

Arkansas Administrative Code Title 016. Department of Human Services Division 22. Division of Child Care and Early Childhood Education Rule 3. Relative / In-Home Day Care Registration Rules and Standards

Ark. Admin. Code 016.22.3  
Alternatively cited as AR ADC 016 22 005

016.22.3. RELATIVE / IN-HOME DAY CARE REGISTRATION RULES AND STANDARDS

Rules on becoming a Relative/In-Home Child Care Provider are outlined in this publication. You must complete all attachments and return them to the address on the cover sheet.

You may call 1-800-482-5850, if you need assistance in completing this application. Different formats of this application are available such as: large print, audio tape, etc. If you need another format, contact the Division's ADA Coordinator at 682-2309 or TDD 682-1550.

This section for THE RELATIVE CHILD CARE PROVIDER ONLY:

1. The Relative Child Care Provider must be related to the child(ren). The relationship must be that of grandparent, great-grandparent, aunt, uncle, sibling (residing out of the home). Proof of relationship must be provided. The following must be provided to verify proof of relationship:

the child(ren)'s birth certificate(s) the parent's birth certificate marriage license of the parent (if parent's last name has changed) marriage license of the caregiver (if last name has changed) birth certificate of the caregiver (if the application is for an aunt or an uncle)

2. The registered relative may provide the child care either in his home or the home of the child.

This Section for THE IN-HOME CHILD CARE PROVIDER ONLY

1. The Registered In-Home Child Care Provider is an individual selected by the family to provide the day care in the child(ren)'s own home.

2. The In-Home Registration is not valid for child care provided outside the child(ren)'s own home.

BOTH RELATIVE AND IN-HOME DAY CARE PROVIDERS

1. The caregiver must be twenty-one years or older, or have a waiver if between the ages of twenty and twenty-one.

2. The caregiver shall submit the names and social security numbers of all adult household members for a Criminal Records Check (CFS-306). If the report is returned to the Department naming the applicant or any person in the home as having a criminal record (see #3 on Page 3 of Form DCFS-534), the application will be denied. (For In-Home Providers, only the caregiver's name and social security number must be provided).

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3. The caregiver shall submit a notarized authorization for release of confidential information contained within the Arkansas Child Abuse and Neglect Central Registry. If the report comes back naming the applicant or any person in the caregiver's home in a founded report, the application will be denied.

4. The caregiver must have a current Health Card from the Department of Health and/or a physician's statement stating that the caregiver is free from communicable diseases including tuberculosis (TB).

NOTE: The Health Card or physician's statement must be renewed annually.

5. The caregiver shall provide the Department with the names of two persons who are not related to the caregiver. These persons must be aware of the caregiver's discipline and child care techniques.

6. No certificate of registration shall be issued or remain in effect if there is a conviction for, or an admission of a crime involving violence or moral turpitude (sexual offense) on the part of the caregiver or any other household member.

7. The caregiver shall not be engaged in any other employment or activity during the hours that the child care will be provided.

8. The caregiver must report any suspected child maltreatment to the Division of Children and Family Services (1-800-482-5964).

9. The caregiver will complete six (6) hours each year of child care training as provided by the Division or other qualified training source.

Documentation of training completed must be sent to the Child Care Licensing Unit. Address is on page 3 of this packet.

#### BUILDING AND PHYSICAL PREMISES REQUIREMENTS

1. The caregiver will complete the checklist (Form DCC-534) on the building, physical premises and surrounding grounds of the home where the child(ren) will receive the care. If the child care will be provided in both the child's home and the relative's home, separate checklists must be labeled and completed for each site.

2. The caregiver and the parent(s) must work together to insure that all health and safety guidelines are met when child care is provided in the child's own home.

3. The Corrective Action Plan must be submitted annually. The Corrective Action Plan (Appendix B), with dates

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when the corrections will be made, must be submitted to the address on page 3 of PUB-261.

GENERAL ISSUES AND APPEALS

The Department will deny the application or close the registration if the caregiver fails to provide proof that the home and grounds meet the safety standards within 60 days of the submission of the Corrective Action Plan.

The Certificate of Registration is effective only for the name stated on the registration certificate and only for the location for which the registration was requested. If the place where the child care will be provided changes, notify the office below.

The Department of Human Services shall have the right to investigate and inspect the premises to ensure the home is still in compliance with established rules and regulations. Investigations will also be made when the Department has reason to believe that violations of these rules may exist.

IF AT ANY TIME YOU PROVIDE CARE TO SIX OR MORE CHILDREN FROM MORE THAN ONE FAMILY, YOU ARE REQUIRED, BY LAW, TO APPLY FOR A DAY CARE HOME LICENSE. The Relative/In-Home registration will be null and void whenever you are required to be licensed.

Ark. Code Ann. 20-78-201(1991 Repl.) as amended by Act 1132 of 1997 authorizes the Division of Child Care and Early Childhood Education to establish the rules and regulations that a Relative/In-Home Child Care Provider shall meet in order to be registered by the Department of Human Services.

Submit applications to:

**ARKANSAS DEPARTMENT OF HUMAN SERVICES**

**DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION**

**P. O. BOX 1437--SLOT 720**

**LITTLE ROCK, AR 72203-1437**

**PHONE: (501)682-8590 (Little Rock); or 1-800-482-5850**

**TDD# (501)682-1550**

If, after the review of the application, it is determined that the home and/or the day provider are not in compliance with the rules and regulations for registry as established by the Department, the Department shall immediately deny or remove the Relative or the In-Home Child Care Provider from the registry.

If an application is not approved, you will be given written notice as to the reason. You may either reapply, request an internal review or appeal the decision. If you need information about how to request a review or an appeal, you may contact the office listed on page 1.

The Certificate of Registration is effective for two years from the date of issuance unless removed due to violation of rules and standards for registry as established by the Department.

You may appeal the removal of your name from the registry by contacting the address above. An appeal does not stay the denial or the removal from the registry.

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ARKANSAS DEPARTMENT OF HUMAN SERVICES  
 DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION  
 CHILD CARE ELIGIBILITY UNIT  
 APPLICATION FOR REGISTRATION AS RELATIVE/IN-HOME CHILD CARE PROVIDER

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
 TAX IDENTIFICATION NUMBER \_\_\_\_\_ (Optional- may use SSN)

CHECK ONE:  RELATIVE  IN-HOME CHILD CARE PROVIDER

Name of child(ren) to be cared for:

_____	DOB _____	SSN _____
_____	DOB _____	SSN _____
_____	DOB _____	SSN _____
_____	DOB _____	SSN _____

**Relative Child Care Provider ONLY:**

Relationship to the child(ren):  Grandparent;  Great-Grandparent;  Aunt;  Uncle;  Sibling (Out of the home). PROOF OF RELATIONSHIP must be submitted with the application (Birth Certificates, Marriage Licenses, Court Order, etc.). This application WILL NOT be processed without proof of relationship for Relative Child Care Provider.

**In-Home Child Care Provider ONLY:**

I will be providing child care in the child(ren)'s own home at:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RELATIVE AND IN-HOME CHILD CARE PROVIDERS:**

I have enclosed the following required documents with this application:

- Rules Compliance Checklist (The checklist must be completed on the home where the child care will be provided.)
- Request for Criminal Records Check
- Check or Money Order made out to the Arkansas State Police for \$15.00 for EACH adult in the caregivers home if child care is provided in caregivers own home
- Request for Central Registry Check (must be notarized)
- Health Card or Physician's Statement (Must be submitted annually)
- Plan of Action (Appendix B)

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I have read and understand, and will comply with the RELATIVE IN-HOME CHILD CARE REGISTRATION RULES AND STANDARDS.

I understand that I will receive a copy of the HEALTHY CHILDREN HANDBOOK upon approval of my application. I will keep this manual easily accessible for quick reference.

I will complete SIX(6) hours of approved continuing education/training in Child Care annually as required for Registration. Documentation will be required. This training will be completed during the first twelve months of registration. If the training is not successfully completed within twelve months, I understand my registration will be terminated no later than 13 months from the date my registration is approved.

I understand that if I qualify for Registration, I will be eligible to participate in the Department of Human Services Child Day Care System Agreement and receive reimbursement when providing day care services for an eligible family. The Relative/In-Home Registration, the Child Care System Agreement (Form DHS-9800) and a W-9 "Request for Taxpayers Identification Number and Certification" must be on file and approved PRIOR to payment being requested from the Department for Child Care Services.

I understand that if my application for Registration is denied, I have the right to request a review of the decision and may appeal the denial. The Child Care Licensing Unit will instruct me on how to request the review.

An appeal does not stay the denial or removal from the registry.

List names and birthdates of all persons living in your home over the age of 18 (including yourself):

<u>Name</u>	<u>Birthdate</u>	<u>Race</u>	<u>Sex</u>	<u>Relationship</u>	<u>Social Security Number</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ALTERNATIVE FORMAT STATEMENT

This information is available in different formats such as: large print, audio tape, etc. If you need another format contact the Division's ADA Coordinator at 682-8838 or TDD 682-1442.

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RELATIVE/ IN-HOME DAY CARE PROVIDER  
RULES COMPLIANCE CHECKLIST

DATE:	NEW or RENEWAL (circle one)	
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:

If you agree with the statements below, check "YES". If you do not agree with the statements, check "NO". Each item checked "NO" must be listed on the Plan of Action (Appendix B).

THE CAREGIVER

	YES	NO
1. I am caring for children at this time.		
2. I am 21 years of age or older, or have a waiver if between 20 and 21 years old.		
3. I state that neither I nor any person in my home have ever committed a crime involving the illegal use of controlled substances within the past ten years or crimes involving violence, sexual offense or any other crime that by its very nature would indicate that the health, safety and welfare of children would be at risk.		
4. If I will be keeping children in my home, I am aware that my home must meet all local ordinances (health, fire, etc.), and zoning requirements necessary to provide day care.		
5. I agree not to leave children in my care unsupervised. If backup is needed, I agree to leave an appropriate adult in charge.		
6. I agree not to be engaged in any other employment during the hours I am keeping children.		
7. I agree to maintain current enrollment records on all children in my care. This must include current immunization status and emergency medical information.		

THE PROGRAM

	YES	NO
8. I understand that I may not care for more than five children at any time. My own children who are under 6 years of age must be counted in this number.		
9. I agree to have a schedule, approved by the parents, for the children in my care. The schedule must include regular meal and snack times, indoor and outdoor play, and rest periods.		
10. I agree to have a variety of safe play equipment suitable for the ages of children in my care.		

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DISCIPLINE		YES	NO
11.	I agree to have a specific written discipline policy appropriate for the ages of children in my care.		
12.	I agree not to discipline children by denial of food, by forced napping, or because of toilet training accidents.		
13.	I agree to provide parents and the Division of Child Care with information about my discipline policy. I will have the parent(s) sign a copy of my discipline policy and keep this signed copy on file.		

HEALTH, SAFETY AND NUTRITION		YES	NO
14.	I agree to provide meals, each of which contain 1/2 of the minimum daily requirements for the four basic food groups. Milk and appropriate substitutes for children who have food allergies will be served daily.		
15.	I agree to never force children to eat nor punish for failing to eat.		
16.	When children are present for 8 or more hours, I agree to serve at least 2 snacks and 1 meal or 2 meals and 1 snack (except when providing night care).		
17.	I agree to let parents determine the feeding of infants.		
18.	I agree to mark bottles for each child, refrigerate and sanitize after use if bottles are re-used. I do not permit sharing of bottles.		
19.	I will hold infants during feeding. Infants no longer needing to be held will sit in high chairs with straps or in low chairs at low tables.		
20.	I agree to permit infants and toddlers to feed themselves when they wish.		
21.	I agree to store medicine in a place that is inaccessible to children.		
22.	I store non-refrigerated foods separately from chemicals and toxins.		
23.	I agree to keep all poisons, including pet supplies, medicine, cleaning supplies, alcoholic beverages, cosmetics (such as perfumes, mouthwash), out of reach of children.		
24.	I will provide a rest or quiet time for each child with clean beds, cribs, cots, or mats available.		
25.	I will conduct toilet training according to the directions of the parents.		
26.	I will maintain current immunization records on the children in my care.		
27.	I will notify parents immediately and the Health Department with 24 hours if I suspect the child has or is diagnosed as having 1 of the communicable diseases listed in Appendix A.		
28.	I will keep a first aid kit that is inaccessible to children that contains a fever thermometer, soap, band-aids, sterile gauze, pads, tweezers, tape and scissors.		

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	YES	NO
29. a. I will apply or give all medications, prescription and non-prescription, only with written parental permission and instructions.		
b. I will store all medications out of the reach of children, in original containers, according to storage instructions, and labeled with the child's name.		
c. I will return all medication to the parent or discard when no longer needed.		
30. I agree to install child proof latches on all drawers and cabinets that contain dangerous and/or poisonous items.		
31. I agree not to store food under the sink.		
32. I agree to keep all purses (mine and visitors) out of the children's reach.		
33. I agree to keep all hot items out of the children's reach such as pots on the stove, curling irons, crock pots, coffee makers, hair dryers, etc.		

**TRANSPORTATION**

	YES	NO
34. If I transport day care children, I agree to do so in accordance with state law, i.e. provide a safety seat for children if under 4 years of age and less than 40 lbs. and a seat belt if over 4 years of age and over 40 lbs.		

**BUILDING AND GROUNDS**

	YES	NO
35. The home where the children will be kept has adequate space indoors and outdoors.		
36. I agree to keep the play area fenced or enclosed, if necessary (if close to ponds, traffic, or other hazards). I agree to keep the children supervised at all times when outdoors, by someone at least 18 years of age.		
37. I agree to keep the play area maintained in good order, free of potentially hazardous items at all times, with playground equipment securely anchored.		
38. I agree to have a working telephone operating in the home where the child care is provided. I agree to post all emergency numbers including police, fire, ambulance and poison control center.		
39. I agree to lock or barricade any outdoor storage areas such as barns, garages, and sheds.		
40. If there is a swimming pool, I agree to: <ul style="list-style-type: none"> <li>a. meet all local pool regulations;</li> <li>b. have training in CPR for infants and children;</li> <li>c. provide constant, close supervision of children when using the pool. NEVER leave to answer the phone, doorbell, or to get something from the house.</li> </ul>		
41. I agree that all visible electrical outlets will be covered with outlet covers.		



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**INFANT CARE**

If you are keeping infants, this section must be completed. If you will not be providing infant care, please mark "N/A" in the answer column for "Not Applicable."

YES NO

- 42. I agree to rock, hold and carry all infants in my care. I also agree to allow infants in my care to explore their environment.
- 43. I agree to make all equipment used in the care of infants free of small parts, sharp edges, and not easily breakable.
- 44. I agree to maintain cribs, playpens or portacribs when keeping children under the age of 2. The rails shall be spaced no more than 2 3/8" apart and mattresses must be tight fitting.
- 45. I will never put a child under that age of 2 down for a nap on a waterbed, beanbag or on a thick rug.
- 46. I agree to keep playpens or cribs away from dangling cords.

YES	NO

**EVENING CARE**

If you are providing Evening Care, you must complete this section. If you do not provide Evening Care, please mark the answer "N/A".

YES NO

- 47. I agree to provide clean bedding for each child.
- 48. I agree to remain awake until every child in my care has gone to sleep.
- 49. I will insure that all children under 3 years of age sleep on the same floor level as myself.
- 50. I agree to permit children to have a shower, tub, or sponge bath as directed by each child's parent, if providing evening care.

YES	NO

**SANITATION**

- 51. I agree to keep the building and grounds of the home, where I keep the children, clean and in good repair.
- 52.
  - a. I agree to prepare and distribute all food and drink in a sanitary manner.
  - b. I agree to maintain hot and cold running water in the home.
  - c. I agree to sanitize dishes and utensils in a dishwasher or by hand with a bleach solution (1 cap per 1 gallon of water) daily.
  - d. I agree to discard all uncovered food handled by a child.
  - e. I agree to sanitize kitchen and bathroom surfaces, as well as the diaper changing area and potty chairs with a bleach solution (1 cap per 1 gallon of water) daily.
- 53. Adequate heating ventilation and lighting will be maintained for the protection of the children's health.

YES NO

YES	NO

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	YES	NO
54. I agree to screen all windows and doors used for ventilation.		
55. I agree to make my commode and sink of an appropriate height for children OR provide a steady platform to make them accessible.		
56. I agree to have soap available at all times in the bathroom.		
57. I will insure the children use paper towels or individually labeled cloth towels that are washed daily.		
58. My home's water supply is connected to city water. OR My home's water supply is not connected to city water and I have submitted a sample test to Arkansas State Department of Health and approval is attached to this application.		
59. I agree to place garbage in a closed container.		
60. I agree to keep the home free of rodents and insects.		
61. I agree to never let standing water or open sewage to be around the home where I keep the children.		
62. I agree to keep all weapons and ammunition in locked storage.		
63. If smoking is allowed in the home, I agree to limit it to those hours that children are not in care.		
64. I agree to serve clean and nutritious food to children.		
65. If I have a deep freezer, I agree to make it inaccessible to children.		

**PETS**

If you do not have pets, please mark "N/A" for Not Applicable. If you have pets of any kind, complete this section.

	YES	NO
66. If I have pets, I agree to keep the pets out of the kitchen area during meal preparation and service.		
67. I agree that my pets have had all vaccinations from a veterinarian and I have the receipts to show their vaccinations are up to date.		

**DIAPERING**

If you do not keep infants, please mark "N/A" for Not Applicable. If you keep infants, this section must be completed.

	YES	NO
68. The diapering area must be maintained separate from the kitchen area and will be safe, sturdy and disinfected after each use.		

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	YES	NO
69. I agree to keep the following in the diapering area:		
a. Separately stored diapers.		
b. A sanitary means of washing my hands and the child's hands, if needed, both before and after the diaper change.		
c. Disposable diapers are discarded in an enclosed waterproof container out of reach of children.		
d. A means of storing each child's non-disposable diapers and soiled clothing in enclosed waterproof containers.		
e. A sanitizing method for the diaper changing area after each diaper change.		

**FIRE AND FIRE SAFETY**

	YES	NO
70. I agree to have fire escape and emergency tornado plans posted at all times, clearly showing escape routes.		
71. My fire escape and emergency tornado plans include the following:		
a. Removing the children to a safe place immediately, and		
b. Conducting and documenting monthly drills at different times of the day so children become familiar with escape routes.		
72. I agree to place a working UL smoke alarm near the sleeping areas, one in the kitchen and one near the hot water heater.		
73. A properly maintained fire extinguisher will be mounted on the wall in or near the kitchen area.		
74. I agree to keep my home and yard free of any known fire hazards.		
75. I agree the structure and use of the home permits easy entry and exit with no doors or pathways blocked.		
76. I will insure doors opening to the outside of the house can be easily opened by children in case of emergency.		
77. I will insure doors between rooms in the exit route are never locked, or blocked by equipment or furniture.		
78. I agree that bathroom and closet doors can be unlocked from the outside.		
79. Any heating devices and nearby areas are free of fire hazards.		
80. If the home does not have central heat, I will insure the wood burning stove, gas logs, fireplaces, open flame heaters, floor furnaces as well as hot water heaters are properly guarded and vented.		
81. I will immediately notify the Child Care Eligibility Unit at 1-800-322-8176 of any fire that causes structural damage.		

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ILL CHILDREN

YES NO

82. I agree to conduct a daily visual health check on each child and to notify the parent(s) immediately of possible contact with contagious diseases.
83. When children in care become ill, I agree to do the following:
- a. Contact the parent(s) immediately.
  - b. Provide first aid if needed.
84. In the event of critical illness or injury and the parent cannot be reached, I agree to:
- a. Contact the child's posted physician or local emergency medical technicians for instructions/assistance.
  - b. If necessary, call a reliable substitute caregiver to watch other children in care while I take the ill or injured child to the nearest emergency room.
85. I agree to report any suspected abuse or neglect of the children in my care to the Division of Child Care at 1-800-482-5664.


SIGNATURE OR REGISTRANT

DATE

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ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION

APPLICATION FOR TEMPORARY RELATIVE CHILD CARE REGISTRATION

The application for Temporary Relative Child Care Registration entitles the Child Care Provider to receive payment from the Department of Human Services for caring for children while awaiting approval as Relative Provider. The actual application for Registration as Relative / In-Home Child Care Provider (Pub 261 and DCC-534) and the information listed on page 1 of the DCC-534 must be completed and submitted within 60 days from the date the childcare begins.

In order to be paid by the Department of Human Services for this child care, the Relative Provider MUST have written authorization from the caseworker. See page 3.

This application must be received in the DHS office within ten (10) days of the date you begin providing child care. If you need assistance in completing this application, you may call 1-800-482-5850.

Your Name: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Address (where the children will be taken care of, if different from the mailing address): Do not give post office box, etc.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Directions to your home: \_\_\_\_\_

Telephone number where you can be reached in the day time: \_\_\_\_\_

Area Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DAYS AND HOURS I WILL BE CARING FOR CHILDREN:

SUN		MON		TUE		WED		THUR	
OPEN	CLOSE	OPEN	CLOSE	OPEN	CLOSE	OPEN	CLOSE	OPEN	CLOSE
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
FRI		SAT							
OPEN	CLOSE	OPEN	CLOSE						
_____	_____	_____	_____						

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Names and Ages of children I will be keeping:

Name:	Age:	Relationship To Me:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

RATES CHARGED FOR CHILD CARE:	DAILY RATE:	HOURLY RATE:
INFANTS (BIRTH TO 18 MONTHS):	_____	_____
TODDLERS (18 MONTHS TO 3 YEARS):	_____	_____
PRESCHOOL (3 YEARS TO 6 YEARS):	_____	_____
SCHOOL AGE (6 YEARS UP TO 13 YEARS):	_____	_____

I understand Failure to submit this Application for Temporary Relative Registration within TEN (10) calendar days from the date I begin keeping children will result in forfeiture of any payments owed to me by the Arkansas Department of Human Services for the care of any children placed in my care.

I understand that I cannot provide care for more than five (5) children at any time--including my own children - under years of age.

I understand in order to be reimbursed for child care by the Department of Human Services, this agreement must be accompanied by a DHS-9800, the Child Care System Agreement, and a W-9 form, the Request for Taxpayer Identification Number and Certification.

I understand this agreement will be null and void at the close of business of the sixtieth (60th) day from the date I began keeping children if I fail to submit the APPLICATION FOR REGISTRATION AS RELATIVE/IN-HOME CHILD CARE PROVIDER (the DCC-534) and the required documents listed on page 1.

The date I began/will begin keeping the children is: \_\_\_\_\_.

I understand that if my application for Temporary Registration is denied, I have the right to request a review of the decision and may appeal the denial. The Childcare Licensing Unit will instruct me on how to request a review. An appeal will not prevent (or stay) the denial of an application or closure of a Relative Provider.

I understand that my application to become a Registered Home may be terminated by the Arkansas Department of Human Services or myself prior to the end of the Temporary Registration period. If terminated by the Arkansas Department of Human Services, I will be notified by certified letter. Payment for child care services will terminate on the fifth (5th) day after the date of the certified letter.

\_\_\_\_\_  
Signature of Child Care Provider

\_\_\_\_\_  
Today's Date

Alternative formats of the application are available such as large print, audio tape, etc. If you need another format, please contact the Division's ADA Coordinator at (501) 682-2309 or TDD (501) 682-1550.

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**Authorization for Temporary Relative Registration  
(to be completed by the DHS Caseworker)**

Child Care is temporarily authorized to be provided by:

\_\_\_\_\_  
Name of Child Care Provider      Beginning \_\_\_\_\_ Date

For the following children:

SSN	Name (last, first, MI)	DOB	Race	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Days and Hours Child Care Is Authorized:

SUN	MON	TUES	WED	THUR	FRI	SAT
_____	_____	_____	_____	_____	_____	_____

Parent:

\_\_\_\_\_  
Name      SSN      County

\_\_\_\_\_  
Address      City      State      Zip

Reason Child Care Is Needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Caseworker

Routing:      Child Care Provider (original)  
                 Child Care Licensing Unit, Slot 720  
                 Parent  
                 File

\_\_\_\_\_  
Date