ECS PROVIDER ATTESTATION FORM

Please complete for each provider and return to: Stephanie Norton

AGENCY NAME:

STAFF NAME:	POSITION:
Course	**Supervisor Signature & Date**
Provider attests to maintaining records including the following: • Names of all covered individuals • Evidence of licensure, certification or accreditation • Evidence of insurance coverage • Evidence of required staff training • Evidence of TB test • Evidence of DFPS Automated Background Check System (ABCS) • If covered individuals are paid by Provider, evidence of compliance with Department of Labor (DOL) regulations regarding salaries and pay	
CPR / FIRST AID / SEIZURES	
Infection Prevention	
HIPAA for Healthcare Professionals	
Client Rights, Abuse, and Neglect	
Childhood Illnesses	
Home Visit Safety	
Child Maltreatment	
Service Animal Accommodation	
Safe Sleep for Babies	
Typical & Atypical Child Development	
Period of Purple Crying	