# ALTERNATE CARE COMPLIANCE CERTIFICATION FORM

# **SPONSOR IDENTIFICATION**

#### COMPLETE ALL INFORMATION

Provider Name:	Phone #:
Provider Address:	
Address where care is provided:	

#### **General Standards**

- 1. I am at least 18 years of age, and physically and mentally capable of providing care to children.
- 2. I am not eligible to be licensed by Utah Child Care Licensing.
- 3. Any agreements between the parent and I will be in writing (examples include permission to give medicine, transportation, injury reporting, parent contact if the child becomes ill, releasing the child to someone other than the parent(s)/guardian, etc.).
- 4. Child(ren) will be immunized as required by the Utah Immunization Act.

# **Suitability/Safety of Facility Standards:**

- 1. My home is clean and safe and equipped with hot and cold running water and toilet facilities.
- 2. All hazardous material such as medications, cleaning supplies, flammable material, matches, aerosol sprays, fire arms, plastic bags and any other potential hazard s are inaccessible to children and kept away from food.
- 3. I will maintain a telephone in my home which is in operating condition. I will have an emergency phone list which includes poison control, fire, police, etc., and which also includes my phone number and address.
- 4. I have a current approved local health/sanitation inspection that is kept on site.
- 5. I have a current approved local fire/building safety inspection that is kept on site.
- 6. I conduct fire drills during day care hours.
- 7. I have a current American Heart Association, or equivalent first aid and CPR certification.
- 8. I have a basic first aid kit in my home which includes such items as band aids, antiseptic or topical antibiotic cream/ointment, tweezers, gauze, tape scissors, etc.
- 9. Good hand washing practices will be maintained to discourage infection and contamination.
- 10. I will take all reasonable measures to protect the safety of each child in my care and report any suspected incidence of neglect or abuse to proper authorities.

#### **Meal Service Standards:**

- 1. I will offer a meal/snack at least once every three hours to children in care.
- 2. I have a current approved food handler's permit.

### **BACKGROUND CHECK**

- 1. All applicable household members have received a BCI based on the rules set by Child Care Licensing.
- 2. In my absence, (unless it is an emergency) the substitute or volunteer left in charge is at least 18 years of age and has a current BCI check.

List all names and date of birth of the home	
Name	Date of birth

I attest that this list contains the names of all residents of the home.

By signing I CERTIFY that I agree to follow By signing I CERTIFY that I agree to follow all the above

information and attest it is true and correct. I understand that this information is being given in connection				
with the receipt of federal funds; that information may be verified; and that deliberate misrepresentation				
will subject me to prosecution under applicable state and federal criminal status (CFDA 10:558), including				
placement on the National Disqualified List which will bar me from participating with the federal food				
program for seven year (CACFP226.16 (I)).				
Provider signature:	Date:			

This institution is an equal opportunity provider.

### RELATIVE CARE PROVIDER COMPLIANCE CERTIFICATION FORM

### **SPONSOR IDENTIFICATION**

#### **COMPLETE ALL INFORMATION**

Provider Name:						
Provider Address:			Phone #			
Street		City	State	Zip		
Address where child care is provided:						
	Street					City
State Zip						
A relative care provider is someone who meet	s the definition of rela	ationship	, i.e. sibling o	r step-siblir	ng 18 or o	ver
providing care for sibling(s) 12 or under from a	a separate household,	aunt, ur	ncle, grandpar	ent, step-a	unt, step-	uncle,
step-grandparent, great aunt, great uncle, or g	great grandparent.					
List the name(s) of the child(ren) in your care,	including your own, a	ind the re	elationship to	the child(r	en). For e	xample,
niece, nephew, grandchild, sibling, etc. Circle	yes or no to tell us if y	ou live v	vith the child(	ren).		
					Live with	n Provider
Child name:	Relationsh	nip:			_ Yes	No
Child name:						No
Child name:	Relationsh	nip:			_ Yes	No
Child name:	Relationsh	nip:			_ Yes	No
Child name:	Relationsh	nip:			_ Yes	No
Child name:						No
Child name:	Relationsh	nip:			_ Yes	No
Child name:	Relationsh	nip:			_ Yes	No
Child name:						No
Child name:	Relationsh	nip:			_ Yes	No
Child name:	Relationsh	nip:			_ Yes	No
Child name:	Relationsh	nip:			_ Yes	No
I am related to the children I care for a	as defined above. I ca	re for	child(r	en).		

# **BACKGROUND CHECK**

- 1. All applicable household members have received a BCI based on the rules set by Child Care Licensing.
- 2. In my absence, (unless it is an emergency) the substitute or volunteer left in charge is at least 18 years of age and has a current BCI check.

List all names and date of birth of the home	
Name	Date of birth

I attest that this list contains the names of all residents of the home.

### **HEALTH AND SAFETY CERTIFICATION**

- 1. I am at least 18 years of age, and physically and mentally capable of providing care to children.
- 2. My home is equipped with hot and cold running water, toilet facilities and is clean and safe.
- 3. Outdoor areas are free from hazardous items which could cause injury to a child or adult.
- 4. There are working smoke detectors and fire extinguishers on all floors where care is provided.
- 5. I will maintain a telephone in operating condition and have a list of emergency numbers available, including poison control.
- 6. I will maintain phone numbers and contact information for parents of children in care.
- 7. Food will be provided to children as required by the USDA Child and Adult Care Program (CACFP) regulations.

- 8. Food supplies will be maintained to prevent spoilage or contamination.
- 9. A statement from a medical authority will be obtained and kept on hand for any child who requires a diet modified from CACFP requirements.
- 10. Child(ren) in care will be immunized as required by the Utah Immunization Act. Good hand washing practices will be maintained to discourage infection and contamination.

By signing I CERTIFY that I agree to follow By signing I CERTIFY that I agree to f	follow all the above information and attest
it is true and correct. I understand that this information is being given in conne	ection with the receipt of federal funds;
that information may be verified; and that deliberate misrepresentation will su	ubject me to prosecution under applicable
state and federal criminal status (CFDA 10:558), including placement on the No	ational Disqualified List which will bar me
from participating with the federal food program for seven year (CACFP226.16	5 (I)).

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Provider signature:	Date:	

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