

Children and Family Services Regulations Compliance Review License Exempt Providers

	Compliance	Non-Compliance	Not-Applicable	Notes and Observations If Not Applicable, Explain:
392 NAC 4-000 – Provider Standards for License-Exempt Family Child Care				
4-002.01 – Provider Age Qualifications:				
1. Must be at least 19 years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4-002.03 Release of Information: A signed, written release of information to conduct background checks must be submitted for each person over the age of majority. A parent or guardian must sign a release for a child's background check.....				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4-002.03(A)(i) Background Checks: The provider and all household members must submit to required background checks.				
The provider must inform their Resource Developer Worker within 10 days of any changes to the household. The required background checks are as follows:				
1. The State Central Registry of child protection for any state in which the provider and/or household members have lived in the past five years (if age 13 or older).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. The State Central Registry of adult protection for any state in which the provider and/or household members have lived in the past five years (if age 13 or older).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Appropriate local law enforcement agency for any state in which the provider and/or household members have lived in the past five years (if age 13 or older).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Sex Offender Registry for any state in which the provider and/or household members have lived within the past five years (if age 18 or older).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. State-level criminal history for any state in which the provider and/or household members have lived in the past five years (if age 18 or older).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. FBI Fingerprint checks (if age 18 or older).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1-001.18. Maximum Number of Children who Care can be Provided:				
The Department will pay for a maximum of:				
a. Three children from different families with a maximum of three of the provider's own children, grandchildren, or foster children age 12 or younger in the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Six children from one family; the provider must not have other children, grandchildren, or foster children age 12 or younger in the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Maximum of two infants (children 17 months or younger) including infant children of the provider.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
License Exempt Providers are Required to Maintain the Following Records:				
1. 4-004(A). Maintain records with up to date information for all children in care including:				
a. Immunizations. Immunization must be obtained, according to state immunization guidelines, for each child(ren) who is (are) receiving Child Care Subsidy within 30 days of enrollment with a provider.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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<ul style="list-style-type: none"> b. Contact information (parent/guardian's work and home phone number; children's physician phone number)..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 2. 4-002(G). Retain authorizations, billing documents, and attendance records for four years to support and document all claims (electronically or physically)..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibilities of Provider: Provider must ensure:				
<ul style="list-style-type: none"> 1. No household members conduct a business in the home that would interfere with providing care for children..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 2. If home is leased or rented, prior landlord approval for property to be used as a child care facility must be obtained..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 3. All children in care will always be supervised..... <ul style="list-style-type: none"> a. If the primary provider is absent, arrangements with another person, age 19 or older, can be made to provide substitute care, if required background checks have been completed for the substitute..... b. Parents/guardians of children are notified when there will be/has been care provided by a substitute caregiver..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 4. Discussions are had with parents/guardians regarding the hours of care, care for ill children (if provided), disciplinary practices (no physical discipline is allowed), meals, snacks, napping schedules, and toilet training practices (if applicable) before care is provided..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 5. During the hours of operation, the home will be open to announced and unannounced visits by parents/guardians of children whom care is being provided. Parents always have access to their children at all times while children are in care.. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 4-006.01- Conflict of Interest: No employee of the Department or its subdivisions may be approved as a service provider..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 4-002(I). Department staff are allowed to visit the home, announced or unannounced, to determine compliance with license exempt standards and requirements..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4-001. Environmental Requirements: The provider shall ensure that:				
<ul style="list-style-type: none"> 1. The facility has at least 35 square feet of indoor child care space for each child in care..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 2. Building and physical premises are clean and in good repair..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 3. Maintain the home to be free from fire hazards such as exposed wiring, storage of combustibles away from a fire source (furnace, water heater, stove), and there are no blocked exits..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 4. Toilets and sinks are clean and in good working order for children to use..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 5. The facility has operable utilities including electricity, heat, water, etc..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> 6. An outdoor play area is maintained and free of hazards that can cause bodily injury..... 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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7. The facility has a sufficient number of safe, age appropriate play materials available for children in care to use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. A working landline or cellular telephone is available at all times.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Emergency numbers are visible within the home, and provider will contact 911 or local medical emergency if needed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. A first aid kit is on site and inaccessible to children which includes the following supplies: working fever thermometer, antiseptic wipes, band aids, gauze, tape, and scissors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Clean and comfortable napping and sleeping arrangements are available for each child in care and are age appropriate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. During evening care, children age 7 years or younger will sleep only on a floor level where an adult is present.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pets: The provider must ensure that household pets:				
1. Are current on any necessary or required vaccinations if they are susceptible to rabies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Have no history of aggression.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Comply with any state or local law or ordinance relating to the care and ownership responsibilities of pets or specific breeds identified by those laws or ordinances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Prohibited Animals: Exotic or unusual animals, or any animal that has bitten or attacked anyone without provocation or has been determined by the local health authority to be dangerous.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wellness and Nutrition: The provider must ensure that:				
1. Children are served nutritious meals and snacks while in care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Cooking and eating areas and utensils/equipment will be kept clean and in good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Perishable foods served to child care children will be stored in covered containers and at a safe temperature.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. A prevention and response plan is created for emergencies due to food and allergic reactions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Prescription and non-prescription medications are dispensed only with prior written permission and instructions from parent/guardian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. A plan is created to prevent and control infectious diseases within the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4-004(I). Transportation Safety: If the provider is responsible to transport and accompany children in their care, they are responsible to ensure that safety restraints and age appropriate car seats are available and used for each child transported based on state law.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Hazardous Materials and Equipment: The provider must ensure that:				
1. 4-004(H). Medications, cleaning agents, poisons, and other potentially hazardous items, materials or equipment are inaccessible to children through locked storage..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Refrigerated medications are stored in locked storage separate from food storage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Hazardous materials are properly handled, stored, and disposed according to their labels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. 4-002(R). Smoking, including vaping and use of E-Cigarettes, is prohibited when a child in care is present in any part of the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Tobacco products and containers holding cigarette butts, cigar butts, or ashes are inaccessible to children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. All alcohol is inaccessible to children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. All weapons and firearms are unloaded and locked or stored in a locked cabinet or area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. All ammunition is stored in a locked cabinet and stored separate from the firearms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4-004(G) Emergency Preparedness and Safety: The provider must:				
1. Complete the Emergency Preparedness Workbook.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Practice the developed evacuation plan with the children for use in emergencies such as a fire or tornado.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Develop an emergency procedure to reach children should they become locked into an area of the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Ensure the home has operable smoke and carbon monoxide detectors, maintained according to manufacturer's recommendations, which are located on each level of the home used to provide care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Ensure a fire extinguisher is on site and not expired.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Have a signed authorization from child's parent/guardian granting permission for provider to seek medical care in the case of an emergency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Training: The provider must complete training as follows:				
1. 4-005. Pre-service orientation training, either Nebraska's online Prepare to Care or Lincoln/Lancaster County Health Department training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. 4-005. Pediatric first aid and cardiopulmonary resuscitation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. 4-005.1. At least four clock hours of approved training annually; at least two clock hours of which must be from a topic covered in the health and safety standards found in 4-004.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Initial

Provider Declarations:

I have reviewed and understand "Child Care Provider Online Portal Billing Guide".

4-002.03(A)(ii) I do not engage in or have a history of behavior which may endanger the health or safety of children.

I do not, and will not, knowingly allow an individual to be on the premises that has been convicted of, admitted to, or if there has been substantial evidence of crimes involving intentional bodily harm, crimes against children, crimes involving the illegal use of controlled substances, or crimes involving immorality.

4-001(I) I am physically, mentally, and emotionally able to provide care for children and will provide, upon request, a statement from a medical professional should there be reasonable cause to question this capacity to provide care.

I do not, and will not, knowingly allow individuals who are a registered sex offender on the premises except to pick up or drop off their child.

By signing, provider agrees to provide child care services in accordance with their agreement, applicable portions of Nebraska Administrative Code Titles 391, 392, and 480, and applicable state and federal law. The provider also understands that this compliance review will be posted on the Child Care Subsidy page in compliance with federal requirements and regulations.

Provider's Printed Name: _____

Provider's Signature: _____

Resource Developer Worker: _____ Inspection Date: _____

Notes:

Follow Up Corrections:

Date Corrections are Due: _____ Provider Initials in Agreement: _____