QUARTZ VALLEY INDIAN RESERVATION
CHILD CARE & DEVELOPMENT PROGRAM

Education Director/ CCDF Administrator
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QVIR CCDF - Recipient's Check List

The following documents should be submitted during the enrollment process to the QVIR CCDF Department Staff. Information listed as mandatory is required before any subsidy payments by the tribe can be authorized. This means payment will not begin until everything listed is complete. We do not make retroactive payments.

Document	Instruction	Complete
Application (Recipients, Mandatory)	All forms within the application must be filled out completely and signed. Applications incomplete will hold up the determination process.	☐
Immunization Record (Recipients, Mandatory)	A copy of each child's current immunization record must be submitted.	☐
Trustline Registry (non-licensed Providers, mandatory)	Finger printing and Background Check must be submitted by all Providers, through the Siskiyou Child Care Council located in Weed, CA. This application is accessible through the Quartz Valley Indian Reservation CCDF Department.	☐
Income Verification (Recipients, Mandatory)	Must be submitted from both guardians if living in the same household as child.	☐
Facility Safety Review (non-licensed Providers, mandatory)	A walk-through must be performed by both the Provider and Recipient. Signatures are required.	☐
W9 Form (All Providers, mandatory)	A current W9 Form must be filled out, completed, and submitted to the QVIR CCDF Department Staff for payments purposes.	☐
Transport Permissions (Optional)	If you choose to have your provider transport your child on occasion it is recommended, you give permission to your provider.	☐
Relative-Exempt Status Declaration (Recipients, Mandatory)	All Relative-Exempt Providers must provide a statement declaring: • The relationship to the child/children in care. • He/she is free from all communicable diseases.	☐
Physical Examination (non-licensed, Mandatory)	• Must submit a TB Shot clearance. • Must receive a Physical Examination and submit the paperwork to the QVIR CCDF Staff.	☐
Providers Information (All Providers, Mandatory)	Must fill out and complete a Providers Information Sheet, this form was developed to ensure all needed information is collected at the time of enrollment.	☐
Health and Safety Requirements (non-licensed Providers, Mandatory)	• Must complete and submit certification of completion for required training within the first 3 months of care. • Must have policies and procedures in place for Emergency Preparedness and Control of Infectious Diseases.	☐
Business License (Licensed, Mandatory)	Must submit a copy of the Business License	☐
Tribal Enrollment Verification (Recipients, Mandatory)	Must be submitted for all children who will be receiving assistance through QVIR CCDF	☐
Schedule Verification (Recipients, Mandatory)	Must submit schedule documentation to verify need through Work Schedule, Class Schedule, Training Schedule, or at-risk needs to be determined by applicant and CCDF Administrator.	☐

INTRODUCTION

Application #:2023-_____

PROGRAM DESCRIPTION:

The Child Care & Development Program (CCD) subsidizes childcare services, Pre-school, and Before & After School services for children (age 12 and under). Low- and medium-income parents who are working; receiving education; authorized tribal business; approved respite care or participating in a certified job-training program are eligible for the program if they are Tribal member or the child is a Tribal member. Parents choose their own private childcare provider and if all program requirements are met, the Quartz Valley Indian Reservation will subsidize part or all the cost. The amount of the tribal subsidy depends on the family income, family size and the cost of the childcare services. The Tribe wills the subsidy directly to the provider on a monthly basis. The parent is required to pay the childcare provider for the remaining portion of the cost of Child Care.

The Quartz Valley Indian Reservation operates what is called a "Voucher" program. This gives the parent maximum flexibility when choosing who will take care of their children. Parents may choose who will care for their children; they may choose an unlicensed provider for In-Home and Family-Home care and have the option of immediate family being the provider this includes adult siblings (not living in same household), aunts, uncles, or grandparents. NOTE: Unlicensed providers shall be required to "register with Quartz Valley Indian Reservation and meet the tribe's health and safety requirements.

CONFIDENTIALITY:

All information collected as part of this program will be considered confidential, and access will be limited to people connected with the administration of the program. No other use of this information is allowed without the express written consent of the parent or legal guardian.

QUALIFICATION PROCEDURE:

The Parent will be asked to submit certain types of documentation and to supply certain information. Without this documentation and information, the enrollment process cannot be completed, and the family will not receive services. There are two different categories of payment for providers: (1) Full payment and (2) Share of cost, both are determined by family income and family size.

REQUIRED DOCUMENTS INCLUDE:

1. a) Verification of all income. Documentation may include wage check stubs; SSI/SSP award letter; any General Assistance verification from the County Welfare Department or Tribal TANF program; Social Security award letter; unemployment award letter or a signed statement of earnings from a parent who is self-employed. Monthly-adjusted family income shall be verified by observing the statement of earnings, which accompanies payment from the employer. A record showing the date of the payroll check, the period of payment and adjusted earning shall be entered in the certification. Where income is received as cash a written statement from the employer shall verify the amount.

   b) If not employed, the parent(s) must provide documented proof that the parent(s) is enrolled in school or is a certified vocational education or job-training program.

2. If applicable, AFDC status and verification of Grants.

3. If applicable, MediCal Numbers.

4. Complete and up-to-date immunization records for each child are required. Immunizations are available at Anav Tribal Health Clinic. Following are the immunization requirements.

CHILD'S AGE	IMMUNIZATION RECORDS SHOULD SHOW
0-6 WEEKS	NONE
6 WEEKS – 4 MONTHS	Diphtheria/Tetanus (DPT) First immunization. Polio (OPV)
4-6 Months	DPT/OPV : First and second immunization.
6-15 Months	DPT: First, second, and their immunization OPV: First and second immunization Measles, Mumps, Rubella: available as a single injection (MMR) MMR (one shot is effective for a lifetime)
18 Months/Over	DPT: First, second, third, and forth immunizations. OPV: First, second, immunization MMR: First
24 Months/Over	The Previous immunizations plus a vaccination for hemophiliac influenza (H flu) is recommended for children over two years.

The following information will also be required during the interview to complete the enrollment process before the program can begin:

1. Family information which will include, but not limited to: Complete names of all family members, addresses, phone numbers, Tribal ID numbers, Social Security Numbers, Work Schedule, etc. This information **MUST** be filled in completely for your application to be processed.

2. The child's Pre-admission Health History- Parents Report. This information will include date of last health examination, developmental history, illness, daily routine, immunization reports, etc. (ex. what time does the child get up; What time does the child go to bed; What are the child's dislikes; and identifying any of the child's special needs). This information **MUST** be filled in completely for your application to be processed.

Recipient Initials: _____

FAIR HEARING

For all components, the Quartz Valley Indian Reservation agrees to provide a fair administrative hearing to individuals whose application for assistance has been denied or not acted upon within reasonable promptness, or whose assistance has been adjusted or terminated. If a member disagrees with the determination of the Child Care Administrator, the member may appeal the decision to the Business Manager. In the event it cannot be resolved the hearing will be scheduled for the next Business Council meeting date, for which the Council has at least 72 hours' notice of the appeal. Members will have 15 days from the date of notice of denial to the request for a hearing in writing.

Recipient Initials: _____

EMPLOYMENT UNDERSTANDING

For all components, the Quartz Valley Indian Reservation is not considered the Employer for the Recipients Child Care Provider.

I, _____, understand I am considered the employer to Provider: _____.

RECIPIENT SIGNATURE: _____ DATE: _____

PROVIDER SIGNATURE: _____ DATE: _____

ENROLLMENT FORM

Applicant is: **Parent** ☐ **Legal Guardian** ☐ **Child (Displaced)** ☐			**Today's Date:**
Applicant's Name:			**Date of Birth:**
SSN:	**Tribal ID#**	**Age:**	**Email Address:**
Home Phone:	**Cell Phone:**		**Message Phone:**
Physical Address			
Mailing Address:			
Reason for Subsidy: **Employment** ☐ **Job Training** ☐ **Student** ☐ **At-Risk** ☐			
Employers Name:			**N/A** ☐
Employers Address:			**Employers Telephone #:**
Days: **Sun.** ☐ **Mon.** ☐ **Tues.** ☐ **Wed.** ☐ **Thurs.** ☐ **Fri.** ☐ **Sat.** ☐			**Hours:** _____ **to** _____
School's Name:			**N/A** ☐
School's Address:			**School's Telephone #:**
Days: **Sun.** ☐ **Mon.** ☐ **Tues.** ☐ **Wed.** ☐ **Thurs.** ☐ **Fri.** ☐ **Sat.** ☐			**Hours:** _____ **to** _____
If seeking employment, the necessary forms MUST be completed, and authorization MUST be approved prior to action.			
Applicant #2 (if applicable – two parent household)			**Date of Birth:**
SSN:	**Tribal ID#**	**Age:**	**Email Address:**
Home Phone	**Cell Phone:**		**Message Phone:**
Physical Address:			
Mailing Address:			
Reason for Subsidy: **Employment** ☐ **Job Training** ☐ **Student** ☐			
Employer's Name:			**N/A** ☐
Employer's Address:			**Employer's Telephone #:**
Days: **Sun.** ☐ **Mon.** ☐ **Tues.** ☐ **Wed.** ☐ **Thurs.** ☐ **Fri.** ☐ **Sat.** ☐			**Hours:** _____ **to** _____
School's Name:			**N/A** ☐
School's Address:			**School's Telephone #:**

Days:	Sun. ☐	Mon. ☐	Tues. ☐	Wed. ☐	Thurs. ☐	Fri. ☐	Sat. ☐	Hours: _____ to _____

Before ☐ **or** **After** ☐ **School Services** Both: ☐

Family Income

Funding	Applicant # 1	Applicant # 2
Employment Income	$	$
Alimony	$	$
Unemployment Insurance	$	$
SSI	$	$
Child Support	$	$
TANF/General Assistance	$	$
Other specify Per-Capita	$	$
MONTHLY INCOME TOTALS	**$**_____	$_____

(PARENT# 1 TOTAL) + (PARENT #2 TOTAL) = (TOTAL MONTHLY INCOME)

$_____ + $_____ = $_____

Total Household Members: _____ List all Household Members and Ages:

INITIAL TO SHOW UNDERSTANDING:

- A change in Family income and employment status **MUST** be reported within 30 working days.
- I understand a change in income may directly affect my share of the cost for subsidy payment.
- Self-employed recipient's **MUST** provide the Quartz Valley Indian Reservation Child Care and Development program with their total income verification every 6 months to determine eligibility.
- All information **MUST** be filled in and clearly readable for this application to be processed.
- I understand the QVIR CCDF Staff re-determines eligibility annually; this may affect Share-of-Cost.
- I understand the Enrollment Form MUST be filled out completely for my application to be processed.

Recipient Initials: _____

PRE-ADMISSION HEALTH HISTORY- Applicant's Report

FAMILY INFORMATION

Child's Name:			Today's Date:
Sex: Male ☐ Female☐	D.O.B.	SSN:	
Tribal Affiliation:			Tribal #:
Father's Name:		Age:	D.O.B.
In Home with Child: Yes☐ No ☐	SSN:		Tribal #:
Mother's Name:		Age:	D.O.B.
In Home with Child: Yes☐ No ☐	SSN:		Tribal #:

PHYSICIAN INFORMATION

Has the child been under regular supervision of a physician? Yes ☐ No☐	
Name of physician:	Telephone #:
Address:	Last Examination:

DEVELOPMENTAL HISTORY

Walked at: _____months	Began Talking at: _____ months	Toilet Training at: _____ months

ILLNESS

Chicken Pox	Yes ☐ No ☐	Approximate Date:
Asthma	Yes ☐ No ☐	Approximate Date:
Other	Yes ☐ No ☐	Approximate Date:
Other	Yes ☐ No ☐	Approximate Date:

ALLERGIES

1.	2.
3.	4.

SHOTS

An Immunization Report is attached: Yes☐ No☐

SPECIAL NEEDS

Please describe any Special Needs for this child:

DAILY ROUTINES	
Usual Eating Schedule:	
Food child likes:	Food child dislikes:
Elimination Process (toileting/diapering):	
Things that comfort child:	
Cultural habits/home issues that may affect the child's behavior:	
Who is authorized to pick up this child from childcare:	
Who will care for child when he/she is sick: (Complete the Child Care Emergency Contact Information Form)	

I understand that a Pre-Admission Health History Form **MUST** be filled completely out for each child in care.

Recipient Initials: _____

CHILD CARE EMERGENCY INFORMATION

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Legal Guardian #1: _____

Telephone Numbers: Home: _____ Cell: _____ Work: _____

Legal Guardian #2: _____

Telephone Numbers: Home: _____ Cell: _____ Work: _____

EMERGENCY CONTACTS (to whom child may be released if legal guardian is unavailable)

Name #1: _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____ Work: _____

Name #2: _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____ Work: _____

CHILD'S USUAL SOURCE OF MEDICAL CARE

Name: _____

Address: _____

Telephone Number: _____

CHILD'S USUAL SOURCE OF DENTAL CARE

Name: _____

Address: _____

Telephone Number: _____

CHILD'S HEALTH INSURANCE

Name of Insurance Plan: _____

Subscriber's Name (on insurance card): _____ ID #: _____

SPECIAL CONDITIONS, DISIBALITIES, ALLERGIES, OR MEDICAL INFORMATION FOR EMERGENCY SITUATIONS: _____

TRANSPORT ARRANGEMENT IN AN EMERGENCY SITUATION:

Ambulance service: _____ Child will be taken to: _____

(Parents/guardians are responsible for all emergency transportation charges)

PARENT/LEGAL GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As Parent/legal guardian, I give consent to have my child receive first aid by provider if so, instructed by emergency medical service personnel, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: _____ Parent/Legal Guardian's Signature #1: _____

HEALTH AND SAFETY REQUIREMENTS

1. Providers must provide proof that the provider has passed the State of California's "Trustline" system to prevent child abuse. Proof must be provided before any payments can be made to licensed third-party providers. All other Providers who are required to register must present proof within 3 months of approval as a childcare provider. The tribe will advise the Provider to register under the system as soon as possible since there may be a lengthy period after the "Trustline" until results are received.

2. The provider must provide documentation recording the provider is free of tuberculosis, as demonstrated by a TB test within the last 12 months initially, and then reoccurring every 3 years. Proof of testing must be submitted before any payments can be made to the provider.

3. Provider must certify that the procedures have been established for the prevention and control of infectious diseases, including safe food preparation, separation of sick children from other children, clean bathroom facilities and adequate bathroom cleaning materials, and that water and sewer systems meet the minimum county standards.

4. For all children in household that will be receiving subsidy through QVIR, the Applicant is required to provide verification documenting current immunization. These standards are provided to the parents in the tribe's program materials, and free immunizations can be received through the local health clinic.

5. The Tribe and Applicant will inspect the location of any non-licensed care facility for possible health and safety problems. The health and safety checklists for licensed and non-licensed providers are attached.

6. All Providers must have policies and procedures in place for Emergency Preparedness and Prevention and Control of Infectious Diseases.

7. All QVIR Regulated Providers are required to stay current with the following Health and Safety Trainings – supported by verification- Infant & Toddler Care/Preschool Age Care/All Ages Care

Safe Sleep Practices	Prevention of Sudden Infant Death Syndrome (SIDS)	Administration of Medication
Pediatric CPR/First Aid	Blood Pathogen Training	Safety of Building and physical premises
Prevention of shaken baby syndrome	Abusive head trauma and child maltreatment	Emergency preparedness
Recognition and reporting of child abuse and neglect	Developmental Milestones for infant/toddler age	Developmental Milestones for Preschool age
Prevention (including immunizations) and control of infectious diseases	Prevention of and response to emergencies due to food and allergic reactions	Parenting classes for encompassing communication, child development and relationship building

Recipient Initials: _____

Provider Initials: _____

CHILD CARE LICENSED-PROVIDER RATE SHEET

☐ **Facility License is attached - Copy.**

PROVIDER FEES

Infants: _____**month(s) to** _____**year(s)**

Part Time: _____hours or less

Monthly: $ _____ Daily: $_____ Hourly: $_____

Full Time: _____hours or more

Monthly: $ _____ Daily: $ _____ Hourly: $ _____

Pre-School: _____**year(s) to** _____**year(s)**

Part Time: _____hours or less

Monthly: $ _____ Daily: $_____ Hourly: $_____

Full Time: _____hours or more

Monthly: $ _____ Daily: $ _____ Hourly: $ _____

School Age: _____**year(s) to** _____**year(s)**

Part Time: _____hours or less

Monthly: $ _____ Daily: $_____ Hourly: $_____

Full Time: _____hours or more

Monthly: $ _____ Daily: $ _____ Hourly: $ _____

Registration Fee: $_____ per _____

Does your Facility charge or have other Fees: ☐ or ☐
If yes, please explain:

_____

Does your Facility offer Discounts for Siblings? ☐ or ☐
If yes, please explain:

_____

Does your Facility charge for absences due to Illnesses? ☐ or ☐
Does your Facility charge for Holidays? ☐ or ☐
Does your Facility charge for Vacations? ☐ or ☐
Does your Facility have a Termination Policy? ☐ or ☐
If yes, please explain:

_____

Does your Facility expect pre-payment? ☐ or ☐

Does your Facility issue reimbursement to the parent? ☐ or ☐

I certify that parents/legal guardians have unlimited access to their children, including written records concerning their children, and to staff caring for their children, during normal hours of operation or while children are in my care. I certify the rates listed above (or attached) represent the usual and customary rates charged for ALL CHILDREN for whom care is provided in the above-named childcare/home center.

Provider Signature: _____ Date: _____

I understand that a Child Care Licensed Provider Rate Form MUST be filled out completely for the application to be processed.

Recipient's Initials: _____

COMPLAINTS ABOUT CHILD CARE PROVIDERS

THE QUARTZ VALLEY INDIAN RESERVATION KEEPS AN OPEN PUBLIC RECORD OF ALL WRITTEN COMPLAINTS ABOUT PROVIDERS OR CHILDCARE. THIS PUBLIC RECORD IS AVAILABE FOR REVIEW BY MEMBERS OF THE TRIBE AT THE TRIBAL OFFICE DURING NORMAL OPERATING HOURS.

FOR ALL COMPLAINTS RECEIVED, A COPY SHALL BE SENT TO THE PROVIDER IN QUESTION. THE PROVIDER MAY REQUEST A HEARING WITH THE BUSINESS MANAGER. IF UNRESOLVED, THE HEARING WILL BE SCHEDULED WITH THE BUSINESS COUNCIL AT A REGULARLY SCHEDULED MEETING TO DEFEND AGAINST ANY CHARGES, PROVIDED THAT THE ACCUSER AND THE BUSINESS COUNCIL HAVE AT LEAST ONE WEEK'S NOTICE IN WRITING.

I UNDERSTAND MY RIGHT TO A FAIR HEARING AND I UNDERSTAND I WILL HAVE AN OPEN COMPLAINT RECORD IF FOUND GUILTY.

I certify that my home or place of business meets all applicable health and safety requirements and do attest that I have never been accused of child abuse or neglect. I authorize the Quartz Valley Indian Reservation Child Care and Development Program to verify any or all information I provide.

The provider further agrees that the program may investigate any complaints regarding childcare and this registration may be revoked upon failure to comply with state regulations.

_____	_____	_____
PROVIDER'S NAME (PLEASE PRINT)	SIGNATURE OF PROVIDER	DATE

TRANSPORTING PERMISSION SLIP

DATE: _____

RE: _____

To Whom It May Concern:

☐ I have ensured my provider, _____, has a valid Driver's License.

☐ I have ensured my provider, _____, has valid insurance.

☐ I have ensured my provider, _____, understands how to install and use the correct child passenger seat specific to my child/children's age.

SINCERELY,

X._____ Date: _____

Print Name: _____

OTHER ADULTS RESIDING IN PLACE OF CARE-INFORMATION

UNDER THE CHILD CARE AND DEVELOPMENT PROGRAMS REGULATIONS, IT STATES THAT ALL ADULTS OVER THE AGE OF 18, LIVING IN THE PLACE OF CARE SHALL BE LISTED ON THIS APPLICATION. IT IS THE RESPONSIBILITY OF THE RECIPIENT TO LET THESE INDIVIDUALS KNOW THEY ARE SUBJECT TO A BACKGROUND CHECK, BY THE QUARTZ VALLEY INDIAN RESERVAATION. IT IS THE DUTY OF THE QUARTZ VALLEY INDIAN RESERVATIONS'S CCDF PROGRAM TO ENSURE SAFETY FOR CHILDREN WITHIN THIS PROGRAM.

1) **ADULT #1'S NAME**: _____

2) **M☐le or F☐le**

3) **Date of Birth**: _____

4) **SSN:** _____-_____-_____

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1) **ADULT #2'S NAME**: _____

2) **M☐le or F☐le**

3) **Date of Birth**: _____

4) **SSN:** _____-_____-_____

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1) **ADULT #3'S NAME:** _____

2) **M☐le or F☐le**

3) **Date of Birth:** _____

4) **SSN:** _____-_____-_____

AGREEMENT FOR PROVIDER SERVICES

PARENT-PROVIDER-TRIBE

Quartz Valley Indian Reservation
Attn: Child Care and Development Program
13601 Quartz Valley Rd.
Fort Jones, CA 96032
frieda.bennett@qvir-nsn.gov

(530) 468-5907 Office
(530) 468-5908 Fax

Parent's Name: _____

Provider's Name: _____

Child's Name: _____

Birthday: _____

QVIR CCDF Representative: _____

1. The childcare provider charges $_____per day/hour/month (circle one). The provider certifies that the fees indicated are the usual and customary charges for the same services provided to children of non-subsidized families.

2. The Quartz Valley Indian Reservation herein referred to as the "tribe," will pay a portion of the subsidy fee; this is dependent on parent contribution and the QVIR matrix. The Parent is responsible for directly paying the Provider for the remaining portion of the fee. The tribe may change or terminate its subsidy upon written notice to the other Parties at the sole discretion of the tribe.

3. It is understood that the Provider will be paid monthly by the tribe. Invoices are due, signed by the Parent as verification, by the fifth of the month following care. The tribe will reimburse the provider within 10 working days of receipt of invoice. The invoice must be received by the tribe by the fifteenth of the month following care, or the invoice may not be reimbursed at all. All reimbursement timelines are dependent on receipt of funds for funding sources. If submitted late - No invoice will be reimbursed after 60 days.

4. The Provider certifies that childcare services do not include religious instruction, unless disclosed in pre-admission.

5. The Provider understands that money received from the tribe is for childcare services for children who are members of the tribe or classified as an Indian child.

6. All Parties agree to remain in compliance with all policies and procedures pertinent to the tribe's Child Care and Development Program.

7. The Provider and the Parent agree to give all parties two weeks' notice of withdrawal from the program.

8. The Provider's services meet all health and safety requirements of the QVIR CCDF program.

9. The Provider guarantees that the Parent(s) and the tribe will have unlimited access to their children and to the individual(s) caring for their children, during the normal hours of operation or whenever such children are in the care of the Provider.

10. All Parties concerned realize that this is a parental choice program, and that the tribe has not inspected or warranted the condition of the Provider's facility or the degree or type of supervision. The tribe assumes no responsibility for injury or damage arising from the performance of this contract. The Provider and parent understand that the tribe is a federally recognized Indian tribe with sovereign immunity and cannot be held liable for harm arising from this program.

11. All Parties concerned understand this is a parental choice program, the tribe is not the employer of the Provider, and the Recipient is the employer of the provider.

12. Any other agreement signed between the Parent and Provider is solely between those two Parties. The tribe assumes no responsibility for such agreements.

_____
PROVIDER REPRESENTATIVE'S SIGNATURE

_____
DATE

_____
LICENSE or VENDOR NUMBER

XXX-XX-_____
SOCIAL SECURITY NUMBER

_____
PARENT'S SIGNATURE

_____
DATE

_____
QVIR REPRESENTATIVE'S SIGNATURE

_____
DATE

_____
TITLE