

# ALTERNATE CARE COMPLIANCE CERTIFICATION FORM

OREM CHILD CARE NUTRITION PROGRAM, INC.

COMPLETE ALL INFORMATION

11/2010

Provider Name: _____	Phone #: _____
Provider Address: _____	
Address where care is provided: _____	
Child's Name: _____	
Child's Name: _____	
Child's Name: _____	
Child's Name: _____	

## Background Check

All members of the household 18 and older, including myself, have resided in Utah for the last 5 years.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

## General Standards

1. I am at least 18 years of age, and physically and mentally capable of providing care to children.
2. In my absence, (unless it is an emergency )the substitute left in charge is at least 18 years of age and has a current BCI check that is on file at my sponsor's office.
3. Neither I nor individuals residing in my home have a conviction for a misdemeanor which is an offense against a person, or any felony conviction, or have been subject to the results of an adverse BCI check.
4. 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.).
5. 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.

<i>I HEREBY CERTIFY that all the above information 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 serious deficiency data base which will bar me from participating with the federal food program for seven year (CACFP226.16 (I)).</i>	
Provider signature: _____	Date: _____

This Institution is an equal opportunity provider.