



**Osage Nation Child Care**  
239 W. 12<sup>th</sup> Street  
Pawhuska, Oklahoma 74056  
(918)287-5363-phone  
(918) 287-5220-fax

### **CHILD CARE PROVIDER APPLICATION**

In order to process your application, all required documents must be submitted with the application to the Child Care Department. Once the application is complete and all documentation has been received, the Child Care Department will make a determination within thirty (30) days to approve/deny your child care facility.

Required Documents:

- Completed Child Care Provider Application
- W-9
- Social Security Card (for home and family providers)
- Current Oklahoma Driver's License
- Vehicle Insurance (if children are being transported) If no vehicle insurance is maintained an emergency transport plan will need to be submitted and on file.
- Facility/ Home Liability Insurance (In accordance with Section 404.3 of Title 10 of the Oklahoma Statutes) If home insurance is not maintained the state waiver form must be filled out and on file.
- Facility State License
- CDIB/Membership card (if applicable)
- A copy of fingerprint information for each employee at the child care facility
- CPR/First Aid Certification Card

\_\_\_\_\_  
Osage Nation Child Care Signature

\_\_\_\_\_  
Date



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APPLICANT/OWNER INFORMATION			
Name of Facility:			Date:
Owner Last Name:	First Name:		MI:
Social Security No. or EIN:		Business Phone:	
Business Street Address:	City:	State:	Zip:
Provider status:		Hours of Operation:	
Date License Issued:	State License No.:	No. of Children:	
Animals present:	Driver's License No.:	Are children transported:	

HOME/FAMILY CHILD CARE STAFF INFORMATION			
Name	Relationship	Age	Fingerprints

Driving directions to facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### CRIMINAL BACKGROUND CHECK CONSENT

I hereby authorize the Osage Nation Police Department and the Osage Nation Community Outreach Department to receive any criminal history record information pertaining to me, which may be in the file of any state or local criminal justice agency in any state. This information will be used to determine eligibility with the Osage Nation Child Care Program. A check with the sex offender registration list will be completed at the same time.

\_\_\_\_\_

Child Care Provider Signature

\_\_\_\_\_

Date

PROVIDER INFORMATION					
Name:	Last	First	MI	Maiden Name:	
Physical Address:	Street	City	State	Zip	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:	Street	City	State	Zip	Date of Birth:
Email Address:	Social Security No.:			Driver's License No.:	



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### **CHILD CARE PROVIDER AGREEMENT**

As a child care provider, I will (please initial each item):

- \_\_\_\_\_ work cooperatively with the child/ren's parent/guardian in meeting the needs of the child and provide unlimited access for the parent and the Osage Nation Child Care Program (ONCC) staff during the hours the child/ren are in care.
- \_\_\_\_\_ Always have the best interest of the child in mind
- \_\_\_\_\_ I will be responsible for care on a regular basis for child/ren.
- \_\_\_\_\_ I agree to maintain adequate safety precautions and health practices to insure the well-being of the child/ren, as well as following minimum health and safety guidelines set by the Osage Nation Child Care Program. This also is an understanding that the child/ren will not be left unattended.
- \_\_\_\_\_ I agree to allow the Osage Nation Child Care Program to conduct a background check in order to assure the safety of the children in my care.
- \_\_\_\_\_ I understand that I must comply with an initial home visit as well as random/unannounced home visitations in order to insure a safe place for the children in my care. There will be a minimum of two home visits a year. These visits are not to be viewed as a way to criticize or condemn the provider/facility, but to allow the program to assist in creating a safe, creative, learning environment for the children. The Osage Nation Child Care Program, while conducting these visits, will be checking various safety concerns that are conducive to each facility; such as, properly working smoke detectors and carbon monoxide detectors, stocked first aid kit, medical release and immunization records, well balanced meals being served, outlet covers, hazardous materials and medication being stored out of reach, cleanliness, clear passage in and out of the home, etc. These and other issues that directly affect the health and safety of the children will be our concern. If something arises that causes concern, we will do what we can to try and alleviate the problem. If we are unable to do anything directly, we will try to refer the provider to another program that may be able to assist in the situation. However, if the facility has repeated health and safety concerns, the Osage Nation Child

Care Program will have no choice but to terminate their agreement with the provider/facility.

\_\_\_\_\_ If a violation is severe and affects the child/ren's welfare directly, the Osage Nation Child Care Program may be required to report the situation to the Tribal Social Services Department or the Oklahoma Department of Human Services (depending on jurisdiction). Depending on the disposition of the possible investigation, disciplinary action will be determined accordingly.

\_\_\_\_\_ I agree to have a phone or immediate access to a phone in case of an emergency.

\_\_\_\_\_ Maintain a current driver's license for all drivers within the home/facility

\_\_\_\_\_ Maintain valid and current CPR/First Aid Certifications for all employees of the facility (including home and family providers)

\_\_\_\_\_ Emergency numbers (Fire, Police, Ambulance, Sheriff, Tribal Police, Poison Control, local hospital, child/ren's doctor) must be readily available at all times. I must also have an evacuation plan in the case of a fire or tornado and this must be practiced on a monthly basis.

\_\_\_\_\_ I agree to partake in the annual provider training that is conducted by the Osage Nation Child Care Program. There are, of course, circumstances that may interfere, but I do agree to make every attempt to attend trainings offered in order to increase my knowledge & understanding and provide myself with new ideas where children are concerned.

\_\_\_\_\_ I understand that I am required to complete the timesheet provided by the Osage Nation Child Care Program. I am responsible for filling in the daily attendance record, total number of hours the child attended, rate times the number of days attended minus the co-pay, as well as acquiring the necessary signatures prior to turning in the timesheet. If the timesheet is not complete, it will be returned to the provider for completion. All the various aspects of the timesheet are needed for our reporting process.

\_\_\_\_\_ I, the provider, agree that as a child care provider, I am not an employee of the Osage Nation and I am therefore, an independent contractor and will be responsible for all applicable State and Federal Income Tax and obligations related to payments received from the Osage Nation under the terms of this agreement as a child care provider. I also understand that I am not entitled to coverage under the Osage Nation where insurance (medical or liability), Social Security, workman's compensation, retirement or unemployment benefits are concerned.

\_\_\_\_\_ Provider Timesheets are processed the first two weeks of the month. They must be submitted to the Child Care Office no later than 12:00 pm Thursday for payment to be issued the following Friday. Checks are available after 1:00pm on Fridays. There are exceptions for Holidays.

- \_\_\_\_\_ I understand that the Osage Nation Child Care Program requires each applicant for assistance to recertify every 6 months. Everyone recertifies at the same time. Recertifications are sent to the clients via certified mail. With this in mind, I acknowledge that the individual, whose children I am watching, will be responsible for any payments due if the recertification process is not completed.
- \_\_\_\_\_ I understand and agree that I, the provider, am responsible for collecting the co-pay that is due from the parent. The co-pay is paid directly to the provider and is not the responsibility of the Osage Nation Child Care Program.
- \_\_\_\_\_ I agree to be a good role model in all I do. I acknowledge receipt of a copy of the requirements for child care facilities. I agree that it is the provider's responsibility to follow these requirements at all times and abide to any and all terms of this agreement.
- \_\_\_\_\_ The information contained within this Agreement and any supporting documentation attached is protected record under the Osage nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.
- \_\_\_\_\_ I hereby expressly recognize that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: participation as a licensed Child Care Provider with the Osage Nation is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date