



**Association of Village Council Presidents**  
*Education, Employment, Training & Child Care Department*  
BETHEL, ALASKA

**CHILD CARE ASSISTANCE PROGRAM - Provider Application**  
Revised May 2016

Please complete the entire application and attach ALL required documents listed below or requested by staff BEFORE submitting. Only COMPLETED applications will be considered.

**Criminal Background Check (CBC):** If you are providing child care at your home a criminal background check is **REQUIRED** for everyone in your home over 16 years of age. If you are providing at the child's home you are the only one required to submit for a CBC. The State of Alaska CBC request form is enclosed. It must be mailed to the Criminal Records and Identification Bureau at the address listed at the top, along with a check or money order (no cash) for \$20.00 for each background check. Contact us if you need additional CBC forms.

**Current TB Test:** A TB clearance form is enclosed. All providers need to have a clear TB test. If you are providing at the child's home only you will need to be tested. If you are providing at your home all residing adults over the age of 18 are **REQUIRED** to be tested and their results submitted. Contact us if you need additional TB clearance forms.

**State of Alaska Home Child Care License:** If you care for more than five (5) related children or four (4) unrelated children you must be licensed with the State of Alaska before we can determine your eligibility as an approved provider. If you care for four (4) or less unrelated children you have to become licensed with the State of Alaska after 12 months of becoming an approved provider (you need to start that process after six (6) months of being approved). The contact information for requesting an application packet from the State is: 1(888)268-4632 toll free or by email to ccpc@alaska.gov. If you have any questions feel free to contact us.

**Alaska Business License (ABL):** The ABL is not required at this time (we will notify all current providers if and when this changes). Providers are encouraged to obtain an ABL for personal financial purposes. Please contact us if you have any questions or need the application.

**Your application will be on hold until we receive the history report on your Criminal Background Check(s) from the State. No child care will be approved until both the parent(s) and provider applications are complete AND we have determined eligibility!**

*NOTE: The Association of Village Council Presidents reserves the right to deny registration & payment to any person or agency who is determined by a 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.*

**If you need assistance in completing these forms, please call 1(800)478-3521 for staff:**

Pauline Palacios	Child Care Coordinator	Ext. 7457	ppalacios@avcp.org
Fredrika Chaney	Child Care Specialist	Ext. 7456	fchaney@avcp.org

**Mail your ORIGINAL application to:**

AVCP EET&CC Department  
P.O. Box 219  
Bethel, AK 99559

**Faxed copies will NOT be accepted.**



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

**CHILD CARE ASSISTANCE PROGRAM APPLICATION**  
December 2013 - Provider

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 application and be approved before any child care payment can be authorized. A child care provider must be 18 years of age or older and if they are a sibling of the child(ren) receiving assistance, they cannot reside in the same household as the children. **Child Care Providers are not employees of AVCP.**

**Child Care Assistance Program – Eligible Provider Types**

Approved Relative Providers: Providers who provide care in their own private residence to eligible children who are related by blood, marriage or court-decree (children are their grandchildren, great-grandchildren, sibling (must reside in a different residence), niece or nephew, great-niece or great-nephew). They may care for no more than a total of five (5) children under 13 years of age, including any of their own children under 12. Of those five, all must be related as described above and no more than two (2) may be under 30 months of age (“non-walkers”).

Approved Non-Relative Providers: Providers who provide care to eligible children in their own private residence who are not related (as defined above). They may care for no more than a total of five (5) children under 13 years of age, including any of their own children under 12. Of those five, no more than four (4) children may be unrelated to the provider and no more than two (2) may be under 30 months of age (“non-walkers”). *This category of provider must start the process for becoming licensed with the State of Alaska, Child Care Program Licensing Office after six (6) months of receiving approval.*

In-home Care Providers: Providers who provide care for eligible children (related (see definition above) or un-related) in the children’s own home. They may care for no more than a total of five (5) related or four (4) unrelated children under 13 years of age, including any of their own children under 12. Of those four or five no more than two (2) may be under 30 months of age (“non-walkers”).

**After you’ve read the provider types described above which category or type do you qualify as?**

- Approved Relative Provider
- Approved Non-Relative Provider
- In-home Care Provider

**If you are approved would you like to be put on a list of “Eligible Providers” for your community for future reference?**    Yes    No

**Part 1. Applicant Information**

Provider's Name:	Date of Birth:
Business Name:	License Number: (if applicable)
Mailing Address:	Phone Number:
City, State & Zip Code:	Message Number:

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: \_\_\_\_\_

Are you related to the child(ren)?  Yes  No If yes, what is the relationship? \_\_\_\_\_

**Part. 2 Household Information**

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

Household Members	Relationship to you	Date of Birth	Age
1.	<b>Self</b>		
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)*

**Part 3. Declaration of Legal Exemption from Child Care Licensing**

The Child Care Provider is exempt from the State of Alaska Child Care licensing or pre-elementary school certification if at least one of the following conditions applies and, they are caring for no more than 5 children, including their own. Please check the appropriate box(es) if applicable:

Child care services are provided in the child's private residence (In-home Care Provider).

- Child care services are provided in the provider’s private residence and only to children related by marriage, blood or court decree. “Related” is defined here to mean the children in care are their grandchildren, great-grandchildren, sibling (only if living in a separate residence), great-niece, niece, great-nephew or nephew.
- Child care services are provided by an approved 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.

I certify that according to AVCP’s standards I am legally exempt from state licensing as a Child Care Provider and that I am at least 18 years of age.

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

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**CERTIFICATION STATEMENT**

I hereby certify that the information provided herewith is true to the best of my knowledge. I understand that I am subject to immediate termination if I am found ineligible after enrollment.

I further understand that if I deliberately falsify information on this application, I may be prosecuted for fraud and/or perjury.

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

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**Part 4. Child Care Assistance Program – Provider Responsibilities**

As a Child Care Provider participating in the program, I agree to the following requirements:  
(Please initial on each line, indicating you’ve read and understand the agreement)

\_\_\_\_\_ 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, and/or subsistence schedule.

\_\_\_\_\_ 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.

\_\_\_\_\_ I agree to charge a parent participating in the program the same rate that I charge to non-subsidized parents for the same service.

- \_\_\_\_\_ I will notify the AVCP Child Care staff of any balance owed by the parent that has not been paid in full, unless a payment plan has been mutually agreed upon.
  
- \_\_\_\_\_ I will notify the AVCP Child Care staff immediately if there are any changes to my household, specifically, if anyone over the age of 16 not identified on this original application, moves in (even if temporary). I understand that my eligibility may be put on a temporary hold until such time that the required CBC and TB tests are submitted and cleared (if child care is to occur in my private residence).
  
- \_\_\_\_\_ I will give the parent and the AVCP Child Care staff at least 14 days notice of my intent to end child care services, or upon mutual agreement between myself and the parent(s).
  
- \_\_\_\_\_ I qualify as a legally exempt entity and meet all the required minimum health and safety standards.
  
- \_\_\_\_\_ I understand that once approved and if child care is to occur in my home, a biannual inspection will be conducted of my home, to ensure that the minimum health and safety standards are being maintained.
  
- \_\_\_\_\_ I understand that it is my responsibility to purchase and maintain an Alaska Business License (if required).
  
- \_\_\_\_\_ 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.
  
- \_\_\_\_\_ 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.
  
- \_\_\_\_\_ 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.
  
- \_\_\_\_\_ I understand that in order to get approved for Child Care assistance both mine and the parent(s)' Child Care Assistance Program Applications must be complete.
  
- \_\_\_\_\_ I understand that I am a mandatory reporter of any suspected abuse or neglect of the child(ren) in my care and that I will notify the appropriate authorities if necessary.

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**ACKNOWLEDGEMENT:** 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Part 5. Requirements for Minimum Health and Safety Standards**

As a Child Care Provider participating in the program, I agree to comply with the following requirements:  
(Please initial on each line, indicating you've read and understand the agreement)

- \_\_\_ Space and equipment arrangements are adequate for the child(ren)'s safety and comfort.
- \_\_\_ Ventilation, temperature, and lighting are adequate for the child(ren)'s safety and comfort.
- \_\_\_ A safe play area is provided in both inside and outside areas.
- \_\_\_ Floors and walls are clean and maintained in a safe condition for the child(ren).
- \_\_\_ At least one smoke detector is installed at an appropriate location in the home or facility.
- \_\_\_ The home or facility has at least one fire extinguisher in the kitchen, which is maintained in an operable condition at all times.
- \_\_\_ Combustible and flammable materials are not stored in the water heater rooms, furnace rooms, or laundry rooms but stored in a safe place.
- \_\_\_ In case of a fire, the Child Care Provider's first responsibility is to evacuate the child(ren) to safety. The Provider must develop an emergency evacuation plan, and post it at the child(ren)'s eye level.
- \_\_\_ Toys and objects (including high chairs) are safe, durable, easy to clean, and non-toxic.
- \_\_\_ The home has a first aid kit which is inaccessible to the child(ren) and stored in a convenient location.
- \_\_\_ Diaper changing is not done in the food preparation area.
- \_\_\_ Use of a common towel or wash cloth will not be allowed.
- \_\_\_ Firearms are unloaded and kept locked up; ammunition is stored in a separate location.
- \_\_\_ The Child Care Provider will never leave the child alone or with someone else.
- \_\_\_ Physical, verbal, or emotional punishment will not be used as a form of discipline.
- \_\_\_ Use of alcohol, drugs, or tobacco will not be allowed during child care service hours.
- \_\_\_ Medicines, cleaning substances, and dangerous materials will be kept in locked cabinets.
- \_\_\_ 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.
- \_\_\_ Medicine will be given only with the parent's written instructions.

\_\_\_\_ The Child Care Provider will wash hands before and after handling food, and after changing diapers and using the bathroom.

\_\_\_\_ The child(ren) will never be around a person or animal known to be dangerous.

\_\_\_\_ The Child Care provider will store, refrigerate, and prepare food properly.

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**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. She/he understands that these standards must be met and maintained. I have informed the potential Child Care Provider an inspection will be conducted on a biannual basis to ensure that these standards are maintained.

Child Care Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Part 6. Description of the Program of Care**

*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					

*Listed are a variety of toys and equipment; please check the items that you have available.*

<input type="checkbox"/>	Dolls	<input type="checkbox"/>	Records / Tapes	<input type="checkbox"/>	Musical Instruments
<input type="checkbox"/>	Blocks	<input type="checkbox"/>	Sandbox	<input type="checkbox"/>	Small Animals or People
<input type="checkbox"/>	Books	<input type="checkbox"/>	Stacking Toys	<input type="checkbox"/>	Paints
<input type="checkbox"/>	Peg Boards	<input type="checkbox"/>	Playhouse Equipment	<input type="checkbox"/>	Cars or Trucks
<input type="checkbox"/>	Crayons/Color Pencils	<input type="checkbox"/>	Construction Toys (lego's)	<input type="checkbox"/>	Art Paper / Scissors

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

<input type="checkbox"/>	Reading	<input type="checkbox"/>	Music	<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Story Telling	<input type="checkbox"/>	Singing	<input type="checkbox"/>	Walks
<input type="checkbox"/>	Art Activities	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Outdoor Playtime
<input type="checkbox"/>	Building / Construction	<input type="checkbox"/>	Homework (after school)	<input type="checkbox"/>	Board Games
<input type="checkbox"/>	Household chores	<input type="checkbox"/>	Dress up	<input type="checkbox"/>	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 and 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, a report must be made to the Office of Children’s Services (OCS). The report must be forwarded to the nearest Child Care Specialist or to the Child Care Coordinator or EET&CC Department Director. The responsibility of substantiating the report will fall solely on the Office of Children’s Services (OCS).

**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) will 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.

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**ACKNOWLEDGEMENT:** I certify that this information is true and I agree to follow and maintain the terms and standards outlined in care program description.

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



*Association of Village Council Presidents*  
*Education, Employment, Training & Child Care Department*  
*1(907)543-7482*

**AUTHORIZATION FOR RELEASE OF INFORMATION (ROI)**

I, \_\_\_\_\_, hereby authorize any person, agency or institution to release any and all information requested by the Association of Village Council Presidents Education, Employment, Training & Child Care (EET&CC) Department contained in City Councils, Village Councils, State, Federal, Private and Educational Agencies' records, concerning me and to allow inspection and reproduction of records in their possession pertaining to me by any duly authorized representative of EET&CC. The EET&CC Department is also authorized to share information needed for financial consideration with other funding agencies and organizations on my behalf (e.g. State DOL/WIA, joint application with AVCP).

Listed below is information I do not wish to be shared with or by the EET&CC Department:

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This authorization shall continue to be in effect for six (6) years from date signed. I acknowledge that if I wish to change any item under this authorization, including the date of expiration, or to revoke my consent, I am required to sign and submit a new ROI form.

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Signature

Date

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Mailing Address (City/State/Zip Code)

Contact Phone Number



**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 \_\_\_\_\_, 20\_\_\_\_. 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: _____
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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: \_\_\_\_\_

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**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 Driver's 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:** Pauline Palacios

Title: AVCP Child Care Coordinator

Business/Agency: AVCP

Mailing Address: PO Box 219

City/State/Zip: Bethel, Alaska 99559

Date of Birth: \_\_\_\_\_ Telephone: 1(907)543-7457

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: 1(907)543-4261

Signature of requester: Pauline Palacios

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** \_\_\_\_\_

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