



Child Care Services
PO Box 948
Nome, AK 99762
www.kawerak.org

Email: intake@kawerak.org
1-800-450-4341
(907) 443-4263
eFax (907) 802-6183

**TRIBALLY APPROVED PROVIDER (TAP) &
TRIBALLY APPROVED RELATIVE PROVIDER (TARP)
APPLICATION**

The goal of Kawerak Child Care Services (CCS) is to increase the availability, affordability, and quality of childcare for families. Tribally Approved Providers (TAP) and Tribally Approved Relative Providers (TARP) are a valuable option for parents in need of childcare and increasing the number of approved providers expands the availability, affordability, and quality of childcare for families.

TAP and TARP may provide childcare services in the provider's private residence or in the child's residence.

Providers may care for no more than four (4) children under the age of 13 at any one time, including the provider's own children. No more than three (3) children may be under 30 months (two and half years) of age at any time. Providers may receive CCS payment for a maximum of two children in care.

When care is provided in the child's residence, all children in care must be from the same family and under the age of 13. With parental permission, the provider may bring his/her own child; however, the total number of children in care may not exceed four (4).

Providers must be 18 years or older and pass a Tribally Approved Background Check. If care is provided outside the child's home, any other adults 18 years or older residing in the home must also pass a Tribally Approved Background Check.

Parents are responsible for paying providers directly for any co-payments (family's contribution to childcare) or additional fees that exceed Kawerak's childcare rates.

REQUIRED CHECKLIST: Please submit the checklist items once they are completed and signed.

Contact Child Care Services for any assistance or questions.

- Provider Application
- Tribally Approved Provider Authorization for the Release of Information—Signature required for each adult 18 years or older who lives in the location of childcare
- Clearance Form from AK DEPT of Family & Community Services, Office of Children's Services
- Child Care Provider Responsibilities
- Health and Safety Assurances
- Vendor Payment Agreement (Provider Name is the Vendor)
- W-9 (Provider is an Individual/sole proprietor)
- 945 Tax Withholding form (Allows income tax to be deducted from paychecks)
- Copy of current government issued photo identification
- Signed up for REMIND App for CCS communication & invites to monthly online provider training

Have you identified the children you will be providing care for?

Yes No

Children in Care: List of all children you will be providing care for. Maximum of four children in care.						
Child First & Last Name	Date of Birth	Enrolled in EHS, HS, Pre-K, K-6 program	INFANT 0 to 11 mos.	TODDLER 1 to 3 YRS	PRESCHOOL 3 to 5 YRS	Kindergarten to 12 YRS
		Yes No Waitlist				
		Yes No Waitlist				
		Yes No Waitlist				
		Yes No Waitlist				

Primary Parent Name	Cell Phone	Work Phone
2nd Parent Name	Cell Phone	Work Phone

I certify that I will comply with all the requirements by Kawerak Child Care Services (CCS) and the Child Care Development Fund (CCDF) program authorizing approval of providers. I agree to accept Kawerak's Tribally Approved Daily Rates. I affirm that all information provided and statements made in this application are true and correct to the best of my knowledge.

I agree to notify Kawerak Child Care Services (CCS) immediately of any changes to household members at the location of care to ensure compliance with criminal background check policies. Failure to do so may result in termination of the program.

Provider Name	Signature	Date

Kawerak CCS Representative	Signature	Date Application Received



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Authorization for Release of Information

All providers must be at least 18 years of age and successfully pass a tribally approved background check. Tribally Approved Providers and all other household members who are 18 years of age and reside in the home where childcare is provided are required to complete an Authorization for Release of Information every 12 months.

The Tribally Approved Relative Provider (TARP) background review includes checks of the State of Alaska Sex Offender Registry and the State of Alaska Court View Registry. If a Relative Provider has resided outside of Alaska, a check of the National Sex Offender Public Website check will be conducted, and the Office of Children’s Services (OCS) Clearance form must be submitted for each state of prior residence.

The Tribally Approved License Exempt Provider (TAP) background review includes the State of Alaska Child Abuse Registry, State of Alaska Sex Offender Registry, and the State of Alaska Court View Registry. It also includes out-of-state background checks for providers who have resided in another state within the past five years, as well as a National Sex Offender Public Website check for any adults 18 years of age or older residing in the household.

By signing this Authorization for Release of Information, I grant Kawerak Child Care Services permission to conduct a Tribal Approved Background Check initially and annually thereafter. I understand that this exchange of information is solely for the purpose of determining eligibility for the childcare services I am requesting and that all information will be kept confidential. Copies of this authorization are considered as valid as the original and will remain in effect for one year.

I agree to notify Child Care Services (CCS) if a new household member who is 18 years of age or older begins residing in the location where childcare is provided, so a new Authorization of Release of Information may be completed in compliance with program requirements. Failure to contact CCS may result in termination from the program as a provider.

Full Printed Name First, Middle, Last	Date of Birth	Relationship to Child	Signature	Date

CLEARANCE FORM

CONFIDENTIAL

Worker _____
Field Office or
Private Agency _____

Instructions: Complete a separate form for EACH foster care applicant, unlicensed relative caregiver, adoptive applicant or guardian, household member age 16 years and older, and adult with direct access to children in the home.

Name (Last, First, Middle) **Household Name**

Aliases (Maiden Name, Previous Married Name(s)) **Social Security #** **Gender:** Male Female

Date of Birth **Place of Birth** (City, State, Country)

Driver License Number **State of Issuance** **Home Phone Number** **Alternate Phone Number**

Physical Address (City, State, Zip)

Mailing Address (City, State, Zip)

Residency: Alaska _____ Yrs _____ Mo's Physically here _____ Yrs _____ Mo's

Please list your previous residence for the last five(5) years. Attach additional page(s) if necessary.

From (MM/YY)	To (MM/YY)	City	State	Country

Have you been previously licensed to care for children or adults?
NO YES If yes, indicate city, state, and type of care and dates of licensure:

Have you ever had a license to care for children or adults revoked, denied, or suspended in Alaska or any other state?
NO YES If yes, attach an explanation

Have you or any household members at any time ever been investigated for child abuse or neglect?
NO YES If yes, attach an explanation.

Do you have a physical, health, mental health, or behavioral problem that might pose a risk to the health, safety, or well-being of children? If you have a question regarding a problem, discuss it with your licensing worker.
NO YES If yes, attach an explanation.

Do you have a domestic violence problem or alcohol or other substance abuse problem that might pose a risk to the health, safety, or well-being of children?
NO YES If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense?
NO YES If yes, attach an explanation.

I authorize the department representative to review criminal justice (CJ), including, where applicable, juvenile criminal history, protective service, and licensing records and to share this information (except federal CJ records) with the applicant/licensee and if applicable, between the department and agency responsible for evaluating the facility. I agree and understand that I will be placed on the APSIN flag system. I certify that the contents of this form and information provided with it are true, accurate, and complete.

Signature Date

(Office of Children's Services Staff Use Only)

Worker Name _____

Date _____

Required Background Checks

- Child Protective Services History No Yes
- Court View History No Yes
- Sex Offender Registry History No Yes
- Previous Licensing History No Yes
- Criminal Justice JOMIS Check (must also be run on all youths age 12 and older) No Yes
- Background Check Program Cleared No Yes

- Criminal Justice APSIN Check
- Other: _____

Comments:

Name of worker who did the checks _____ Date _____



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TRIBALLY APPROVED RELATIVE PROVIDER RESPONSIBILITIES

Please sign your initials in the box to the left of each statement to indicate your acknowledgement.

	I understand that in order to get approved as a Kawerak Relative Provider, both my provider application and the Child Care Assistance Application of the child's parent(s) must be complete and approved before I begin providing any childcare services.
	I understand that, as a Tribally Approved Relative Provider, I will be reimbursed <u>for the days and times</u> during which the parent is determined eligible for childcare services. Any childcare services provided outside the days and times specified in the Letter of Authorization must be paid for directly by the parent.
	I will notify Kawerak Child Care staff immediately if there are any changes to the location of care household. This includes changes in any household members 18 years and older, temporary or permanent, who were not identified in my original application.
	I will provide the parent(s) and Kawerak Child Care staff at least fourteen (14) days' notice of my intent to discontinue childcare services. A shorter notice period may be arranged through mutual agreement between myself and parents.
	I agree that parent(s) will have unlimited access to the home at any time while their children are in care.
	I will never leave children in my care unattended or in supervision of another person.
	I understand that I am a mandatory reporter of any suspected abuse or neglect of the children in my care and that I will report such concerns to the appropriate authorities.
	I agree to comply with all Health and Safety assurances for providing childcare services.
	I agree to hold Kawerak, Inc. harmless from any liability, claims, or damages that may result from my actions or failure to fulfill my obligations under the terms of this agreement.
	I will maintain written records documenting the arrival and departure times of children in care. I will submit original Certificate Time Sheets by the required due dates.
	I understand that I may not misrepresent information in order to receive childcare subsidy payments. Any benefits received in error must be repaid and may result in denial of future participation in the program.
	I will respect and maintain confidentiality of all parents participating in the program.

I certify that I have read, understand, and will comply with my responsibilities under the Kawerak Tribally Approved Relative Provider Agreement:

Print Name	Signature	Date



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HEALTH & SAFETY ASSURANCES TRIBALLY APPROVED RELATIVE PROVIDER CARE

As a Tribally Approved Relative Provider participating in Kawerak Child Care Services, please review the following Health and Safety Assurances. Indicate your agreement by checking **Yes** or **No** for each item. If **No** is selected for any item, Kawerak Child Care staff will follow up with you to discuss available technical assistance or other support to help implement the assurance.

Environment and Home/Facility Safety		
1. Space and equipment arrangements are adequate to ensure the safety and comfort of the children in care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Ventilation, temperature, and lighting are appropriate and adequate to ensure the safety and comfort of the child(ren).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Safe play areas are available for children both inside and outdoors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Floors and walls are clean and maintained in a safe condition for the child(ren).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire and Emergency Safety		
5. At least one smoke detector is installed at an appropriate location in the home and is in working condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. The home or facility has at least one fire extinguisher located in or near the kitchen, that is maintained in operable condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Combustible and flammable materials are not stored in water heater rooms, furnace rooms, or laundry rooms and are kept in a safe location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. In the event of a fire or emergency, my first responsibility as a provider is to safely evacuate the child(ren).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment and General Safety		
9. Toys and equipment used by children (including items such as highchairs) are safe, durable, easy to clean, and non-toxic.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. The home has a first aid kit that is stored in a secure location inaccessible to child(ren) but readily available to the provider when needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Firearms are unloaded and stored in a locked location, and ammunition is stored separately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Children in care will not be around any person or animal known to be dangerous.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervision and Discipline		
13. Child(ren) in care will never be left unattended or placed in the care of another person during childcare services hours.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Physical, verbal, or emotional punishment will not be used as a form of discipline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hygiene and Sanitation		
15. Diaper changing will not be conducted in areas used for food preparation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Common towels or washcloths will not be used by multiple children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. I will wash hands before and after handling food, and after changing diapers or using the restroom.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Food will be properly stored, refrigerated, and prepared in a safe and sanitary manner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazardous Materials and Substances		
19. Medicines, cleaning supplies, and other hazardous materials will be stored in locked cabinets or otherwise secured out of children's reach.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Alcohol, drugs, or tobacco will not be used during childcare service hours.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Care and Medication		
21. Parents will be contacted if a child sustains an injury requiring medical attention or experiences a serious illness.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Medication will only be administered with written instructions from the parent or guardian.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

My signature below indicates that I have answered the Health and Safety Assurances truthfully and agree to implement the health and safety practices listed above.

Provider Name	Provider Signature	Date

KAWERAK Child Care Staff:

Create a Continuous Quality Improvement form for any NO responses with follow-up process documented prior to consideration for approval.



KAWERAK, INC.

REPRESENTING

Brevig Mission

Sitaisaq

Council

Diomedea

Iñaliq

Elim

Niviarcaurluq

Gambell

Sivuqaq

Golovin

Chinik

King Island

Ugiuvak

Koyuk

Kuuyuk

Mary's Igloo

Qawiaraq

Nome Eskimo

Sitnasuak Inuit

Savoonga

Sivungaq

Shaktoolik

Saktuliq

Shishmaref

Qikiqtaq

Solomon

Anuutaq

St. Michael

Taciq

Stebbins

Tapraq

Teller

Tala

Unalakleet

Uñalaqñiq

Wales

Kinigin

White Mountain

Iğatuiik /

Nutchirviq

Dear Kawerak Partner,

We are delighted that you are doing business with Kawerak. In order to establish or update your account in our accounting system, we need to collect some essential information from you.

To begin, we require a Kawerak Vendor Payment Agreement that provides your full name (company), mailing address (PO Box), phone number, email address and payment preference. This information is critical for us to contact you in case there is an issue with payment or to send you relevant documentation.

We also require your tax identification number (TIN) or Social Security number (SSN). For this purpose, we have included a W-9 form with this packet. Please complete both of these forms and return it to us as soon as possible.

Additionally, Kawerak's preferred payment method is electronic payment. We will need your banking information, including the name of your bank, routing number, and account number. This will enable us to make payments quickly and easily through Automated Clearing House (ACH). Kawerak strongly encourages paying our vendors via bank ACH or credit card without transaction fee to expedite payment processing and improve efficiency.

*****Should you choose physical check as a payment option, please be aware, Kawerak mails all physical checks from Nome, AK via US Postal Service. Physical mailing to and from rural Alaska locations can take up to 30 days. Please take this into consideration when choosing your preferred payment method. For this reason, we do not reissue payment for physical checks for 60 days from the date of issue.*****

If you have any questions or concerns about this vendor packet, please do not hesitate to contact Olga Downey in Accounts Payable 907-302-6958, her email is odowney@kawerak.org, you can also email finance@kawerak.org. We appreciate your cooperation and look forward to a successful partnership with you.

Sincerely,
Will Gemar
William Gemar
Controller Payables

KAWERAK, INC.

PO Box 948 • Nome Alaska 99762 • 907.443.5231 • www.kawerak.org

Advancing the capacity of our people and tribes for the benefit of the region.

KAWERAK, INC.
VENDOR PAYMENT AGREEMENT

AUTHORIZATION FOR VENDOR PAYMENT

Vendor is Provider Name

VENDOR NAME : _____

MAILING ADDRESS: _____

VENDOR EMAIL: _____

VENDOR PHONE: _____

PAYMENT METHOD: (INITIAL)

____ - ACH TRANSFER**Please fill out Bank information and sign below

____ - PHYSICAL CHECK **Please sign below, Kawerak we will not reissue physical payments for 60 days

DEPOSITORY (bank) NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Checking/Savings (CIRCLE ONE)

TRANSIT ROUTING#: _____

ACCOUNT #: _____

I (we) hereby authorize KAWERAK, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to: Checking or Savings Account indicated above and the depository named above, called DEPOSITORY.

This authority is to remain in full force and effect until Kawerak, Inc. has received written notification from me of its termination.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Attach voided check below line, if possible, before emailing to finance@kawerak.org

KAWERAK, INC.
945 TAX WITHHOLDING AUTHORIZATION
AGREEMENT

AUTHORIZATION FOR 945 TAX WITHHOLDING

I (we) hereby authorize KAWERAK, Inc. to initiate 945 tax withholding from all future payments initiated by KAWERAK, Inc.

VENDOR NAME: (Provider Name) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

AMOUNT OF WITHHOLDING
(CIRCLE ONE)

25%

50%

This authority is to remain in full force and effect until Kawerak, Inc. has received written notification from me of its termination.

PRINT NAME: _____

SIGNATURE: _____ DATE _____

Remind App Instructions



Search REMIND on the App Store or Google Play and download the Remind App.

1. Create an Account using your email address or cell phone number. You will receive a confirmation code (4 numbers) to your email or cell phone text to verify your account.
2. Create a password. You will receive a confirmation code (4 numbers) to your email or cell phone text to verify your account.
3. Enter your role as parent when prompted.
4. JOIN a class using code: @24ade6

You can check your ACCOUNT SETTINGS:

1. Log in to Remind
2. Click your **name**
3. Click **Account Settings**
4. Select **Notification preferences**
5. Click the **bell icon** to turn on notification method on or off. This is where you can choose to get Remind messages by email, text message, or on your desktop/laptop computer. You can also change your cell phone number or email address or add numbers and email addresses by clicking **+Add device**.

I have signed up for Remind.

I need assistance with signing up for Remind. Please contact CCS Staff for assistance.