

Ohio Department of Job and Family Services
APPLICATION/INSPECTION FOR LIMITED CERTIFICATION

<input type="checkbox"/> Parent/Provider Inspected	<input type="checkbox"/> Agency Inspected (AI)	<input type="checkbox"/> In-Home Aide	
Purpose of Inspection: <input type="checkbox"/> Initial Application <input type="checkbox"/> Annual Compliance (AI only) <input type="checkbox"/> Recertification <input type="checkbox"/> Other (specify) _____			
SECTION I- Identifying Information			
Caretaker (Parent/Guardian) Information			
Name of Caretaker (Parent/Guardian)		Social Security Number	
Address	City	Zip Code	
Telephone Number (including area code)	County		
Provider Household Information			
Name of Provider	Social Security Number	Date of Birth	
Address	City	Zip Code	
Telephone Number (including area code)	County		
Have you been a resident of Ohio for five years or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List the people living in your household, including children, foster children, relatives and boarders.			
First and Last Name	Social Security Number	Birth Date	Relationship to Applicant
Provider's relationship to child(ren) in care			
Provider's relationship to caretaker of child(ren) in care			
If this is a new application, have you ever held a Type B Home or In-Home Aide Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what county: _____			
Have you ever held a child care certificate/license or similar approval to care for children in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state: _____			
If yes, check all that apply: <input type="checkbox"/> Type B Professional <input type="checkbox"/> Type B Agency Inspected Limited <input type="checkbox"/> Type B Parent/Provider Inspected Limited <input type="checkbox"/> In-Home Aide Professional <input type="checkbox"/> In Home Aide Limited			
Was your certificate (<i>check any that apply</i>): <input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Terminated <input type="checkbox"/> Withdrawn			

SECTION III-

Health And Safety Requirements For Limited Certification

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

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

HEALTH AND SAFETY CHECKLIST

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

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

Compliance Item	Key	Comments																																																		
5101:2-14-08 Programming		<input type="checkbox"/> Balanced program of activities/quiet and active play <input type="checkbox"/> Copy of daily program posted <input type="checkbox"/> Program designed to promote children's physical, socio-emotional, cognitive and language development <input type="checkbox"/> Daily outdoor or indoor gross motor activities <input type="checkbox"/> Opportunities for child initiated activities																																																		
5101:2-14-08 Equipment		<table border="1" data-bbox="836 394 1425 743"> <thead> <tr> <th data-bbox="836 394 1149 426">EQUIPMENT</th> <th data-bbox="1153 394 1209 426">Inf</th> <th data-bbox="1213 394 1269 426">Tod</th> <th data-bbox="1273 394 1330 426">P/S</th> <th data-bbox="1333 394 1425 426">S/A</th> </tr> </thead> <tbody> <tr> <td data-bbox="836 430 1149 462">Art</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="836 466 1149 497">Blocks</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="836 501 1149 533">Language Arts/Auditory</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="836 537 1149 569">Dramatic Play/Pretend</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="836 573 1149 604">Gross Motor/Sports</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="836 609 1149 640">Manipulatives</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="836 644 1149 676">Music</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="836 680 1149 711">Science/Nature</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="836 716 1149 747">Transportation</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Equipment available in all categories <input type="checkbox"/> Sufficient quantities of equipment <input type="checkbox"/> Furniture durable and child sized <input type="checkbox"/> Play materials accessible and orderly <input type="checkbox"/> Equipment accessible to children, able to select, remove, replace <input type="checkbox"/> Individual storage for child's personal items	EQUIPMENT	Inf	Tod	P/S	S/A	Art					Blocks					Language Arts/Auditory					Dramatic Play/Pretend					Gross Motor/Sports					Manipulatives					Music					Science/Nature					Transportation				
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5101:2-14-17 Outdoor Play Daily outdoor play provided in suitable weather		Equipment <input type="checkbox"/> Out of traffic pattern <input type="checkbox"/> Anchored or stable <input type="checkbox"/> All parts in working order <input type="checkbox"/> Ropes attached at both ends (< 5" diam. loop or less) <input type="checkbox"/> "S" hooks closed (.04 or thickness of dime) <input type="checkbox"/> Free of rust, cracks, holes splinters, sharp points or edges <input type="checkbox"/> No chipped/peeling paint or toxic substances <input type="checkbox"/> No protruding bolts or tripping hazards <input type="checkbox"/> No trampolines permitted <input type="checkbox"/> Protective barriers on platforms over 30" <input type="checkbox"/> Assembled/Installed according to manufacturer's guidelines <input type="checkbox"/> Sandboxes covered when not in use																																																		
Outdoor play area provides at least 60 sq. ft of usable space per child using the area at one time																																																				
Outdoor play area protected by a fence in good repair with functioning gates or a natural barrier																																																				
Children provided with access to drinking water and bathroom facilities during play times																																																				
Shade provided as needed																																																				
Outdoor play area free of rubbish, foreign objects, garbage, hazards																																																				
Climbing equipment, swings, teeter-totters and slides have a fall zone of protective resilient material under and around equipment																																																				
5101:2-14-18 Napping		<input type="checkbox"/> Individual bed, cot, sofa, pad or mat for each resting child <input type="checkbox"/> No children directly on floor <input type="checkbox"/> Mats or pads/floor carpeted, clean, warm, dry, draft free																																																		
5101:2-14-18 Sleeping and Overnight Care		<input type="checkbox"/> Children in care between 7:00 pm and 6:00am <input type="checkbox"/> Individual crib, cot mattress or bed and blankets for each child <input type="checkbox"/> Safe, sanitary and private area for washing and changing <input type="checkbox"/> Provider remains awake until all children asleep <input type="checkbox"/> Monitoring device to ensure sight or hearing <input type="checkbox"/> Children sleeping four hours or more have clean, comfortable sleeping garments																																																		

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

Compliance Item	Key	Comments												
5101:2-14-34 Infant Care Infants allowed to safely and comfortably sit, crawl, toddle, walk and play		Storage/Preparation <input type="checkbox"/> Bottles labeled with name and date of preparation <input type="checkbox"/> Refrigerated upon arrival (unless commercially prepared) <input type="checkbox"/> Formula and food labeled w/name and when prepared, discarded according to manufacturer's instructions, sent home daily <input type="checkbox"/> Formula/food expiration dates verified <input type="checkbox"/> Breast milk: labeled w/date expressed and date of receipt. Stored appropriately.												
Designated play area which does not allow infants to go underneath cribs		<table border="1" data-bbox="881 453 1503 611"> <thead> <tr> <th>Storage Temperature (at or below)</th> <th>Storage Time</th> </tr> </thead> <tbody> <tr> <td>Room temp (78F)</td> <td>6-8 hrs</td> </tr> <tr> <td>Refrigerator (39F)</td> <td>5 days (expressed)</td> </tr> <tr> <td>Freezer w/in refrigerator (5F)</td> <td>2 weeks</td> </tr> <tr> <td>Freezer/refrigerator w/separate door (0F)</td> <td>3-6 months</td> </tr> <tr> <td>Deep freeze (-4F)</td> <td>6-12 months</td> </tr> </tbody> </table>	Storage Temperature (at or below)	Storage Time	Room temp (78F)	6-8 hrs	Refrigerator (39F)	5 days (expressed)	Freezer w/in refrigerator (5F)	2 weeks	Freezer/refrigerator w/separate door (0F)	3-6 months	Deep freeze (-4F)	6-12 months
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Caretakers provided with written daily report which includes: food intake, sleep, diaper changes and daily activities														
Infants removed from crib for feeding, infants held or fed sitting up, no bottles propped														
Caretakers provide written feeding instructions														
Formula/breast milk prepared/stored and handled appropriately		<input type="checkbox"/> Formula/breast milk heated properly-no microwaves <input type="checkbox"/> Formula prepared according to manufacturer's instructions or MD/CNP <input type="checkbox"/> Formula preparation safe and sanitary <input type="checkbox"/> Microwaves used properly for foods												
5101:2-14-35 Diaper Care														
Diapers checked every two hours		<input type="checkbox"/> Wash all soiled areas of child <input type="checkbox"/> Hands washed with liquid soap/running water/15 sec. after each diaper change <input type="checkbox"/> Disposable separation material <input type="checkbox"/> Diaper changing surface cleaned if visibly soiled <input type="checkbox"/> Surface sanitized after each diaper changed <input type="checkbox"/> Soiled clothing bagged and sent home <input type="checkbox"/> Covered, plastic lined, receptacle that prevents hand contamination and is not accessible to children <input type="checkbox"/> Wipes/washcloths discarded, or proper sanitized and laundered <input type="checkbox"/> Diapers are changed away from meal preparation and serving areas <input type="checkbox"/> Child not left unattended on changing table												
Children not left unattended on changing table														
Toilet training is based on child's readiness, is in consultation with caretaker and is never forced														
5101:2-14-36 Crib and Playpen Requirements Each infant has a separate crib		# Porta Cribs _____ # Full Size _____ # Playpen _____ <input type="checkbox"/> Full size crib- dimensions (52"L x 28"W x 26"H) <input type="checkbox"/> Closely spaced bars (2 3/8") <input type="checkbox"/> No more than 1 1/2 inches between mattress and sides <input type="checkbox"/> Firm mattress at least 1 1/2 inches thick, playpen no more than 1" thick <input type="checkbox"/> Safe, waterproof mattress cover that can be sanitized <input type="checkbox"/> Properly fitting sheets <input type="checkbox"/> Bumper pads not in use <input type="checkbox"/> Items not hung over the side of the crib or playpen <input type="checkbox"/> Cribs/playpens sanitized between children <input type="checkbox"/> Infants not placed in crib with bibs or other strangulation or suffocation hazards <input type="checkbox"/> Cribs or playpens not used for storage of toys or other materials												
Infants placed on backs to sleep, unless written authorization is on file from physician (JFS 01930)														
Infants sleep only in cribs or playpens														
Written permission of file for 16 mo + infant to sleep on cot														
Additional Comments:														

SECTION IV- Provider's Assurances for Limited Certification

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

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

Signature of Provider

Date

SECTION V- Parent's Assurances for Limited Certification

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

- I understand that I am responsible for placing my child with this provider.
- I have inspected this provider's home and verify that it meets the minimum health and safety requirements as specified in the rules and this form.

Signature of Parent

Date

N/A

This provider is agency inspected (AI)

Signature of Worker Completing Inspection

FOR AGENCY USE ONLY:

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

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

Distribution: Original to county, copy to provider.