

INTER-TRIBAL COUNCIL OF NEVADA, INC



CHILD CARE DEVELOPMENT FUND

P. O. Box 7440
Reno, Nevada 89510
(775) 355-0600

PROVIDER HEALTH AND SAFETY SELF-CERTIFICATION

PROVIDER INFORMATION

Name _____ Phone _____

Address _____ City _____

State _____ Zip code _____ SSN _____ \ _____ \ _____

Children In Care: (List of all children in your care including non CCDF Children)

Name: _____ DOB _____ M ___ F ___

Name: _____ DOB _____ M ___ F ___

Name: _____ DOB _____ M ___ F ___

Name: _____ DOB _____ M ___ F ___

Name: _____ DOB _____ M ___ F ___

Name: _____ DOB _____ M ___ F ___

WHERE WILL CARE BE PROVIDED? Check one: [] Child Home [] Provider Home

Address _____ Phone _____

City _____ State _____ Zip Code _____

The parent and provider must initial on the line to the left of each statement to assure that their home meets the basic health and safety standards.

Parents Initial	Provider Initial		Circle One
_____	_____	A smoke alarm is required and functional – Do you have one?	Y N
_____	_____	A 3.5 lb ABC Fire extinguisher is required – Do you have one?	Y N

Parents Initial	Provider Initial		Circle One	
_____	_____	Chemicals are stored out of the reach of children.	Y	N
_____	_____	Home / Play area is safe for the care of children.	Y	N
_____	_____	Provider has recent Physical and PPD on file. (Purified Protein Derivative a substances used in intradermal for tuberculosis)	Y	N
_____	_____	Provider has CCDF <i>CHILD CARE PROVIDER INFORMATION</i> form on file.	Y	N
_____	_____	Provider has a drug free and smoke free workplace.	Y	N
_____	_____	Provider is certified to administer First and CPR.	Y	N
_____	_____	It is understood that the provider cannot care for more that a maximum number (4) allowed in CCDF Health and Safety Standards. (This includes provider's own children)		

COMMENTS:

PROVIDER STATEMENT: All of the information contained of this form is true and correct to the best of my knowledge. I understand that this is a temporary certification until certified by ITCN CCDF Program Specialist. I understand that the CCDF Program Specialist will conduct a home visit to monitor and certify home to meet health and safety standards. I understand I will receive a non-certified provider rate until certified. I understand that Health and Safety training is available from the CCDF Program and I am required to attend CPR / First Aid training when notified. I understand that parent/guardian signing below can see their children at any time. I understand that I am not an employee of Inter-Tribal Council of Nevada, Inc., that I am self employed and required to report income to the IRS on the child care payments that I receive.

Parent/Guardian Signature

Date

Child Care Provider

Date