

Ohio Department of Job and Family Services

CARETAKER/PROVIDER AGREEMENT

Name of County Agency	Name of Child Care Staff
County Agency Address	Telephone Number

Name of Caretaker	Name of Provider
Address	Address
Telephone	Telephone

The provider shall provide child care to the following children during the days and hours indicated:

Name of Child	Age	Days and Hours of Care (Example: MWF, 6am-6pm; TTh, 6am-Noon)

The provider will provide food for meals and snack. The caretaker will provide food for meals and snacks when in-home aide services are provided, unless otherwise indicated:

Infant food and formula in a provider's home, or the home of a child receiving in-home aide services, shall be provided by:

The caretaker:

1. Shall give the provider current information regarding the child's doctor, the child's dentist, a preferred hospital, and persons to be contacted in the event of an emergency.
2. Shall give the provider an address and telephone number where the caretaker can be reached at all times when child care is being provided.
3. Authorize the emergency/substitute caregivers named below to care for the caretaker's child during emergency situations. Limited providers are exempt from this requirement.
4. Shall give the provider written permission before the child may be transported or escorted away from the home, and written instructions for the emergency transportation of the child. An appropriate safety seat, seat belt, or harness for use when the child is being transported by vehicle will be provided by (check one): _____ caretaker
_____ provider.

5. _____ does or _____ does not (check one) give permission for the provider to escort the children away from the home on routine trips.
6. _____ does or _____ does not (check one) grant permission for the children named below to participate in swim activities. All swim activities must have individually signed permission slips by the parent. List children:

7. _____ does or _____ does not grant permission for the in-home aide to bring his/her own children (maximum of two) to the parent's home while child care services are provided.
8. Shall notify the provider before entering the provider's home.
9. Shall give the provider a supply of clean diapers and an extra set of clothing to be used in caring for each infant child.
10. Shall relieve the provider of child care duties at _____ (check one) 9 a.m. 9 p.m. If the parent is unable to pick up/receive the child, the parent shall notify the provider that someone else will pick up the children.
11. Approves the following persons to pick up the child. The provider may ask for identification.

Name	Name
Street Address	Street Address
City, State, and Zip Code	City, State, and Zip Code
Telephone Number	Telephone Number

12. Shall agree to pay the provider the copayment of \$ _____ or the cost of care, whichever is less. The copayment will be paid _____ (daily) _____ (weekly) _____ (other) (check one).
13. Shall agree to pay the provider additional fees, as approved by the county agency, for special events, field trip costs, late arrival for pick up expenses and absentee days which exceed those reimbursed by the CDJFS.
14. _____ does or _____ does not (check one) authorize an emergency caregiver approved by the county director to care for the parent's child in the provider's home or the home of a child receiving in-home aide services for 24 hours or less.
15. Shall give the provider current medical information regarding any known or suspected special need or health condition or special treatment.
16. Shall give a medical statement signed by a licensed physician within 30 days of enrollment for a child with a known or suspected health condition which requires special treatment.
17. Shall give the provider or assist the provider in the development of a written plan for the care of the child with a special need or health condition which requires special treatment. The plan shall be on file in the home by the first day of attendance or upon confirmation of the special need or health condition. This written plan must be approved by the caretaker and the provider.

The provider:

1. _____ will or _____ will not administer medication to the child. If the provider will administer medication, the parent shall give written permission for each request on the JFS 01644. The county agency or the provider may require written instructions from a licensed physician or a licensed dentist. List any provider policy limitations or restrictions: _____
2. _____ will or _____ will not (check one) provide child care to the child when the child is ill. If the provider will provide care for the ill child, the caretaker shall give complete instructions for the care of the child. List any provider policy limitations or restrictions: _____
3. _____ will or _____ will not (check one) administer food supplements to the child. If the provider will administer food supplements, the caretaker shall give written instructions from a licensed physician.
4. _____ will or _____ **9** will not (check one) administer a modified diet to the child. If the provider will administer a modified diet, the parent shall give written instructions from a licensed physician.
5. Shall discipline the child in the following manner: _____

 The methods of discipline shall be in accordance with appropriate behavior management techniques.
6. In the event of an injury or accident, on the day of the incident, shall provide the parent a copy of a completed incident report.
7. Shall provide the following sleeping arrangements for the child: for napping _____;
 for overnight sleeping _____.
8. Has arranged for (name) _____, and (name) _____ as the emergency caregivers who will provide care for the children if needed due to an emergency. JFS 01923 Emergency/ Substitute Caregiver Statement must be completed by the emergency caregiver and the provider.
9. Shall notify the county department of Job and Family Services within ten days when the caretaker fails to pay his copayment for child care services.

Termination of Services:

The caretaker or provider shall give a written notice 10 days prior to terminating child care services.

The signatures below show that we have read this agreement in its entirety and understand and agree to follow the terms as stated. We understand that we this agreement shall be reviewed and amended as needed by either person if changes are necessary.

Signature of Caretaker	Date
Signature of Provider	Date

This form is used to meet the requirements of chapter 5101:2-14 of the Ohio Administrative Code.
 Distribution: White copy to agency, yellow copy to provider, pink copy to parent.