



Babysitting Cooperative Agreement

To address childcare needs, Single Mom Defined formed babysitting cooperatives in Beltzhoover, Clairton, the East End and Homewood. The babysitting cooperatives strengthened support systems and provided mothers temporary relief to address personal needs, such as sleep, medical treatment, or alone time. The formalized babysitting connected members with other single moms within their communities who in turn provided each other assistance through friendship, childcare, and possibly shared transportation. Mothers must combine their efforts so that each mother serves as a responsible caregiver to the children in the cooperative.

Please initial each bullet point. As a member of the Single Mom Defined Babysitting Cooperative,

- I have voluntarily elected to use and allow my minor child(ren) identified below to participate in the Single Mom Defined Babysitting Cooperative. _____ (initial on the line)
- I acknowledge and agree that my child(ren) and I are participating at our own risk, and I acknowledge and agree that Single Mom Defined is not responsible for the actions or activities of the Babysitting Cooperatives that may result in physical or emotional harm.

- I agree to complete safety certification programs (CPR, First Aid, and Mental Health)

- I will participate in the Allegheny County Health Department's Safe and Healthy Homes Program, which provides free inspections for potential dangers, including asthma triggers, mold and moisture, lead-based paint, and child safety hazards such as drowning, poisoning, tripping, and window safety, as well as burn and fire risks.
- I agree to obtain and provide copies of the following clearances: Department of Human Services Child Abuse History Pennsylvania State Police Request for Criminal Records Check and Federal Criminal History Records Information _____
- I will provide childcare services in my home at no cost to other members. I will not receive or provide payments in exchange for care. _____
- I will send snacks, games, toys, diapers and/or other materials I think my child needs while being watched by a co-op member. _____ Note, Single Mom Defined will cover payments for monthly activities, like museum admission fees, based on the budget as well as connect moms to resources for free diapers, formula, food, etc.
- I agree to provide care to no more than (Insert number) _____ of children in the same place at the same time. In other words, how many children, besides your own, are you willing to watch at the same time?
- I will not have others (i.e. grandparents, neighbors, boyfriend, children) provide care to the children in the cooperative. _____
- I will provide essential information to members of the Babysitting Cooperative, such as my child's allergies, special needs, contact information, etc. _____
- I will complete the COVID-19 Safety questionnaire before I drop off my child to be watched by a member of the co-op _____

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- I will participate in online and in-person activities when possible. _____
- I will watch children at least once per month. I will work with co-op members to determine a schedule and a point system _____
- If I am unable to watch children on my scheduled date and need to cancel, I must contact members of the co-op at least 24 hours in advance. I must also try to find a replacement mom within the co-op. If I cancel more than two times, I will be kicked out of the co-op _____

By signing below, I declare that the above statements are true and factual.

Signature of Parent/Grandparent/Guardian

Name of Parent/Grandparent/Guardian

Name and Age of Child

Name and Age of Child

Name and Age of Child

Name and Age of Child

Contact information:

Address

Cell Phone Number

Email

Emergency Contact information:

Address

Cell Phone Number

Email

Pediatrician/Healthcare Provider:

Telephone Number:

Health Insurance Provider and Group Number:

Child's Legal Name and Date of Birth:

Child's Legal Name and Date of Birth:

Child's Legal Name and Date of Birth:

Child's Legal Name and Date of Birth:
