

# **Knowledge Base Article**

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## **Overview**

This User Guide reviews the process of completing an Agency Certification Inquiry through the Ohio Certification for Agencies and Families (OCAF) site. When the initial Inquiry is completed, the user will be navigated to the OCAF system to submit all required documentation and complete their Inquiry.

## **Submitting Agency Certification Inquiry**

Please use this link to access the site: <u>Becoming a Certified Agency | Department of</u> <u>Children and Youth</u>.

Click the **Launch** button to navigate to the Agency Inquiry form. Shown below:



The Agency Inquiry page displays.



Ohio De Ch	partment of ildren & Youth			
	Agency Inqu Please answer as much inf An agency administrator's	Jiry formation below as possible to allow information will be required to con ation - Ohio Business Ad	v the Department of Children and Ye mplete the inquiry and move forware <b>dress</b>	outh to assist you in a timely and efficient manned with the certification process.
	* Agency Name		*County	
				•
	* Street	* City	* State	* Zip Code
			ОН	
	* Are you the Agency A	Administrator?		
	🔿 Yes 🔵 No			

- 1. Provide the **Agency Name**.
- 2. Make a Selection from the **County** dropdown menu.
- 3. Provide the Street, City and Zip Code.

Note: Ohio will be prepopulated for the State. This cannot be modified.

4. Select Yes or No for, Are you the Agency Administrator.

Agency Inq	uiry			
			timely and off inclusion. An ensured	-1-1-44
Please answer as much in	of ormation below as possible to allow the Denar	tment of Children and Youth to accist you in a	TERREALSY SAFINE ANTIDESINATION AND STATISTICS.	THE REPORT OF THE PARTY OF THE
Please answer as much ir information will be requi	nformation below as possible to allow the Depar red to complete the inquiry and move forward v	tment of Children and Youth to assist you in a vith the certification process.	timely and efficient manner. An agency adm	ninistrator s
Please answer as much ir information will be requi	nformation below as possible to allow the Depar red to complete the inquiry and move forward v nation - Ohio Business Address	tment of Children and Youth to assist you in a vith the certification process.	timely and efficient manner. An agency adm	ninistrator s
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Please answer as much in information will be requi	formation below as possible to allow the Depar red to complete the inquiry and move forward v nation - Ohio Business Address * City	"County     "State	umery and enricient manner. An agency adm	
Please answer as much in information will be requi	formation below as possible to allow the Depar red to complete the inquiry and move forward w nation - Ohio Business Address *City	*County *State OH	* Zip Code	

If Yes was selected in the previous step see below. If No was selected skip to step #12.

- 5. Provide **First** and **Last Name**.
- 6. Provide Street, City, State and Zip Code.
- 7. Provide a current Phone Number.
- 8. Provide an Email Address.



- 9. Select Yes or No for, Is the Administrator currently involved in another certified agency or in the process of certification.
- 10. If Yes was selected in the previous step, type a Narrative for, Please list all agencies the Administrator is currently involved with.
- 11. When form is completed, click **Submit**.

Preferred Prefix	* First Name	* Last Name	
* Street	*City	* State	* Zip Code
* Phone Number		* Email Address	
Is the Administrator curre     Yes No     Please list all agencies the	ently involved in another certified Administrator is currently involved	agency or in the process of certificat	ion?

If No was selected in Step #4 for, Are you the Agency Administrator, see below:

- 12. Make a Selection from the **Agency Job Title** dropdown menu. (Optional)
- 13. Provide **First** and **Last Name**.
- 14. Provide a current **Phone Number**.
- 15. Provide an **Email Address**.
- 16. When form is completed, click **Submit**.

Agency Contact I	nformation		
Agency Job Title	First Name	* Last Name	
* Phone Number		* Email Address	



A Notification will display verifying that the Inquiry has been successfully submitted. The inquirer will also receive an email for further instruction.



### Shown below is the email the user will receive upon the inquiry submission.

#### Sandbox: Successful Inquiry Submission



Do Not Reply <donotreply-sf@jfs.ohio.gov>

٢	← Reply	🏀 Reply All	$\rightarrow$ Forward	<b>i</b>	•
			Thu 11/7	/2024 12:41	РМ

Hello James Dean,

Thank you for your interest in becoming certified as an agency in the State of Ohio! Your next steps towards becoming certified include:

- The agency administrator's college degree
- Agency administrator's background check
- Attending certificate of completion for certification orientation with dates of completion.

Once you have the above, you will need to create an OHID account for access to Ohio Certification of Agencies and Families (OCAF). Please use the link below to download the JFS 7078 form for OCAF system access.

#### OCAF Access form: New Agency Information

After completing the form in its entirety, sign in ink at the bottom for both the person needing access and their supervisor. If completing for the Agency Administrator for the first time, the administrator will sign both places. Then scan the downloaded pdf form and email it to the access mailbox.

\*The JFS 7078 contained in the New Agency Information link will have the necessary Business Role prefilled, please do not alter to ensure proper access provisioning.

Upon validation by an analyst, a username and password will be sent to access the OCAF system.

Please use New Agency Information link for login instructions and how to request additional users for your agency. If you have any questions once you obtain your OHID, please contact a Live Agent through the <u>Customer Care Center</u>.

\*Once your account has been created, please remember to log into OCAF at least once every 60 days in order for your account to remain active.

Thank you,

The Ohio Department of Children and Youth Team



Follow the instructions listed in the email to gain access to the Ohio Certification of Agencies and Families (OCAF) system. Once access is granted, continue with this user guide for further instruction.

## Navigating the OCAF Login

Once access is granted to the OCAF system, the user will receive an email with a **Link** and **Username** to verify their account. Follow the instructions in the email. See below for an example.

Sandbox: Welcome to Salesforce: Verify your account							
support@salesforce.com	$\odot$	← Reply	Keply All	$\rightarrow$ Forward	ij		
Το				Thu 11/3	7/2024 4	:08 PM	
(1) If there are problems with how this message is displayed, click here to view it in a web browser. Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.							
Welcome to Salesforce!							•
Click below to verify your account.							
Verify Account							
To easily log in later, save this URL:							
https://odjfs2uat.sandbox.my.salesforce.com							
Username:							
james.dean@ocaf.uat.com							
Again, welcome to Salesforce							
							Ŧ

- 1. Save the **Username** provided.
- 2. Click the Verify Account button.



The user will be navigated to a browser window and prompted to change the **Password** for their newly created OCAF account. See below:

n 🕞 🛛 🕞 Ohio Dept. of Children and Youth 🗙 🐤 Ch	ange Your Password   Salesforc 🗙 🕂						-
C 🙃 https://odjfs2uat.sandbox.my.sales	force.com/_ui/system/security/ChangePassword?retURL	ŧ	A 🗘	¢ (	ל≦	Ē	~
lanaged favorites 🛛 🛞 Secure access to Sta							
	Department of Job & Family Services Change Your Password	n.					
	<ul> <li>10 characters</li> <li>1 letter</li> <li>1 number</li> <li>1 special character ()</li> </ul>						
	* New Password						
	Go	bod					
	* Confirm New Password						
	Ma	atch					
	Security Question						
	In what city were you born?						
	* Answer						
	Test						
	Change Password						
	Password was last changed on 11/7/2024 4:07 PM.						

- 3. Create New Password.
- 4. Confirm New Password.
- 5. Make a Selection from the **Security Question**.
- 6. Provide an **Answer** for the Security Question.
- 7. Click the Change Password button.

A browser window will open to the **OCAF Home** screen. Here the user can see their **Inquiry ID**, **Inquiry Status** and submit the **Documents** needed to move forward with the Agency Certification process.



## **Submitting Documents in OCAF**

1. From the OCAF Home screen, click the Continue Your Inquiry button.





The OCAF Agency Certification Upload Documents screen appears.

Chip Department of Job & Family Services	Q Search	** 🖬 🚓 ? 🐥 🐻
Ohio Certification f Home 🗸	OCAF Agency Certifi $\lor$ ×	
OCAF Agency Certification		
Upload Documents Please complete the following information.		
> Required Documents Uploads		
✓ Additional Documents Uploads Date of Complete Orientation Upload Pr 置前してませい。	Dof of Orientation Certificate Doad Files Or drop files	

- 1. Select the **Dates for BCI Background Check Results Completed**. (Required)
- 2. Select the Dates for BCI Background Check Results Received. (Required)
- 3. Upload **Proof of the BCI Background Check** by clicking the **Upload Files** button. (Required)

**Note:** A Popup Box will display to verify the document you are uploading. Click **Done** to complete upload.

pload Documents			
ease complete the following information.		×	
Required Documents Uploads	Uploa	d Files	
* Dates BCI Background Check Results Comple			
11/01/2024	BCI Background Check.docx 13 KB	Ø	
* Dates FBI Background Check Results Comple	1 of 1 file uploaded	Done	
* Type of Degree	Field of Degree	* Upload Proof of Degree	
		Upload Files Or drop files	

- 4. Select the Dates for FBI Background Check Results Completed. (Required)
- 5. Select the Dates for FBI Background Check Results Received. (Required)
- 6. Upload **Proof of FBI Background Check** by clicking the **Upload Files** button. (Required)
- 7. Make a Selection for the dropdown menu for Type of Degree. (Required)
- 8. Provide **Field of Degree**. (Optional)
- 9. Upload **Proof of Degree** by clicking the **Upload Files** button. (Required)
- 10. Select the **Date of Complete Orientation**. (Optional)
- 11. Upload **Proof of Orientation Certificate** by clicking the **Upload Files** button. (Optional)



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complete the following information.		
equired Documents Uploads		
ates BCI Background Check Results Complet	* Dates BCI Background Check Results Received	*Upload Proof of BCI Background Check
苗	ä	1 Upload Files Or drop files
Nates FBI Background Check Results Complet	* Dates FBI Background Check Results Received	* Upload Proof of FBI Background Check ① Upload Files Or drop files
ype of Degree	Field of Degree	*Upload Proof of Degree
•		1 Upload Files Or drop files
dditional Documents Uploads ate of Complete Orientation	Upload Proof of Orientation Certificate	
曲	▲ Upload Files Or drop files	

12. The **Agency Administrator Information** will be pre-filled with the information you provided on the initial Inquiry form.

**Note:** The fields within the **Agency Administrator Information** section are editable. Any corrections to the information provided on the **initial Inquiry** should be made here.

Preferred Prefix	* First Name	* Last Name		
	▼ James	Dean		
* Street	* City	* State	*Zip Code	
123 Happy St	Нарру	Ohio	▼ 12345	
* Phone Number		* Email Address		
(123) 456-1122		James.Dean@childrenandyo	uth.ohio.gov	

- 13. Select all that apply for, **Proposed Purpose of the Agency**. (Required)
- 14. Make a selection from the **Proposed Custody Arrangement** dropdown menu. (Required)
- 15. Select all that apply for, Anticipated Sources from Which Children will be Referred. (Required)

**Note:** If **Other** is checked for the above question, a **Narrative Box** displays prompting the user to provide a **Narration**.

16. When all required fields are completed, click the **Submit** button.



Agency Details		
* Proposed purpose of the agency (Check all that apply)		7
I would like to operate a Children's Residential Center(s) (CRC)		
U would like to operate a Group Home(s) (GH)		
U would like to operate a Residential Parenting Facility (RPF)		
L would like to operate or provide Independent Living Arrangements (II A)		
I would like to act as a representative of ODCY in recommending Family Foster Home Certification		
U would like to act as a representative of ODCY in recommending Treatment Foster Home Certification		
I would like to act as a representative of ODCY in recommending Medically Fragile Foster Home Certification		
I would like to act as a representative of ODCY in recommending Pre-Adoptive Infant Foster Home Certification		
I would like to accept Temporary. Permanent, or Legal Custody of Children		
✓ I would like to place children for Foster Care or Adoption		
✓ I would like to participate in Placement in Foster Care		
I would like to participate in Placement in Adoption		
I would like to operate a Children's Crisis Care Facility (CCCF)		
I would like to operate a Private Nonprofit Therapeutic Wilderness Camp (PNTWC)		
I would like to operate a Scholars Residential Center (SRC)		
I would like to operate a Residential Infant Care Center (RICC)		
*Proposed custody arrangement		
I would like my agency to be licensed to take custody of children	•	
*Anticipated sources from which children will be referred (Check all that apply)		
My agency will contract with county children services agencies who need to place children in care		
My agency will contract with Juvenile Courts who need to place children in care		
My agency will work directly with private families and parents who need to place their children in care or for adoptior	۱	
✓ Other (Explain)		
* Please Explain		
Test		
	10	
		-
		Submit
		Subline

A message will display verifying the **Request has been Submitted**.

Chio Department of Job & Family Services		Q	jearch	* -	Ŧ	٩	?		6	
	Ohio Certification f	Home	~	OCAF Agency Certifi V X						
OCAF Agency Certification										
Your Request has been Submitted. Thank You!										

### 17. Click the Home tab.

Department of Job & Family Services		Q Search			*	Ŧ	٩	?		6	
	Ohio Certification f	Home	$\sim$	OCAF Agency Certifi 🗸 🗙							
OCAF Agency Certification											
Your Request has been Submitted. Thank You!											



The **OCAF Home** screen displays. Here you can see the Inquiry now shows, **Submitted**.



The completed Inquiry has been sent to the Agency Licensing Specialist Supervisor.

If you need additional information or assistance, please contact the JFS DCY Customer Care Center at <u>https://odjfs2.my.site.com/CustomerCareCenter</u>.

