Snoqualmie Indian Tribe
Facility-Center Childcare/Early Learning Provider Application

Application

The Snoqualmie Indian Tribe's Child Care and Development Program provides financial assistance to help qualified Native American families who reside within the Snoqualmie Tribe CCDF service area with securing childcare and access to early learning through grant funds.

Providers may be a WA state licensed child care or early learning facility/center/school/program, a licensed family/group home or a faith-based provider, including programs sponsored by houses of worship if they are overseen by the state school-board. All providers and staff must be able pass a criminal background check if one is requested by the Tribe. All providers and staff must have completed First Aid/CPR Training within the last two years. Any reports or marks against the facility's license must be reported to the Tribe at time of application.

All payments for child care service are paid directly to the child care provider. An invoice/ tuition statement must be submitted prior to issuance of payment.

Any changes in provider circumstances must be reported immediately to Tribe. Changes include:

1. Changes to staff – only staff that has access to the eligible minor.
2. Changes to license status-updated reports or disciplinary actions/plans.
3. Change in care provided - changes from full time to part time and vice versa.
4. Change in provider rate.

The Tribe reserves the right to complete one onsite or virtual monitoring check-in/walk thru at a time of their choosing. The provider will receive two weeks' notice to schedule the monitoring. Provider's are required to re-certify with the Tribe every 12 months to maintain funding eligibility.

To obtain Provider Certification Submit the following:

- Application
- W9
- Provider License
- Recent DCYF Monitoring Report
- Or a Self-Certification form if DCYF report is not applicable
- Handbook, Rates Sheet, Or Other Similar Documents

VENDOR INFORMATION----------Date:_____

Provider/Facility/Program Name: _____

Primary Contact:_____

Address: _____

Business Phone: _____ Website:_____

Email: _____

License Numer:_____

Expiration Date:_____

Tax ID Number:_____

RATES AND FEES----------

Indicate your care or tuition rate for the child(ren) for whom this application is being submitted on behalf (Indicate if rate is based on part time or full time status). Unless otherwise requested payments are issued monthly upon receipt of an invoice or tuition statement.

Child Name:_____ Rate:$_____ Full time Part-time

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Please provide any additional rates that might apply and payment cycle:

Late Pick-Up: $_____

Late Payment Fee: $_____

Special Needs Rate: $_____

Registration: $_____

Other: $_____

Payments are due (ie. 1st of each month, end of each month, quarterly):

_____

I, the applicant, understand that knowingly and willingly giving false or fraudulent information on the application for the Snoqualmie Tribe CCDF Program will be grounds for immediate termination of my eligibility under the program. If terminated from this program, I understand that I will not be eligible to re-apply. All fraudulent files will be turned over to the Snoqualmie Indian Tribe's legal department for further disciplinary action including repayment of any incorrectly issued payments and up to criminal prosecution.

Authorized Representative Signature:_____

Facility/School/Program Name:_____

Date:_____

Safety & Health Guidelines

The following is a list of guidelines that the Tribe expects vendors to adhere to.

1. Provider will not apply, nor allow anyone else in the household apply, corporal punishment to any child in their care.
2. Provider ensures that all medications, cleaners, and other harmful chemicals are stored in a locked cabinet and are inaccessible to children.
3. Provider will ensure that all medications to children are administered solely based on prescribed dosages and will remain in a locked cabinet throughout the childcare coverage.
4. Provider will practice proper hand washing habits before feeding a child.
5. Provider will not smoke nor allow others to smoke in a location accessible to the child(ren).
6. Provider has fully operating smoke detector, a carbon monoxide detector and at least one fully charged (dry chemical) fire extinguisher on the premises.
7. Provider has home that is in good repair and free of pest infestations.
8. Provider has a working telephone on premises.
9. Provider ensures that any weapons/firearms on the premises are properly secured and locked on a safe that remains locked at all times when children are being cared for.
10. Provider has a stocked first aid kit and supplies on the premises.
11. Provider has emergency plan and fire evacuation plan
12. Provider has completed or plans to complete CPR-First Aid Training

If the provider applicant needs assistance with accessing any of the outlined items listed above, please fill out the item request form.

Completed Applications and Forms can be Sent to:

Snoqualmie Indian Tribe
ATTN: General Resources Dept.-CCDF
Mail: P.O. 969, Snoqualmie, WA 98065
or
Email: childcare@snoqualmietribe.us

Health & Safety Item Request Form (Optional)

In order to ensure that all provider's are able to meet the Tribe's Health & Safety Guidelines, the follow items are available at no cost to the provider. Please mark any needed items and provide the quantity. Items will be shipped to the mailing address provided on the provider's application.

Available Items:

1. _____ Carbon Monoxide Detector(s)
2. _____ Fire Alarm
3. _____ Fire Extinguisher
4. _____ Cabinet Locks
5. _____ Firearm Locks
6. _____ Baby Gate(s)
7. _____ First Aid Kit
8. _____ Hand Washing Signs
9. _____ Emergency Exit Signs
10. _____Household Cleaning Supplies
11. _____ First Aid/CPR Training Course
12. _____Other:_____

Provider Name:_____Date:_____

Office Use:

Approved By: _____ Date Ordered:_____ Total Cost:$_____