

## HEALTH AND SAFETY SELF-CERTIFICATION (For license-exempt providers)

**INSTRUCTIONS:** As a license-exempt child care provider (family, friend or neighbor) who is serving a family that receives subsidized child care services, you must fill out this form. Please complete the form, and return it promptly to the County Welfare Department, Alternative Payment Program or other payment agency.

COUNTY USE ONLY	
CASE NAME	
CLIENT CASE NUMBER	
WORKER NAME	
WORKER NUMBER	

### **PART A PROVIDER INFORMATION:**

1. Name of Provider \_\_\_\_\_ Provider's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

The State of California requires proof that you are at least 18 years of age or older. Please attach a copy of your driver's license or other proof of age.

2. Family Receiving Care.

Name of Parent/Responsible Adult \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Child care will be provided in (check one): Child's Home Provider's Home

### **PART B HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS:**

The home where you provide care must meet safety requirements. The health and safety standards are listed below. It is the ongoing responsibility of the parent and the provider to see that these basic standards are met.

If the statement is correct, the parent/responsible adult and provider must put their initials to the left of it. This will certify that the home meets health and safety standards.

Parent/ Responsible Adult <u>Initials</u>	Provider's Adult <u>Initials</u>
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1. \_\_\_\_\_ \_\_\_\_\_ The home where child care is provided has working smoke detectors and fire extinguishers that meet standards set by the State Fire Marshal.
2. \_\_\_\_\_ \_\_\_\_\_ The child care provider will not use corporal, harsh, or unusual punishment.
3. \_\_\_\_\_ \_\_\_\_\_ The child care provider must allow unlimited parental access to the children while in their care.
4. \_\_\_\_\_ \_\_\_\_\_ The child care provider must not have a communicable disease and, must be physically and mentally capable of caring for children. The provider must show proof to the parent that he/she was tested in the last 12 months and is free of active tuberculosis.
5. \_\_\_\_\_ \_\_\_\_\_ The home where child care is provided has yard and play areas that have been checked and are safe for children. Children are protected from dangers such as pools, hot tubs, electrical outlets, stairs, poisonous materials, medications, guns and/or ammunition etc.
6. \_\_\_\_\_ \_\_\_\_\_ There are at least two local character references that will attest to the good character of the child care provider and his/her ability to provide child care in a safe environment. See part C on the next page.

Information about health and safety and other basic child care training is available from the local Child Care Resource and Referral Program and other community agencies such as the American Red Cross, Community Colleges, Fire Departments, etc.

The parent and provider are encouraged to use the Health & Safety Facility Checklist (CCP 6) to ensure that the home where care is to be provided is safe for children.

## **PART C OTHER INFORMATION**

### **1. Local References**

**Instructions:** List the information below for two local references. The references cannot be a parent of the child. The parent should contact these references to check your good character and ability to provide child care.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

City/State \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

### **2. Other adults in the home where child care is provided**

**Instructions:** Complete the information below for all other adults in the home where child care is provided.

Name \_\_\_\_\_ Related to child you Relationship \_\_\_\_\_

### **3. Statement of Ability to Provide Child Care**

**Instructions:** Describe your ability to provide child care and list your experience and qualifications.

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## **PART D PROVIDER/PARENT STATEMENT**

### **Additional important information for the parent/responsible adult/provider:**

- If you choose to have child care provided in your home (in-home care), you are considered the employer and are responsible for paying at least the state's minimum wage, social security tax, Medicare and state worker's compensation insurance for your provider. You may also be responsible for unemployment taxes.
- You may be required to withhold federal or state income taxes from the child care provider's earnings. The provider is responsible for reporting income and payment of any federal or state income taxes.
- For more information about your responsibilities as an employer, contact your local office of the Employment Development Department at (888-745-3886). For general information about the local child care resource and referral program you may call toll free at (800-KIDS R WE) (800-543-7793).

### **1. PROVIDER'S STATEMENT:** All information I provided on this form is true and correct to the best of my knowledge. If I am providing child care in my home, I certify that my home meets health and safety requirements listed in Part B. I understand that health and safety training information is available from the local Child Care Resource and Referral program and other community agencies. I understand that I am not an employee of the County Welfare Department, Alternative Payment Program or other payment agency.

I declare under penalty of perjury under the laws of the State of California that the information I provided on this page is true and correct to the best of my knowledge. I understand that giving false or incomplete information can result in being charged with a crime which can include penalties of a fine, imprisonment, or both.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

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**PART D. PROVIDER/PARENT STATEMENTS (CONTINUES)**

**2. PARENT/RESPONSIBLE ADULT STATEMENT:** I have interviewed and approved this child care provider. I understand the statements provided on this form. I understand it is my responsibility to make sure that the child care provided to my child(ren) and the place where care is provided is safe. I also understand that the State of California, County Welfare Department, Alternative Payment Program (APP) or other payment agency did not and will not check the safety of the child care provided by this provider. If the county or APP/Agency cannot fully reimburse what my provider charges because it is over the limit set by the State, I will make a co-payment to the provider for the difference owed. I can also change to a provider that charges less.

I declare under penalty of perjury under the laws of the State of California that the information I provided on this page is true and correct to the best of my knowledge. I understand that giving false or incomplete information can result in being charged with a crime which can include penalties of a fine, imprisonment, or both.

Signature of Parent/Responsible Adult \_\_\_\_\_ Date \_\_\_\_\_

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**COUNTY OR APP USE ONLY**

Return this form by: \_\_\_\_\_ to: