

LICENSED TYPE B IN-HOME CHILD CARE PROVIDER APPLICATION PACKET





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Licensed Type B Home Child Care Provider Application Packet

Thank you for your interest in becoming a Licensed Type B Home Child Care Provider. The type B status allows you to care for up to 6 children at a time, with no more than 3 children under the age of two (2) years old. The child care services must be provided in the home in which the provider truly resides and only one licensed provider is permitted per household. The parent and the provider must reside and maintain separate residences in order to receive reimbursements from the State of Ohio's Subsidized Child Care Program. **Please see rule 5101:2-14-18 Group Size for a Licensed Type B Home Provider for a complete description of all requirements pertaining to group size.**

PLEASE READ!

STEP 1

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 Family Child Care for Licensed Type B Providers. You may download and read these rules and regulations at the following website:
www.jfs.ohio.gov

1. Go to the “**Child Care**” tab at the top of the page and click on the “**For Providers**”.
2. In the far left side column click on “**Child Care Rules and Forms**”.
3. Below the “**Rules**” heading, in the center of the page, click the “**Family Child Care Manual**” link.
4. Below the “**eManual Contents**” heading in the center of the page click on “**Rules**” in blue.
5. Click on the red attachment titled “**Entire eManual**” on the upper right hand side of this page. The “**Bookmarks**” on the left side of the page will help you navigate your way through the **Family Child Care Rules**. The type B provider rules begin on 5101:2-14-02. Be sure to also read the “**Rule Appendixes**”.

After reviewing these State Rules and Regulations, and if you are still interested in pursuing type B licensure, please complete and return all items listed on the checklist in this application packet. You will receive a hard copy of these State Rules and Regulations at the Rules Training Session later in the pre-licensing process.

Incomplete applications will not be processed and will close after 90 days. Intake staff will approve or deny completed applications within **100** days from the date we receive the **completed** application.

Below is a list of **Requirements and Qualifications** that you must have to become a licensed type B child care provider:

1. Be at least 18 years of age.
2. Have verification of completion of a high school diploma or GED.
3. Have at least 6 months experience in caring for children or at least 30 hours of training.
4. Reside in the home where the care is being provided.
5. Have not had a child removed from his or her home.
6. Be in good physical, mental and emotional health, as verified by a physician (see form# JFS 01280).

7. Obtain an emergency/substitute caregiver – See **Appendix A to Rule 5101:2-14-09** for the requirements.
8. Pass local, BCI, FBI and Children’s Services screenings/background checks. These background checks are required for the provider, all household adults (age 18 years and older) residing in the provider’s home, your emergency/substitute caregiver(s) **and** employee(s).
9. Verification of current certification in **CPR** (including child & infant) and **First Aid** (including pediatric) at all times – this is required for the provider, the emergency/substitute caregiver and employee(s).
10. Verification of completion of *The Health & Safety in Family Child Care* training (JFS 01750 – 8 hr. training) – this is required for the provider, the emergency/substitute caregiver and the employee.
11. Complete additional trainings within the first year of the Provisional Licensure period –
 - a. **Prevention, Recognition & Management of Communicable Disease** (Initial 6 hr. training) – this is required for the provider and the employee(s).
 - b. **Child Abuse Recognition and Prevention** (Initial 6 hr. training) – this is required for the provider and the employee (s).
12. Attend 6 hours of ongoing training annually this applies to the provider and the employee.
13. Attend the Rules Training session and the Billing Training session held at Action for Children (AFC).
14. Pass a home inspection conducted by CDJFS – At least one inspection prior to the initial issuance of a provisional license and at least three inspections during the provisional period, including at least two unannounced.
15. **Have a working telephone (cellular or land-line).**

You cannot be licensed if you:

1. The provider or a household member has a prohibited offense pursuant to rule 5101:2-14-07 of the Administrative Code and does not meet the rehabilitation standards.
2. If the provider has previously been certified or licensed in this state or any other state as a limited, professional, or licensed provider, and in the last five years his or her certificate was revoked.
3. The CDJFS has determined through the results of the child abuse and neglect report or any other means pursuant to rule 5101:2-14-07 of the Administrative Code, that there is an individual, of any age, who resides in the home and whose behavior or health may endanger the health, safety or well-being of children in care at the home.
4. Someone under the age of eighteen who resides in the home has been adjudicated a delinquent child for committing a violation of any section in divisions (A)(4) or (A)(5) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code. For a list of these offenses please refer to the Statement of Nonconviction form JFS 01329 that is enclosed in this packet.

Please see rule 5101:2-14-04 Denial and Revocation of a Licensed Type B Home Provider for a complete description of all disqualifiers.

Franklin County Department of Job and Family Services

Licensed Type B In-Home Child Care

Provider Candidate Checklist

STEP – 2

The type B provider applicants shall attend a *Provider Applicant Orientation / Overview Session* to learn more about the application process and instructions on how to complete the application packet. For registration information, including dates and times, please call AFC at (614) 224-0222.

STEP – 3

Complete all forms listed below and include all required documentation before submitting the completed application packet. **Incomplete** applications will not be processed and will close after **90 days**.

- € **JFS 01643 – Application for Licensed Type B Home**
 - Complete all four (4) pages and sign the last page.
- € **JFS 01329 – statement of Non-conviction**
 - This form is required for the provider, emergency/substitute caregiver, and all adults 18 years of age and older that reside in the provider's home.
- € **JFS 01280 – Provider Medical Statement**
 - The type B provider shall receive a medical examination from a licensed physician, physician's assistant, certified nurse practitioner (CNP), or an advanced practice nurse (APN).
- € **JFS 01305 – Child's Medical Statement**
 - This form is required for all children in attendance, including the provider's children, that are **not** in a grade of kindergarten and above in an elementary school.
- € **JFS 01923 – Emergency/Substitute Caregiver Statement**
 - This form is required for the emergency/substitute caregiver and is completed by the provider and the emergency/substitute caregiver.
- € **JFS 01302 – Request for Child Abuse and Neglect Report Information form**
 - This form is required for the provider, emergency/substitute caregiver, and all adults 18 years of age and older that reside in the provider's home. **Note:** It may take up to 60 days for the FCDJFS to receive the dispositional result letters from Franklin County Children's Services.
- € **JFS 01332 – Child Care Handbook for Caretakers**
 - The handbook is to be completed according to the instructions (JFS 01332-I) that are included in this application packet.

Below are the additional documents that are required for your application to be considered “Complete”:

- € **FCDJFS 607 – Verification of household members form**
 - Please list the names, date of birth, and relationship to the provider of all household members; both children and adults.

- € **BCI & FBI Background Checks – Please submit the receipt only**
 - These background checks are required for the provider, emergency/substitute caregiver, and all adults 18 years of age and older that reside in the provider’s home.
 - **Please note:** The CDJFS **MUST receive the BCI & FBI results directly from BCI&I only.** We are unable to accept any results that were completed prior to the start of the licensure process. When requesting / scanning for the records checks, the agency that is completing the process must select **the ORC 5104.013 option.** Please see the *BCI and FBI Fact Sheet* that is also included in this packet.

- € **Copy of the applicant’s High School Diploma or GED**
 - This documentation is required for the provider only.
 - **Please note:** Verification of a high school education shall be one of the following:
 - A copy of a high school diploma recognized by the state board of education or the appropriate agency of another state or country as equivalent to a high school education.
 - A copy of other written documentation verifying high school completion or equivalency, such as the Ohio general educational development high school equivalence diploma (GED).
 - A copy of the degree or transcript verifying completion of an associate’s degree or higher.
 - For the home schooled student, a letter from the state or local board of education stating that the curriculum for the course of home study taken by the provider meets the required standards.

- € **Copy of the applicant’s Social Security Card and driver’s license or state ID**
 - This documentation is required for the provider applicant.

- € **Copy of current lease or mortgage**
 - This documentation is required for the provider applicant.

STEP – 4

Once you have completed all of the above forms and required documents, you are ready to submit your application packet to the following address:

AFC - Attn: Childcare Licensing Packet
78 Jefferson Avenue
Columbus, OH 43215

You may also submit your application packet in person at the above address.

STEP - 5

Intake staff will review your application packet for completion and you will be contacted for the next step in the process. To check the status of your application you may call (614) 224-0222.

STEP - 6

€ Training Verification Forms

- The following training verification forms or cards are not required prior to the submission of the application packet but must be received before FCDJFS can recommend licensure to ODJFS:
 - **First Aid** – Including pediatric – Please see the *Training Resource List*
 - **CPR** – Including child and infant
 - **The Health and Safety in Family Child Care (JFS 01750)**. H&S and other trainings are available through Action for Children (AFC).
 - If you have received your application by mail, Please see the AFC training scheduled enclosed in the packet.
 - If you are printing the application packet from the FCDJFS website, please call (614) 224-0222 to obtain the current AFC training schedule.

Foreign Credential Evaluation Services

Appendix A to Rule 5101:2-14-06 – Verification of a high school education shall be one of the following:

1. A copy of a high school diploma recognized by the state board of education or the appropriate agency of another state or county as equivalent to a high school education.
2. A copy of other written documentation verifying high school completion or equivalency, such as the Ohio general educational development high school equivalence diploma (GED).
3. A copy of the degree or transcript verifying completion of an associate's degree or higher.
4. For the home schooled student, a letter from the state or local board of education stating that the curriculum for the course of home study taken by the provider meets the required standards.

Below is a list of some evaluation services that may be available.

Educational Credential Evaluators, Inc

P.O. Box 514070
Milwaukee, Wisconsin 53203-3470
Phone: 414-289-3400
www.ece.org

Educational Perspectives

P.O. Box 618056
Chicago, IL 60661
Phone 312-421-9300
info@edperspective.org
www.edperspective.org

Evaluation Service, Inc

P.O. Box 85
Hopewell Junction, New York 12533
Phone 845-223-6455
Fax: 845-223-6454
www.evaluationservice.net

International Consultants of Delaware, Inc

625 Barksdale Road Suite 109
Newark, Delaware, 19711-3258
Phone: 302-737-8715
Fax: 302-737 8756
www.icdel.com

International Education Research Foundation, Inc

P.O. Box 3665
Culver City, California 90231-3665
Phone: 310-258-9451
Fax: 310-342-7086
www.ierf.org

Josef Silny & Associates, Inc

International Education Consultants
7101 SW 102 Avenue
Miami, Florida 33173
Phone: 305-273-1616
Fax: 305-273-1338
www.jsilny.com

World Education Services, Inc

Bowling Green Station
P.O. Box 5087
New York, New York 10274-5087
Phone: 212-966-6311
Fax: 212-739-6100
www.wes.org

This document was created by FCDJFS as an informational resource as well as a reference guide for foreign credential evaluation services. The content of this document has been collected by FCDJFS for informational purposes. FCDJFS cannot guarantee the accuracy of these services and do not endorse these companies.

BECOMING A LICENSED TYPE B IN-HOME CHILD CARE PROVIDER

WHAT DOES IT COST?

The cost of becoming a licensed type B in-home child care provider will vary according to a variety of factors:

- What safety and play equipment you currently own
- Your physician
- The number of household adults that you have residing in your home

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

BCI 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, and employee (if applicable) must complete the BCI and FBI background checks.

Safety Items (Approximate costs):

- **Fire Extinguisher:** (Classification 1A:10BC): \$10.00 - \$15.00
- **Smoke Detectors:** \$7.00 - \$15.00
- **Carbon Monoxide Detectors:** \$15.00 - 40.00
- **Safety Caps / Outlet Covers:** \$1.00 - \$5.00
- **Door and Cabinet Latches:** Prices vary according to type and amount needed.
- **First Aid Supplies:** Prices vary. Required items found in **State Rule 5101:2-14-16 Appendix-A.**
- **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.

Training Resource List

LICENSED TYPE B FAMILY CHILD CARE PROVIDERS AND EMPLOYEES (If applicable):

OAC 5101:2-14-08 Appendix A outlines the training requirements for a **Licensed Type B In-home Child Care Providers**.
The following trainings must be completed prior to licensure:

- FIRST AID TRAINING - Including Pediatric
- CPR CERTIFICATION - This must be "hands-on" where you use the manikins
- HEALTH & SAFETY IN FAMILY DAYCARE - This must be the "JFS 01750" training.

You will be required to submit your training verifications prior to the recommendation for provisional licensure.

By the end of your provisional license period, the type B provider must complete or have current training in the following:

- MANAGEMENT OF COMMUNICABLE DISEASE
- CHILD ABUSE RECOGNITION AND PREVENTION

The type B provider must maintain current certification in first aid and infant and child CPR.

CERTIFIED IN-HOME AIDES: must complete the following trainings prior to certification:

- FIRST AID TRAINING - Including Pediatric
- CPR CERTIFICATION - This must be "hands-on" training.
- HEALTH & SAFETY IN FAMILY DAYCARE - This must be the "JFS 01750" training.

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

EMERGENCY / SUBSTITUTE CAREGIVER(S) AND ASSISTANT(S): must complete the following trainings before they can be used as an Emergency and/or Substitute caregiver or Assistant.

- FIRST AID TRAINING - Including Pediatric
- CPR CERTIFICATION - This must be "hands-on" where you use the manikins
- HEALTH & SAFETY IN FAMILY DAYCARE - This must be the "JFS 01750" training.

Of the below listed entities, Action for Children (AFC) is the only agency listed that is currently contracting with FCDJFS to provide trainings to Franklin County Type B Providers, Employees, In-home Aides, Emergency / Substitute Caregivers, and Assistants. To receive the most current AFC training schedule, please call 614-212-1721 or 614-212-1724.

Training Resource List (Continued)

Action for Children

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

To receive registration information, instructions, and training schedule for any classes please go to the following website at: www.OPDN.org (See instructions below):

- Go to www.OPDN.org
- Click "Sign up for OPIN" (green box on the left side of page)
- Enter your date of birth and the last 5 digits of your Social Security Number, click "Next"
- Enter contact information, click "Next" (some fields are required)
- For employment type, if you work at a:
 - A) Child Care Center or Type A Home: choose "**ODJFS license Child Care Center Employee**" and enter the Program license number. This number can be found at: <http://www.odjfs.state.oh.us/cdc/>
 - B) Type B Family Child Care Provider: choose "**Any other type of employment**" and enter contact information.
- Click "Next"
- An e-mail will be sent to the e-mail account associated with your profile. This e-mail contains a link to set the password for your profile. If you don't receive this e-mail within 5-10 minutes, check your spam folder.
- Once your password is set up and you're logged in, OPDN number will be displayed in the top left hand corner of your profile screen.

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!

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!

Ohio Health Hospital – Locations Vary

Phone: 1-800-837-7555

Other - Babies, Toddlers, and Canines / Obedience / Socialization / Canine body language - \$35.00

CPR - Infant/Child/Adult Heart Saver CPR - \$ 45.00

Child Development - Positive Discipline - \$60.00

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

Training Resource List (Continued)

Health Department

Contact Person: Karen Gentile

240 Parson Ave. Columbus, Ohio 43215 Room 119 C

Phone (614) 645 - 6817 or E-mail: Kegentile@columbus.gov

Communicable Disease 3 - yr. certification (Initial course)

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

Columbus Metropolitan Library – Locations Vary

Phone: (614) 479 - 3450

Kindergarten Readiness Training programs for parents and caregivers

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

Nationwide Children's Hospital

Contact Person: Debbie Alessi

Phone: (614) 355 - 0669

www.nationwidechildrens.org

Search "Child Care". A variety of courses are offered - Prices vary

WOSU Public Media

Contact Person: Jan Fullerton

Phone: (614) 292 - 9678 or e-mail: Jan.fullerton@wosu.org

You can also registration at www.opdn.org (See instructions on page 1)

Social - Emotional Field Guide: Professional Development (PDTrack ID: ST10015611) - \$40.00

Social - Emotional Field Guide: Observation & Assessment (PDTrack ID: ST10015645) - \$40.00

Social - Emotional Field Guide: Learning Environments & Experiences (PDTrack ID: ST10015646) - \$40.00

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

**CPR CERTIFICATION MUST BE A "HANDS-ON" TRAINING AND
MUST INCLUDE CHILD AND INFANT.**

THE FIRST AID TRAINING MUST INCLUDE PEDIATRIC FIRST AID.

This document was created by FCDJFS as an informational resource, as well as a reference guide for licensed Type B Family Child Care Providers and Certified In-Home Aides training. The content of this document has been collected by FCDJFS for informational purposes. As such, FCDJFS cannot guarantee the accuracy or quality of these external training services. These services are not endorsed by FCDJFS.

BCI and FBI Fact Sheet

Criminal Records Searches and WebCheck

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. **The code for the BCI & FBI checks is the ORC 5104.013 option.** For purposes of type B licensure, each of the following individuals is subject to the search, carried out by the Ohio Bureau of Criminal Identification and Investigation (BCI):

- The provider / applicant
- The provider's / applicant's spouse or domestic partner
- The provider's / applicant's emergency / substitute caregiver(s)
- Any adult(s) residing in the provider's home 18 years of age and older
- The provider's / applicant's assistants and / or employees (if applicable)

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 Avenue Columbus, OH 43215 (614) 224-0222

You will need to bring a current Ohio photo identification with you (*i.e. Driver's License or State Issued photo ID card*). Expired identification will not be accepted. You will need to know your social security number.

Hours: Tuesday, Wednesday, Thursday, and Friday (*except legal holidays*) 9:00 a.m. to 3:45 p.m.

Cost: Payment can be made by Credit/Debit card or Cash. If cash payment, paper cash only - No coins. You will need the exact amount per person being fingerprinted. Change is not available.

BCI (State) \$30.00, FBI (Federal) \$35.00, Both BCI & FBI \$60.00

- **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.** Prices and hours are subject to change.

For a complete list of Webcheck locations in your community go to the following web page to complete a search.

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing.aspx>

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

**BE SURE THE ATTENDANT THAT IS SCANNING YOUR FINGER PRINTS
SELECTS THE ORC 5104.013 OPTION.**

Ohio Department of Job and Family Services
APPLICATION FOR LICENSED TYPE B HOME

Section I - To Be Completed by County Department of Job and Family Services (CDJFS)		
Home Telephone Number	Mobile Telephone Number	Submit this Application to (CDJFS name and address):
Name of CDJFS staff		
Status of Application:		
<input type="checkbox"/> Date Application Submitted	<input type="checkbox"/> Date BCII/FBI Checks Submitted <input type="checkbox"/> Date BCII Results Received <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 License Recommended <input type="checkbox"/> Date License 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 CDJFS staff 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? <input type="checkbox"/> Infants (0-18 months) <input type="checkbox"/> Toddlers (18-36 months) <input type="checkbox"/> Preschool children <input type="checkbox"/> School children <input type="checkbox"/> Children with special needs	<input type="checkbox"/> High School Graduate Date _____	<input type="checkbox"/> GED Diploma Date _____	
When do you prefer to care for children? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight	<input type="checkbox"/> College Graduate Date _____ Degree _____		
How many of your own children are under the age of six? Name: _____ Age: _____			
How many children other than your own are you caring for at this time? List their names and 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a foster parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a specialized care foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you caring for foster children at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list their name and age	
Name of foster care worker(s) and agency(ies)			
Have you previously been certified or licensed or are you currently certified or licensed as a child care provider by the Ohio Department of Job and Family Services (ODJFS) or any CDJFS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list			
Do you have a swimming pool or open body of water 18 inches or deeper at your residence? If yes, it shall be inaccessible to children. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section III - Training and Experience			
Have you had any formal training in child care? <input type="checkbox"/> Yes <input type="checkbox"/> 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 rule 5101:2-14-02 Yes No
- A working telephone Yes No
- A complete first aid kit Yes No
- A working smoke detector and carbon monoxide detector in the basement and on each level Yes No
- A stove or microwave and refrigerator in working order Yes No
- Meals and snacks for the children receiving care Yes No
- A separate crib or playpen for each infant receiving care Yes No
- A bed, sofa, cot, pad or mat for each toddler, preschooler or school age child who rests Yes No
- Evidence of laboratory approval of your water supply (for nonpublic water systems only) Yes No
- DATE _____
- An approved, portable fire extinguisher Yes No
- Childproof protective covers for electrical outlets Yes No
- A smoke-free environment Yes No
- Information necessary to perform a BCII and an FBI criminal records check on you, other adult residents in your home, emergency/substitute caregivers and employees Yes No
- Information necessary for the PCSA to conduct an abuse and neglect registry search on you and other adult residents in your home Yes No

Section VI - Signature

- 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://ifs.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 or revocation of my license. 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 annually by every: licensed type B home provider, certified in-home aide, emergency and substitute caregiver, employees, assistants 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 County Department of Job and Family Services (CDJFS).

Name (please print or type)

I hereby attest that I have never been convicted of or pleaded guilty to crimes set forth in divisions (A)(5) of section 109.572 of the Revised Code and that no child has been removed from my home as described in section 2151.353 of the Revised Code.

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.

I am unable to sign the statement above because I have been convicted of a crime included in divisions (A)(5) of section 109.572 of Revised Code.

I have reviewed the rehabilitation requirements of rule 5101:2-14-07 of the Administrative Code, and have determined that the person named above meets the rehabilitation requirements. The attached documents verify that the requirements for rehabilitation have been met.

Signature of Person Completing Form

Date

Street Address

City

State

Zip Code

Telephone Number

CDJFS Staff 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 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 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 or child care certification.

Note: All civilian background checks must be submitted electronically through use of WebCheck or other approved methods. More information can be found at:

<http://www.ohioattorneygeneral.gov/backgroundcheck>.

The CDJFS staff is required to sign and date below verifying that fingerprints have been electronically submitted to the Ohio Bureau of Criminal Investigation (BCI), or mailed if electronic processing exemption criteria are met.

A criminal records check for the above named individual was requested on (date) _____

 Ohio BCI records check Federal Bureau of Investigation (FBI) records check (please check)

Signature of CDJFS Staff

Date

The licensed 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)(5) of section 109.572 of the Revised Code.

Signature of Provider

Date

▼ TO BE SIGNED BY THE CDJFS STAFF

I have reviewed the results of this person's criminal records check on the following dates: _____ Ohio BCI records check, _____ FBI records check. Section 5104.013 of the Revised Code requires the results of these records checks to be reviewed and approved by the CDJFS worker prior to licensure of the type B home or certification of the in-home aide.

Signature of CDJFS Staff

Date

Prohibitive Offenses found in division (A)(5) of section 109.572 of the Revised Code

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
- R.C. 2905.32 - Trafficking in persons

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. 2907.19 - Commercial sexual exploitation of a minor
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.24 - Soliciting - after positive HIV test driver's license suspension
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating matter harmful to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

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

Robbery and Burglary

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

Theft and Fraud

- R.C. 2913.02 - Theft; aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device
- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications

- R.C. 2913.11 - Passing bad checks
 - R.C. 2913.21 - Misuse of credit cards
 - R.C. 2913.31 - Forgery; identification card
 - R.C. 2913.32 - Criminal simulation
 - R.C. 2913.40 - Medicaid fraud
 - R.C. 2913.41 - Prima facie evidence of purpose to defraud
 - R.C. 2913.42 - Tampering with records
 - R.C. 2913.43 - Securing writings by deception
 - R.C. 2913.44 - Personating an officer
 - R.C. 2913.441 - Law Enforcement emblem display
 - R.C. 2913.45 - Defrauding creditors
 - R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
 - R.C. 2913.47 - Insurance fraud
 - R.C. 2913.48 - Worker's compensation fraud
 - R.C. 2913.49 - Identity fraud
- Offenses against the family**
- R.C. 2919.12 - Unlawful abortion
 - R.C. 2919.22 - Endangering children
 - R.C. 2919.23 - Interference with custody
 - R.C. 2919.24 - Contributing to unruliness or delinquency of a child
 - R.C. 2919.25 - Domestic violence
 - R.C. 2919.224 - Misrepresentation relating to provision of child care
 - R.C. 2919.225 - Disclosure and notice regarding death or injury of child in facility
- Offenses against justice and public administration**
- R.C. 2921.11 - Perjury
 - R.C. 2921.13 - Falsification
 - R.C. 2921.14 - Making or causing false report of child abuse or neglect
- 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)(5)
 - R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A)(5)
- 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
- Other**
- R.C. 959.13 - Cruelty to animals
 - R.C. 2151.421 - Reporting child abuse or neglect
 - 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.

STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed annually by every: licensed type B home provider, certified in-home aide, emergency and substitute caregiver, employees, assistants 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 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)(5) of section 109.572 of the Revised Code and that no child has been 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 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)(5) of section 109.572 of Revised Code.		
<input type="checkbox"/>	I have reviewed the rehabilitation requirements of rule 5101:2-14-07 of the Administrative Code, and have determined that the person named above meets the rehabilitation requirements. The attached documents verify that the requirements for rehabilitation have been met.		
Signature of Person Completing Form			Date
Street Address			
City	State	Zip Code	Telephone Number
CDJFS Staff 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 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 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 or child care certification.

Note: All civilian background checks must be submitted electronically through use of WebCheck or other approved methods. More information can be found at:
<http://www.ohioattorneygeneral.gov/backgroundcheck>.

The CDJFS staff is required to sign and date below verifying that fingerprints have been electronically submitted to the Ohio Bureau of Criminal Investigation (BCI), or mailed if electronic processing exemption criteria are met.

A criminal records check for the above named individual was requested on (date) _____

Ohio BCI records check Federal Bureau of Investigation (FBI) records check (please check)

Signature of CDJFS Staff	Date
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The licensed 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)(5) of section 109.572 of the Revised Code.

Signature of Provider	Date
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▼ TO BE SIGNED BY THE CDJFS STAFF

I have reviewed the results of this person's criminal records check on the following dates: _____ Ohio BCI records check, _____ FBI records check. Section 5104.013 of the Revised Code requires the results of these records checks to be reviewed and approved by the CDJFS worker prior to licensure of the type B home or certification of the in-home aide.

Signature of CDJFS Staff	Date
--------------------------	------

Prohibitive Offenses found in division (A)(5) of section 109.572 of the Revised Code

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
- R.C. 2905.32 - Trafficking in persons

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. 2907.19 - Commercial sexual exploitation of a minor
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.24 - Soliciting - after positive HIV test driver's license suspension
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- 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
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- R.C. 2913.11 - Passing bad checks
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- 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
- R.C. 2919.224 - Misrepresentation relating to provision of child care
- R.C. 2919.225 - Disclosure and notice regarding death or injury of child in facility

Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification
- R.C. 2921.14 - Making or causing false report of child abuse or neglect

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)(5)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A)(5)

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

Other

- R.C. 959.13 - Cruelty to animals
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- R.C. 2905.11 - Extortion
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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)(5) of section 109.572 of the Revised Code and that no child has been removed from my home as described in section 2151.353 of the Revised Code.		
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Signature of Person Completing Form			Date
Street Address			
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Ohio BCI records check Federal Bureau of Investigation (FBI) records check (please check)

Signature of CDJFS Staff

Date

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Signature of Provider

Date

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Signature of CDJFS Staff

Date

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Menacing

- R.C. 2903.15 - Permitting child abuse
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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
- R.C. 2919.224 - Misrepresentation relating to provision of child care
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Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification
- R.C. 2921.14 - Making or causing false report of child abuse or neglect

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)(5)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A)(5)

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

Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2151.421 - Reporting child abuse or neglect
- 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.

Ohio Department of Job and Family Services
REQUEST FOR CHILD ABUSE AND NEGLECT REPORT INFORMATION

This request for child abuse and neglect information is being made by the county department of job and family services (CDJFS) in accordance with Ohio Revised Code (ORC) section 5104.018 which requires a check of public children services agency (PCSA) records for any person who applies for licensure as a type B child care provider, emergency or substitute caregiver, type B child care employee, or other adults residing in the home.

CHILD CARE PROVIDER INFORMATION *(please print)*

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

Full Name of Child Care Provider <i>(last name, first name, middle name or initial)</i>	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth		
Home Address of Provider		Social Security Number*		
Signature of Provider		Date of Signature		
Full Name of Emergency Caregiver	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth		
Home Address of Emergency Caregiver		Social Security Number*		
Signature of Emergency Caregiver		Date of Signature		
Full Name of Substitute Caregiver	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth		
Home Address of Substitute Caregiver		Social Security Number*		
Signature of Substitute Caregiver		Date of Signature		
Full Name of Employee	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth		
Home Address of Employee		Social Security Number*		
Signature of Employee		Date of Signature		
OTHER ADULTS AND CHILDREN RESIDING IN THE HOME				
Full Name	Date of Birth	Social Security Number*	Signature <i>(if applicable)</i>	Date of Signature

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION (please print)		
Name of CDJFS Staff	County Agency Name	Date Sent to PCSA
Signature of CDJFS Staff		Telephone Number
Address of CDJFS Staff (form will be returned to this address)		Email Address
INFORMATION FROM PCSA REVIEWER (please print)		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to CDJFS 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

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 5104.018 which requires a check of public children services agency (PCSA) records for any person who applies for licensure as a type B child care provider, emergency or substitute caregiver, type B child care employee, or other adults residing in the home.

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

Full Name of Child Care Provider <i>(last name, first name, middle name or initial)</i>	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth		
Home Address of Provider		Social Security Number*		
Signature of Provider		Date of Signature		
Full Name of Emergency Caregiver	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth		
Home Address of Emergency Caregiver		Social Security Number*		
Signature of Emergency Caregiver		Date of Signature		
Full Name of Substitute Caregiver	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth		
Home Address of Substitute Caregiver		Social Security Number*		
Signature of Substitute Caregiver		Date of Signature		
Full Name of Employee	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth		
Home Address of Employee		Social Security Number*		
Signature of Employee		Date of Signature		
OTHER ADULTS AND CHILDREN RESIDING IN THE HOME				
Full Name	Date of Birth	Social Security Number*	Signature <i>(if applicable)</i>	Date of Signature

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION <i>(please print)</i>		
Name of CDJFS Staff	County Agency Name	Date Sent to PCSA
Signature of CDJFS Staff		Telephone Number
Address of CDJFS Staff <i>(form will be returned to this address)</i>		Email Address
INFORMATION FROM PCSA REVIEWER <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to CDJFS 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.

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Ohio Department of Job and Family Services
REQUEST FOR CHILD ABUSE AND NEGLECT REPORT INFORMATION

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CHILD CARE PROVIDER INFORMATION *(please print)*

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

Full Name of Child Care Provider <i>(last name, first name, middle name or initial)</i>	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth
Home Address of Provider		Social Security Number*
Signature of Provider		Date of Signature
Full Name of Emergency Caregiver	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth
Home Address of Emergency Caregiver		Social Security Number*
Signature of Emergency Caregiver		Date of Signature
Full Name of Substitute Caregiver	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth
Home Address of Substitute Caregiver		Social Security Number*
Signature of Substitute Caregiver		Date of Signature
Full Name of Employee	Maiden Name, Previous Name or Alias <i>(if applicable)</i>	Date of Birth
Home Address of Employee		Social Security Number*
Signature of Employee		Date of Signature

OTHER ADULTS AND CHILDREN RESIDING IN THE HOME				
Full Name	Date of Birth	Social Security Number*	Signature <i>(if applicable)</i>	Date of Signature

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION <i>(please print)</i>		
Name of CDJFS Staff	County Agency Name	Date Sent to PCSA
Signature of CDJFS Staff		Telephone Number
Address of CDJFS Staff <i>(form will be returned to this address)</i>		Email Address
INFORMATION FROM PCSA REVIEWER <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to CDJFS 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
**EMERGENCY/SUBSTITUTE CAREGIVER STATEMENT
 FOR TYPE B HOME PROVIDER**

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 the above named provider. The address is:				
	I am currently a licensed 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 Department of Job and Family Services staff (CDJFS) at the following telephone number, of any changes in my address, telephone number, availability and/or willingness to care for children.				
	CDJFS staff			Telephone Number	
	I understand the rate of compensation for child care services is: \$ _____ per child per, (check one) <input type="checkbox"/> hour <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 CDJFS.				
	I declare that I have not been convicted of, or pleaded guilty to, any crime listed in (A)(4) or (A)(5) 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 required trainings, 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 <input type="checkbox"/> day and that I am responsible for paying the above-named emergency/substitute caregiver.				
	I understand that I must contact the CDJFS staff before using a substitute caregiver, and will contact the county within 24 hours 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 CDJFS Use Only

BCH Date Submitted: Date Received:	FBI Date Submitted: Date Received:	JFS 01302 to PCSA Date Submitted: Date Received:	Date "Health and Safety" Training Completed
CDJFS Staff 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
**EMERGENCY/SUBSTITUTE CAREGIVER ACTING AS AN ASSISTANT
 IN A TYPE B CHILD CARE HOME**

A type B provider who is licensed and uses an emergency/substitute caregiver as an assistant can complete this form and send it to the county department of job and family services (CDJFS) prior to using the emergency/substitute caregiver as an assistant.

TYPE B PROVIDER INFORMATION

Name	Provider ID	Hours of Operation
Street Address	City	Zip Code

EMERGENCY/SUBSTITUTE PROVIDER INFORMATION

Name		
Street Address	City	Zip Code
Days and Hours Acting as Assistant		

Please review the following rule requirements when using an emergency/substitute caregiver as an assistant and sign in the appropriate spaces.

- The provider shall notify parents when an emergency/substitute caregiver is used as an assistant.
- The provider shall be present in the home at all times when the emergency/substitute caregiver is used as an assistant.
- There is no limit on the hours or days that the type B provider may use an emergency/substitute caregiver as an assistant.
- Use of an emergency/substitute caregiver as an assistant does not change the provider's capacity.
- The provider shall not be paid with public child care funds for caring for a child of the assistant during the time the assistant is in the provider's home.
- Any payment made by the type B provider to an emergency/substitute caregiver acting an assistant is solely a business decision and the responsibility of the type B provider. The CDJFS, the Ohio department of job and family services (ODJFS) and the caretakers of any children receiving publicly funded child care have no financial obligation for any payment to the emergency/substitute caregiver acting an assistant.

Signature of Type B Provider	Date
Signature of Emergency/Substitute	Date

This is a form that may be used to comply with rule 5101:2-14-09 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), clinical nurse specialist (CNS): The completion of the form is required before this applicant can be licensed as a type B home provider or certified as an in-home aide 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 whom 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 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, CNP or CNS		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 and shall not be completed more than six months prior to licensure. In order to be considered completed and eligible for licensure, all boxes must be checked "yes."

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
<input type="checkbox"/> This above named child has been examined and is in suitable condition for participation in group care.	
Signature of Examining Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician /Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number
Street Address	
City, State and Zip Code	

Diseases for Immunization	Physician /Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner Completes <i>check all that apply</i>			Parent Declined <i>Check any that have been declined and sign below</i>
	Immunization in Process or Complete	Medically Contraindicated	Not Medically Appropriate for Age of Child	
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilus influenzae type b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza <input type="checkbox"/> Seasonal Vaccine Not Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD
 WITH DATES OF DOSES OF ALL IMMUNIZATIONS**

I have declined to have my child immunized against one or more of the disease listed above for reasons of conscience, including religious convictions.

Signature of Parent

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
<input type="checkbox"/> This above named child has been examined and is in suitable condition for participation in group care.	
Signature of Examining Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician /Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number
Street Address	
City, State and Zip Code	

Diseases for Immunization	Physician /Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner Completes <i>check all that apply</i>			Parent Declined <i>Check any that have been declined and sign below</i>
	Immunization In Process or Complete	Medically Contraindicated	Not Medically Appropriate for Age of Child	
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilus influenzae type b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza <input type="checkbox"/> Seasonal Vaccine Not Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS				
<input type="checkbox"/> I have declined to have my child immunized against one or more of the disease listed above for reasons of conscience, including religious convictions.				
Signature of Parent				

Ohio Department of Job and Family Services
CHILD CARE HANDBOOK FOR CARETAKERS
LICENSED TYPE B HOME PROVIDERS AND CERTIFIED IN-HOME AIDES

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

Children's Records are confidential and shall only be disclosed to the CDJFS, the provider and to persons to whom the caretaker provides written authorization. Attendance records shall be maintained by the provider. The records shall indicate the hours of child care service provided for each child.

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 as outlined by the provider which exceed those eligible for payment. Such fees may include: special events, field trip costs, late arrival for pick up expenses and absentee days. 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 for child care.

THE PROVIDER, EMERGENCY/SUBSTITUTE CAREGIVER AND EMPLOYEE

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, a minimum of six hours of inservice training must be completed each year. Prior to being used to meet group size, each employee shall complete the "Health and Safety in Family Child Care" and be currently trained in First Aid and CPR. 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 licensed or 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 or any other owner of the home does not carry liability insurance as described.

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 Type B Home 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 readily accessible to caretakers and 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, employee, 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, employee, 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 provider'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" is on file with the provider. 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: <ul style="list-style-type: none"> - 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 the 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 <p>Upon the child's arrival each day, the provider shall observe each child for signs of communicable illness.</p>
Parents will be notified when their child has 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. When children are outside they shall be within sight and 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 Type B Home 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 special care. Children will never be left unsupervised and smoking shall not occur in any vehicle while children are present.

Plan for supervision on field trips which explains 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 eighteen inches in depth.

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 18 inches 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 pm and 6:00 am)

INFANTS AND TODDLERS

Diapers, formula, extra clothes, etc. shall be provided by:
Diapers will be checked every two hours.
Diaper creams/ointments (if supplied by the provider or parent)

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 the 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 provided 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: 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 recommended the type B licensure for this home or certified this home is:

FEEs

OTHER

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

Providers: Below are the specifics regarding what information 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 the address and phone number for the location in which care is being provided.
Address	
Phone Number (including area code)	
Days and Hours of Operation	List all hours and days that you are willing to provide care for children. Be sure to include any holidays or special days that you will not care for children.
TO CARETAKERS	No information is to be added to this section.
MAXIMUM NUMBER OF CHILDREN PERMITTED IN CARE	Fill in the number of children that the CDJFS has approved you to care for at any one time. Specify how many infants (children under 18 months) you are approved to care for at any one time.
LICENSING INFORMATION	The only information to be filled in this section is the location where the child care license is posted for licensed providers. No other information is to be added to this section.
ENROLLMENT AND DISENROLLMENT	No other information is to be added to this section.
ADDITIONAL ENROLLMENT INFORMATION	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 address any additional paperwork for the child(ren) that you require.
DISENROLLMENT WITHDRAWAL POLICY	In this section 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 prior to ending services with you. Policies must be in compliance with the termination policy outlined on the JFS 01634 "Caretaker/Provider Statement."
CHILDREN'S RECORDS	No information is required in this section. You may wish to include your expectations regarding other required information from the caretakers.
COPAYMENT AND FEES	No information is required in this section. All charges should be included in the JFS 01224 "Contract for Purchase of Publicly Funded Child Care Services."

THE HOME	No information is required in this section, you may choose to add information about the sections of your home used for child care.
THE PROVIDER AND EMERGENCY/SUBSTITUTE CAREGIVER	No information is required in this section, however, you may choose to add information about yourself, your family and your child care experience.
INSURANCE	State whether liability insurance is maintained at the home or whether the JFS 01933 "Liability Insurance Statement for Type A and Type B Child Care Homes" has been signed by the caretaker(s).
CHILD GUIDANCE AND MANAGEMENT POLICY	Outline the behavior management techniques that you will use with children in your care. Your methods used must include the acceptable actions indicated in Rule 5101:2-14-22 and do not use methods prohibited by the same rule.
MEALS AND SNACKS Times that meals and snacks are served	List any meals and snacks that are to be served in the home and approximate time when they are to be served and where the menu is posted. State whether you or the caretaker 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. State who will provide food if the child has allergies or won't eat certain foods that are served.
INFANT FOOD AND FORMUALA	State whether the caretaker or provider will supply the formula and baby food including extra food and formula.
EMERGENCY PROCEDURES AND ACCIDENTS Emergency Transportation General Emergency	Explain your plan for an emergencies, including emergency transportation . State whether you will provide transportation in an emergency for any reason, or will call 911 or EMS. Describe your plans for general emergency (bomb threat, gas leak, fire, etc.) including evacuation plans and location. 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. Include plans for how you will access children's emergency information.
Incident Reports	No information required in this section.
Serious Incident/Injury or Illness	Explain actions that will be taken if there is a serious incident/emergency. Explain what a serious incident/emergency is and how/when caretakers will be contacted.
MANAGEMENT OF ILLNESS	This section will include a statement indicating whether you will administer medication. Note the difference if your policies are different for over-the-counter medication or prescription medication. Describe your policies on administration of food supplements and modified diets, and what information is necessary before any medication can be administered. Include any limitations regarding type of medications you will administer.
Caring for a sick child	Explain your policies on caring for sick children, including limitations or restrictions you have. Describe your expectations of caretakers to provide care instructions.
The symptoms for a sick child	No information is required in this section.
Parents will be notified...	List your plan for how you will notify caretakers when their child has been exposed to a communicable illness.

Ill children will be isolated...	Describe your policy and plan for isolating children that are showing signs of illness, including steps you will take to assure that the illness is not spread.
SUPERVISION and SAFETY OF CHILDREN The provider is responsible...	No information is required in this section.
The provider shall release...	Explain your policy regarding releasing a child to anyone other than the caretaker including 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. Include your policies on whether caretakers have to walk their children into the home and if you allow, with caretaker approval, children to walk to the home by themselves.
OUTDOOR PLAY	Explain your outdoor play policies, including approximate daily times and duration of outdoor play, prohibiting weather conditions that would cancel outdoor time and what types of supervision children will have while outdoors.
TRANSPORTATION	This first section lists requirements. No changes may be made to this information.
	This second section shall include your specific plans for supervision of children while being transported. Explain how you will account for children at all times during the trip and any checklists that will be used.
	List what vehicle(s) will be used to transport children, whether you will use public transportation, your personal vehicle, or other parent's vehicles to transport children. Include your plans regarding whether children will be transported on a regular basis, an occasional field trip, or never.
SWIMMING	This first section lists requirements. No changes may be made to this information.
	This second section shall include information on when children will be provided opportunities to play in water that is more than 18 inches in depth.
NAPPING	Describe your napping policies, which must include: <ul style="list-style-type: none"> • Where children will sleep, no child is permitted to rest or nap on the floor • Approximate time and length of daily naps • Whether you require napping for all children • Expectations for who will provide the pillow, blanket or other materials (provider or caretaker) • List of quiet activities available to children that don't fall asleep at nap time • Rest or nap areas shall be lighted to allow the provider to supervise all children • Evacuation routes shall not be locked and the provider shall have a clear path to each child
EVENING CARE	Evening care is anytime between the hours of 7:00 pm and 6:00 am. Explain your policy on evening care, including 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: <ul style="list-style-type: none"> -children will only sleep in areas approved by the CDJFS -bedtime routines shall be developed by the caretaker and provider -activities that are provided during these hours -when sleeping garments are needed and who will provide them

	<p>-where children's personal belongings will be kept</p> <p>-what assistance will be provided to children when getting ready for bed and when getting up after sleeping</p>
INFANTS AND TODDLERS	
Diapered Children	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 diapers and a clean change of clothes. 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)
Infants Sleeping	No changes may be made to this section.
Daily Record	The first part of this section lists requirements and may not change. You may choose to add more information.
Infant Food	The first part of this section lists requirements and may not change. You may choose to add more information.
Toilet training	This section needs to include a statement that conveys that toilet training shall occur based on a child's readiness and in consultation with the caretaker. The provider shall ensure that toilet training is never forced.
COMPLAINTS OR CONCERNS	No information except the contact number for the CDJFS is to be added to this section.
FEES	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.
OTHER	<p>You may add any additional information you choose to this section. You may want to include:</p> <ul style="list-style-type: none"> -what to send the first day -appropriate clothing for child care -video viewing policy -toys from home policy -birthdays <p>You may include anything in this section as long as it does not conflict with any aspect of the child care certification or eligibility rules.</p>

**Type B Professional
State Reimbursement Child Care Rates
Effective July 31, 2011**

	Infant 0-18 Mos.	Toddler 18 mos. - 3 yrs.	Pre-School 3 yrs. - entry to K	School Age K - 13 yrs.	Summer School Age K - 13 yrs.
Full-Time Weekly 25 - 60 hrs. Week	\$105.57	\$143.79	\$110.04	\$93.16	\$114.04
Full-Time Weekly Plus Over 60 Hours Week	\$4.76	\$4.49	\$5.01	\$5.53	\$5.59
Part-Time Weekly 7 - 24.9 hrs. Week	\$106.47	\$89.47	\$89.34	\$58.33	\$93.70
Hourly 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) National Association for Family Child Care

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