



Child Care Provider Checklist

Date rec'd _____

Name:
This is the person requesting to be a child care provider and assumes responsibility for the following CCDF program rules and requirements, including penalties and repayment of any overpaid child care payments. (child care provider must be 18 years of age or older)
Each file must contain the following documentation with current copies attached to your completed application in order to meet eligibility requirements to be a certified child care provider; upon approval, certification will be good for one year.
<input type="checkbox"/> Completed W-9 form with 2 forms of identification
<input type="checkbox"/> Release of Information Forms-2 (signed and notarized)
<input type="checkbox"/> Copy of DD214 (if served in the military) for background check
<input type="checkbox"/> Provider Background Check Statement
<input type="checkbox"/> Privacy Act Statement
<input type="checkbox"/> Applicant Rights and Consent to Fingerprint
<input type="checkbox"/> Injury, Child Abuse, and Death Reporting Agreement
<input type="checkbox"/> Physical Address Verification
<input type="checkbox"/> Evidence of yearly negative TB test and/or medical/physician letter
<input type="checkbox"/> Drug Test Results (6 panel) *the Child Care Program is doing drug tests for providers at no cost (NO drug testing until further notice due to the COVID-19 pandemic)
All persons 18 years of age and over, residing in the home where children are being cared for, need to complete the Release of Information Forms (2), read the Privacy Act Statement and complete the Applicant Rights and Consent to Fingerprint for background checks
Before Child Care begins, the following is required:
*Pre-Inspection of the residence where child care is done (self cert checklist)
*Pediatric First Aid with CPR/AED certification (training manual will be handed out)
*All Background checks to be completed
*Providers to submit a building and premises self-certification health and safety checklist with signature from both provider and parent/guardian
List of required provisional orientation training requirements
Must be completed within 30 days of provider certification:
Infant Safety Essentials (SIDS and Prevention of Shaken Baby)-2 hrs.
Must be completed within 60 days of provider certification:
New Staff Health & Safety Orientation-6 hrs.
Together We Grow-3 hrs.
Early Childhood Essentials-3 hrs.
Must be completed within 90 days of provider certification:
Food Safety in Child Care-4 hrs.
Introduction to the Pyramid Model-2 hrs.
* These on-line courses are available on the childcaretraining.org website*
Mandatory 20 hours of training per year
Other on-line trainings are available to count towards mandatory training hours on the childcaretraining.org website also. A training calendar will be distributed to all providers for monthly trainings that will be scheduled with the HRDC staff. Providers interested in out of town trainings contact the Child Care Staff.

Monitoring and Enforcement of Health and Safety Requirements	
Annual Health and Safety Inspections	
<ul style="list-style-type: none"> • 1 announced visit • 1 unannounced visit with random drug testing and a BAC test completed by certified program staff 	
Background Checks shall include:	
<ul style="list-style-type: none"> • State on-line Criminal Background Check with the State of Montana • Tribal Criminal Background Check with the Northern Cheyenne Court • Federal Fingerprint-Based Background Check (check completed every 3 years) (fingerprinting is temporarily on hold until further notice due to the COVID-19 pandemic) • CPS Background Checks with the State of Montana DPHHS • National Sex Offender Registry and registry for Big Horn and Rosebud Counties (completed on-line) • NCIC/National Sex Offender Registry with Law Enforcement (Colstrip Police Department) 	
<p>*A provider shall be ineligible if he/she refuses to consent to the criminal background check; knowingly makes a false statement in connection with such criminal background check; is registered, or is required to be registered on a State or National Sex Offender Registry; or has been convicted of a felony consisting of Murder; Child abuse or neglect; A crime against children, including pornography; Spousal abuse; A crime involving rape or sexual assault; Kidnapping; Arson; Physical assault or battery; or a drug-related offense committed during the preceding 5 years; or has been convicted of a violent misdemeanor committed as an adult against a child including the following crimes; Child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography. (This also applies to all persons 18 years of age and over, residing in the home where children are being cared for)</p>	
Enforcement of Health and Safety Standards	
<ul style="list-style-type: none"> • Mandatory Health and Safety Training • Emergency or immediate closure, not through court action • License or certificate revocation, probation or non-renewal 	
Procedures for Unlimited Parental Access	
<p>Providers receiving CCDF funds afford parents/guardians unlimited access to their children, and access to the providers caring for their children, during normal hours of provider operation and whenever the children are in the care of the provider.</p>	
Limitations	
<ul style="list-style-type: none"> • Provider must be 18 years of age or older • If the provider is the sibling of the child for whom you will be providing care for, must reside in a separate residence • If parent/guardian is/are attending job training, out of town, provider will be paid the full day rate for child care 	
CCDF Payment Rates (attached)	
<p>No deductions are taken out of checks issued to child care providers, paying taxes on this income is the sole responsibility of the child care provider. Providers will receive a 1099 Form at the end of the year from Central Finance for tax purposes.</p>	
<p>*Please contact your tax representative for any questions*</p>	
<p>I have read and assume responsibility for following program rules and requirements, including penalties and any overpaid child care payments, while being a certified provider for the Northern Cheyenne CCDF Program.</p>	
<p>Provider Signature:</p>	<p>Date:</p>

FYI: (your name and contact information will be put on the Child Care Directory)



Northern Cheyenne Tribe Child Care & Development Fund Program

Child Care Provider Application

APPLICANT INFORMATION

Provider Name:		
Current Mailing Address:		
City:	State:	Zip:
Physical Address:		(attach proof of physical address)
Phone#:	Cell#:	Message#:
E-Mail Address:		
Have you ever had a substantiated finding of child abuse, neglect, or endangerment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, attach detailed explanation.		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, attach detailed explanation.		

PARENT(S)/GUARDIAN(S) INFORMATION

Name of approved parent(s)/guardian(s) for whom you are or will be providing child care for:

1.	3.
2.	4.
Are you a relative of the child(ren) listed below?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Names of child(ren) of whom you are or will be providing child care for:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

CHILD CARE SETTING

✓ *Check which applies to the setting where child care is being done.*

_____ Child's home/relative	_____ Child's home/non-relative
_____ Family home/relative	_____ Family home/non-relative
_____ Group home/relative	_____ Group home/non-relative
_____ Day Care/licensed	_____ Day Care/non-licensed



Northern Cheyenne Tribe Child Care & Development Fund Program

OTHER ADULT INFORMATION

List all adults (over 18 years of age) that are residing in the home where children are being cared for.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

All persons listed above must complete **Release of Information forms (2)**, read the Privacy Act Statement and complete the Applicants Rights and Consent to Fingerprint for background checks.

Do you currently have a Pediatric 1st Aid and CPR card? YES NO

If so, please include a copy with the application.

Do you currently have other certifications that are related to child care? YES NO

If so, please include copies with the application.

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Type of discharge: _____

If other than honorable, explain: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I agree to abide by all rules and requirements set forth by the Northern Cheyenne Child Care & Development Fund Program and to notify the Program of any criminal charges and or convictions that occur during the year.

Signature: _____

Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
 U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**NORTHERN CHEYENNE TRIBE
CHILD CARE & DEVELOPMENT FUND PROGRAM**

RELEASE OF INFORMATION

I HEREBY AUTHORIZE ANY ENFORCEMENT AGENCY AND/OR BUREAU OF INDIAN AFFAIRS AGENCY TO RELEASE ANY RECORDS THEY HAVE TO THE CHILD CARE & DEVELOPMENT FUND PROGRAM, FOR THE NORTHERN CHEYENNE TRIBE. I HEREBY CONSENT TO AND AUTHORIZE A CRIMINAL RECORD CHECK AND TO CONFIRM WITH ANY LAW ENFORCEMENT AGENCY THE DETAILS OF ANY POLICE RECORD, CONVICTIONS, OUTSTANDING CHARGES, INVESTIGATIONS WHICH MAY HAVE BEEN AGAINST ME FOR ANY OFFENSE UNDER FEDERAL, STATE OR TRIBAL LAWS. I UNDERSTAND THAT THE NORTHERN CHEYENNE TRIBE WILL USE ANY INFORMATION OBTAINED FROM THIS BACKGROUND CHECK FOR GAINING EMPLOYMENT AND/OR OFFICIAL USE REQUIRING THIS BACKGROUND CHECK.

I UNDERSTAND THAT THE INFORMATION MAY BE RELEASED IS DISCLOSED TO SUCH THIRD PARTIES AS NECESSARY FOR OFFICIAL USE AND/OR FOR GAINING EMPLOYMENT PURPOSES.

FULL NAME: _____

MAIDEN NAME: _____ AKA: _____

DATE OF BIRTH: _____ SSN: _____

CURRENT ADDRESS: _____

ADDRESSES OF PLACES LIVED IN THE PAST FIVE YEARS: _____

A PHOTOCOPY OF THIS INFORMATION IS VALID AS THE ORIGINAL. IF AN ADVERSE REPORT IS RECEIVED, I WILL BE GIVEN AN OPPORTUNITY TO RESPOND IN TWENTY (20) DAYS AFTER THE REPORT IS RECEIVED.

SIGNATURE: _____

Signed before me on this _____ day of _____ 20_____.

(Signature of notary public)

(Printed name of notary public)

(Notarial Seal/Stamp)



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

- RELEASE OF INFORMATION -
For Registered and Licensed Child Care Providers
Criminal / Protective Service / Motor Vehicle
Background Checks

PERSONAL INFORMATION

Section A – Current Information

Phone # _____

Legal Name: _____
(First) (Middle) (Maiden) (Last)

Aliases/Other Names Used: _____

Residential Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Sex: Male Female Date of Birth: _____ Social Security # _____

Section B – Past Residences

Within the last five (5) years, have you...

1. ...lived in another state? Yes No

2. ...lived on or do you now live in an area designated as an Indian reservation? Yes No

If you answered yes to the any of the above questions:
 > Please state where you have lived since turning 18 in the table below.
 > You will need to obtain an out of state background check or a tribal background check at your cost.

City	County	Reservation	State	Dates of Residency (From – To)

Section C – Prior Caregiver Approvals

Have you been...
 ...registered / licensed to care for children before? Yes No
 ...approved, in any capacity, to provide care in a child care facility? Yes No

IF YES: Please give the Director / Facility Name and the Dates at the facility.

(Director / Facility Name) _____ (Dates) _____

(Director / Facility Name) _____ (Dates) _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

FACILITY INFORMATION

Section D – Employment Status

The facility that I am working / living at is: _____

Provider #: _____

Director Name / Facility Name: _____

Facility Mailing Address : _____

My ROLE with this facility is (please check all that apply):

Center Use Only:

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Substitute Provider |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Aide | <input type="checkbox"/> Non-Provider Staff |

Family and Group Only:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Adult Child |
| <input type="checkbox"/> Non-Provider Staff | <input type="checkbox"/> Other Adult |
| <input type="checkbox"/> Substitute Provider | <input type="checkbox"/> Volunteer |

My START DATE at this facility is: _____

Section E – Authorization Statement and Signature

I, _____ (applicant name), am aware that _____ (provider or its authorized representative), has requested confidential information from the Montana Department of Public Health and Human Services, in accordance with 41-3-205(3)(o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to criminal history records, motor vehicle records as well as any report(s) of child abuse or neglect in Montana that indicates a risk to children. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that shows that a child in the care of the person was adjudicated by a court as a youth in need of care, and/or a history that shows that the person has had their caregiver rights to a child terminated. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to the provider or its authorized representative identified above, and I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

NOTE: Any deletions or oversights may result in the denial of your application.

Signed: _____ Date: _____

(To be signed in front of a notary)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me this _____ day of _____ A.D. _____

Notary Public for the State of Montana

Residing at: _____

My commission expires: _____



Injury, Child Abuse and Death Reporting

PROVIDER AGREEMENT:

I agree to report any serious injuries, deaths and substantiated cases of child abuse which result in a child being hospitalized, requiring ambulance transport or intervention or requiring physician treatment of children that are in my care while being a child care provider for the Northern Cheyenne Child Care Program.

Provider must report to the Child Care Office within 24 hours following the incident

Provider Signature

Date

Provider Name (Please Print)



Fax

**Northern Cheyenne Tribe
Child Care & Development Fund Program
P.O. Box 368
Lame Deer, MT 59043**

CHILD CARE PROVIDER BACKGROUND CHECK STATEMENT

I have no pending charges or convictions of child abuse, child neglect and/or child endangerment. The Child Care Program may withhold payment for child care services and I agree to reimburse any payments made if my background check comes back with any findings of the pending charges and/or convictions mentioned below.

***A provider shall be ineligible if he/she refuses to consent to the criminal background check; knowingly makes a false statement in connection with such criminal background check; is registered, or is required to be registered on a State or National Sex Offender Registry; or has been convicted of a felony consisting of Murder; Child abuse or neglect; A crime against children, including pornography; Spousal abuse; A crime involving rape or sexual assault; Kidnapping; Arson; Physical assault or battery; or a drug-related offense committed during the preceding 5 years; or has been convicted of a violent misdemeanor committed as an adult against a child including the following crimes; Child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography. (This also applies to all persons 18 years of age and over, residing in the home where children are being cared for)**

Child Care Provider Signature

Date

Parent(s)/Guardian(s) Signature

Date

C.C.D.F. Representative

Date

PL 101-630 Applicants

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or child care services to Northern Cheyenne Tribe's Child Care Program for the position of Child Care Provider and/or are an individual over the age of 18 years of age, residing in the home where child(ren) are being cared for.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the N.C.T. Child Care Program may choose to deny you unsupervised access to a person to whom the entity provides care.

The N.C.T. Child Care Program shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____

First

Middle

Maiden

Last

Date of Birth: _____

Address: _____

City

State

Zip

I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

I have not been convicted of, nor am I under pending indictment for, any crimes

I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to Northern Cheyenne Tribe's Child Care Program.

Signature of Applicant

Date

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by Northern Cheyenne Tribe's Child Care Program that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name	Date
-------------	-------------

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

**N.C. Tribe Child Care & Development Fund Program
Self-Certification Checklist for Building & Physical Premises Safety
FY- 2024**

EMERGENCY, MEDICAL, and FIRE SAFETY PROCEDURES	YES	NO	N/A	COMMENTS
Emergency telephone numbers and addresses for fire, ambulance, police, poison control, the Montana abuse hotline are posted on or near all telephones in case of an emergency.				
911 is called promptly in case of an immediate emergency.				
A working landline telephone is accessible at all times while children are being cared for.				
A clear evacuation plan is visibly posted in the area children occupy.				
The provider ensures the residence is in compliance with all local, tribal and state rules and regulations.				
There is at least one fully functioning fire extinguisher located near the kitchen area at all times.				
There are fully functioning smoke detectors in all areas occupied by children.				
PHYSICAL ENVIRONMENT				
The area where children occupy is clean, in good repair, free from health and safety hazards, and free from vermin infestation. (roaches, insects, rodents)				
Other than general clean up from daily activities, the cleaning of the area children in care occupy is done when the room is not being occupied by children.				
During the hours that children are being cared for no portion of the residence is used for any activity, which endangers the health and safety of the children in care.				
Narcotics, alcohol, or illegal drugs are not on the premises while the children are in care.				
Smoking is not permitted inside the area where children occupy during the hours children are in care.				

	YES	NO	N/A	COMMENTS
All electrical outlets within reach of children are covered with child proof electrical outlet covers.				
All lower cabinets, cupboards, and drawers containing materials that may be hazardous to children are secured with a cabinet lock.				
The lighting is sufficient to visually observe and supervise the children in care at all times, including naptime.				
The inside temperature in the area that children occupy must be between 65 and 82 degrees Fahrenheit at all times.				
All rooms are adequately ventilated at all times. (rooms must have windows that can be opened or functioning air conditioning ducts)				
All exits must be kept clear and free from obstruction.				
INDOOR SPACE and EQUIPMENT				
Toys, equipment, and furnishings are safe And maintained in sanitary condition. (toys, equipment, and furnishings must be regularly sanitized with bleach solution or household sanitizer)				
Each child has adequate indoor space for indoor play, work, and nap time.				
Toys are stored in a safe and orderly fashion when not being used by children.				
When napping or sleeping each child must be provided safe and sanitary bedding.				
Floor mats must be at least 1' inch thick and covered with an impermeable surface.				
If utilized, the heating/cooling system is safe, effective and insulated to protect the children from extreme temperatures.				
OUTDOOR EQUIPMENT & AREA				
All play equipment is securely anchored unless it is portable by design.				
All play equipment is in good working condition.				
Permanent play equipment has soft ground cover or protective surface below the equipment.				

	YES	NO	N/A	COMMENTS
All equipment, fences, objects in the outdoor play area is free of sharp, broken, or jagged edges and litter, glass, and protruding nails.				
Equipment is spaced appropriately to discourage overcrowding in the play area.				
Equipment is constructed to allow for water drainage. (equipment should not allow water to pool or settle which could cause damage to equipment)				
There is a minimum of 45 square feet of usable outdoor space per child.				
Outdoor play area is cleaned daily.				
During outdoor time all children are visible at all times.				
There is a minimum of a 4 foot high commercial fence, free from holes, gaps, spaces, separating water structures and markings off the play area if the residence borders: a road where the speed limit is 25 mph or greater, and/or a body of water. (fencing must be continuous, including gate, and at ground level is free from erosion or build up, and prevents inside or outside access of children and animals)				
If there is a swimming pool on the property then there is a locked 4 foot high barrier or pool fence, free from gaps, or spaces surrounding all sides of the pool. (an operable pool alarm is suggested to be used in conjunction with the barrier or pool fence but can be used in its place)				

Disclaimer: Compliance with this checklist does not release provider from liability, nor does it imply that the Northern Cheyenne Tribe Child Care Program may be held liable for any incidents which may occur.

C.C. Provider Signature

Date

Parent(s)/Guardian(s) Signature

Date