

**Family Friends & Neighbor
Child Care
Family Association**

1. Provider Information

This is the family, who the Friend & Neighbor Child Care Provider will be providing child care; the family that is receiving the Best Beginning Scholarship.	
Provider Name:	
TANF: Are you included in the Parent's TANF financial grant: YES, NO	

2. Family Information

Head of Household Parent (s)Name:	Case #:		
Address:	City/ County:		
Case Worker name:	Parent Phone#:		
Are the children a sibling group? Yes No			
Name of Children (Last, First, Middle)	Date of Birth	Age	Relationship to the Child Care provider.

Family Friend & Neighbor Care Health and Safety Checklist

Health and Safety issues should be considered when arranging for child care. Following are topics a parent and child care provider may want to discuss. For more information regarding quality child care, contact your local Child Care Resource and Referral Agency. **** No corporal punishment may be inflicted. ****

YES	NO	Answer each question by checking the YES OR NO box.
		Do parents have access to their children at all times?
		Is the provider in good health?
		Is the provider trained about basic health and safety issues?
		Is the provider knowledgeable about child development issues?
		Does the provider wash hands thoroughly, before and after diapering?
		Does the provider wash hands thoroughly, before preparing food?
		Has the provider received guidelines on how to "child-proof" the home?
		Does the provider talk easily with the children and respond to their needs?
		Does the emotional climate foster happiness and trust?
		Does the provider offer learning opportunities to the children?
		Are children's immunizations current?
		Are emergency telephone numbers and parent telephone numbers posted?
		Is the provider trained in First Aid and CPR?
		Does the provider have an emergency medical authorization form signed by the parent?
		Is a first aid kit available?
		Are meals and snacks nutritious?
		Is there a quiet comfortable place for naps?
		Is the play equipment safe?
		Is the home clean?
		Are the children exposed to smoking?
		Are hazards inaccessible to children, inside and out?
		Are electrical outlets covered?
		Are heaters ventilated and screened?
		Are poisonous substances out of reach of children?
		Are smoke detectors in place and operational?
		Is a fire extinguisher available?
		Are firearms locked and inaccessible?
		Are appropriate automobile restraints, such as car seats, used?

By signing below, I state that I have read, discussed and understand the above information

Parent Signature Date

Provider Signature Date

Family, Friend & Neighbor

Child Care

Immunization Attestation

Children in Family, Friends, and Neighbor Provider [FFN] care must have immunizations except:

- *If the child is being cared for by an approved relative (grandparents, great-grandparents, aunt or uncle);*
- *If the child is being cared for in their own home;*
- *If the child has a medical condition that contra-indicates immunization;*
- *If a medical exemption for immunizations is being claimed, an FFN Immunization Waiver form must be completed.*

One or more of the above criteria, has been met.

OR

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

Provider Signature/Date

Family, Friend & Neighbor
Child Care
Medication Administration Attestation

The authority for the Medication Administration Attestation is MCA 52-2-736

I, _____, the Provider, acknowledge that I have discussed with the parent about administering medication while their child or children are in my care. I will log the medication on a Medication Administration Log as given to the child or children while in my care.

I, _____, the Parent, will sign a Medication Authorization form for each prescription and non-prescription medication to be given to my child or children while in the care of the provider.

By signing below, I state that I have read, discussed and understand the above information.

Provider Signature

Date

Parent Signature

Date