



**Rosebud Sioux Tribe
Child Care Services
PO Box 130
Rosebud, South Dakota 57570
Phone: 605-747-5264 Fax: 605- 747-5856
DIRECTOR CELL 828-2512**



COVID-19 EMERGENCY CHILD CARE PROVIDER APPLICATION



Name of Applicant: _____

Date: _____



Requirements

- Provider must be 18 years old or older
- Complete Provider Application
 - Complete the Provider Information form
 - List the children you are providing care for
 - Complete Character Reference Form
 - Initial and sign the Protector of the Sacred Agreement form
 - Acknowledgement of Responsibility to Report Child Abuse and Neglect
 - Sign the Authorization of Release form
 - Complete the National Sex Offender and State Offender Registry
- Complete the on-line mandated state required training regarding COVID-19
- Health and Safety Check list for Child Care Providers; this is a self-assessment done for the home where childcare will be provided at.



I have read the definition and requirements of a Family Day Care/ In home Day Care Provider and I certify that I will meet them while I am a registered emergency provider with the RST Child Care Services Program during the Rosebud Sioux Trobe Emergency Declaration due to COVID-19

I understand that if I do not meet these requirements it will result in a non-payment from the program. I certify that I or an authorized person has completed all forms required of me where applicable. _____ **(initial)**

I have received health education regarding COVID-19 and will abide by all safety precautions to stop the spread
I have policies and procedures in place regarding COVID-19
I have posted hand-washing signs in proper places

I certify I have not been convicted of child abuse or neglect

EMERGENCY CHILD CARE PROVIDER

PROVIDER INFORMATION

Name: _____
Home Phone: _____
Cell Phone: _____
D.O.B _____

Mailing Address: _____

Email Address: _____

TYPE OF CHILD CARE THAT WILL BE PROVIDED: (CHECK ONE)

- IN HOME (CHILD'S HOME)
- FAMILY HOME (PROVIDER'S HOME)

Do you have children of your own who still require your care? Yes No

Number of children; _____ Age of children: _____

Ratio guidelines: This is needed to determine how many children you are able to provide care for: _____

.....

CHILD (REN) YOU WILL PROVIDE CARE FOR:

1. Child Name: _____ Parent: _____

Age _____ Days of the week and time providing care: _____

2. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

3. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

4. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

5. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

6. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

7. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

8. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

9. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

10. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

11. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

12. Child Name: _____ Parent: _____

Age: _____ Days of the week and time providing care: _____

Character References

List the names, address, phone numbers and amount of time you have known them:

1. Name: _____

Address: _____

Phone Number: _____

Number of months/years known: _____

2. Name: _____

Address: _____

Phone Number: _____

Number of months/years known: _____

3. Name: _____

Address: _____

Phone Number: _____

Number of months/years known: _____

Release of Information

To whom it may concern:

I _____ authorize any person, agency or institution to supply information regarding me or my family as requested by the RST Child Care Services Program to release such information to cooperating State, Federal or Tribal Agencies.

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 Child Care Services Program in its administration of RST Child Care Services for sole purposes of remaining in compliance with the CCDF-Child Care Development Fund which includes fraud prevention, verification of wages, student status, and child care costs.

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

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____

Sex Offender Registry Check

South Dakota Codified Law 26-6-14 requires all registered or licensed child care programs to ensure that no individual hired to work or volunteer after June 30th, 2010 has their name listed on the Sex Offender Registry. The Registry Check is performed prior to potential employees having contact with children in the child care program. This form can serve as documentation to that registry check.

Both the State Sex Offender Registry and National Sex Offender Registry (NSOR) are checked.

Name of Applicant: _____

Other names used by Applicant: _____

Address: _____ City: _____

County: _____ Zip Code: _____

Name and title of person checking the Sex Offender Registry for the above individuals:

Name: _____ Title: _____

Results of the State Sex Offender Registry: (Check one)

- Yes, the name appeared on the State Sex Offender Registry
- No, the name did NOT appear on the State Sex Offender Registry

Results of the National Sex Offender Registry: (Check one)

- Yes, the name appeared on the State Sex Offender Registry
- No, the name did NOT appear on the State Sex Offender Registry

Date of Check: _____ Signature of person Completing Check: _____

Protector of the Sacred Statement

As being a part of the RST Child Care Program I take my role as a Protector of the Sacred very seriously. If I violate any of the following I understand by participation in the program will be compromised.

I understand and agree to the following: (Read and initial)

1. No child should be subject to corporal punishment or emotional abuse. This includes, but is not limited to, slapping, kicking, biting, punching, hitting, spanking, and rough handling, shoving, ear or hair pulling, and shaking. Also, food, light, warmth, clothing, or medical care shall not be withheld from a child. _____
2. The provider shall notify the parent on the day an injury occurs of any kind and to include it on an injury report form that will be filled out and copy given to parents. _____
3. Emergency phone numbers of each child's parents, physician. _____
4. ANY suspected child abuse or neglect must be reported to the local Department of Social Services agency or the police department. _____
5. I will not transport children in my care if I do **NOT** have a valid driver's license. _____.
6. Each child that is transported in a motor vehicle must be in a properly installed, approved child restraint seat and all children shall have individual seat belts. _____
7. No child is permitted to remain unattended in any vehicle. _____
8. Clean separated towels, washcloths, bedding, combs, and other personal articles are used for each child. _____
9. Drinking water is always AVAILABLE to the children, including older infants, and must be offered at frequent intervals in separate or single serve cups or bottles. _____
- 10. CHILD CARE PROVIDERS shall wash their hands with soap and water after each diaper change, after assisting a child on the toilet, after washing the diapering surface, and before food preparations. Hands must be dried on a single use towel.**

11. A child's hands must be washed with soap and water after each diaper change, after the use of the toilet or toilet changing chair, and before a meal or snack. _____
12. Toilet training chairs, stools, and seats must be washed with soap, water and disinfectant daily.

13. Children in diapers shall be kept clean and dry. Their clothing must be changed if wet or soiled.

14. Child Care provider will not prop a bottle when feeding a child. _____

15. Child Care Provider shall notify our office as soon as possible of a new child enrolled in child care, or when a child stops receiving child care at the residence. _____
16. The Child Care Provider will notify in a letter from the decision to discontinue being a childcare provider. _____
17. The child care provider must notify the Child Care Office of a house guest that is going to be staying at the Providers home for any length of time and will access to the child (ren) in Child Care. _____
18. Child Care provider will not participate in any violent or disruptive activities. _____
19. Child Care provider will monitor what is posted on social media any violent threats posted or pictures of using any drugs, alcohol or offensive language will not be tolerated and could result in my termination of the Child Care Program. _____
20. If the Child Care Provider comes to the office while intoxicated. Parent will be notified. And incident will result in immediate termination of program participation. _____
21. If any evidence surfaces or attempting to fraud the RST Child Care Program and the evidence is substantiated, I will be terminated of program participation. _____

If there is fraud involved, you will be held liable for all CCDF payments made in your case, as well prosecution depending on the amount fraudulently claimed.

Please sign and date to verify that you understand this document in its entirety and will be placed in your file.

Child Care Provider

Date

HOME HEALTH & SAFETY CHECKLIST

Name of Child Care Provider: _____

Date: _____

SWA Home Private Home Rental Unit Other:

Observe the yard:

Is there animals? Yes No If yes, are they a danger to visitors/children at the home? Yes
 No On leashes Yes No

Animal feces where children play Yes No Any comments on the animals:

Does family have a pool? Yes No If Yes; is there a pool cover? Yes No Is there a ladder to
the pool? Yes No

Is the outside of the home in good repair, look for broken windows, doors, screens etc. Yes No
If no, explain:

Is the yard clean? Yes No Outdoor playground equipment and toys clean, safe and kept in good
working condition? Yes No

Is there a fence around the yard? Yes No In your opinion is a fence required for the safety of the
children? Yes No

Is the entrance to the house obstructed by any objects? Yes No Is garbage disposed of properly
outside? Yes No

THE HOME

Is there any smells that may be alarming upon entering? Yes No If yes, please
explain: _____

How many children present at time of home visit? _____ How many adults are present in
the home during the period child care is provided? _____

How many children in care 12 or less; including your own children who are under six years of age?

Are you caring for more than four children under the age of two, or more than two children under one
year of age? Yes No

Is care being provided to children with special needs? Yes No Are there proper accommodation's?
 Yes No

Is there a registered helper present? Yes No

Any concerns; _____

Is the temperature in the home comfortable for children in care? Yes No Stairs indoors gated
or blocked off? Yes No

Are all windows and doors in good working condition? Yes No Comments:

Is tobacco use prohibited in the presence of children? Yes No Comments:

Describe the overall cleanliness of the home:

Electrical Safety:

Is the home free from bare or exposed electrical wiring, which could shock children or be a fire hazard?

Yes No

Comments:

Electrical wall sockets covered when children under the age of 4 present? Yes No

Comments: _____

Are the areas where children are receiving care well lit? Yes No Comments:

Bathroom:

Can every bathroom door with a lock be opened from the outside? Yes No Comments:

Stepping stool if needed for smaller children available to use? Yes No Comments:

Are there individual cleaning towels, wash cloths and bedding available for each child? Yes No

Comments: _____

Are medications stored in a place this is inaccessible to children? Yes No Comments:

Is the hand washing station fully functioning, no clogged sinks and has running water? Yes No

Comments: _____

Is the trash properly disposed of? Yes No Is the toilet fully functioning? Yes No

Comments: _____

Kitchen:

Food storage and preparation areas are clean and sanitized daily? Yes No Comments:

The home has an operating refrigerator? Yes No The home has an operating stove? Yes No

Signs of rodents: Yes No Comments:

Where do the children sit to eat? _____ Is a highchair used for any of the children? Yes No

Describe the overall cleanliness of the kitchen:

Are there individual plates, cups and utensils for each of the children? Yes No

Health:

First Aid Kit: Yes No Lakota Mental Health First Aid Kit if applicable; Yes No Would like one? Y N

Is there adequate water supply to the home? Yes No Comments:

Hand washing supplies available in kitchen and bathroom(s)? Yes No Comments:

Does the provider wash his/her hands after using the restroom, changing a diaper, working with soiled clothing/bedding and before handling food? Yes No

Sewage and solid waste disposed of properly? Yes No Comments:

Balanced meals and snacks provided? Yes No Comments:

Food properly wrapped, stored and handled? Yes No Comments:

Fire and safety protection:

One operating smoke detector on each floor of the home? Yes No Comments:

Wood stove used? Yes No **If yes, is it clear of debris?** Yes No **Comments:**

Is there a Carbon Monoxide detector on each floor of the home? Yes No

Comments: _____

Is there a fire extinguisher mounted and easily accessible? Yes No

Comments: _____

Are any space heaters being used? Yes No **If yes, are they free from debris and access to younger children?** Yes No

Is the play equipment and toys clean, safe and kept in good working condition? Yes No

Comments: _____

Is there at least one battery-operated flashlight? Yes No **Is there at least one battery operated radio?** Yes No

Are there 2 un-blocked exits in the area where child care is provided? Yes No

Comments: _____

All windows are opened easily from the inside and not obstructed by nailed on screens, plastic or bars?

Yes No

What plan does the provider have in place for severe weather such as a tornado, blizzard storm, etc, describe _____

Does provider need age appropriate learning materials for children in home? Yes No

RST Child Care Provider Signature

Date

Parent Signature

Date