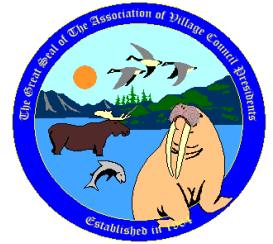


*Association of Village Council Presidents
Education, Employment, Training & Child Care Department
P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7486 Fax: 1(907)543-4261
Toll Free: 1(800)478-3521 In-state only*



CHILD CARE ASSISTANCE PROGRAM

revised September 2010

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. A child care provider must be 18 years of age or older and not currently an employee of AVCP.

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

- If the child care provider plans to care for more than five children, related or unrelated to him or her, or if child care is being provided for more than one family, it is necessary that the provider be licensed by the State of Alaska before AVCP authorizes payment for child care. The 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 of age or older. If you are providing at a child's home we will need only your criminal background check. The Criminal Background Check form is enclosed.
- A current TB test is required. If providing at a child's home only the provider will need to be tested. If providing at your home, we will need all residing adults (over the age of 18) tested and their results. A TB form is enclosed.
- If child care will take place at a Child Care Center we will need copies of the following:
 1. Alaska Business License
 2. Community Care License
 3. Rate Sheet

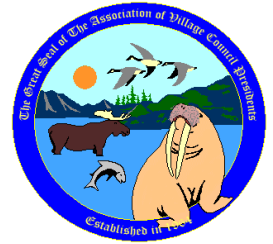
NOTE: The Association of Village Council Presidents reserves the right to deny registration & payment to any person or agency who is determined by the tribe to be a potential danger to children because of current or past association with or participation in criminal activities, alcohol or other substance abuse, communicable health problems, or unsafe child care practices.

The **Alaska Business License** must be mailed to the address on the top left hand corner of the form, along with a money order or check for \$200.00 (two hundred dollars). A copy of the money order receipt or check must be mailed in with your application.

The **State of Alaska Criminal History Request** must be mailed to Criminal Records and Identification Bureau, 5700 E. Tudor Road, Anchorage AK 99507, along with a check or money order (no cash) for \$20.00 (twenty dollars) for each background check.

Your application will be on hold until we receive the final Criminal History Background Check(s).

Association of Village Council Presidents
Education, Employment, Training & Child Care Department
P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7486 Fax: 1(907)543-4261
Toll Free: 1(800)478-3521 In-state only



CHILD CARE ASSISTANCE PROGRAM APPLICATION
Tribal Registration – Legally Exempt From Child Care Licensing Process

Personal Information

Child Care Provider's Name:	SSN:
Business Name:	License No.:
Mailing Address:	Phone No.:
City, State & Zip Code:	Message No.:

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, all residing adults need a TB test & a Criminal Background check)

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

Name of the parent(s) that you are providing child care services for: _____

Is the provider related to the parent? Yes No If yes, 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 – PROVIDER’S 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 Specialists 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 Specialists 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 entity and meet all the required minimum health and safety standards.
7. I understand that once approved, a quarterly inspection will be conducted of my home to ensure that the minimum health and safety standards are being maintained.
8. I understand that it 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: _____

DECLARATION OF LEGAL EXEMPTION FROM CHILD CARE LICENSING

The Child Care Provider is exempt from child care licensing or pre-elementary school certification if at least one of the following conditions apply:

- Child care services are provided in the child’s home.
- Child care services are 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.
- The residence in which child care services are provided will have four or fewer children unrelated to the child care provider. *(When there are a total of seven or more children under the age of 12, related or unrelated, then state fire codes apply.)*
- A child care 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: _____

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.

PROVIDER CERTIFICATION

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: _____

CHILD CARE STAFF CERTIFICATION

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 or Coordinator Signature: _____ Date: _____

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 your care to and from appointments, school, etc. The Child Care Assistance Program is not liable for any accidents or problems that may occur, if the parent allows you to transport the child(ren). Transportation to and from school is the responsibility of the parent.

Release of Children

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

CERTIFICATION STATEMENT

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: _____

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 _____, 2010. 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (RSAs only)
Include fee: \$20 single copy, \$5 each additional copy
Check or money order must be made payable to 'State of Alaska'

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

1. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**
- This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.
2. Criminal Justice Information available to an **INTERESTED PERSON**
- This report includes all criminal charges and dispositions; excluding sealed records
- 2.A. If you checked item **2**, the requester must provide the following information;
I request this report for the purpose of determining whether to grant the records subject supervisory or Disciplinary power over (check all that apply):
- Minor(s)
- Dependent adult(s)
- Title or brief description of the position under consideration: _____
3. Criminal Justice Information needed for another purpose authorized by federal or state law.
Client Number: _____
If you check this box, you **must** provide the client number assigned by the DPS Records and Identification Bureau. To obtain a client number, you must provide the applicable state or federal statute to this office for review and approval prior to submitting this request

*A check or money order payable to the State of Alaska in the amount of \$20 **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/Alias name(s): _____

Mailing Address: _____

City/State/Zip: _____

Alaska Drivers License #: _____

Date of Birth: _____

Sex: Male Female SSN: _____

Telephone: _____ Msg: _____

To be completed by the record subject: "I authorize the release of my criminal justice information record, (described above) to the named requester."

Signature of subject: _____

Date Signed: _____

Requester Name: _____

Title: _____

Business/Agency: _____

Mailing Address: _____

City/State/Zip: _____

Date of Birth: _____ Telephone: _____

Sex: Male Female SSN: _____

The requested record will be mailed to the above named individual at the listed address. If you would like the record faxed, check the box below:

Fax Number: _____

Signature of requester: _____

Date Signed: _____

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

STATE OF ALASKA

Department of Commerce, Community and Economic Development

BUS/TOB

OFFICE USE ONLY

Division of Corporations, Business and Professional Licensing

BUSINESS LICENSE PROGRAM

P.O. Box 110806

Juneau, Alaska 99811-0806

Phone: (907) 465-2550

Website: www.commerce.state.ak.us/occ/home

OFFICE USE ONLY

ALASKA BUSINESS LICENSE APPLICATION

Please choose ONE of the following options:

NEW Business License RENEWAL Business License Number

Previous License Number

If Applicable: *see instructions

1. BUSINESS NAME:

Enter the name you will be doing business as. You must operate and advertise in the exact name listed.

MAILING ADDRESS:

Street Address or PO Box

City State Zip

PHYSICAL ADDRESS:

Street Address

City State Zip

2. BUSINESS LICENSE FEE(S): Make check payable to State of Alaska

Check only ONE option: 2010 Annual - \$50 2010 & 2011 Biennial - \$100

Sole Proprietor - 65 & Over Fee: For businesses registered as a Sole Proprietor (one individual owner) who is 65 or over. This fee is NOT AVAILABLE to Partnerships (two or more individuals), Corporations, LLCs, LLPs, or LPs.

2010 Annual - \$25 2010 & 2011 Biennial - \$50 Date of Birth (Required):

Tobacco Endorsement: \$100 PER ENDORSEMENT LOCATION (in addition to business license fee). Tobacco endorsements will expire on the same date as the business license to which they are attached and are renewable with the business license.

Number of Tobacco Endorsement locations: X \$100 = \$. List locations of Tobacco Endorsements on page 2.

3. OWNERSHIP INFORMATION: Choose ownership type.

Sole Proprietor Partnership Corporation LLC LLP LP Other

Name(s) of Owner(s) OR Entity Name:

Clearly print name of Sole Proprietor (one individual owner) OR all partner names if a Partnership (if necessary, list partners on a separate page) OR Entity name if a Corporation, LLC, LLP, or LP.

4. ADDITIONAL LICENSE/REGISTRATION NUMBERS MAY BE REQUIRED:

Alaska Entity Number: Professional License Number:

Required for Corporation, LLC, LLP, LP If applicable

5. NAICS CODE: Choose the NAICS code that best describes your Line of Business. The Secondary code is optional and must fall within the same business activity category as the Primary code. NAICS codes may be researched on our website at www.commerce.state.ak.us/occ/pub/Lines_of_Business.pdf

Primary NAICS Code: Secondary NAICS Code:

Codes listed in italicized bold print on the NAICS code list require a professional license before a business license can be issued.

By signing this application I declare, under penalty of perjury, that this application is true and complete, including any information provided in the tobacco endorsement section.

PRINTED NAME: TITLE: PHONE:

SIGNATURE: DATE:

To avoid processing delays do not leave any area of the application incomplete