



# Cooperative After-School Care Agreement

*Resilient Tomorrow Community Series*

## What it is:

Families take turns hosting after-school care on a rotating schedule.  
Each family commits to 1-2 hosting days per week.  
Children rotate between homes, building community bonds.

## How it works:

A group of 3-5 families in the same school or neighborhood  
Each family hosts on their assigned day(s)  
The hosting family handles pickup and provides a safe environment  
A coordinator posts the weekly schedule every Sunday  
Credits track when someone covers for another family

## Key finding:

This is the lowest-cost model with the highest community-building payoff. It requires the most social coordination but zero money.

## What's in this document:

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## Weekly Schedule Grid

Day	Hosting Family	Pickup Location	Pickup Time	Notes / Special Arrangements
Monday	[family name]	[school]	3:15:00 PM	
Tuesday	[family name]	[school]	3:15:00 PM	
Wednesday	[family name]	[school]	3:15:00 PM	
Thursday	[family name]	[school]	3:15:00 PM	
Friday	[family name]	[school]	12:00 PM (half-day)	

## Emergency Backup Contacts

Role	Family Name	Contact Name	Phone	Notes
Backup #1	[family]	[name]	[phone]	Available same day if needed
Backup #2	[family]	[name]	[phone]	Can take up to 2 kids max

### Make-Up Credit System

How credits work: 1 credit earned when you cover for another family. 1 credit used when another family covers for you. Credits reset quarterly.

### Credit Log

Date	Family Who Missed	Family Who Covered	Credit (Earned/Used)	Notes
[date]	[family]	[family]	[earned/used]	
[date]	[family]	[family]	[earned/used]	

# House Rules Agreement

Each family fills out their hosting rules. Update as needed before it's your turn to host.

## Default House Rules (All Families)

Rule	Policy
Screen Time	[e.g., No screens during homework; 30 min free tablet after homework]
Snacks	[e.g., Fruit and crackers provided; send snack from home if allergies]
Homework	[e.g., Must be completed before free play]
Pets	[e.g., We have a dog — friendly, hypoallergenic]
Visitors	[e.g., No additional friends unless pre-approved]
Bathroom	[e.g., Child knows to ask and where bathroom is]
Religious Observances	[e.g., We observe... no issue if child participates or not]

## Per-Family Hosting Rules

Family	Additional Rules
[Family 1]	[their specific rules when hosting]
[Family 2]	[their specific rules when hosting]
[Family 3]	[their specific rules when hosting]

## Signatures

Family	Printed Name	Signature	Date	Note

# Group Agreement & Governance

## Care Circle Info

**Care Circle Name** [e.g., Maple Street Care Circle]  
**Coordinator** [name] — [phone] — [email]  
**Start Date** [MM/DD/YYYY]  
**Review Date** [MM/DD/YYYY] (8 weeks from start)

## Our Commitments

By signing below, each family agrees to:

1. Proactive Communication — Post schedule by Sunday evening; call directly for day-of changes
2. Good Faith Participation — Show up on your assigned days; use backup and track credits if you can't
3. Respectful Problem-Solving — Bring issues up directly and kindly, not in group chat as a vent
4. Confidentiality — Keep children's personal information within the group
5. Timely Payments — If costs are shared, pay within 7 days of invoice

## Conflict Resolution Steps

1. Direct conversation between the two families involved
2. Group input if unresolved — bring to next group check-in
3. Mediation — agree on a neutral third party
4. Exit clause — any family may exit with 2 weeks' notice

## Make-Up Credit Tracking Log

Date	Family Who Missed	Reason	Credit	Family Who Covered	Make-Up Date
[date]	[family]	[reason]	[earned/used]	[family]	[date]
[date]	[family]	[reason]	[earned/used]	[family]	[date]

## Credit Balance (Running)

Family	Earned	Used	Balance	Notes
[family]	[#]	[#]	[#]	
[family]	[#]	[#]	[#]	
Signatures				
Family	Printed Name	Signature	Date	
[family]	[name]	_____	[date]	
[family]	[name]	_____	[date]	

# CHILD INFORMATION FORM

Complete one per child. Store securely — only share with hosting families.

## BASIC INFORMATION

Child's Full Name [Emma Rose Smith]  
Preferred Nickname [Emma / Emmy]  
Age [8 years old]  
Birthday [March 15, 2018]  
School [Oak Elementary]  
Grade [3rd]  
Teacher [Ms. Rivera]  
School Phone [555-0100]

## MEDICAL INFORMATION

**Food Allergies** [Peanuts — severe (anaphylaxis)]  
**Environmental Allergies** [Cats — causes hives; Dust — mild asthma trigger]  
**Medications** [None / Albuterol inhaler / etc.]  
**Medical Conditions** [Asthma / None]  
**EpiPen Required?** [Yes — in backpack at all times]  
**EpiPen Location** [Backpack outer pocket]  
**Medical Insurance** [Blue Cross Blue Shield]  
**Policy Number** [XYZ123456789]  
**Pediatrician** [Dr. Sarah Chen — 555-0200]

## EMERGENCY CONTACTS

#	Name	Relationship	Phone	Note
1	[Jane Smith]	[Mother / Parent]	[555-0101]	
2	[Tom Smith]	[Father / Parent]	[555-0102]	
3	[Maria Garcia]	[Care Circle — Bac]	[555-0201]	

## DAILY ROUTINE

**Typical Pickup Time** [3:15 PM]  
**Bedtime at Host Home** [8:00 PM]  
**Sensory Needs at Transitions** [Needs 5-min warnings; prefers to walk ahead of group]  
**Adjustment Needs at New Places** [Needs ~20 min to warm up; let her observe first]  
**How Child Expresses Fatigue** [Gets quiet, sits apart, asks to lie down]  
**How Child Expresses Hunger** [Gets irritable — needs snack within 30 min]

## FOOD & NUTRITION

Allergies (repeated) [Peanuts — severe; Tree nuts — mild]  
Foods to Avoid [All nuts, processed in facility with nuts]

# CHILD INFORMATION FORM

Preferred Snacks	[Cheese crackers, fruit, crackers]
Foods Child Dislikes	[Vegetables (will eat carrots if hidden in muffins)]
Dietary Restrictions	[None / Vegetarian / Vegan / Gluten-free / etc.]
Special Feeding Notes	[Eats slowly; needs 20–30 min for meals]

## ACTIVITIES & INTERESTS

Favorite Games	[Board games (cooperative), Uno, Minecraft]
Favorite Toys/Items to Bring	[Sketchbook; stuffed rabbit (Buttons) for sleep]
What Keeps Them Calm	[Drawing, reading alone, quiet space]
What to Do If Upset	[Give space; ask 'draw or talk?' — usually draws]
Approach to Conflict	[Withdraws; will tell adult if gets bad]
Favorite Activities	[Art, swings, nature walks, chalk]

## TRANSPORTATION

School	[Oak Elementary — 123 Oak St, SF 94110]
Pickup Person(s)	[Jane Smith, Tom Smith, Maria Garcia]
Carpool Notes	[Carpool with Garcias on Mon/Wed]
Max car time / restrictions	[Max 20 min; gets carsick if >30 min in back seat]

## PARENT NOTES & PERMISSIONS

Anything else to know?	[Allergic to some playground chalk; picky eater but eats fruit]
Photo permission (personal)?	[Yes / No]
Photo permission (group chat)?	[Yes / No]
Social media permission?	[No — please never post]
Boundaries for host family?	[No physical punishment; don't single out in front of others] [We don't use food as reward/punishment]

Form Completed By	[Jane Smith]
Date Completed	[MM/DD/YYYY]

Store this form securely. Only share with hosting families, not in group chat.

# COMMUNICATION FRAMEWORK

Platform setup, message templates, and escalation protocols for care circles.

## SETUP STEPS

1. Choose platform (recommend: GroupMe for simplicity, Signal for privacy)
2. Create group with distinctive name (e.g., 'Maple Care Circle')
3. Add 2-3 admins so there's always coverage

## WEEKLY SCHEDULE POST (Post Sunday by 6 PM)

WEEK OF [MM/DD – MM/DD] — CARE SCHEDULE

Day of Week	Child	School Pickup Time	Who Picks Up?	Evening Pickup Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

## CHANGES THIS WEEK: [None / describe changes]

Confirmed rides: [list drivers]

Questions? Call [Coordinator name] at [phone].

## CARE COORDINATOR CHECKLIST

Day	Task	Done?
Sunday (by 6 PM)	Post weekly schedule	<input type="checkbox"/>
Sunday (by 8 PM)	Confirm all pickups with drivers	<input type="checkbox"/>
Thursday	Post Friday reminder if needed	<input type="checkbox"/>
Friday (evening)	Optional recap post	<input type="checkbox"/>

# EMERGENCY PROTOCOLS

**READ BEFORE CARE STARTS — Print and post on each family's fridge**

## THE GOLDEN RULES

1. Call first, text second. Phone is faster than group chat for emergencies.
2. Stay calm. Children take emotional cues from adults.
3. When in doubt, call 911. Better to call and not need it.
4. You are not alone — use your backup contacts.

## WHEN TO CALL 911

Call 911 immediately if child has:

- Difficulty breathing or severe allergic reaction
- Unconscious or unresponsive
- Seizure
- Severe bleeding that won't stop
- Signs of shock (pale, cold, clammy, confused)

## What to tell 911:

1. Your name and phone number
2. Location (exact address — use phone GPS if unsure)
3. What happened
4. Child's name and age
5. Child's condition (conscious, breathing, etc.)
6. Any known allergies or medical conditions
7. What help you're providing (EpiPen given, CPR, etc.)

## WHEN TO CALL PARENTS FIRST

Call parents before 911 if: minor injury, fever but alert, vomiting, chronic condition flaring

Parent Contact Script:

"Hi [Name], this is [Your Name]. [Child] is with me. [Briefly describe what happened]. [She's/He's] [conscious and alert / running a fever of 101 / etc.]. I'm going to [describe what you're doing]. Do you want me to take her to urgent care, or would you prefer to come here?"

## LAST-MINUTE CANCELLATION PROTOCOL

Step	Who to Call	When	How
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# EMERGENCY PROTOCOLS

1	Scheduled family	Day before or morning	Call AND text group
2	Backup Family #1	If scheduled can't cover	Call directly (not just text)
3	Backup Family #2	If Backup #1 also can't	Call directly
4	The Group	If no backup can cover	"Does anyone have availability today?"

## MAKE-UP CREDIT RULES

Situation	Who Earns	Who Uses	Notes
Cancel >12 hrs before	Scheduled family +1	—	Normal backup process
Cancel <12 hrs before	—	Scheduled family -1	Exception: illness = no penalty
Backup covers last-minute	Backup family +1	Scheduled -1	
Natural disaster / closure	No credits	No credits	Automatic freeze

## NATURAL DISASTER PROTOCOL

FIRE: Evacuate immediately → Rendezvous point → Count kids → Call 911 → Call parents  
 EARTHQUAKE: DROP, COVER, HOLD ON → Open area → Count kids → Check injuries → Call 911  
 SEVERE WEATHER: Interior room on lowest floor → Stay away from windows → Wait for all-clear  
 LOCKDOWN: Follow school protocol → Text parents ONLY → Wait for official all-clear

## INCIDENT REPORT (Complete within 24 hrs)

Date of Incident	[MM/DD/YYYY]	Notes
Time	[2:45 PM]	
Location	[Host family's home — backyard]	
Children Present	[Names of all children present]	
What Happened	[Describe in factual, chronological order]	
Injuries	[Describe injuries and severity]	
First Aid Given	[Describe what you did]	
Medical Attention Required?	[Yes / No]	
Parents Notified?	[Who, method, time, response]	

## QUICK REFERENCE — PRINT AND TAPE TO FRIDGE

## **EMERGENCY PROTOCOLS**

**LIFE THREATENING: Call 911 FIRST**

**MINOR INJURY / ILLNESS: Call parents — [555-0101]**

**BACKUP FAMILY #1: [The Garcias] — [555-0201]**

**BACKUP FAMILY #2: [The Patels] — [555-0301]**

**CARE COORDINATOR: [Name] — [555-0000]**

**POISON CONTROL: 1-800-222-1222**

**RENDEZVOUS POINT: [Oak Elementary parking lot]**

**SCHOOL: [Oak Elementary] — [555-0100]**

# 30-DAY TRIAL AGREEMENT

Low-commitment trial period before full agreement. Test the arrangement, then decide.

## TRIAL DETAILS

Trial Start Date	[September 1, 2026]
Trial End Date	[September 30, 2026]
Total Days in Trial	[30 days]
Care Type	[Rotating Care Circle / Nanny Share / Hybrid]

## PARTICIPATING FAMILIES

Family	Primary Contact	Phone	Email	Notes
[The Smiths]	[Jane Smith]	[555-0101]	[jane@email.com]	
[The Garcias]	[Maria Garcia]	[555-0201]	[maria@email.com]	

## TRIAL SCHEDULE

Family	Days They'll Cover	Notes
[The Smiths]	[Mon, Wed, Fri]	
[The Garcias]	[Tue, Thu]	

## MINIMUM COVERAGE EXPECTATIONS

Minimum participation	Each family covers their assigned days
Maximum missed days during trial	1 — unless it's an emergency
Make-up policy during trial	Same as full agreement — use backup, track credit

## COMMUNICATION CHECK-INS

2-Week Check-In (Day 14)	
Date	[September 15, 2026]
Who schedules	[The Smiths — Jane]
Format	[15-minute phone call / In-person coffee]
Agenda	How's it going? Any quick adjustments needed? What's working?

## 30-Day Summary (Day 30)

Date	[September 30, 2026]
Who schedules	[Both families together]
Format	[30-minute meeting / Video call]
Agenda	Full review — schedule, communication, issues, decision: proceed or exit

## CHECK-IN QUESTIONS

1. Are we both showing up on our assigned days?
2. Is the communication working (timely, clear, respectful)?
3. Is the schedule working for both families' real lives?
4. Are there any issues we need to address before committing?
5. Do we want to adjust anything for the next phase?
6. Are either of us having second thoughts? (Be honest!)
7. What would make this feel like a successful long-term arrangement?

# 30-DAY TRIAL AGREEMENT

## MINIMUM NOTICE DURING TRIAL

Situation	Notice Required	Method
Knowable schedule conflict	48 hours before assign	Group chat + direct call
Last-minute emergency	As soon as possible	Call scheduled family directly
Trial exit decision	14 days before trial en	Written (text or email)
Immediate exit	24 hours	Call + written

## EXIT CLAUSE

This is a no-fault exit. Either family may leave the trial without guilt.

To exit:

1. Send written notice (text or email) to the other family
2. State clearly: 'We'd like to exit the trial effective [date]'
3. No explanation required, but honest feedback is appreciated
4. If financially owed, settle within 7 days

## TRIAL SUCCESS CRITERIA

Criteria	Success Indicator	Met?
Schedule adherence	Both families showed u	[Yes / Mostly / No]
Communication quality	Messages were timely,	[Yes / Mostly / No]
Child happiness	Children seem comfort	[Yes / Mixed / No]
Family fit	Both families feel the '\	[Yes / Some concerns / No]
Backup system worked	If backups were neede	[Yes / Partially / N/A]

## DECISION

- Proceed to full agreement — we're ready to commit
- Adjust and retry — try another 30-day trial with changes
- Exit gracefully — this isn't the right fit for us

## SIGNATURES

Family	Printed Name	Signature	Date	Notes
[The Smiths]	[Jane Smith]	_____	[MM/DD/YY]	
[The Smiths]	[Tom Smith]	_____	[MM/DD/YY]	
[The Garcias]	[Maria Garcia]	_____	[MM/DD/YY]	
[The Garcias]	[Carlos Garcia]	_____	[MM/DD/YY]	

# Quarterly Review Meeting

Structured agenda for quarterly check-ins. Rotate facilitator each quarter.

## Review date:

[date] — All families should attend.

## MEETING LOGISTICS

Review Period [Q1: September – November 2026]  
Meeting Date [MM/DD/YYYY]  
Meeting Time [7:00 PM]  
Meeting Location [Zoom / someone's house / Coffee shop]  
Facilitator [Jane Smith]  
Note-Taker [Maria Garcia]

## Agenda

1. Wins — What's working well? (5 min)
2. Schedule Review — Any changes for next quarter? (10 min)
3. Credit Log — Update and review balances (5 min)
4. Financial Reconciliation — If applicable (5 min)
5. Communication Check — Is the group chat working? (5 min)
6. Problem-Solving — Bring issues here (10 min)
7. Action Items — Who does what by when? (5 min)
8. Set Next Meeting Date

## WINS SHOUT-OUT

Family	Win
[The Smiths]	[Emma has been so much happier since care started]
[The Garcias]	[Backup system worked perfectly when we needed it]
[The Patels]	[Aisha is eating more vegetables]
[The Nguyens]	

## SCHEDULE REVIEW

Day	Hosting Family	Pickup	Notes
Monday	[The Smiths]	3:15 PM, Oak Elementary	
Tuesday	[The Garcias]	3:15 PM, Oak Elementary	
Wednesday	[The Patels]	3:15 PM, Oak Elementary	
Thursday	[The Nguyens]	3:15 PM, Oak Elementary	
Friday	[The Smiths]	12:00 PM, half-day	

## COMMUNICATION QUALITY CHECK

Metric	Rating	Notes
Schedule posts timely?	[Yes — Sunday 6 PM / Usually / No]	
Last-minute changes comrr	[Yes — always called / Usually / No]	
Off-topic posts minimal?	[Yes / Some clutter / Too much]	
Members respond to import	[Yes / Usually / No]	

## PROBLEM-SOLVING

Issue	How It Was Resolved	Recurrence Risk	Notes

## ACTION ITEMS

Action	Owner	Due Date	Status	Notes
			<input type="checkbox"/> Pending	
			<input type="checkbox"/> Pending	

# Quarterly Review Meeting

## Credit Log Update

Date	Family Who Missed	Family Who Covered	Credit Given To	Earned / Used	Notes

## Signatures

Family	Printed Name	Signature	Date	Notes

**Next Meeting Scheduled:** [Date, Time, Location]

# HOW TO FIND FAMILIES

A practical guide for finding the right families to start an after-school care circle.

## WHERE TO LOOK

- |                        |   |
|------------------------|---|
| 1. Nextdoor            | Neighborhood-based care circles; people who live near you           |
| 2. Facebook Groups     | Search '[your neighborhood] parents' or '[your city] moms/dads'     |
| 3. School Parent Lists | Check school website for PTA directory or Listserv                  |
| 4. Local Subreddits    | r/[YourCity], r/[YourNeighborhood]                                  |
| 5. Community Centers   | Bulletin boards at libraries and community centers                  |
| 6. Word of Mouth       | Neighbors, coworkers, kids' friends' parents, gym, place of worship |

## SAMPLE POST

Looking for: After-school care circle partners ([School Name] area)

Hi neighbors! I'm a parent at [School] looking to set up a rotating care circle.

### HOW IT WORKS:

A small group of families (3–5) take turns hosting each other's kids after school. Each family hosts 1–2 days per week. It's collaborative, flexible, and cuts costs.

## WHAT I'M LOOKING FOR:

- Families with kids at [School] (grades K–4)
- Parents who work [in-office / hybrid / flexible hours]
- Families in the [neighborhood] area

### WHAT A FIRST CONVERSATION LOOKS LIKE:

If interested, let's grab coffee (on us!) and chat about whether this might be a fit. No commitment, no pressure — just a conversation.

Reply here or DM me if you're interested!

## QUALIFYING QUESTIONS TO ASK

### Basic Logistics:

- What are your work hours? → Determines if schedules overlap
- What school do your kids go to? → Pickup logistics
- Where do you live? → Geographic clustering matters

### Values & Expectations:

- What's your screen time policy? → Major friction point if different
- How do you handle food allergies? → Safety critical
- What's your discipline approach? → Can conflict with hosting family's values

# HOW TO FIND FAMILIES

- What would make you nervous → Reveals unspoken concerns

## Reliability & Commitment:

- What do you need in a backup → Reveals flexibility
- How do you handle it when → Flexibility indicator
- Are you looking for something → Commitment alignment

## RED FLAGS TO WATCH FOR

Families who seem transactional — only interested in what they get

Families who don't respond proactively — pattern of missed meetings

Very different values (screen time, food, discipline)

Families under stress (divorce, job change, move)

## THE GUT CHECK

- Did they show up on time to the coffee meeting?
- Did they follow through on small commitments?
- Did they ask questions about how this works?
- Do you actually like them? (You'll be seeing them a lot.)

## HOW MANY FAMILIES TO AIM FOR

3 families: Simple coordination; each hosts ~2 days/week

4 families: Good balance; 1 backup family available — RECOMMENDED

5 families: Ideal balance; 2 backup families; each hosts ~1-2 days

6+ families: Too complex to coordinate well

## NEXT STEPS CHECKLIST

- Post in Nextdoor / Facebook group / school list
- Ask your network (word of mouth)
- Screen with qualifying questions
- Coffee meeting with potential matches
- Compare with compatibility scoring
- Narrow to top 2-3 matches
- Start 30-day trial (Template 06)
- Sign full agreement (Template 01)