Rosebud Sioux Tribe ChildCare

PROVIDER APPLICATION

PO BOX 130 ROSEBUD, SOUTH DAKOTA 57570

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WWW.RSTCHILDCARE.COM

REQUIREMENTS

18 YEARS OF AGE COMPLETE PROVIDER APPLICATION

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PROVIDER INFORMATION

NAME: _____MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ D.O.B ___/___/_____

COMMUNITY: _____

TYPE OF CHILDCARE THAT WILL BE PROVIDED: (CIRCLE ONE)

(X) IN HOME (CHILD'S HOME) (X) FAMILY HOME (PROVIDERS HOME)

Directions to the home where childcare will be provided: (BE VERY SPECIFIC)

_____

Description of house _____ Color_____ House Number_____

CHILDREN YOU PROVIDE CARE FOR

This form will be used if you provide care in your home and DO NOT reside in an SWA unit.

Please complete the following information. If your living situation changes, please let our office know so we can update your file.

Name: _____ Date: _____

Occupied from: _____ to _____

Owner of the Home: _____ Phone Number: _____

Address: _____ Head of Household: _____

Are you renting? YES / NO Community: _____ 911 Address: _____

List family members who live in the home (Please print)

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

Name: _____Age: _____D.O. B___/___/___

PRIVATE HOME FORM

Please fill out the following details. Let us know if your living situation changes so we can update your file.

Name: _____

Home Occupied From: _____ **To:** _____

Homeowner's Name: _____
Phone Number: _____
Address: _____

Head of Household: _____

Are you renting?
[ ] Yes
[ ] No

Community: _____

911 Address: _____

CHARACTER REFERENCES

List name, address, phone number, years known and reference must not be related.

Name: _____ Phone Number: _____

Address:_____ Years Known: _____

Name: _____ Phone Number: _____

Address:_____ Years Known: _____

Name: _____ Phone Number: _____

Address:_____ Years Known: _____

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RELEASE OF INFORMATION

To whom it may concern:

I _____ authorize the RST Childcare Program to supply information regarding me or my family as requested by the RST Childcare Services Program:

1. To release such information by cooperating with State, Federal, or Tribal Agencies.
2. For obtaining Child Abuse and Neglect Screenings.

I hereby release any person, agency, or institution from any and all liability for supplying such information. This authorization is given only in connection with its use by the RST Childcare Services Program in its administration for the following purposes:

- Remaining in compliance with the CCDF-Child Care Development Fund, which includes fraud prevention, verification of wages, student status, and childcare costs.
- Obtaining Child Abuse and Neglect Screenings from the State of South Dakota to ensure the safety of the home where children will be.

This authorization must be signed to process your application and will remain in effect for 1 year from the date of signature.

Signature of Potential Childcare Provider: _____Date: _____

Signature of RST Childcare Staff: _____Date: _____

CRIMINAL BACKGROUND STATEMENT

Rosebud Sioux Tribe Child Care Program policy in accordance with the CCDF rule (98.43(b)), a criminal background check is required for:

- All child care staff members (including all prospective staff members) of ALL child care programs that are:
- Licensed, regulated or registered under Tribal Law
- All other providers eligible to deliver CCDF services

Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals, whose activities involve the care or supervision of children or who have unsupervised access to children. (98.43(2)).

For family childcare in homes, this requirement includes the caregiver and any other adults residing in the family childcare home who are age 18 or older (98.43(a)(2)(ii)(C)). <u>This requirement does not apply to individuals who are related to the children for whom childcare services are provided (98.43(a)(2)(i)(A)).</u>

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Under the CCDF rule, a criminal background check includes specific components that are outlines in Table 2.3 below

Required Components	National	Current State of Residence	State where live within last 5 years
FBI Fingerprint check	X		
National Crime Information (NCIC National Sex Offender Registry (NSOR)	X		
State Criminal Registry or Repository		X **Fingerprints Required**	X
State Sex Offender Registry or Repository		X	X
State child abuse & neglect registry & database		X	X

Received on: _____

Background sent to RST OFFICE OF THE ATTORNEY GENERAL BACKGROUND INVESTIGATION FORM

Sent on: _____ Staff Initials: _____

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ROSEBUD SIOUX TRIBE OFFICE OF THE ATTORNEY GENERAL BACKGROUND INVESTIGATION FORM

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any investigator, or other duly accredited representative of the Rosebud Sioux Tribe Background Investigation Program under the Rosebud Sioux Tribe Attorney General's Office, who is conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to academic, residential, achievement, performance, attendance, disciplinary actions, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Rosebud Sioux Tribe Background Investigation Program under the Rosebud Sioux Tribe Attorney General's Office. Who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for the official use by the Rosebud Sioux Tribe Attorney General's Office Background Investigation Program and only for the purpose of determining my suitability for employment with ___Rosebud Sioux Tribe Child Care Program___.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with Rosebud Sioux Tribe Child Care Program whichever is sooner.

Signature (sign in black ink)	Printed Name	Date Signed
Other names used	Social Security Number	Date of Birth

Position you are being investigated (Circle one) Child Care Provider or Adult living in the home of a Child Care Provider	Primary Contact Number
Current address State Zip Code	Secondary Contact Number

List the addresses you lived in the past 5 years

Address	City	State	Dates

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BACKGROUND CHECKS FOR RELATIVE PROVIDER ONLY EXEMPTIONS

The definition of a relative provider according to CCDF is a direct blood relative who is the child's actual aunt or uncle from either one of the parent's sides. Direct sibling, grandparent, or great-grandparent of the child.

Relative providers only provide care for relatives and no other children. If relative is providing care for non-relatives in the same home, NO EXEMPTIONS APPLY, and a full background check is required.

If you will be watching relatives only, you will be exempt from the full background check except the following;

- National Sex Offender Registry (NSOR)
- State Sex Offender Registry

Relation to the child(ren) you will be providing childcare services for:

Birth Certificates needed Date Submitted Date Verified

Child: _____

Parent of Child: _____

Provider: _____

I hereby sign stating I am a direct relative to the child(ren) listed above.

Signature_____Date: _____

SEX OFFENDER REGISTRY CHECK

(Required by South Dakota Law 26-6-14 for Child Care Programs)

This form verifies that the person named below is NOT listed on the State or National Sex Offender Registries. It must be completed before hiring or allowing any individual to volunteer.

Applicant Information:

- **Name: _____Other Names Used (if any):_____**
- **Address: _____City: _____State: _____Zip_____**
- **County: _____**

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REGISTRY CHECK RESULTS:

State Sex Offender Registry

( ) Yes, the name IS on the State Sex Offender Registry.

( ) No, the name is NOT on the State Sex Offender Registry

National Sex Offender Registry

( ) Yes, the name IS on the National Sex Offender Registry.

( ) No, the name is NOT on the National Sex Offender Registry

Checked by: _____

Name: _____ Title: _____ Date of Check: _____

Signature of person completing check: _____

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PHYSICAL EXAMINATION

Name: _____ Date of Exam: _____

This portion is to be completed by the PHYSICIAN or PHYSICIAN ASSISTANT

Be assured this information will be used for licensing/approval purposes only

Childcare Providers:

- Have frequent contact with children (infant through school-age) in care.
- Are responsible for children's physical care and social development day or/ and nighttime hours.
- May need to lift children, bend, and stand for long periods of time.

Immunization Status:

All childcare employees and providers shall consult with their physician regarding the receipt of age- appropriate immunizations in accordance with the current Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule. Individuals involved in the provision of childcare often come in contact with very young children, who may not be fully immunized against vaccine-preventable diseases. It is essential every childcare employee and provider discuss with their physician the benefits and risks associated with receiving or not receiving all ACIP age-appropriate immunizations before becoming involved in a childcare setting.

(Physicians must check one)

- ○ The patient's immunization history was reviewed, and the patient is current with all ACIP-recommended immunizations.
- ○ The patient received consultation regarding the receipt of age-appropriate immunizations in accordance with the current ACIP recommended immunization schedule and declined the following recommended vaccinations:

Overall Health Status:

Does the individual have a known communicable disease or other health conditions that poses a threat to the health, safety, or well-being of children?
Yes (if yes, describe in detail below.) No

_____

Does the childcare provider have a condition that limits the provider's ability to safely supervise or evacuate multiple dependent children in case of emergency?
Yes (if yes, describe in detail below.) No

Conclusion:

- ○ Individual may be involved with children
- ○ Individual may be involved with childcare, with the following accommodations and restrictions (please describe below)
- ○ Individual may not be involved with childcare

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Necessary Accommodations or Restrictions to Meet the Demands of Providing Child Care

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Health Care Provider Signature _____

RST Child Care Provider Signature _____

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