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? ❑ Yes ❑ 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? ❑ Yes ❑ 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:

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	❏ Yes ❏ No		Morning Snack	❏ Yes ❏ No	
Lunch	❏ Yes ❏ No		Afternoon Snack	❏ Yes ❏ No	
Dinner	❏ Yes ❏ No		Evening Snack	❏ Yes ❏ No	
Indoor Activities	❏ Yes ❏ No		Outdoor Activities	❏ Yes ❏ No	
Toys/Educational Items	❏ Yes ❏ No		Games	❏ Yes ❏ No	
** Crib	❏ Yes ❏ 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: _____