

OCLQS Portal – ODJFS Registration: In-Home Aide

Description:

This Job Aid describes the process of submitting a registration as an ODJFS In-Home Aide in the OCLQS Portal.

Appendix: Additional details on entering registration 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!



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.





Step 4: Continue to Application

Click Continue to Application

Ohio Department of Education Ohio Department of Job and Fa	- Dashboard Messages Documents
	<section-header><text><text><text></text></text></text></section-header>



		Step 5: Ent	er In-F	lome Aide	Infor	mation		
-	1) Enter inform	mation in the	Provide	r Informati	on, Ma	iling Inform	ation and	
-	Click Save		ECHOIIS					
Note	y If "Yes" is selec	AIISWEIS	ver held a	child care certif	icate/lice	onse in another o	state or a Type	
B or	in-home aide cer	rtificate or license	e, then add	ditional informa	tion is re	quired. See the	appendix at	
the e	end of this docum	nent for additiona	al details. Vialiad in ai	day fay tha info	una ati a n	to be asked		
ine :	Save Answers	button must be ci	пскеа п о	aer for the info	rmation	to de saved.		
		In-Home Aide Cer	rtification					
		Provider Information	Ownership	Parent/Guardian Information	Documentation	Review & Sign		
		_						
		Provider Information	* Program Name					
		where care will be provided. For In- Home Aides this will be the child's address. For phone and email address enter the provider's	* Street Address					
		email address will be entered on the next screen.	Street Address 2					
			* City	* State		* Zip Code		
	Enter		* County	OH * Phone	~	Phone Ext		
	information			٩				
			* Program Email Add	dress				
		Mailing Information Enter the mailing address for the Ir Home Aide. This should not be the child's address.	Same as Program	n Address				
			Mailing Address 2					
			* City	* State		* Zip Code		
			* Child Home Addre:	55	v			
		Child Home Address Enter the Child's Home Address for the In Home Aide						
			Child Home Address	2				
			* Child Home City	* Child Home St Select	ate 🗸	* Child Home Zip		
			" Have you ever held a	child care certificate/license in another stat	e?			
			Select		•			
			* Have you ever held a	Type B home or in-home aide certificate or	license?			
			Diagon	name hafens er timber t	ention			
(2 Click S Answ	save vers	Please save your a Save Answers	inswers before continuing to next	section.			



Step 6: Click OK							
Click OK							
You Step 2	r answers have be	en saved.	P	Click O	Rates		
1) Enter Rates				-			
2) Click Save and Co	ontinue						
Provider Customary Rates		Infant	Toddler	Preschool	School Age	Summer School Age	
programs licensed, approved, or certified with the Ohio Department	Full-Time Weekly	\$	\$	\$	\$	\$	
of Job and Family Services to provide their current customary	Part-Time Weekly	\$	\$	\$	\$	\$	
rates charged to the public for child care services. Rates for all age	Hourly	\$	\$	\$	\$	\$	
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.	Save & Finish Later	Save and C	continue	Enter rate	es 1 Save and ntinue	2	



Provider Information		Parent/Guardian Information	Documentation	Review & Sign
wnership - Individual	Name of Corporation, Amy Bartolozzi	/шс	Corporate Entity # (A Secretary of State)	s provided by the Ohio
	* Street Address			
Enter Ownership Information	Street Address 2	¥ Guintiz	¥ State	
	* Zip Code	* Phone	Q	~
	* Email			
	Save & Finish Later	Save and Continue	Click Save and Continue	2
k Add Item	Step 9:	Add a Parent/	Guardian	
Provider Information	Ownership	Parent/Guardian Information	Documentation	Review & Sign
ent/Guardian Information	lame Pho	ne Number Email	Access Start Date	
dd Item	ck Add Item			



Step 10: Enter Parent/Guardian Information							
1) Enter Parent/Guardian Information							
2) Click Save							
Provider Information	Ownership	Parent/Guardian	Documentation	Review & Sign			
		Information					
Parent/Guardian Information							
First Name Last Name	Phone Num	ber Email	Enter information	1			
			~				
First Name*		Last Name*					
Phone Number	Email		Access Start Date*				
	Piedse sav	e before continuing to next set	ion.				
		Save Cl	ick Save				
	Save & Einich Later	Save and Continue					
	Save & Filish Later	Save and Continue					
	Step 11	: Save and C	ontinue				
Click Save and Conti	nue						
In-Home Aide Cert	tification						
0							
Provider Information	Ownership	Parent/Guardian Information	Documentation	Review & Sign			
Parent/Guardian Information							
First Name	Last Name	Phone Number	Email Access Start Date				
sample parent info	W		11/23/2022	c â			
Add Item							
			Click Save an	d			
	Save & Finish Later	Save and Continue	Continue				







Step 14: Select Docum	ent
1) Select the document to attach	
2) Click Open	
Note: The view of this step will vary depending on the internet br	owser you are using.
Open	× .
$\leftarrow \rightarrow \checkmark \uparrow$ 📜 « My File > 2Testing v 🖸	℅ Search 2Testing
Organize • New folder	≣≣ ▾ 🔳 😮
S This PC Name	Click the
3D Objects	document
Desktop	
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Downloads OCLQS Contact.pdf	
Music 🖉 Ohio_Congressional_Districts,_118th_Cor	ngress.tif
E Pictures Estexcel.xlsx	
Videos testimage.png	
	Click Open
File name: Document 1.pdf	All files (*.*)
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Sten 15: Save the Attached I	Document
Enter applicable Comments and Click Save	bocument
	×
Choose a document	Documents
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Attachment	
In-HOME If there are any approved documents for your use, they will appear here. Double attach it to this application.	-click the document name to
Document Link Name Rating Point	s Affiliation
Provider Infori Comments	x Sign
Required Doc	
List	
	lick Save
Cancel	



Step 16: Attach Other Required Documents

- 1) Repeat Steps 12 to 15 if multiple documents are required
- 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.

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Provider Information	Ownership	Parent/Guardian Information	Documentation	Review & Sign
Required Documentation List	✓ Medic	al Statement (added)	Document 1.pdf	
	✓ In-Home	Aide Assurances (added)	Document 1.pdf	
	✓ Verificatio School Educatio General Educa	on of Completion of a High on, a High School Diploma or ational Development (GED) (added)	Document 1.pdf	
	✓ Verification	n of Certification in First Aid (added)	Document 1.pdf	
	✓ Verific Cardiopulmo Cert	ation of Certification in mary Resuscitation (CPR) ification (added)	Document 1.pdf	
	✓ Managemer Tr	nt of Communicable Disease raining (added)	Document 1.pdf	
	✓ Child Ab	use and Neglect Training (added)	Document 1.pdf	
	V Writter	n Disaster Plan (added)	Document 1.pdf	
	Save & Finish La	Save and Continue	Click Sa Conti	ve and nue



	Step 1	7: Review and	Sign	
 Check the <i>Electro</i> Enter your full nand Click <i>Submit</i> 	onic Signa me	ature box if you ag	gree with stat	ement
In-Home Aide Cer	tification			
Provider Information	✓ Ownership	Parent/Guardian Information	O Documentation	Review & Sign
Review	Compl	select Checkbox) 1	
Electronic Signature	app By ele in this applic	certify under penalty of perjury that my ans of my knowledge. By checking this box, I un lication electronically. ctronically signing below, I hereby atte application is truthful and correct unde ation may be withdrawn at any time if 1	wers are true and accurate to the derstand that I am signing this st that the information contain er penalty of perjury. This the applicant so desires.	ned
	Name	Bartolozzi		
	Subm 11/2	iission Date: 3/2022, 9:15 AM		
2 Enter full name	Your application is not v	Your Name: et submitted. You must click "Submit" to final	ize your application.	J
Submit Your Application	Save & Finish Later	Submit Click	Submit 3)









Appendix: Entering Additional Registration Information

Description:

Appendix gives additional details for entering registration information.

Step A-1: Additional Registration Details

- If "Yes" is selected for held a child care certificate/license in another state
- 1) Click all of the applicable checkboxes
- 2) Click the Drop Down Arrow to select the applicable state

If "Yes" is selected for held a Type B home or in-home aide certificate or license, then enter the county in the field that is displayed.

3) Enter the county

Note If you held child care certificates/licenses for multiple states, then enter information for the most recent certificate/license. If you held Type B home or in-home aide certificates or licenses for multiple counties, then enter information for the most recent certificate/license.

