RELATIVE CARE PROVIDER COMPLIANCE CERTIFICATION FORM

Orem Child Care Nutrition Program

COMPLETE ALL INFORMATION

Provider Name: _____

Provider Address: _____ Phone #: _____
Street 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 with 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 I care for as defined above. I care for _____child(ren).

BACKGROUND Screening

1. All applicable household members have received a background check based on the rules set by Child Care Licensing.
2. In my absence, (unless it is an emergency) the substitute/volunteer left in charge is at least 18 years old and has a current background check.
3. If I, or any of the residents of my household are arrested, charged, or convicted of a crime, I will inform my Sponsor within 48 hours of knowing about it.

List all names and date of birth of residents of the home:

Name	Date of Birth	Age	Name	Date of Birth	Age

I attest that the above list containing the names and birthdates of all residents of the home is true and correct.

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 & 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.
11. 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 (l)).

Provider signature:	Date:

This institution is an equal opportunity provider.