

**RELATIVE CARE PROVIDER COMPLIANCE CERTIFICATION FORM**  
**Orem Child Care Nutrition Program, Inc.**

**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 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).

		<b>Live with Provider</b>	
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

*Initial:* \_\_\_\_\_ I am related to the children I care for as defined above. I care for \_\_\_\_\_ child(ren).

**HEALTH AND SAFETY CERTIFICATION** **YES NO**

1. I am at least 18 years of age, and physically and mentally capable of providing care to children.	<input type="checkbox"/>	<input type="checkbox"/>
2. My home is equipped with hot and cold running water, toilet facilities and is clean and safe.	<input type="checkbox"/>	<input type="checkbox"/>
3. Outdoor areas are free from hazardous items which could cause injury to a child or adult.	<input type="checkbox"/>	<input type="checkbox"/>
4. There are working smoke detectors and fire extinguishers on all floors where care is provided.	<input type="checkbox"/>	<input type="checkbox"/>
5. 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 a supported finding of child abuse 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. <b>(SEE BACK OF THIS FORM)</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. I will maintain a telephone in operating condition and have a list of emergency numbers available, including poison control.	<input type="checkbox"/>	<input type="checkbox"/>
7. I will maintain phone numbers and contact information for parents of children in care.	<input type="checkbox"/>	<input type="checkbox"/>
8. Food will be provided to children as required by the USDA Child and Adult Care Program (CACFP) regulations.	<input type="checkbox"/>	<input type="checkbox"/>
9. Food supplies will be maintained to prevent spoilage or contamination.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
11. Child(ren) in care will be immunized as required by the Utah Immunization Act.	<input type="checkbox"/>	<input type="checkbox"/>
12. Good hand washing practices will be maintained to discourage infection and contamination.	<input type="checkbox"/>	<input type="checkbox"/>

*The above information must be accurate and complete. Deliberate misrepresentation may subject you to prosecution under applicable state and federal criminal statutes; including placement on the national serious deficiency data base which will bar you from participating with the federal food program for seven year (CACFP226.16 (I)).*

Provider signature: _____	Date: _____
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## Relative Care Household Members Information Sheet

**Residents of Provider's Household** (List PROVIDER, EVERY household member **18 years** and older, and **ANY HELPERS**): Do not list daycare or household children who are not 18 years or older on this page.

	Name	Date of Birth	Relationship	Consecutive years living in Utah
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

### IMPORTANT:

- ➔ A **Background Criminal Information Sheet (BCI)** must be attached to this form for **EVERYONE 18 years or older**.
- ➔ Anyone 18 years or older living in Utah for **LESS** than 5 consecutive years must *also* obtain an **FBI background check**, you may participate on the program with the BCI only until you receive the FBI background check (usually 90 days).
- ➔ The above information must be accurate and complete. Deliberate misrepresentation may subject you to prosecution under applicable state and federal criminal statutes.

### For your information:

BCIs may be obtained:

- 1) By personally visiting **The Utah Department of Public Safety at 3888 W 5400 S; Taylorsville**
  - Each individual needing a BCI must apply in person and supply a government issued photo ID (Passport, State ID Card, Consulate ID Card, or Driver's License. A "Utah Driving Privilege Card" is not acceptable).
  - The cost per BCI is **\$15**.
- 2) By mail
  - Each individual needing a BCI must complete the BCI request form (one is attached here; make as many copies of it as necessary for all members of the household 18 years or older).
  - Take the application to a law enforcement agency such as your city police department or county sheriff's office. Request that they print the four fingers of your right hand on the space provided. Make sure the law enforcement official who takes your fingerprints fills-out the portion of the application labeled "OFFICIAL TAKING PRINTS" (you will need to show a government issued photo ID as listed above).
  - Include a check or money order for the requested BCIs (\$10 per BCI form). **DO NOT SEND CASH**
  - Print or type the name and address of where to mail the criminal history record on the waiver. Sign and date the waiver in the presence of a notary public. The waiver **MUST** be notarized or they will be unable to send the criminal history record. (The waiver is on the back of the application). Mail to:
    - Utah Bureau of Criminal Identification
    - 3888 W 5400 S
    - Taylorsville, UT 84118

***If you have lived less than 5 years in Utah, you must also obtain an FBI clearance by mail.*** Please submit:

- 1) A complete set of fingerprints on FBI form FD-258. The "Reason Fingerprinted" block must contain "Personal Records Check."
  - The applicant cards and fingerprinting services are available at the **Utah Bureau of Criminal Identification, 3888 West 5400 South, Salt Lake City, Monday thru Thursday from 7:00 am to 5:30 pm** at a cost of \$13.00 per person. You can also check with local police departments, motor vehicle offices, or private industries for these services. Do not contact the FBI for fingerprinting.
- 2) A money order or certified check in the amount of **\$18.00**, payable to the U.S. Treasury. (This is separate from the BCI fee)
- 3) A letter stating that the check is needed for personal reasons (be sure to include your name and return address).

Send these 3 items to: CJIS Division  
Attention: SCU  
1000 Custer Hollow Road  
Clarksburg WV 26306  
Tel: (304) 625-3878