

**CONFEDERATED TRIBES OF COOS, LOWER UMPQUA & SIUSLAW INDIANS**

**FAMILY SERVICES**

**CHILD CARE ASSISTANCE PROGRAM**

1245 Fulton Avenue, Coos Bay, Oregon 97420

**PROVIDER APPLICATION**

Name of Provider: \_\_\_\_\_ SSN or Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Type of child care provider:	Special Care Skills and Certification
1. <input type="checkbox"/> Child Care Center	
2. <input type="checkbox"/> Group Home	
3. <input type="checkbox"/> Family Home (Relative)	
4. <input type="checkbox"/> Friend	

(Attach copy of any child care licensing)

**Other Adults in Home (age 18 or older) must also undergo a background check:**

Name	Relationship	Name	Relationship
1		4	
2		5	
3		6	

**Provider Initials:**

\_\_\_\_\_ I certify that my home or place of business meets all applicable health and safety requirements, and attest that I have never been convicted of child abuse or neglect. I authorize the Child Care Assistance Program to verify any or all information provided on this form. I agree to follow regulations and deadlines for completing monthly billing forms and submitting them to the Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians (CTCLUSI) for payment as scheduled.

\_\_\_\_\_ I agree that the program may investigate any complaints regarding child care, and this registration may be revoked based on failure to comply with applicable regulations. I agree to provide and bill only for approved child care when the parent/guardian is in an approved work, education or training program. I agree to obtain emergency medical instructions and approvals in writing from the parent during my first 30 days of child care.

\_\_\_\_\_ I agree to provide immediate access by the parent/guardian and/or appropriate Family Services staff of the child(ren) in my care during childcare hours, and to provide access to childcare facilities.

\_\_\_\_\_ I agree to provide child care to eligible children at the established rate(s), to accept any required co-payment by the eligible parent/ guardian on the same monthly pay schedule as this program and to report any non co-payment to Family Services staff.

\_\_\_\_\_ I have received a copy of the Child Care Assistance Program guidelines and participation policies and by signing below I certify that I understand and agree to its contents. I give permission for Family Services to investigate any information given by me on this application for service. I affirm under penalty of perjury that the Child Care application is complete and correct to the best of my knowledge and belief.

\_\_\_\_\_ By signing below I authorize CTCLUSI Family Services Department staff to release and receive information to and from all CTCLUSI departments and local agencies.

**Provider Initials:** (Continued from page 1)

\_\_\_\_\_ I hereby release CTCLUSI and its agents and employees from any and all liabilities, responsibilities, damages and claims which might result from the release of information authorized by my signature on this application.

\_\_\_\_\_ I understand that my records are protected under the Federal Law and cannot be disclosed without this consent. I also understand that I may in writing revoke this consent at any time, but revocation does not affect previously disclosed information. This consent expires on \_\_\_\_\_, one year from the date of execution, unless otherwise indicated.

\_\_\_\_\_ This consent does not include disclosure of records of alcohol or drug abuse treatment, which are protected by 42 CFR Part 2, and which may only be released pursuant to a separate written release.

\_\_\_\_\_ By signing this form I certify that I, as a Child Care Provider for CTCLUSI have received from the parents of the children in my care, the following items:

1. Two (2) emergency names and phone numbers
2. A permission slip for emergency transport to a health care facility.
3. A permission slip for emergency medical treatment.
4. The names of the hospital and physician(s) of the parent's choice.
5. A list of the child's immunizations OR a letter exempting them due to:
  - a. Objection to immunization on religious grounds AND/OR
  - b. A medical condition requires that immunization not be given
6. A list of any special health care needs-including allergies

\_\_\_\_\_ By signing this application I agree that any violations of my application or child care assistance program policies or guidelines will result in:

A: FIRST OFFENSE – Suspension from the program for 1 month

B: SECOND OFFENSE – Suspension from the program for a period of not less than 3 months, or more than 6 months

C: Any further violations will be grounds for termination from the program.

Any questions regarding this registration should be directed to the Family Services Department staff at (541) 888-6169 or toll free 1-800-618-6827

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/ Guardian's Signature**

\_\_\_\_\_  
**Date**

<b>OFFICE USE ONLY</b>
------------------------

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

\_\_\_\_\_ Wait List

## Child Care Assistance Program Home Safety Checklist

This list is only a guideline for making your home as safe as possible for a young child. The child will still need supervision. Safety needs change as the child develops, so consider the child's abilities when safety proofing your home. Example: Can the child reach anything unsafe by climbing on the furniture?

**Parents Initials:**

ARE ALL AREAS OF THE HOME:

Safe

Unsafe

\_\_\_\_\_

\_\_\_\_\_

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1. Are all small, dangerous or sharp items out of child's reach? (Matches, cigarettes and butts, breakables, glass, sewing supplies, pins, buttons, scissors, pens, pencils, tacks, staples). Animal areas: i.e., cat litter box, birdcage, animals are secure or safe for child. Pets are healthy and vaccinated?
2. Are all chemicals locked up or where a child cannot reach them?
3. Are electrical outlets safe – child proofed? Outlets have safety caps? Electrical cords have no frayed edges? Cords are situated so child cannot easily trip over or play with them?
4. Are hot appliance protected? Radiators, space heaters, hot water pipes, covered or insulated? Fireplace, wood burning stoves screened off?
5. Are firearms locked up?
6. Are safety gates at top and bottom of stairways?
7. Are there at least two working fire alarms in the home?
8. Is there a First Aid kit in the home?

Safe

Unsafe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

KITCHEN, LAUNDRY, BATHROOM

1. Are dangerous items out of child's reach? Sharp items such as knives and graters, wire hangers, razors and blades, garbage, electrical appliance, blenders, toasters, mixers and food extracts; i.e., vanilla, almond, maple, etc.,
2. Are poisonous items locked up or stored where children cannot reach them; i.e., cleaning supplies, laundry detergent, soaps, bleach, ammonia, polishes, drain opener, or toilet bowl cleaner.
3. Is clothes chute opening too small for a child to crawl into?

BEDROOM

Safe

Unsafe

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. Does the child's crib meet safety standards?
  - a. Are the crib slats no more than 2 3/8" apart?
  - b. Is there a tight fitting bumper pad around the inside of the crib?
  - c. Does the mattress fit with less than 1" between it and the crib frame on all sides?
  - d. Is the paint on the crib lead free?
  - e. Are there sharp areas or exposed nails?
  - f. Is crib constructed to withstand jumping or bouncing?
  - g. Are items in the crib appropriate so that there is no chance of suffocation; i.e., no loose plastic covers, no pillow or heavy blankets?

Safe

Unsafe

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**BASEMENT, GARAGE, WORKSHOP AND OUTSIDE AREA** (it is best to have workshop/ garage area that can be entirely locked up, so child cannot get into these areas alone.) If child can get into these areas:

1. Are chemicals out of child's reach or in locked room; i.e., paint, thinners, glue, pesticides, rat/any poisons, charcoal, gasoline, or oil?
2. Are other dangerous items out of child's reach or in locked room; i.e., saws, power equipment, nails, or tacks?
3. Is hot water heater or furnace located where child cannot get to it?
4. Are the toys available to the child age appropriate, clean and safe; i.e., no small parts, eyes/noses of stuffed animals are securely fastened, and toys are large enough to not be swallowed?
5. Are toys of older children, which are electric or have small pieces, stored out of child's reach?
6. Is the outside play area secure, age appropriate and safe for children?

**This is a checklist for parents and providers to review together. The Child Care Department will certify the Provider's home. The parents have the right to ask questions pertaining to health, safety and wellbeing of their children.**