

CHRIS CHRISTIE

Governor

KIM GUADAGNO

Lt. Governor

Department of Human Services Division of Family Development PO BOX 716 Trenton, NJ 08625-0716 JENNIFER VELEZ Commissioner

JEANETTE PAGE-HAWKINS *Director*TEL: (609) 588-2000

April 24, 2014

TO: CHILD CARE RESOURCE AND REFERRAL (CCR&R) DIRECTORS

SUBJECT: FAMILY, FRIEND NEIGHBOR (FFN) (FORMER APPROVED HOME)
PROVIDER and IN-HOME PROVIDER HEALTH & SAFETY REQUIREMENTS

DFD Instruction No. 14-04-03

Regulatory References: N.J.A.C. 10:15-1.2 & 2.4

Rescission of: DFDI 04-5-8, DFDI 99-12-02, and Child Care Operations Manual (CCOM) pages

39-40

This Instruction will impact the following programs: All DFD Child Care Programs

PURPOSE

The purpose of this DFDI is to inform the Child Care Resource and Referral Agencies (CCR&R) and Family, Friend and Neighbor (FFN) Providers of the New Jersey Department of Human Services/Division of Family Development's (DHS/DFD) federal mandates, pursuant to Child Care Development Block Grant (CCDBG) regulatory requirements on Health and Safety (45 C.F.R. 98.41). These requirements are designed to protect the health and safety of children served by all Providers, especially FFN and In-Home Providers, for whom child care services are provided with public funds. Such requirements will include successful completion of a Child Abuse Record Information (CARI) check, Home Inspection Checklist, Orientation, Cardiopulmonary Resuscitation (CPR) certification and First Aid training. In addition, the CCR&Rs will disseminate and provide essential health and safety policies and trainings to the Providers, as specified by DFD.

BACKGROUND

The Child Care and Development Fund (CCDF) is the primary Federal program specifically devoted to funding New Jersey's Child Care Subsidy Programs which support low-to-moderate-income parents and parents receiving Temporary Assistance for Needy Families (TANF) to enable them to work or participate in educational or training programs they need in order to work. Funds may also be used to serve children in protective services.

Pursuant to the Child Care Development Fund (CCDF) (also referred to as the Child Care Development Block Grant (CCDBG)) regulations (45 CFR 98.40), DHS/DFD, as the Lead Agency for CCDF must certify that it has in effect licensing requirements applicable to child care services.

DHS/DFD must also certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to providers of child care services for which assistance is provided under CCDF.

PROGRAM

Effective July 1, 2014, prospective new providers must meet all health and safety requirements as described below. Existing providers must meet CCDF health and safety requirements by December 31, 2014.

Child care supports for WFNJ/TCC participants will not be retroactively rewritten back to the start of the WFNJ activity date. In all cases, child care agreements and supports can only be written effective the date the FFN or In-Home Provider has met all health and safety requirements.

All CARI inspections, CPR and First Aid certifications and orientation must occur before an Inhome or FFN Provider is approved and eligible to receive payment. All providers receiving subsidy payments are subject to regular and unannounced monitoring.

Definitions

"Approved home" or "approved home provider" means a child care provider who is not registered pursuant to the Manual of Requirements for Family Day Care Registration (N.J.A.C. 10:126), not licensed pursuant to the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), and whose home has been evaluated and authorized for payment through the Department of Human Services' child care service programs, using the Self-Arranged Care-Home Inspection and Interview Checklist. Unregulated relatives, friends or neighbors may be eligible for approved home status.

"In-Home child care provider" means an individual who provides child care services in the child's own home for fewer than 24 hours per day.

The below health and safety requirements must be met before an FFN Provider is approved and eligible to receive child care subsidy payments.

<u>Current In-Home and FFN (formerly Approved Home) Requirements</u>

- An inspection of the home using the Self Arranged Care Home Inspection and Interview Checklist
- An interview with the provider
- A Child Abuse Record Information (CARI) background check for the prospective provider and all members of the household who are at least 14 years of age

New FFN Health and Safety Requirements

- Orientation
 - o Review of prospective Provider requirements
 - o Child Care Programs and eligibility policies
 - o ECC requirements and payment policies
 - o Provider Discontinuation policies due to program violation and/or fraud
 - o Child abuse and neglect reporting requirement
 - o Availability of Professional Development Training
 - Written information and materials on prevention of infectious disease, child immunization records, medication administration, evacuation plans, nutrition, Sudden Infant Death Syndrome (SIDS), Shaken Baby Syndrome (SBS)
- A Child Abuse Record Information (CARI) background check for the prospective provider and all members of the household who are at least 14 years of age (completed annually)
- A FFN Home Inspection Checklist and provider interview
- Cardiopulmonary Resuscitation (CPR) certification (completed biennially)
- First Aid Training (completed biennially)

CCR&R RESPONSIBILITIES

Outreach and Notification Requirements

- Immediate outreach to and written notification of the In-Home and FFN Providers to inform them of these new requirements.
- Obtain written confirmation that all Providers are aware and informed of these new policies and requirements.
- Immediately posting the new requirements for providers and the general public.
- Inform parents/guardians specifically in the Work First New Jersey Program that payment will not be issued before the In-home or FFN Provider meets the new health and safety requirements.
- In instances in which a parent/guardian selects a provider who does not meet health and safety requirements, provide referrals for immediate placement to providers that do meet the requirements. Families must be informed of parental choice and be afforded the opportunity to select an alternate provider.
- Offer training, and provide information and materials on the following specific health and safety topics: Prevention of infectious disease, medication administration, evacuation

plans, nutrition, Sudden Infant Death Syndrome (SIDs), Shaken Baby Syndrome (SBS), emergency planning and preparedness, and others as required.

Training, Access and Availability Requirements

- CCR&Rs will be responsible for conducting Orientation, and coordinating CPR and First Aid training to ensure providers can easily access and meet the new training and certification requirements. Training schedules should include evenings and weekends, and training should be offered in both English and Spanish.
- CCR&Rs will utilize existing trainers/consultants and/or coordinate and schedule training
 to ensure providers have the opportunity to meet the new health and safety requirements
 within the prescribed timeframe.
- For April 2014 to September 30, 2015 CCR&Rs must coordinate training with outside vendors, with the exception of current in-house certified trainers.

Non-Compliance Procedures and Termination Notice

- In-home and FFN Providers that <u>do not</u> comply with the above required trainings by December 31, 2014 will be considered ineligible providers and <u>will not</u> qualify for child care subsidy payments after December 31, 2014.
- In-home and FFN Providers that have not met the above requirements and are currently serving children must receive a "Failure to Comply and Intent to Terminate Notice" by November 24, 2014. Notification must also be sent to the parents/guardians of children in care informing them of the same.
- In addition, providers and parents/guardians will be notified, no later than 10 days from December 31, 2014, that DFD will no longer pay for child care after such date, due to the provider not meeting federal and state health and safety requirements.

TRACKING and REPORTING

- CCR&Rs will be responsible for tracking and ensuring In-Home and FFN Providers meet health and safety requirements.
- All trainings must be registered with Professional Impact of New Jersey (PINJ) and captured on the monthly statistical reports.
- CCR&Rs must submit an outreach and training roll-out plan, no later than 30 days from this DFDI notice date.

FISCAL

CCR&Rs may reimburse providers for child care services after they have completed the application/registration process and have been issued either In-Home Approval or Certification.

CCR&R's are advised to deliver this program change utilizing the most cost efficient and effective delivery to the community. To the extent possible, existing resources in the community should be utilized. Current contract budget modifications should be submitted to the contract administrator before August 22, 2014 in accordance with the DHS contract and budget

modification policy. Failure to submit the required forms and supporting documentation will be a basis for denial.

Any need for additional funding must be submitted in writing to the contract administrator with the required budget narrative and justification supporting the need for additional funds. Program services that are not based on the most cost effective and efficient manner will be denied.

SYSTEMS

N/A

Sincerely,

SIGNED

Jeanette Page-Hawkins Director

Attachment: Family Friend Neighbor (FFN) Home Checklist CC-172 (New 04/14)

Transportation and Field Trip Authorization Form CC-173 (New 04/14)

Child Care Injury Report CC-174 (New 04/14)

JPH:NJ:MM:AS

c: Dr. Allison Blake, Commissioner Department of Children and Families

Lisa Von Pier, Assistant Commissioner Department of Children and Families

Valerie J. Harr, Director Division of Medical Assistance and Health Services

S:\WORKING2\Les\DFDI\Child Care\CCR&R\DFDI FFN Health and Safety Requirements.doc

Provider Name:				County:			
Inspection Date: _		Appro	oval Date:	/	Expiration D	ate://	
Inspection Type:	Initial Relocation	on					
Re-inspection Due	Re-inspection Due Dates://_;/						
Re-inspection Date(s):/;/;/;/;/;/;							
CCR&R:			Home	s in complianc	e as of:		
			PROVID	ER			
Name							
Site Address							
Mailing Address (i different than above)	f						
Site Phone Number (for EPPIC use)							
Phone Number							
Email Address							
	DAYS	AND HOU	URS OF SCH	EDULED OPE	RATION		
Day	Hours of	Service		Summer Ho	urs	Holiday Hours	
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday Saturday							
Saturday							
		OTHER	R HOUSEHOI	LD MEMBERS	;		
Name of Other H	ousehold Members	Age	Relation			New to Home Since Last	
				CARI	Criminal Disclosure	Inspection (Yes or No)	
1.							
2.							
3							

4.5.6.7.

FAMILY, FRIEND, NEIGHBOR (FFN) & IN-HOME PROVIDER HOME INSPECTION CHECKLIST

ROOMS USED FOR CARE

	ROOM 1	ROOM 2	ROOM 3	ROOM 4	ROOM 5	ROOM 6	ROOM 7
Level/Floor							
Name of Room (Living Room, Kitchen, etc.)							
Used for Sleeping Yes or No							
Other							
Specify if child capacity is limited due to contributing factors							
		E	NROLLED CH	ILDREN			
Participant Nam	e Case		's DOB	Days of Care	Hours of Care	Relationship to Provider	Present Y or N
1. 2. 3.							

Are you 18 years of age or older? YES / NO

11	\vee	how	VANTIAN
	1 1 2 2 2 2	11() (verified

Do you have any illness or medical condition that may affect your ability to provide child care services? YES / NO

If YES, explain and provide a physician's note

Have you had a certificate of registration for Family Child Care denied/revoked? YES / NO

If YES, explain

Have you or others in your home ever been convicted of a crime? YES / NO

If YES, explain

NOTE: EVIDENCE OF CONVICTION OF A CRIME, IN ITSELF SHALL NOT AUTOMATICALLY PRECLUDE AN INDIVIDUAL FROM SERVING AS A CAREGIVER. SUCH DETERMINATION SHALL BE MADE ON A CASE BY CASE BASIS AFTER THE REVIEW OF YOUR DOCUMENTATION.

Date Cited	Date Abated	Based on an inspection(s) conducted by the Child Care Resource & Referral Agency (CCR&R) on the above date(s), the provider needs to take the following actions in order to come into compliance
		with the FFN Health and Safety Requirements:
Physical 1	Environm	ent
		1. Provide adequate floor space for all children's activities; arranged to allow for active/quiet and
		individual/group activities.
		2. The temperature of rooms used by the children is maintained at a minimum of 65 degrees F.
		3. Ensure floors, walls, ceilings, furniture, equipment and other surfaces are kept clean, in good
		repair, and do not present any hazardous health and safety issues.
		4. Ensure adequate ventilation is provided by means of an open window, fans, air conditioning or
		other mechanical ventilation systems. Ensure screens are present on open windows.
		5. Ensure warm and cold running water is available.
		6. Ensure working indoor toilets are easily accessible to children.
		7. Ensure play equipment, materials and furniture for indoor and outdoor use are sturdy and safely
		constructed, non-toxic, easy to clean and free of hazards that may be injurious to children.
		8. Ensure the home contains sufficient furniture and equipment to accommodate the needs of the
		children.
		9. Ensure a telephone is in service in the home at all times when children are in care.
		10. Ensure electricity is in service in the home.
		11. Ensure pesticides for indoor and outdoor use are used in accordance to the manufacturer's and/or
		exterminator's directions and are kept out of reach of children in care.
		12. Ensure children are removed from the area until the pesticide has dried or as long as recommended
		on the label or by exterminator.
Fire Safet	ty	•
	•	13. Ensure an emergency evacuation plan exists. Inform children and parents of children in care of the
		emergency evacuation procedures.
		14. Install at least one approved, working smoke detector on each floor of the home.
		15. Install a working carbon monoxide detector in the home in accordance with provisions of State
		codes and guidelines.
		16. Ensure lockable interior doors can be unlocked from the outside.
		17. Ensure all heating or cooling devices are adequately vented, protected by guards or barriers and are
		not within the reach of children in care (i.e. radiators, wood burning stoves, fireplaces, furnaces, fans, etc.).
		18. Keep stairways, hallways, and exits unobstructed, except for safety barriers and ensure they
		provide safe passage.
		19. Prohibit rest and sleep in a basement unless there are two approved means of egress that meet the
		International Building Code and the New Jersey Uniform Fire Code as specified in N.J.A.C. 5:70.
		20. Maintain electrical cords in good condition and ensure all electrical outlets accessible to children
C 16	7 6 4	are covered with safety caps, ground fault interrupters, or have safety outlets.
General S	safety	
		21. Ensure all toxic substances and dangerous items are stored out of reach of children including
		medicines, poisonous plants, alcohol, tobacco products, matches and sharp objects.
		22. Verify any pets in the home are licensed and vaccinated.
		23. Ensure stairways within the exits with four or more steps have a railing.
		24. Provide a safety barrier with a quick release mechanism to prevent children from falling from
		elevated play areas, and any areas that could subject children to fall hazards (when used for child
		care activities), i.e. stairs, balconies, and porches.
		25. Ensure a working flashlight is available.
		26. Ensure all firearms; other weapons and ammunition are stored in locked areas out of reach of
0 : -		children.
Outdoor	Space	T ==
		27. Provide an adequate, safe outdoor play area adjacent to or within walking distance of home.

	
	28. Ensure swimming pools, wading pools, hot tubs, whirlpools, ponds, and natural bodies of water are
	physically inaccessible to children, except when children are supervised and parent has given
	authorized permission for use.
	29. Maintain devices that can be used for water rescue.
	30. Ensure that each child wears a safety helmet if riding a bike, using roller skates, inline skates, skate
	boards or is a passenger on a bicycle, or towed by a bike.
	31. Ensure outdoor equipment is safe and in good repair.
	32. Ensure play equipment does not pose an entrapment hazard.
	33. Ensure equipment is used only by children for whom it is developmentally appropriate.
	34. Maintain all fencing in good condition.
	35. Ensure that all garbage and refuse is collected, stored and disposed of in a manner which will not
	attract rodents or insects.
Numbers, Ages, an	d Supervision of Children
	36. Care for no more than 2 non-sibling children or all sibling children of one family. Under all
	circumstances, the provider may care for no more than 5 sibling children, and no more than 8
	children if 3 of the children are the provider's own.
	37. Ensure children's supervision and safety at all times.
	38. Ensure provider refrains from distracting activities including but not limited to other employment,
	volunteer services, recreation, hobbies, or frequent or prolonged socialization with adults while
	children are in care.
	39. Prohibit smoking, alcohol and drug use when supervising children in care.
	40. Prohibit supervision by person with: communicable disease; impairment or drug/alcohol-induced
	condition.
	41. Release child only to parent or person designated by parent; prevent release to impaired person or
	if unsuccessful contact local police department.
Activities for Child	ren
	42. Ensure there is safe and age appropriate equipment and supplies for the number of children in
	care.
	43. Provide children with: active and quiet play; indoor and outdoor play; rest or sleep.
	44. Provide materials for: dramatic play/language development; auditory development; visual/small
	muscle development; large muscle development; creative expression.
	45. Ensure reasonable accommodations, special care and activities are provided for children who have
	been identified with special needs as recommended by the parents or physician.
	46. Ensure that children are supervised while in swings, high chairs or stationary activity centers; do
	not remain in equipment for more than 30 consecutive minutes; majority of every child's waking
	hours are spent out of cribs, and playpen is in a safe, clean place where he or she may move and
	explore freely.
	47. Provide individual attention, affection and comfort for each child; use television with discretion.
	48. Ensure school age children participate in appropriate activities such as but not limited to outdoor
	play; active play; and completing homework assignments if necessary; discuss with and agree upon
	with parents the use of phone, television, computer and electronic devices.
Rest and Sleep	
	49. Provide daily rest/sleep according to the child's individual needs.
	50. Provide for children under 18 months: cots/1" mats/beds with rails/playpens/cribs with slats < 2
	3/8" apart.
	51. Ensure each child has their own crib, playpen, bed, cot, or mat.
	52. Ensure cribs used for care are in good condition, sturdy and have tight fitting mattresses.
	53. Prohibit stuffed toys, bumper pads and other soft products (i.e. pillows) in infant cribs, playpens or
	port-cribs.
	54. Ensure that all beds, cots, cribs, and mattresses have firm surfaces; meet the standards established
	by the Consumer Product Safety Commission.
	55. Prohibit enrolled children under seven years of age from using an upper bunk in bunk bed.
	56. Ensure guardrails are equipped on both sides of upper bunk; upper edge of guardrails no less than
	five inches above top surface of mattress; ladder used for entering or leaving the upper bunk.
	1110 menes above top surface of mattress, fadder used for effecting of leaving the upper bulk.

	57. Provide individual sheets/blankets; replace if wet/soiled/damaged/used by another child; launder weekly.
	58. Ensure each child below one year of age is placed on their back in a face-up sleeping position.
Food and Nutrition	
	59. Provide nutritious meals and snacks; consult with parents on children's feeding schedule, nutritional needs, food allergies and introduction of new foods for each child; have drinking water available at all times.
	60. Ensure that bottles are not propped for feeding; identify each child's bottle, sipping cup; refrigerate formula and expressed breast milk.
Guidance and Discip	pline
	 61. Use positive methods of guidance and discipline consistent with children's age and developmental needs; help the child maintain self control; prohibit humiliating or frightening treatment, loud profane or abusive language, derogatory remarks about the child or the child's family, spanking hitting, kicking, biting, shaking or inflicting physical pain in any manner; deprivation of food sleep or toilet access; force feeding; withholding of emotional responses or attention; long periods of enforced silence; physical or chemical restraints; isolation in any area that cannot be seen or supervised by the provider; punishment that is associated with napping, toilet training or eating. 62. Discuss and agree upon positive methods of discipline with the child's parents.
Engineen and al Coni	itation and Personal Hygiene
Environmental Sam	63. Ensure that children wash their hands with soap and running water: before eating; after using the toilet; after coming in contact with blood, saliva and other body secretions/fluids, after caring for animals, contact with animals, after contact with animal's body secretions.
	64. Ensure that all adults and children wash their hands with soap and running water: before preparing/serving food; after toileting/assisting a child in toileting; after changing diapers; after contact with body fluids; after caring for animals or their equipment; after contact with animal body secretions.
	65. Provide individual/disposable towels and washcloths; store personal hygiene items such as toothbrushes, hairbrushes, and combs separately for each child.
	66. Ensure children's diapers and clothing are changed promptly when wet or soiled.
	67. Ensure additional clean clothing is available for children toilet training and discuss agreed upon toilet training methods with parents.
	68. Ensure toilet seats, potty chairs, changing areas/pad, wash cloths and towels are cleaned with soap, water after each use and/or commercial disinfectant when needed.
Health and Safety	
	69. Arrange for all non-emergency medical attention, as authorized by the parent.
	70. Arrange immediate emergency medical attention for injured child; inform the child's parent immediately of an injury requiring professional medical attention.
	71. Inform the parent and prepare written incident/injury record of all instances; give copy of incident/injury record to parent and maintain copy of record on premises for the duration of time the child is in care and up to 3 years. Inform the Child Care Resource & Referral Agency of any incident that requires immediate emergency medical attention by the end of the next business day.
	72. Give emergency contact information to medical personnel; take emergency contact information on walks/trips.
	73. Ensure basic first aid supplies are in the home; stored out of children's reach; readily accessible to provider.
	74. Inform all parents when anyone in home has a communicable disease that requires notification as indicated by the New Jersey Department of Health.
Provider Record Re	v v i
	75. Ensure daily attendance records are maintained for children in care.
	76. Ensure provider has certification and documentation of Cardiopulmonary Resuscitation (CPR) and of a first aid course certified through one of the following: American Heart Association; American Red Cross; National Safety Council; and Infant and Toddler CPR (if care is limited to infants and toddlers), or Medic Pediatric Course; applicable to the ages of the children enrolled in the home; available for review upon request.

г т			
		<i>7</i> 7.	Maintain an individual record for each child in care including: name/birth date; parent's
			name/home address/phone number, work number; emergency contacts, child's allergies to food,
			medication and/or drugs if applicable; child's health care provider medical insurance; parent's
			authorization for emergency medical treatment; date of child's enrollment/withdrawal and
			information pertaining to individual authorized to pick up child(ren).
[78.	Maintain an up-to-date immunization record in accordance with the recommended immunization
			schedule appropriate to the child's age.
		79.	Inform the Child Care Resource & Referral Agency of any additional persons 14 years of age who
[begin living or working in the home longer than 30 consecutive days or on a frequent intermittent
[basis; within 5 days of this person moving in the home, the provider must submit signed consent
			for Child Abuse Record Information (CARI) background check.
[80.	Inform the Department of Children and Families (DCF) of instances of suspected child abuse
			and/or neglect of children in care. 1-877 NJ ABUSE (1-877-652-2873).
Communic	cating With		
			Supply each parent of enrolled children an "Information to Parents" statement.
[82.	Discuss daily activities and routines with parents; permit parents to visit at any time when children
[present; inform each child's parent(s) about the presence of pets and smoking by any person in the
			home.
		83.	Notify the parents verbally if "Emergency Provider" must care for children immediately when
			possible.
[84.	Ensure parent authorization is given for transporting children, walks, field trips or special events.
[Ensure the use of infant seats/child passenger restraint systems/seatbelts pursuant to New Jersey
			law.
Night Tim	e Child Car		
			Ensure provider is awake; alert to meet the needs of the children.
[86.	Provide a bedtime routine for children in care after 6:00 p.m.; in consultation with the child's
[parent or guardian; according to the age/developmental needs of the child, and according to time
			for scheduled pick-up.
[87.	Provide or ensure that each enrolled child's parent(s) provide appropriate clothing for the child to
			wear while sleeping; no enrolled child shares a sleeping room with an adult.
		88.	Serve breakfast to each child who goes directly to school from nighttime care if breakfast is not
			being provided by the school or by the parent(s).
VIOLATI	ONS CLAR	<u> </u>	CATION#
DENIAL I	DATE		DENIAL REASONS
Insp	pector Signat	ture	Provider Signature Acknowledging Date
			Compliance with Requirements

FAMILY, FRIEND, NEIGHBOR (FFN) & IN-HOME PROVIDER HOME INSPECTION CHECKLIST

ACKNOWLEDGMENTS

I understand and agree that I will:

- Contact the Child Care Resource and Referral (CCR&R) agency when there is a change in my ability to provide child care;
- Contact the Child Care Resource & Referral Agency of any incident that requires immediate emergency medical attention or death by the end of the next business day;
- Provide a wholesome environment for all children assigned to my care funded with public funds and that I do not have the authority to allow anyone other than myself to care for the children;
- Provide care only in the home that has been approved, report any changes of address and allow another home inspection;
- Use positive methods of guidance and discipline that are consistent with the age and needs of the child(ren);
- Not subject a child to harsh, humiliating or frightening treatment, or loud, profane or abusive language;
- Not make derogatory remarks about the child(ren) or his/her family;
- Not spank, hit, kick, or inflict physical pain in any manner, deprive the child of food, sleep or toilet access, force feed, or withhold emotional responses or attention;
- Transport children off my property only with the parents' signed permission using the proper equipment for that transportation;
- Require and maintain copies of each child's immunization records and timetable;
- Obtain written authorization from the parent(s) before allowing the child(ren) the use of a swimming pool or other body of water under my direct supervision;
- Keep any items that are moved, changed or added for home inspection in place;
- Provide a copy of my social security card and/or complete form IRS/W- (verification of Taxpayer Identification Number) to secure payment linked with DFD's payment system administered by Xerox;
- Receive a 1099 form if annual income exceeds \$600.
- Be reported by the CCR&R or participant that experiences any problems/concerns with the quality of child care I offer in my home.

I have read, understand and agree to the above statements.

Caregiver's Signature:	Date:
Evaluator's Signature:	Date:
Provide a copy of this acknowledgment to the parent/guardian.	

S:\WORKING\WFNJFORM\CC-172.doc

TRANSPORTATION and FIELD TRIP AUTHORIZATION FORM

FFN P	Provider:	
Parent	nt:	
Childre	ren:	
	A	ge:
	A	ge:
	A	ge:
		ge:
	A	ge:
	The above named provider is ALLOWED to transport my	child(ren) in a vehicle.
	The above named provider is NOT ALLOWED to transpor	t my child(ren) in a vehicle.
	I give permission for my child(ren) to walk to and/or partic away from the location where care is provided.	ipate in activities under the supervision of my provider
	I DO NOT give permission for my child(ren) to walk to an provider away from the location where care is provided.	d/or participate in activities under the supervision of my
	Other:	
Parent :	t Signature:	Date:
Provide	der Signature	Date:
S:\WOR	ORKING\WFNJFORM\CC-173.doc	

FAMILY, FRIEND & NEIGHBOR (FFN) AND IN HOME PROVIDER EMERGENCY CARD

Children's Names:			
			
			
			
Parent's Name:Address:			
Contact Phone Number:			
F	T 1 1	T. I. I	T. 1
Emergency Care Parent	Telephone	Telephone	Telephone
Emergency Pick-Up			
Police			
Fire			
Child Abuse Hotline			
Poison Control			
PARENT AUTH I, the parent/guardian authorize:	HORIZATION FOR I	EMERGENCY MEDI	CAL TREATMENT
	to arrange trans	sportation and secure emerge	ency medical treatment for
(provider)			
(name of child/ren)			
Parent Signature:			
Medical Insurance Information ar	nd ID Number		
	id ib itamoon.		
Special Needs:			
Allergies:			

S:\WORKING\WFNJFORM\CC-174.doc