

Grandview Early Learning Center
SUBSIDIZED CHILD CARE APPLICATION
FY2020 Licensed Provider



PUYALLUP TRIBE OF INDIANS
3580 E Grandview Ave
Tacoma, WA 98404
253-680-5515 office 253-680-5517 fax

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application

FY2020 Licensed Provider

FAMILY CHECK OFF LIST

The following must be attached to this application:

- Tribal Identification for the child.
 - The child must be a member of a Federally Recognized Tribe
- Immunization Records for the child.
- Current paystub for parents/guardians **OR**
- School enrollment for parents/guardians.
- Foster/Relative Placement Families: Legal Documentation from Children's Services/State/Parents.
- Family Proof of Residency: Driver's License or Utility bill with address listed-Families must live in Pierce County or Federal Way, WA
- Licensed Daycares: Copy of License

Should you have any questions completing this packet, please call the GELC office at 253-680-5516.

Applications cannot be processed without all of the above information attached to this application.

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

CONSUMER STATEMENT

The internet has several websites designed to inform families in search of child care options. These sites list valuable information, such as where the facility is rated through Early Achievers and the Quality Rating and Improvement System (QRIS) so you can make an informed decision on your childcare needs.

If you need help on deciding on a child care facility, please research centers on one or all of these sites:

Licensed Child Care Status and Record Database:

<http://del.wa.gov/check>

You can view detailed information about a program's licensing history, dates of inspections, monitoring reports, licensing violations, basic staff information, program philosophy, level in Early Achievers and Washington QRIS. There is also information on how to submit a complaint about the child care center.

Resource and Referrals

<http://www.wa.childcareaware.org>

Parents can search for providers in their area based on type of care, subsidy programs the providers participate in, days and hours care is available-including non-standards hours and their Early Achievers ratings.

Developmental Screenings

<http://www.parenthelp123.org/child-development/help-me-grow-washington>

The Puyallup Tribe's Birth to Six Program can offer developmental screening services on a monthly basis at GELC should you have any concerns on the development of your child.

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application

FY2020 Licensed Provider

PROGRAM GUIDELINES AND FAMILY AGREEMENT

The Puyallup Tribe Subsidized Child Care Program assists with childcare costs to approved providers for qualified Native American Families.

All applicants must live in the service area of Pierce County or Federal Way, Washington and must provide proof of their residence. Providers not in the service area must be licensed.

All applicants must meet income guidelines and be employed or attending school. This program is federally funded and services low to moderate income families. Both parents (if living together) must provide documented proof of working or attending school.

All payments for child care services are paid directly to the childcare provider, less a co-payment due to the provider from the approved family. Co-payments are based on a sliding fee scale. All income paid from this program is taxable, and providers and parents will receive a 1099 tax form at the end of each year on the program.

Changes in family circumstances must be reported immediately to Grandview Early Learning Center at 253-680-5516. Changes include increased family income, loss of employment, quitting school, or change in family member count living in the household.

Knowingly and willingly giving false or fraudulent information on the application for the Puyallup Tribe's Subsidized Child Care Program will be grounds for immediate termination. If terminated from this program, you will not be eligible to re-apply for one year from the date of termination. All fraudulent files will be turned over to the Puyallup Tribal Law Enforcement for further action. Possible reimbursement of childcare expenses or legal action may occur.

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

CERTIFICATION:

Upon signing below, I certify that I have read, understand, and agree to all the rules of the Puyallup Tribe Subsidized Child Care Program. I also certify that my combined family assets do not exceed \$1,000,000.00 (one million dollars).

Parent/Guardian Date

Parent/Guardian Date

Pierce County

Department of Human Services
3602 Pacific Avenue, Suite 200
Tacoma, WA 98415
(253) 798-4400

Dear parent/Caregiver:

The ChildReach developmental screening program, through Pierce County Human Services, works closely with the Puyallup Tribe, providing screening for children at Grandview Early Learning Center (GELC) and Chief Leschi Schools.

ChildReach provides screening for children in the following areas:

- Language
- Motor
- Learning
- Behavior

Our goal is to provide regular screening to all children who attend Grandview Early Learning Center or Chief Leschi Preschool programs. Screening provides information to you and your child's teacher to encourage and promote your child's growth throughout the stages of development. In addition, screening may identify areas to focus on or areas in need of further testing.

After a screening you will receive the results. If any developmental concerns are identified, there may be a recommendation for rescreening by ChildReach or a referral to the Puyallup Tribe Birth to Six Program and/or Chief Leschi Schools for further evaluation. If a referral is made, the Birth to Six program and/or Chief Leschi Schools will contact you regarding next steps.

By signing the permission form, you are agreeing to allow ChildReach to screen your child and share results with the Puyallup Tribe Birth to Six Program (the funder of these screening services), GELC staff, and/or Chief Leschi Schools.

Please let me know if you have any questions or need additional information regarding the consent form or screening process.

Sincerely,

Margi Rudy
Family Educator 4, Supervisor
(253) 598-3698

PLEASE COMPLETE FOR SCREENING

Pierce County

Department of Human Services
3602 Pacific Avenue, Suite 200
Tacoma, WA 98415
(253) 798-4400

ChildReach: Child Information Form

Child's Name: _____ Male ___ Female ___

Child's Date of Birth: _____ Tribal Affiliation: _____

Was Child Premature? Yes ___ No ___ If so, how many weeks: _____

Parent/Guardians Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Home/Work Phone: _____

Do you have any concerns for your child's development? If so, please describe:

Consent

I give permission to the ChildReach program at Pierce County Human Services to screen, release, exchange, and share information about my child with the Puyallup Tribe Birth to Six Program, Grandview Early Learning Center, and/or Chief Leschi Schools for the purposes of developmental screening, referral, follow-up and coordination or services.

Parent/Guardian name (Print)

Relationship to Child

Signature

Date

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

FAMILY INFORMATION

Date: _____

Family Information: Mother Father Relative Placement Foster Parent

Name: _____

Address: _____

City, St, Zip: _____

Contact#: _____

Birthdate: _____

Email: _____

Tribe: _____ ID #: _____

Employer: _____

Job Title: _____

Phone#: _____

School: _____ Schedule: _____

Family Information: Mother Father Relative Placement Foster Parent

Name: _____

Address: _____

City, St, Zip: _____

Contact#: _____

Birthdate: _____

Email: _____

Tribe: _____ ID #: _____

Employer: _____

Job Title: _____

Phone#: _____

School: _____ Schedule: _____

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

FAMILY INFORMATION

Please identify ALL persons in your household, including yourself, and their relationship to you:

Full Name:

Relationship:

In signing below, I certify that the above named persons are living in my household, and I have not excluded anyone.

Parent/Guardian

Date

Are you receiving any other subsidy for childcare? Yes No

If yes, please identify which program helps you with your childcare needs:

Tribal Services

Tribe: _____

Monthly Amount: _____

Contact Information:

Name: _____

Phone Number: _____

DSHS

Monthly Amount: _____

Name: _____

Phone Number: _____

Other: _____

Monthly Amount: _____

Name: _____

Phone Number: _____

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

FAMILY INFORMATION

Please list all children who are in need of childcare services. Please provide legal documentation on all foster/relative placement children in your care:

Name of Child: _____
Date of Birth: _____
Foster Child: Yes No
Relative Placement: Yes No

Name of Child: _____
Date of Birth: _____
Foster Child: Yes No
Relative Placement: Yes No

Name of Child: _____
Date of Birth: _____
Foster Child: Yes No
Relative Placement: Yes No

Name of Child: _____
Date of Birth: _____
Foster Child: Yes No
Relative Placement: Yes No

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

RELEASE OF INFORMATION

I hereby release the Puyallup Tribe of Indians, D.b.a. Grandview Early Learning Center, to verify all information submitted for enrollment. This includes, but not limited to calling employers, school officials and other parties deemed necessary by staff to obtain verification of employment, hours or employment, verifying school attendance, and income eligibility for this childcare program.

I certify by signing below that all information I have provided in this packet is true, accurate, and complete to the best of my knowledge. I further agree and understand that such information found false, or misleading will be grounds for immediate denial of childcare benefits from this program.

Parent/Guardian Date

Parent/Guardian Date

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

TUITION AGREEMENT

TUITION:

The tuition structure is based upon a sliding scale that considers each family's total gross income per month. Tuition may be adjusted if changes in family count or income occur.

PAYMENT FOR SERVICES:

Providers must submit a completed payment calendar to GELC on the first of every month following service. Payments cannot exceed 23 days in a month. Payments will be issued within two weeks after receipt of the completed payment calendars and monthly provider billing. Calendars must be signed by the parents and providers. Co-payments will be deducted from the monthly amount paid to the provider. The parent must pay the co-payment directly to the provider.

ABSENCES:

This program covers up to 5 absent days per month not to exceed 23 days total in a month.

TERMINATION:

A family has the right to terminate childcare services at any time, provided a two-week notice is given to Grandview Early Learning Center and the provider. Grandview Early Learning Center has the right to terminate child care services at any time with the same two-week notice, with a written explanation as to why services are terminated.

In signing below, I verify that I have read, understand, and agree with the GELC Tuition Policy.

Parent/Guardian Date

Parent/Guardian Date

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

CHILDCARE PROVIDER

Welcome to the Puyallup Tribe's Subsidized Child Care Program. This program is funded through the Child Care Development Fund (CCDF). We thank you for your interest in applying as a provider for this program. Because we are funded through a federal grant, we have requirements of all of our providers on this program. Each requirement must be met before approval and payment can begin.

We require all licensed providers to provide:

- Copy of Current Day Care License
- Monthly Invoice of Charges

We allow parental access at all times the children funded through this program, which means, you, as a provider, must offer access to the parents at all times that the child is in your care.

Please complete the attached forms. Turn in the forms to the parent requesting the information and they will turn in the completed packet to the Tribe for processing. Once all paperwork is submitted, the approval process can take up to two weeks. If approved, you will be sent a welcome letter, certificate of child care services, and a payment calendar. On the first of each month, a payment calendar will need to be submitted for payment after services are completed. You will need to submit a separate payment calendar for each child approved for services each month. Failure to submit payment calendars will result in late payment for services.

Again, thank you for your interest in offering child care services to our families.

DISQUALIFYING CRIMES:

Child care staff members (Providers) cannot be employed by a child care provider (Grandview Early Learning Center-GELC) receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential providers cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography. In addition to the above, further disqualifying crimes are: A violation of the Uniform Controlled Substances Act of the Puyallup Tribal Code within the last five years, unlawfully manufacturing, delivering or possessing a controlled substance with intent to deliver, or unlawfully using a building for drug purposes, a series of misdemeanor convictions within the past five years taking in to account the seriousness of the offenses, animal cruelty and weapons violations unrelated to hunting.

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

CHILDCARE PROVIDER INFORMATION

LICENSED DAYCARE CENTER:

Center Name: _____

Site Address: _____

City, St, Zip: _____

Mailing Address: _____

City, ST, Zip: _____

Contact Name: _____

Title: _____

Contact Number: _____

Email Address: _____

Fax Number: _____

License Number: _____

Expiration Date: _____

CHILDCARE RATES:

Please submit a monthly invoice when turning in your payment calendars at the beginning of each month for services. Please list your daily/weekly/monthly rates below:

| Child's Name | Daily | Weekly | Monthly |
|--------------|-------|--------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

LICENSED CHILDCARE PROVIDER INFORMATION

CHILDCARE SETTING:

The child(ren) will be cared for in the following setting:

- 1. Licensed Daycare Center _____
- 2. Group Home Setting _____
 - a. 2 or more adults in home caring for children _____
- 3. Family Home Setting _____
 - a. 1 adult caring for children _____

PLEASE ANSWER THE FOLLOWING:

Do you have a history of negative CPS involvement? _____

Have children ever been removed from your care? _____

Have you ever been convicted of crimes that would _____

Preclude you from providing childcare? _____

If yes to any of the above questions, please explain the circumstances in detail:

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application
FY2020 Licensed Provider

CHILDCARE PROVIDER INFORMATION

Please have provider read and sign the following statements:

STATEMENT OF GOOD MORAL CHARACTER

As a childcare services provider, I certify that I am of good character. I do not engage in illegal use of drugs or excessive use of alcohol. I have the understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, and social needs of the children in my care. I have not been convicted of child abuse and/or any crime involving physical harm to another person. I have not been a perpetrator of substantiated child abuse.

Provider Signature

Date

CHILDCARE PAYMENTS ARE TAXABLE INCOME

Please be advised that any money paid to you by the Puyallup Tribe of Indians for childcare services is taxable income. You will receive a tax form called a 1099 at the end of the year.

Upon signing below, I understand that all income received by me from the Puyallup Tribe of Indians for childcare services over the amount of \$600 is taxable income and may need to be reported by me to the Internal Revenue Service when I do my personal yearly taxes.

Provider Signature

Date

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application

FY2020 Licensed Provider

CHILDCARE PROVIDER INFORMATION

SAFETY AND HEALTH CHECKLIST FOR CHILDCARE PROVIDER

An inspection must be done on the premises where the children will be cared for. A representative from the Grandview Early Learning Center will be setting up a time to inspect the property and complete a report regarding the health and safety requirements of this grant funded program. Please complete the following contact information for that representative.

LICENSED PROVIDER INFORMATION:

Center Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Number: _____

Best Time to Call: _____