**MEMORANDUM OF UNDERSTANDING**

*MOU provided by: District 7 Human Resources Development**Council*

**between**

**(Resource and Referral Agency name)**

**and**

**(Child Care Center name)**

1. **Purpose**

The purpose of this Memorandum of Understanding (MOU) is to document the affiliation of **(Resource and Referral Agency name)** and **(Child Care Center name)** and outlines the arrangement that has been agreed upon in the event of an area disaster for **(your district)** to provide child care to disaster and relief workers.

1. **Independence of Operation**

Each party will use this MOU to preserve its own identity and are responsible for maintaining their policies and procedures unique to each agency’s own services.

1. **Organization Description**

**(Child Care Center name)** staff that volunteer their time and equipment will work jointly with the staff of **(Resource and Referral Agency name)** in effort to provide child care disaster and relief workers.

 **(Resource and Referral Agency name and mission)**.

Families

**(Resource and Referral Agency name)** provides referrals to licensed child care programs and consumer education on finding quality care. **(Resource and Referral Agency name)** also provides scholarships for families in need of financial assistance in order to pay for the high cost of child care.

Child Care Providers **(Resource and Referral Agency name)** offers consultation and guidance as well as training and support for new and established child care programs. **(Resource and Referral Agency name)** is a mentor network that has established curriculum learning options through books, videos, training resources, and other distance learning options.

Community **(Resource and Referral Agency name)** offers First Aid and CPR Training to providers in the community and provides safety initiatives such as child seat safety and other programs dedicated to preventing childhood injury.

1. **Methods of Operations**

**(Resource and Referral Agency name)** and **(Child Care Center name)** have collaborated efforts in enhancing disaster response efforts. Depending on the needs of the local community during a disaster response, **(Resource and Referral Agency name)**  and **(Child Care Center name)** may discuss the following methods of collaboration:

Contacting

**(Resource and Referral Agency name)**  will contact **(Child Care Center name)**  by:

Child Care Program Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Care Provider’s Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Care Provider’s Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use of Equipment

We will need extra equipment brought to our site, such as cots, high chairs, porta-cribs, educational and play materials, etc.. Providers will be responsible for the delivery and retrieval of equipment they are lending to the child care center for disaster and relief workers.

Volunteer Involvement

We are requesting that **(Child Care Center name)** staff volunteer their time at the child care center for disaster and relief workers.

1. **Periodic Review and Analysis:**

**(Child Care Center name)** representative and representatives of **(Resource and Referral Agency name)**  will, on an annual basis on or around the anniversary date of this MOU, jointly evaluate their progress in implementing this MOU and revise and develop new plans, methods, or goals as appropriate.

1. **Terms and Termination**

This MOU is effective as of the date of the last signature below and expires one year from the signature date. The parties may extend this MOU for an additional period not exceeding five years, and if so, shall confirm this is writing. It may be terminated by written notice from either party to the other at any time.

1. **Miscellaneous**

Neither party to this MOU has the authority to act on behalf of the other party or bind the other party to any obligation. This MOU is not intended to be enforceable in any court of law or dispute resolution forum. The sole remedy for non-performance under this MOU shall be termination, with no damages or penalty.

1. **Signatures**

**(Resource and Referral Agency name)**  **(Child Care Center name)**

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 Signature Signature

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 Date Date