



# PORTER – LEATH

## Child and Adult Care Food Program

To all Family Day Home Providers under Porter-Leath Children's Center sponsorship, the CACFP department is requesting additional information to be placed in your file as a safety measure for all participants.

**Substitute-** means a person 18 years of age or older who is designated by the provider and approved by the **TDHS** and your **CACFP Sponsor** to provide child care in your home in your absence.

**Provider's Name:** \_\_\_\_\_

**Family Day Home (name):** \_\_\_\_\_

Name of Substitute #1: \_\_\_\_\_ **Age:** \_\_\_\_\_

Name of Substitute #2: \_\_\_\_\_ **Age:** \_\_\_\_\_

Name of Substitute #3: \_\_\_\_\_ **Age:** \_\_\_\_\_

If you **do not have a substitute**, write an emergency plan in case of provider's absence (to include notifying the sponsor).

---

---

---

---

I certify that all of the above information is true and correct. I understand that this information is being given to protect children in childcare; substitutes will be responsible for recordkeeping and document signing in the provider's absence.

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_