



Child Care Services Program
 P.O. Box 948
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HEALTH & SAFETY ASSURANCES

TRIBALLY APPROVED RELATIVE PROVIDER CARE

As a Tribally Approved Relative Provider participating in Kawerak Child Care Services, please indicate by checking **Yes** or **No** on each line that you agree to implement the following best practices for Health and Safety. Any item checked **No** will initiate a follow up discussion with Kawerak Child Care staff to explore technical assistance being provided or other types of support for implementation.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Space and equipment arrangements are adequate for the child(ren)'s safety and comfort. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ventilation, temperature, and lighting are adequate for the child(ren)'s safety and comfort. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A safe play area is provided in both inside and outside areas. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Floors and walls are clean and maintained in a safe condition for the child(ren). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. At least one smoke detector is installed at an appropriate location in the home or facility. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The home or facility has at least one fire extinguisher in the kitchen, which is maintained in an operable condition at all times. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Combustible and flammable materials are not stored in the water heater rooms, furnace rooms, or laundry rooms but stored in a safe place. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In case of a fire, my first responsibility, as a provider, is to evacuate the child(ren) to safety. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Toys and objects (including high chairs) are safe, durable, easy to clean, and non-toxic. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The home has a first aid kit which is inaccessible to the child(ren) and stored in a convenient location. | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 11. Diaper changing is not done in the food preparation area. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Use of a common towel or wash cloth will not be allowed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Firearms are unloaded and kept locked up; ammunition is stored in a separate location. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Child(ren) in care will never be left alone or with someone else. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Physical, verbal, or emotional punishment will not be used as a form of discipline. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Use of alcohol, drugs, or tobacco will not be allowed during child care service hours. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Medicines, cleaning substances, and dangerous materials will be kept in locked cabinets. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The parents will be contacted for any injury to the child(ren) requiring medical treatment or for serious illness. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Medicine will be given only with the parent's written instructions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I will wash hands before and after handling food, and after changing diapers and using the bathroom. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. The child(ren) will never be around a person or animal known to be dangerous. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Food will be stored, refrigerated, and prepared properly. | <input type="checkbox"/> | <input type="checkbox"/> |

My signature indicates that I have answered the Health and Safety Assurances truthfully and agree to implement the health and safety assurance as stated above.

Provider Name (printed)	Provider Signature	Date

FOR KAWERAK CHILD CARE STAFF:

Include notes below on follow up items needed to implement Health and Safety Assurances. Please initial and date the resolution of any follow up items: