

Limited Certified Provider Application Packet

Thank you for your interest in becoming a Limited Type B child care provider. Limited Type B status allows you to provide care for up to six (6) children at a time, in your own legal, private residence. As a Limited provider, you are limited to providing care to ONE of two audiences; either the children on ONE non-relative OR the children of legal, legitimate relatives; **Never Both**. For the purposes of this program, State law considers a 'cousin' to be a non-relative.

To be successful in this chosen profession, you must understand the legalities, requirements and expectations of the OAC 5101:2-14 State rules and regulations governing in-home child care. You must **first** download and print for yourself a copy of these State Rules and Regulations at the following website:

<http://www.franklincountyohio.gov/commissioners/jafs/vendor-childcare.cfm>

State and Federal law requires the customer (parent) and provider live and maintain separate residences. Certification can not be approved when/if the customer and provider live together.

This is the third attachment on the "Child Care Provider Forms" page. After printing and reviewing the State rules and regulations, and if you are still interested in pursuing Limited certification, please complete and return all items listed on the checklist of this application packet.

Please note that incomplete applications will not be processed. Intake staff will approve or deny applications within 120 days from the date we receive the completed application.

Form Number	Title
Checklist	Franklin County Department of Job and Family Services Limited Type B Child Care Certification Checklist
What does it cost flyer	What does it cost?
Instructions	Limited Application Packet Instructions
	OAC 5101:2-14 Approved Additional County Requirements (Effective 3/7/11)
JFS 01642	Application for Limited Type B Home and In-Home Aide Certification
JFS 01329 (3 copies)	Statement of Non-Conviction for Type B Homes and In-Home Aides
JFS 01280	Medical Statement for Type B Home and In-Home Aide Child Care Providers
JFS 01932	Child Medical Statement Type B Homes and In-Home Aides
JFS 01302 (3 copies)	Request for Child Abuse and Neglect Report Information
Just the Facts flyer	Just the Facts...About the BCI&I and FBI Criminal Records Searches and WebCheck
FCDJFS #609	Consent to Release Information Form
FCDJFS #607	Type B Child Care Provider Certification Verification of Household Members
	How to Measure your Available Floor Space for Child Care
JFS 01634	Caretaker / Provider Agreement for Type B Homes and In-Home Aides
JFS 01332	Certified Child Care Handbook for Caretakers
JFS 01332-1	Instructions for Completing JFS 01332, Certified Child Care Handbook for Caretakers
	Training Resource List
	Type B Limited State Reimbursement Child Care Rates (Effective 7/31/11)

Franklin County Department of Job and Family Services
Limited Type B Child Care Certification Checklist

Please note before completing the enclosed application:

- You must have an eligible caretaker / parent needing child care services before you can be certified.
- If you do not have an eligible caretaker / parent needing child care services, you will not be certified.

Thank you.

Form Number	Title	Description
<input type="checkbox"/> JFS 01642	Application / Inspection form	One form is required for certification. Additional families may be added later.
<input type="checkbox"/> JFS 01329	Statement of Non-Conviction	This form is required for the provider and all adults 18 and older residing in the provider's home.
<input type="checkbox"/> JFS 01280	Provider Medical Statement	This form must be completed by an MD, PA, CNP, APN, or CNM. The signature must indicate the title of the person completing the
<input type="checkbox"/> JFS 01932	Child Medical Statement	This form is required for all children age 6 and under residing in the provider's home.
<input type="checkbox"/> JFS 01302	Request for Child Abuse & Neglect Report Information form	This form is required for the provider and all adults 18 and older residing in the provider's home.
<input type="checkbox"/>	BCI&I background check (Receipt only)	This background check is required for the provider and all adults 18 and older residing in the provider's home.
<input type="checkbox"/>	FBI background check (Receipt only)	This background check is required for the provider and all adults 18 and older residing in the provider's home.
<input type="checkbox"/> FCDJFS #609	Consent to Release Information	This form is required for the provider only.
<input type="checkbox"/> FCDJFS #609	Type B Child Care Provider Certification Verification of Household members	To be completed by the provider. Must include all adults and children residing in the provider's home.
<input type="checkbox"/> JFS 01634	Caretaker/Provider agreement for Type B Homes and In-Home Aides	To be completed by the provider and caretaker/parent together.
<input type="checkbox"/> JFS 01332	Certified Child Care Handbook	
<input type="checkbox"/>	Copy of applicant's Social Security card & Drivers license or State ID.	
<input type="checkbox"/>	Current landline phone bill	
<input type="checkbox"/>	Copy of current lease or mortgage	

Please submit your completed application to:



Child Care Certification Intake
 1721 Northland Park Avenue
 Columbus, OH 43229

Provider applicants may attend a "PROVIDER APPLICANT OVERVIEW SESSION" to learn more about the application process and instructions on how to complete the application packet. These sessions are NOT mandatory and are held once a month. For registration information, including dates and times, please call (614) 212-1724.

BECOMING A LIMITED TYPE B CHILD CARE PROVIDER WHAT DOES IT COST?

The cost of becoming certified will vary according to a variety of factors:

- Where you reside (City of Columbus vs. suburb or township)
- What safety and play equipment you currently own
- Your physician

Provider Medical Statement: Cost varies at the discretion of your physician.

BCI&I and FBI Background Check / WebCheck: \$52.00 - \$60.00 (per adult)

The provider applicant and each adult (18 years of age and older) residing in the provider's home must complete the BCI&I and FBI background checks.

Safety Items (Approximate costs):

- **Fire Extinguisher:** (Classification 1A:10BC): \$10.00 - \$15.00
- **Smoke Detectors:** \$7.00 - \$15.00
- **Carbon Monoxide Detectors:** \$15.00 - 40.00
- **Safety Caps / Outlet Covers:** \$1.00 - \$5.00
- **Door and Cabinet Latches:** Prices vary according to type and amount needed.
- **First Aid Supplies:** Prices vary. Required items found in **state rule 2101:2-14-29**.
- **Activities / Equipment:** \$300.00 - \$500.00. Required items include: child size table and chairs or booster seats; mats or cots; playpen / pack-n-play / crib; potty seat / chair; cubbies; hook system; step stool; toy bins; toys for each age range (infant, toddler, pre-school, school age); art / craft supplies; large / small muscle activities; outdoor equipment; board games; music equipment; pretend / dramatic play materials; blocks; sports equipment language arts materials; gross motor activities.

CPR Certification: (Must include child and infant, and be a hands-on certification): Cost varies.

First Aid: (Must include pediatric first aid): Cost varies.

Limited Application Packet Instructions

To assist you in the application process, we've compiled a list of instructions for the enclosed forms. If you have questions or need further information, please call (614) 212-1721 or (614) 212-1724, or see the flyer below. A checklist is also enclosed to assist you in compiling the necessary documentation.

JFS 01642 -- Application form

Page 1

- Before you fill out any forms for certification, you must have a family for whom you will provide care. The parent of the child(ren) must be eligible to receive child care assistance and should either have vouchers or have submitted an application.
- You must choose what type of limited provider you wish to be:
 - ✓ Parent/Provider inspected (you and the parent inspect your home together)
 - ✓ Agency inspected (an agency representative will inspect your home)
- Throughout the certification process, you, the applicant, will be referred to as the "provider". The parent of the child(ren) you will care for will be referred to as the "caretaker" or "parent".

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- If you choose to have a parent/provider inspected home, you and the parent will need to inspect your home together to ensure that the minimum health and safety requirements are met. For each item listed on the right of the inspection form, you will mark a "✓" in the small box to indicate you have the item, or an "O" to indicate you do not have the item. In the larger boxes, you must mark "I" to indicate all items in that section are in compliance. Likewise, if you are missing even one item, you must mark "O" to indicate you are out of compliance.
- N/A may only be used if an entire section does not apply to your provider situation. For example, if you refuse to care for infants, you may mark "N/A" in the Infant Care section.
- "P/V" should not be used on the initial application/inspection.
- Please note: Please complete the application honestly as it pertains to your home at the time of the inspection. Missing items will not necessarily prevent you from obtaining certification. You will be given 30 days to come into compliance (i.e., to obtain any equipment or materials needed).

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Section IV is to be completed by the provider, while Section V is to be completed by the parent with whom you inspected your home.

JFS 01329 -- Statement of Non-Conviction

- This form is required for each adult 18 and older residing in the provider's home.
- For the provider: You must complete the first section with your name, signature, and contact information. You must also check one of the first three boxes which indicate that you have one of the following
 - 1) no disqualifying offenses or child removals (disqualifying offenses are listed on page 2)
 - 2) you have had a child removed from your home
 - 3) you have a disqualifying offense
- DO NOT check the box that states you meet the rehabilitation requirement. Intake staff will review your case and determine if you meet the criteria for rehabilitation. You must also complete the third section that indicates there are no adjudicated delinquents residing in your home.

- For other adults in the home: You must complete the first section with your name, signature, and contact information. You must also check one of the first three boxes which indicate that you have one of the following:
 - 1) no disqualifying offenses or child removals (disqualifying offenses are listed on page 2)
 - 2) you have had a child removed from your home
 - 3) you have a disqualifying offense
- DO NOT check the box that states you meet the rehabilitation requirement. Intake staff will review your case and determine if you meet the criteria for rehabilitation. You do not have to complete any other section.

JFS 01280 - Provider Medical Statement

- This form must be completed by a medical doctor, physician's assistant, certified nurse practitioner, advanced practice nurse, or certified nurse midwife. The signature must indicate the title of the person completing the form.
- The date of the physical exam shall not be older than 60 days from the date the completed application is received by FCDJFS staff.
- A negative TB test or chest x-ray is required. There should be two dates indicated on the form: the date the test was given and the date the results were read.
- All questions must be completed

JFS 01932 - Child Medical Statement

- This form is required for each child 6 and under residing in the provider's home, and must be completed by a medical doctor, physician's assistant, certified nurse practitioner, or advanced practice nurse. The signature must indicate the title of the person completing the form.
- A copy of the child's immunization record may be attached in lieu of completing the immunization chart.

JFS - 01302 - Request for Child Abuse and Neglect Report Information form

- This form is required for the provider and all household members. All information, including social security numbers and dates of birth, must be completed.

BCI&I background checks

- This background check is required for the provider and each adult 18 and older residing in the provider's home. You can obtain BCI&I reports at Action for Children, The Children's Hunger Alliance, Columbus Police Department, and the Franklin County Sheriff's Office Photo Lab. You will be given a receipt at the time of purchase and the results will be sent directly to our agency. When you submit your application packet, please include a copy of all receipts for background checks as proof of purchase. For more information on BCI&I background checks, read the **Just the Facts... About BCI&I and FBI** flyer.

FBI background checks

- This background check is required for the provider and each adult 18 and older residing in the provider's home. You can obtain FBI reports at Action for Children, The Children's Hunger Alliance, Columbus Police Department, and the Franklin County Sheriff's Office Photo Lab. You will be given a receipt at the time of purchase and the results will be sent directly to our agency. When you submit your application packet, please include a copy of all receipts for background checks as proof of purchase. For more information on BCI&I background checks, read the **Just the Facts... About BCI&I and FBI** flyer.

FCDJFS - Consent to Release Information form

- This form is required for the provider only.

JFS 01634 - Caretaker/Provider Agreement for Type B Homes and In-Home Aides

- This form is to be completed by the provider and caretaker/parent **together**. Questions need to be discussed and responses need to be agreed upon. Provider keeps the original copy, a copy goes to the caretaker/parent, and a copy goes to the Certification in-take specialist at JFS.

**OAC 5101:2-14 Approved Additional County Requirements
For Certification of Home Child Care Providers**

Effective: March 7, 2011

1. Training: 5101:2-14-13 Child Development

The provider shall complete not more than six months prior to, or within the first year of certification, training in child growth and development, specifically developmental milestones, from an approved training source.

2. Fire Inspection: 5101:2-14-07

Prior to receiving professional type B certification or upon relocation to a new residence after receiving professional type B certification, all **professional** certified type B providers shall pass a fire inspection conducted by an approved local fire inspector. Cost for said fire inspection shall be paid by the certified provider. A receipt verifying payment for the inspection must be submitted within two weeks of the move in date.

3. Recordkeeping/Investigations: 5101:2-14-26 and 5101:2-16-71

Upon written request by the FCDJFS, the provider shall have twenty four hours to submit any documents related to their child care business, such as, but not limited to daily attendance records, children's files, provider handbook, receipts for payment made by private customers, etc. Failure to submit requested documents within the time-frame may be viewed as "non-cooperation" as per rule 5101:2-14-06(B) (4).

4. Provider Reporting: 5101:2-14-28 (C)(3) and 2-14-58(AA)(3)

The provider shall report any investigation being conducted by a children's services or law enforcement agency, immediately to the CDJFS.

5. Emergency/Substitute Caregiver Training: 5101:2-14-14-(B)(10)

Prior to approval as an emergency/substitute caregiver, the emergency/substitute caregiver must complete training in first aid and CPR. Once approved, the emergency/substitute caregiver must maintain current certification in first aid and CPR.

6. Denial and training: 5101:2-14-60 and 13

All professional type B candidates must attend a CDJFS designed “Rules Training” class. During this class, FCDJFS certification staff review the OAC chapter 14 rules, regulations, and their implementation. A quiz will be administered at the conclusion of this training class. In order to continue in the certification process, the provider candidate must pass this quiz. “Pass” means the provider candidate missed no more than four questions in their entirety. If the provider candidate does not pass the quiz, they may repeat the quiz within the next month. Failure to pass the quiz the second time will result in the denial of the candidate’s application, and the one year waiting period to re-apply.

7. Compliance Inspection: 5101:2-14-03

Annually, the provider, household adults, and emergency/substitute caregiver(s) shall:

- Complete a new JFS 1329 “Statement of Non-Conviction for Type B Home and In-Home Aide Certification, and
- Sign a new FCDJFS “Consent to Release” Rev. 2/11 form

8. Criminal Records Searches: 5101:2-14-11

A local jurisdiction criminal records search (including internet based searches) may be conducted for all professional and limited providers. If a prohibitive conviction is found, this information can be used as grounds for denial or revocation of a provider’s certification. These checks can be conducted before or after certification for:

- Provider applicants
- All certified Type B (professional and limited) providers
- All adults living in the residence of a certified Type B provider
- All approved emergency/substitute caregivers

TRAINING RESOURCE LIST

OAC 5101:2-14-13 outlines the training requirements for home child care providers. As the **Professional Type B** provider candidate, you must complete the following trainings prior to certification:

- **FIRST AID** - Including Pediatric
- **CPR CERTIFICATION** - This must be the hands-on where you use the manikins
- **HEALTH & SAFETY IN FAMILY DAYCARE**
- **COMMUNICABLE DISEASE**
- **RECOGNIZING AND REPORTING CHILD ABUSE**
- **CHILD GROWTH AND DEVELOPMENT**

The emergency/substitute caregiver must complete **FIRST AID** (including pediatric), **CPR** (hands-on), and **HEALTH & SAFETY IN FAMILY DAYCARE** trainings.

As a **LIMITED TYPE B PROVIDER** candidate, you must complete the following trainings prior to certification:

- **FIRST AID** - Including Pediatric
- **CPR CERTIFICATION** - This must be the hands-on where you use the manikins
- **HEALTH & SAFETY IN FAMILY DAYCARE**

You will be required to submit your training verifications prior to certification.

Action for Children -- Franklin County Contracted Training Provider

78 Jefferson Ave. Columbus, OH 43215 -- Phone: (614) 224-0222

\$20.00 Refundable registration fee for Franklin County childcare providers, provider candidates, and emergency / substitute caregivers.

To receive registration information and instructions, including available dates and times for any of the classes listed below, please call (614) 233-2061 or (614) 233-2515 and request a training schedule.

- **HEALTH & SAFETY IN FAMILY DAYCARE**
- **COMMUNICABLE DISEASE TRAINING**
- **CHILD ABUSE TRAINING**
- **CHILD DEVELOPMENT TRAINING**

Columbus Division of Fire

Main Fire House - Training Center - 3639 Parsons Ave. Columbus, OH 43207
(614) 645-6360

NO WEEKEND CLASSES

CPR (Including Child & Infant) - \$30.00

*** PLEASE NOTE: SCHEDULES AND PRICES ARE SUBJECT TO CHANGE!**

National Safety Council, Central Ohio Chapter

Contact person: *Patsy Glasgow*

1515 Bethel Rd., Suite 110, Columbus, OH 43220

Phone: (614) 324-5934

PEDIATRIC FIRST AID & CPR & AED (including child & infant) \$65.00

*** PLEASE NOTE: SCHEDULES AND PRICES ARE SUBJECT TO CHANGE!**

TRAINING RESOURCE LIST "CONTINUED"

First Choice Services

Latisha Dawson BS, RN, BSN / Instructor/ Consultant/ Owner

6100 Channingway Blvd. Suite 504, Columbus, OH 43232

Phone: (614) 657-1449 Fax: (614) 986-8920

You can also register on line at: www.firstchoice.vpweb.com

CPR - 2yr. Certification through American Heart Association \$25.00

FIRST AID - 2yr. Certification through American Heart Association \$35.00

COMMUNICABLE DISEASE - 3 yr. certification (Initial course \$35.00) (Renewal \$25.00)

CHILD ABUSE - 3 yr. certification (Initial course \$35.00) (Renewal \$25.00)

*** PLEASE NOTE: SCHEDULES AND PRICES ARE SUBJECT TO CHANGE!**

Peoples Choice CPR www.peopleschoicecpr.com

5186 Sand Court, Groveport, OH 43125

Phone: (614) 340-0808

CPR - Heart Saver - Adult / Child / Infant & AED \$50.00

PEDIATRIC FIRST AID & CPR (Adult / child / infant) - \$75.00

*** PLEASE NOTE: LOCATIONS, SCHEDULES, AND PRICES ARE SUBJECT TO CHANGE!**

American Red Cross -- Locations Vary

(614) 251-1444

CPR - Adult / Child / Infant - \$90.00

FIRST AID - Adult & Pediatric - \$70.00

CPR & FIRST AID (Adult/Child/Infant CPR) (Adult & Pediatric FA) -- Combined Classes - \$110.00

*** PLEASE NOTE: LOCATIONS, SCHEDULES, AND PRICES ARE SUBJECT TO CHANGE!**

PLEASE NOTE: THE CPR CERTIFICATION MUST BE A "HANDS-ON" TRAINING WHERE THEY USE THE MANIKINS AND INCLUDE INFANT & CHILD.

THE FIRST AID TRAINING MUST INCLUDE PEDIATRIC FIRST AID.

Ohio Department of Job and Family Services
**APPLICATION/INSPECTION FOR LIMITED CERTIFICATION AS A
 TYPE B HOME PROVIDER OR IN-HOME AIDE**

Parent/Provider Inspected Agency Inspected (AI) In-Home Aide

Purpose of Inspection:

Initial Application Annual Compliance (AI only) Recertification Other (specify)

SECTION I - Identifying Information

Caretaker (Parent/Guardian) Information

Name of Caretaker (<i>Parent/Guardian</i>)	Social Security Number	E-mail Address (<i>required</i>)
Address	City	Zip Code
Telephone Number (<i>including area code</i>)	County	

Provider Household Information

Name of Provider	Social Security Number	Date of Birth
Address	City	Zip Code
Telephone Number (<i>including area code</i>)	County	

List the people living in your household, including children, foster children, relatives and boarders.

First and Last Name	Social Security Number	Birth Date	Relationship to Applicant

Provider's relationship to child(ren) in care

Provider's relationship to caretaker of child(ren) in care

If this is a new application, have you ever held a type B home or in-home aide certificate?
 Yes No If yes, what county:

Have you ever held a child care certificate/license or similar approval to care for children in another state?
 Yes No If yes, what state:

If yes, check all that apply:

- Type B Professional
- Type B Agency Inspected Limited
- Type B Parent/Provider Inspected Limited
- In-Home Aide Professional
- In Home Aide Limited

Was your certificate (*check all that apply*) Denied Revoked Terminated Withdrawn

SECTION III - Health And Safety Requirements For Limited Certification

This section must be completed by an agency representative or jointly by the caretaker and the provider.

The caretaker and provider must jointly complete the following health and safety section for the home where child care will be provided. If the home is agency inspected, the agency representative shall also complete this section during the home visit. All requirements must be met before a certificate is issued by the county department of Job and Family Services (CDJFS). The person completing the report should indicate compliance with check marks in the boxes and by filling in the appropriate key code for each rule requirement listed on the left column of the report. **NOTE:** If the applicant is requesting an in-home aide certificate, the agency representative must complete this section for the caretaker's home.

HEALTH AND SAFETY CHECKLIST

Key Code	I - In Compliance	O - Out of Compliance	PV - Previously Verified
	NV - Compliance Not Verified	N/A - Not Applicable	
Compliance Item	Key	Comments	
5101:2-14-55 Application and Approval Requirements		<input type="checkbox"/> JFS 01642 "Application/Inspection for Type B Limited Certification" and interview with caretaker and provider Date: <input type="checkbox"/> JFS 01329 "Nonconviction Statement" completed for the provider, Emergency Substitute Caregiver and all adults in the home (Note: Not needed for In-Home Aides) <input type="checkbox"/> Provider has been given a copy of the current rules: 5101:2-14-01, 5101:2-14-11, 5101:2-14-40, 5101:2-14-55, 5101:2-16-41 and 5101:2-16-44 <input type="checkbox"/> BCII and FBI criminal records check completed for provider and all adults <input type="checkbox"/> JFS 01634 "Caretaker/Provider Agreement" completed (annually) Date: <input type="checkbox"/> Children and days of care verified <input type="checkbox"/> Record keeping requirements reviewed <input type="checkbox"/> Billing/payment procedures reviewed <input type="checkbox"/> Review of limited certification restrictions <input type="checkbox"/> No more than two children of in-home aide; number of children of in-home aide:	
5101:2-14-58 Provider Qualifications and Responsibilities		<input type="checkbox"/> Provider is at least 18 years of age Date of birth: <input type="checkbox"/> JFS 01280 " Medical Statement For Type B Home and In-Home Aide Child Care Providers" completed Date: <input type="checkbox"/> Health and Safety training completed Date: <input type="checkbox"/> Inspection of home completed Date: Insurance: Parents have been either (check one): <input type="checkbox"/> notified that provider has liability insurance, or <input type="checkbox"/> given the JFS 01933 when the provider has no liability insurance	
5101:2-14-13 Training Requirements		<input type="checkbox"/> Provider currently trained in First Aid Exp date: <input type="checkbox"/> Provider currently trained in CPR Exp date:	

Compliance Item	Key	Comments
5101:2-14-58 Provider Qualifications and Responsibilities		<ul style="list-style-type: none"> <input type="checkbox"/> Maintains daily attendance record, signed by caretaker <input type="checkbox"/> Children's file are complete <input type="checkbox"/> JFS 01297 "Child Enrollment and Health Information" completed for each child – updated annually <input type="checkbox"/> JFS 01932 "Child Medical" for each child not enrolled in school (within 30 days). Updated every 13 months <input type="checkbox"/> JFS 01644 "Permission to Administer Medication" <input type="checkbox"/> All medication administration properly labeled <input type="checkbox"/> Medications are safely and properly stored <input type="checkbox"/> JFS 01299 "Incident/Injury Report" available, completed and filed <input type="checkbox"/> Notification to county in cases of serious injury, unusual incident or death <input type="checkbox"/> No use of corporal punishment, physical restraint or isolation <input type="checkbox"/> Recognizes, encourages and praises children <input type="checkbox"/> Communicates clearly and positively <input type="checkbox"/> Assists children with problem solving <input type="checkbox"/> Uses developmentally appropriate behavior management <input type="checkbox"/> Consults appropriately with parents <input type="checkbox"/> Meals and snacks are varied, nutritious and appropriately timed <input type="checkbox"/> Food is prepared/served/stored in a clean and safe manner <input type="checkbox"/> Hot and cold running water <input type="checkbox"/> Water supply is safe and sanitary <input type="checkbox"/> No smoking in home while children are present <input type="checkbox"/> No smoking notice posted <input type="checkbox"/> Immediate access to working land-line telephone on the premises <input type="checkbox"/> Provider conducts no activities or employment that interferes with child care
5101:2-14-07 Fire Safety Escape Routes: <u>Basement exits</u> Primary: _____ Secondary: _____ <u>First Floor</u> Primary: _____ Secondary: _____ <u>Second Floor</u> Primary: _____ Secondary: _____		<ul style="list-style-type: none"> <input type="checkbox"/> Primary and secondary escape routes <input type="checkbox"/> No space higher than the second floor of building used for child care <input type="checkbox"/> Window openings 5.7 sq. ft. more than 44"-stairs/platform {sq. ft. = length/inches x width/inches, divided by 144} <input type="checkbox"/> No space accessible only by ladder, folding stairs or trapdoor is used <input type="checkbox"/> All stairs, hallways and passages to exit are adequately lighted <input type="checkbox"/> Doorways, corridors, stairways clear of obstructions <input type="checkbox"/> Written evacuation plan <input type="checkbox"/> Documentation of plan and log of practice drills <input type="checkbox"/> Proper storage of flammable/combustible materials <input type="checkbox"/> One working UL or FM smoke detector on each level of the home <input type="checkbox"/> At least one UL or FM portable fire extinguisher; one in kitchen (minimum rating of 1A:10BC) <input type="checkbox"/> One working UL or FM carbon monoxide detector on each level of the home <input type="checkbox"/> Nonflammable guards on heaters, no unprotected flames <input type="checkbox"/> Electrical connections in properly covered junction boxes <input type="checkbox"/> Childproof covers on electrical outlets <input type="checkbox"/> No exposed light bulbs
5101:2-14-08 Indoor Floor Space		Square footage available for child care: <ul style="list-style-type: none"> <input type="checkbox"/> Thirty-five square feet per child of usable floor space <input type="checkbox"/> Placement of furniture and equipment ensures child safety and mobility <input type="checkbox"/> Uninterrupted play space available

Compliance Item	Key	Comments																																																		
5101:2-14-08 Programming		<input type="checkbox"/> Balanced program of activities/quiet and active play <input type="checkbox"/> Copy of daily program posted <input type="checkbox"/> Program designed to promote children's physical, socio-emotional, cognitive and language development <input type="checkbox"/> Daily outdoor or indoor gross motor activities <input type="checkbox"/> Opportunities for child initiated activities																																																		
5101:2-14-08 Equipment		<table border="1" data-bbox="857 436 1494 772"> <thead> <tr> <th>EQUIPMENT</th> <th>Infant</th> <th>Toddler</th> <th>P/S</th> <th>S/A</th> </tr> </thead> <tbody> <tr><td>Art</td><td></td><td></td><td></td><td></td></tr> <tr><td>Blocks</td><td></td><td></td><td></td><td></td></tr> <tr><td>Language Arts/Auditory</td><td></td><td></td><td></td><td></td></tr> <tr><td>Dramatic Play/Pretend</td><td></td><td></td><td></td><td></td></tr> <tr><td>Gross Motor/Sports</td><td></td><td></td><td></td><td></td></tr> <tr><td>Manipulatives</td><td></td><td></td><td></td><td></td></tr> <tr><td>Music</td><td></td><td></td><td></td><td></td></tr> <tr><td>Science/Nature</td><td></td><td></td><td></td><td></td></tr> <tr><td>Transportation</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Equipment available in all categories <input type="checkbox"/> Sufficient quantities of equipment <input type="checkbox"/> Furniture durable and child sized <input type="checkbox"/> Play materials accessible and orderly <input type="checkbox"/> Equipment accessible to children, able to select, remove, replace <input type="checkbox"/> Individual storage for child's personal items	EQUIPMENT	Infant	Toddler	P/S	S/A	Art					Blocks					Language Arts/Auditory					Dramatic Play/Pretend					Gross Motor/Sports					Manipulatives					Music					Science/Nature					Transportation				
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Science/Nature																																																				
Transportation																																																				
5101:2-14-17 Outdoor Play Daily outdoor play provided in suitable weather		Equipment <input type="checkbox"/> Out of traffic pattern <input type="checkbox"/> Anchored or stable <input type="checkbox"/> All parts in working order <input type="checkbox"/> Ropes attached at both ends (< 5" diameter loop or less) <input type="checkbox"/> "S" hooks closed (.04 or thickness of dime) <input type="checkbox"/> Free of rust, cracks, holes, splinters, sharp points or edges <input type="checkbox"/> No chipped/peeling paint or toxic substances <input type="checkbox"/> No protruding bolts or tripping hazards <input type="checkbox"/> No trampolines permitted <input type="checkbox"/> Protective barriers on platforms over 30" <input type="checkbox"/> Assembled/Installed according to manufacturer's guidelines <input type="checkbox"/> Sandboxes covered when not in use																																																		
Outdoor play area provides at least 60 sq. ft of usable space per child using the area at one time																																																				
Outdoor play area protected by a fence in good repair with functioning gates or a natural barrier																																																				
Children provided with access to drinking water and bathroom facilities during play times																																																				
Shade provided as needed																																																				
Outdoor play area free of rubbish, foreign objects, garbage, hazards																																																				
Climbing equipment, swings, teeter-totters and slides have a fall zone of protective resilient material under and around equipment																																																				
5101:2-14-18 Napping		<input type="checkbox"/> Individual bed, cot, sofa, pad or mat for each resting child <input type="checkbox"/> No children directly on floor <input type="checkbox"/> Mats or pads/floor carpeted, clean, warm, dry, draft free																																																		
5101:2-14-18 Sleeping and Overnight Care		<input type="checkbox"/> Children in care between 7:00 p.m. and 6:00 a.m. <input type="checkbox"/> Individual crib, cot mattress or bed and blankets for each child <input type="checkbox"/> Safe, sanitary and private area for washing and changing <input type="checkbox"/> Provider remains awake until all children asleep <input type="checkbox"/> Monitoring device to ensure sight or hearing <input type="checkbox"/> Children sleeping four hours or more have clean, comfortable sleeping garments																																																		

Compliance Item	Key	Comments
5101:2-14-19 Safe and Sanitary Equipment and Environment		Safe <input type="checkbox"/> Firearms onsite locked and out of sight <input type="checkbox"/> No broken or unsafe equipment <input type="checkbox"/> No hazardous conditions <input type="checkbox"/> No toys small enough to swallow <input type="checkbox"/> Cleaning supplies and storage/labeling <input type="checkbox"/> Pets inoculated and properly cared for <input type="checkbox"/> Electrical outlet covered <input type="checkbox"/> Blind cords, electrical cords secure <input type="checkbox"/> Lawnmowers not used or accessible <input type="checkbox"/> Proper ventilation <input type="checkbox"/> Handles of pots facing inward on stove <input type="checkbox"/> Safe use of equipment <input type="checkbox"/> No environmental hazards <input type="checkbox"/> Hot tubs or spas not used or accessible
		Sanitary <input type="checkbox"/> Toilet tissue, liquid soap, toweling available for handwashing <input type="checkbox"/> Toilets flushed after use <input type="checkbox"/> Home and equipment clean and in good repair
5101:2-14-20 Safety and Supervision of Children		<input type="checkbox"/> Children supervised at all times (within sight or hearing) <input type="checkbox"/> Provider not under any influence that impairs ability to perform duties <input type="checkbox"/> Outdoor supervision requirements met <input type="checkbox"/> Water play and swimming supervision requirements met
Provider schedules a six hour break from child care each day		
5101:2-14-29 First Aid Supplies and Procedures Supplies Complete		<input type="checkbox"/> Tweezers <input type="checkbox"/> Rounded-end scissors <input type="checkbox"/> Digital thermometer <input type="checkbox"/> Assorted adhesive bandages <input type="checkbox"/> Assorted gauze squares <input type="checkbox"/> First Aid tape <input type="checkbox"/> Rolled gauze bandage <input type="checkbox"/> Instant cold pack or ice <input type="checkbox"/> Disposable non-latex gloves <input type="checkbox"/> Pocket mask or face shield for CPR, (appropriate for all ages of children served at the home) <input type="checkbox"/> Working flashlight <input type="checkbox"/> Sealable plastic bags <input type="checkbox"/> Tooth preservation system or fresh chilled milk (homes serving S/A only) <input type="checkbox"/> A current guide to emergency first aid <input type="checkbox"/> Soap (fieldtrips/routine trips only) <input type="checkbox"/> Bottled water (fieldtrips/routine trips only)
Supplies in an closed, unlocked first aid container that is readily available, but out of reach of children		
First aid kit taken on field trips and routine trips		
Basic precautions followed		
5101:2-14-30 Management of Communicable Disease		<input type="checkbox"/> Provider observes children for signs of communicable illness prior to mixing with other children <input type="checkbox"/> Ill children isolated in sight or hearing, but away from other children <input type="checkbox"/> Communicable Disease Chart posted <input type="checkbox"/> Caretakers notified when child has been exposed to a communicable illness
5101:2-14-32 Meal Preparation/Nutritional Requirements Meals and snacks are varied, nutritious and appropriately timed Children are fed required meals		<input type="checkbox"/> Breakfast Served Fluid milk Fruit/vegetable Grain <input type="checkbox"/> Lunch/Dinner Served Fluid milk Meat/meat alternative 2 Fruit/vegetable Grain/Bread
Food is prepared, served and stored in a clean and safe manner		
Current weekly menu is posted		<input type="checkbox"/> Snack Served Two foods from two food groups

Compliance Item	Key	Comments
Hot and cold running water available		
Water supply is safe and sanitary, date last tested: _____		Temp of hot water _____ Temp of refrigerator _____
5101:2-14-21 Transportation and Field Trip Safety		<input type="checkbox"/> Written permission for routine trips or field trips <input type="checkbox"/> JFS 01297 "Child Enrollment/Health Information" taken for every child <input type="checkbox"/> JFS 01928 "Medical/Physical Care Plan" taken for children who may require care <input type="checkbox"/> First aid supplies <input type="checkbox"/> Working cell phone or other means of immediate communication <input type="checkbox"/> Provider has valid driver's license and verified insurance coverage <input type="checkbox"/> Approved child restraint systems used <input type="checkbox"/> No children under 12 years old in the front seat <input type="checkbox"/> No smoking in vehicle when occupied by children
Permission forms complete		<input type="checkbox"/> Child's name <input type="checkbox"/> Destination (and date for field trips) <input type="checkbox"/> Caretaker's signature and date <input type="checkbox"/> Notification if children will have access to bodies of water 2 ft or more in depth
5101:2-14-37 Swimming and Water Safety		<input type="checkbox"/> Onsite swimming pools inaccessible to children by fence or barrier <input type="checkbox"/> Saunas, hot tubs, spas inaccessible to children and not used by children <input type="checkbox"/> Swimming permitted in water 2 ft in depth or less <input type="checkbox"/> Wading pools filtered or emptied and sanitized daily <input type="checkbox"/> Provider supervises at all time with a clear view of all parts of pool and surrounding areas where children are playing <input type="checkbox"/> Approved off-site swim sites meet all state/local guidelines for health <input type="checkbox"/> Activities in water 2 ft or more in depth supervised by lifeguard or WSI <input type="checkbox"/> No swimming activities in lakes, rivers, ponds, creeks or similar bodies <input type="checkbox"/> Written permission from caretaker before swimming or infants/toddlers in wading pools
Permission forms complete		<input type="checkbox"/> Child's name and date of birth <input type="checkbox"/> Statement indicating if child is swimmer or non-swimmer <input type="checkbox"/> Location of off site swimming <input type="checkbox"/> Statement granting permission for child to participate
5101:2-14-27 Care of Children with Special Needs or Health Conditions		<input type="checkbox"/> JFS 01928 "Medical/Physical Care Plan" on file for children w/special needs or health conditions <input type="checkbox"/> Plan updated at least annually and as needed <input type="checkbox"/> Provider has received training as needed

Compliance Item	Key	Comments												
5101:2-14-34 Infant Care Infants allowed to safely and comfortably sit, crawl, toddle, walk and play		Storage/Preparation <input type="checkbox"/> Bottles labeled with name and date of preparation <input type="checkbox"/> Refrigerated upon arrival (unless commercially prepared) <input type="checkbox"/> Formula and food labeled w/name and when prepared, discarded according to manufacturer's instructions, sent home daily <input type="checkbox"/> Formula/food expiration dates verified <input type="checkbox"/> Breast milk: labeled w/date expressed and date of receipt. Stored appropriately:												
Designated play area which does not allow infants to go underneath cribs		<table border="1"> <thead> <tr> <th data-bbox="850 478 1279 506">Storage Temperature (at or below)</th> <th data-bbox="1279 478 1481 506">Storage Time</th> </tr> </thead> <tbody> <tr> <td data-bbox="850 506 1279 533">Room temp (78F)</td> <td data-bbox="1279 506 1481 533">6-8 hrs</td> </tr> <tr> <td data-bbox="850 533 1279 581">Refrigerator (39F)</td> <td data-bbox="1279 533 1481 581">5 days (expressed)</td> </tr> <tr> <td data-bbox="850 581 1279 609">Freezer w/in refrigerator (5F)</td> <td data-bbox="1279 581 1481 609">2 weeks</td> </tr> <tr> <td data-bbox="850 609 1279 657">Freezer/refrigerator w/separate door (0)F</td> <td data-bbox="1279 609 1481 657">3-6 months</td> </tr> <tr> <td data-bbox="850 657 1279 701">Deep freeze (-4F)</td> <td data-bbox="1279 657 1481 701">6-12 months</td> </tr> </tbody> </table>	Storage Temperature (at or below)	Storage Time	Room temp (78F)	6-8 hrs	Refrigerator (39F)	5 days (expressed)	Freezer w/in refrigerator (5F)	2 weeks	Freezer/refrigerator w/separate door (0)F	3-6 months	Deep freeze (-4F)	6-12 months
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Freezer/refrigerator w/separate door (0)F	3-6 months													
Deep freeze (-4F)	6-12 months													
Caretakers provided with written daily report which includes: food intake, sleep, diaper changes and daily activities		<input type="checkbox"/> Formula/breast milk heated properly-no microwaves <input type="checkbox"/> Formula prepared according to manufacturer's instructions or MD/CNP <input type="checkbox"/> Formula preparation safe and sanitary <input type="checkbox"/> Microwaves used properly for foods												
Infants removed from crib for feeding, infants held or fed sitting up, no bottles propped		<input type="checkbox"/> Wash all soiled areas of child <input type="checkbox"/> Hands washed with liquid soap/running water/15 sec. after each diaper change <input type="checkbox"/> Disposable separation material <input type="checkbox"/> Diaper changing surface cleaned if visibly soiled <input type="checkbox"/> Surface sanitized after each diaper changed <input type="checkbox"/> Soiled clothing bagged and sent home <input type="checkbox"/> Covered, plastic lined, receptacle that prevents hand contamination and is not accessible to children <input type="checkbox"/> Wipes/washcloths discarded, or properly sanitized and laundered <input type="checkbox"/> Diapers are changed away from meal preparation and serving areas <input type="checkbox"/> Child not left unattended on changing table												
Caretakers provide written feeding instructions														
Formula/breast milk prepared/stored and handled appropriately														
5101:2-14-35 Diaper Care Diapers checked every two hours														
Children not left unattended on changing table														
Toilet training is based on child's readiness, is in consultation with caretaker and is never forced														
5101:2-14-36 Crib and Playpen Requirements Each infant has a separate crib		# Porta Crib ____ # Full Size ____ # Playpen ____ <input type="checkbox"/> Full size crib- dimensions (52"L x 28"W x 26"H) <input type="checkbox"/> Closely spaced bars (2 3/8") <input type="checkbox"/> No more than 1 1/2 inches between mattress and sides <input type="checkbox"/> Firm mattress at least 1 1/2 inches thick, playpen no more than 1" thick <input type="checkbox"/> Safe, waterproof mattress cover that can be sanitized <input type="checkbox"/> Properly fitting sheets <input type="checkbox"/> Bumper pads not in use <input type="checkbox"/> Items not hung over the side of the crib or playpen <input type="checkbox"/> Cribs/playpens sanitized between children <input type="checkbox"/> Infants not placed in crib with bibs or other strangulation or suffocation hazards <input type="checkbox"/> Cribs or playpens not used for storage of toys or other materials												
Infants placed on backs to sleep, unless written authorization is on file from physician (JFS 01930)														
Infants sleep only in cribs or playpens														
Written permission on file for 16 mo + infant to sleep on cot														
Additional Comments: 														

SECTION IV - Provider's Assurances for Limited Certification

Please read each statement below carefully, check each box to indicate agreement and sign.

- I understand that the county staff will inform me about authorization schedules and billing/invoice requirements.
- I understand that it is my responsibility to maintain compliance with the rules governing certification of my Type B Limited Certified Child Care Home or Limited In-Home Aide.
- I verify that my home meets the minimum health and safety requirements as specified in the rules and on this form. I agree that all information given is true and correct. I understand that falsification of any information may result in denial or revocation of my certificate.
- I understand that being approved as a provider of child care services makes me liable for the safety and health of all children in my care.
- I understand I must submit a new application form after voluntary withdrawal from certification and when seeking certification after denial or revocation of a certificate.
- My fingerprints have been submitted electronically to the Bureau of Criminal Identification and Investigation (BCII) for processing for an Ohio BCII and a Federal Bureau of Investigation (FBI) criminal records check.
- I have submitted information necessary for the PCSA to conduct an abuse or neglect registry search for myself and all other adult residents in my home.
- I verify that I am physically, intellectually, and emotionally capable of complying with Chapter 5101:2-14 of the Ohio Administrative Code and performing activities normally related to child care.

Signature of Provider

Date

SECTION V - Parent's Assurances for Limited Certification

Please read each statement carefully, check each box to indicate agreement and sign.

- I understand that I am responsible for placing my child with this provider.
- I have inspected this provider's home and verify that it meets the minimum health and safety requirements as specified in the rules and this form.
- I have received a copy of the JFS 01332 "Certified Child Care Handbook for Caretakers"

Signature of Parent

Date

N/A

This provider is agency inspected (AI)

Signature of Worker Completing Inspection

A copy of this report shall be left with the provider on the date of the inspection.

FOR AGENCY USE ONLY:

Agency Representative	Date Completed Form Received	Date of Office Visit	Date of Home Visit
Date BCII Records Check Submitted	Date FBI Records Check Submitted	Date PCSA Report Requested	
Date BCII Records Check Results Verified	Date FBI Records Check Results Verified	Date PCSA Results Received	

This form meets the requirements of Chapter 5101:2-14 of the Administrative Code.

Ohio Department of Job and Family Services
STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed by every: certified type B home provider, emergency and substitute caregivers and all persons 18 years of age and older who reside in a type B home. This statement must be kept on file at the home or County Department of Job and Family Services (CDJFS).

Name (please print or type)			
<input type="checkbox"/>	I hereby attest that I have never been convicted of or pleaded guilty to crimes set forth in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code and that no child has been removed from my home as described in section 2151.353 of the Revised Code.		
Signature of Person Completing Form			Date
Street Address			
City	State	Zip Code	Telephone Number
<input type="checkbox"/>	I am unable to sign the statement above because I have had a child removed from my home as described in section 2151.353 of the Revised Code.		
<input type="checkbox"/>	I am unable to sign the statement above because I have been convicted of a crime included in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.		
<input type="checkbox"/>	I have reviewed the rehabilitation requirements of rule 5101:2-14-11 of the Administrative Code, and have determined that person named above meets the rehabilitation requirements. The attached documents verify that the requirements for rehabilitation have been met.		
CDJFS Worker Signature			Date

Note: Anyone who withholds information from, or falsifies information on this statement is guilty of falsification, a misdemeanor of the first degree. If the offender is an a type B home provider or an in home aide the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification. If the offender is an employee of a center or type A home, or is a person eighteen years of age or older who resides in a type A or type B home or is an emergency or substitute caregiver, and if the owner or licensee had knowledge of, and acquiesced in the commission of the offense, the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification.

Note: effective June 1, 2008 all civilian background checks must be submitted electronically through use of WebCheck or other approved methods. More information can be found at: www.webcheck.ag.state.oh.us.

<p>The county child care worker for the type B home or in-home aide is required to sign and date below verifying that fingerprints have been electronically submitted to the Ohio Bureau of Criminal Identification and Investigation (BCII), or mailed if electronic processing exemption criteria are met.</p> <p>A criminal records check for the above named individual was requested on (date) _____</p> <p><input type="checkbox"/> Ohio BCII records check <input type="checkbox"/> Federal Bureau of Investigation (FBI) records check (please check)</p>	
Signature of CDJFS worker	Date
<p>The certified provider of a type B home must sign the following statement: I hereby attest that no one who resides in my home and who is under eighteen years of age has been adjudicated a delinquent child for committing a violation of any offense listed in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.</p>	
Signature	Date

▼ TO BE SIGNED BY THE COUNTY CHILD CARE WORKER

<p>I have reviewed the results of this person's criminal records check on the following dates: _____ Ohio BCII records check, _____ FBI records check. Section 109.572 (A) of the Revised Code requires the results of these records checks to be reviewed and approved by the CDJFS worker prior to certification of the type B home or in-home aide.</p>	
Signature of CDJFS worker	Date

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Prohibited Offenses

Homicide

- R.C. 2903.01 - Aggravated murder
- R.C. 2903.02 - Murder
- R.C. 2903.03 - Voluntary manslaughter
- R.C. 2903.04 - Involuntary manslaughter

Assault

- R.C. 2903.11 - Felonious assault
- R.C. 2903.12 - Aggravated assault
- R.C. 2903.13 - Assault
- R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated menacing
- R.C. 2903.211 - Menacing by stalking
- R.C. 2903.22 - Menacing

Patient abuse and neglect

- R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement

Sex offenses

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Corruption of a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating matter harmful to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
- R.C. 2909.23 - Making terroristic threat
- R.C. 2909.24 - Terrorism
- R.C. 2909.03 - Arson

Robbery and Burglary

- R.C. 2911.01 - Aggravated robbery
- R.C. 2911.02 - Robbery
- R.C. 2911.11 - Aggravated burglary
- R.C. 2911.12 - Burglary

Theft and Fraud

- R.C. 2913.02 - Theft, aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device

- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications
- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery, identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud
- R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law Enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's compensation fraud
- R.C. 2913.49 - Identity fraud

Offenses against the family

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence

Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification

Weapons control

- R.C. 2923.12 - Carrying a concealed weapon
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
- R.C. 2923.01 - Conspiracy
- R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A) (9)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

Drug offenses

- R.C. 2925.02 - Corrupting another with drugs
- R.C. 2925.03 - Trafficking in drugs
- R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding of drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public services
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2917.02 - Aggravated riot
- R.C. 2917.03 - Riot
- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs – OVI. (A second violation within five years of the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

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Ohio Department of Job and Family Services
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Name <i>(please print or type)</i>			
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Menacing

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated menacing
- R.C. 2903.211 - Menacing by stalking
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Patient abuse and neglect

- R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement

Sex offenses

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Corruption of a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating matter harmful to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
- R.C. 2909.23 - Making terroristic threat
- R.C. 2909.24 - Terrorism
- R.C. 2909.03 - Arson

Robbery and Burglary

- R.C. 2911.01 - Aggravated robbery
- R.C. 2911.02 - Robbery
- R.C. 2911.11 - Aggravated burglary
- R.C. 2911.12 - Burglary

Theft and Fraud

- R.C. 2913.02 - Theft; aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device

- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications
- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery; identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud
- R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law Enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's compensation fraud
- R.C. 2913.49 - Identity fraud

Offenses against the family

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence

Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification

Weapons control

- R.C. 2923.12 - Carrying a concealed weapon
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
- R.C. 2923.01 - Conspiracy
- R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A) (9)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

Drug offenses

- R.C. 2925.02 - Corrupting another with drugs
- R.C. 2925.03 - Trafficking in drugs
- R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding of drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public services
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2917.02 - Aggravated riot
- R.C. 2917.03 - Riot
- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI. (A second violation within five years of the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

This is a prescribed form which must be used to meet the requirements of rule 5101.2-14-11 of the Administrative Code.

Ohio Department of Job and Family Services
STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed by every: certified type B home provider, emergency and substitute caregivers and all persons 18 years of age and older who reside in a type B home. This statement must be kept on file at the home or County Department of Job and Family Services (CDJFS).

Name (please print or type)			
<input type="checkbox"/>	I hereby attest that I have never been convicted of or pleaded guilty to crimes set forth in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code and that no child has been removed from my home as described in section 2151.353 of the Revised Code.		
Signature of Person Completing Form			Date
Street Address			
City	State	Zip Code	Telephone Number
<input type="checkbox"/>	I am unable to sign the statement above because I have had a child removed from my home as described in section 2151.353 of the Revised Code.		
<input type="checkbox"/>	I am unable to sign the statement above because I have been convicted of a crime included in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.		
<input type="checkbox"/>	I have reviewed the rehabilitation requirements of rule 5101:2-14-11 of the Administrative Code, and have determined that person named above meets the rehabilitation requirements. The attached documents verify that the requirements for rehabilitation have been met.		
CDJFS Worker Signature			Date

Note: Anyone who withholds information from, or falsifies information on this statement is guilty of falsification, a misdemeanor of the first degree. If the offender is an a type B home provider or an in home aide the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification. If the offender is an employee of a center or type A home, or is a person eighteen years of age or older who resides in a type A or type B home or is an emergency or substitute caregiver, and if the owner or licensee had knowledge of, and acquiesced in the commission of the offense, the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification.

Note: effective June 1, 2008 all civilian background checks must be submitted electronically through use of WebCheck or other approved methods. More information can be found at: www.webcheck.ag.state.oh.us.

<p>The county child care worker for the type B home or in-home aide is required to sign and date below verifying that fingerprints have been electronically submitted to the Ohio Bureau of Criminal Identification and Investigation (BCII), or mailed if electronic processing exemption criteria are met.</p> <p>A criminal records check for the above named individual was requested on (date) _____</p> <p><input type="checkbox"/> Ohio BCII records check <input type="checkbox"/> Federal Bureau of Investigation (FBI) records check (please check)</p>	
Signature of CDJFS worker	Date
<p>The certified provider of a type B home must sign the following statement: I hereby attest that no one who resides in my home and who is under eighteen years of age has been adjudicated a delinquent child for committing a violation of any offense listed in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.</p>	
Signature	Date

▼ TO BE SIGNED BY THE COUNTY CHILD CARE WORKER

<p>I have reviewed the results of this person's criminal records check on the following dates: _____ Ohio BCII records check, _____ FBI records check. Section 109.572 (A) of the Revised Code requires the results of these records checks to be reviewed and approved by the CDJFS worker prior to certification of the type B home or in-home aide.</p>	
Signature of CDJFS worker	Date

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Prohibited Offenses

Homicide

- R.C. 2903.01 - Aggravated murder
- R.C. 2903.02 - Murder
- R.C. 2903.03 - Voluntary manslaughter
- R.C. 2903.04 - Involuntary manslaughter

Assault

- R.C. 2903.11 - Felonious assault
- R.C. 2903.12 - Aggravated assault
- R.C. 2903.13 - Assault
- R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated menacing
- R.C. 2903.211 - Menacing by stalking
- R.C. 2903.22 - Menacing

Patient abuse and neglect

- R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement

Sex offenses

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Corruption of a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
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- R.C. 2907.22 - Promoting prostitution
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- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
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- R.C. 2909.24 - Terrorism
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Robbery and Burglary

- R.C. 2911.01 - Aggravated robbery
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Theft and Fraud

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- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device

- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications
- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery; identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud
- R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law Enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's compensation fraud
- R.C. 2913.49 - Identity fraud

Offenses against the family

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence

Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification

Weapons control

- R.C. 2923.12 - Carrying a concealed weapon
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
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- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

Drug offenses

- R.C. 2925.02 - Corrupting another with drugs
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- R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding of drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public services
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2917.02 - Aggravated riot
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- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs – OVI. (A second violation within five years of the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses

This is a prescribed form which must be used to meet the requirements of rule 5101.2-14-11 of the Administrative Code.

Ohio Department of Job and Family Services
**MEDICAL STATEMENT FOR TYPE B HOME
 AND IN-HOME AIDE CHILD CARE PROVIDERS**

To the physician, physician's assistant (PA), advanced practice nurse (APN), certified nurse midwife (CNM) or certified nurse practitioner (CNP): The completion of the form is required before this applicant can be certified as an in-home provider for child care services. Child care services includes the full time or part time care of up to six children ages birth to thirteen years.

All sections of this form must be completed.

Name of Child Care Provider		Date of Birth	
Street Address			
City		State	Zip Code
Date of Exam			

This is to certify that I have examined the above named person who I have found:

- Yes No Is free from communicable disease.
- Yes No Has been immunized against measles and mumps, or was born before December 31, 1956 and has a disease history of measles and mumps, or is exempt from this requirement for medical or religious reasons. If exempt, please explain:
- Yes No Has been immunized against rubella, or has a laboratory test demonstrating detectable rubella antibodies, or is exempt from this requirement for medical or religious reasons. If exempt, please explain:
- Yes No Is free from tuberculosis as verified by a current TB test: _____ (date).
- Yes No Has been immunized against Tetanus and Diphtheria or is exempt from this requirement for medical or religious reasons. (At the time the next booster for Tetanus and Diphtheria is due, the provider or in-home aide must also be immunized against Pertussis.) (Tdap) If exempt, please explain:
- Yes No Is free from any known physical or mental health problems which might interfere with the safety or health of children, or might prohibit this individual from providing adequate care for a group of young children in a home setting. If not, please explain:

Printed name of Physician, PA, APN, CNM or CNP		Telephone Number	
Street Address			
City		State	Zip Code
Signature of the examining Physician, PA, APN, CNM or CNP			

This prescribed form is used to meet the requirements of Chapter 5101:2-14 of the Ohio Administrative Code.

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT
TYPE B HOMES AND IN-HOME AIDES

Child's Name <i>(print or type)</i>	Date of Birth
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This is to certify that I have examined this child and their health records and found that:

1. This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. Please note exemptions:

Immunizations (enter month, day, and year)	(Not required for children enrolled in school)				
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Meningococcal					

The immunizations above are recommended immunizations. Please consult your child's physician for more information

2. Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.
3. List any limitations or health conditions (including allergies, daily medications, dietary restrictions)

Recommended Assessments/Screenings:

Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
BMI: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Other:

Ohio Administrative Code rules 5101:2-14- require that this examination be given no more than twelve months prior to the date of admission to the type B home.

Signature of Examining Physician / Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Date of Examination
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Name of Physician /Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number ()
Street Address	
City	State
Zip Code	

This form meets the requirements of Chapter 5101:2-14 of the Administrative Code

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT
TYPE B HOMES AND IN-HOME AIDES

Child's Name <i>(print or type)</i>	Date of Birth
-------------------------------------	---------------

This is to certify that I have examined this child and their health records and found that:

1. This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. Please note exemptions:

Immunizations (enter month, day, and year)	(Not required for children enrolled in school)				
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Meningococcal					

The immunizations above are recommended immunizations. Please consult your child's physician for more information

2. Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.

3. List any limitations or health conditions (including allergies, daily medications, dietary restrictions)

Recommended Assessments/Screenings:

Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
BMI: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Other:

Ohio Administrative Code rules 5101:2-14- require that this examination be given no more than twelve months prior to the date of admission to the type B home.

Signature of Examining Physician / Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Date of Examination
---	---------------------

Name of Physician /Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number ()	
Street Address		
City	State	Zip Code

This form meets the requirements of Chapter 5101:2-14 of the Administrative Code

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT
TYPE B HOMES AND IN-HOME AIDES

Child's Name <i>(print or type)</i>	Date of Birth
-------------------------------------	---------------

This is to certify that I have examined this child and their health records and found that:

1. This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. Please note exemptions:

Immunizations (enter month, day, and year)	(Not required for children enrolled in school)				
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Meningococcal					

The immunizations above are recommended immunizations. Please consult your child's physician for more information

2. Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.
3. List any limitations or health conditions (including allergies, daily medications, dietary restrictions)

Recommended Assessments/Screenings:

Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
BMI: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Other:

Ohio Administrative Code rules 5101:2-14- require that this examination be given no more than twelve months prior to the date of admission to the type B home.

Signature of Examining Physician / Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Date of Examination
---	---------------------

Name of Physician /Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number ()	
Street Address		
City	State	Zip Code

This form meets the requirements of Chapter 5101:2-14 of the Administrative Code

Ohio Department of Job and Family Services
Request for Child Abuse and Neglect Report Information

Provider

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordance with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information *(please print)*

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

Full Name of Child Care Provider <small>(Last name, First name, Middle name or Initial)</small>	Maiden Name, Previous Name or alias (if applicable)	Date of Birth		
Home Address of Provider		City	State	Zip Code
		Social Security Number*		
Provider Vendor#		Provider Type B - Limited or Professional?		
Signature of the Provider				Date of Signature
Full Name of Emergency Caregiver	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
N/A	N/A	N/A		
Home Address of Emergency Caregiver		Social Security Number*		
N/A		N/A		
Signature of Emergency Caregiver				Date of Signature
N/A				N/A
Full Name of Other Household Adult	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
N/A	N/A	N/A		
Home Address of Other Household Adult		Social Security Number*		
N/A		N/A		
Signature of the Other Household Adult				Date of Signature
N/A				N/A
Full Name of ALL Children: Biological and Step-Children; Living or Deceased; Whether or not they live with you.				
Full Name	Date of Birth	Social Security Number*	Signature (if applicable)	Date of Signature

Ohio Department of Job and Family Services
Request for Child Abuse and Neglect Report Information

Provider

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION <i>(please print)</i>		
Name of County Staff	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff		Telephone Number
Address of County Staff (form will be returned to this address) 1721 Northland Park Ave. Columbus, OH 43229		E-mail Address
INFORMATION FROM PCSA REVIEWER <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to County Staff

*The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social security number. The verification must be kept in the case file, do not attach social security number verification information with this form.

**Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

Ohio Department of Job and Family Services

Household Adult

Request for Child Abuse and Neglect Report Information

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordance with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information *(please print)*

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

Full Name of Child Care Provider * (Last name, First name, Middle name or initial)	Maiden Name, Previous Name or alias (if applicable)	Date of Birth		
Home Address of Provider	City	State	Zip Code	
			Social Security Number*	
Provider Vendor#	Provider Type B - Limited or Professional?			
Signature of the Provider			Date of Signature	
Full Name of Emergency Caregiver	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
N/A	N/A	N/A		
Home Address of Emergency Caregiver			Social Security Number*	
N/A			N/A	
Signature of Emergency Caregiver			Date of Signature	
N/A			N/A	
Full Name of Other Household Adult	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
Home Address of Other Household Adult	City	State	Zip Code	
			Social Security Number*	
Signature of the Other Household Adult			Date of Signature	
Full Name of ALL Children: Biological and Step Children; Living or Deceased; Whether or not they live with you.				
Full Name	Date of Birth	Social Security Number*	Signature (if applicable)	Date of Signature

Ohio Department of Job and Family Services

Household Adult

Request for Child Abuse and Neglect Report Information

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION <i>(please print)</i>		
Name of County Staff	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff		Telephone Number
Address of County Staff (form will be returned to this address) 1721 Northland Park Ave. Columbus, OH 43229		E-mail Address
INFORMATION FROM PCSA REVIEWER <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to County Staff

*The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social security number. The verification must be kept in the case file, do not attach social security number verification information with this form.

**Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

Ohio Department of Job and Family Services

Household Adult

Request for Child Abuse and Neglect Report Information

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordance with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information *(please print)*

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

Full Name of Child Care Provider * <small>(Last name, First name, Middle name or initial)</small>		Maiden Name, Previous Name or alias (if applicable)		Date of Birth	
Home Address of Provider			City	State	Zip Code
Social Security Number*					
Provider Vendor#			Provider Type B - Limited or Professional?		
Signature of the Provider					Date of Signature
Full Name of Emergency Caregiver		Maiden Name, Previous Name or Alias (if applicable)		Date of Birth	
N/A		N/A		N/A	
Home Address of Emergency Caregiver				Social Security Number*	
N/A				N/A	
Signature of Emergency Caregiver					Date of Signature
N/A					N/A
Full Name of Other Household Adult		Maiden Name, Previous Name or Alias (if applicable)		Date of Birth	
Home Address of Other Household Adult			City	State	Zip Code
Social Security Number*					
Signature of the Other Household Adult					Date of Signature
Full Name of ALL Children: Biological and Step Children; Living or Deceased; Whether or not they live with you.					
Full Name		Date of Birth	Social Security Number*	Signature (if applicable)	Date of Signature

Ohio Department of Job and Family Services

Household Adult

Request for Child Abuse and Neglect Report Information

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION <i>(please print)</i>		
Name of County Staff	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff		Telephone Number
Address of County Staff (form will be returned to this address) 1721 Northland Park Ave. Columbus, OH 43229		E-mail Address
INFORMATION FROM PCSA REVIEWER <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to County Staff

*The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social security number. The verification must be kept in the case file, do not attach social security number verification information with this form.

**Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

Just the Facts... About the BCI&I and FBI Criminal Records Searches and WebChecks

WHAT? Senate Bill 238 became law effective 10/29/93. The law requires a criminal records search for individuals employed or self-employed in the child care field. For purposes of type B certification, each of the following individuals is subject to the search, carried out by the Ohio Bureau of Criminal Identification and Investigation (BCI&I):

- The provider/applicant
- The provider's/applicant's spouse or domestic partner
- The provider's/applicant's emergency / substitute caregiver(s) (For professional certification only).
- Any adult(s) residing in the provider's home (18 years of age and older)

The state of Ohio also requires Federal Bureau of Investigation (FBI) checks for the above designated individuals.

WHY? Franklin County and the state of Ohio want to protect children in type B homes from persons with a history of violent crimes or other harmful criminal behavior.

WHERE? WebCheck is available at the following locations in Franklin County:

- **ACTION FOR CHILDREN:** 78 Jefferson Ave. Columbus, OH 43215. They currently charge \$22.00 for BCI and \$30.00 for FBI. Hours are from 12:30 p.m. to 3:45 p.m. on Tuesdays, Wednesdays, and Thursdays on a first come, first served basis. They accept **CASH ONLY** in the **EXACT** change. You must present a state issued photo ID or driver's license; **NO EXCEPTIONS.**
- **THE CHILDREN'S HUNGER ALLIANCE:** 370 S. 5th St. Columbus, OH 43215. They currently charge \$22.00 for BCI and \$30.00 for FBI. Hours are from 9:00 a.m. to 1:45 p.m. on Tuesdays, Wednesdays, and Thursdays on a first come, first served basis. They accept cash in the **EXACT** change, or money order made payable to: The Children's Hunger Alliance. You must present a state issued photo ID or driver's license; **NO EXCEPTIONS.**
- **COLUMBUS POLICE DEPARTMENT:** 120 Marconi Blvd. Columbus, OH 43215 2nd floor. They currently charge \$36.00 for BCI and \$60.00 for FBCI (both BCI & FBI). Hours are 8:00 a.m. to 3:45 p.m. Monday through Friday on a first come, first served basis. They accept cash, money order or certified check. You must present a state issued photo ID or driver's license; **NO EXCEPTIONS.**

Results must be sent directly to Franklin County Department of Job & Family Services, Attn. Certification Unit 1721 Northland Park Ave. Columbus, OH 43229

WHAT IS WEBCHECK? "WebCheck" is the name of the latest technology used in conducting criminal records searches. WebCheck scans prints electronically from the subject's thumb and forefinger, as opposed to actual inking of fingers and rolling of fingerprints. If the individual has no record, documentation of the search results may be made available in less than one week. If the WebCheck scan discloses a record of convictions for an individual, the report will be mailed in about three to four weeks.

Remember: Although only certain convictions are "disqualifying convictions" for child care providers under section 5101:2-14-11 of the Ohio Administrative Code, other convictions will also be considered when determining eligibility for type B certification. If you have questions concerning your results, contact Child Care Certification at (614) 212-1721.

I'm applying to become a type B provider. If I have to wait for a report to be mailed, can I be certified while awaiting my results? A certificate cannot be issued while results of criminal records searches are pending. A disqualifying report on an applicant, adult household member, or emergency/substitute caregiver who is also a household member may result in denial of the application. If a disqualifying report is received on an emergency/substitute caregiver who is not a household member, the applicant will need to obtain another emergency/substitute caregiver.

WebCheck is not sufficient in the following situations: WebCheck may not be able to secure quality fingerprints if the search subject has an amputated fingertip or if fingertips have been worn away by certain occupational hazards (eg., concrete, brick and glass work, etc.). A card with the full set of ink-rolled fingerprints may have to be mailed to the Ohio Bureau of Criminal Identification and Investigation, PO Box 365, London, OH 43140 by the provider applicant, along with \$32.00 for a BCI&I search and \$34.00 for an FBI search.

**Learn more about WebCheck by visiting
the following website:**

<http://www.webcheck.ag.state.oh.us>



Franklin County
 Department of Job and Family Services

Commissioners

Paula Brooks, President
 Marilyn Brown, Commissioner
 John O'Grady, Commissioner

Franklin County Department of Job and Family Services
 Anthony Trotman, Director

North Community Opportunity Center
 Lawrence Spann, Center Director

Consent to Release Information

For the purposes of my certification, and as long as I remain certified as a Type B child care provider with the Franklin County Department of Job and Family Services, I hereby authorize the Child Care Certification Unit to disclose, release and share any and all information pertinent to information relating to certification, additional requirements, or business records; and/or my child care business to the entities listed below. By signing this Release, I also hereby authorize these entities to disclose, release and share with the Child Care Certification Unit any information and records related to the counties responsibilities for certification or invoicing for subsidized child care which have been maintained in their normal course of business.

1. References listed on application.
2. Police Department.
3. Fire Department.
4. Applicant's County Children's Services Agency.
5. Physician/Nurse Practitioner noted on provider medical form.
6. Present and former employers
7. Action for Children.
8. Children's Hunger Alliance.
9. Child Development Council.
10. Landlord/Owner of property where care will be provided.
11. Foster Agency: _____ Address: _____
 Phone#: _____ Contact Name: _____
12. Other _____

I understand that any information that is disclosed, released, and shared between the Child Care Certification Unit and such entities must otherwise remain confidential as required by law in regards to non-specified individuals or entities.

I further understand that upon termination of my contract, the Child Care Certification Unit may inform any of the above entities of this action, and indicate whether the action was self or agency initiated.

Signature: _____
 Date: _____

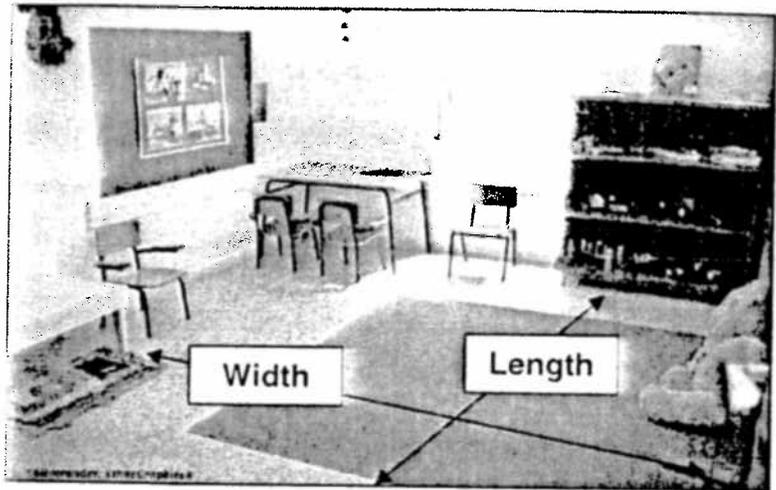
How to Measure Your Available Floor Space for Child Care

EXAMPLE ROOM

To find the square footage of the room pictured here, you must measure both the length and width of the room.

You are measuring unobstructed usable play space only. You can find the length and the width of a room by measuring from the outermost object on one wall to the outermost object on the opposite wall.

For the example room pictured here, you would first measure the length and then the width.



- **To find the length**, you would measure in feet the space between the bookcase and the door on the opposite wall (not pictured). Next find the width of the room.
- **To find the width** of the room, you would measure in feet the space from the white table on the left wall to the right wall.
- **To find the square footage** of the room, multiply the two measurements (*Length x Width*). The total is the square footage of the room.

** Keep in mind that "useable indoor floor space shall not include bathrooms, hallways, storage rooms, or other areas not available or not used for child care (OAC 5101:2-14-08)."

Square Footage:

Step 1) Length x Width = **square footage**

Step 2) Square footage for Room 1 + Room 2 + Room 3 = **total square footage available for childcare**

Example:

First floor of home

Room 1:

$$8 \text{ (feet in Length)} \times 8 \text{ (feet in Width)} = 64 \text{ square feet}$$

Level/Floor of home:	Room	Length		Width	Square Footage
1	1	8	x	8	64

Room 2:

$$13 \text{ (feet in Length)} \times 9 \text{ (feet in Width)} = 117 \text{ square feet}$$

Level/Floor of home:	Room	Length		Width	Square Footage
1	2	13	x	9	117

Room 3:

$$10 \text{ (feet in Length)} \times 10 \text{ (feet in Width)} = 100 \text{ square feet}$$

Level/Floor of home:	Room	Length		Width	Square Footage
1	3	10	x	10	100

Total square footage:

$$\text{Room 1) } 64 + (\text{Room 2) } 117 + (\text{Room 3) } 100 = \mathbf{281 \text{ total square footage available for childcare}}$$

Your Square Footage Measurements:

Fill in the appropriate blanks and add to get the total square feet in your home that is available for child care.

Level/Floor of home:	Room	Length		Width	Square Footage
	1		x		
	2		x		
	3		x		
	4		x		
	5		x		
	6		x		
				Total Square Feet =	

Caretaker/Parent signature:	Date:
Provider signature:	Date:

Ohio Department of Job and Family Services
CARETAKER/PROVIDER AGREEMENT FOR TYPE B HOMES AND IN-HOME AIDES

Name of County Agency			Name of County Child Care Contact		
County Agency Address			Telephone Number		
Name of Caretaker/Parent			Name of Child Care Provider		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		

The provider and caretaker agree that the child(ren) will be in the care of the provider on the following days and hours shown. These days and times have been authorized by the county department of Job and Family Services.

Name of Child	Age	Days and Hours of Care (Example: M/W/F, 6 a.m.-6 p.m.; T/Th, 6 a.m.-Noon)

C A R E T A K E R S E C T I O N	The caretaker shall:					
	1) Give the provider:					
	<input type="checkbox"/> A completed JFS 01297 "Child Enrollment and Health Information" by the child's first day of attendance. Updates shall be made by the caretaker as needed to keep all information accurate.					
	<input type="checkbox"/> A completed JFS 01932 "Child's Medical Statement," or Head Start Medical Statement within 30 days of the first day of attendance. The form must be completed after a physical examination by a physician, physician's assistant or advanced practice nurse. The form and exam shall be completed every 13 months. Children attending a grade of kindergarten or above are not required to submit a medical statement.					
	2) Give the provider a supply of clean diapers and an extra set of clothing to be used in caring for each infant and toddler child.					
	3) Pick up/receive the child at (insert time) _____ a.m./p.m. If the caretaker is unable to pickup/receive the child, the caretaker shall notify the provider that someone else will pick up the child. The caretaker approves the following persons to pick up the child. The provider may ask for identification. Additional names may be listed on the back side of this form.					
	Name			Name		
Address			Address			
City	State	Zip Code	City	State	Zip Code	
Telephone Number			Telephone Number			

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4) Agree to pay the provider the assigned copayment as follows:

(check one) Daily Weekly Monthly Other

5) Agree to pay the provider additional fees, as approved by the CDJFS, for special events, field trip costs, late arrival for pick up expenses and absentee days which exceed those reimbursed by the CDJFS.

6) Give the provider current medical information regarding a child's known or suspected special need, health condition or special treatment. The caretaker shall complete and submit to the provider by the first day of attendance a completed JFS 01928 "Medical/Health Care Plan" if a child has any health conditions or may require the provider to take special actions.

7) The caretaker (check one) Does Does Not grant permission for the in-home aide to bring his/her own children (maximum of two) to the caretaker's home while child care services are provided.

8) The caretaker (check one) Does Does Not authorize an emergency caregiver approved by the CDJFS to care for the caretaker's child in the provider's home or the home of a child receiving in-home aide services for 24 hours of less.

The provider shall:

1) Discipline the child in the following manner:

NOTE: Discipline methods shall be in accordance with appropriate behavior management techniques.

2) Provide the caretaker with a copy of a completed JFS 01299 "Incident/Injury Report" on the day of the incident when an injury or accident has occurred that required first aid.

3) Provide the following sleeping arrangements for children napping: _____
and the following arrangements for children sleeping overnight: _____

4) Notify the CDJFS within ten days if the caretaker fails to pay the copayment for child care services.

5) Obtain written permission from the caretaker, prior to transporting children on routine trips or field trips.

6) Obtain written permission from the caretaker, prior to allowing children to participate in swimming activities.

7) The provider: (check one) Will Will Not administer medication to the child. If the provider will administer medication, the caretaker shall give written permission for each request on the JFS 01644 "Permission to Administer Medication." The CDJFS or the provider may require written instructions from a licensed physician, physician's assistant, advanced practice nurse or dentist. List any provider medication policy limitations or restrictions:

8) Will Will Not provide child care to the child when the child is ill (as defined in rule 5101:2-14-30). If the provider will provide care for the ill child, the caretaker shall give complete instructions for the care of the child. List any provider policy limitations or restrictions:

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9) Will Will Not administer food supplements to the child. If the provider will administer food supplements, the caretaker shall give written instructions from a licensed physician, physician's assistant or advance practice nurse.

10) Will Will Not administer a modified diet to the child. If the provider will administer a modified diet, the caretaker shall give written instructions from a licensed physician, physician's assistant or advance practice nurse.

11) Has arranged for the following people to serve as the emergency caregiver who will provide care for the children if needed due to an emergency. The JFS 01923 "Emergency/Substitute Caregiver Statement" must be completed by the emergency caregiver and the provider.

Name	Name
------	------

12) Has informed the caretaker of the following animals that reside on the property:

NOTE: All animals are required to have current inoculations and licenses as required by local government.

13) The provider will provide food for meals and snacks. The caretaker will provide food for meals and snacks when in-home aide services are provided, unless otherwise indicated:

Infant food and formula in a provider's home, or the home of a child receiving in-home aide services, shall be provided by: *(check one)* Caretaker Provider Other *(please specify)*

14) The provider has notified each caretaker/parent regarding liability insurance *(check one)*

Provider has liability insurance that meets the requirements of rule 5101:2-14-02 or 5101:2-14-58.

Provider has given the caretaker a completed JFS 01933 as notice that the provider has no liability insurance.

Termination of Services

The caretaker or the provider shall give a written notice at least 10 calendar days prior to terminating child care services.

The signatures below show that the caretaker and the provider have read, discussed and understand this agreement and that the caretaker has received a copy of the JFS 01332 "Certified Child Care Handbook for Caretakers." We also agree to follow the terms stated in this agreement and in the JFS 01332. We understand that this agreement shall be reviewed and amended when changes are necessary. We also understand that anytime policies and procedures are revised, the caretaker will receive a copy of the amended policies.

Signature of Caretaker	Date
Signature of Provider	Date

This form shall be used to meet the requirements of Chapter 5101:2-14 of the Ohio Administrative Code.

The caretaker, the provider and the CDJFS shall each have a copy of this completed form.

Ohio Department of Job and Family Services
CERTIFIED CHILD CARE HANDBOOK FOR CARETAKERS

Provider Name
Address
Phone Number <i>(including area code)</i>
Days and Hours of Operation
<p>To Caretakers - Type B Home providers operate under rules in Chapter 5101:2-14 of the Ohio Administrative Code. They are not employees of the County Department of Job and Family Services (CDJFS) or the Ohio Department of Job and Family Services (ODJFS). Many of the requirements in this handbook depend on your cooperation, including submission of your child's records (child medical signed by the doctor, health information, and emergency transportation authorization) in a timely manner. Also, you must provide written permission for your child to attend all field trips and routine trips.</p>
<p>Maximum number of children permitted in the care of this provider</p>
<p>No more than _____ children may be present at any one time. _____ Infants may be cared for at any one time.</p>
<p>CERTIFICATION INFORMATION</p>
<ul style="list-style-type: none"> • The provider has been issued a type B home certificate which is posted • The provider is required, under Section 2151.421 of the Ohio Revised Code (ORC), to report suspicions of child abuse or neglect to the county children's protective services agency • The caretaker of a child enrolled in the type B home shall be permitted unlimited access to the parts of the home used during child care hours. • The caretaker shall notify the provider that he/she is on the premises before entering the provider's home. • The provider's certification record is available upon request from the CDJFS. • The provider agrees that, in the performance of services, there shall be no discrimination, retaliation or intimidation against any client, child, employee, contractor or any person acting on behalf of a contractor due to race, color, sex, religion, national origin, handicap, age or ancestry. The provider will comply with all appropriate federal and state laws regarding discrimination and the right to any method of appeal shall be made available to all persons.
<p>ENROLLMENT AND DISENROLLMENT</p>
<p>Enrollment Process - Prior to enrollment there must be a meeting between the provider and the caretaker to discuss and complete the JFS 01634 "Caretaker/Provider Agreement." The JFS 01297 "Child Enrollment and Health Information" must be completed and given to the provider before care is provided for any child. A medical statement, indicating that your child has been examined by a health care professional, must be signed and submitted within 30 days of the child's first day of care. Your child must be examined at least once every 13 months and the medical statement completed, until your child enters a grade of kindergarten or above. Each year, this enrollment information must be reviewed and the form must be signed again verifying that the information is accurate. Anytime there is a change to this information, you should inform the provider immediately to assure that current information is always on file.</p>
<p>Additional Enrollment Information</p>
<p>Disenrollment/Withdrawal Policy</p>
<p>Children's Records are confidential and shall only be disclosed to the CDJFS, ODJFS, the provider and to persons with written authorization from the caretaker. The provider must maintain attendance records indicating the hours of child care provided for each child. This record must follow the manner prescribed by the CDJFS.</p>

COPAYMENT AND FEES

The caretaker must pay the assigned copayment. The provider shall notify the CDJFS when the copayment is delinquent more than two weeks from the date established in the written copayment agreement. The caretaker agrees to pay the provider additional fees for special events, field trip costs, late arrival for pick up expenses and absentee days which exceed those eligible for payment. The provider shall provide the caretaker with a written receipt for all payments made.

THE HOME

The provider shall provide a safe and healthy environment when children are present. Any individual whose behavior or health may endanger the health, safety or well being of children shall not reside in or be present in the type B home or in the home of a child receiving in-home aide services. Providers certified after September 1, 2008 shall not use any room or space higher than the second floor of a home or building for child care.

THE PROVIDER and EMERGENCY/SUBSTITUTE CAREGIVER

The provider and in-home aide shall complete the "Health and Safety in Family Child Care" course prior to certification. The provider and in-home aide shall be currently trained in First Aid and CPR and must complete a six-hour training on Child Abuse Recognition and Prevention and a training on Management of Communicable Disease. After the first year of certification a minimum of six hours of inservice training must be completed each year. If the provider is not able to be present for child care due to an emergency, illness, appointment, etc., the provider may be replaced by an emergency or substitute caregiver. The emergency or substitute caregiver must be approved by the CDJFS and meet the rule requirements. The name of this person must be included on the "Caretaker/Provider Agreement." Caretakers must be notified whenever an emergency or substitute caregiver will provide care in the place of the certified provider.

INSURANCE

This provider will secure insurance against liability arising out of, or in connection with, the operation of the type B home. The insurance shall cover any cause for which the provider would be liable in the amount of one hundred thousand dollars per occurrence and three hundred thousand dollars in the aggregate. If this insurance is not maintained by the provider, the caretaker of each child must sign a statement acknowledging that the provider does not carry liability insurance as described and/or any other owner of the home may not provide for liability coverage for the provider.

CHILD GUIDANCE AND MANAGEMENT POLICY

Specific **behavior management techniques** which will be used at the type B home are

MEALS AND SNACKS

Meals and snacks that will be served by this provider are

The provider provides the food. The caretaker provides the food when in-home aide services are provided.

A current menu shall be posted in a conspicuous place that is readily accessible to caretakers. The menu shall include all meals and snacks served by the provider. Any substitutions shall be noted at the time of the change.

Times that meals and snacks are served

Infant food and formula will be provided by

EMERGENCY PROCEDURES AND ACCIDENTS

Emergency transportation for children will be obtained by

The provider shall send the child's "Child Enrollment and Health Information" form with the child who is being transported to a source of emergency assistance. A first aid box shall be on the premises and readily available to the provider but shall be kept out of reach of children.

Actions to be taken by the provider, emergency/substitute caregiver or in-home aide in the event of a **general emergency**

An **incident report** will be completed and provided to the caretaker whenever the following occurs with a child: becomes ill or receives an injury that requires first aid, is transported for emergency assistance, receives a bump or blow to the head or when the child experiences an unusual or unexpected incident which jeopardizes the safety of a child or provider. An incident report must be given to the caretaker on the day of the incident/injury.

Actions to be taken by the provider, emergency/substitute caregiver or in-home aide in the event of a **serious incident, injury or illness**, including the completion of an incident report

MANAGEMENT OF ILLNESS

The home's procedure for **administering medication, food supplement or modified diet**: Whether the provider will administer medication, food supplements, modified diets or not. Written permission from the caretaker on the JFS 01644 "Permission to Administer Medication." The CDJFS or the provider may require written instructions from a licensed physician, physician's assistant, advance practice nurse or dentist. Any limitations

Caring for an ill child

The symptoms for a sick child are

- Temperature of at least 100 degrees (axillary/armpit method) when in combination with any other symptoms
- Diarrhea (3 or more abnormally loose stools within a 24 hour period)
- Severe Coughing causing child to become red or blue in the face, or to make a whooping sound
- Difficult or rapid breathing
- Yellowish skin or eyes
- Purulent (pus) eye discharge, or eye pain, or eyelid redness or fever
- Untreated infected skin patches, unusual spots or rashes
- Unusually dark urine and/or grey or white stool
- Stiff neck with elevated temperature
- Evidence of untreated lice, scabies or other parasitic infestations
- Sore throat or difficulty in swallowing
- Vomiting more than one time or when accompanied by any other symptom

Upon the child's arrival each day, the provider shall observe each child for signs of communicable illness.

Parents will be notified when children have been exposed to a communicable illness by

Ill children will be isolated

SUPERVISION AND SAFETY OF CHILDREN

The provider is responsible for the child's safety while child care is being provided. No child shall ever be left unsupervised. When children are inside they shall be within sight or hearing of the provider at all times.

The provider shall release a child only to the caretaker or to a person who has been previously approved by the caretaker. The provider's policy regarding releasing a child to anyone other than the caretaker (including custody agreements) is _____

The procedure for the safe arrival and departure of children is _____

OUTDOOR PLAY

The provider will provide outdoor play each day in suitable weather for all toddlers, preschoolers and schoolage children who are present more than four daylight hours. This home will limit outdoor play only in case of the following weather conditions: We will not go outside to play if the temperature is under _____ degrees, or over _____.

Other conditions which would limit our time outside or not allow us to go outside are _____
Supervision plan for outdoor play _____

TRANSPORTATION

Written permission must be secured from the caretaker prior to leaving the premises. The "Child Enrollment and Health Information" form will be taken for each child, as well as a complete first aid kit, a working cell phone and health record information for any child who may need care. Children will never be left unsupervised and smoking shall not occur in any vehicle while children are present.

Specific plans for supervision on field trips which explain how all children will be accounted for at all times _____

Children will be transported in the following manner for field trips or routine trips _____

SWIMMING

Providers with swimming pools, saunas, hot tubs, etc. shall make the sites inaccessible to children. Written permission from the caretaker is needed before any off site water activities occur in water that is more than two feet deep.

Written permission is needed from the caretaker before children in diapers engage in water play. This is due to the increased risk of communicable illnesses being spread through the diapers and standing water.

Swimming or water play in more than 2 feet of water will _____

NAPPING

Sleeping arrangements for children _____
Length of time for naps _____

- no child is permitted to rest or nap on the floor
- rest or nap areas shall be lighted to allow the provider to supervise the children
- any child who does not fall asleep shall have an opportunity to engage in quiet activities
- evacuation routes shall not be blocked and the provider shall have a clear path to each resting child

EVENING CARE (Care anytime between 7:00 p.m. and 6:00 a.m.)

INFANTS AND TODDLERS

Who will supply diapers, formula, extra clothes, etc.
Diapers will be checked every two hours.
Diaper creams/ointments

Infants - Infants will be placed in their crib or playpen for sleeping and shall not be allowed to sleep in bassinets, swings, car seats or other equipment. Infants shall be placed on their backs to sleep unless the child's physician signs the "Sleep Position Waiver."

Daily Record - The provider will maintain a daily written record for each infant. This record will be given to the infant's caretaker on a daily basis. The report shall include food intake, sleeping patterns, times and results of diaper changes and daily activities.

Infant Food - Infants will be served food appropriate to the developmental needs of each child. The provider will introduce new foods only after consultation with the caretaker. The caretaker will need to supply written feeding instructions for the infant that includes the type and amount of food/formula and times for feedings. All formula, breast milk or prepared food must be labeled with the infant's name and date of preparation.

Toilet Training -

COMPLAINTS OR CONCERNS

If the provider or caretaker determines that a conference is needed, the provider shall schedule a conference at a time mutually acceptable to discuss the child's progress and needs.

If the caretaker suspects that the provider is not operating according to the child care rule requirements for Ohio, the caretaker may contact the local CDJFS to file a complaint. The number to contact the CDJFS which certifies this home is:

FEEES

OTHER

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING JFS 01332, CERTIFIED CHILD CARE
 HANDBOOK FOR CARETAKERS**

Providers: Below is listed the information that should be provided in the Caretaker Policies and Procedures Handbook. Information that is listed under each section of the policies is required information. You may not change the pre-printed information, but you may elaborate on a policy or include additional information. Sections that state to "list your policy/procedure for..." should be filled out with information on your policy or procedure for that specific topic. You should take time to read the rule related to each section to be sure your policies do not conflict with rule requirements and that you are covering all areas of the topic that need to be included.

Name of Section	Instructions for the section
Provider Name	List your information, the address and phone number for the location in which care is being given.
Address	
Phone Number (including area code)	
Days and Hours of Operation	List all hours and days that you are willing to provide care for children. Be sure to include any holidays or special days that you will not care for children.
TO CARETAKERS	No information is to be added to this section.
MAXIMUM NUMBER OF CHILDREN PERMITTED IN CARE	Fill in the number of children that the CDJFS has approved you to care for at any one time. Specify how many infants (children under 18 months) you are approved to care for at any one time.
CERTIFICATION INFORMATION	The only information to be filled in for this section is the location where the child care certificate is posted. No other information is to be added to this section.
ENROLLMENT AND DISENROLLMENT	No other information is to be added to this section.
Additional Enrollment Information	
Disenrollment/Withdrawal Policy	
Children's records	No information is required to be added to this section. You may wish to include your expectations regarding obtaining signatures for attendance and other required information from the caretakers.
PAYMENT	No information is to be added to this section. All charges should be included in the JFS 01224 "Contract for Purchase of Publicly Funded Child Care Services."

THE HOME	No information is required to be added to this section, you may choose to add information about the sections of your home used for child care.
THE PROVIDER	No information is required to be added to this section, however, you may choose to add information about yourself, your family and your child care experience.
CHILD GUIDANCE AND MANAGEMENT POLICY	You will need to outline the behavior management techniques that you will use with children in your home. What will you do when children act out? Do you use positive reminders, time outs, removal from activities, etc? You must be sure that your methods used include the acceptable actions indicated in Rule 5101:2-14-22 and do not use methods prohibited by the same rule.
MEALS AND SNACKS Times that meals and snacks are served	This section should list any meals and snacks that are to be served in the home and approximate time when they are to be served. Where the menu is posted. Who will provide the food served to the in-home aide or the in-home aide's children that may accompany the in-home aide to the home of the child receiving in-home aide services? Who provides food if the child has allergies or won't eat certain foods that are served?
Infant food and formula	You will need to state whether the caretaker or provider will supply the formula and baby food. Is extra food and formula available? Who provides that?
EMERGENCY PROCEDURES AND ACCIDENTS Emergency Transportation General Emergency	Explain your plan for an emergency, how would emergency transportation be secured? Will you provide transport in an emergency for any reason? Will you call 911 or EMS? In a general emergency (bomb threat, gas leak, fire, etc.) what actions would you take? Where would children be evacuated to if needed? You may want to consider a location fairly close by and a back up location further away in case the entire area around your home would need to be evacuated. How would you access children's emergency information?
Incident Reports	No information is to be added to this section.
Serious Incident/Injury or Illness	What actions will be taken if there is a serious incident/emergency? Explain what a serious incident/emergency is. When are parents contacted?
MANAGEMENT OF ILLNESS	This section will include a statement indicating whether you will administer medication or not. You may want to note the difference if your policies are different for over-the-counter medication or prescription medication. Will you administer food supplements or modified diets? What information is necessary before any medication can be administered to a child in care? Are there any limitations as to the type of medications you will administer?
Caring for a sick child	Will you care for a sick child? What guidelines will you follow for the care of a sick child? How will you secure the caretakers instructions regarding the care of a sick child? Are there any limitations or restrictions you will have for the care of sick children?
The symptoms for a sick child	No information is to be added to this section.
Parents will be notified...	How will you notify caretakers when their child has been exposed to a communicable illness?
Ill children will be isolated...	Where will a child showing signs of illness be isolated? What steps will you take to assure that the illness is not spread?

SUPERVISION and SAFETY OF CHILDREN The provider is responsible...	No information is to be added to this section.
The provider shall release...	You must explain your policy regarding releasing a child to anyone other than the caretaker. What is your policy regarding custody agreements? You may want to include your policies on releasing children to caretaker's that appear to be under the influence of alcohol or drugs.
The procedure for safe arrival...	This section will contain all of your policies and procedures for assuring the safe arrival and departure of children. Do caretakers have to walk their children into the home? Can children walk to the home by themselves?
OUTDOOR PLAY	You will need to explain what your outdoor play policy is. When will children be taken outside? What type of weather or conditions would prohibit children from going outside or limit their time outside? What temperatures would be too cold or hot for outdoor play? What type of supervision will children have while they are outside?
TRANSPORTATION	This first section lists requirements. No changes may be made to this information.
	This section will include your specific plans for supervision of children while being transported. How will you account for children at all times during the trip? Checklists that will be used?
	You will need to explain what vehicle(s) will be used to transport children. Will you use public transportation, your personal vehicle, other parent's vehicles to transport children? Are children transported on a regular basis? An occasional field trip? Or never?
SWIMMING	This first section lists requirements. No changes may be made to this information.
	This section will need to include information on when children will be provided opportunities to play in water that is more than 2 feet in depth.
NAPPING	Where will children sleep? How long will children sleep? Is a nap required for every child? Are other activities provided for children that do not want to nap? Is a rest time required? What does the child sleep on? Do caretakers need to bring anything for their child to nap with? (blanket, pillow, stuffed animal, etc.) Your naptime policy must include: -no child is permitted to rest or nap on the floor -rest or nap areas shall be lighted to allow the provider to supervise the children -any child who does not fall asleep shall have an opportunity to engage in quiet activities - evacuation routes shall not be blocked and the provider shall have a clear path to each resting child
EVENING CARE	Evening care is caring for children anytime between the hours of 7:00 pm and 6:00 am. You will need to state whether you are willing to provide care during this timeframe or not. Your evening care section (if you choose to provide evening care) must include the following: -children will only sleep in areas approved by CDJFS -bedtime routines shall be developed by the caretaker and provider -activities that are provided during these hours -when sleeping garments are needed -where children's personal belongings will be kept -what assistance will be provided to children when getting ready for bed and when getting up after sleeping

<p>INFANTS AND TODDLERS</p> <p>Diapered Children</p> <p>Infants Sleeping</p> <p>Daily Record</p> <p>Infant Food</p> <p>Toilet training</p>	<p>This section needs to include the statement that you will be checking children's diapers at least every two hours. It will also need to state the caretaker is required to supply the diapers and a clean change of clothes. You should also include your policy on administering diaper creams/ointments/powders, who provides wipes used for diaper changes, where diapers will be stored in your home and what your policy is for returning soiled clothing, and soiled diapers, if cloth diapers are used.</p> <p>No changes may be made to this information.</p> <p>First part lists requirements and may not change. You may choose to add more information.</p> <p>First part lists requirements and may not change. You may choose to add more information.</p> <p>This section needs to include a statement that conveys that toilet training shall occur based on a child's readiness and with consultation with the caretaker. The provider shall ensure that toilet training is never forced.</p>
<p>COMPLAINTS OR CONCERNS</p>	<p>No information except the contact number for the CDJFS is to be added to this section.</p>
<p>FEES</p>	<p>List any fees that you charge. If you charge different rates for Infants, Toddlers, Preschoolers, Schoolage children, list those out. If you have a weekly, daily, hourly, evening, weekend, part time or full time rate, include those. Also list any additional fees that you charge such as: registration, activities, late pick up, late payment, returned checks, etc.</p>
<p>OTHER</p>	<p>You may add any additional information you choose to this section. You may want to include:</p> <ul style="list-style-type: none"> -what to send the first day -appropriate clothing for child care -video viewing policy -toys from home policy -birthdays <p>You may include anything in this section as long as it does not conflict with any aspect of the child care certification or eligibility rules.</p>

**Type B Limited Certified Providers
State Reimbursement Child Care Rates
Effective July 31, 2011**

Parent / Provider Inspected Rates

	Infant 0-18 Mos.	Toddler 18 mos. - 3 yrs.	Pre-School 3 yrs. - entry to K	School Age K - 13 yrs.	Summer School Age K - 13 yrs.
Full - Time Weekly 25 to 60 hrs. wk.	\$63.34	\$86.27	\$66.02	\$55.90	\$68.42
Full-Time Weekly Plus Over 60 Hours Week	\$2.86	\$2.69	\$3.01	\$3.32	\$3.35
Part-Time Weekly 7 - 24.9 hrs. wk.	\$63.88	\$53.68	\$53.60	\$35.00	\$56.22
Hourly Less than 7 hrs. wk.	\$2.86	\$2.69	\$3.01	\$3.32	\$3.35

Agency Inspected Rates:

	Infant 0-18 Mos.	Toddler 18 mos. - 3 yrs.	Pre-School 3 yrs. - entry to K	School Age K - 13 yrs.	Summer School Age K - 13 yrs.
Full - Time Weekly 25 to 60 hrs. wk.	\$79.18	\$107.84	\$82.53	\$69.87	\$85.53
Full-Time Weekly Plus Over 60 Hours Week	\$3.57	\$3.37	\$3.76	\$4.15	\$4.19
Part-Time Weekly 7 - 24.9 hrs. wk.	\$79.85	\$67.10	\$67.01	\$43.75	\$70.28
Hourly Less than 7 hrs. wk.	\$3.57	\$3.37	\$3.76	\$4.15	\$4.19

Full-Time Weekly Plus: Over 60 Hours of care.
 Full-Time Week: 25 - 60 hours of care.
 Part-Time Week: 7 - 24.9 hours of care.
 Hourly: Less than 7 hours of care.

Agency Inspected Means:

1. An annual home inspection is conducted by certification specialist.
2. Provider has met minimal requirements to participate in the USDA food program.

Parent / Provider Inspected Means:

1. Home inspection is conducted by the parent and provider.
2. Provider is not eligible to participate in the USDA food program

Please carefully choose whether you wish your home to be Agency Inspected (AI) or Parent / Provider Inspected (PPI). You will be asked to wait until our annual renewal to make changes.