



Ninilchik Traditional Council  
Tribal Services Department  
P.O. Box 39444  
Ninilchik, Alaska 99639  
Phone: 907-206-2740 / Fax: 907 567-3354  
E-mail: [amorris@ninilchiktribe-nsn.gov](mailto:amorris@ninilchiktribe-nsn.gov)  
[www.ninilchiktribe-nsn.gov](http://www.ninilchiktribe-nsn.gov)

**Ninilchik Traditional Council  
Child Care Program  
PROVIDER APPLICATION**

**CHECK LIST:**

- Completed Application with all attachments.
- State of Alaska ID.
- State of Alaska Business License/fee is reimbursed, keep your receipt.
- First Aid and CPR Certification(s).
- Health & Safety Certification - Penn. State Better Kid Care, 6 Hr. Bundle/\$15.00 reimbursed cost, keep your receipt. These health and safety standards must be implemented into your childcare planning.  
<https://extension.psu.edu/programs/betterkidcare/early-care/ccdbg>
- Disaster Plan and implementation into your childcare planning.
- Emergency Child Records for each child in your care.
- Emergency Drill schedule
- Completed Floor plan / Fire Escape (Provide your own floor plan or user attached template)
- Emergency Supplies / Emergency age appropriate supply checklist?
- First Aid/Evacuation Kit.
- Postings for handwashing, diapering etcetera
- NTC Health & Safety Inspection of Facility
- PnP Signature and Orientation signature sheet.
- Ak State Troopers background check, fee is reimbursed, save your receipt.
- Courtview-NTC Childcare staff will complete this.  
<https://records.courts.alaska.gov/eaccess/home.page.2>
- National Sex Offender Public Website, Dept. of Justice. [www.nsopw.gov](http://www.nsopw.gov) NTC Childcare staff will complete this.
- Alaska Sex Offender Registry <https://sor.dps.alaska.gov> NTC Childcare staff will complete this.
- Staff Orientation

**CHILD CARE PROVIDER INFORMATION:**

Facility Name (if applicable)

Facility & Owner/Manager Name

Social Security Number or Tax I.D. # \_\_\_\_\_

Mailing Address City State Zip \_\_\_\_\_

Physical Address City State Zip \_\_\_\_\_

Cell Phone number with area code Home phone number with area code \_\_\_\_\_

Email Address \_\_\_\_\_

Describe how to get to your home/facility and the outside of the house (deck, garage, fencing, split level)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list all persons in the home who will have contact with the child(ren).

Name	Birth Date	Name	Birth Date

Please Check All that Apply to you:  Tribal Child Care Certificate  
 Certificate Expiration Date: \_\_\_\_\_

State of Alaska Business License  
 License Expiration Date: \_\_\_\_\_

List the hours and days you will be available to provide care: \_\_\_\_\_

**Ninilchik Traditional Council Program Standards for Child Care Providers:**

- I am 18 years old or older.
- I agree to never leave the child(ren) unsupervised.
- I may NOT leave the child(ren) with another un-certified provider.
- Smoke, carbon alarms and fire extinguishers are in place and in good working order.
- There are two separate exits in the home. One can be a window, large enough for an adult to exit.
- I will not provide care for more than 4 children unrelated to myself. I understand that I must never care for more than two children under the age of 30 months.
- I will inform the NTC childcare staff if I have had a relinquished, refused, suspended or revoked child care license in the past 10 years.
- I will submit for Background Checks for myself and all persons living in the home over the age of 18 who have contact with child(ren) in my care.
- I will prohibit all unknown person(s) or animal(s) to be around child(ren) in my care.
- Hazards (medicine, poisons, sharp objects, guns, etc.) are not accessible to children.
- I will provide proof of a TB test, completed in the past 24 months. If positive for TB, I will receive treatment under the care of a licensed physician.
- I will provide a smoke, drug, and alcohol-free environment in my facility.
- All children in my care will have age appropriate immunizations.
- All children in my care will have an emergency record on file with the provider.
- I have no known infections or communicable diseases that may be a risk to the children.
- I will provide an environment that aligns with NTC's Health & Safety Standards.
- Medicines will only be given to children with permission from the parent.
- Physical punishment of children in my care is prohibited.
- Parents will always have full access to their children in my home .
- NTC Child Care Staff will have full access to conduct unannounced home visits in my childcare facility.
- I will follow safe practices in transporting children, using seatbelts and age appropriate car seats as required.
- I will acquire training and utilize Infant and Child CPR & First Aid practices. The facility shall take a first aid kit on field trips and outings as required by 7 AAC 10.1075(a)(2) or (3).
- It is the Provider's responsibility to implement and continue compliance of standards agreement throughout the certification cycle.
- Courtview-NTC Childcare staff will complete this, <https://records.courts.alaska.gov/eaccess/home.page.2>
- National Sex Offender Public Website, Dept. of Justice. [www.nsopw.gov](http://www.nsopw.gov) NTC Childcare staff will complete this
- Alaska Sex Offender Registry <https://sor.dps.alaska.gov> NTC Childcare staff will complete this.
- AST Background Check(s) are required of all people over the age of 18 in the residence and people that will be in contact with children placed in your care. This is a reimbursed cost, keep your receipts.
- Ninilchik Traditional Council will provide time sheets for the Child Care Providers. Each month time sheets must be completed and signed by the Provider and Parents, confirming the hours of service. Timesheets are then submitted to the NTC office for payment processing. Failure to do so on a monthly basis, in a timely manner will lead to a delay in payment for the Provider. NTC has up to 30 calendar days to complete the payment process. Child Care Providers are required to sign and return the receipt enclosed with NTC's payment, in the envelope provided, verifying receipt of payment.

The Provider functions as an independent contractor and must comply with all applicable federal, state, and local laws and regulations. The Provider functions with the singular purpose of providing childcare. This means you may not operate a home-run business, provide homeschooling, provide pet sitting or adult care while being an independent contractor/Childcare Provider for NTC.

Payment will not be processed if the Provider's Business License expires or is revoked. Costs are not covered before the effective date of the certification or after the expiration or revocation date. Payment is only processed after all required documentation is submitted and the application is approved. No retroactive payments will be issued. Payment for childcare services will be valid on the day the application and all required documents have been submitted and approved by the NTC CCDF Program.

Providers will not receive payment for childcare services provided to the parents outside the days and times written on the NTC Parent Child Care Certificate. Any form of fraud by the Providers will result in removal from the NTC CCDF Child Care Assistance Program. Repayment of funds wrongfully obtained must be repaid within 5 business days as stated in 19AAC 65.411 of the Alaska Administrative Code.

NTC's Childcare Standards supersede all other P&Ps or care standards

Providers must allow parents open access to the facility whenever their children are in care. Providers must report serious injuries and deaths that occur in childcare to NTC and other appropriate authorities.

I understand that as a Childcare Provider for the NTC Childcare Assistance Program, I function as an independent contractor and I must comply with all applicable federal, state, and local laws and regulations.

I understand that I must have either:

1. have State Childcare License or,

2. I must qualify as a Legally Exempt Childcare Provider which include: (Adults who care only for children related to them, Adults who care for four (4) or fewer unrelated children, Preschools certified by the Department of Education., Facilities where the parent is on-site and available to the children, or Temporary facilities lasting for fewer than five continuous weeks.) I also understand that I must have an Alaska Business License, and a Background Check, as well as one for each adult (over 18) that reside in my household in the case of caring for children in my home.

I agree to provide a copy of all required licenses or certificates to the NTC Childcare Assistance Program. I agree to meet health and safety codes required under this program. I understand that I will not be reimbursed for childcare if required licenses or certificates are not on file with the NTC Childcare Assistance Program.

I also understand that the NTC Childcare Certificate becomes null and void if my State of Alaska business license, or other appropriate license expires and/or is revoked. I understand that I will not receive payments for childcare before the effective date or after the expiration or revocation date.

I certify that space is available to meet the Parent(s) work and/or training schedule listed on the NTC Childcare Assistance Certificate. I understand that I must arrange for Alternative Childcare during an unscheduled facility closure.

I understand as a primary Childcare Provider, I will be paid the subsidy amount billed as long as it does not exceed the maximum monthly subsidy amount. I understand Parent(s) are responsible for paying any additional balances due.

I understand that payment for childcare services provided to the Parent(s) outside the days and times written on the NTC Childcare Certificate are the responsibility of the Parent(s) and will not be included on the childcare timesheets.

I will submit my billing form within the NTC Childcare fiscal year: \_\_\_\_\_ to \_\_\_\_\_.

I will submit a Facility Attendance/Billing Report to the NTC Childcare Assistance Program with Parent(s) signature(s) on my last working day of the month. I understand that all absences must be

indicated and that the payment will be calculated based on authorized units of care provided in the NTC Childcare Certificate.

- I understand that the NTC Childcare Assistance Program has 30 calendar days to process payment. I understand the NTC Childcare Assistance Program will not accept inquiries in regards to payment prior to 30 calendar days.
- I understand that payment information is private and will only be discussed with the Child Care Provider.
- I will ensure that the NTC Childcare Assistance Program and the Parent(s) are provided a Written Termination Notice 14 days prior to withdrawing from this NTC Childcare Certificate.
- I understand that before I can receive payment from the Child Care Assistance Program, I must receive a copy of the Child Care Certificate stating how much assistance the parent is eligible to receive.

I certify the statements above have been met, and I agree to continue these requirements while I provide childcare services for the NTC Childcare Program. I understand it is fraud to misrepresent facts in order to receive payments for childcare services provided. I understand that any fraud may result in removal from the NTC Childcare Assistance Program, and I will have to repay any funds wrongfully obtained as stated in 19 AAC 65.411 of the Alaska Administrative Code.

**If I fail to meet these standards at any time, NTC's Child Care Assistance Program Manager will revoke my certification and I will not be eligible for payment.**

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

**NTC CHILD CARE RATE SHEET**

**Alaska State Licensed Provider Rates  
(In-Home & Family Child Care Homes)**

**Kenai Peninsula Borough Childcare Rates**

Age Group	Full-Time Month	Part-Time Month	Full-Time Day	Part-Time Day
Infant	\$834	\$552	\$51	\$33
Toddler	\$800	\$550	\$48	\$33
Preschool	\$690	\$545	\$42	\$33
School Age	\$624	\$400	\$38	\$24

- **Infant**-Birth through 18 months of age
  - **Toddler**- 19 months through 36 months
  - **Pre-School**- 37 months through 6 years of age
  - **School-Age**- 7 through 12 years of age
  - **Special Needs**- Any child experiencing a delay or disability that affects cognitive, language, social/emotional or motor development. Children who have been diagnosed with impairments under P.L. 94.142, P.L. 101-476 or IDEA.
- 
- F/T month (Full month)= 17 to 23 days of care, which includes at least one full day, during a calendar month;
  - P/T month (Part month)= Fewer than 17 days of care in any combination of part or full days in a month, or 17 to 23 partial days of care during a calendar month;
  - Hourly (Under 5 hours of care in a day. NTC's hourly rate does not pay for over 8 hours of care in a day.
  - F/T day (Full day)= 5 hours and 1 minute of care and up to and including 10 hours of care in a day;
  - P/T day (Part day)= Up to and including 5 hours of care in a day.

Hours of operation: \_\_\_\_\_

- |                               |  |                               |  |
|-------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>New Year's Day</b>         | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Labor Day</b>        |
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Martin Luther King Day</b> | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Veteran's Day</b>    |
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Presidents Day</b>         | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Alaska Day</b>       |
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Memorial Day</b>           | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Thanksgiving Day</b> |
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Independence Day</b>       | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Christmas Day</b>    |

Other Please List: \_\_\_\_\_

Do you provide childcare for Developmentally Disabled Children?  Yes  No

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

## Triply Certified Relative Provider Rates (In-Home & Family Child Care Homes)

### Kenai Peninsula Borough Childcare Rates

Age Group	Full-Time Month	Part-Time Month	Full-Time Day	Part-Time Day
Infant	\$700	\$525	\$41	\$25
Toddler	\$665	\$449	\$39	\$22
Preschool	\$620	\$465	\$36	\$20
School Age	\$610	\$458	\$35	\$20

- **Infant**-Birth through 18 months of age
  - **Toddler**- 19 months through 36 months
  - **Pre-School**- 37 months through 6 years of age
  - **School-Age**- 7 through 12 years of age
  - **Special Needs**- Any child experiencing a delay or disability that affects cognitive, language, social/emotional or motor development. Children who have been diagnosed with impairments under P.L. 94.142, P.L. 101-476 or IDEA.
- 
- F/T month (Full month)= 17 to 23 days of care, which includes at least one full day, during a calendar month;
  - P/T month (Part month)= Fewer than 17 days of care in any combination of part or full days in a month, or 17 to 23 partial days of care during a calendar month;
  - Hourly (Under 5 hours of care in a day. NTC's hourly rate does not pay for over 8 hours of care in a day.
  - F/T day (Full day)= 5 hours and 1 minute of care and up to and including 10 hours of care in a day;
  - P/T day (Part day)= Up to and including 5 hours of care in a day.

Hours of operation: \_\_\_\_\_

- |                               |  |                               |  |
|-------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>New Year's Day</b>         | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Labor Day</b>        |
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Martin Luther King Day</b> | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Veteran's Day</b>    |
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Presidents Day</b>         | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Alaska Day</b>       |
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Memorial Day</b>           | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Thanksgiving Day</b> |
| <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Independence Day</b>       | <input type="checkbox"/> Open | <input type="checkbox"/> Closed- <b>Christmas Day</b>    |

Other Please List: \_\_\_\_\_

Do you provide childcare for Developmentally Disabled Children?  Yes  No

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

**Facility Floor Plan and Fire Procedure:**

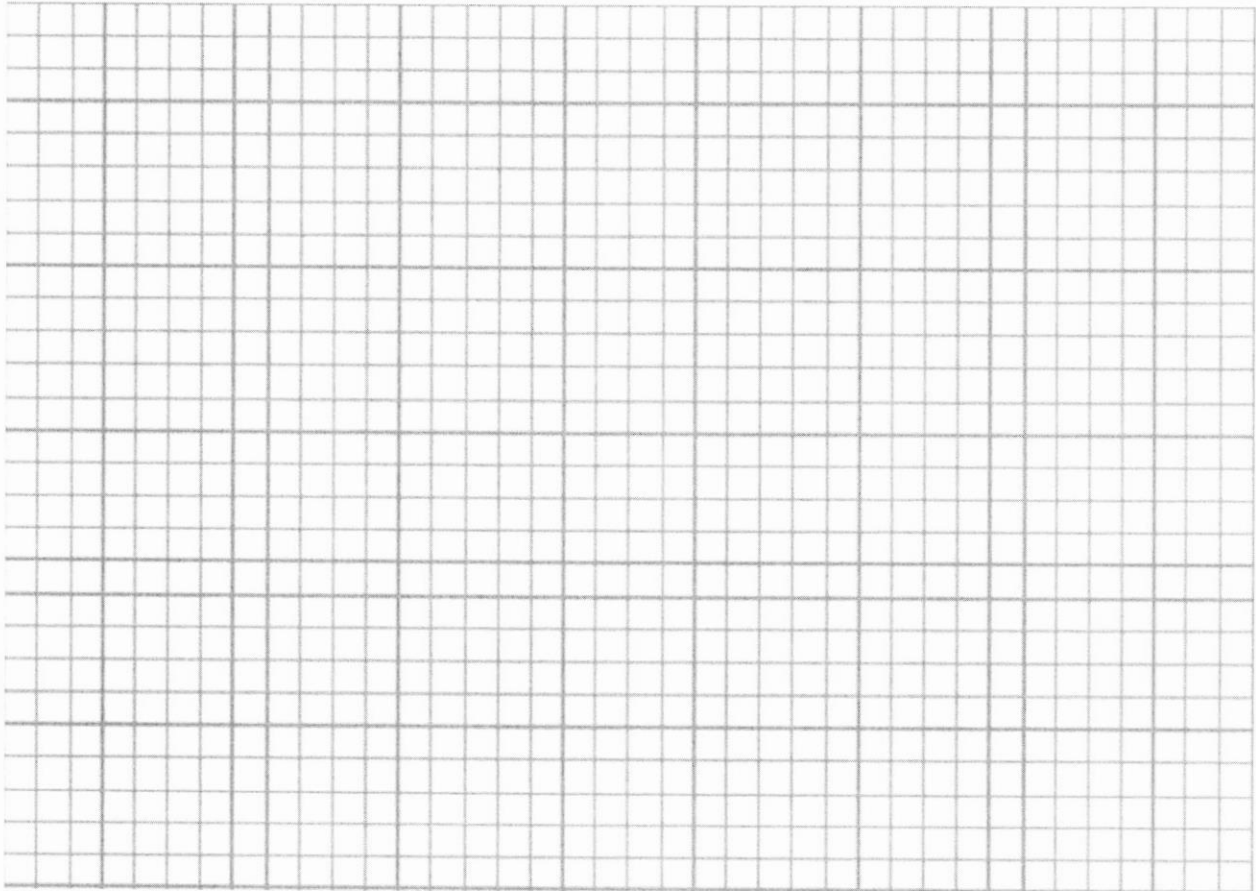
**Floor Plan:**

1. Use the grid to draw a floor plan of your house
2. Show two exits from every room
3. Write down the outside meeting place

**Exit Procedures:**

1. Sleep with bedroom doors closed. They will hold back deadly smoke.
2. Teach everyone to recognize the sound of your smoke alarm
3. Test doors before opening them. If hot use your alternate escape. If cool, brace your shoulder against the door and open cautiously. Be ready to slam it if heat or smoke rush in.
4. Crawl low under smoke.
5. If your clothes catch on fire: stop, drop, and roll.
6. Get out fast.
7. Don't go back inside once you are out.
8. Choose a specific meeting place so you can see everyone's out of the house.
9. Call the fire department from a neighbor's house – 911

**HOUSE PLAN:**





PROPERTY/HOUSE PLAN:

