



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
 Child Care Program Office
 3601 C Street, Suite 140
 PO Box 241809, Anchorage, AK 99524-1809

Office Use Only

IN-HOME CHILD CARE PARENT / CAREGIVER AGREEMENT

Parent Information: Hereafter known as the Employer

Category of Child Care Assistance: PASS I PASS II PASS III

Print Parent Name (First/Middle/Last): _____

Social Security Number or EIN: _____ Contact Phone: _____

Physical Address: _____ City: _____ Zip: _____

Caregiver Information: Hereafter known as the Employee

Name of Caregiver (First/Middle/Last): _____

Social Security Number: _____ Contact Phone: _____

Physical Address: _____ City: _____ Zip: _____

The following are agreed upon between Employer and the Employee:

1. Payment for child care provided prior to the Child Care Assistance Program approval effective date, are solely the Employer's responsibility.
2. Child care services will be provided only for the eligible children who live in the Employer's home and care will be conducted at the Employer's physical address as listed above.
3. The actual times care will be provided are listed below. List the beginning and ending times of day, including a.m. and p.m. Ensure the hours "open" include time for you to travel from home to your eligible activity and from your eligible activity to your home. If care is needed on a varying schedule which could include any hours within a 24 hour period mark, the line indicating 24 hours. If you do not regularly need care on a specific day of the week you may either write "closed" or leave the box blank. If left blank it will be determined care is regularly not needed that day and care provided will not be authorized or paid.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ am/pm						
to						
_____ am/ pm						
or						
_____ 24 hr						

SCHEDULED CLOSURES (such as holidays): List the days and/or dates, if any child care services will not be used. If care is not needed on specific days of the week, include those above and not below:

4. The Employer verifies the selected caregiver is at least eighteen years of age and a valid criminal history check must be received per 7 AAC 10.900 - 7 AAC 10.990 before approval can be given for Child Care Assistance Program participation.

5. The Employer agrees to pay the Employee at least the greater of the Alaska State minimum wage or the actual child care assistance benefit amount which includes any applicable family contribution (co-pay) as determined by the Child Care Assistance Program and/or special needs supplemental payment as authorized through the Alaska Inclusive Child Care Program.
6. Payment for child care services will be made by the Employer directly to the Employee on regular intervals at least monthly.
7. The Employer agrees to provide verification of payment to the Employee, if requested. If verification cannot be provided when requested, the Employer's participation in the Child Care Assistance Program may be ended.
8. The Employer and Employee agree that either party can terminate this agreement by giving a 14 day written notice to the other party, unless mutually waived, in writing. Written notice is not required in the case of sudden program ineligibility or a reported allegation of abuse, harm, or serious risk of harm to a child in the Employee's care.
9. The Employer verifies they have received the following forms from the local child care assistance office or Child Care Program Office. The Employer understands it is their responsibility to ensure these forms are completed and submitted to the appropriate agency and keep on file as appropriate:
 - a. IRS Form SS-4;
 - b. IRS Form W-2
 - c. IRS form W-4;
 - d. USCIS I-9;
 - e. Alaska Department of Labor Form TREG; and
 - f. CSSD form 04-1050 Alaska New Hire Reporting.
10. The Employer understands they must apply to the Alaska Background Check Program; complete the application process; obtain a valid criminal history check for the Employee; and complete the "hiring" process, before their caregiver can be approved by the Child Care Assistance Program.
11. The Employer will submit billing reports, signed by both the Employer and Employee, for care provided by the Employee, to the appropriate child care assistance office.
12. The Employer will retain all records related to the attendance of children in care, employees, and billings for a minimum of three years and will cooperate in the production of these records, in a timely manner, when requested by the department or designee.

In completing this agreement, the Employer agrees to comply with all labor laws and tax requirements. The **Employee** agrees to contact the following agencies to help ensure compliance: Internal Revenue Service, US Citizenship and Immigration Services, Child Support Services Division, and Alaska Department of Labor.

Nothing in this form relieves the Employer of the responsibilities of complying with labor laws and tax requirements. This form summarizes requirements listed in State regulations at 7 AAC 41. I understand and agree to these terms.

Employer (Parent) Printed Name	Employer (Parent) Signature	Date
Employee (Caregiver) Printed Name	Employee (Caregiver) Signature	Date