

## Child Care Aware® of America

1515 N. Courthouse Rd – 3rd Fl., Arlington, VA 22201

Navy HCC Provider Hotline: 1-800-424-2246 extension 404

Navy HCC Provider Fax: 703-663-7133

NavyHCC@usa.childcareaware.org

## **Navy Home Community Care (HCC) Provider Application**

Provider/Program Doing Business As (DBA) Name:				
Type of Provider/Program (Select one)				
□ Family	<sup>'</sup> Child Care Home □ 0	Group Home		
Provider/Program Contact Information Address where care is provided:				
Street Name and Number	City	State	Zip Code	
Contact Name:				
Provider Telephone Number:				
Primary Email address:				
Accreditation Information If Applicable  □ National Association for Family Child Care  □ Child Development Associate Credential  □ Early Childhood Education/Child Development Degree or transcript listing 24+ college credits in these areas)  Licensing Information:				
Licensing information.				
Licensor Name:				
Phone/Email:				
Child Capacity:				
Age Group Served:				
Hours and Days of Operation:  Provider must be approved with licensing to provide care Saturday and Sunday from 6:00 am – 6:00 pm				

Adults & Staff Members Over 18 years old: Please identify <u>all</u> adults at the facility including the license holder, employees, assistants, volunteers, and family members			
Name:	Relationship to Provider:		
Name:	Relationship to Provider:		
Name:	Relationship to Provider:		
Name:	Relationship to Provider:		
Name:	Relationship to Provider:		
Name: Children Under 18 Years Living in the Home	Relationship to Provider:		
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## Navy Home Community Care Provider Responsibilities and Certification

I [the Provider/Program] understand/agree that (must check all boxes): All the information submitted on this application as well as any supporting documentation are true and correct to the best of my knowledge. I understand that, if approved, additional instructions will be provided on enrolling to participating with Navy Fee Assistance. Provider will continue to meet all minimum requirements set by the state and agrees to comply with all Department of Defense (DoD) Fee Assistance program policies necessary for reimbursement and must be able to receive federal subsidy by state or federal law. Provider will notify Child Care Aware ® America (CCAoA) and the Navy Fee Assistance Program of any changes to program information or licensing/accreditation status while enrolled in the program. Provider will comply with state requirements of undergoing a Federal Background Check and Child Abuse and Neglect Check prior to program approval. CCAoA reserves the right to check the validity of all documentation related to a provider/program's application, payment, eligibility, child care rates, attendance records and any other information related to child care services and fee assistance at any time through such methods including but not limited to: secret shopper calls, emails, phone, fax and U.S. mail. Provider understands that their state licensing inspection/compliance history will be reviewed at the time of their initial application and at least once per year and will be used to determine eligibility. Provider understands that probation or disqualification from DoD Military Fee Assistance Programs may occur due to inspection violations (corrected or uncorrected; self-reported or filed as a complaint), complaints (substantiated or unsubstantiated), and violation of fee assistance policies. Violations of fee assistance policies or licensing violations that fall into this category include but are not limited to: corporal punishment/inappropriate discipline, lack of supervision, background check deficiencies of any kind, knowingly employing individuals with failed background checks or a criminal record, negligence, child abuse, CPS investigations, state license suspension/revocation, involvement of drugs/alcohol, training deficiencies of any kind, CPR/First Aid, SIDS, noncompliance with child-teacher ratio regulations, criminal activity, out of minimum compliance with the state, non-conformity with licensing regulations, minimum sanitation requirements, transportation violations of any kind, repeat violations of any kind, fraud of any kind (substantiated or suspected by a legal local/state/federal agency and/or CCAOA), submission of false information, unresolved complaints made by parents, failure to report changes in a timely manner, unreasonable/exorbitant child care rates for market in question, etc. Violations or complaints not listed here specifically are also taken into consideration. CCAoA reserves the right to deny approval of any child care providers that submit applications for Military Fee Assistance program for any reason with approval from DoD. Provider understands that if they are disgualified from DoD Military Fee Assistance programs, they will be suspended from receiving fee assistance for a period of no less than one year to indefinitely. Provider agrees to maintain a current certification in first aid and infant/child CPR for all staff responsible for providing care to Navy families. Provider understands that program or policy violations could result in suspension from future participation in any DoD Military Fee Assistance Program. Available 12 hours per day on Saturday and Sunday during scheduled drill weekends. Provider agrees to establish and notify parents in their parent-provider contract of reservation requirements and deadlines to reserve scheduled drill weekend child care Provider agrees to establish cancellation/no show requirements, which may include deposits or cancellation fees. Providers are recommended to allow Sponsors to cancel reserved child care with a minimum of 10 calendar days advance notice, but may incorporate a more permissive cancellation/no-show policy into their contract. Provider agrees to charge parents an hourly parent fee of \$3.00 per hour per child and agrees to receive subsidy payments from the Navy for up to 24 hours per month on scheduled drill weekends. I understand that, once enrolled, information about my program (general location, email address, phone number) 

will be provided to approved fam	nilies so they may contact me to inquire al	bout enrollment
Printed Name (Provider/Program Owner)	Signature	- Date