RELATIVE CARE PROVIDER COMPLIANCE CERTIFICATION FORM SPONSOR IDENTIFICATION

COMPLETE ALL INFORMATION

			Phone #:		
City	State	Zip			
Street			City	State	Zip
				City State Zip	City State Zip

A relative care provider is someone who meets the definition of relationship, i.e. sibling or step-sibling 18 or over providing care for sibling(s) 12 or under from a separate household, aunt, uncle, grandparent, step-aunt, step-uncle, step-grandparent, great aunt, great uncle, or great grandparent.

List the name(s) of the child(ren) in your care, including your own, and the relationship to the child(ren). For example, niece, nephew, grandchild, sibling, etc. Circle yes or no to tell us if you live with the child(ren).

		Live wit	h Provider
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No
Child name:	Relationship:	Yes	No

	I am related to	the children l	care for as	defined above.	I care for	child(ren).
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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. Neither I nor individuals residing in my home have a conviction for a misdemeanor which is an off					
against a person, or any felony conviction, or have been subject to a supported finding of child abu	ise or				
neglect from the Utah Department of Human Services, Division of Child and Family Services. I					
understand participation is subject to the results of a BCI check.	n n l				
6. I will maintain a telephone in operating condition and have a list of emergency numbers available,					
including poison control.					
7. I will maintain phone numbers and contact information for parents of children in care.					
8. Food will be provided to children as required by the USDA Child and Adult Care Program (CACF)	P)				
regulations.					
9. Food supplies will be maintained to prevent spoilage or contamination.					
10. A statement from a medical authority will be obtained and kept on hand for any child who requires	a diet				
modified from CACFP requirements.					
11. Child(ren) in care will be immunized as required by the Utah Immunization Act.					
12. Good hand washing practices will be maintained to discourage infection and contamination.					
I HEREBY CERTIFY that all of the information in this document is true and correct. I understand that this inform					
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 statutes (CFDA 10.558), including placement on the national					
serious deficiency data base which will bar me from participating with the federal food program for seven years (CACFP 226.16					
Provider signature: Date:					

The USDA is an equal opportunity provider.