



## Hours of Operation Declaration Form

I hereby attest that I will conduct child care in my home during the hours listed below. I understand that per the Ohio Administrative Code **Rule 5101:2-14-06 (B) (1): an on-going requirement to be a licensed type B home provider... Have a consecutive six hour break out of every twenty-four hour period, unless the provider utilizes an employee or is otherwise approved in writing by the CDJFS.** I realize that if I provide childcare services during this six hour 'shut down' period, I will not be reimbursed by ODJFS for this care and the CDJFS may recommend termination of my license to ODJFS.

Child care will be provided in my home during the following days and hours: (Circle all that apply.)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

My child care business opens at: \_\_\_\_\_ am/pm and closes at: \_\_\_\_\_ am/pm

I close (shut down) my business everyday from: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm

**I understand that if I choose to make ANY changes to these hours, I must first contact The Child Care Certification Unit and complete a new updated 'Hours of Operation' form # FCDJFS - 395.**

Care provided outside the above stated hours of operation may not be reimbursed by ODJFS.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Neatly

Provider Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_