

Ohio Department of Job and Family Services
EMERGENCY/SUBSTITUTE CAREGIVER STATEMENT

Name of Emergency/Substitute Caregiver			Name of Provider		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		

To be completed by the Emergency/Substitute Caregiver, initial all applicable boxes

	I agree to provide child care services on behalf of the above-named provider. The care will be provided in the home of a certified provider. The address is:				
	I am currently a certified type B provider. <input type="checkbox"/> Yes <input type="checkbox"/> No				
	I am eighteen years of age or older			Date of Birth	
	I understand that I will be contacted by the provider and I agree to assume responsibility for the children being cared for by the above-named provider.				
	I will notify the above-named provider and the county child care contact at the following telephone number of any changes in my address, telephone number, availability and/or willingness to care for children.				
	County Child Care Contact			Telephone Number	
	I understand the rate of compensation for child care services is: \$_____ per child per, (<i>check one</i>) <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week, and that the provider is responsible for paying me.				
	I understand that any care I provide is an arrangement between the provider and myself, and that I am not eligible for reimbursement from the County Department of Job and Family Services (CDJFS)				
	I declare that I have not been convicted of, or pleaded guilty to, any crime listed in (A)(8) or (A)(9) of section 109.572 or division (A)(1) of section 5104.09 of the Ohio Revised Code, and that no child has been removed from my home pursuant to section 2151.353 of the Ohio Revised Code.				
	I understand that I am required to have state and national criminal records checks conducted through the Ohio Bureau of Criminal Identification and Investigation (BCII) and a background check from the public children services agency (PCSA).				
	I understand that I am required to complete the "Health and Safety in Child Care" training, prior to providing emergency or substitute care.				
Signature of Emergency/Substitute Caregiver				Date	

To be completed by the provider, initial all applicable boxes

	I understand the rate of compensation for child care services is: \$_____ per child per, (<i>check one</i>) <input type="checkbox"/> hour <input type="checkbox"/> day and that I am responsible for paying the above-named emergency/substitute caregiver.				
	I understand that I must contact the county child care contact before using a substitute caregiver, and will contact the county within 24 hours after using an emergency caregiver.				
	I understand that emergency child care shall not exceed one day (24 hours).				
	I understand that substitute child care shall not exceed fourteen consecutive days.				
	I understand that I must notify all caretakers when a substitute or emergency caregiver is used.				
Signature of Provider				Date	

For County Use Only

BCII Date Submitted: Date Received:	FBI Date Submitted: Date Received:	JFS 01302 to PCSA Date Submitted: Date Received:	Date "Health and Safety" Training Completed
CDJFS Agency Worker Signature			Date