



Osage Nation
Child Care & Development Services

239 W. 12th St.
Pawhuska, OK 74056



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OKLAHOMA DHS LICENSE CHILDCARE CENTER/FAMILY HOME APPLICATION

To process your application, **all** required documents must be submitted with the application to the Child Care & Development Services Department in person, by mail, or via email. Once the application is complete and all documentation has been received, the Licensing and Compliance Specialists will schedule a licensing visit and will make a determination to approve/deny your childcare facility.

Required documents to be submitted:

- ☐ Completed Child Care Center/Family Home Application
- ☐ Completed W-9
- ☐ Completed Electronic Funds Transfer (EFT) Form
- ☐ Signed Provider Agreement
- ☐ Copy of Current Oklahoma Driver's License
- ☐ Copy of Child Passenger Safety Training (if children are transported)
- ☐ Copy of Vehicle Insurance (if children are transported)
- ☐ If transportation is not provided, an emergency transportation plan will need to be submitted (see pg. 3)
- ☐ Copy of Facility/Home Insurance verification (In accordance with Section 4045.3 of Title 10 of the Oklahoma Statutes). If home insurance is not maintained, the state Insurance Exception Notice must be completed (the last document in this package)
- ☐ Copy of CDIB/Membership Card (if applicable)
- ☐ Copy of CPR/First Aid Certification Cards for all employees
- ☐ Copy of Facility State License and STAR Certificates
- ☐ Copy of updated Personnel Summary Form OR CECPD Employee Registry form

SECTION 1: PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)	
<input type="checkbox"/> Child Care Center <input type="checkbox"/> Family Home <input type="checkbox"/> Wrap-Around	
Facility Name:	Business Number (including area code):
Owners Name:	
Directors Name:	
Address of Child Care Facility:	
Mailing Address, if different (include City and zip code):	
County:	
E-mail Address:	
K8 #:	Licensed Capacity:
Days of Operation:	
Hours of Operation:	

SECTION 2: WILL THE PROVIDER BE RESPONSIBLE FOR TRANSPORTING THE CHILDREN		YES	NO
Driver's Name	OKLAHOMA D.L. #	Date when Child Passenger Safety Training was Completed	

SECTION 3: EMERGENCY TRANSPORTATION PLAN

If no transportation is provided, describe the Emergency Transportation Plan here.

SECTION 4: RESIDENTS FOR FAMILY CHILD CARE HOMES ONLY - Names, relationships, and ages of all residents residing in the home where children are being cared for:

NAME	RELATIONSHIP	DATE OF BIRTH	Background Checks Done (if over 18)

Provider and/or Authorized Representative Signature

Date



Osage Nation
Child Care & Development Services



Osage Nation Child Care Center/Family Home Provider Agreement

Please read this agreement carefully to ensure you understand each provision.

This agreement ("Agreement") is between Osage Nation Child Care & Development Services (from now on known as "ONCCDS") and

Provider/Facility Name

K8 #

Purpose and Performance of the Agreement

This Agreement aims to establish eligibility for Provider participation with ONCCDS and to set forth Tribal and Provider responsibilities and assurances. ONCCDS provides eligible clients who receive childcare services funded through the CCDF Program the opportunity to select a childcare provider from a list of eligible participants. The Provider must comply with Tribal, State, and Federal regulations. If any statute or regulation is enacted or promulgated requiring changes in this Agreement, both parties will consider this Agreement to be automatically amended to comply with the newly enacted statute or regulation as of the effective date of the statute or regulation. The Tribe shall notify the Provider in writing within thirty (30) days of receiving any necessary changes or amendments to this Agreement resulting from newly enacted State or Federal statutes or regulations.

Provider understands and agrees to the following: (please initial each item)

_____ I agree to maintain adequate safety precautions and health practices to ensure the well-being of the child(ren) and follow minimum health and safety guidelines set by the ONCCDS and the Oklahoma Department of Human Services (OKDHS).


_____ I understand that ONCCDS licensing staff has access to the entire facility. Parents of enrolled children are allowed reasonable access to facility areas used by children.

_____ I understand I must comply with random/unannounced visits to ensure a safe place for the child(ren) in my care. A minimum of two unannounced visits per year.

_____ If a violation is severe and affects the child's (ren's) welfare, ONCCDS may be required to report the situation to the Osage Nation Social Services Department and is required to report to the Oklahoma Department of Human Services. Depending on the disposition of the possible investigation, disciplinary action will be determined accordingly.

_____ I agree to post the ONCCDS Hotline sign in the facility.

_____ I agree to provide ONCCDS child count information for CCDF funding (e.g., Osage and native children and waiting list).

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- _____ I agree to abide by the ONCCDS Timesheet Policy.
- _____ Timesheets must be submitted monthly; multiple submitted months will not be paid. Parents will not be held financially liable for claims not submitted correctly and on time for payments by the provider.
- _____ Falsifying attendance documents and/or receiving services and/or payments by misrepresenting or withholding pertinent information will result in termination of child care license. Provider acknowledges that filing a fraudulent claim for services submitted to the ONCCDS is a felony punishment and will be turned over to the Osage Nation Attorney General.
- _____ I will notify the ONCCDS of any STAR or licensing status changes within ten days of notification.
- _____ I will notify ONCCDS of any anticipated change of ownership or address. It is further agreed and understood that this Agreement shall terminate immediately upon the sale of the Caregiver/Provider's facility to a third party, and the new owner must obtain their own Agreement for services with the ONCCDS.
- _____ Change in Director must be reported to the ONCCDS Licensing.
- _____ Provider must follow the guidelines of the approval letter. Provider understands that starting a child before receiving an approval letter will be the parent's responsibility for payment of days attended without ONCCDS's approval.
- _____ I understand ONCCDS and the Department of Human Services have a Memorandum of Agreement (MOA) to share monitoring responsibilities for dually licensed and contracted facilities, exchange of case documents, coordination of complaint investigations, and notify each other of denials, revocations, emergency orders, or injunctions against the operation of any dually licensed facilities in the service area.
- _____ I understand that ONCCDS follows Oklahoma Department of Human Services Standards.
- _____ The Provider or someone on his/her behalf will not threaten violence, harm, or any similar inappropriate conduct against ONCCDS staff. Any such behavior may result in the termination of this Agreement.
- _____ I understand ONCCDS does not pay for tuition. Centers with both an academic and a child care program must have documented public rates separating educational tuition from child care rates.
- _____ I understand the ONCCDS requires each child care assistance applicant to recertify every twelve (12) months. Recertification notices are sent to each client via mail. I acknowledge that the individual whose children I am caring for will be responsible for any payments due if the recertification process is not completed.
- _____ I understand and agree I am responsible for collecting the co-pay from the parent. The co-pay will be paid directly to the provider and is not the responsibility of the ONCCDS.
- _____ I agree as a child care provider, I am not an employee of the Osage Nation; I am 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 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.
- _____ The information in this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any document containing protected information without the applicant's written consent 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 or 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 for the Osage Nation Government, to wit, participating 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 of 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 is an Indian or non-Indian blood, descent or legal character, the undersigned hereby agrees with jurisdiction over all matters and disputes arising out of exercise of such a benefit shall vest in Osage Nation Tribal Court over any such issues, disputes, actions or decisions of any branch of the Osage Nation Government.

_____ I agree it is the provider's responsibility to follow these requirements and abide by any and all terms of this agreement.

Licensed Family Child Care Homes Only

_____ Provider will provide accurate and complete information to the ONCCDS. The following events must be reported to ONCCDS Licensing immediately:

- a. A household member is arrested, charged with, or convicted of any criminal offense other than a traffic violation;
- b. A household member has contact with a Department Child Protective Services or Department Adult Protective Service worker; and
- c. Hiring of new staff or substitute added to the child care license.

_____ Provider will notify ONCCDS Licensing immediately of any change in persons living in the home.

Provider and/or Authorized Representative Signature

Date

Osage Nation Child Care & Development Services Licensing

Date

**Request for Taxpayer
Identification Number and Certification**

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
				-				

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Authorization for Electronic Funds Transfer (EFT) / Direct Deposit Form

Form Submission Instructions

Important Information Regarding EFT/Direct Deposit.

(Please read before signing the Authorization Agreement form.)

- Participants who wish to have their checks deposited directly into their bank account must complete an Authorization Agreement for EFT/Direct Deposit Form.
- Once you agree to the EFT/Direct Deposit process, all transactions will be in this format until we receive your written request to cancel the process.
- Notice of EFT/Direct Deposits will be sent via email if chosen.



Authorization for Electronic Funds Transfer (EFT) / Direct Deposit Form

Vendor

First Name, MI: _____

Last Name: _____

Email Address: _____

Account Information

Please check one of the following:

- ☐ **Add.** Deposit funds to the account shown.
- ☐ **Change.** Change my financial institution and/or account number.
- ☐ **Cancel.** Stop my participation in the direct deposit program.

Type of account. Please check one of the following:

- ☐ **Checking** (default if none selected)
- ☐ **Savings**

Type of account. Please check one of the following:

- ☐ **Business**
- ☐ **Personal**

Name of Financial Institution: _____

Bank Routing # (ABA#): _____

Account #: _____

Account Holder Name: _____

Account Holder Signature: _____

I hereby authorize Osage Nation Treasury Department to initiate deposits to the bank account indicated below. This agreement authorizes the Osage Nation Treasury Department to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future. This agreement authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable federal and tribal laws. This authorization will be in effect until the Osage Nation Treasury Department receives a written termination notice from myself and has a reasonable opportunity to act on it. I understand the Osage Nation Treasury Department will not provide written statements advising me of deposits. Osage Nation may assign its rights and obligations under this agreement to Osage Nation's designated fee-for-service contractor. Osage Nation may change its designated contractor at Osage Nation's discretion. I acknowledge that I have read, and I understand, this entire agreement. If my financial institution information changes, I agree to submit to Osage Nation an updated EFT Authorization Agreement.

Vendor Signature: _____

Date: _____

Attach Voided Check Below

- *Providing a voided check is optional but will eliminate any errors in payee information.*

Please tape your voided check here

(Do not send deposit slips)

1071 Grandview Lane Pawhuska, OK 74056
| Phone (918) 287-5343 |
FAX (918) 287 5251
<https://www.osagenation-nsn.gov/>



Insurance Exception Notification

When insurance coverage is **NOT** maintained, state law requires this form is:

- Completed; and
- Posted at the main entrance of the facility in a conspicuous location where parents and the public enter the facility.

Program Information

Program name	K8		
	License number		
Program street address	City	State	ZIP code
Phone	Owner		

This program:

- does NOT maintain liability insurance coverage of at least \$200,000 for each occurrence of negligence, which would cover injury to a child due to negligence that occurs while the child is in the care of the child care program.
- reports self-insurance in accordance with state law.

I agree to contact the Oklahoma Department of Human Services, Child Care Services Licensing when liability insurance coverage changes.

Owner signature _____ Date _____