Family, Friend and Neighbor (FFN) In-Home / Relative Pending Letter

Date: ______________________

CUSTOMER SERVICE CONTACT CENTER PHONE

CUSTOMER SERVICE CONTACT CENTER FAX

CLIENT APPLICATION NUMBER

You have asked for help from Working Connections Child Care to pay for child care provided by either:

1. A non-relative (friend or neighbor) who comes to your home to do child care; or
2. An eligible relative (family) in the relative's home or an eligible relative who comes to your home to do child care.

Please read and follow directions in Sections 1 and 2 of this letter.

**Section 1. Before payment is authorized and provider is approved by the Department of Children, Youth and Families (DCYF)**

All family, friend, and neighbor providers **must** be 18 years or older. To start the approval process, **all** family, friend, and neighbor providers must do the following:

**Step 1.** Complete a user profile in the WA Compass provider portal at [https://www.dcyf.wa.gov/services/early-learning-providers/ffn](https://www.dcyf.wa.gov/services/early-learning-providers/ffn).

**Step 2.** Complete a user profile in MERIT at [del.wa.gov/MERIT](del.wa.gov/MERIT).

**Step 3.** When in MERIT, complete the Portable Background Check (PBC) and receive instructions on how to complete the fingerprint process. Use this number for the **FREE** PBC application and fingerprints: SU Application Number: _______. For questions, contact DCYF at 1-866-482-4325 Option #8.

**Step 4.** Send or upload a legible copy of the valid Social Security card and government issued photo identification, such as a driver’s license, Washington state identification, or passport in the WA Compass provider portal at: [https://www.dcyf.wa.gov/services/early-learning-providers/ffn](https://www.dcyf.wa.gov/services/early-learning-providers/ffn)

**Additional steps are required** for provider approval based on the relationship to the child and where care takes place.

<table>
<thead>
<tr>
<th>Non-Relative</th>
<th>Relative (family by blood relationship, marriage or court decree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider is not related to the child and is:</td>
<td>Provider is related to the child and is:</td>
</tr>
<tr>
<td>a) A friend; or</td>
<td>a) An adult sibling who lives outside the child’s home;</td>
</tr>
<tr>
<td>b) A neighbor of the parent.</td>
<td>b) A grandparent (also greats and great-greats);</td>
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<tr>
<td></td>
<td>c) An aunt or uncle (also greats and great-greats); or</td>
</tr>
<tr>
<td></td>
<td>d) Other family by blood relationship, marriage or court decree.</td>
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</tbody>
</table>

Child care is allowed in the **Child's home only**

If care is in the **provider's home**, the provider must have all individuals 16 years of age and older, who live with the relative also complete Steps 1, 2, and 3 above.

No additional requirements for initial approval – see **Section 2** for requirements for on-going eligibility
Section 2. After approval by the DCYF. Payment will not begin until the date your provider is approved or care begins, whichever is later. WAC 110-15-0125

To remain eligible for payment, all non-relative (friend and neighbor) and relative (family) providers must:

A. Complete, within the first ninety (90) days of the payment begin date, DCYF Electronic Attendance Tracking training. Find training information at [https://del.wa.gov/Attendance-support](https://del.wa.gov/Attendance-support) or have your electronic attendance tracking system approved by DCYF at [https://del.wa.gov/Attendance-Project](https://del.wa.gov/Attendance-Project).

B. Use the electronic attendance system daily to enter start and end times for care provided to each child and submit the electronic records to DCYF each month using the electronic system.

C. Keep their information in the WA Compass provider portal and MERIT updated with changes to their legal name, address, email and telephone number. (Section 1: Steps 1 and 2 on the first page)

D. Keep their Portable Background Check updated (required every 3 years). (Section 1: Step 3 on the first page)

The following are additional on-going eligibility requirements for providers based on their relationship to the child and where care takes place:

<table>
<thead>
<tr>
<th>Non-Relative Provider</th>
<th>Eligible Relative Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care is <strong>allowed</strong> in the Child’s home only</td>
<td>Child care is in the Provider’s or Child’s home</td>
</tr>
</tbody>
</table>

1. Within the first 90 days of the payment begin date, complete:
   a) DCYF Health and Safety Training or have verification of a DCYF training exemption per WAC 110-16-0025(2)(b). The DCYF Health and Safety Training can be found on-line at: [https://www.dcyf.wa.gov/services/early-learning-providers/ffn](https://www.dcyf.wa.gov/services/early-learning-providers/ffn);
   b) Complete infant, child, and adult first aid and cardiopulmonary resuscitation (CPR) training.
   c) Enter the completion date of the CPR/First Aid training in MERIT at [del.wa.gov/MERIT](http://del.wa.gov/MERIT). Send or upload proof of the CPR/First Aid training (card, certificate, or instructor letter) to DCYF at [https://www.dcyf.wa.gov/services/early-learning-providers/ffn](https://www.dcyf.wa.gov/services/early-learning-providers/ffn)

2. Within 45 days of completion of the training above, provide to DCYF a WCCC In-home Health and Safety Agreement signed by the provider and you, the parent(s) that indicates they discussed and reviewed all of the topics and subject matter items contained in the agreement.

3. Participate in an annual visit in the child’s home with a DCYF License Exempt Specialist; and, when available, you, the parent. The purpose of the visit is to ensure you and the provider are in compliance with the health and safety requirements, observe the child care environment and provider interactions with the child, and discuss health and safety practices.

4. Complete DCYF approved Health and Safety training at least annually.

1. When child care occurs in the relative provider’s home, individuals 16 years of age and older who:
   a) Live with the relative provider must keep their Portable Background Check updated (required every 3 years).
   b) Plan to live with the relative provider, must have a Portable Background Check completed prior to moving in with the provider.

2. Participate in a technical assistance phone call within ninety days of the payment begin date and every year after the first phone call. This requirement only applies to a relative provider who is **not**:
   a) An adult sibling who lives outside the child’s home;
   b) A grandparent or great-grandparent;
   c) An Aunt or uncle.
Child Care Aware provides free, unbiased information and referrals for families seeking high-quality licensed child care. Call 1-800-446-1114 or online at [http://wa.childcareaware.org](http://wa.childcareaware.org).

To find licensed child care background check statuses, licensing history, monitoring reports, languages spoken and much more, go to: Child Care Check at [www.del.wa.gov/check](http://www.del.wa.gov/check).

You can learn if your baby or child’s development is on track or if she needs a little extra practice to be ready for school. To do this, you can complete a free child development screening questionnaire by calling the Family Health Hotline at 1-800-322-2588 or go to the Parent Help 123 website [http://www.parenthelp123.org/child-development/help-me-grow-washington](http://www.parenthelp123.org/child-development/help-me-grow-washington) to learn more about it.

Children have the basic human right to be safe. Abuse and neglect threaten children’s safety by placing them at risk of physical and emotional injuries and even death. If you suspect a child is the victim of abuse or neglect, call DSHS toll free at 1-866-END-HARM (1-866-363-4276).

Please call the Customer Service Contact Center if you have any questions about next steps or your on-going eligibility at 1-877-501-2233.

If your provider has questions about the approval process and requirements have them contact their license exempt specialist at: 1-866-482-4325 #8 or email to [dcyf.ffn@dcyf.wa.gov](mailto:dcyf.ffn@dcyf.wa.gov).