

Child Care Provider Facility Affirmation Statements (FCCH, GCCH, Centers)

Facility Name: _____ PCID #: _____ Date: _____

SWIMMING

Please sign only one of the following statements that pertains to your facility:

1. I do NOT take children swimming or wading. I will notify the Regional Office immediately if I decide to take children swimming or wading.

Legal Entity Representative: _____ Date: _____

2. I DO take children swimming or wading.

Legal Entity Representative: _____ Date: _____

*If your facility indicated above that you do swim, please initial each of the following regulations to indicate that you acknowledge and follow each regulation:

_____ §3270/§3280/§3290.115(5): The following staff:child ratios apply while children are swimming and wading:

Age	Staff:Child	Age	Staff:Child
Infant	1:1	Young School Age	1:6
Young or Older Toddler	1:2	Older School Age	1:8
Preschool	1:5		

_____ §3270/§3280/§3290.115(6): When children are swimming, supervision shall include one person certified in lifeguard training, as described in §3270.31(e)(4)(iii), §3280.31(e)(4)(ii) §3290.31(f)(4)(ii) (relating to age and training).

_____ §3270/§3280/§3290.115(7): The person certified in lifeguard training may not be included in the staff:child ratio.

_____ §3270/§3280/§3290.115(8): A facility person counted in the staff:child swimming ratio completes annual water safety instruction.

FIREARMS

CHILD CARE CENTERS and GROUP CHILD CARE HOMES NOT LOCATED IN A RESIDENCE:

I have NO weapons, firearms, or ammunition in the facility. I will notify the Regional Office immediately if weapons, firearms or ammunition will be present in the facility.

Please initial the following regulations to indicate that you acknowledge and follow each regulation:

_____ §3270.79: Weapons, firearms and ammunition are prohibited in a child care center.

_____ §3280.79(a): If the facility is located in a building or space that is not a residence, weapons, firearms and ammunition are prohibited.

Legal Entity Representative: _____ Date: _____

FAMILY CHILD CARE HOMES and GROUP CHILD CARE HOMES LOCATED IN A RESIDENCE:

I have NO weapons, firearms, or ammunition in the facility.

Legal Entity Representative: _____ Date: _____

I have firearms in my facility and confirm that all the regulations listed below have been met and shall be maintained at all times.

Legal Entity Representative: _____ Date: _____

*If your facility indicated above that you do have firearms, weapons or ammunition, please initial each of the following regulations to indicate that you acknowledge and follow each regulation:

_____ §3280.79(b)/§3290.76(a): If the facility is located in a residence, weapons and firearms shall be contained in a locked cabinet.

_____ §3280.79(c)/§3290.76(b): If the facility is located in a residence, ammunition shall be contained in a locked area separate from weapons and firearms.

_____ §3280.79(d)/§3290.76(c): If the facility is located in a residence, the operator shall notify the parent when weapons, firearms or ammunition are present at the facility.

CONSUMER PRODUCT SAFETY COMMISSION

_____ §3270.102(g)/§3280.102(f): I affirm that children's toys and equipment, including furniture and rest equipment, described as hazardous by the United States Consumer Product Safety Commission are not used by children at the above-named facility and are not on the premises at the facility. (Child Care Centers and Group Child Care Homes)

_____ §3290.102(f): I affirm that children's toys and equipment, including furniture and rest equipment, described as hazardous by the United States Consumer Product Safety Commission are not used by children at the above-named facility. (Family Child Care Homes)

Legal Entity Representative: _____ Date: _____

FIRE DETECTION

_____ 34 PA. CODE §403.23(d): The director or designated staff person who is responsible for compliance with this chapter shall ensure that: (1) fire detection devices or systems are operable and are maintained at all times as consistent with the requirements of the Department of Labor and Industry.

Legal Entity Representative: _____ Date: _____