

Intended Audience: Child Care Subsidy Providers

Provider Name: _____

Family Name: _____

Family Address: (where care will be provided): _____

This checklist is to be reviewed by both the provider and the family for which they are providing care to ensure all parties understand the expectations and requirements to remain in compliance with CCDF regulations and standards.

392 NAC 4-000 – Provider Standards for In-Home Family Child Care

4-002.01 – Provider Age Qualifications

The provider is at least 19 years old.

Yes/No

1-001.14 In-Home Child Care

The parent/guardian and provider agree that care will only be provided in the family’s home.

Yes/No

4-007.02 Secondary Enrollments

The provider understands that they may not be currently employed by or accept employment with the State of Nebraska while being an in-home provider. This includes providing other in-home services through the Department, including personal assistance services or chore services.

Yes/No

4-001. General Standards

The provider agrees that they have not been disqualified from a DHHS program due to an Intentional Program Violation within the last five years.

Yes/No

The provider is physically, mentally, and emotionally able to provide care for children and will provide a statement from a medical professional, if requested, should there be reasonable cause to question their capacity to provide care.

4-003. Additional Requirements for In-Home Child Care

The provider will provide continual supervision of only the above family’s children. Provider understands that this is NOT to include provider’s own children, or children from other families/clients.

Yes/No

The provider and family agree that the provider has no obligation to perform housekeeping activities.

4-002.03 Release of Information

4-002.03(A)(i) Background Checks

The provider understands the Department may request background information on them from law enforcement or criminal justice agencies and agrees to provide written consent for DHHS to request this information. FBI Fingerprint checks may also be required. (392 NAC 4-002.03)

Yes/No

The provider understands that they will need to submit a request for their name to be cleared with the State Central Registry for child abuse and neglect and the Adult Protective Services Central Registry.

4-002(R) Provider Enrollment Standards

The provider agrees to refrain from smoking and/or vaping while providing care.

Yes/No

The provider will discuss with the family the hours of care and only bill DHHS according to the authorized amounts provided on the service authorization. Any care provided outside of the authorized number of hours will not be billed to DHHS.

4-004. Provider Standards

4-004(A) Child’s Records

4-004(C) Medication Administration

4-004(G) Emergency Preparedness

The provider will discuss with the family how to care for ill children, disciplinary practices, meals, snacks, napping schedules, and toilet training practices (if applicable) before care is provided.

Yes/No

The provider and family will complete and maintain records for all children, including immunization records and contact information for the family.

- The provider will dispense prescription and nonprescription medication only with prior written permission and written instructions from the family.
- The provider will arrange with the family how to handle medical and other emergency situations.
- The provider and family will create emergency plans that include procedures for evacuation and relocation; sheltering-in-place; natural or man-made disasters; addressing the individual needs of children; and communication and reunification with the family or other approved individuals designated by the family.

4-005. Staff Training Requirements

4-005.01 Family In-Home Providers Training Requirements

The provider agrees to complete any required training prior to enrollment and on an annual basis unless provider is determined exempt as an approved relative. Required trainings include pediatric first aid/CPR certification, pre-service orientation training, and four hours of approved annual training. **Yes/No**

By signing below, I (provider) certify that the above information is true and correct to the best of my knowledge. I understand that my failure to comply with the terms of this checklist and the Child Care Provider Enrollment, or my failure to provide correct information, may result in the termination of my service contract.

Printed Name of Provider: _____

Signature of Provider: _____

Date of Signature: _____ Last 4 of SSN: _____

By signing below, I (parent/guardian) certify that I have reviewed the above information with the above provider and understand that provider's failure to comply with the terms of this checklist and the Child Care Provider Enrollment, or their failure to provide correct information, may result in the termination of their service contract.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date of Signature: _____ Last 4 of SSN: _____