

## Professional Certified Provider Application Packet

Thank you for your interest in becoming a Professional Type B child care provider. Professional Type B status allows you to provide care for up to six (6) children at a time, in your legal, private residence.

To be successful in this chosen profession, you must first 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>

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 professional certification, please complete and return all items listed on the checklist of this application packet.

**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.**

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<br>Professional Type B Child Care Certification Checklist |
| What does it cost flyer   | What does it cost?  |
| Instructions              | Professional Application Packet Instructions  |
|                           | OAC 5101:2-14 Approved Additional County Requirements (Effective 3/7/11)  |
| JFS 01643                 | Application for Professional Type B Home and In-Home Aide Certification   |
| JFS 01329<br>(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 01923                 | Emergency/Substitute Caregiver Statement  |
| JFS 01302<br>(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 #610<br>(3 copies) | Child Care Services Reference Letter  |
|                           | How to Measure your Available Floor Space for Child Care  |
| JFS 01332                 | Certified Child Care Handbook for Caretakers  |
| JFS 01332-I               | Instructions for Completing JFS 01332, Certified Child Care Handbook for Caretakers                             |
|                           | Training Resource List  |
|                           | Type B Professional State Reimbursement Child Care Rates (Effective 7/31/11)                                    |

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

| Form Number                         | Title   | Description  |
|-------------------------------------|---|--|
| <input type="checkbox"/> JFS 01643  | Application for Certification   |  |
| <input type="checkbox"/> JFS 01329  | Statement of Non-Conviction   | This form is required for the provider, emergency/substitute caregiver 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 a MD, PA, CNP, APN, or CNM. The signature must indicate the title of the person completing the form.  |
| <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 01923  | Emergency/Substitute Caregiver Statement                                |  |
| <input type="checkbox"/> JFS 01302  | Request for Child Abuse & Neglect Report Information form               | This form is required for the provider, emergency/substitute caregiver, and all adults 18 and older residing in the provider's home. |
| <input type="checkbox"/>            | BCI&I background check (Receipt only)                                   | This form is required for the provider, emergency/substitute caregiver, and all adults 18 and older residing in the provider's home. |
| <input type="checkbox"/>            | FBI background check (Receipt only)                                     | This form is required for the provider, emergency/substitute caregiver, 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 610 | Child Care Services Reference Letter (3 References)                     | These forms must be completed by non-relatives   |
| <input type="checkbox"/> JFS 01332  | Certified Child Care Handbook   |  |
| <input type="checkbox"/>            | Copy of applicant's high school diploma or GED certificate              |  |
| <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 Northalnd 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 PROFESSIONAL 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, each adult (18 years of age and older) residing in the provider's home, and each emergency/substitute caregiver must complete the BCI&I and FBI background checks.

### **Safety Items (Approximate costs):**

- **Fire Inspection:** \$83.00 (Columbus). If you reside in a suburb or township the costs will vary.
- **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.

## Professional Application Packet Instructions

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

### JFS 01643 -- Application form

#### Pages 1 - 3

Throughout the certification process, you the applicant, we be referred to as the "provider". The parent of the child(ren) you will care for will be referred to as the "caretaker" or "customer".

Please note: Please complete the application honestly as it pertains to you at the time of application

### JFS 01329 -- Statement of Non-Conviction

- This form is required for each adult 18 and older residing in the provider's home and the emergency/substitute caregiver.
- For the provider: You must complete the first section with you 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 and the emergency/substitute caregiver: 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 01923 - Emergency/Substitute Caregiver Statement**

- This form must be completed by the provider and the emergency/substitute caregiver. All information must be completed and every box initialed.

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

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

#### **BCI&I background checks**

- This background check is required for each adult 18 and older residing in the provider's home and the emergency/substitute caregiver. 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 each adult 18 and older residing in the provider's home and the emergency/substitute caregiver. 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.

#### **FCDJFS #610 - Reference Letters**

- Three reference letters must be completed by non-relatives who have known you for at least one year. Additional references may be submitted, but at least three are required. You may attach additional sheets as necessary, but the enclosed forms must still be completed.

**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](http://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](http://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 FOR PROFESSIONAL TYPE B HOME AND IN-HOME AIDE CERTIFICATION**

| <b>Section I<br/>To Be Completed by County Agency</b>      |  | Submit this Application to ( <i>County Agency Name and Address</i> ): |  |
|--|--|---|--|
| Telephone Number   |  |   |  |
| Name of County Child Care Contact                          |  |   |  |
| Status of Application:                                     |  |   |  |
| <input type="checkbox"/> Date Application Submitted        | <input type="checkbox"/> Date BCII/FBI Checks Submitted<br><input type="checkbox"/> Date BCII Results Received<br><input type="checkbox"/> Date FBI Results Received | <input type="checkbox"/> Date Provider Agreement Completed            |  |
| <input type="checkbox"/> Date PCSA Request Submitted       | <input type="checkbox"/> Date PCSA Results Received  |   |  |
| <input type="checkbox"/> Date Initial Inspection Completed | <input type="checkbox"/> Date Certificate Issued   | <input type="checkbox"/> Date Application Denied                      |  |

The information in Section II through Section V will give us an idea of the types of services you may be able to provide. However, your answers to these questions will not be taken as a final commitment. The county agency worker will discuss this information with you.

| Section II - General Information   |  |  |                                    |
|--|--|--|------------------------------------|
| Name of Applicant  |  | Birth Date   | Social Security Number             |
|  |  |  | E-Mail Address ( <i>required</i> ) |
| Address  |  | Previous Last Names of Applicant   |                                    |
|  |  | Telephone Number   |                                    |
| City, State, and Zip Code  |  | What is your educational level?  |                                    |
| Which children are you willing to care for?<br><input type="checkbox"/> Infants (0-18 months)<br><input type="checkbox"/> Toddlers (18-36 months)<br><input type="checkbox"/> Preschool children<br><input type="checkbox"/> School children<br><input type="checkbox"/> Children with special needs<br><br>When do you prefer to care for children?<br><input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight |  | <input type="checkbox"/> High School Graduate      Date _____<br><input type="checkbox"/> GED Diploma                      Date _____<br><input type="checkbox"/> College Graduate                  Date _____ |                                    |
|  |  | How many of your own children are under the age of six?  |                                    |
|  |  | How many children other than your own are you caring for at this time?<br><br>List their ages:   |                                    |

| Are you presently employed inside or outside your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete the chart below. |   |              |                      |
|---|---|--------------|----------------------|
| Name of Employer  |   | City         |                      |
| Address   |   | State        | Zip Code             |
| Position  | Day Working   | Time of Work | Hours Worked Per Day |
|   | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat |              |                      |
|   | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat |              |                      |
|   | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat |              |                      |
|   | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat |              |                      |

|  |   |
|--|---|
| Are you currently receiving OWF benefits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | Are you a foster parent? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you a specialized care foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you caring for foster children at this time?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list their names   |

Name of foster care worker(s) and agency(ies)

Have you previously been certified or are you currently certified as a child care provider by any county Department of Job and Family Services?     Yes     No    If yes, please list

Do you have a swimming pool or open body of water 2 feet or deeper at your residence?  
 Yes     No

**Section III - Training and Experience**

Have you had any formal training in child care?     Yes     No    If yes, complete this chart

| Year Completed | Name of Course | Certificate, Diploma or Credential Received |
|----------------|----------------|---|
|                |                |   |
|                |                |   |

Summarize your previous experience in caring for children and/or in child care-related employment and indicate the length of the experience.

**Section IV - List the people living in your home, including children, foster children, relatives and boarders.**

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

**Please show that you have or are willing to provide the following:**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Evidence of physical examination as required by certification rules                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A working land line telephone   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A complete first aid kit  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A working smoke detector and carbon monoxide detector in the basement and on each level | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A stove or microwave and refrigerator in working order                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Meals and snacks for the children receiving care  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| A separate crib for each infant receiving care   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A bed, sofa, cot, pad or mat for each toddler, preschooler or school age child who rests   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Evidence of laboratory approval of your water supply (for nonpublic water systems only)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DATE _____   |                              |                             |
| An approved, portable fire extinguisher  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Childproof protective covers for electrical outlets  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A smoke-free environment   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Information necessary to perform a BCII and an FBI criminal records check on you, other adult residents in your home and emergency/substitute caregivers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Information necessary for the PCSA to conduct an abuse or neglect registry search on you and other adult residents in your home                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Section VI - References**

If you do not have at least three child care or employer references, list three references from persons **who are not related to you** who can speak to your ability to care for children. The county agency cannot approve your application without first contacting your references. The county agency may contact references by mail, therefore you must show complete names and addresses below.

|                   |       |                   |       |                   |          |
|-------------------|-------|-------------------|-------|-------------------|----------|
| Name of Reference |       | Name of Reference |       | Name of Reference |          |
| Address           |       | Address           |       | Address           |          |
| City              |       | City              |       | City              |          |
| State             | State | State             | State | State             | Zip Code |
| Telephone Number  |       | Telephone Number  |       | Telephone Number  |          |

- I am physically, intellectually and emotionally capable of complying with Chapter 5101:2-14 of the Ohio Administrative Code and can perform all activities related to child care.
- I agree to complete the required documents by logging onto the ODJFS Provider Portal at: <http://jfs.ohio.gov/cdc/childcare.stm>
- I understand that the submission of these documents through the Provider Portal must be completed before I provide any publicly funded child care services and that these forms are necessary in order for ODJFS to reimburse me for providing publicly funded child care services in my home.
- I understand that approval of this application is based on the information I have provided and information obtained during a home inspection. Any false or misleading statements made on this application may be grounds for denial of my application. To the best of my knowledge the information I have given is true and correct.

**My signature below means that I have read and agree to the terms of this application.**

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

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



**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             |

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**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](http://www.webcheck.ag.state.oh.us).

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| 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**

|  |      |
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| <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
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- 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](http://www.webcheck.ag.state.oh.us).

|   |      |
|---|------|
| <p><b>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.</b></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**

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|--|------|
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| Signature of CDJFS worker  | Date |

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## 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
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- 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
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- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
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### Sex offenses

- R.C. 2907.02 - Rape
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### Arson

- R.C. 2909.02 - Aggravated arson
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- R.C. 2919.12 - Unlawful abortion
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- 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
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**▼ TO BE SIGNED BY THE COUNTY CHILD CARE WORKER**

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### 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  
**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 |
|-------------------------------------|---------------|

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:  Yes  No Date: \_\_\_\_\_  
 Dental:  Yes  No Date: \_\_\_\_\_  
 BMI:  Yes  No Date: \_\_\_\_\_

Hearing:  Yes  No Date: \_\_\_\_\_  
 Lead:  Yes  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<br>(    ) |          |
| 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 ( <i>enter month, day, and year</i> ) | (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:  Yes  No Date: \_\_\_\_\_  
 Dental:  Yes  No Date: \_\_\_\_\_  
 BMI:  Yes  No Date: \_\_\_\_\_

Hearing:  Yes  No Date: \_\_\_\_\_  
 Lead:  Yes  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<br>(     ) |          |
| 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:  Yes  No Date: \_\_\_\_\_  
 Dental:  Yes  No Date: \_\_\_\_\_  
 BMI:  Yes  No Date: \_\_\_\_\_

Hearing:  Yes  No Date: \_\_\_\_\_  
 Lead:  Yes  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<br>(    ) |          |
| 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  
**EMERGENCY/SUBSTITUTE CAREGIVER STATEMENT**

|  |       |          |                  |       |          |
|--|-------|----------|------------------|-------|----------|
| Name of Emergency/Substitute Caregiver |       |          | Name of Provider |       |          |
| Address                                |       |          | Address          |       |          |
| City                                   | State | Zip Code | City             | State | Zip Code |
| Telephone Number                       |       |          | Telephone Number |       |          |

**To be completed by the Emergency/Substitute Caregiver, initial all applicable boxes**

|   |   |  |  |                  |  |
|---|---|--|--|------------------|--|
|   | I agree to provide child care services on behalf of the above-named provider. The care will be provided in the home of a certified provider.<br>The address is:   |  |  |                  |  |
|   | I am currently a certified type B provider. <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |                  |  |
|   | I am eighteen years of age or older   |  |  | Date of Birth    |  |
|   | I understand that I will be contacted by the provider and I agree to assume responsibility for the children being cared for by the above-named provider.  |  |  |                  |  |
|   | I will notify the above-named provider and the county child care contact at the following telephone number of any changes in my address, telephone number, availability and/or willingness to care for children.  |  |  |                  |  |
|   | County Child Care Contact   |  |  | Telephone Number |  |
|   | I understand the rate of compensation for child care services is: \$ _____ per child per, (check one) <input type="checkbox"/> hour<br><input type="checkbox"/> day <input type="checkbox"/> week, and that the provider is responsible for paying me.  |  |  |                  |  |
|   | I understand that any care I provide is an arrangement between the provider and myself, and that I am not eligible for reimbursement from the County Department of Job and Family Services (CDJFS)  |  |  |                  |  |
|   | I declare that I have not been convicted of, or pleaded guilty to, any crime listed in (A)(8) or (A)(9) of section 109.572 or division (A)(1) of section 5104.09 of the Ohio Revised Code, and that no child has been removed from my home pursuant to section 2151.353 of the Ohio Revised Code. |  |  |                  |  |
|   | I understand that I am required to have state and national criminal records checks conducted through the Ohio Bureau of Criminal Identification and Investigation (BCII) and a background check from the public children services agency (PCSA).  |  |  |                  |  |
|   | I understand that I am required to complete the "Health and Safety in Child Care" training, prior to providing emergency or substitute care.  |  |  |                  |  |
| Signature of Emergency/Substitute Caregiver |   |  |  | Date             |  |

**To be completed by the provider, initial all applicable boxes**

|                       |  |  |  |      |  |
|-----------------------|--|--|--|------|--|
|                       | I understand the rate of compensation for child care services is: \$ _____ per child per, (check one) <input type="checkbox"/> hour<br><input type="checkbox"/> day and that I am responsible for paying the above-named emergency/substitute caregiver. |  |  |      |  |
|                       | I understand that I must contact the county child care contact <b>before</b> using a substitute caregiver, and will contact the county <b>within 24 hours</b> after using an emergency caregiver.  |  |  |      |  |
|                       | I understand that emergency child care shall not exceed one day (24 hours).  |  |  |      |  |
|                       | I understand that substitute child care shall not exceed fourteen consecutive days.  |  |  |      |  |
|                       | I understand that I must notify all caretakers when a substitute or emergency caregiver is used.   |  |  |      |  |
| Signature of Provider |  |  |  | Date |  |

**For County Use Only**

|   |  |  |   |
|---|--|--|---|
| BCII<br>Date Submitted:<br>Date Received: | FBI<br>Date Submitted:<br>Date Received: | JFS 01302 to PCSA<br>Date Submitted:<br>Date Received: | Date "Health and Safety" Training Completed |
| CDJFS Agency Worker Signature             |  |  | Date  |

This is a prescribed form which must be used to meet the requirement 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.

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

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

Provider

| <b>IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION</b> <i>(please print)</i>                                 |  |                                    |
|---|--|------------------------------------|
| Name of County Staff<br>Child Care Certification  | County Agency Name<br>Franklin County<br>Job and Family Services | Date Sent to PCSA                  |
| Signature of County Staff   |  | Telephone Number<br>(614) 233-2000 |
| Address of County Staff (form will be returned to this address)<br>1721 Northland Park Ave.<br>Columbus, OH 43229 |  | E-mail Address                     |
| <b>INFORMATION FROM PCSA REVIEWER</b> <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  
**Request for Child Abuse and Neglect Report Information** Household Adult

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.

|  |  |                                    |                           |                   |
|--|--|------------------------------------|---------------------------|-------------------|
| <b>Full Name of Child Care Provider *</b><br>(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<br><br>N/A  | Maiden Name, Previous Name or Alias (if applicable)<br><br>N/A | Date of Birth<br><br>N/A           |                           |                   |
| Home Address of Emergency Caregiver<br><br>N/A   |  | Social Security Number*<br><br>N/A |                           |                   |
| Signature of Emergency Caregiver<br><br>N/A  |  | Date of Signature<br><br>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                  |                           |                   |
| <b>Full Name of ALL Children: Biological and Step Children; Living or Deceased; Whether or not they live with you.</b> |  |                                    |                           |                   |
| Full Name  | Date of Birth  | Social Security Number*            | Signature (if applicable) | Date of Signature |
|  |  |                                    |                           |                   |
|  |  |                                    |                           |                   |
|  |  |                                    |                           |                   |
|  |  |                                    |                           |                   |
|  |  |                                    |                           |                   |
|  |  |                                    |                           |                   |
|  |  |                                    |                           |                   |

**Household Adult**

**Request for Child Abuse and Neglect Report Information**

| <b>IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION</b> <i>(please print)</i>                                 |  |  |
|---|--|--|
| Name of County Staff<br>Child Care Certification  | County Agency Name<br>Franklin County<br>Job and Family Services | Date Sent to PCSA                      |
| Signature of County Staff   |  | Telephone Number<br><br>(614) 233-2000 |
| Address of County Staff (form will be returned to this address)<br>1721 Northland Park Ave.<br>Columbus, OH 43229 |  | E-mail Address                         |
| <b>INFORMATION FROM PCSA REVIEWER</b> <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  
**Request for Child Abuse and Neglect Report Information**

**Emergency**  
**Caregiver**

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.

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

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

**Emergency**  
**Caregiver**

| <b>IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION</b> <i>(please print)</i>                                 |  |  |
|---|--|--|
| Name of County Staff<br>Child Care Certification  | County Agency Name<br>Franklin County<br>Job and Family Services | Date Sent to PCSA                      |
| Signature of County Staff   |  | Telephone Number<br><br>(614) 233-2000 |
| Address of County Staff (form will be returned to this address)<br>1721 Northland Park Ave.<br>Columbus, OH 43229 |  | E-mail Address                         |
| <b>INFORMATION FROM PCSA REVIEWER</b> <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>**



**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 certification, 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: \_\_\_\_\_

## Franklin County Department of Job and Family Services Type B Applicant Reference Letter

|            |       |
|------------|-------|
| Applicant: | Date: |
|------------|-------|

The person named above is applying for a certificate to operate a type B child care home. A certified child care provider must be physically, emotionally, and intellectually capable of caring for a group of children. He or she must be able to provide developmentally-appropriate activities and experiences for children. Please complete this form as honestly as you can. Thank you for your cooperation.

- 1) How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months
- 2) What is your relationship\* to the applicant? \_\_\_\_\_

\* A reference may not be related to the applicant by blood, marriage, or adoption

- 3) Has the applicant ever cared for your children?       Yes;       No
- 4) Have you observed the applicant with children?       Yes;       No
- If so, please describe the circumstances: \_\_\_\_\_

- 5) Please describe the applicant's ability to relate to children: \_\_\_\_\_
- \_\_\_\_\_

- 6) Please comment on the applicant's abilities in the following areas:
- Activity-planning for children: \_\_\_\_\_
- \_\_\_\_\_
- Handling discipline problems: \_\_\_\_\_
- \_\_\_\_\_
- Record Keeping/organizational skills: \_\_\_\_\_
- \_\_\_\_\_

- 7) To the best of your knowledge, does the applicant abuse drugs or alcohol?       Yes;       No
- 8) In your opinion, is the applicant honest and dependable?       Yes;       No
- 9) Overall, would you recommend this applicant to care for children?       Yes;       No

Feel free to use the back of this sheet for any additional comments you would like to make.

|          |                        |
|----------|------------------------|
| Name:    | Signature:             |
| Address: | Telephone:<br>(      ) |

# Franklin County Department of Job and Family Services

## Type B Applicant Reference Letter

|                  |             |
|------------------|-------------|
| Applicant: _____ | Date: _____ |
|------------------|-------------|

The person named above is applying for a certificate to operate a type B child care home. A certified child care provider must be physically, emotionally, and intellectually capable of caring for a group of children. He or she must be able to provide developmentally-appropriate activities and experiences for children. Please complete this form as honestly as you can. Thank you for your cooperation.

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- 2) What is your relationship\* to the applicant? \_\_\_\_\_

\* A reference may not be related to the applicant by blood, marriage, or adoption

- 3) Has the applicant ever cared for your children?       Yes;       No
- 4) Have you observed the applicant with children?       Yes;       No  
     If so, please describe the circumstances: \_\_\_\_\_

- 5) Please describe the applicant's ability to relate to children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 6) Please comment on the applicant's abilities in the following areas:  
     Activity-planning for children: \_\_\_\_\_  
     \_\_\_\_\_
- Handling discipline problems: \_\_\_\_\_  
     \_\_\_\_\_
- Record Keeping/organizational skills: \_\_\_\_\_  
     \_\_\_\_\_

- 7) To the best of your knowledge, does the applicant abuse drugs or alcohol?       Yes;       No
- 8) In your opinion, is the applicant honest and dependable?       Yes;       No
- 9) Overall, would you recommend this applicant to care for children?       Yes;       No

Feel free to use the back of this sheet for any additional comments you would like to make.

|                |                              |
|----------------|------------------------------|
| Name: _____    | Signature: _____             |
| Address: _____ | Telephone: _____<br>(      ) |

# Franklin County Department of Job and Family Services

## Type B Applicant Reference Letter

|                  |             |
|------------------|-------------|
| Applicant: _____ | Date: _____ |
|------------------|-------------|

The person named above is applying for a certificate to operate a type B child care home. A certified child care provider must be physically, emotionally, and intellectually capable of caring for a group of children. He or she must be able to provide developmentally-appropriate activities and experiences for children. Please complete this form as honestly as you can. Thank you for your cooperation.

- 1) How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months
- 2) What is your relationship\* to the applicant? \_\_\_\_\_

\* A reference may not be related to the applicant by blood, marriage, or adoption

- 3) Has the applicant ever cared for your children?       Yes;       No
- 4) Have you observed the applicant with children?       Yes;       No

If so, please describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_

- 5) Please describe the applicant's ability to relate to children: \_\_\_\_\_  
\_\_\_\_\_

- 6) Please comment on the applicant's abilities in the following areas:  
 Activity-planning for children: \_\_\_\_\_  
 \_\_\_\_\_  
 Handling discipline problems: \_\_\_\_\_  
 \_\_\_\_\_  
 Record Keeping/organizational skills: \_\_\_\_\_  
 \_\_\_\_\_

- 7) To the best of your knowledge, does the applicant abuse drugs or alcohol?       Yes;       No
- 8) In your opinion, is the applicant honest and dependable?       Yes;       No
- 9) Overall, would you recommend this applicant to care for children?       Yes;       No

Feel free to use the back of this sheet for any additional comments you would like to make.

|                |                              |
|----------------|------------------------------|
| Name: _____    | Signature: _____             |
| Address: _____ | Telephone: _____<br>(      ) |

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   |
| <b>To Caretakers -</b> 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.  |
| <b>Maximum number of children permitted in the care of this provider</b>  |
| No more than _____ children may be present at any one time. _____ Infants may be cared for at any one time.   |
| <b>CERTIFICATION INFORMATION</b>  |
| <ul style="list-style-type: none"><li>• The provider has been issued a type B home certificate which is posted</li><br/><li>• 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</li><li>• 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.</li><li>• The caretaker shall notify the provider that he/she is on the premises before entering the provider's home.</li><li>• The provider's certification record is available upon request from the CDJFS.</li><li>• 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.</li></ul> |
| <b>ENROLLMENT AND DISENROLLMENT</b>   |
| <b>Enrollment Process -</b> 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.   |
| <b>Additional Enrollment Information</b>  |
| <b>Disenrollment/Withdrawal Policy</b>  |
| <b>Children's Records</b> 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.  |

### **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.   |
| <b>TO CARETAKERS</b>                                | No information is to be added to this section.  |
| <b>MAXIMUM NUMBER OF CHILDREN PERMITTED IN CARE</b> | 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.   |
| <b>CERTIFICATION INFORMATION</b>                    | 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.  |
| <b>ENROLLMENT AND DISENROLLMENT</b>                 | No other information is to be added to this section.  |
| Additional Enrollment Information                   | Each provider may set their own policy regarding whether to provide child care services to children whose caretakers refuse to grant consent for transportation to the source of emergency treatment. In this section you would address any additional paperwork for the child(ren) that you need completed.  |
| Disenrollment/Withdrawal Policy                     | In this section you will want to include any reasons for which children may be disenrolled. You may want to consider what you will do if parents don't pay, are regularly late to pick up their children or if there are severe behavioral issues. You should also include how much notice caretakers should provide you when they know they will no longer be needing child care. Policies must be in compliance with the termination policy outlined on the JFS 01634 "Caretaker/Provider Statement." |
| 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.   |
| <b>PAYMENT</b>                                      | 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."  |

|  |  |
|--|--|
| <b>THE HOME</b>  | 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.   |
| <b>THE PROVIDER</b>  | 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.   |
| <b>CHILD GUIDANCE AND MANAGEMENT POLICY</b>  | 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.  |
| <b>MEALS AND SNACKS</b><br><br>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?  |
| <b>EMERGENCY PROCEDURES AND ACCIDENTS</b><br><br>Emergency Transportation<br><br>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?<br>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?   |
| <b>MANAGEMENT OF ILLNESS</b>   | 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?  |

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| <b>SUPERVISION and SAFETY OF CHILDREN</b><br>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?   |
| <b>OUTDOOR PLAY</b>   | 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?  |
| <b>TRANSPORTATION</b>   | 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?  |
| <b>SWIMMING</b>   | 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.  |
| <b>NAPPING</b>  | 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:<br>-no child is permitted to rest or nap on the floor<br>-rest or nap areas shall be lighted to allow the provider to supervise the children<br>-any child who does not fall asleep shall have an opportunity to engage in quiet activities<br>-evacuation routes shall not be blocked and the provider shall have a clear path to each resting child |
| <b>EVENING CARE</b>   | 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:<br>-children will only sleep in areas approved by CDJFS<br>-bedtime routines shall be developed by the caretaker and provider<br>-activities that are provided during these hours<br>-when sleeping garments are needed<br>-where children's personal belongings will be kept<br>-what assistance will be provided to children when getting ready for bed and when getting up after sleeping  |

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| <p><b>INFANTS AND TODDLERS</b></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><b>COMPLAINTS OR CONCERNS</b></p>  | <p>No information except the contact number for the CDJFS is to be added to this section.</p>  |
| <p><b>FEEES</b></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><b>OTHER</b></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"> <li>-what to send the first day</li> <li>-appropriate clothing for child care</li> <li>-video viewing policy</li> <li>-toys from home policy</li> <li>-birthdays</li> </ul> <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 Professional  
State Reimbursement Child Care Rates  
Effective July 31, 2011**

|  | <b>Infant</b><br>0-18 Mos. | <b>Toddler</b><br>18 mos. - 3 yrs. | <b>Pre-School</b><br>3 yrs. - entry to K | <b>School Age</b><br>K - 13 yrs. | <b>Summer School Age</b><br>K - 13 yrs. |
|--|----------------------------|------------------------------------|--|----------------------------------|---|
| <b>Full-Time Weekly</b><br>25 - 60 hrs. Week       | \$105.57                   | \$143.79                           | \$110.04                                 | \$93.16                          | \$114.04                                |
| <b>Full-Time Weekly Plus</b><br>Over 60 Hours Week | \$4.76                     | \$4.49                             | \$5.01                                   | \$5.53                           | \$5.59                                  |
| <b>Part-Time Weekly</b><br>7 - 24.9 hrs. Week      | \$106.47                   | \$89.47                            | \$89.34                                  | \$58.33                          | \$93.70                                 |
| <b>Hourly</b><br>Less than 7 hrs. Week             | \$4.76                     | \$4.49                             | \$5.01                                   | \$5.53                           | \$5.59                                  |

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.

5% up to a total of 15% not to exceed the provider's reimbursement rate:

1. Special needs child
2. Non-traditional hours (7 p.m. - 6 a.m.) (Any hours Saturday and Sunday)
3. Accreditation (NAFCC)

Absent Days: January 1st thru June 30th - Ten allowable days.  
 July 1st thru December 31st - Ten allowable days.