

FAMILY CHILD CARE HOME BACKUP PROVIDER BACKUP, DISCIPLINE, AND TRANSPORTATION AGREEMENT

Provider's Name (Last, First) _____ Provider's ID _____

STATEMENT OF AGREEMENT

I understand by signing below I am affirming that I have read and fully understand all the rules set forth by State of Arizona Article 52 and agree to comply. I understand that an infraction of any rule or policy may cause revocation of my DES Family Child Care Home Certificate including but not limited to the following:

I understand that I am responsible for arranging for a competent adult to act as my backup who meets the requirements for backup providers set forth in A.A.C. R-5-5202. I have read and further understand the use of a Backup Provider as set forth in A.A.C. R6-5-5222.

I have read and understand the DES Discipline policy A.A.C. R-5-5212. I will comply with this policy while providing child care.

I have read and fully understand the DES Transportation Policy as written in A.A.C. R6-5-5216 and agree to abide by this policy. I agree not to transport children in care out of the United States. I further agree to not allow the children in care to be transported in an uninsured vehicle or by an unlicensed driver while they are in my care, and I agree to call the child's parents or guardian immediately if there is an emergency and to call 911 if the emergency is life threatening.

In the event an emergency arises and my backup provider is unavailable, I shall immediately notify my DES Certification Specialist of the emergency and obtain pre-approval for the use of a substitute backup provider acceptable to the department.

PROVIDER: I Will Be Transporting Children **Yes*** **No**

**If Yes is selected you MUST provide proof of current Arizona State Driver's License, and vehicle liability insurance.*

PROVIDER'S SIGNATURE _____ DATE _____

MY BACKUP PROVIDER IS:

Individual Name or Center/Group Home Name as on License

BACKUP PROVIDER STATEMENT OF AGREEMENT

PLEASE CHECK ONE:

I am age 18 or older, and understand the specific guidelines regarding my duties as outlined and in Article 52. I understand that I must furnish proof of my immunization record and complete initial and annual TB tests. I am aware that I am subject to a Department of Child Safety (DCS) clearance check and fingerprinting for a criminal background investigation. I am aware that my ability to provide backup child care is contingent on both clearance through DCS Clearance check and obtain a level one fingerprint clearance card. I understand that I must maintain current CPR/First Aid Certification to provide backup services for the mentioned provider.

OR

I am the director/owner of a Department of Health Services (DHS) Licensed Child Care Center, DHS Group Home, or DES Certified Provider. I am aware that my child care facility provides backup services to the mentioned provider.

DHS License Number (if applicable) _____ DES Provider ID (if applicable) _____

List ages certified or licensed to care for (list ages 0-12 years of age): _____

PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS:

I am available to provide backup services during the following days of the week and times:

Check Available Days of the Week: MON TUES WED THURS FRI SAT SUN

List Available Hours (Starting hour-Ending hour, Include AM and PM): _____ - _____

I may be contacted at:

Phone Number (Include area code): _____

Physical Address (No., Street, City, State, ZIP Code): _____

I understand by signing below I am affirming that I have read and fully understand all the rules set forth by State of Arizona Article 52 and agree to comply. I understand that an infraction of any rule or policy may cause revocation of my ability to be a backup provider or hold a future DES Family Child Care Home Certificate including but not limited to the following:

I understand that I have to meet the requirements for backup providers set forth in A.A.C. R-5-5202. I have read and further understand the use of a Backup Provider as set forth in A.A.C. R6-5-5222.

I have read and understand the DES Discipline policy A.A.C. R-5-5212. I will comply with this policy while providing child care.

I have read and fully understand the DES Transportation Policy as written in A.A.C. R6-5-5216 and agree to abide by this policy. I agree not to transport children in care out of the United States. I further agree to not allow the children in care to be transported in an uninsured vehicle or by an unlicensed driver while they are in my care, and I agree to call the child's parents or guardian immediately if there is an emergency and to call 911 if the emergency is life threatening.

BACKUP: I Will Be Transporting Children Yes* No

**If Yes is selected you MUST provide proof of current Arizona State Driver's License, and vehicle liability insurance.*

BACKUP PROVIDER'S SIGNATURE _____ DATE _____