

**South Carolina Department of Social Services  
SC Voucher Program**

**FAMILY, FRIEND, AND NEIGHBOR CHILD CARE CERTIFICATION**

The Family, Friend, and Neighbor Child Care Certification is required for approval of your provider in the SC Voucher Program. Both you and the provider must complete, sign, and date this form. This form certifies the services between you and your provider. **The starred items are required for approval of your provider.**

Parent Name:	Parent Social Security Number:
*Provider Name:	Provider Social Security Number:
*Provider Address: (List the physical address of the provider's residence)	
Provider Mailing Address: (List the provider's mailing address)	
*Is the provider 21 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No, Note: The provider must be at least 21 years old.	*Will the provider allow the parents to see the child anytime while they are in care? <input type="checkbox"/> Yes <input type="checkbox"/> No

My children needing child care by this provider:

Child's Full Name (First and Last)	Age of Child	Child's Birth Date

\* My child is age appropriately immunized based on the "Recommended Childhood Immunization Schedule."  
 Yes  No

My child will receive care: (Check one)

- In the home of the child     In a family member's home  
 In a friend's home     In a neighbor's home

NOTE: The SC Voucher Program will not pay providers that reside in the same household as the child.

Indicate below the number of children who will also be in the home during the hours my child receives care:

Provider's Children:	Provider's Family Member's Children:	Other Children:
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Is there at least one adult per six children?  Yes  No

Is the provider related to my child by marriage, blood, court decree or adoption who lives outside the home of the child?  
 Yes  No

If yes, check one:  Parent     Grandparent     Great-grandparent     Uncle     Aunt     Brother     Sister

Other: (How is child related?) \_\_\_\_\_

Will there be other adults 18 years old or older in the home during the hours my child will be in care?  Yes  No

If yes, explain: \_\_\_\_\_

NOTE: A central registry and sex offender registry check form must be completed on all adults 18 years old or older that are in the home during the times the children are in care.

The house in which my child will receive care:	Yes	No
is clean.		
is danger free.		
has enough exits in case of fire.		
has safe and vented heaters or fireplaces.		
* has a smoke detector and fire extinguishers.		
has a way to keep food from spoiling.		
has a safety plan to follow if there is danger.		
has running water from an approved water supply.		
has clean, working bathrooms.		
has equipment, toys and supplies in good shape.		
has safety caps on electrical outlets.		
has adequate heating, cooling and lighting.		
has a first aid kit.		
has strong screens or bars on windows above the first floor.		
has a safe place to play outdoors with no litter.		
has a bed or mat for every child.		

The provider will provide the following:

Breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No	Morning Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Afternoon Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indoor Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toys/Educational Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	Games	<input type="checkbox"/> Yes <input type="checkbox"/> No
** Crib	<input type="checkbox"/> Yes <input type="checkbox"/> No		
** Crib slats no more than 2 3/8 inches apart for children under 2 years old.			

My provider and I agree:

about child rearing.

Yes  No

about how to reward and discipline my child.

Yes  No

Comments: \_\_\_\_\_

My provider knows not to deprive my child of food, naps or the bathroom.  Yes  No

My provider:

knows how to reach me in an emergency.

Yes  No

has access to a car in an emergency.

Yes  No

has the name of my child's doctor in an emergency.

Yes  No

has access to a working phone.

Yes  No

Days and hours I need child care:

Monday      Begin: \_\_\_\_\_      End: \_\_\_\_\_

Tuesday      Begin: \_\_\_\_\_      End: \_\_\_\_\_

Wednesday      Begin: \_\_\_\_\_      End: \_\_\_\_\_

Thursday      Begin: \_\_\_\_\_      End: \_\_\_\_\_

Friday      Begin: \_\_\_\_\_      End: \_\_\_\_\_

Saturday      Begin: \_\_\_\_\_      End: \_\_\_\_\_

Sunday      Begin: \_\_\_\_\_      End: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_