CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office
http://dhss.alaska.gov/dpa/Pages/ccare

Office Use Only

APPROVED RELATIVE CHILD CARE PROVIDER HEALTH AND SAFETY REQUIREMENTS

To participate in the Child Care Assistance Program as an Approved Relative approved under 7 AAC 41.202, I understand I must meet and maintain the health and safety requirements listed in 7 AAC.41.205 – 7 AAC 41.240. By signing below, I attest I have accessed and read these regulations.

I understand a representative of the Department of Health and Social Services will conduct a health and safety inspection of my child care location. I agree to cooperate with the department for purposes of monitoring reviews, inspections, or investigations to determine my compliance with program regulations. Cooperation includes allowing access: to the premises where child care services are provided; all relevant records; and to children for purposes of conducting interviews.

I understand I must obtain training on the health and safety topics listed in 7 AAC 41.210 and submit verification of completion within three months of being approved for Child Care Assistance Program participation.

I have accessed, read, understand, and agree to meet and maintain the required background check requirements of 7 AAC 41.205 and 7 AAC 10.900-7 AAC 10.990 for myself and all individuals 16 years of age and older living in the location where child care services are provided.

CERTIFICATION OF HEALTH AND SAFETY REQUIREMENTS

I certify that I meet and will continue to meet each of the health and safety requirements of 7 AAC 41.205 – 7 AAC 41.240 and the applicable requirements of 7 AAC 10.900 – 7 AAC 10.990 and 7 AAC 57.

I understand that failure to meet these requirements at any time may result in enforcement action being taken against me, up to and including suspension or termination from participation in the Child Care Assistance Program.

_____
Printed Name of Provider

_____ _____
Signature of Provider Date