



# 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 or a licensed family/group home. 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, unless there is an overage or a co-payment is due to the provider from the approved family. Co-payments are based on income and household size and are to be paid by the family directly to the 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 16 months to maintain funding eligibility.

#### TO OBTAIN PROVIDER CERTIFICATION SUBMIT THE FOLLOWING:

-APPLICATION

-W9

-PROVIDER LICENSE

-RECENT DCYF MONITORING REPORT

-HANDBOOK, RATES SHEET, OR OTHER SIMILAR DOCUMENTS

-HEALTH & SAFETY ITEM REQUEST FORM (OPTIONAL)



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

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. 1<sup>st</sup> of each month, end of each month, quarterly):

\_\_\_\_\_



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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: \_\_\_\_\_



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## 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](mailto:childcare@snoqualmietribe.us)



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#### 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: \$ \_\_\_\_\_