#### RELATIVE CARE PROVIDER COMPLIANCE CERTIFICATION FORM

**Orem Child Care Nutrition Program.** 

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	on of relationship	, i.e. sibling or	step-sibling 18 or o	over
providing care for sibling(s) 12 or under from a separate ho	usehold, aunt, un	cle, grandpare	ent, step-aunt, step	-uncle,
step-grandparent, great aunt, great uncle, or great grandpa	irent.			
List the name(s) of the child(ren) in your care, including you	ir own, and the re	lationship to t	the child(ren). For e	example,
niece, nephew, grandchild, sibling, etc. Circle yes or no to t	ell us if you live w	/ith the child(r	en).	
			Live wit	th Provider
	elationship:			No
Child name:Re	elationship:		Yes	No
Child name:Re	elationship:		Yes	No
Child name:Re	elationship:		Yes	No
	elationship:			No
Child name:Re	elationship:		Yes	No
Child name:Re	elationship:		Yes	No
	elationship:			No
Child name:Re	elationship:		Yes	No
I am related to the children I care for as defined abo	ove. I care for	child(re	en).	
BACKGROUND CHECK				

All applicable household members have received a background check based on the rules set by Child Care Licensing.
 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 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.

List all names and date of birth of residents of the home				
Name	Date of birth			

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 all the above information and attest it 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 Disqualified List which will bar me from participating with the federal food program for seven year (CACFP226.16 (I)).

Provider signature:

Date:

This Institution is an equal opportunity provider.

### ALTERNATE CARE COMPLIANCE CERTIFICATION FORM

SPONSOR IDENTIFICATION

COMPLETE ALL INFORMATION

Provider Name:	Phone #:
Provider Address:	
Address where care is provided:	

#### **GENERAL STANDARDS**

- 1. I am at least 18 years of age, and physically and mentally capable of providing care to children.
- 2. I am not eligible to be licensed by Utah Child Care Licensing.
- 3. 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.).
- 4. 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 hazard s 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.

#### **BACKGROUND CHECK**

1. All applicable household members have received a background check 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.

List all names and date of birth of the residents of the home						
Name Date of birth						

I attest that the above list containing the names and birthdates of all residents of the home is true and correct.

By signing I CERTIFY that I agree to follow By signing I CERTIFY that I agree to follow all the above					
information and attest it is true and correct. I understo	and 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 a	nd federal criminal status (CFDA 10:558), including				
placement on the National Disqualified List which will bar me from participating with the federal food					
program for seven year (CACFP226.16 (I)).					
Provider signature:	Date:				

This institution is an equal opportunity provider.

## INITIAL Relative/Alternate Care Health and Safety Home Inspection

Provider ID:	Provider name:			Pł	none Numbe	<u>r:</u>	
Address where care is o			Provide			ren)'s Home	
Monitor Name:		Date:	Start Time:		End Time:		
	ative care Alternate						
Times care is provided	(if different than FDCH appli	cation):					
Indicate which rooms in	n the house children have ac	cess to:					
List everyone 12 years of listed. <b>(FFN Interpreta</b> t	or older living in the househ tion Manual (2)(a))	old. If there is a helpe	r not living in th	ie home t	they are also	to be	
Last N	lame First Name	Relationship to	Date of Birth	-	a BCI attached (		
		provider		Yes	No	N/A	
*Any individual 18 years o	old or older living in the home m	nust also submit an Infor	med Consent and	d Release	of Liability for	m to DCFS	
	one time to Child Care Licensin	-					
-	someone is caring for a related		-				
-	, uncle, grandparent, step-aunt, • <b>of cousins are not eligible to k</b>		-	ie, or grea	t grandparent	•	
-	ld(ren) in care, including your o			. For exam	ple, niece, ne	phew,	
grandchild, sibling, etc. Ci	rcle yes or no to tell us if you liv	ve with the child(ren).					
					Live with F		
					_	No	
						No	
						No	
					Yes	No	
Child name:		Relationship:			Yes	No	
Child name:						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 certify	y that I am related to the chil	dren I care for as defi	ned above. I ca	re for	child(ren).		
		EVALUATION					

	*Any question answered no requires a plan to correct listed on the summary sheet						
	COVERED INDIVIDUALS						
Explain	The Provider must submit a BCI for anyone moving into the home within 10 working days <b>(FFN Interpretation Manual (2)(b))</b>	Yes	No*	N/A			

Explain	The provider understands that a BCI must be submitted within 10 working days of	Yes	No*	N/A
	their arrival for any individuals who stays in the home for 2 weeks or more (FFN			
	Interpretation Manual (2)(c))			
<u></u>	NUMBER OF CHILDREN IN CARE		<b>.</b> *	
Observe	<b>Relative Care:</b> The maximum capacity is 8 children in care*. No more than 2 can be	Yes	No*	N/A
	younger than 2 years old. OR with 6 or fewer children in care there can be no more			
	than 3 children under the age of 2. All children must be related to the provider and			
	own children under 4 count towards capacity. (*If ALL outside children are siblings to			
	each other then there is no limit to the number of children in care)			
	Alternate Care: The maximum capacity is 4 children with no more than 2 children			
	under the age of 2. The children do not need to be related.			
	Is provider within capacity? (FFN Interpretation Manual (3)(a)(i-ii))			
Noto: The	SUPERVISION	+ all +im		
Observe	Provider must be awake, physically present and directly supervising children in care a The provider must be present and properly supervising children when they are	Yes	No*	N/A
Observe		res	INO <sup>1</sup>	IN/A
	indoors and/or outdoors. Provider must be able to hear school age children (FFN			
Obcorre	Interpretation Manual (4)(a))	Vac	NI - *	NI / A
Observe	<b>The Provider must supervise sleeping infants</b> - Infants sleep in a location where they	Yes	No*	N/A
	are within sight and hearing, or the provider does an in-person observation once			
	every 15 minutes, or the provider uses a monitoring device that detects and sounds			
Ohaamaa	an alarm if the infant stops breathing. (FFN Interpretation Manual (4)(b)(i-ii))	Maa	NI - *	NI / A
Observe	The provider supervises children (be close enough to see the bottom of the pool))	Yes	No*	N/A
	when there is water in a wading pool and/or a swimming pool that has not been			
Ohaamia	emptied. (FFN Interpretation Manual (4)(c-d))	Vaa	No*	NI / A
Observe	The provider is next to the trampoline supervising the children if and when any child is on it. <b>(FFN Interpretation Manual (4)(e))</b>	Yes	INO <sup>1</sup>	N/A
	CHILD SAFETY AND INJURY PREVENTION			
	(the provider must take all reasonable measures to protect the safety of the ch	ildren		
	and must not allow conduct that endangers the children)	1		1
Observe	The home, outdoor areas, toys and equipment are maintained in a safe manner to	Yes	No*	N/A
	prevent injury. (FFN Interpretation Manual (5)(b))			<u> </u>
Observe	There is a working phone, fire extinguisher and smoke detector. (A smoke detector	Yes	No*	N/A
	must be on each floor of the home). (FFN Interpretation Manual (5)(c-e))			
Observe	There are firearms on the premises. They are <b><u>not</u></b> loaded and are secured in a	Yes	No*	N/A
	cabinet, safe or area that is locked with a key or combination lock. (FFN			
-	Interpretation Manual (5)(f))			
Observe	Infants sleep in equipment designed for sleep such as a crib, bassinet, porta crib or	Yes	No*	N/A
	playpen. Infants are not placed on their stomach for sleeping. (FFN Interpretation			
	Manual (5)(g)(i-ii))			
Observe	Children <b>do not</b> have access to the following:	Yes	No*	N/A
	a) Toxic / Cleaning chemicals b) Prescription medications, c) over-the counter			
	vitamins or herbal supplements; d) empty refrigerators or freezers; e) exposed live			
	electrical wires; f) open containers of alcohol; g) any illegal substances; h) space			
	heaters, fireplaces, wood burning stove (when in use) or any open flames; i)			
	Poisonous plants. (FFN Interpretation Manual (5)(h)(i-ix)) Leave handout listing			
	poisonous plants & toxic substances			
Observe	Provider understands that animals the children have access to must not have a	Yes	No*	N/A
	history of dangerous, attacking or aggressive behavior (FFN Interpretation Manual			
	(5)(i))			$\vdash$
Observe	When outdoor areas are being used by children these items must be inaccessible to	Yes	No*	N/A
	the children in care: a) Unanchored swing and large metal slides; b) Raised decks or			
	balconies and open stair wells 5 feet or higher without protective barriers with gaps	1	1	1

	greater than 5" by 5"; c) Motor vehicles on blocks; d) Rebar or metal rods less than 36 inches long sticking up from the ground or out of walls.			
	Stationary play equipment cannot be over hard surfaces such as cement or asphalt; Equipment must be used in a safe manner to prevent injury (FFN Interpretation Manual (5)(j)(i-iii))			
Observe	The provider ensures that children do not have access to hot tubs, or other water hazards like ponds and streams with more than 2 inches of water. Children are protected from unintended access to the above. (FFN Interpretation Manual (5)(k)(i-iii))	Yes	No*	N/A
Explain	While transporting children in care the provider must ensure that each child is wearing appropriate safety restraints, s/he must never leave children in the car unattended, and must not be intoxicated or impaired (FFN Interpretation Manual (5)(I)(i-iii)	Yes	No*	N/A
	CHILD CARE HEALTH			
Observe	The environment is clean and sanitary for children. There is a flushing toilet and working hand washing sink. Children in care are not subject to physical, emotional or sexual abuse (and show no signs of this). Provider must report suspected abuse, neglect or exploitation of child to Child Protective Services. (FFN Interpretation Manual (6)(a-e))	Yes	No*	N/A
Explain	The provider understands they cannot discipline: a) by using punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching; b) by binding, tying, or other forms of restraint; c)by shouting or any other emotional abuse; d) by forcing or withholding food, rest, toileting; e) by confining them to a closet, locked room or other enclosures of any kind <b>(FFN Interpretation Manual</b> <b>(6)(e)(i-vi)</b>	Yes	No*	N/A
	PARENTS			
Explain	Provider ensures that parents have access to areas of the home used for care and are aware and have approved that the children may be taken off of the premises – go to park or to run errands. Parental permission is needed to allow children to go to a neighbor's house, ride bikes on street etc. (FFN Interpretation Manual (7)(a-b)) NOTIFICATION AND REPORTABLE CHANGES	Yes	No*	N/A
Fuelain		Vee	Na*	NI / A
Explain	Provider understands: a) that in the case of a life threatening incident or injury that may pose a threat of the loss of vision, hearing, or a limb, emergency personnel must be contacted immediately, even before contacting the parent. b) When giving medication, any adverse reaction or any error in the administration of the medication must be reported to the parent immediately upon recognition of the error or reaction. <b>(FFN Interpretation Manual (8)(a-e))</b>	Yes	No*	N/A
Explain	Within 24 hours of its occurrence the provider has notified her food sponsor: a) of any fatality, hospitalization, emergency medical response, or injury requiring immediate attention from a health care provider, b) when a member living in the home was convicted of a felony or misdemeanor, c) (within 10 days) if any of the following changed: name, telephone number or daycare schedule (FFN Interpretation Manual (8)(a-e))	Yes	No*	N/A
	EMERGENCY PREPARDNESS	•		
Observe	The provider has a current certification in First Aid and has an infant and child CPR certificate with hands-on-testing. <b>(FFN Interpretation Manual (9)(a-c))</b>	Yes	No*	N/A
Observe	The provider has, and understands, an emergency and disaster plan that includes procedures for a) Fire in the home, b) Earthquake, c) evacuation and re-location. All plans must include notifying the parent. <b>(FFN Interpretation Manual (9)(a-c))</b>	Yes	No*	N/A
	DOCUMENTATION			

Announced

Unannounced

## Relative/Alternate Care Health and Safety Home Inspection $\square$ $\square$

To be used	for either announced or unannou	nced inspections. One mi	ust be	completed annually at least	90 days pric	or to rene	wal.
Provider I	D Provider name:			Phone	e No:		
Complete	only if inspection is conducted i	ndependent of a home	e revie	ew:			
Address w	vhere care is done:		_	Provider's Home	Child	(ren)'s Ho	ome
Monitor N	lame:	Date:		Start Time:	End Time:		
Type of ca	are: Relative Care	Alternate Care					
Times car	e is provided (if different than Fl	DCH application):					
Indicate w	hich rooms in the house childre	n have access to:					
		EVALUAT	ION				
	*Any question answer	ed no requires a plan	to cor	rect listed on the summa	ry sheet		
		NUMBER OF CHILD	DREN	IN CARE			
Observe	Relative Care: The maximum of	apacity is 8 children in	care*	. No more than 2 can be	Yes	No*	N/A
	younger than 2 years old. OR v	· ·					
	than 3 children under the age	of 2. All children must	be rel	ated to the provider and			
	own children under 4 count to	wards capacity. (*If AL	L outs	ide children are siblings t	0		
	each other then there is no lim	nit to the number of ch	ildren	in care)			
	Alternate Care: The maximum	capacity is 4 children	with n	o more than 2 children			
	under the age of 2. The childre	en do not need to be re	elated				
	Is provider within capacity? (F	FN Interpretation Man	iual (3	)(a)(i-ii))			
		SUPERVIS	SION				
No	ote: The provider must be awak	e, physically present a	nd di	ectly supervising childre	n in care at	all times	S
Observe	The provider must be present	and properly supervisi	ng chi	ldren when they are	Yes	No*	N/A
	indoors and/or outdoors. Prov	ider must be able to h	ear sc	hool age children. <b>(FFN</b>			
	Interpretation Manual (4)(a))						
Observe	Provider must supervise sleep	<b>bing infants -</b> Infants slo	eep in	a location where they ar	e Yes	No*	N/A
	within sight and hearing, or th	-	•	•			
	minutes, or the provider uses a	•		-			
	the infant stops breathing. (FF	N Interpretation Man	ual (4)	(b)(i-ii))			
Observe	The provider supervises childre	en (be close enough to	see t	he bottom of the pool))	Yes	No*	N/A
	when there is water in a wadir	ng pool and/or a swimr	ning p	ool that has not been			
	emptied. (FFN Interpretation						
Observe	The provider is next to the tran	mpoline supervising th	e chilo	dren if and when any child	d Yes	No*	N/A
	is on it. (FFN Interpretation M	anual (4)(e))					
	СН	ILD SAFETY AND INJ	URY	PREVENTION			
Observe	The home, outdoor areas, toys	and equipment are m	aintai	ned in a safe manner to	Yes	No*	N/A
	prevent injury. (FFN Interpreta	ation Manual (5)(b))					
Observe	There is a working phone, fire	extinguisher and smok	e det	ector. (A smoke detector	Yes	No	N/A
	must be on each floor of the h	ome). <b>(FFN Interpreta</b> t	tion N	1anual (5)(c-e))			
Observe	There are firearms on the prer	-			et, Yes	No*	N/A
	safe or area that is locked with	a key or combination	lock.	FFN Interpretation			
	Manual (5)(f))						
Observe	Infants sleep in equipment des			· · · ·	Yes	No*	N/A
	playpen. Infants are not placed	d on their stomach for	sleepi	ng. (FFN Interpretation			
	Manual (5)(g)(i-ii))						

Observe	Children <b>do not</b> have access to the following:	Yes	No*	N/A
	a) Toxic / Cleaning chemicals b) Prescription medications, c) over-the counter			
	vitamins or herbal supplements; d) empty refrigerators or freezers; e) exposed live			
	electrical wires; f) open containers of alcohol; g) any illegal substances; h) space			
	heaters, fireplaces, wood burning stove (when in use) or any open flames; i)			
	Poisonous plants. (FFN Interpretation Manual (5)(h)(i-ix)) Refer to poisonous plants			
	& toxic substances reference sheet			
Observe	Provider understands that animals the children have access to must not have a	Yes	No*	N/A
	history of dangerous, attacking or aggressive behavior (FFN Interpretation Manual (5)(i))			
Observe	When outdoor areas are being used by children these items must be inaccessible to	Yes	No*	N/A
	the children in care: a) Unanchored swing and large metal slides; b) Raised decks or			
	balconies and open stair wells 5 feet or higher without protective barriers with gaps			
	greater than 5" by 5"; c) Motor vehicles on blocks; d) Rebar or metal rods less than 36 inches long sticking up from the ground or out of walls.			
	Stationary play equipment cannot be over hard surfaces such as cement or asphalt;			
	Equipment must be used in a safe manner to prevent injury (FFN Interpretation			
	Manual (5)(j)(i-iii))			
Observe	The provider ensures that children do not have access to hot tubs, or other water	Yes	No*	N/A
	hazards like ponds and streams with more than 2 inches of water. Children are			
	protected from unintended access to the above. (FFN Interpretation Manual (5)(k)(i- iii))			
Explain	While transporting children in care the provider must ensure that each child is	Yes	No*	N/A
	wearing appropriate safety restraints, she must never leave children in the car			
	unattended, and must not be intoxicated or impaired (FFN Interpretation Manual (5)(I)(i-iii)			
	CHILD CARE HEALTH			
Observe	The environment is a clean and sanitary for children. There is a flushing toilet and	Yes	No*	N/A
	working hand washing sink. Children in care are not subject to physical, emotional or			
	sexual abuse (and show no signs of this). Provider must report suspected abuse,			
	neglect or exploitation of child to Child Protective Services. (FFN Interpretation Manual (6)(a-e))			
Explain	The provider understands they cannot discipline: a) by using punishment that	Yes	No*	N/A
Explain	produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching; b)	105	110	
	by binding, tying, or other forms of restraint; c)by shouting or any other emotional			
	abuse; d) by forcing or withholding food, rest, toileting; e) by confining them to a			
	closet, locked room or other enclosures of any kind (FFN Interpretation Manual			
	(6)(e)(i-vi)			
	PARENTS	1		
Explain	Provider ensures that parents have access to areas of the home used for care and are	Yes	No*	N/A
	aware and have approved that the children may be taken off of the premises (i.e., go			
	to park or to run errands). Parental permission is needed to allow children to go to a			
	neighbor's house, ride bikes on street, etc. (FFN Interpretation Manual (7)(a-b)) NOTIFICATION AND REPORTABLE CHANGES			
Explain	Provider understands: a) that in the case of a life threatening incident or injury that	Yes	No*	N/A
слріані	may pose a threat of the loss of vision, hearing, or a limb, emergency personnel must	163		
			1	
	be contacted immediately, even before contacting the parent of when giving			
	be contacted immediately, even before contacting the parent. b) When giving medication, any adverse reaction or any error in the administration of the medication			
	medication, any adverse reaction or any error in the administration of the medication must be reported to the parent immediately upon recognition of the error or			

Explain	Within 24 hours of its occurrence the provider has notified her food sponsor: a) of	Yes	No*	N/A
	any fatality, hospitalization, emergency medical response, or injury requiring			
	immediate attention from a health care provider, b) when a member living in the			
	home was convicted of a felony or misdemeanor. Within 10 working days the			
	provider has notified the food sponsor: a) if any of the following changed; name,			
	telephone number or daycare schedule, b) if anyone 12 or older moved into the			
	home – or stayed for 2 weeks or more (and submitted a current BCI) (FFN			
	Interpretation Manual (2)(b), (8)(a-e))			
	EMERGENCY PREPARDNESS			
Observe	The provider has a current certification in First Aid and has an infant and child CPR	Yes	No*	N/A
	certificate with hands-on-testing. (FFN Interpretation Manual (9)(a-c))			
Observe	The provider has, and understands, an emergency and disaster plan that includes	Yes	No*	N/A
	procedures for a) Fire in the home, b) Earthquake, c) evacuation and re-location. All			
	plans must include notifying the parent. (FFN Interpretation Manual (9)(a-c))			
	DOCUMENTATION			
Observe	Parent attestation statement of current immunization records for children in care.	Yes	No*	N/A
	(FFN Interpretation Manual (10))			

# BACKGROUND CHECK REQUIREMENT CHANGES

# Old

- Covered individuals 18 years old and older
- Submit BCI and fingerprints yearly using the Criminal History Review
- Fingerprints 4 fingerprints on right hand
- Submit fingerprints for FBI screening if lived in Utah for less than 5 years

# New

- Covered individuals 12 years old and older
- Submit Once
  - Background Check form using the Child Care Licensing and Care About Childcare websites
  - Utah Child Abuse Central Registry Request to DCFS
- Submit one time -Fingerprints (18+ years)
- Fingerprints all "10 Finger" fingerprints
- No 5 year requirement.
- Submit Fingerprint Card to Child Care Licensing if not done at Child Care Licensing or at a Care About Child Care Location

# **BACKGROUND CHECK RESPONSIBILITIES**

# Provider Responsibilities

- •Submit background checks for all household members 12 years of age or older who have resided in the home for 2 or more weeks within 10 days of the member's 12th birthday
- •Submit "10 Finger" fingerprinting for all household residents 18 years of age, and within 10 days of turning 18, one time
- •Submit Utah Child Abuse Central Registry Request to DCFS for all household residents 18 years of age and older within 10 days of turning 18
- •Inform sponsor of all covered individuals in household (Self-Certification Checklist)
- •Inform sponsor of any felony or misdemeanor arrest, charge, or conviction within 48 hours

# Sponsor Responsibilities

- Know which individuals are part of the household (those residing in the home for 2 or more weeks) and their birthdates
- Check all individuals listed under the household in Child Care Licensing's portal have a "Cleared" status for background screenings before renewing provider or adding provider to CNPweb
- Remind providers when background checks need to be complete

# State Agency Responsibilities

- Check all individuals listed under the household in Child Care Licensing's portal have a "Cleared" status for background checks before approving providers
- Verify background checks and documentation during FDCH reviews

<u>Covered Individuals</u> – all owners, directors, members of the governing body, employees, providers of care, volunteers (excluding parents of children enrolled in the program who are not left unsupervised), all individuals 12 and older residing in the facility where child care is provided, and anyone who has unsupervised access to children in care. (Child Care Licensing Policies and Procedures for Conducting Background Checks)

# **Background Check Process for Providers**

## 1. Register at Child Care Licensing/Care About Childcare

- Submit application to Child Care Licensing Program https://ccl.utah.gov/ccl/#/CCLapplication<sup>1</sup>
- Wait for email from Child Care Licensing Program. Email will describe how to get a login from Care About Childcare
- Create login and password for child care licensing portal on Care About Child Care's website https://careaboutchildcare.utah.gov/prov ider/default.aspx<sup>2</sup>

## 2. Submit Background Check Form-One Time

- Submit background check through Child Care Licensing Website at https://ccl.utah.gov/ccl/#/backgroundscreening-form<sup>3</sup>
- Log in to Care About Childcare Portal to authorize all background checks to be processed
- Submit free Utah Child Abuse Registry Request to DCFS - all covered individuals 18 years old and older (obtain request form from sponsor)

QR codes that correspond to the superscript numbers can be found on the reverse.

# **Background Check Process for Providers**

## 1. Register at Child Care Licensing/Care About Childcare

- Submit application to Child Care Licensing Program https://ccl.utah.gov/ccl/#/CCLapplication<sup>1</sup>
- Wait for email from Child Care Licensing Program. Email will describe how to get a login from Care About Childcare
- Create login and password for child care licensing portal on Care About Child Care's website https://careaboutchildcare.utah.gov/prov ider/default.aspx<sup>2</sup>

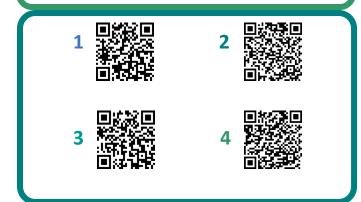
### 2. Submit Background Check-One Time

- Submit background check through Child Care Licensing Website at https://ccl.utah.gov/ccl/#/backgroundscreening-form<sup>3</sup>
- Log in to Care About Childcare Portal to authorize all background checks to be processed
- Submit free Utah Child Abuse Registry Request to DCFS - all covered individuals 18 years old and older (obtain request form from sponsor)

QR codes that correspond to the superscript numbers can be found on the reverse.

### **3.** Pay for Background Check

- Call or visit Child Care Licensing to pay for the background checks to be processed (including fingerprints)
- Fee schedule can be found at https://childcarelicensing.utah.gov/forms/ All/CCL-Fee%20Schedule.pdf<sup>4</sup>



### 4. Submit Fingerprints - One Time

- "10 finger" fingerprints must be submitted
- If taken at Care About Childcare Location or Utah Department of Health, will be sent for you. Must have "B code"
- If fingerprints were taken at another agency, request a copy of fingerprint card to mail/deliver to Child Care Licensing Office (make sure providers name is attached to the fingerprint card)

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### **Questions & Answers:**

1. Q: How much will the background check and fingerprints cost per individual?

A: These costs are all dependent upon the fee schedule, which can be found on the Child Care Licensing website at <u>https://childcarelicensing.utah.gov/forms/All/CCL-Fee%20Schedule.pdf</u>. Costs also depend on other factors, such as where the fingerprints are done, how payment is made, etc.

Keep in mind that administrative funds may be used to assist some providers with the cost of getting background checks/fingerprinting. In fact, FNS Instruction 796-2 Rev 4 states "Day Care Home Sponsoring Organizations are eligible to use up to \$300 of administrative funds per day care home to enable certain income eligible homes to meet licensing, registration, or alternate approval standards."

The Utah Child Abuse Central Registry Request from the Division of Child and Families Services (DCFS) is free.

2. Q: How long does the process take from start to finish?

A: It varies on the individual, but will take 2-5 business days in most cases. Be aware that background checks will not be processed if payment is not made.

3. Q: When will all of the Relative Care/Alternate Approval providers need to have these background checks/fingerprints completed by?

A: Beginning May 1, 2018, all providers being approved to participate or are renewing on or after this date must follow the new background check process. By May 1, 2019, all providers must be following the new standard as set by Child Care Licensing.

4. Q: If providers do not have a driver's license, can they use a permit? Can a provider use a consulate card?

A: Any non-expired government issued ID may be used to perform the background checks. This would include a permit or a consulate card. A driving privilege card (DPC) is not an acceptable form of ID.

5. Q: Can the background check documentation be completed offline?

A: The application and background check form must completed online. The process,

standardized by Child Care Licensing, requires that all providers follow the same process of completing their application and background check online. Child Care Licensing suggests that providers who don't have a computer in their home use the computers available at their public library. As a sponsor, you could also allow a provider to come to your office to complete it. You may take laptops, tablets, smart phones, etc., to the home for the provider to complete the process as well.

The Utah Child Abuse Central Registry Request that is submitted to DCFS must be complete on a paper form. The completed form may then be mailed, faxed, or scanned and emailed to DCFS.

"10 Finger" fingerprints must be submitted for all covered individuals 18 years old and older one time at a Care About Childcare Location, Utah Department of Health, police department, Public Safety building, or other agency that does fingerprinting. If fingerprints are taken using LiveScan at a Care About Childcare location or Utah Department of Health, fingerprints will automatically be sent. The provider must use the "B code" to do the LiveScan. (Care About Childcare locations require an appointment for fingerprints.) If fingerprints are taken at another agency, request a copy of the fingerprint cared to mail/deliver to a Child Care Licensing office. Make sure the provider's name is attached to the fingerprint card.

 Q: How will a sponsor know if a provider's background check is in "In Process", "Tempcleared" or "Cleared" in their portal?

A: The sponsor can log in to the "Secure Staff Login" in Child Care Licensing's website, search for a provider, and then check the status for the provider and all covered individuals in the household under the "Facility Personnel" tab.

7. Q: If a provider's spouse is only home during the weekends, and the provider does not do care on the weekend, would the spouse still need to do the background check?

A: Yes. The spouse would be required to follow the background check process since the spouse is considered a resident of the home. It is required by Child Care Licensing that the process apply to those that are considered residents of the home and for those who are residing in the home for at least two weeks. For example, if a family member was on vacation at the provider's home for a month, that person would be required to get a background check and, if 18 years old or older, would need to submit fingerprints and the Utah Child Abuse Central Registry Request.

8. Q: What should be done for those providers who are signing up or reenrolling between now and May 1, 2018? Will they have to get fingerprints two times? Once now and then again on their renewal date?

A: This depends on what a sponsor would like to do. A sponsor can implement the new background check process at any time. However it must be implemented with new and renewing providers beginning May 1, 2018. For example, if a provider starts participating on April 1, 2018, the sponsor can have the provider and household members follow the new background check process through Child Care Licensing. All residents of the home 18 years old and older would also submit the Utah Child Abuse Central Registry Request and submit their one time fingerprinting to Child Care Licensing. However, if the provider follows the "old" background check process when a new provider comes on under a sponsor, then the provider would need to get fingerprints again when they renew the next year.

9. Q: When must a resident of the household receive a background check, DCFS screening, or fingerprinting?

A: All residents of the household 12 years and older must receive a one-time background check. Every year each of these individuals will need to submit a renewal for their background check. Those residents of the home 18 years of age and older are also required to submit the Utah Child Abuse Central Registry Request and a "10 finger" fingerprinting. Within 10 working days of an individual turning 12, the background check must be submitted, and if turning 18, would need to also have the Utah Child Abuse Central Registry Request and fingerprinting submitted. This also applies to when/if anyone else moves into the home. If a 14 year old moved into the home s/he would need to have the background check submitted within 10 working days of residing in the home. The background check process must follow Child Care Licensing standards exactly so there is no leeway to the 10 day rule. As a sponsor, you may want to encourage or develop polices and best practices so that the background checks are done for all residents in the provider's home at the same time during their renewal month.

10. Q: A Relative Care provider is new to the program. They are required to get their CPR, First Aid, and background checks (including fingerprints) completed. What start date would the sponsor use for the provider? Would the expiration date on the certificate reflect the first date on any document received, the last date on any document received, or would it expire at the end of the month that the provider completed every requirement?

A: The Sponsor would go off the application date rather than the dates of when the CPR, First Aid, and background check expirations. As a reminder a background check cannot be expired for more than 10 working days. Be aware of the background check expiration date and how it compares to the application expiration date.

- 11. Q: What tools will be developed to assist Sponsors in ensuring providers are in compliance with the new background check rule?
  - A: The USBE has revised the monitoring record to ask if there has been any change in

the persons living in the household. The provider will initial this question, whether or not changes have been made. The new monitoring form was distributed to all Sponsors on 9/27/2017.

The self-certification checklists for both Relative Care and Alternate Approval providers will ask who lives in the household and their birthdates and will include an attestation statement that the list of household residents is true and correct. The Health and Safety Inspections have also been updated to include the new background check requirements.

Our office has created handouts going over the new process and will also be creating a comprehensive step-by-step training on the process providers would go through in applying and submitting their background checks.

12. Q: There may be a delay in how long it could take for a provider to know whether or not their background check is "In Process", "Tempcleared", or "Cleared" in their portal. Can the provider still claim meals during this time of waiting?

A: If the provider has submitted their background check and has paid the corresponding background check/fingerprinting fees, there is no reason why the sponsor would not be able to process the providers claim. If the background check comes back as "Denied", then the provider cannot claim meals beginning from the date of denial.

13. Q: Will licensing notify a sponsor that the provider hasn't completed all the steps required for a background check for a covered individual?

A: No. The self-certification checklists, which are attached to this bulletin, will ask that the provider list all residents of the home by name and birthdate. By signing the form the provider attests that the listed residing household members is accurate and that the provider will follow the background check requirements. The monitoring form has also been revised to include a question asking if there has been a change to those residing in the home.

14. Q: What would a sponsor do if a provider has someone that resides in the home that is unable to leave the home due to a disability and is therefore unable to submit fingerprints?

A: In these circumstances, our office may allow for a variance. If there are situations where a provider or the sponsor feels that any portion of the background check requirements cannot be done or is not necessary, then the USBE must approve this in writing. When these circumstances arise, please contact our office. These situations will be considered on a case-by-case basis.

15. Q: What if a provider or a member of the household gets arrested, charged, or convicted of a crime?

A: Within 48 hours of knowing of the incident, the provider must inform their sponsor and appropriate action must be taken based on the severity of the circumstance.

16. Q: Can a provider still go to the Bureau of Criminal Investigation for their background checks fingerprints? Or do they have to go through the Child Care Licensing?

A: Providers can get their "10 finger" fingerprints done at the Bureau of Criminal Investigation or any other agency that does fingerprinting but they will still need to submit them to Child Care Licensing. The background checks must also be submitted through Child Care Licensing. The Utah Child Abuse Central Registry Request must be completed and sent to the Division of Child and Family Services (DCFS).

### 17. Q: Do background checks need to be renewed annually?

A: As of 2/1/2019 Child Care Licensing no longer requires background checks to be renewed annually for any individual residing in a household. This applies to the FFN program which the alternate approval program mirrors. Just one background check needs to be done one time for all household members 12 and up. Because annual renewals are no longer required Child Care Licensing needs to deactivate providers who no longer participate as an alternate approval provider as these providers are considered license exempt. Any provider considered license exempt, and not providing care, needs to be deactivated from the Child Care Licensing database. This will also prevent their database from getting bogged down. Sponsors will need to submit a list of alternate approval providers to the USBE by the end of each month that are no longer active. The list should exclude providers who have transferred to another sponsor or a provider who has gone from alternate approval to licensed.



PROVIDER:	FAC	CILITY #:	SPONSOR:	
INSTRUCTIONS				
1. Please PRINT legibly or TYPE, complete all information requested				
2. Submit form with a <u>legible</u> and <u>curren</u> following photo identifications:	t copy of one of the	a. Valid Driver License b. State Identification Card c. Passport		
3. Please send <u>completed</u> form and <u>copy of photo ID</u> to a. <u>EMAIL</u> : <b>dcfscentralregistry@utah.gov</b>				
		b. <u>FAX</u> : Attn: Child Abuse Background Screening to 801-538-3993 c. <u>MAIL</u> : Division of Child & Family Services Attn: Child Abuse Background Screening		
195 North 1950 West Salt Lake City, UT 84116				
APPLICANTS INFORMATION				
Last Name		First Name	<u>Full</u> Given Middle Name	] Initial Only 🗌 None
Former Names Including Married, Maiden, Aliases, Nicknames, Middle Name				
Date of Birth Social Security	y Number	Phone Number	Email	
Current Address				
City	State		Zip Code	
<b>RETURN RESULTS TO:</b> ( <i>Note-if email is marked that will be our default return process</i> )				
Applicant by: 🔯 Email 🗌 Mailing Address 🗌 In person ( <i>walk-ins only</i> )				
Agency Name:       Utah Department of Health - Child Care Licensing       Attention:       Background Checks - Joan Isom				
Email Address: jisom@	utah.gov		Fax:	
Mailing Address:				
REASON FOR REQUEST (Mark One)				
Private Adoption   Custody Evaluation   Volunteer/Employment-(Type: child care,				
<ul> <li>Step Parent Adoption</li> <li>Foster/Adoptive Parent Requirem</li> </ul>	ent (Adam Walsh)	Gestational Surrogacy school, etc.) Child Care - Child Care Block Grant of 2014, GAL/CASA 7 CFR 226.6, UCA 26-39-404, 42 U.S.C. §5119a.		
The Utah Department of Human Services, Division of Child and Family Services (DCFS) is authorized to investigate any past and present child abuse information which may be pertinent to your application according to UCA 62A-4a-1006 and UCA 78B-6-128. The release of any and all information is authorized whether it is of record or not. By signing below, I certify that I have read and understand this entire form, and that the information I have provided here is true, accurate, and complete to the best <i>of</i> my knowledge. I understand that providing false or incomplete information may result in delaying or possibly denying my request for background screening. It is also my understanding that under Utah Law, it <i>is a</i> crime for an unauthorized person to require me to request a background screening as <i>a</i> condition of employment, I also understand that DCFS may not release the results of this background screening unless I give my written consent, or unless such is authorized by law. I do hereby release all persons and entities from any legal liability, for furnishing such information to the State of Utah, Division of Child and Family Services.				
Signature of Applicant (electronic or ty	ped signatures will no	t be accepted):		Date:
RESULTS				
(To be completed by DCFS Only)				
Check completed pursuant to 78B-6-128           NO HISTORY in the Utah Child Abuse/Neglect Main Information System           HISTORY FOUND in the Utah Child Abuse/Neglect Main Information System				
Check completed pursuant to Adam Walsh Act 42 U.S.C. § 671 IN NO SUPPORTED HISTORY in the Utah Child Abuse/Neglect Main Information System				
SUPPORTED HISTORY FOUND in the Utah Child Abuse/Neglect Main Information System				
Check completed pursuant to 62A-4a-1006           NOT LISTED         on the Child Abuse/Neglect Licensing Information System           LISTED         on the Child Abuse/Neglect Licensing Information System				
Pursuant to 62A-4a-412(2)(a)&(b)				
NOT ABLE TO COMPLETE REQUEST				
Completed by: DCFS Background Screening Coordinator				