

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 hazards 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 (!)).

Provider signature:

Date:

This institution is an equal opportunity provider.

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 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:
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