |
|------|-------------------------------------------------------|---------|
| | | |
| | | |
| | | |
| | | |

- a. *Each person over 18 living in the home and all care givers are required to complete a RELEASE OF INFORMATION Form.**
 - *If a household member or a caregiver has lived outside of Montana within the last five years, that person will need to obtain an out of state background check.*
- b. *Each person over 18 living in the home and all care givers are required to complete a STATEMENT OF HEALTH Form.**
- c. *Each person over 18 living in the home and all care givers, including volunteers, is required to supply copies of their immunizations to the Child Care Licensing Program.*
Immunizations required are:
 1. *MMR, if born after 1-1-57.*
 2. *MMR or a Rubella titer test is required for those born prior to 1-1-57.*
 3. *Tetanus/Diphtheria (required every 10 years).*
- d. *Tuberculosis (TB Skin Test) is required for CARE GIVERS ONLY. This includes volunteers. (must be current within the year prior to registration.*
- e. *All caregivers must hold a current course completion card in Infant, Child, and Adult CPR (regardless of the ages that are in care) and Standard First Aid.*

❖ The above forms are to be completed by each person over 18 living in the house and all care givers.

FORT BELKNAP CHILD CARE PROGRAM

STATEMENT OF HEALTH FORM

Name: (Please Print)

Phone Number

Address

City, State, Zip

Social Security Number

Birth Date

I am: () Provider of Child Care () A Spouse () Other Adult Living in the Home

Applicants and household members must meet certain health requirements. As the agency responsible for approving Fort Belknap Care payment numbers, the Fort Belknap Child Care program must ensure that the health of each provider is adequate to meet the demands of the care being provided.

Please answer the following questions by entering an "X" in the appropriate box for each question.

The Fort Belknap Child Care Manager overseeing the child care provider materials packet and the Child Care Manager who approves the payment number will review this form. In some cases, the answer "yes" to a question may require an evaluation or a statement from your physician or other appropriate professional to support your response. The answer "yes" does not mean you will automatically be denied. Your explanation or, if necessary, your physician's or other appropriate profession's statement will be taken into consideration. The purpose of the questions is to help decide if you have health problems that may affect your ability to safely provide care. If an evaluation or statement is needed, the Child Care Supervisor will send the required information to the applicant.

() Yes () No During the past 3 years, have you had any disabling chronic conditions, or physical, mental, or emotional illness requiring care from physician, psychologist, or other professional?

*If "Yes" please describe. Include a description of any vision or hearing problem and any limitations on mobility. Include treatment and current status. (You may use additional paper if needed.)

() Yes () No Do you suffer from any physical or mental health limitations, which might affect your ability to provide child care?

*If "Yes" please explain. (You may use additional paper if needed.)

() Yes () No Are you currently diagnosed, receiving therapy or medication for a mental health problem, which might affect your ability to provide care?

*If "Yes" please explain. (You may use additional paper if needed.)

() Yes () No Have you received counseling or treatment related to chemical dependency on drugs or alcohol within the past three years?

*If "Yes" please explain. (You may use additional paper if needed.)

() Yes () No Have you ever been addicted to drugs and/or alcohol or been treated for drug and/or alcohol abuse within the past three years?

*If "Yes" please explain the name of the tester, the date, the type of test administered, and the results.

(Please attach documentation).

2) If "No" please arrange to be tested and supply the information as indicated above, if for medical reasons, you cannot be tested, please indicate.

In either circumstance please supply medical documentation.

PLEASE READ, THEN SIGN AND DATE:

I certify, that I have reviewed the foregoing information supplied by me and it is true, accurate and complete, to the best of my knowledge. **I further certify**, I fully understand that any misstatement on my part in completing this health statement, is grounds for denying my application or for revoking my license, should one have been issued to me on the basis of the statements I have made herein. **I understand**, this information is confidential and is used only by the Fort Belknap Child Care program. I hereby consent to the use of this information for such purposes.

Signature: _____ Date: _____

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me, this ____ day of _____, A.D. _____

(Notary of the Public for the State of Montana)

Residing at _____

My Commission Expires _____

CHILD CARE CONFIDENTIALITY AGREEMENT

AGREEMENT, made this ____ day of _____, 20__ by and between the Fort Belknap Child Care Program, hereinafter referred to as "**Program**" and _____, hereinafter referred to as the "**Employee**".

In consideration of the employment or continuance of employment (as the case may be) of the Employee of the Program, it is hereby agreed as follows:

1. **CONFIDENTIAL INFORMATION:** During the period of employment, the Program may disclose information, relating to the business recognized by the Employee, to be the property of the Program and the Employee agrees to hold such information in trust and solely for the Program's benefit and not to disclose such information to others, either during or after employment, without the written consent of the Program.

2. **SUBSEQUENT EMPLOYMENT AND TERMINATION OF EMPLOYMENT:** This agreement shall continue in any subsequent employment of the employee by the program, and extends to the Program's successors or assignees.

Upon leaving the Program's employment, the Employee shall not take with him or her, without first obtaining the written consent of the Program any documents, whether an original or reproduction, or any tangible evidence of confidential information or data belonging to or under the control of the Program.

3. **FORMER OBLIGATIONS:** The employee will strictly adhere to any obligations which he or she may have to former employers as the use of disclosure of confidential information is concerned.

Employee

Date

CHILD CARE PROVIDER ACKNOWLEDGEMENT OF PROHIBITED CAREGIVER BEHAVIORS

The following behaviors are prohibited in all child care settings:

- a. The use of corporal punishment, including, but not limited to:
 - I. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing or biting;
 - II. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
 - III. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
 - IV. Exposing a child to extremes of temperature.
- b. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other areas where a child cannot be seen or supervised;
- c. Binding, tying to restrict movement, or taping the mouth;
- d. Using or withholding food or beverages as a punishment;
- e. Toilet learning/training methods that punish, demean, or humiliate a child;
- f. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
- g. Any abuse or maltreatment of a child;
- h. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
- i. Any form of public or private humiliation, including threats or physical punishment;
- j. Physical activity/outdoor time taken away as punishment;
- k. Placing a child in a crib for a time-out or for disciplinary reasons.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THAT THE FOLLOWING BEHAVIORS
ARE PROHIBITED IN ALL CHILD CARE SETTINGS:**

Provider

Date