

# FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD

## OPERATIONAL REQUIREMENTS\*

For use of this form, see AR 608-10, the proponent agency is DCSPER

NAME	INSTALLATION	ADDRESS	
REGISTERED STATUS DATE	PROVISIONAL STATUS DATE	FINAL CERTIFICATION STATUS DATE	
	DATE		DATE
ORIENTATION BRIEFING		RIMP INSURANCE STATEMENT OF UNDERSTANDING	
PRE-SCREENING HOME VISIT		VEHICLE INSURANCE DOCUMENTATION	
PROVIDER APPLICATION <i>(DA FORM 5919-R)</i>		USDA CHILD CARE FOOD PROGRAM APPLICATION	
MEDICAL EVALUATION		RIMP INSURANCE PD RECEIPT	
<b>BACKGROUND CLEARANCES:</b>			
LOCAL RECORDS CHECK		SCHOOL COUNSELOR <i>(DA FORM 5220-R)</i>	
(1) PERSONAL REFERENCE <i>(DA FORM 5220-R)</i>		DRUG AND ALCOHOL	
(2) PERSONAL REFERENCE <i>(DA FORM 5220-R)</i>		HOUSING OFFICE	
(3) PERSONAL REFERENCE <i>(DA FORM 5220-R)</i>		CENTRAL REGISTRY	
PROVOST MARSHAL <i>(DA FORM 5220-R)</i>		CRIME RECORDS CENTER/DCII	
SPONSOR'S COMMANDER <i>(DA FORM 5220-R)</i>		OTHER	
<b>MINIMUM STANDARD COMPLIANCE: HOME INSPECTION</b>			
FIRE STANDARDS <i>(DA FORM 4841 p. 28)</i>			
SAFETY STANDARDS <i>(DA FORM 4841 p. 29)</i>			
<b>ADMINISTRATIVE REQUIREMENTS:</b>			
MONTHLY MENU <i>(SAMPLE)</i>			
ACCIDENT PLAN			
FIRE EVACUATION PLAN			
DEVELOPMENTAL ACTIVITY PLAN <i>(SAMPLE)</i> SCHEDULE			
EMERGENCY CARE BACK-UP PLAN			
DISCIPLINE/TOUCH POLICY			
STATEMENT OF UNDERSTANDING RE FCC REQUIREMENTS			
SPOUSE/ADULT FAMILY MEMBER APPROVAL AGREEMENT			
FCC PROVISIONAL CERTIFICATION TRAINING REQUIREMENTS <i>(DA FORM 5763-R)</i>			
COMMENTS:			

### VALIDATION OF REQUIREMENTS COMPLETION

FCC PROVIDER'S SIGNATURE	HOME TYPE	DATE	
FCC DIRECTOR SIGNATURE	INSTALLATION	AUTOVON	DATE

\*ALL OPERATIONAL REQUIREMENTS MUST BE COMPLETED PRIOR TO THE PROVISION OF CARE

**FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD  
OPERATIONAL REQUIREMENTS (CONT'D)**

NAME	INSTALLATION	ADDRESS
REGISTERED STATUS DATE	PROVISIONAL STATUS DATE	FINAL CERTIFICATION STATUS DATE
MINIMUM STANDARD COMPLIANCE: HOME INSPECTIONS <i>(To be determined during the 5th and 6th months of provisional certification)</i>		DATE
DEVELOPMENTAL STANDARDS <i>(DA FORM 4841-R p. 24-25)</i> COMMENTS		
HEALTH STANDARDS <i>(DA FORM 4841-R p. 26)</i> COMMENTS		
FOOD/NUTRITION STANDARDS <i>(DA FORM 4841-R p. 27)</i> COMMENTS		
RECORD KEEPING AND REPORTING REQUIREMENTS <i>(AR 608-10)</i> COMMENTS		
MAINTENANCE OF FIRE AND SAFETY STANDARDS <i>(DA FORM 4841-R p. 28-29)</i> COMMENTS		
<b>CERTIFICATION REQUIREMENTS:</b>		
COMPLETION OF PROVISIONAL CERTIFICATION REQUIREMENTS <i>(DA FORM 5762-R p. 1)</i>		
COMPLETION OF PROVISIONAL CERTIFICATION TRAINING REQUIREMENTS <i>(DA FORM 5763-R)</i>		
COMPLETION OF CERTIFICATION TRAINING REQUIREMENTS <i>(DA FORM 5763-R)</i>		
COMPLETION OF CERTIFICATION REQUIREMENTS <i>(DA FORM 5762-R)</i>		
COMPLIANCE WITH FCC STANDARDS <i>(DA FORM 5762-R p. 4)</i>		
HOME VISITS <i>(DA FORM 5762-R p. 4)</i>		
SATISFACTORY PERFORMANCE OF SERVICES DURING PROVISIONAL OPERATIONAL PERIOD. <i>(DA FORM 5762-R p. 4)</i>		
SATISFACTORY ASSESSMENT WITH FCC CARAT <i>(DA FORM 5761)</i>		
COMMENTS:		

**VALIDATION OF REQUIREMENTS COMPLETION**

FCC PROVIDER'S SIGNATURE	HOME TYPE	DATE
FCC DIRECTOR SIGNATURE	INSTALLATION	AUTOVON
		DATE

**FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD  
OPERATIONAL REQUIREMENTS (CONT'D)**

**FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS**

SPECIAL ENDORSEMENT:

DATE

SPECIAL ENDORSEMENT:

DATE

SPECIAL ENDORSEMENT:

DATE

COMMENTS:

DATE

PROVIDER'S SIGNATURE

ADDRESS

DATE

DIRECTOR/OW SIGNATURE

TITLE

AUTOVON

DATE

**FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD  
OPERATIONAL REQUIREMENTS (CONT'D)**

**FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS**

NAME	ADDRESS	TELEPHONE NUMBER
HOME TYPE	INSTALLATION	STATUS

CHILD ABUSE RISK ASSESSMENT TOOL ( <i>Summary</i> ):	DATE
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ENVIRONMENTAL RATING SCALE ( <i>Summary</i> ):	DATE
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PARENTAL COMMENTS:	DATE
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COMPLIANCE VIOLATIONS/CONCERNS:	DATE
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GENERAL ASSESSMENT:	DATE
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PROVIDER'S SIGNATURE	ADDRESS	DATE	
DIRECTOR/OW SIGNATURE	TITLE	AUTOVON	DATE

**FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD  
OPERATIONAL REQUIREMENTS (CONT'D)**

**FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS (CONT'D)**

HOME VISIT

DATE

HOME VISIT

DATE

HOME VISIT

DATE

HOME VISIT

DATE

HOME VISIT

DATE

PROVIDER'S SIGNATURE

ADDRESS

DATE

DIRECTOR/OW SIGNATURE

TITLE

AUTOVON

DATE