CHILD CARE ASSISTANCE PROGRAM

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

Office Use Only

HEALTH AND SAFETY REQUIREMENTS FOR IN-HOME CHILD CARE

To participate in the Child Care Assistance Program as the employer of an in-home child care caregiver approved under 7 AAC 41.202, I understand I must meet and maintain the health and safety requirements listed in 7 AAC.41.370. 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 home. 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 my caregiver must obtain training on the health and safety topics listed in 7 AAC 41.370 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 10.900 –7 AAC 10.990 for my caregiver.

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 41.370 and the applicable requirements of 7 AAC 10.900 – 7 AAC 10.990.

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.

_____
Print Name of Parent

_____ _____
Signature of Parent Date