



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 AS A
 TYPE B HOME PROVIDER OR IN-HOME AIDE**

<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	E-mail Address (required)	
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		
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 (check all that apply)			
<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 the caretaker and the 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 certificate is issued by the county department of Job and Family Services (CDJFS). The person completing the report should indicate compliance with check marks in the boxes and by filling in the appropriate key code for each rule requirement listed on the left column 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	O - Out of Compliance	P/V - Previously Verified
	N/V - Compliance Not Verified	N/A - Not Applicable	
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 (Note: Not needed for In-Home Aides) <input type="checkbox"/> Provider has been given a copy of the current rules: 5101:2-14-01, 5101:2-14-11, 5101:2-14-40, 5101:2-14-55, 5101:2-16-41 and 5101:2-16-44 <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 in-home 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: Insurance: Parents have been either (check one): <input type="checkbox"/> notified that provider has liability insurance, or <input type="checkbox"/> given the JFS 01933 when the provider has no liability insurance	
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 developmentally appropriate behavior management <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 land-line 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:</p> <p><u>Basement exits</u> Primary: _____ Secondary: _____</p> <p><u>First Floor</u> Primary: _____ Secondary: _____</p> <p><u>Second Floor</u> 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 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="849 415 1487 751"> <thead> <tr> <th data-bbox="849 415 1157 447">EQUIPMENT</th> <th data-bbox="1166 415 1247 447">Infant</th> <th data-bbox="1255 415 1360 447">Toddler</th> <th data-bbox="1369 415 1433 447">P/S</th> <th data-bbox="1442 415 1487 447">S/A</th> </tr> </thead> <tbody> <tr><td data-bbox="849 457 1157 489">Art</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="849 499 1157 531">Blocks</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="849 541 1157 573">Language Arts/Auditory</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="849 583 1157 615">Dramatic Play/Pretend</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="849 625 1157 657">Gross Motor/Sports</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="849 667 1157 699">Manipulatives</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="849 709 1157 741">Music</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="849 751 1157 783">Science/Nature</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="849 793 1157 825">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	Infant	Toddler	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" diameter 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 p.m. and 6:00 a.m. <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		Temp of hot water _____
Water supply is safe and sanitary, date last tested: _____		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