Department of Children & Family Services
Child Care Development Fund
ChildCareAssistance@ctuir.org
541-429-7813

Child Care In-Home Provider Application

The Confederated Tribes of the Umatilla Indian Reservation, Department of Children and Family Services, Family Engagement Program administers the Child Care Development Fund grant. Funds are allocated to support access to high quality early care and learning spaces and to provide childcare assistance. The CCDF program licenses and monitors providers to support high quality learning environments and childcare assistance.

This application packet contains the information the program must receive as well as requests for documents and verifications the applicant must provide for license processing. This application and supplemental documents must be correctly filled out, complete and signed before the program can process the application. If at any time you have questions or wish to withdrawal your application, please reach out to the Early Childhood Collaborative Coordinator at ChildCareAssistance@ctuir.org or 541-429-7813. Applications must be completed and submitted 45 days prior to requesting certification for operation.

It is the applicant's responsibility to request an updated fire safety and environmental inspection from a local agency at the time of application. If corrections are identified, all corrections must be made prior to a license being issued. The center is responsible for fees associated with inspections.

The program will conduct an initial inspection once the application is processed. The initial inspection will check for health and safety compliance of the facility. A review of provider handbooks, policies, procedures, staffing, qualifications, and other written documents will be conducted. The inspector(s) will inform the applicant of any requirements not met and will be provided with the opportunity to meet those requirements. There may be circumstances where the provider meets the majority of compliance and is issued a temporary license not to exceed 180 days. If the center doesn't meet compliance within the temporary license period, the annual license will be denied.

The program will provide notice of certification or a notice of denial of the provider application within 45 business days of receiving a complete application.

In-Home Child Care Provider Application:		
Applicant Name:	Other Names Used:	Birthdate:
State License Number (if applicable):	Email:	Website (if applicable):
Address:	Cell Phone (s):	Home Phone:
City:	State:	Zip Code:

Residence Information: (Check **ALL** that apply)

☐ Own ☐ Rent (Name of Landlord :_____)

☐ Two-Story ☐ Single Level ☐ Basement ☐ Mobile Home Year:_____

☐ Wood Burning Stove/Fireplace ☐ Indoor Square Footage:_____

☐ Outdoor Square Footage:_____

1. Do you live on or near the Umatilla Indian Reservation? ☐ Yes ☐No

   Please provide us with directions to your home from the Nixyáawii Governance Center.
   _____
   _____
   _____

2. Do you have homeowners or business insurance? ☐ Yes ☐ No

   If yes, list the name of agency, policy information, and a copy of insurance card.

   _____

3. Are you an enrolled member of the Confederated Tribes of the Umatilla Indian Reservation or another Federally Recognized Tribe? ☐ Yes ☐ No

   If yes, please provide Tribe and enrollment number. _____

4. Do you have a valid OR Driver's License? ☐Yes ☐ No

   If yes, please attach copy with application.

5. Do you have Auto Insurance? ☐ Yes ☐ No

   If yes, list the name of agency, policy information, and a copy of insurance card.
   _____

These are **required** if you offer field trips.

6. Are you willing to attend pre-service trainings? ☐ Yes ☐ No
   (CPR/First Aid, Food Handlers, and 8 hours related to children are required to get the higher rate of pay)

   Please attach copies of any already acquired trainings with your application.

7. Do you or anyone in the residence have a Criminal Background that would prevent the licensing process to continue? ☐ Yes ☐ No

   If yes, Please Explain,
   _____
   _____
   _____

8. Are you currently licensed with the State of Oregon childcare program? ☐ Yes ☐ No

   If yes, provide a copy of the certificate for your provider file.

9. Have you ever been licensed by the State of Oregon childcare program?

   If yes, provide the dates and reason for ending certification.
   _____
   _____

List All Children and Adults living/working in the home that you will be rendering services in:

First Name	Last Name	D.O.B.	Relationship		Date of Background Completion

*Background checks are to be completed on anyone 18 years of age or older

Has either applicant or anyone who resides in the home ever been the victim of child abuse, assault, domestic violence or another violent event or act?

☐Yes ☐ No If yes: ☐Applicant ☐ Co-Applicant ☐ Other in Household

Has either applicant ever been a licensed daycare provider?

☐Yes ☐ No If yes: ☐Applicant ☐ Co-Applicant ☐ Other in Household

Has any certificate, license, or approval issued to either applicant, for the purpose of caring for a child or adult, been suspended, revoked, withdrawn or denied?

☐Yes ☐ No If yes: ☐Applicant ☐ Co-Applicant ☐ Other in Household

Has either applicant, or any member of your household been involved in a have been the subject of any allegation regarding child abuse or neglect?

☐Yes ☐ No If yes: ☐Applicant ☐ Co-Applicant ☐ Other in Household

Name	Date	Allegation	Location	Disposition

REFERENCES: List people (non-related) who know you personally or professionally that will complete a questionnaire related to your character and responsibility for children.

Name:	Address:	Contact Number:
Name:	Address:	Contact Number:
Name:	Address:	Contact Number:
Name:	Address:	Contact Number:

Child Care Information

1. What ages of children do you provide care? _____ (to)_____

2. What are your hours of operation? _____ AM (to)_____PM

   ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday

3. Are you open on Holidays? ☐ Yes ☐ No

   If yes, indicate which holidays you are available for childcare?_____
   Please attach a copy of annual holiday closure with application.

4. Are you available to take Emergency Drop-Ins? ☐ Yes ☐ No

5. What types of discipline for the following ages are used for the children in your care?
   Infant:_____
   Pre-School:_____
   School-Age:_____

6. Do you have the following completed for each child in care?
   - Parent/Guardian Contact Information ☐ Yes ☐ No
   - Immunization Records ☐ Yes ☐ No

- Parent ☐Yes ☐No (attach a copy of the handbook)
- Schedule of Daily Events ☐ Yes ☐No (attach a copy of the schedule)
- Menu (following the Food Pyramid Guide) ☐ Yes ☐ No

7. Do you read to all children daily? ☐ Yes ☐No
   How long and often do you read to the children?
   _____

8. Do you allow the children to watch TV and play video games? ☐ Yes ☐No
   If yes, how long are they allowed to utilize the TV?
   _____

9. Do the children attend field trips while in your care? ☐ Yes ☐No

10. Did the parents sign a release of liability for children to attend field trips? ☐ Yes ☐No

11. Do all safety restraints meet the standards for each child who is attending field trips?

    ☐ Yes ☐No

Health and Safety

1. List all the rooms in your home that will be utilized for the children: (example: kitchen, bathroom, and main living area).
   _____
   _____
   _____
2. Do all rooms have at least two means of exit? ☐ Yes ☐No

3. Do you have fire extinguishers on each floor in the home? ☐ Yes ☐ No

4. Please indicate where the fire extinguishers are located in the home?
   _____
   - When were your fire extinguishers tested? _____
   - Do you conduct monthly fire drills? ☐ Yes ☐No
   - Do your fire extinguishers need recharged? ☐ Yes ☐No

5. Do you keep all chemicals out of the reach of children? ☐ Yes ☐No
6. Do you keep prescription medications locked up and out of the reach of children? ☐ Yes ☐No
7. Do you have a medication protocol for children in your care? ☐ Yes ☐No

8. Do you keep all other toxic or hazardous materials out of the reach of children? ☐ Yes ☐No
9. Do you have current first aid supplies? ☐ Yes ☐No

Outside Play Areas

1. Does your house have a fenced area for the children? ☐ Yes ☐No
2. Do the children get outside every day? ☐ Yes ☐No (Weather Permitting)
3. Do you regularly inspect all toys and outdoor play equipment for loose or sharp objects? ☐ Yes ☐No
4. Do you have a sanitization process for all toys and play areas in the home? ☐ Yes ☐No
5. Do you have a swimming pool/wading pool accessible to the children? ☐ Yes ☐No
   - Are the children closely supervised when in the pool? ☐ Yes ☐No
   - Is there a way to assure the pool is inaccessible to the children when not being used? ☐ Yes ☐ No
   - Did the parents sign a release of liability for the children to access the pool? ☐ Yes ☐No
   - Do you have a safety rules in place for the children and families to abide? ☐ Yes ☐No

Attach copies of the following with application:

- Criminal Backgrounds (everyone in home over 18 years of age)
- Driver's License/Identification
- CPR/First Aid (infant/child)
- Food Handlers Card
- Classes/Training Hours related to Early Childhood Education (at least 8 hours of training required for the higher rate of pay)
- Certificates of License (if licensed by the State of Oregon)
- Car Insurance and Home Insurance Policies

HOME EVACUATION PLAN

Indicate all means of exit, windows, location of smoke alarms, and fire extinguishers which would be located in every room (excluding bathrooms) children have access.

There needs to be a plan to designate which adult is responsible for assuring the child or youth will be safely removed from the house. There needs to be a designated place away from the home to meet in case of an emergency.

_____

_____

The information I have provided on this application is true and accurate. The Department of Children and Family Services (DCFS) will complete a license on my ability to maintain the Health and Safety and quality of care I provide for the children and his or her families. I agree to comply with all the requirements for the Licensing Standards at all times. Also, I understand that at any time the DCFS has the right to suspend or revoke my license to provide childcare for children associated with the Child care Development Program.

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date: