

Grandview Early Learning Center  
SUBSIDIZED CHILD CARE APPLICATION  
FY2020 Non-Licensed Provider



PUYALLUP TRIBE OF INDIANS  
3580 E Grandview Ave  
Tacoma, WA 98404  
253-680-5516 office 253-680-5517 fax

## GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application

FY2020 Non-Licensed Provider

### **FAMILY CHECK OFF LIST**

The following must be attached to this application:

- Tribal Identification for each child.
  - The child must be a member of a Federally Recognized Tribe
- Immunization Records for each child
- Current paystub for parents/guardians OR school enrollment for parents/guardians
- Foster Families: Legal Documentation from Children's Services/State
- Family Proof of Residency: Driver's License or Utility bill with address listed-Family must live in Pierce County or Federal Way, WA
- Provider Completed Criminal Background Authorization (form on website)
- Provider Copy of CPR and First Aid Certification
- Provider Copy of Driver's License
- Provider Proof of Vehicle Insurance

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.**

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### 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 providers must pass a criminal background check, have CPR and First Aid certification, and have a valid driver's license with proof of insurance and be 18 years of age or older.

All applicants must live in the service area of Pierce County and Federal Way, Washington and must provide proof of their residence. Providers not in the service area must be licensed or will provide services in the child's home. Relative providers are exempt.

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. Families and Providers must submit a W9 with application.

Changes in family circumstances must be reported immediately to Grandview Early Learning Center at 253-680-5516. Changes include 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.

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**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

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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

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## FAMILY INFORMATION

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

Full Name:	Date of Birth	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	Contact Information:
Tribe: _____	Name: _____
Monthly Amount: _____	Phone Number: _____
DCYF	Name: _____
Monthly Amount: _____	Phone Number: _____
Other: _____	Name: _____
Monthly Amount: _____	Phone Number: _____



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FAMILY INFORMATION

Please list all children who are in need of childcare services:

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Foster Child: \_\_\_\_\_

If this is a Foster Child, please provide legal documentation.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Foster Child: \_\_\_\_\_

If this is a Foster Child, please provide legal documentation.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Foster Child: \_\_\_\_\_

If this is a Foster Child, please provide legal documentation.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Foster Child: \_\_\_\_\_

If this is a Foster Child, please provide legal documentation.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Foster Child: \_\_\_\_\_

If this is a Foster Child, please provide legal documentation.

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**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

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## 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 to providers two weeks after receipt of the completed payment calendars. 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:**

Absent days are not covered for all non-licensed child care providers. Program does not pay childcare expenses for holiday or vacation days. We pay for days of service only.

### **TERMINATION:**

A family has the right to terminate childcare services at any time, provided a two-week written 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

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### CHILDCARE PROVIDER

Welcome to the Puyallup Tribe's Subsidized Child Care Program. 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 non-licensed providers to have:

- A Criminal Background Check(forms attached)
- CPR Certification
- First Aid Certification
- W9 on file
- Copy of Driver's License
- Proof of Insurance
- Providers must be 18 years old or older and not live in home
- Must provide services in the child's home. Relative providers are exempt.

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

When all paperwork is submitted with the application, the approval process can take up to two weeks. If approved, you will be sent a welcome letter, certificate of child care rates and services, and a payment calendar. 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.

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CHILDCARE PROVIDER INFORMATION

**NON-LICENSED CHILDCARE PROVIDER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Relation to Parent: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**CHILDCARE RATES:**

Please list your daily/weekly/monthly rates below:

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

**CHILDCARE SETTING:**

**Non-licensed providers must care for the children in the child's home. Relative providers are exempt from this requirement.**

**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.

**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 you answered yes to any of the above, please give a detailed description:

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CHILDCARE PROVIDER INFORMATION

**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

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## CHILDCARE PROVIDER INFORMATION

### **SAFETY AND HEALTH CHECKLIST FOR CHILDCARE PROVIDER**

An inspection must be done on the premises where the child(ren) 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. **Note: Children must be cared for in the child's home for non-licensed providers. Relative providers are exempt.**

### **NON-LICENSED PROVIDER INFORMATION:**

Name: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Scheduled Hours: \_\_\_\_\_

OR

### **NON-LICENSED RELATIVE CARE PROVIDER:**

Name: \_\_\_\_\_  
Relative's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Scheduled Hours: \_\_\_\_\_