



PROVIDER FILE CERTIFICATION (FCCH)
Child Action - Sacramento County Resource & Referral Program

**We value the essential role you play in caring for children and supporting families.
To keep your information current and ensure families have the most accurate details about your
program, please complete this form and return it to us.**

All licensed family child care programs must submit:

A copy of your current rate sheet showing the rates you charge.

Program Name: (اسم البرنامج) _____

Your discount or scholarship policies (if applicable).

Location Address: (العنوان) _____

☐ I have attached my signed rate sheet. (قائمة أسعار مع التوقيع مرفقة)

I, _____, certify that the rates attached to this form are
(اسم مقدم الرعاية) (Print Provider Name/Director Name)
correct and that they are the usual and customary rates that I charge to non-subsidized families. I
further certify that the rates contained on this sheet are rates I have established, and that they
are current and will remain in effect until or unless I notify Child Action of a rate change.

Provider Signature (توقيع مقدم الرعاية)

Date (التاريخ)

