



Confederated Tribes of the Umatilla Indian Reservation

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

Child Care Center Provider License 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 center 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 centers' 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 center. A review of center handbooks, policies, procedures, center positions, qualifications, and other written documents will be conducted. The inspector(s) will inform the center 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.

Child Care Center Provider Application:		
Center Name:	Other Names Used:	Opening Center Date:
Email:		
Website:		
State License Number (if applicable):		
Address:	Cell Phone (s):	Home Phone:
City:	State:	Zip Code:
Director Name:	Other Names Used:	Birthdate:
Address:	Cell Phone (s):	Home Phone:
City:	State:	Zip Code:
Email:		

Ownership Structure:

- Sole Proprietor
 Partnership
 Corporation
 LLC
 Tribal Government
 Other: _____

Are there more than one owner or principal involved in this business?

- Yes
 No

If yes, list all individuals/entities with ownership:

Owner Name	Role/Title	Phone	Email

Environmental Health:	Fire and Sanitation	
	Environmental Health Inspector Approval	Date: _____
	Fire Chief/Marshall Approval	Date: _____
	Water Sample Results: _____	Date: _____
CTUIR Planning/Public Safety Department Approval		Date: _____
Recommended Capacity: _____		
Must attach evidence of completion, for above inspections.		

Center Structure Information:

- Own Rent (Landlord: _____)
 Modular One Story Two Story Mobile Home Year: _____

Room Name/Number	Room Use	Square Footage	Actual Capacity

Total Unfurnished Indoor Square Footage: _____

Furnished: _____

Number of Rooms: _____

Total Outdoor Square Footage: _____

Number of Restrooms	Notes
Child Size Toilet	
Adult Size Toilet	
Handwashing Sinks	
Kitchen Sinks	

Center Details:		
Center Cares for:	Center Includes:	Other
<input type="checkbox"/> Infants	<input type="checkbox"/> Animals/Pets on site	
<input type="checkbox"/> Toddlers	<input type="checkbox"/> Swimming	<input type="checkbox"/> Management List: attach list
<input type="checkbox"/> Preschool-Age	<input type="checkbox"/> Transportation	<input type="checkbox"/> Employee List: attach list
<input type="checkbox"/> School Age	<input type="checkbox"/> USDA Participant	<input type="checkbox"/> Floor Plan: attach
	<input type="checkbox"/> Night Care	<input type="checkbox"/> Floor Plan Changes

Program Design/Operations	Full-time	Part-time	Hourly	Drop-Ins	(please circle)
Program Operation Schedule					
Number of Annual Closure Days					
Are you open Holidays? Yes No	If yes, when:				

(Duplicate if needed for additional staff information)

Class/Room	Number of All Children	Staff Name, Title	Staff Age

Operations Information:

Please share your discipline/guidance strategies for infants?

Please share your discipline/guidance strategies for toddler age children?

Please share your discipline/guidance strategies for preschool age children?

Please share your discipline/guidance strategies for school age children?

Describe your centers literacy activities for each age category:

Age Category	Activity(ies)	Frequency
Infant		
Toddler		
Preschool		
School Age		

Are children watching movies, cartoons and/or videos during the day? Yes No

Age Category	Type	Length	Description
Infant			
Toddler			
Preschool			
School Age			

Are children provided opportunities to go on field trips? Yes No

If so, please attach field trip policies and procedures as well as the parent permission form.

What type of meal service is provided to each age category?

Describe the process you use when planning menus for each age category, and accommodations for children with allergies/dietary restrictions.

Age Category	Type	Planning	Accommodations
Infant			
Toddler			
Preschool			
School Age			

Record Keeping: Must be able to provide all documentation upon request.	
Does the program have the following on record for each child in care?	
Application/Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization Records	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
IFSP, IEP if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergy Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Handbook Acknowledgment (attach copy of the handbook)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Communication:		
Does the center post and communicate to parents the following:		How?
Schedule of Daily Events, (attach copies of each room)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meal Service: Monthly Menu's	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community Events/Resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Policy Changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Center Closure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Care Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Health and Safety:	
Do you have an emergency preparedness plan? If yes, please provide along with exit routes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all rooms have fire extinguishers? Tested dates on extinguishers:_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all rooms have two means of exiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct monthly emergency drills and document details of the drill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you keep chemicals out of reach of children? _____	
Do you keep prescription medications locked up and out of the reach of children? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have medication protocol for children in your care? Describe/Refer to Policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep all toxic or hazardous materials out of reach of children? Describe/Refer to Policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have accessible, labeled, current first aid supplies? Describe/Refer to Policy:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Outside Play Areas:	
Do the children have access to outside spaces? How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the outside space fenced in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there student and teacher-led activities planned? Must provide proof of activity. _____ _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the sanitization process for toys and equipment? _____ _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have swimming pool/wading pool accessible to children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is centers policies and procedures for supervision. _____ _____ _____ _____ _____	
Is there a way to ensure the pool is inaccessible to children when not being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have safety rules in place for children and families to abide by? Must provide documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Records: Must be able to provide all documentation upon request.	
Do you currently maintain personnel records for each staff? If yes, where are they stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the following completed for each staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, address, phone number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title, Duties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of first day on the job	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed application and resume	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of required education OR qualifying work experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of required training completion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of required background checks, fingerprints, criminal history, etc. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code of Conduct/Ethics Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confidentiality and Discipline Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you utilize volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BACKGROUND CHECKS

To be eligible to be licensed all staff, volunteers and consultants that have contact with children must pass a background check. These checks are completed by the Umatilla Tribal Police Department (UTPD). These checks include a fingerprint background check, criminal history background check, and conduct. The cost is twelve dollars for the FBI fingerprint background. A certified copy of the completed background check must be submitted with your provider application, including the personal FBI fingerprint background check run by UTPD. Checks will also include Oregon sex offender registry, Oregon Department of Human Services Child Protective Services and Adult Protective Services, Oregon Court records, National sex offender registry.

UTPD Address: 46400 Timine Way, Pendleton, Oregon 97801

REFERENCES: List persons (non-related) who know you 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:

Attach copies of the following with application:

- Current w-9
- Occupancy/Use Permit
- Building Floor Plan/Layout includes outdoor spaces
- Fire Inspection Verification
- Environmental Health Inspection Verification
- Water Test Results
- Criminal Backgrounds (all staff providing care/volunteers)
- Program Staff Structure
- Employee List & Copy of Employee Schedule
- Employee Handbook
- Driver’s License/Identification for every employee
- Evidence of training certifications for all staff
- Certificates of License (if licensed by the State of Oregon)
- Center Insurance Policies
- Vehicle Insurance (if the center provides transportation)
- Parent Handbook/Contracts and Enrollment Paperwork
- Emergency/Evacuation Plan and Routes
- Annual Closures List
- Daily Routines (for each age category)

Acknowledgement of CTUIR Child Care Center Application

The director, teachers, aides, substitutes and all staff are responsible for knowing and following all the policies & procedures, provider handbook and expectations applicable to the child care license anytime child care children are present, including all the rules not directly reference in this document and/or not reviewed during visits. Parental requests or permission to waive any of the rules for the certification of child care centers does not give the center permission to do so regardless of circumstances.

By signing this application, I/We certify that the answers/information given on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information, misrepresentation, or omission of relevant information are grounds for termination of Child Care Assistance and termination of services. This application will not be valid unless filled out and signed by the center director. I/We understand that submitting this application does not guarantee eligibility, approval, or receipt of services. All applications are subject to review, and additional documentation may be required.

I/We acknowledge that any findings or misrepresentation will result in penalties, including but not limited to a restriction period of 30, 60, or 90 days during which I/We will be ineligible to apply for services. Furthermore, I/We understand that I/We are ultimately responsible for all child care expenses while applying for services under the Child Care Development Fund Program. Incomplete applications will be returned.

Signature of Applicant:	Date:
Signature of Co-applicant:	Date:
Early Childhood Collaborative Coordinator	Date:
Family Engagement Program Manager	Date: