

HEALTH AND SAFETY SELF-CERTIFICATION

(For Trustline cleared License-Exempt Providers)

As a Trustline license-exempt provider participating on the Child and Adult Care Food Program (CACFP), you must complete this form. After you have completed the form make a copy for your files and **send the original to FRAMAX 715 G Street, Modesto, CA 95354**. You cannot be reimbursed for meals served to children in your care until this form is completed and sent to FRAMAX.



Important Note: This form can be used for participation on the FRAMAX CACFP, or a Health and Safety Self-Certification form supplied by the Department of Social Services is also acceptable. In either case, children in care must also be enrolled for care by either completing a separate Enrollment Form or enrolling the child on-line using Minute Menu KidKare software.

PART A—GENERAL INFORMATION (Please Print)

Name of Parent/Guardian: _____ Phone: (____) _____

Address: _____ City _____ ZIP: _____

Children in care:	Name (First and Last Name)	Birth Date
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Name of Provider: _____ Relationship To Children: _____

Address: _____ City _____ ZIP: _____

Primary Phone: (____) _____ Alternate Phone (optional) : (____) _____

Providers Date Of Birth (mm/dd/yyyy): ____/____/____

PART B—REFERENCES AND HOUSEHOLD INFORMATION (Please print)

List all persons, except the provider, 18 years old and older living in the provider's home and their relationship to the provider.

Name (First and Last): _____ Relationship: _____

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The Child Care Provider shall provide the names, addresses, and telephone numbers of two local character references, other than the parent. The parent may contact these references to prove the good character and ability of the provider to provide good care for his/her children.

1. Name of Reference: _____ Phone: (____) _____

Address: _____ City _____ ZIP: _____

2. Name of Reference: _____ Phone: (____) _____

Address: _____ City _____ ZIP: _____

PART C—HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS

The home in which care is being provided must be a safe and healthy place for children. Basic health and safety standards are listed below. ***The parent and the provider must initial to the left of each statement to certify that the provider's home meets the basic health and safety standards.*** It is the on-going responsibility of the parent and the provider to ensure that these basic health and safety requirements are maintained.

- | | Parent
Initials | Provider
Initials | |
|----|--------------------|----------------------|--|
| 1. | _____ | _____ | The home must have a working smoke detector and fire extinguishers that meet the standards set by the Fire Marshall. |
| 2. | _____ | _____ | The child care provider shall refrain from using corporal punishment. |
| 3. | _____ | _____ | The child care provider must allow unlimited access to the children while in his/her care. |
| 4. | _____ | _____ | The child care provider must be free of communicable diseases; to be physically able and mentally capable of caring for the children; and show proof to the parent that he/she was in the past 12 months and is currently, free of active tuberculosis. |
| 5. | _____ | _____ | The home has been checked (including indoor care areas and yard), and are safe for children. Children are protected from dangers such as: standing bodies of water including pools and spas, electrical outlets, stairs, poisonous materials, medications, guns, and ammunition. |
| 6. | _____ | _____ | The provider/home has access to telephone communications and has ready access to emergency telephone numbers. |

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, etc.

PART D—PROVIDER AND PARENT STATEMENTS AND SIGNATURES

Provider's Statement: All information provided and contained on this form are true and correct to the best of my knowledge. I certify that my home meets the basic health and safety requirements listed in Part C. 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 self-employed and not an employee, contractor, or agent of FRAMAX.

Signature of the Provider: _____ Date: _____

Parent/Guardian's Statement: I have interviewed and approved the person named on this form to care for my children. I understand the statements on this form and certify that it is true and correct to the best of my knowledge. *I understand that 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 understand that FRAMAX did not and will not check the safety of the care provided by this provider and will not check to see that the information on this form is correct. I take full responsibility for the child care provided by this provider.*

Signature of the Parent/Guardian Signature: _____

Date: _____