



Washington County Department of Job and Family Services

1115 Gilman Avenue - P.O. Box 2005
Marietta, OH 45750
740-373-5513
Fax 740-373-9790

APPLICATION FOR PARENT/PROVIDER INSPECTED CERTIFICATION (PPI)

Name:

Date:

In order for the agency to certify your household as a child care home, the items listed below must be completed and returned.

- ___ Application and Inspection form (JFS 1642) for limited certification.
- ___ Conviction statements for each adult residing in the providers household. (JFS 1301)
- ___ Completed provider medical statement (JFS 1280)
- ___ Child care provider statement of rights (AF-601)
- ___ Child care provider=s responsibility to report abuse (AF-738)
- ___ Notification to fiscal on mailing of check (AF-739)
- ___ Taxpayers ID form (AF-683)
- ___ Please call 373-5513 to schedule a time for the required face to face interview.
- ___ Other _____

If you fail to furnish the above requested items to our agency by _____ it may result in the denial of your child care provider application. If you have any questions please feel free to contact our office.
Ph# 373-5513.

Sincerely,

Social Service Worker

Approved _____
S.S. Supervisor

Rev 4/03

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

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

Purpose of Inspection:
 Initial Application
 Annual Compliance (AI only)
 Recertification
 Other (specify)

SECTION I- Identifying Information

Caretaker (Parent/Guardian) Information

Name of Caretaker (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?
 Yes 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?
 Yes No If yes, what county: _____

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

If yes, check all that apply:

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

Was your certificate (check any that apply):
 Denied
 Revoked
 Terminated
 Withdrawn

SECTION III-

Health And Safety Requirements For Limited Certification

(This section must be completed by an agency representative or jointly by 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
5101:2-14-58 Provider Qualifications and Responsibilities		<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
5101:2-14-07 Fire Safety Escape Routes: Basement exits Primary: _____ Secondary: _____ First Floor Primary: _____ Secondary: _____ Second Floor Primary: _____ Secondary: _____		<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
5101:2-14-08 Indoor Floor Space		Square footage available for child care: _____ <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.

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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="813 369 1370 709"> <thead> <tr> <th>EQUIPMENT</th> <th>Inf</th> <th>Tod</th> <th>P/S</th> <th>S/A</th> </tr> </thead> <tbody> <tr><td>Art</td><td></td><td></td><td></td><td></td></tr> <tr><td>Blocks</td><td></td><td></td><td></td><td></td></tr> <tr><td>Language Arts/Auditory</td><td></td><td></td><td></td><td></td></tr> <tr><td>Dramatic Play/Pretend</td><td></td><td></td><td></td><td></td></tr> <tr><td>Gross Motor/Sports</td><td></td><td></td><td></td><td></td></tr> <tr><td>Manipulatives</td><td></td><td></td><td></td><td></td></tr> <tr><td>Music</td><td></td><td></td><td></td><td></td></tr> <tr><td>Science/Nature</td><td></td><td></td><td></td><td></td></tr> <tr><td>Transportation</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Equipment available in all categories <input type="checkbox"/> Sufficient quantities of equipment <input type="checkbox"/> Furniture durable and child sized <input type="checkbox"/> Play materials accessible and orderly <input type="checkbox"/> Equipment accessible to children, able to select, remove, replace <input type="checkbox"/> Individual storage for child's personal items	EQUIPMENT	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
5101:2-14-19 Safe and Sanitary Equipment and Environment		Safe <input type="checkbox"/> Firearms onsite locked and out of sight <input type="checkbox"/> No broken or unsafe equipment <input type="checkbox"/> No hazardous conditions <input type="checkbox"/> No toys small enough to swallow <input type="checkbox"/> Cleaning supplies and storage/labeling <input type="checkbox"/> Pets inoculated and properly cared for <input type="checkbox"/> Electrical outlet covers <input type="checkbox"/> Blind cords, electrical cords secure <input type="checkbox"/> Lawnmowers not used or accessible <input type="checkbox"/> Proper ventilation <input type="checkbox"/> Handles of pots facing inward on stove <input type="checkbox"/> Safe use of equipment <input type="checkbox"/> No environmental hazards <input type="checkbox"/> Hot tubs or spas not used or accessible
		Sanitary <input type="checkbox"/> Toilet tissue, liquid soap, toweling available for handwashing <input type="checkbox"/> Toilets flushed after use <input type="checkbox"/> Home and equipment clean and in good repair
5101:2-14-20 Safety and Supervision of Children		<input type="checkbox"/> Children supervised at all times (within sight or hearing) <input type="checkbox"/> Provider not under the influence that impairs ability to perform duties <input type="checkbox"/> Outdoor supervision requirements met <input type="checkbox"/> Water play and swimming supervision requirements met
Provider schedules a six hour break each day from child care		
5101:2-14-29 First Aid Supplies and Procedures Supplies Complete		<input type="checkbox"/> Tweezers <input type="checkbox"/> Digital thermometer <input type="checkbox"/> Assorted adhesive bandages <input type="checkbox"/> Assorted gauze squares <input type="checkbox"/> First Aid tape <input type="checkbox"/> Rolled gauze bandage <input type="checkbox"/> Instant cold pack or ice <input type="checkbox"/> Disposable non-latex gloves <input type="checkbox"/> Pocket mask or face shield for CPR, (appropriate for all ages of children served at the home) <input type="checkbox"/> Working flashlight <input type="checkbox"/> Sealable plastic bags <input type="checkbox"/> Tooth preservation system or fresh chilled milk (homes serving S/A only)
Supplies in an closed, unlocked first aid container that is readily available, but out of reach of children		<input type="checkbox"/> A current guide to emergency first aid <input type="checkbox"/> Soap (fieldtrips/routine trips only) <input type="checkbox"/> Bottled water (fieldtrips/routine trips only)
First aid kit taken on field trips and routine trips		<input type="checkbox"/> Provider observes children for signs of communicable illness prior to mixing with other children <input type="checkbox"/> Ill children isolated in sight or hearing, but away from other children <input type="checkbox"/> Communicable Disease Chart posted <input type="checkbox"/> Caretakers notified when child has been exposed to a communicable illness
Basic precautions followed		
5101:2-14-30 Management of Communicable Disease		
5101:2-14-32 Meal Preparation/Nutritional Requirements Meals and snacks are varied, nutritious and appropriately timed		<input type="checkbox"/> Breakfast Served <input type="checkbox"/> Lunch/Dinner Served <input type="checkbox"/> Snack Served Fluid Milk Fluid Milk Two foods Fruit/vegetable Meat/meat alternative. from two food Grain 2 Fruit/Vegetable groups Grain/Bread
Children are fed required meals		
Food is prepared, served and stored in a clean and safe manner		
Current weekly menu is posted		