



**YMCA CHILD CARE RESOURCE SERVICE
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 YMCA Childcare Resource Service.

PART A: PROVIDER INFORMATION AND SITE WHERE CHILD CARE WILL OCCUR

Name of Provider _____ Phone () _____

Address _____ City _____ State _____ Zip _____

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.

PARENT INFORMATION

Name of Parent _____ Phone () _____

Address _____ City _____ State _____ Zip _____

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 and provider must put their initials to the left of it. This will certify that the home meets health and safety standards.

| | <u>Parent's Initials</u> | <u>Provider's Initials</u> | |
|----|------------------------------|--------------------------------|--|
| 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. |

Information about health and safety and other basic child care training is available at American Red Cross, Community Colleges, the Fire Department and YMCA Childcare Resource Service, 1-800-481-2151 or www.crs.ymca.org.

PART C: OTHER INFORMATION

- 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.

(Reference #1) Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

(Reference #2) Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

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

| | | | | |
|------------|------------|--------------------------------|------------------------------|--------------------|
| Name _____ | Related to | <input type="checkbox"/> child | <input type="checkbox"/> you | Relationship _____ |
| Name _____ | Related to | <input type="checkbox"/> child | <input type="checkbox"/> you | Relationship _____ |
| Name _____ | Related to | <input type="checkbox"/> child | <input type="checkbox"/> you | Relationship _____ |
| Name _____ | Related to | <input type="checkbox"/> child | <input type="checkbox"/> you | Relationship _____ |

3. Describe your ability to provide child care and list your experience and qualifications.

PART D: IMPORTANT INFORMATION FOR THE PROVIDER AND PARENT

- **PROVIDER:** The provider is responsible for reporting income and payment of any federal or state income taxes.
- **PARENT:** 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.
- **PARENT:** If you choose NOT to have child care provided in your home you are NOT considered the employer and are NOT responsible for paying any taxes or items listed above. Your provider will be considered an independent contractor.
- **PARENT:** If you have selected a new provider who is required to register with TrustLine, this provider is not eligible for reimbursement until he/she is registered with TrustLine.

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 at YMCA Childcare Resource Service and other community agencies. I understand that I am not an employee of YMCA Childcare Resource Service.

PARENT’S STATEMENT: I have interviewed and approved this child care provider. I understand the statements 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 or the YMCA Childcare Resource Service did not and will not check the safety of the child care offered by this provider.

If YMCA Childcare Resource Service 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 Provider _____ Date _____

Signature of Parent _____ Date _____