

**CARETAKER/PROVIDER AGREEMENT FOR TYPE B HOMES AND IN-HOME AIDES**

Name of County Agency			Name of County Child Care Contact		
County Agency Address			Telephone Number		
Name of Caretaker/Parent			Name of Child Care Provider		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		

The provider and caretaker agree that the child(ren) will be in the care of the provider on the following days and hours shown. These days and times have been authorized by the county department of Job and Family Services.

Name of Child	Age	Days and Hours of Care (Example: M/W/F, 6 a.m.-6 p.m.; T/Th, 6 a.m.-Noon)

<b>C A R E T A K E R  S E C T I O N</b>	<b>The caretaker shall:</b>					
	1) Give the provider:					
	<input type="checkbox"/> A completed JFS 01297 "Child Enrollment and Health Information" by the child's first day of attendance. Updates shall be made by the caretaker as needed to keep all information accurate.					
	<input type="checkbox"/> A completed JFS 01932 "Child's Medical Statement," or Head Start Medical Statement within 30 days of the first day of attendance. The form must be completed after a physical examination by a physician, physician's assistant or advanced practice nurse. The form and exam shall be completed every 13 months. Children attending a grade of kindergarten or above are not required to submit a medical statement.					
	2) Give the provider a supply of clean diapers and an extra set of clothing to be used in caring for each infant and toddler child.					
	3) Pick up/receive the child at (insert time) _____ a.m./p.m. If the caretaker is unable to pickup/receive the child, the caretaker shall notify the provider that someone else will pick up the child. The caretaker approves the following persons to pick up the child. The provider may ask for identification. Additional names may be listed on the back side of this form.					
	Name			Name		
	Address			Address		
	City	State	Zip Code	City	State	Zip Code
	Telephone Number			Telephone Number		

<b>C A R E T A K E R  C O N ' T</b>	<p>4) Agree to pay the provider the assigned copayment as follows:</p> <p>(check one)   <input type="checkbox"/> Daily   <input type="checkbox"/> Weekly   <input type="checkbox"/> Monthly   <input type="checkbox"/> Other</p>
	<p>5) Agree to pay the provider additional fees, as approved by the CDJFS, for special events, field trip costs, late arrival for pick up expenses and absentee days which exceed those reimbursed by the CDJFS.</p>
	<p>6) Give the provider current medical information regarding a child's known or suspected special need, health condition or special treatment. The caretaker shall complete and submit to the provider by the first day of attendance a completed JFS 01928 "Medical/Health Care Plan" if a child has any health conditions or may require the provider to take special actions.</p>
	<p>7) The caretaker (check one) <input type="checkbox"/> Does   <input type="checkbox"/> Does Not grant permission for the in-home aide to bring his/her own children (maximum of two) to the caretaker's home while child care services are provided.</p>
	<p>8) The caretaker (check one) <input type="checkbox"/> Does   <input type="checkbox"/> Does Not authorize an emergency caregiver approved by the CDJFS to care for the caretaker's child in the provider's home or the home of a child receiving in-home aide services for 24 hours of less.</p>

<b>P R O V I D E R  S E C T I O N</b>	<p><b>The provider shall:</b></p> <p>1) Discipline the child in the following manner:</p> <p><b>NOTE: Discipline methods shall be in accordance with appropriate behavior management techniques.</b></p>
	<p>2) Provide the caretaker with a copy of a completed JFS 01299 "Incident/Injury Report" on the day of the incident when an injury or accident has occurred that required first aid.</p>
	<p>3) Provide the following sleeping arrangements for children napping: _____ and the following arrangements for children sleeping overnight: _____</p>
	<p>4) Notify the CDJFS within ten days if the caretaker fails to pay the copayment for child care services.</p>
	<p>5) Obtain written permission from the caretaker, prior to transporting children on routine trips or field trips.</p>
	<p>6) Obtain written permission from the caretaker, prior to allowing children to participate in swimming activities.</p>
	<p>7) The provider: (check one) <input type="checkbox"/> Will   <input type="checkbox"/> Will Not administer medication to the child. If the provider will administer medication, the caretaker shall give written permission for each request on the JFS 01644 "Permission to Administer Medication." The CDJFS or the provider may require written instructions from a licensed physician, physician's assistant, advanced practice nurse or dentist. List any provider medication policy limitations or restrictions:</p>
	<p>8) <input type="checkbox"/> Will   <input type="checkbox"/> Will Not provide child care to the child when the child is ill (as defined in rule 5101:2-14-30). 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:</p>

<b>P R O V I D E R  S E C T I O N</b>	9) <input type="checkbox"/> Will <input type="checkbox"/> Will Not administer food supplements to the child. If the provider will administer food supplements, the caretaker shall give written instructions from a licensed physician, physician's assistant or advance practice nurse.	
	10) <input type="checkbox"/> Will <input type="checkbox"/> Will Not administer a modified diet to the child. If the provider will administer a modified diet, the caretaker shall give written instructions from a licensed physician, physician's assistant or advance practice nurse.	
	11) Has arranged for the following people to serve as the emergency caregiver who will provide care for the children if needed due to an emergency. The JFS 01923 "Emergency/Substitute Caregiver Statement" must be completed by the emergency caregiver and the provider.	
	Name	Name
	12) Has informed the caretaker of the following animals that reside on the property:  <b>NOTE: All animals are required to have current inoculations and licenses as required by local government.</b>	
	13) The provider will provide food for meals and snacks. 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: <i>(check one)</i> <input type="checkbox"/> Caretaker <input type="checkbox"/> Provider <input type="checkbox"/> Other <i>(please specify)</i>	
	14) The provider has notified each caretaker/parent regarding liability insurance <i>(check one)</i>  <input type="checkbox"/> Provider has liability insurance that meets the requirements of rule 5101:2-14-02 or 5101:2-14-58.  <input type="checkbox"/> Provider has given the caretaker a completed JFS 01933 as notice that the provider has no liability insurance.	

### Termination of Services

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

The signatures below show that the caretaker and the provider have read, discussed and understand this agreement and that the caretaker has received a copy of the JFS 01332 "Certified Child Care Handbook for Caretakers." We also agree to follow the terms stated in this agreement and in the JFS 01332. We understand that this agreement shall be reviewed and amended when changes are necessary. We also understand that anytime policies and procedures are revised, the caretaker will receive a copy of the amended policies.

Signature of Caretaker	Date
Signature of Provider	Date

This form shall be used to meet the requirements of Chapter 5101:2-14 of the Ohio Administrative Code.

**The caretaker, the provider and the CDJFS shall each have a copy of this completed form.**