



SNOQUALMIE INDIAN TRIBE

GENERAL WELFARE CHILD CARE ASSISTANCE

PROVIDER CHECK-OFF SHEET

The Snoqualmie Indian Tribe (“Tribe”) provides a monthly child care assistance benefit to offset the cost of child care for eligible Snoqualmie Tribal children. The child care assistance benefit is subject to change at any time based on market rate surveys and availability of funds, as may be determined by the Tribe.

CHILD CARE PROVIDER INFORMATION:

Child Care Provider Name: _____
 Primary Contact: _____
 Current Address: _____
 Mailing Address (if different): _____
 Business Phone: _____
 Phone (Primary contact number): _____
 Email: _____

TYPE OF CARE OFFERED:	REQUIRED:
<input type="checkbox"/> Nonresidential Facility	License Number: _____ Expiration Date: _____
<input type="checkbox"/> Family/Group Home	License Number: _____ Expiration Date: _____
<input type="checkbox"/> In-Home (at child’s residence)	<input type="checkbox"/> (check box to confirm) I am 18 years of age or older and do not reside in the same residence as the child(ren) I am caring for.
<input type="checkbox"/> Relative Care (at relative’s residence)	<input type="checkbox"/> (check box to confirm) I am 18 years of age or older and do not reside in the same residence as the child(ren) I am caring for.

SAFETY STANDARDS:

PROVIDER: INITIAL NEXT TO EACH ONE TO AGREE/CONFIRM

(Failure to initial next to one may result in denial of application)

*In the event that an In-Home or Relative Care provider cannot fulfill one of the safety standards below, the parent/guardian may submit a written, signed statement that lists and waives the requirement(s).

_____ Provider will not apply, nor allow anyone else in the facility to apply, corporal punishment to any child in their care.



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- Provider is trained, or agrees to be trained, in CPR and basic first aid, and agrees to maintain a current status at all times when care is being provided.
- Provider will ensure that all medications to children in their care are administered solely based on recommended or prescribed dosages and timeframes and will remain in a secure, locked cabinet throughout the day.
- Provider will practice proper handwashing habits before working with any child in their care.
- Provider will not smoke nor allow others to smoke on the premises when care is provided.
- Provider will ensure that there are at least two unobstructed exits to the outside of the building at all times when care is being provided.
- Provider has fully operating smoke detector(s) and carbon monoxide detector(s) and there is at least one fully charged (dry chemical), annually inspected fire extinguisher on the premises.
- Provider has home/facility that is in good repair and free of pest infestations.
- Provider has working telephones on the premises.
- Provider ensures that any weapons/firearms on the premises are properly secured and locked in a safe that remains locked at all times when children are being cared for.
- Provider has a stocked first aid kit and supplies on the premises.
- Provider has passed TB screening process(es).
- Provider has emergency plan and fire evacuation plan posted (applies to all types of provider care).
- If provider is licensed (center-based or family/group home), certificate of license is posted.

CERTIFICATION:

The child care assistance benefit is issued directly to the parent/guardian of the eligible Snoqualmie Tribal child. The Tribe does not make payments to providers. The provider may notify the Tribe if payment is not received, but payment is sole responsibility of the parent/guardian.

By signing, I certify the information in this Provider Check-Off Sheet is complete and accurate to the best of my knowledge. I understand that knowingly giving false information on this form will result in my ineligibility to receive funds from the Snoqualmie Child Care Assistance Program and I may not reapply until one year after the date of termination. I understand that the Snoqualmie Indian Tribe will not be responsible or liable for actions or issues that arise out of the child care referenced herein.

Provider Signature: _____ Date: _____

**APPLICATIONS CAN BE SCANNED, FAXED, MAILED OR HAND DELIVERED TO
THE SNOQUALMIE TRIBAL OFFICE AT:**

ATTN: GENERAL RESOURCES DEPARTMENT—CHILDCARE
MAIL: P.O. 969, SNOQUALMIE, WA 98065

FAX: (206) 202-4535
EMAIL: CHILDCARE@SNOQUALMIETRIBE.US