

Family, Friend & Neighbor

Certification Checklist

Initial each line as applicable for the Child Care Provider or Parent(s) Residence.

_____ I certify that I reside and will be providing care in my home and I agree that I am an independent contractor.

_____ I certify I certify that if I am providing care in the Parent's home, I will only provide care to the children of one family.

_____ I certify that I will be providing care less than 24 hours within the day.

_____ I certify that I will review the health and safety checklist for FFN program providers with the parent.

_____ I certify that I will be the only person transporting children while in my care.

_____ I certify that I will only provide care to the child(ren) of one family or that I will only provide care to no more than two children from separate families.

_____ I certify that I will review and discuss with the parents the immunization record of the children in my care; or, review and discuss the waiver indicating parental choice not to immunize.

_____ I certify that I will examine the home for fire and safety conditions, for the presence of working smoke detector, for placement of a family fire escape plan and discuss the conditions with the parents.

_____ I certify that I will inform parent(s) that the state will NOT make payments until the provider's and parent's applications are approved.

_____ I certify that I am aware it is recommended that the applicant not provide care until a letter of approval is received.

_____ I confirm that neither I, nor anyone present in the home, have been investigated for any alleged harm or physical or sexual abuse to children or adults. If this statement is false, I am providing the information required below about where the investigation occurred:

I attest that the above statements are true and correct to the best of my knowledge.

I understand that if I provide inaccurate information or misrepresent information in writing or verbally on this application, throughout the application process, and while certified, my application may be denied.

Provider Signature

Date