



OCLQS Portal – ODJFS License Application: Child Care Center

Description:

This Job Aid describes the process of submitting an application for child care license as an ODJFS Child Care Center program in the OCLQS Portal.

Appendix: Additional details on entering county information

Related Job Aid(s):

- OCLQS Portal – Account Management

Step 1: Log In to the OCLQS Portal

Click **Log in as ODJFS User**

Note: If you do not have an OCLQS account, refer to the OCLQS Portal - Account Management Job Aid for the steps to create an account.



Step 2: Enter Log In Information

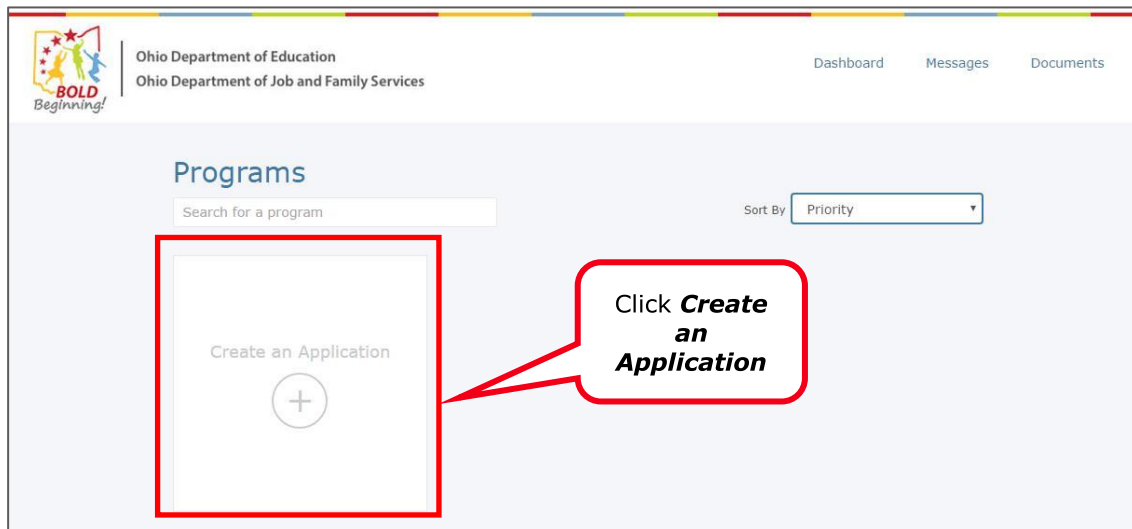
- 1) Enter **Email** address and **Password**
- 2) Click **Log In**

Note: If you do not remember your **Email** address and/or **Password**, refer to the OCLQS Portal - Account Management Job Aid for information on how to get log in information.



Step 3: Create an Application

Click **Create an Application**





Step 4: Continue to Application

Click **Continue to Application**

The screenshot shows a web application interface. At the top left is the logo for the Ohio Department of Education and Job and Family Services, featuring the text "BOLD Beginning!". To the right of the logo, the text "Ohio Department of Education" and "Ohio Department of Job and Family Services" is displayed. Further right, there are navigation links: "Dashboard", "Messages", "Documents", and "Add System User". The main content area contains the following text:

Instructions:

Provide the information necessary for the application. You may save and return to complete your application as necessary. Applicants will be required to upload all required documents, as determined by the type of application, prior to submitting the application.


Prior to submitting, the application must be completed in its entirety, including payment of a non-refundable fee if you are applying as a child care center, family child care type A home, family child care type B home or child day camp. There are no fees for Pre-School programs and School-Age programs licensed through the Ohio Department of Education. In addition, Out-of-State programs and In-home Aides registering through the Ohio Department of Job and Family Services will not be required to pay a fee. To pay any required application fee you must have a valid credit card (Visa, Master Card or Discover). No other method of payment will be accepted.

At the bottom of the instructions, there are two buttons: "Cancel" and "Continue To Application". The "Continue To Application" button is highlighted with a red rectangular box. A red speech bubble points to this button with the text "Click **Continue to Application**".



Step 5: Enter Initial Program Details

Enter **Program Address & Contact Information** and **Mailing Address** information

Note: Click the  icon to enter the county. See the [Appendix](#) at the end of this document for additional details.

Enter information

Program Address & Contact Information

* Proposed Open Date:

* Program Name:

* Street Address:

Street Address 2:

* City: * State: * Zip Code:

* County: * Phone: Phone Ext:

* Program Email Address:

Mailing Address

* Mailing Address:

Mailing Address 2:

* City: * State: * Zip Code:

Facility Information

* Attendance Options

Available: Full Day, Partial Day, Full Week, Partial Week, Drop In, Weekends

Chosen:

Services Offered

Available: Meals Provided, Before School Care, Evening Care, Swimming, Special Needs Child Care, Transportation, After School Care, Overnight Care, Field Trips, Early Childhood Expansion (ECE) Grantee

Chosen:

Provider Agreement

Reminder: If you are an ODJFS program you must enter your program's rates in the CCIDS Provider Portal even if you do not intend to complete a provider agreement to serve families receiving PFCC.

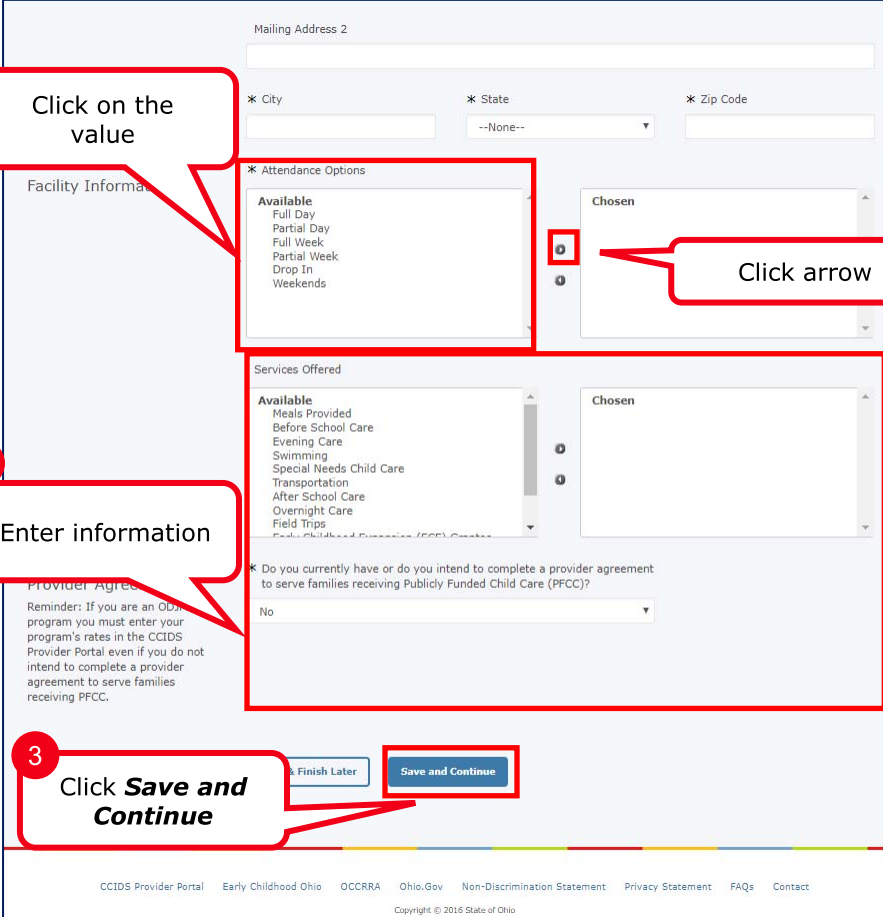
* Do you currently have or do you intend to complete a provider agreement to serve families receiving Publicly Funded Child Care (PFCC)?

No

Step 6: Enter Additional Program Details

- 1) Enter **Facility information**
 - a. Click on the applicable value(s) in the **Available** column of the **Attendance Options** field
 - b. Click on the arrow to select the value into the **Chosen** column
- 2) Enter information in the remaining fields
- 3) Click **Save and Continue**

*Note: Only the values that appear in the **Chosen** column are selected. Repeat Steps 1a and 1b to enter multiple values.*



The screenshot shows a web form for entering program details. It includes fields for 'Mailing Address 2', 'City', 'State', and 'Zip Code'. The 'Attendance Options' section has two columns: 'Available' and 'Chosen'. The 'Available' column lists options like 'Full Day', 'Partial Day', 'Full Week', 'Partial Week', 'Drop In', and 'Weekends'. The 'Chosen' column is empty. A red box highlights the 'Attendance Options' section, with callout 1a pointing to the 'Available' column and callout 1b pointing to the selection arrow in the 'Chosen' column. Below this is the 'Services Offered' section with another 'Available' and 'Chosen' column. Callout 2 points to the 'Available' column. At the bottom, there is a 'Provider Agreement' section with a dropdown menu set to 'No'. Callout 3 points to the 'Save and Continue' button. The footer contains links for 'CCIDS Provider Portal', 'Early Childhood Ohio', 'OCCRRA', 'Ohio.Gov', 'Non-Discrimination Statement', 'Privacy Statement', 'FAQs', and 'Contact', along with a copyright notice for 2015 State of Ohio.



Step 7: Enter Ownership Information

Click **Add Item**

*Note: If the ownership type is Corporation/LLC, then initial ownership questions will be displayed. Click **Add Item** to add authorized representative information.*

Application for Program License

Progress: Program Details | **Ownership** | Site | Administrator | Documentation | Review & Sign

Ownership - Corporation/LLC

* Name of Corporation/LLC: APPLS OF Gold Enrichment Center

* Corporation / Entity Number: Corporation

* Street Address: 5176 Loxley Dr

Street Address 2:

* City: Richmond Heights * State: oh * Zip Code: 44143

* Phone: (216) 640-6227 * Email: wesleymclain@sbcglobal.net.test

Authorized Representative Information

| First Name | Last Name | Date of Birth | Currently Licensed? | First Day in Corporation |
|----------------------|----------------------|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

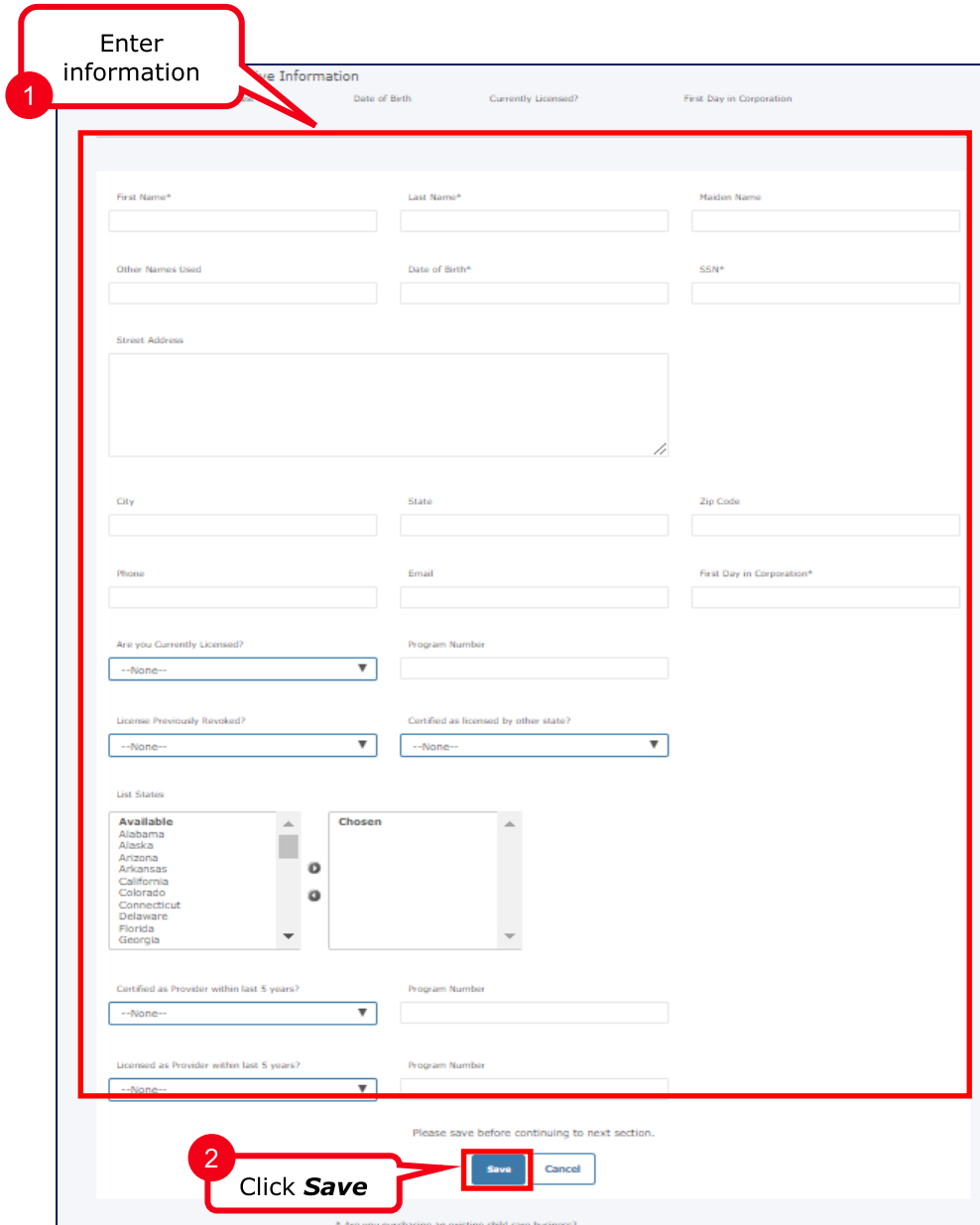
Add Item (button) → Click **Add Item** (callout)

Step 8: Enter Owner Details

1) Enter **Owner Information**

2) Click **Save**

Note: To add multiple owners (or authorized representatives) repeat Steps 7 and 8.



1 Enter information

2 Click **Save**

Please save before continuing to next section.

* Are you purchasing an existing child care business?

Step 9: Enter Answers

- 1) Answer questions
- 2) Click **Save Answers**

Note: The Save Answers button must be clicked in order for the information to be saved.

The screenshot shows a form with the following sections:

- 1 Answer questions:** A red box highlights the question area containing:
 - * Are you purchasing an existing child care business? (Dropdown menu: No)
 - * Which of the following age groups will the program serve? (check all that apply)
 - Infant
 - Young Toddler
 - Older Toddler
 - Pre-school
 - School-Age
 - * Which of the following has been obtained? (Dropdown menu: Food Service License)
- 2 Click Save Answers:** A red box highlights the 'Save Answers' button. Above it is the text: 'Please save your answers before continuing to next section.'

Below the form is a table for 'Schedule Information' with columns: Schedule Name, Days of Operation, Months of Operation, Start Time 1, End Time 1, Start Time 2, End Time 2.

Step 10: Add a Schedule

Click **Add Item** to add a schedule

The screenshot shows the 'Add a Schedule' form with the following elements:

- * Which of the following has been obtained? (Dropdown menu: Food Service License)
- Please save your answers before continuing to next section.
- Save Answers button
- Schedule Information table with columns: Schedule Name, Days of Operation, Months of Operation, Start Time 1, End Time 1, Start Time 2, End Time 2.
- Click Add Item:** A red box highlights the 'Add Item' button at the bottom left of the table.
- At the bottom of the page are three buttons: Save & Finish Later, Save and Continue, and Download Report.



Step 11: Enter Schedule Information

- 1) Enter **Schedule Information**
- 2) Click **Save**

Note: To add multiple schedules repeat Steps 10 and 11.

Schedule Name*
Sch 1

Days of Operation
Available: Sunday
Chosen: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

Months of Operation
Available: Summer Only, School Year, January, February, March, April, May, June, July, August
Chosen: Year Round

Start Time 1*: 03:00 AM
End Time 1*: 03:00 AM
Start Time 2: 03:45 AM
End Time 2: 03:30 AM

Please save before continuing to next section.

2 Click **Save**

Step 12: Click Save and Continue

Click **Save and Continue**

* Which of the following has been obtained?
Food Service License

Please save your answers before continuing to next section.
Save Answers

Schedule Information
For programs operating only one session per day, you may enter your hours of operation as "Start Time 1" and "End Time 1". For programs operating multiple sessions, you may enter two timeframes for each schedule. For example, if you operate a morning program and an afternoon program, you may enter the start and end time for the morning session in "Start Time 1" and "End Time 1", and the start and end time for the afternoon session as "Start Time 2" and "End Time 2".

Schedule Information
Schedule Name: Sch 1
Days of Operation: Saturday;Monday;Tuesday;Wednesday;Thursday;Friday
Months of Operation: Year Round
Start Time 1: 03:00 AM
End Time 1: 03:00 AM
Start Time 2: 03:45 AM
End Time 2: 03:30 AM


Click **Save and Continue**

Save & Finish Later | Save and Continue | Download Report



Step 13: Enter Site Information

Enter Site Information



Ohio Department of Education
Ohio Department of Job and Family Services

Dashboard Messages Documents Add System User

Application for Program License

Progress: Program Details Ownership **Site** Administrator Documentation Review & Sign

Site Information

Do you have actual knowledge of the presence of any of the following identified materials on the property?

| | |
|--|---|
| * Lead Based Paint? | * Asbestos? |
| --None-- | --None-- |
| * Underground storage of hazardous or toxic materials? (current or previously existing) | |
| --None-- | |
| If there is underground storage, please provide additional information. What materials are/were stored in the tanks? | |
| <input type="text"/> | |
| Are the tanks currently in use? | Are you aware of any problems, such as leakage? |
| --None-- | --None-- |
| * Radon Gas? | If radon gas has been detected, indicate the level of gas, if known (in pCi/L). |
| --None-- | <input type="text"/> |
| * Other toxic substances? | |
| --None-- | |
| If there are other toxic substances, describe. | |
| <input type="text"/> | |

Indoor Room/Space Information

| | | | | |
|------------------------|--------------------------|------------------------|---------------------|-------------------------|
| Indoor Room/Space Name | Indoor Room/Space Number | Indoor Room/Space Type | Under or Over 2 1/2 | Indoor Room/Space Shape |
|------------------------|--------------------------|------------------------|---------------------|-------------------------|

Enter information



Step 15: Enter Indoor Room/Space Information

- 1) Enter **Indoor Room/Space Information**
- 2) Click **Save**

Note: To add multiple rooms/spaces repeat Steps 14 and 15.

Indoor Room/Space Information

| Indoor Room/Space Name | Indoor Room/Space Number | Indoor Room/Space Type | Under or Over 2 1/2 | Indoor Room/Space Shape |
|------------------------|--------------------------|------------------------|---------------------|-------------------------|
|------------------------|--------------------------|------------------------|---------------------|-------------------------|

Indoor Room/Space Name* Indoor Room/Space Number* Indoor Room/Space Type*

Indoor Room/Space Shape* Will children in this room be over or under 2 1/2 years?

Indoor Room/Space Location Other Indoor Room/Space Location

Length 1 in Feet Length 1 in Inches Width 1 in Feet Width 1 in Inches

Length 2 in Feet Length 2 in inches Width 2 in Feet Width 2 in Inches

Square Footage Irregular

Please save before continuing to next section.

Enter information **Save**

Outdoor Space Information

Outdoor Space Name

Step 16: Add Outdoor Space Information

Click **Add Item** to add an outdoor space

Note: If an outdoor space does not have to be added, then proceed to Step 17.

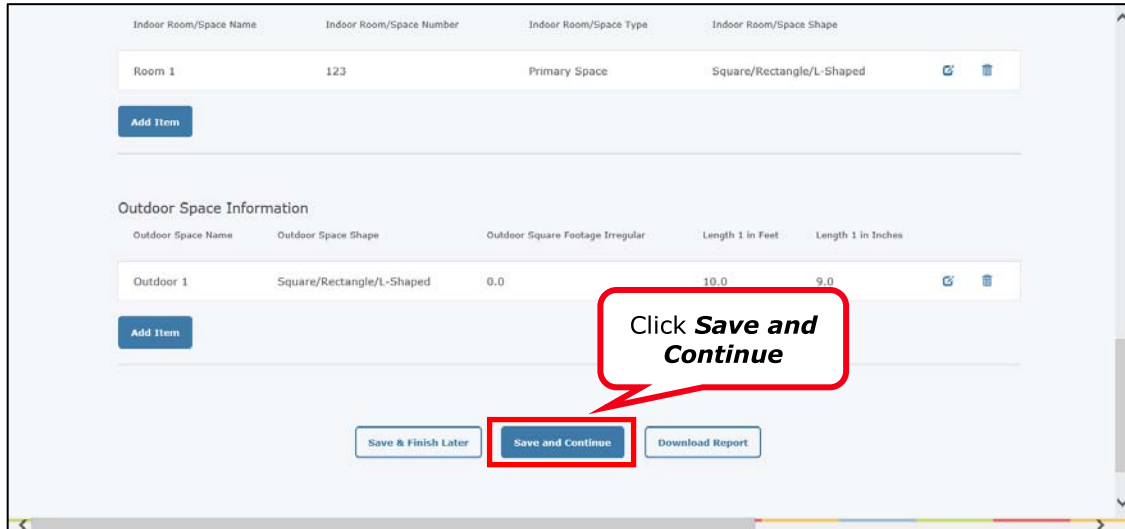
Step 17: Enter Outdoor Space Information

- 1) Enter **Outdoor Space Information**
- 2) Click **Save**

Note: To add multiple outdoor spaces repeat Steps 15 and 16.

Step 18: Click Save and Continue

Click **Save and Continue**



| Indoor Room/Space Name | Indoor Room/Space Number | Indoor Room/Space Type | Indoor Room/Space Shape |
|------------------------|--------------------------|------------------------|---------------------------|
| Room 1 | 123 | Primary Space | Square/Rectangle/L-Shaped |

Add Item

Outdoor Space Information

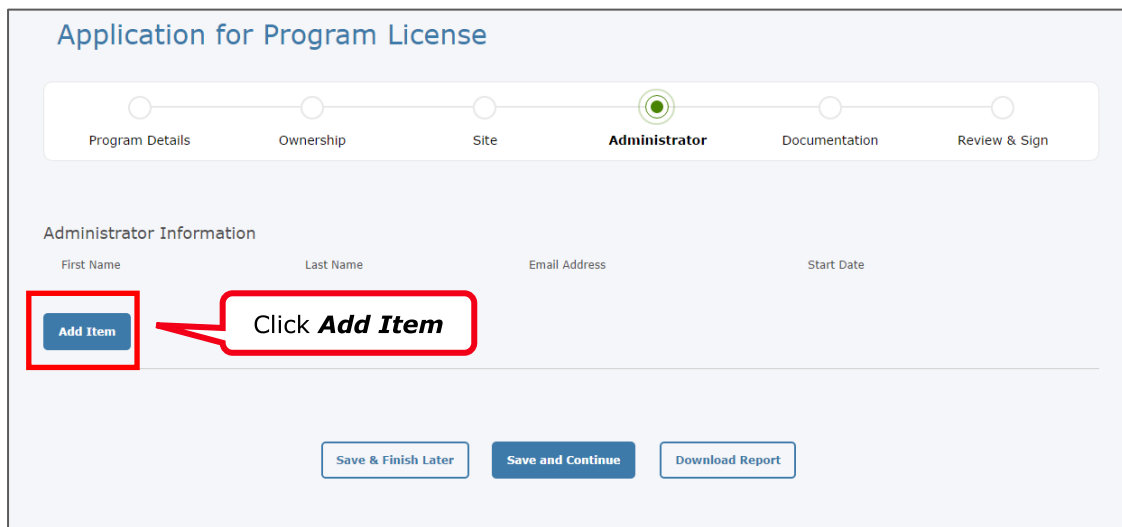
| Outdoor Space Name | Outdoor Space Shape | Outdoor Square Footage Irregular | Length 1 in Feet | Length 1 in Inches |
|--------------------|---------------------------|----------------------------------|------------------|--------------------|
| Outdoor 1 | Square/Rectangle/L-Shaped | 0.0 | 10.0 | 9.0 |

Add Item

Save & Finish Later **Save and Continue** **Download Report**

Step 19: Add Administrator Information

Click **Add Item** to add administrator information



Application for Program License

Progress: Program Details, Ownership, Site, **Administrator**, Documentation, Review & Sign

Administrator Information

| First Name | Last Name | Email Address | Start Date |
|------------|-----------|---------------|------------|
|------------|-----------|---------------|------------|

Add Item

Save & Finish Later **Save and Continue** **Download Report**

Step 20: Enter Administrator Information

- 1) Enter **Administrator Information**
- 2) Click **Save**

Note: To add multiple administrators repeat Steps 19 and 20.

Ohio Department of Education
Ohio Department of Job and Family Services

Dashboard Messages Documents Add System User

Application for Program License

Program Details Ownership Site **Administrator** Documentation Review & Sign

Administrator Information

| First Name | Last Name | Email Address | Start Date |
|------------|-----------|---------------|------------|
| Adam | Main | | |

SSN* 456-78-9456 Date of Birth* 10/15/1989 Phone Number

Email Address Start Date* 06/22/2018 Is this individual an admin at other locations? No

Name of Program License Number

Name of Program License Number

Name of Program License Number

Please save before continuing to next section.

Save Save & Finish Later Save and Continue

Step 21: Click Save and Continue

Click **Save and Continue**

Ohio Department of Education
Ohio Department of Job and Family Services

Dashboard Messages Documents Add System User

Application for Program License

Program Details Ownership Site Administrator **Documentation** Review & Sign

Administrator Information

| First Name | Last Name | Email Address | Start Date |
|------------|-----------|---------------|------------|
| Adam | | | 06/22/2018 |

Add Item

Save & Finish Later Save and Continue Download Report



Step 22: Attach Required Documents

Click on the first document button

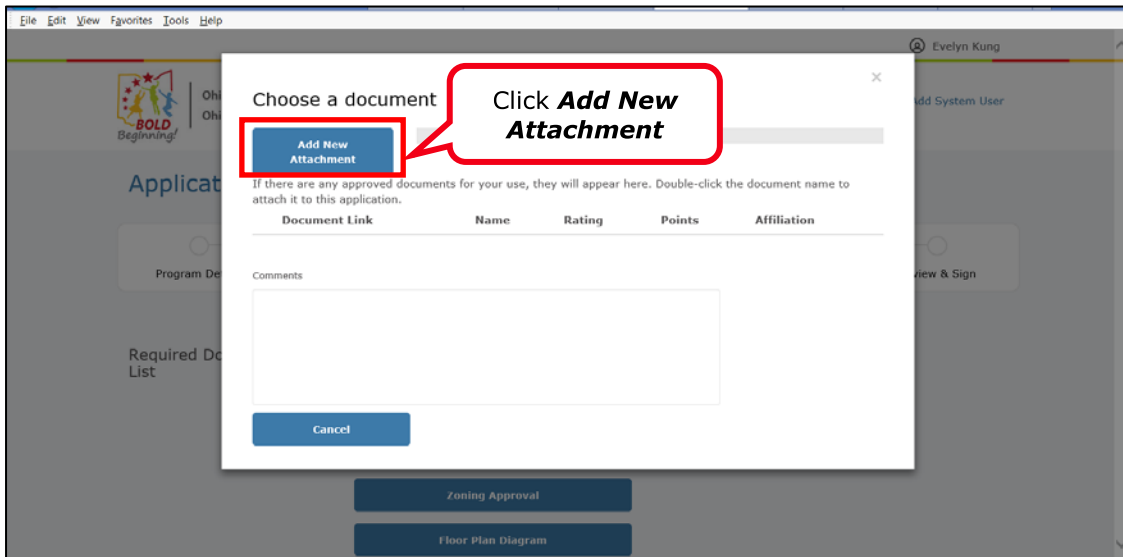
The screenshot shows the 'Application for Program License' interface. At the top, the user is logged in as Evelyn Kung. The navigation menu includes Dashboard, Messages, Documents, and Add System User. The progress bar shows six steps: Program Details, Ownership, Site, FCC Home & Admin, Documentation (highlighted), and Review & Sign. The 'Required Documentation List' contains the following items:

- Fire Inspection (highlighted with a red box and callout)
- Written Information
- Plan of Operation
- Zoning Approval
- Floor Plan Diagram
- Building Approval
- Medical Statement (John Kelly)
- Medical Statement (John John K Kelly)
- Medical Statement (Jane Howard)
- Administrator Education/Experience Qualifications (Jane Howard)
- Administrator Non-Conviction Statement (Jane Howard)

At the bottom of the list are three buttons: 'Save & Finish Later', 'Save and Continue', and 'Download Report'. The footer contains links for CCIDS Provider Portal, Early Childhood Ohio, OCCRRA, Ohio.Gov, Non-Discrimination Statement, Privacy Statement, FAQs, and Contact, along with a copyright notice for 2016 State of Ohio.

Step 23: Click Add New Attachment

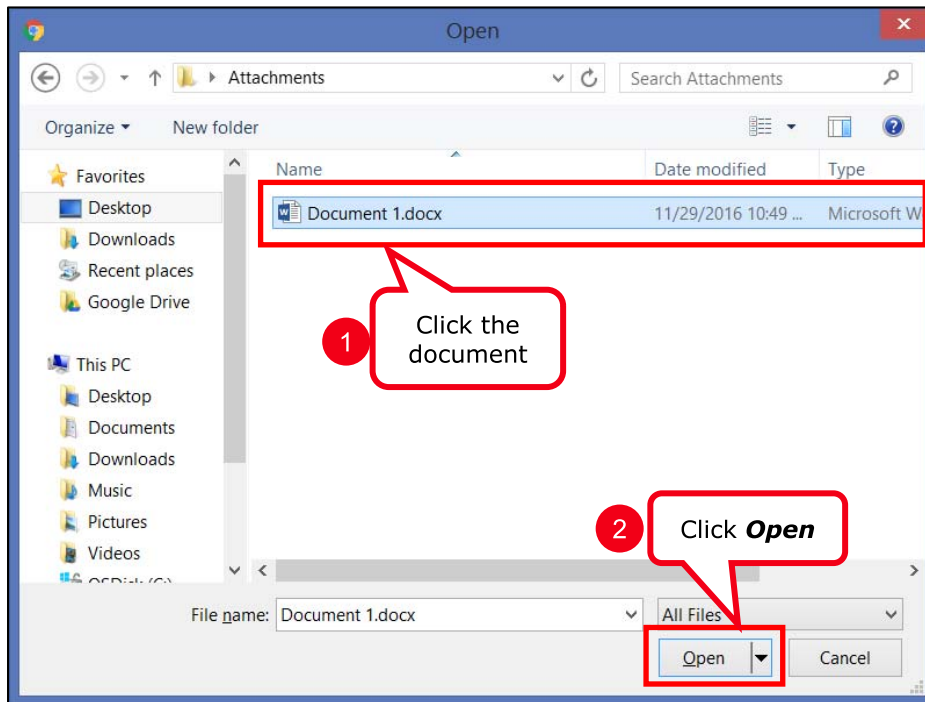
Click **Add New Attachment**



Step 24: Select Document

- 1) Select the document to attach
- 2) Click **Open**

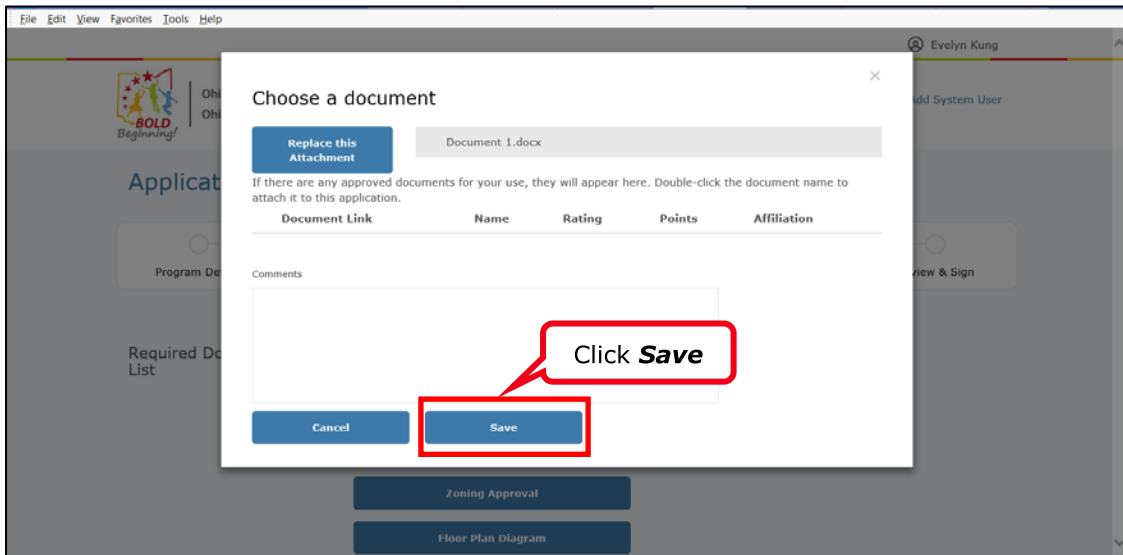
Note: The view of this step will vary depending on the internet browser you are using.





Step 25: Save the Attached Document

Click **Save**





Step 26: Attach Other Required Documents

1) Repeat Steps 22 to 25 for all required documents

2) After all required documents are attached, then click **Save and Continue**

Note: When a document is added, the document name displays to the right of the document button.

The screenshot shows the 'Application for Program License' web interface. At the top, the user is logged in as Evelyn Kung. The page header includes the Ohio Department of Education and Department of Job and Family Services logos, along with navigation links for Dashboard, Messages, Documents, and Add System User. The main heading is 'Application for Program License'. Below this is a progress bar with six steps: Program Details, Ownership, Site, FCC Home & Admin, Documentation (highlighted with a green circle), and Review & Sign. The 'Required Documentation List' section contains ten items, each with a checkmark and a blue button labeled '(added)'. The items are: Fire Inspection, Written Information, Plan of Operation, Zoning Approval, Floor Plan Diagram, Building Approval, Medical Statement (John Kelly), Medical Statement (John John K Kelly), Medical Statement (Jane Howard), Administrator Education/Experience Qualifications (Jane Howard), and Administrator Non-Conviction Statement (Jane Howard). Each item has a 'Document 1.docx' label to its right. At the bottom of the list are three buttons: 'Save & Finish Later', 'Save and Continue' (highlighted with a red box), and 'Download Report'. A red callout box with a white background and black text points to the 'Save and Continue' button, containing the text 'Click **Save and Continue**'. The footer includes links for CCIDS Provider Portal, Early Childhood Ohio, OCCRRRA, Ohio.Gov, Non-Discrimination Statement, Privacy Statement, FAQs, and Contact, along with a copyright notice for 2016 State of Ohio.



Step 26: Review and Sign

- 1) Check the **Electronic Signature** box if you agree with statement
- 2) Enter your full name
- 3) Click **Submit**

Application for Program License

Progress: Program Details (✓), Ownership (✓), Site (✓), Administrator (✓), Review & Sign (✓)

Review Completed

Applicant Statement

Review the following statements. If you are in agreement, check the box at the bottom. If you are not in agreement, then click the Save & Finish Later button and click Exit to discontinue the application process.

1. I make this application to the Ohio Department of Job and Family Services (ODJFS) pursuant to Chapter 5104 of the Revised Code (R.C.) which requires a license to operate the above named child care center.
2. I acknowledge that I am responsible for obtaining a copy of and reading the state laws and rules governing child care which are applicable to the type of child care facility I operate. I am aware that I must have a license from the State of Ohio in order to operate a child care center.
3. I am aware that the ODJFS and the county agency is required to make any necessary inspections of the circumstances surrounding my application for a license to provide child care. I acknowledge that the ODJFS will inspect the physical location where I operate my child care center. For the purpose of such inspection, I acknowledge that the ODJFS shall have full and free access to the physical location.
4. I am aware that my facility will be inspected to determine my continued compliance with all requirements. Inspections will occur at least twice during the provisional period and at least once each year thereafter. All visits may be unannounced. I understand that ODJFS will determine the license capacity based upon the program's compliance with all requirements of the licensing rules in Ohio Administrative Code (OAC) Chapter 5101:2-12.
5. I understand that the current license must always be posted in a conspicuous place in the facility.
6. All information I have provided on this application is true and correct. I acknowledge that the ODJFS may deny or revoke a license if I knowingly make false statements or fail to comply with the requirements of R.C. Ch. 5104 and OAC Chapter 5101:2-12. The information disclosed in this application is subject to R.C. 2921.13.
7. I acknowledge that no administrator, or any employee has been convicted of child abuse or the crimes listed in division (A)(4) or (A)(5) of section 109.572 of the Revised Code nor has any administrator or employee had a child removed from their home pursuant to R.C. 2151.353 and that a person convicted of such crimes or the cause of such action will not knowingly be hired.
8. I understand that pursuant to R.C. 5104.04, an application for a child care license is subject to denial. In the event of such proposed action by the department, I understand that I have the right to an administrative appeal in accordance with R.C. 119.12.
9. I am aware of R.C. 5104.02, which states that no person, firm, organization, institution, or agency shall operate a child care center or a family child care home without a license issued by the ODJFS. I am aware that 5104.99 states that whoever violates R.C. 5104.02 shall be fined not less than one hundred dollars (\$100.00) or more than five hundred dollars (\$500.00) for each offense.

Discriminatory Information

Note - Federal and state law and the policies of the US Department of Health and Human Services (HHS) and the Ohio Department of Job and Family Services (ODJFS) dictate that ODJFS must not discriminate on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, contact HHS or ODJFS at the following addresses.

HHS Director, Office of Civil Rights - Region V
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(312) 889-2359, (310) 353-5693 (TDD)
(312) 886-1807 (fax)
Website: <http://www.hhs.gov/ocr>

ODJFS, Bureau of Civil Rights
30 E. Broad St., 37th Floor
Columbus, OH 43215
(614) 644-2703 (voice)
(614) 227-6353 (Toll Free)
TTY (614) 995-9961 or Toll Free 1-866-221-6700
Website: <http://jfs.ohio.gov/divinrights/complaint.stm>

Electronic Signature

I certify under penalty of perjury that my answers are true and accurate to the best of my knowledge. By checking this box, I understand that I am signing this application electronically.

By electronically signing below, I hereby attest that the information contained in this application is truthful and correct under penalty of perjury. This application may be withdrawn at any time if the applicant so desires.

Name
Center Corp

Submission Date:
01/10/2017, 2:08 PM

Enter Your Name:

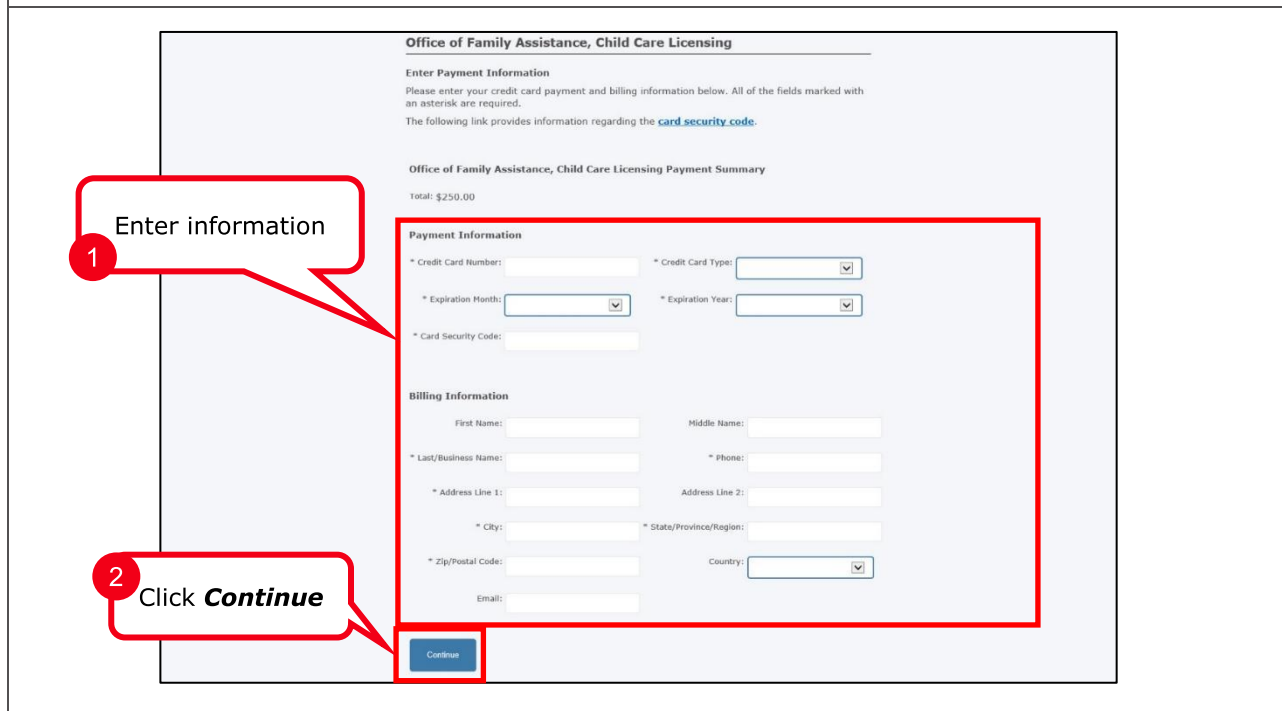
Submit Your Application

Your application is not yet submitted. If there is a fee associated with your application you will be directed to the payment page. You must make your payment to finish processing the application. If your payment is not received, your application will be automatically cancelled.

Save & Finish Later Submit

Step 27: Enter Payment Information

- 1) Enter **Payment Information**
- 2) Click **Continue**



Office of Family Assistance, Child Care Licensing

Enter Payment Information

Please enter your credit card payment and billing information below. All of the fields marked with an asterisk are required.

The following link provides information regarding the [card security code](#).

Office of Family Assistance, Child Care Licensing Payment Summary

Total: \$250.00

Payment Information

* Credit Card Number: * Credit Card Type:

* Expiration Month: * Expiration Year:

* Card Security Code:

Billing Information

First Name: Middle Name:

* Last/Business Name: * Phone:

* Address Line 1: Address Line 2:

* City: * State/Province/Region:

* Zip/Postal Code: Country:

Email:

Step 28: Confirm Payment Information

Click **Confirm**



Office of Family Assistance, Child Care Licensing Payment Summary

Total: \$250.00

Payment Information

* Credit Card Number: 4111111111111111 * Credit Card Type: Visa

* Expiration Month: 03 * Expiration Year: 18

* Card Security Code: 678

Billing Information

First Name: Jackson Middle Name:

* Last/Business Name: D * Phone: 1234567890

* Address Line 1: 123 Main Address Line 2:

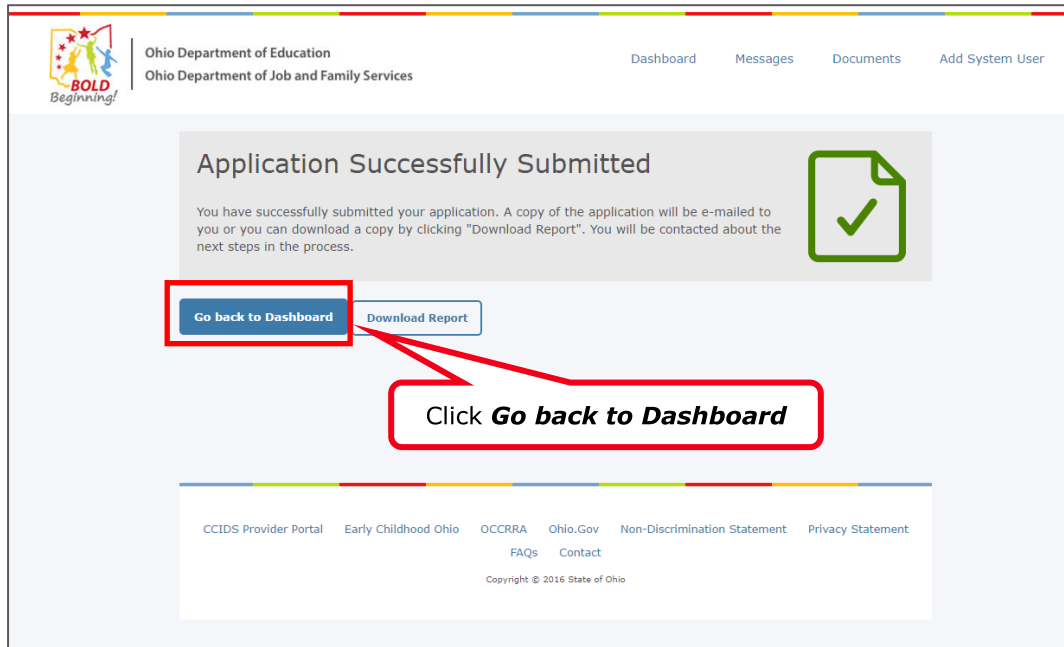
* City: Colum State/Province/Region: OH

* Zip/Postal Code: 43214 Country: United States

Email: jacl

Step 29: Return to Dashboard

Click ***Go back to Dashboard***



The process of submitting an application for child care license as an ODJFS Child Care Center program is complete.

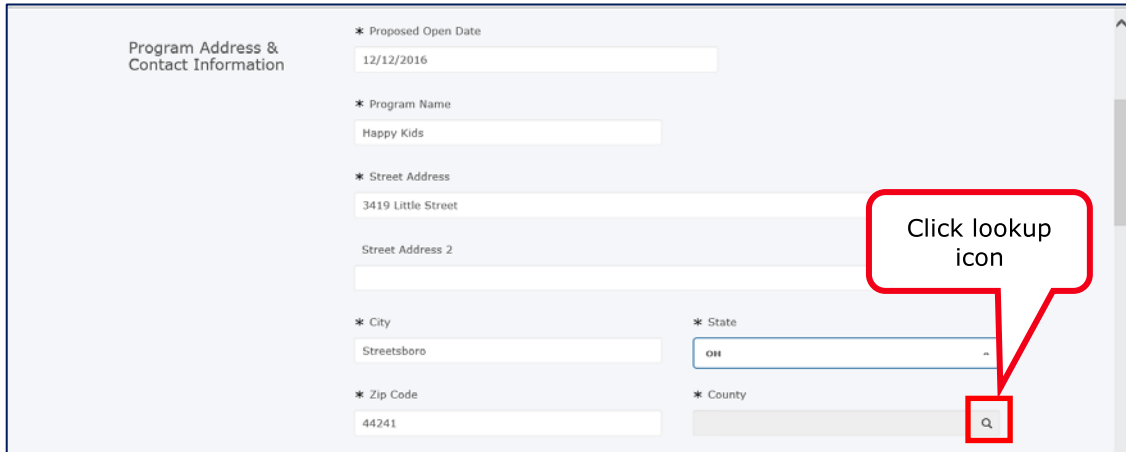
Appendix: Entering County

Description:

Appendix gives additional details for entering the county in the application.

Step A-1: Enter County Name

Click the **County** lookup icon



Program Address & Contact Information

* Proposed Open Date
12/12/2016

* Program Name
Happy Kids

* Street Address
3419 Little Street

Street Address 2

* City
Streetsboro

* State
OH

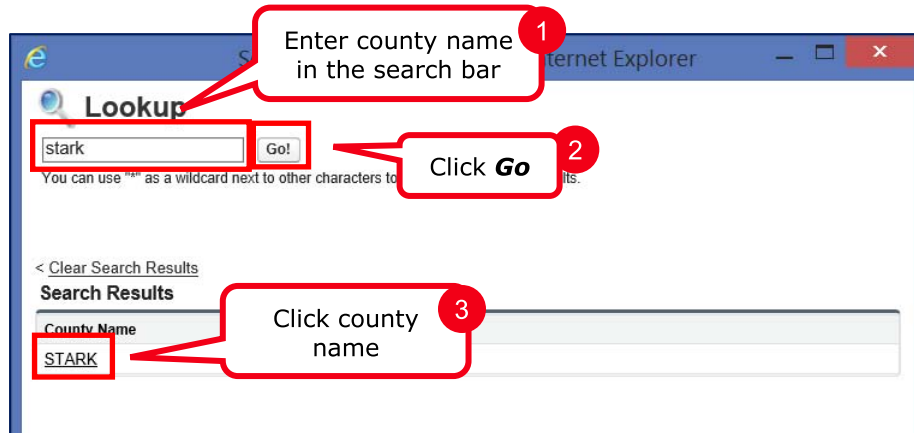
* Zip Code
44241

* County

Click lookup icon

Step A-2: Select the County

- 1) Enter the county name in the search bar
- 2) Click **Go**
- 3) Click the appropriate county name



Lookup

stark Go!

You can use "*" as a wildcard next to other characters to search for multiple results.

< Clear Search Results

Search Results

County Name

STARK

Enter county name in the search bar

Click Go

Click county name

The county has been entered- return to Step 5.