

Ohio Department of Job and Family Services
CARETAKER/PROVIDER AGREEMENT

Each child receiving care must be included on a Caretaker/Provider Agreement. This includes all private pay, no pay and subsidized children. A copy of this form must be provided to the County Department of Job and Family Services (CDJFS) within 5 days of the child receiving care.

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 shall provide child care to the following children during the days and hours indicated.

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

C A R E T A K E R S E C T I O N	<p>The caretaker shall:</p> <p>1) Provide the provider with:</p> <p><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.</p> <p><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.</p> <p><input type="checkbox"/> Give the provider current medical information regarding any 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 their child has any health conditions or may require the provider to take special actions.</p> <p>2) Give the provider a supply of clean diapers to be used to care for the caretaker's infant or toddler child.</p> <p>3) Furnish the provider with an extra set of clothing for each child, to be kept on hand by the provider and used as needed for the child. Replenish the clothes as needed for seasons and sizes.</p> <p>4) Relieve the provider of child care duties at <i>(insert time)</i> ____ am/pm. 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 persons listed on the JFS 01297 to pick up the child. The provider may ask for identification.</p> <p>If the care schedule varies please indicate hours needed for each day: Monday ____ am/pm to ____ am/pm, Tuesday ____ am/pm to ____ am/pm, Wednesday ____ am/pm to ____ am/pm, Thursday ____ am/pm to ____ am/pm, Friday ____ am/pm to ____ am/pm, Saturday ____ am/pm to ____ am/pm, Sunday ____ am/pm to ____ am/pm,</p>
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C A R E T A K E R	5) Agree to pay the provider the copayment assigned by the CDJFS in accordance with the schedule indicated on the "Child Care Provider Reimbursement Calendar", copayment will be paid: (check one) <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> other: _____	
	6) 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.	
	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.	
	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 R O V I D E R	The professional provider: (Emergency/Substitute caregivers are not permitted to be used by type B home limited providers.)	
	1) 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
S E C T I O N	All providers:	
	2) Has informed the caretaker of the following animals that reside on the property: <ul style="list-style-type: none"> • All animals are required to have current inoculations and licenses as required by state and local government. 	
For caretakers using the services of an in-home aide: Food for the in home aide shall be provided by: <input type="checkbox"/> the caretaker <input type="checkbox"/> the in-home aide provider Food for the in-home aide's child(ren) (if applicable) will be provided by: <input type="checkbox"/> the caretaker <input type="checkbox"/> the in-home aide provider Food for the child receiving in-home aid services will be provided by: <input type="checkbox"/> the caretaker <input type="checkbox"/> the in-home aide provider		
Termination of Services: The caretaker or provider shall give a written notice 10 calendar days prior to terminating child care services.		
The signatures below show that we have read, discussed and understand the following documents and the caretaker has received a copy of the Certified Child Care Handbook For Caretakers. We also agree to follow the terms stated in: <ol style="list-style-type: none"> 1) this written agreement (JFS 01634) and 2) the caretaker information (JFS 01332) We understand that this agreement shall be reviewed and amended by the provider, if needed by either person when changes are necessary. We also understand that anytime the policies and procedures are revised, the caretaker will receive a copy of the amended policies.		
Signature of Caretaker/Parent		Date
Signature of Provider		Date

This form shall be used to meet the requirements of Chapter 5101:2-14 of the Ohio Administrative Code.
 Distribution: Original to provider, copy to CDJFS, copy to caretaker/parent