



## Center Substitute Form

The CACFP department requests additional information to be placed in your file as a safety measure for all participants.

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

PLEASE PRINT

**Provider's First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

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

PLEASE PRINT

1. **First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Age:** \_\_\_\_\_

2. **First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Age:** \_\_\_\_\_

3. **First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Age:** \_\_\_\_\_

If you **do not have a substitute**, write an emergency plan in case of provider's absence.

---

---

---

---

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:** \_\_\_\_\_