

IN-HOME CARE PARENT/CARETAKER PROVIDER AGREEMENT LETTER
September 2008

Dear Parent:

This letter contains important information about your new In-home Care Parent/Caretaker Provider Agreement (In-home Agreement).

Attached with this letter are:

- The In-Home Agreement – Effective September 1, 2008
- Appendix A –Standards and Guidelines for Participation
- Appendix B –Relative/Neighbor Rate Guide 2008-09

You are currently receiving in-home child care through the subsidized child care program. Recent legislation requires child care providers to submit Federal criminal history clearances prior to being paid for caring for children. Your provider previously submitted Pennsylvania State Police criminal history and child abuse history clearances through CareCheck.

Your provider's CareCheck is renewed every two years. *The next time your provider's CareCheck is renewed* your Child Care Information Services (CCIS) agency will provide instructions on how to obtain a Federal criminal history clearance. This will require your provider to have a fingerprint scan which will be electronically mailed to the Pennsylvania State Police and the Federal Bureau of Investigation. There is a charge of \$36, which your provider will be required to pay.

The attached In-home Agreement reflects this new requirement. Please do the following:

1. **Read** the In-home Agreement, Appendix A and Appendix B carefully.
2. **Sign and date** Page 8 of the In-home Agreement, at "Parent Signature".
3. **Share** this information with your provider and have your provider **sign and date** Page 8 of the In-home Agreement at "Provider Signature".
4. **Return** Page 8 of the In-home Agreement to:

CCIS NAME AND ADDRESS

To continue to receive child care payments, you must sign the Agreement and return it to our office by _____. If we do not receive your signature page signed by both you and your provider by the date listed above we will not be able to continue to pay for you for in-home care. You will then need to find a new provider.

Contact our office at _____ if you have any questions.

CCIS NAME