



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.

Ohio Department of Education
Ohio Department of Job and Family Services

Welcome to the Ohio Child Licensing and Quality System!

Click **Log in as ODJFS User**

Log in as ODE User

Log in as ODJFS User

OR

Register As ODJFS User

This web-based portal gives Ohio's Early Care and Education programs access to the Ohio Child Licensing and Quality System (OCLQS).

The OCLQS portal supports the two most recent versions of Chrome, Internet Explorer, Firefox and Safari. Best results are achieved using the most recent version of Chrome.



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.



Ohio Department of Education
Ohio Department of Job and Family Services

Welcome to the Ohio Child Licensing and Quality System!

Ohio Department of Job and Family Services

Email

Password [Forgot Password?](#)

Log In

< Back

This web-based portal gives Ohio's Early Care and Education programs access to the Ohio Child Licensing and Quality System (OCLQS).
The OCLQS portal supports the two most recent versions of Chrome, Internet Explorer, Firefox and Safari. Best results are achieved using the most recent version of Chrome.

Step 3: Create an Application

Click **Create an Application**

Ohio Department of Education
Ohio Department of Job and Family Services

Dashboard Messages Documents

Programs

Search for a program

Sort By Priority

Create an Application

+



Step 4: Continue To Application

Click **Continue to Application**



Ohio Department of Education
Ohio Department of Job and Family Services

[Dashboard](#) [Messages](#) [Documents](#) [Add System User](#)

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.

The Ohio Professional Registry (OPR) will receive confirmation of this application and the program information once it is completely submitted, including payment. Until the application is submitted, individuals will not have the ability to associate themselves with the program or have background check results returned to the program.

Click **Continue to Application**



Step 5: Enter 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.

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

Enter information

Program Address & Contact Information

* Proposed Open Date
* Program Name

* Street Address
Street Address 2

* City * State * Zip Code
OH

* County * Phone Phone Ext


* Program Email Address

Mailing Address

Same as Program Address

* Mailing Address
Mailing Address 2

* City * State * Zip Code
--Select--

Facility Information

* Attendance Options

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

Services Offered

Available Chosen

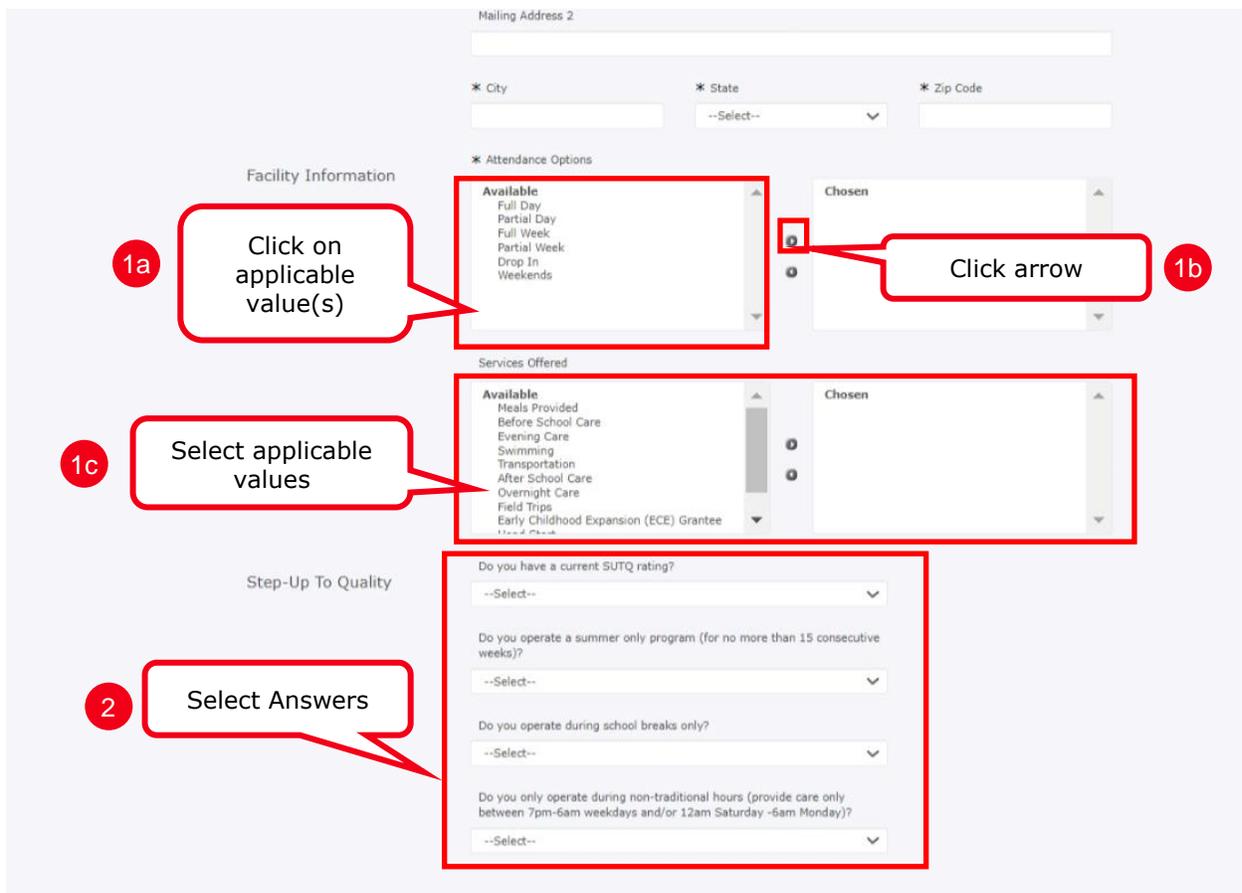
Step 6: Enter Additional Program Details

1) Enter **Facility information**

- Click on the applicable value(s) in the **Available** column of the **Attendance Options** field
- Click on the  arrow to select the value into the **Chosen** column
- Select applicable value(s) in the **Services Offered** field

2) Select answers for **Step-Up To Quality** questions

*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 with the following sections and callouts:

- Mailing Address 2:** Includes fields for City, State, and Zip Code.
- Facility Information:**
 - Attendance Options:** A table with two columns: 'Available' and 'Chosen'. The 'Available' column lists: Full Day, Partial Day, Full Week, Partial Week, Drop In, Weekends. A red box labeled '1a' points to this list with the text 'Click on applicable value(s)'. A red box labeled '1b' points to the arrow icon between the columns with the text 'Click arrow'.
 - Services Offered:** A table with two columns: 'Available' and 'Chosen'. The 'Available' column lists: Meals Provided, Before School Care, Evening Care, Swimming, Transportation, After School Care, Overnight Care, Field Trips, Early Childhood Expansion (ECE) Grantee. A red box labeled '1c' points to this list with the text 'Select applicable values'.
- Step-Up To Quality:** A red box labeled '2' points to a group of four dropdown menus with the text 'Select Answers'. The questions are:
 - Do you have a current SUTQ rating?
 - Do you operate a summer only program (for no more than 15 consecutive weeks)?
 - Do you operate during school breaks only?
 - Do you only operate during non-traditional hours (provide care only between 7pm-6am weekdays and/or 12am Saturday -6am Monday)?



Step 7: Enter Additional Program Details (Cont'd)

- 1) Enter **Provider Customary Rates**
- 2) Select answer for **Step-Up To Quality** question
- 3) Click **Save and Continue**

Provider Customary Rates

Ohio Administrative Code requires programs licensed, approved, or certified with the Ohio Department of Job and Family Services to provide their current customary rates charged to the public for child care services. Rates for all age categories need to be provided in a weekly full-time, part-time, and hourly format and should include additional amounts for non-traditional care, if applicable. If your program does not serve an age category enter \$0.00 into all three fields for that age category. However, it is recommended that you establish a rate for each age group even if you do not currently serve that age. This will ensure proper payment in the event you begin to care for a child in a previously unserved category.

	Infant	Toddler	Preschool	School Age	Summer School Age
Full-Time Weekly	\$	\$	\$	\$	\$
Part-Time Weekly	\$	\$	\$	\$	\$
Hourly	\$	\$	\$	\$	\$

Registration Fees

A program may choose to charge a registration fee outside the provider customary rates. If so, the program must report the amount charged and how it is charged (per child or per family).

Do you charge private pay families a registration fee that is not part of their regular tuition?

--Select--

Save & Finish Later **Save and Continue**

Enter values 1

Select answer 2

Click **Save and Continue** 3

Step 8: Review and Update Owner Information

Review and Update **Ownership** information

Application for Program License

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

Ownership - Corporation/LLC

Name of Corporation/LLC: C&K's Preschool Angels Learning Center

Corporate Entity # (As provided by the Ohio Secretary of State): 4459590

* Street Address: sample owner address

Street Address 2: Sample owner address

* City: Toledo * County: ADAMS * State: OH

* Zip Code: 43623 * Phone: (419) 214-0000

* Email: sampleOwnerEmail@test.test

Review and Update Ownership



Step 9: Add Authorized Representative

Click **Add Item**

Authorized Representative Information

First Name Last Name Date of Birth Currently Licensed? First Day in Corporation

Add Item

Click Add Item

Step 10: Enter Information

1) Enter Information

2) Click **Save**

Note: To add multiple owners (or authorized representatives) repeat Step 9 to Step 10.

Authorized Representative Information

First Name Last Name Date of Birth Currently Licensed? First Day in Corporation

Enter Information

1

First Name*	Last Name*	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names Used	Date of Birth*	SSN*
<input type="text"/>	<input type="text"/>	<input type="text"/>
FEIN	OPIN	Title*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Email	Program Provider Type
<input type="text"/>	<input type="text"/>	Child Care Center
First Day in Corporation*	Are you Currently Licensed?	
<input type="text"/>	--Select--	

License Previously Revoked?	Certified as licensed by other state?
--Select--	--Select--
Certified as an In-Home Aide Provider within last 5 years?	
--Select--	
Licensed as Provider within last 5 years?	Ownership Type
--Select--	Corporation / LLC

4459590

Please save before continuing to next section.

2

Click **Save**

Save

Cancel



Step 11: Enter Additional Information

- 1) Enter **Additional Information**
- 2) Click **Save Answers**

Authorized Representative Information

First Name	Last Name	Date of Birth	Currently Licensed?	First Day in Corporation
sample auth rep	wu	11/09/2000		11/09/2022

[Add Item](#)

Additional Information

Programs that plan to provide publicly funded child care must have a Step Up To Quality rating by July 1, 2020. Programs that are exempt from SUTQ are able to provide publicly funded child care without a SUTQ rating.

* Are you purchasing an existing child care business?

--Select--

* 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?

--Select--

* Do you plan to participate in Step Up To Quality?

--Select--

Please save your answers before continuing to next section.

[Save Answers](#)

1 Enter Additional information

2 Click **Save Answers**



Step 12: Add a Schedule

Click **Add Item** to add a schedule

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	Days of Operation	Months of Operation	Start Time 1	End Time 1	Start Time 2	End Time 2
<div style="border: 2px solid red; padding: 5px; display: inline-block;">Add Item</div> } <div style="border: 2px solid red; padding: 5px; display: inline-block; margin-left: 10px;">Click Add Item</div>						

Step 13: Enter Schedule Information

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

Note: To add multiple schedules repeat Steps 12 and 13.

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	Days of Operation	Months of Operation	Start Time 1	End Time 1	Start Time 2	End Time 2																																	
<div style="border: 2px solid red; padding: 5px; display: inline-block;">Enter Schedule Information</div> } <div style="border: 2px solid red; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-left: 5px;">1</div>																																							
<p>Schedule Name*</p> <input type="text"/>																																							
<p>Days of Operation</p> <table border="1"> <thead> <tr> <th>Available</th> <th>Chosen</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> </tr> <tr> <td>Friday</td> <td></td> </tr> <tr> <td>Saturday</td> <td></td> </tr> <tr> <td>Sunday</td> <td></td> </tr> </tbody> </table>		Available	Chosen	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		<p>Months of Operation</p> <table border="1"> <thead> <tr> <th>Available</th> <th>Chosen</th> </tr> </thead> <tbody> <tr> <td>Year Round</td> <td></td> </tr> <tr> <td>Summer Only</td> <td></td> </tr> <tr> <td>School Year</td> <td></td> </tr> <tr> <td>January</td> <td></td> </tr> <tr> <td>February</td> <td></td> </tr> <tr> <td>March</td> <td></td> </tr> <tr> <td>April</td> <td></td> </tr> <tr> <td>May</td> <td></td> </tr> <tr> <td>June</td> <td></td> </tr> </tbody> </table>		Available	Chosen	Year Round		Summer Only		School Year		January		February		March		April		May		June	
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<p>End Time 2</p> <input type="text" value="--Select--"/>		<p>Please save before continuing to next section.</p> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 2px solid red; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 2px solid red; padding: 5px;">Click Save</div> <div style="border: 1px solid gray; padding: 2px 5px;">Save</div> <div style="border: 1px solid gray; padding: 2px 5px;">Cancel</div> </div>																																					
<div style="border: 1px solid gray; padding: 2px 5px;">Save & Finish Later</div> <div style="border: 1px solid gray; padding: 2px 5px; margin-left: 10px;">Save and Continue</div>																																							



Step 14: Save and Continue

Click **Save and Continue**

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	Days of Operation	Months of Operation	Start Time 1	End Time 1	Start Time 2	End Time 2	
sample schedule 1	Thursday	School Year	12:45 AM	03:45 AM			

Add Item

Save & Finish Later **Save and Continue**

Click **Save and Continue**

Step 15: Enter Site Information

Select answers for **Site Information**

Application for Program License

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? --Select--

* Asbestos? --Select--

* Underground storage of hazardous or toxic materials? (current or previously existing) --Select--

Are the tanks currently in use? --Select--

* Radon Gas? --Select--

* Other toxic substances? --Select--

Select Answers



Step 16: Add an Indoor Room/Space

Click **Add Item**

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
------------------------	--------------------------	------------------------	---------------------	-------------------------

Add Item Click **Add Item**

Outdoor Space Information

Outdoor Space Name Outdoor Space Shape

Add Item

Step 17: Enter Indoor Room/Space Details

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

Note: To add multiple indoor rooms/spaces repeat Steps 16 and 17.

Indoor Room/Space Information

Indoor Room/Space Name	Indoor Room/Space Number	Indoor Room/Space Type	Indoor Room/Space Shape
------------------------	--------------------------	------------------------	-------------------------

Enter Indoor Room/Space information 1

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

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

Indoor Room/Space Location Other Indoor Room/Space Location
--Select--

Please save before continuing to next section.

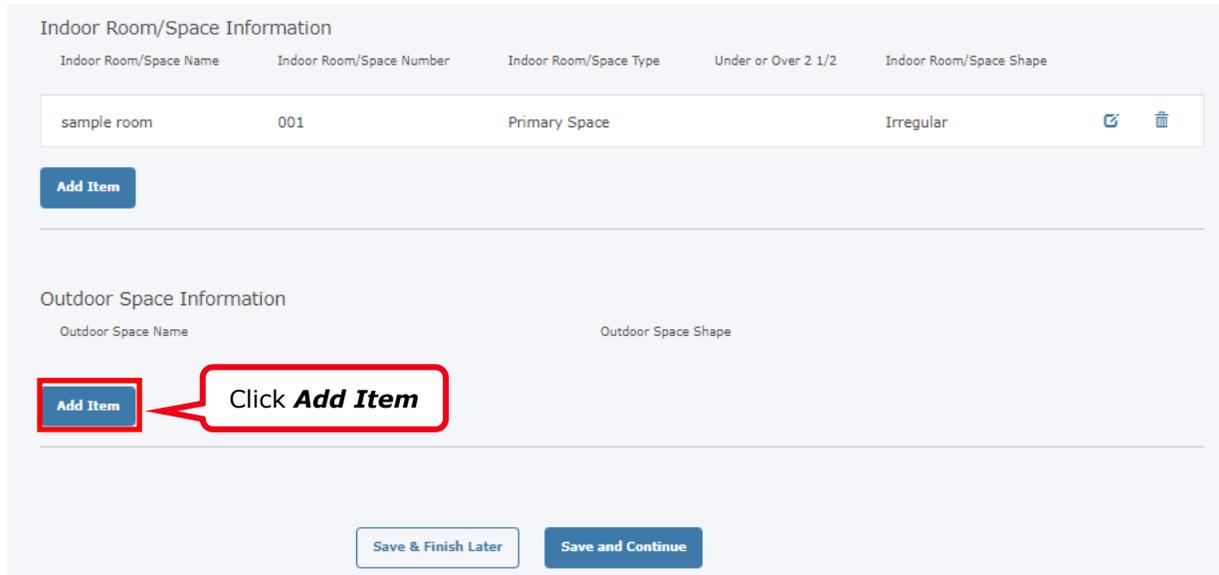
Save Cancel

2 Click **Save**

Step 18: Add an Outdoor Space

Click **Add Item** to add applicable outdoor space(s)

Note: If an outdoor space does not have to be added, then proceed to Step 20.



Indoor Room/Space Name	Indoor Room/Space Number	Indoor Room/Space Type	Under or Over 2 1/2	Indoor Room/Space Shape
sample room	001	Primary Space		Irregular

Add Item

Outdoor Space Information

Outdoor Space Name: Outdoor Space Shape:

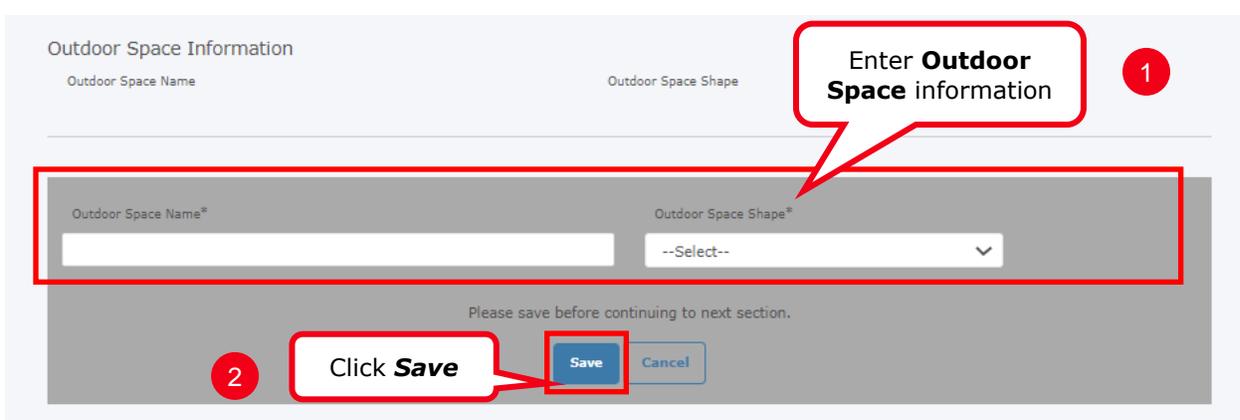
Add Item (highlighted with red box and callout: Click **Add Item**)

Save & Finish Later **Save and Continue**

Step 19: Enter Outdoor Space Details

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

Note: To add multiple Outdoor Spaces repeat Steps 18 and 19.



Outdoor Space Information

Outdoor Space Name: Outdoor Space Shape:

Enter Outdoor Space information (1)

Outdoor Space Name* Outdoor Space Shape*

Please save before continuing to next section.

2 **Click Save** (2) **Save**



Step 20: Click Save and Continue

Click **Save and Continue**

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

sample room 001 Primary Space Irregular

Add Item

Outdoor Space Information

Outdoor Space Name Outdoor Space Shape

sample out door Irregular

Add Item

Click **Save and Continue**

Save & Finish Later

Save and Continue

Step 21: Add Administrator Information

Click **Add Item** to add an administrator



Application for Program License

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

Administrator Information

First Name Last Name Email Address Access Start Date

Add Item

Click **Add Item**

Save & Finish Later

Save and Continue



Step 22: Enter Administrator Information

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

Note: To add multiple Administrators repeat Steps 21 and 22.

The screenshot shows a web form titled "Administrator Information". At the top, there are three labels: "First Name", "Last Name", and "Email Address". A red callout box with a "1" in a red circle points to the form area with the text "Enter Administrator Information". The form contains several input fields: "First Name*" and "Last Name*" (top row); "SSN*", "Date of Birth*", and "Phone Number" (second row); "Email Address" and "OPIN*" (third row); "Access Start Date*" and "Access End Date" (fourth row). Below these is a dropdown menu labeled "Is this individual an admin at other locations?" with "--Select--" and a downward arrow. At the bottom of the form, there is a message "Please save before continuing to next section." and two buttons: "Save" and "Cancel". A red callout box with a "2" in a red circle points to the "Save" button with the text "Click Save". Below the form are two buttons: "Save & Finish Later" and "Save and Continue".



Step 23: Click Save and Continue

Click **Save and Continue**

Application for Program License

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

Administrator Information

First Name	Last Name	Email Address	Access Start Date
sampel admin	sample		11/09/2022

[Add Item](#)

[Save & Finish Later](#) [Save and Continue](#)

Click **Save and Continue**

Step 24: Attach Required Documents

Click on the first document button

Application for Program License

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

Required Documentation List

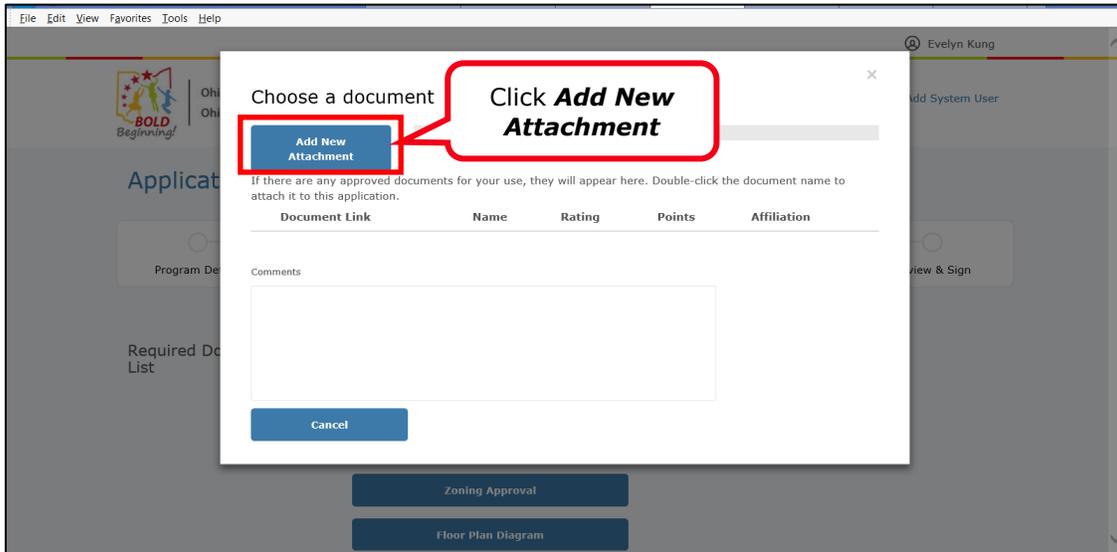
- [Food License](#)
- [Building Approval](#)
- [Fire Inspection](#)
- [Written Information](#)
- [Plan of Operation](#)
- [Floor Plan Diagram](#)
- [Written Disaster Plan](#)
- [Administrator Education/Experience Qualifications \(sampel admin sample\)](#)
- [Articles of Incorporation](#)

[Save & Finish Later](#) [Save and Continue](#)

Click document button

Step 25: Click Add New Attachment

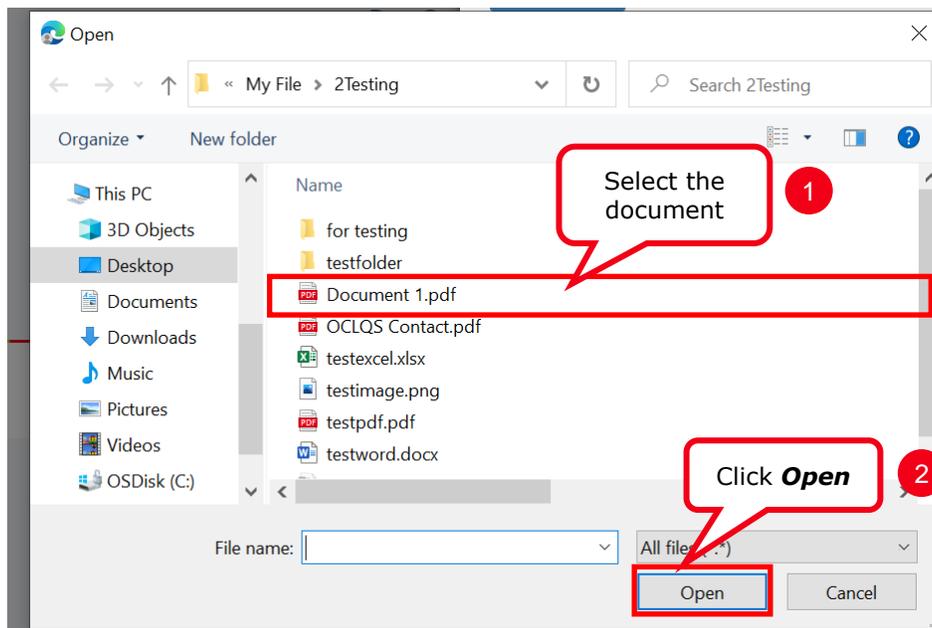
Click **Add New Attachment**



Step 26: Select Document

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

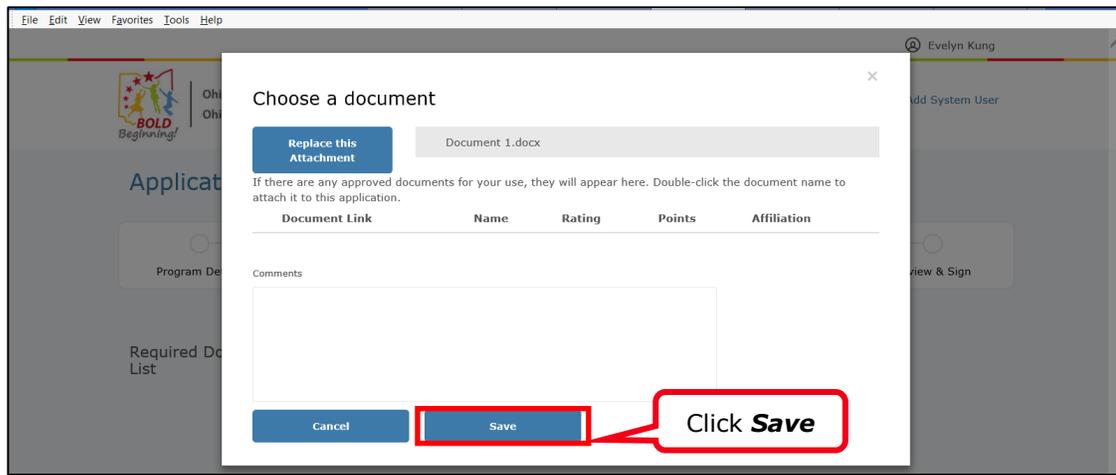
Note: The view of this step will vary depending on the internet browser you are using.





Step 27: Save the Attached Document

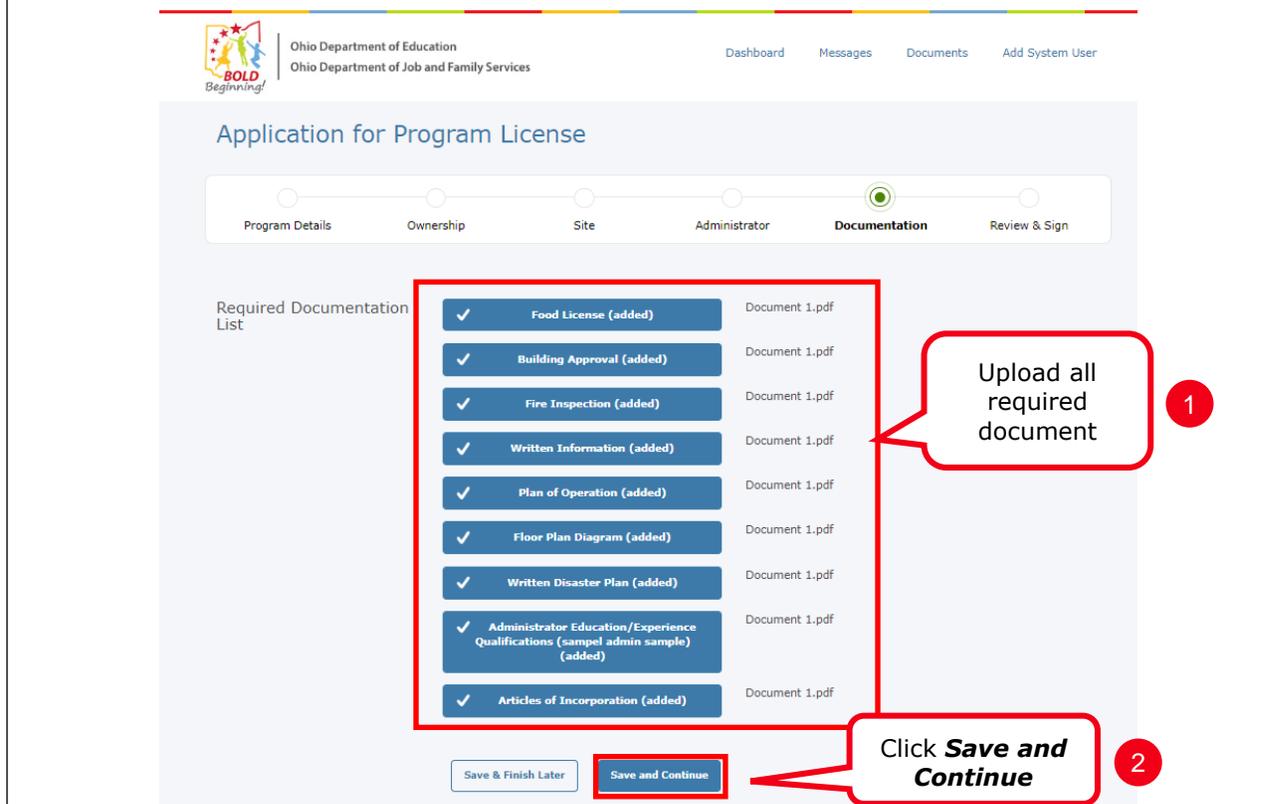
Enter applicable Comments and Click **Save**



Step 28: Attach Other Required Documents

- 1) Repeat Steps 25 to 27 for all required documents
- 2) After all required documents are attached, click **Save and Continue**

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





Step 29: Review and Sign

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

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 (✓)

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.

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.

Discriminatory Information

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>

Office of Civil Rights
Room 37th Floor
143215
353 (voice)
353 (Toll Free)
1-866-9961 or Toll Free 1-866-221-6700
<http://dfs.ohio.gov/civilrights/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
Crystal Scott

Submission Date:
11/17/2022, 5:09 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 unsuccessful, your application will not be considered submitted.

Save & Finish Later **Submit**



Step 30: Enter Payment Information

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



Ohio Department of Education
Ohio Department of Job and Family Services

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.

For assistance locating the card security code, please select the following:

[Locate Card Security Code](#)

Office of Family Assistance, Child Care Licensing Pay

Total

\$25.00

Enter information

1

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

Continue

Click **Continue**

2

Technical Support

If you need technical support for this online payment processing application, please send an email to CC_Business_Unit@jfs.ohio.gov.



Step 31: Confirm Payment Information

Review Information and Click **Confirm**



Ohio Department of Education
Ohio Department of Job and Family Services

Office of Family Assistance, Child Care Licensing

Confirm Payment Information

Please confirm that your credit card payment and billing information below is correct.

Office of Family Assistance, Child Care Licensing Payment Summary

Total

\$25.00

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

Confirm

Click **Confirm**

Back

Technical Support

If you need technical support for this online payment processing application, please send an email to CC_Business_Unit@jfs.ohio.gov.



Step 32: Return to Dashboard

Click **Go back to Dashboard**

Crystal Scott

Ohio Department of Education
Ohio Department of Job and Family Services

Dashboard Messages Documents Add System User

Application Successfully Submitted

"You have successfully submitted your application for Sample CCC (Program Number: 2220027132). A copy of the application will be e-mailed to you or you can download a copy by clicking "Download Report". You will be contacted about the next steps in the process or if additional information is required. It can take a minimum of 60 days from the application submission date to be processed.

New BCI/FBI background checks must be submitted for the following individuals:

- FCC Type A Administrators
- FCC Type B Providers
- All residents 18 years of age or older
- Center Administrators
- All Individual Owners
- All Partners

Go to <http://jfs.ohio.gov> for more information on BCI/FBI requirements."

Click *Go back to Dashboard*

Go back to Dashboard Download Report

Provider Agreement

If you wish to be eligible to provide publicly funded child care, you will need to enter into a PFCC provider agreement and provide financial information. Click the **Initiate PFCC Agreement and Financials** button below to begin this process.

Initiate PFCC Agreement & Financials

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

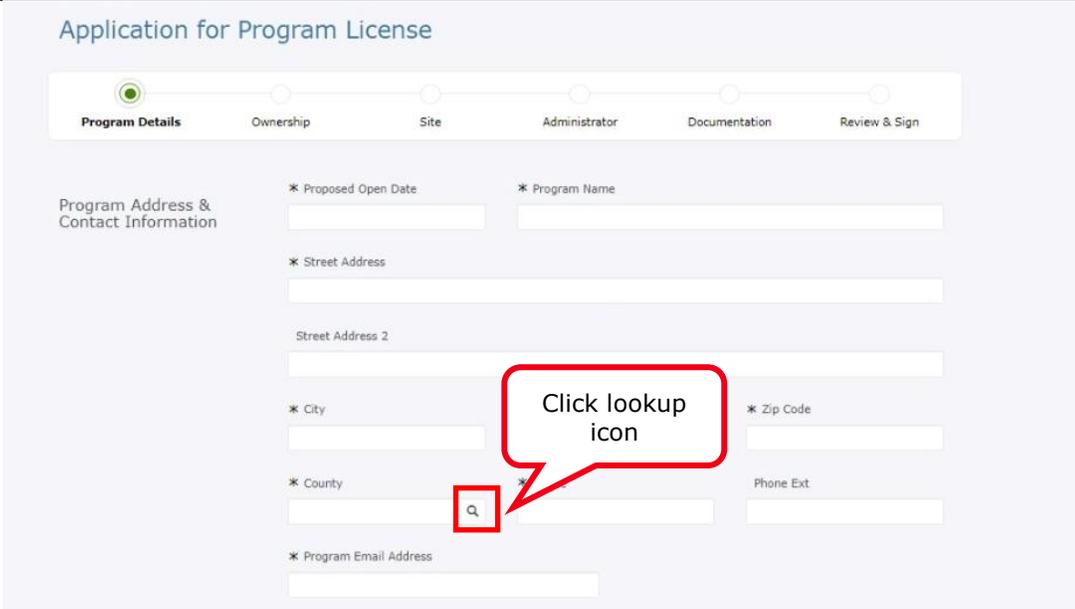
Appendix: Entering County

Description:

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

Step A-1: Enter County Name

Click the **County** lookup icon



Step A-2: Select the County

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



The county has been entered- return to Step 5.