MELPING MANDS, INC.

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RELATIVE CARE PROVIDER COMPLIANCE CERTIFICATION FORM

COMPLETE ALL INFORMATION

| Provider Name: | | Phone #: | | | | | |
|--|--------------------------------|----------|-----------|----------|--|--|--|
| Provider Address: | | | | | | | |
| Address where child care is provided: | | | | | | | |
| A relative care provider is someone who meets the care for sibling(s) 12 or under from a separate how grandparent, great aunt, great uncle, or great grandparent. | usehold, aunt, uncle, grandpar | | _ | | | | |
| List the name(s) of the child(ren) in your care, including your own, and the relationship of the child(ren) to you. 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: | | | Yes | No | | | |
| Child name: | Relationship: | | Yes | No | | | |
| Child name: | | | | No | | | |
| Child name: | | | Yes | No | | | |
| Child name: | | | Yes | No | | | |
| Child name: | | | Yes | No | | | |
| Child name: | Relationship: | | Yes | No | | | |
| Child name: | | | Yes | No | | | |
| Child name: | | | Yes | No | | | |
| I am related to the children I care for as de | | | | | | | |

BACKGROUND CHECK

- 1. All applicable household members have received a background screening 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 background screening 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.

| Date of birth | Age | Name | Date of birth | Age | Name |
|---------------|-----|------|---------------|-----|------|
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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 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.
- 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 foll | low all the above information and attest it is true |
|--|---|
| and correct. I understand that this information is being given in connection with t | |
| verified; and that deliberate misrepresentation will subject me to prosecution und | |
| (CFDA 10:558), including placement on the National Disqualified List which will be | ar me from participating with the federal food |
| program for seven year (CACFP226.16 (I)). | |
| Provider signature: | Date: |
| | |
| This Institution is an equal opportunit | ty provider. |
| Resource Information: | |
| CPR and First Aid courses (any allowable course must include face to face | hands-on training)* |
| American Red Cross: 801-323-7000 www.utahredcross.org (\$110) | - |
| Utah Safety Council: Lien Ta (Vietnamese only) 801-979-7118 (\$50) | |
| Utah Safety Council: Evelyn Lopez (English & Spanish) 801-915-9273 (\$45) | |
| Utah Safety Council: Steve Thorlakson (English & Spanish) 801-201-0699 (\$ | 45) |
| Save-A-Heart: 801-582-7114 (\$50) | · |
| Utah Emergency Medical Training Council: Katie 801-562-2663 (\$50 group | rate / \$55 indiv. rate) |
| *This list is not all inclusive. There are other companies & instructors that c | • |
| as an aid to completing the items needed to participate on the program. | , |
| | |
| Home Inspection Checklis | |
| (This checklist should help prepare you and your home for the initial / annu | |
| ☐ All toys and equipment are maintained in a safe manner to prevent inju | • |
| \square Any room that is not to be used for child care must be secured by a gate | • |
| electrical outlets accessible to children must be either in use or covered | |
| ☐ If there are firearms, they must <u>not</u> be loaded and must be locked (with area. | key or combination lock) in a cabinet, safe or |
| ☐ Infants must sleep in equipment designed for sleep such as a crib, bassing | net, porta crib, or playpen. |
| ☐ Any animal the children have access to must not have a history of aggre | |
| ☐ When children are outdoors, these items must be inaccessible: | • |
| ☐ Unanchored swing sets or large metal slides. Secured play equipmen | nt can't be over cement or hard dirt |
| ☐ Decks or balconies higher than 5 feet without a protective barrier, o | |
| ☐ Motor vehicles on blocks | 0.4. |
| ☐ Rebar or metal rods less than 36 inches long sticking up from the gro | ound or out of walls |
| ☐ Children must not have access to hot tubs, ponds, streams or other water | |
| ☐ If transporting children, they must each be wearing appropriate seat res | |
| and cannot drive intoxicated or impaired. | |
| ☐ Provider has and understands an emergency and disaster plan that inclu | udes procedures for a) Fire in the home b) |
| Earthquake c) Evacuation and relocation. All plans must include notifyin | · |

☐ There must be a working smoke detector on each floor of the home and a fully charged fire extinguisher accessible to

☐ Parent attestation statement of current immunization records on file in the home for each child in care.

the kitchen at all times.