

Informal Provider Enrollment



Name of Informal Provider	Telephone Number
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Mailing Address

City	State	Zip
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CAPS mandates that informal providers meet the following requirements. Please initial for understanding.

_____ I must be 21 years of age or older in order to receive subsidies through CAPS.

_____ I must be physically able to care for child(ren).

_____ Only persons authorized by CAPS will receive payments for care provided.

_____ Only persons authorized by the parent can pick up the child(ren).

_____ I can care for only two (2) unrelated children for pay. I can care for up to six (6) related children for pay, however, my total combined number of children both related and unrelated cannot exceed six (6).

_____ The CAPS Program reserves the right to refuse to enroll individuals as informal subsidized child care providers or to discontinue this enrollment when there is any reason to suspect or believe that the individual has neglected or mistreated a child.

_____ The CAPS Program will not enroll any person as an informal subsidized child care provider and will discontinue the enrollment of any individual who has an unsatisfactory records check.

The Informal Provider Agrees:

_____ To obtain infant/toddler CPR certification prior to enrolling as a subsidized child care provider.

_____ To have a working smoke detector and fire extinguisher at the location where care is being provided.

_____To attend ten (10) hours of health and safety training in the first three (3) months of enrollment and each calendar year thereafter.

_____To be monitored by DECAL for health and safety compliance.

_____To ensure each adult 17 years of age and older residing in the informal provider's home complete a Fingerprint Records Check Application and receive a satisfactory determination issued by DECAL prior to being able to reside at or be present in the home when children are in attendance. A satisfactory background check must be completed for each adult 17 years of age and older every five years thereafter.

_____To authorize DECAL to release the results of the records check so that I may begin to receive payments for the child care services provided.

_____To contact the DECAL before I care for more than two (2) children who are not related to me. The phone number for DECAL is 404-657-5562.

_____To keep records of daily attendance for all children in care. To keep the attendance records for at least three years after the month that care was provided.

_____That the parent, CAPS, or I may end subsidized child care services at any time for any reason by giving written notice. The termination will be effective immediately when written notice is received unless a different time is stated in the termination notice.

I certify that I do not have felony charges pending and that I have not been convicted of a crime that would lead to an "unsatisfactory" Records Check. This includes any pending allegations of maltreatment or neglect, substantiated maltreatment, crimes that would place me on the Sexual Offenders Registry, crimes that I may have committed in other states, or violations of Child or Adult Protective Services.

Informal Provider Signature

Date

Address where care is provided (if different than page 1)

City

State

Zip

DECAL Staff Signature

Date