

Agency Certification Inquiry Part I and II



Knowledge Base Article

Agency Certification Inquiry Part I and II

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Agency Certification Inquiry Part I and II

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: [Submit an Agency Certification Inquiry](#) (this is a temporary placeholder link until the permanent link is provided).

The **Agency Inquiry** page displays.



Agency Inquiry

Please answer as much information below as possible to allow the Department of Children and Youth to assist you in a timely and efficient manner. An agency administrator's information will be required to complete the inquiry and move forward with the certification process.

▼ Agency Information - Ohio Business Address

* Agency Name				* County			
* Street	* City	* State	OH			* Zip Code	

* Are you the Agency Administrator?
 Yes No

Submit

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**.

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Agency Inquiry

Please answer as much information below as possible to allow the Department of Children and Youth to assist you in a timely and efficient manner. An agency administrator's information will be required to complete the inquiry and move forward with the certification process.

▼ Agency Information - Ohio Business Address

* Agency Name	* County		
<input type="text"/>	<input type="text"/>		
* Street	* City	* State	* Zip Code
<input type="text"/>	<input type="text"/>	OH	<input type="text"/>

* Are you the Agency Administrator?
 Yes No

Submit

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**.

* Are you the Agency Administrator?
 Yes No

▼ Agency Administrator Information

Preferred Prefix	* First Name	* Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Street	* City	* State	* Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Phone Number	* Email Address		
<input type="text"/>	<input type="text"/>		

* Is the Administrator currently involved in another certified agency or in the process of certification?
 Yes No

* Please list all agencies the Administrator is currently involved with

Submit

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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**.

* Are you the Agency Administrator?
 Yes No

▼ Agency Contact Information

Agency Job Title <input type="text"/>	* First Name <input type="text"/>	* Last Name <input type="text"/>
* Phone Number <input type="text"/>	* Email Address <input type="text"/>	

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



Your Inquiry has been successfully submitted. Please check your email for further instructions.

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

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Sandbox: Successful Inquiry Submission



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



Thu 11/7/2024 12:41 PM

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 [Customer Care Center](#).

*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

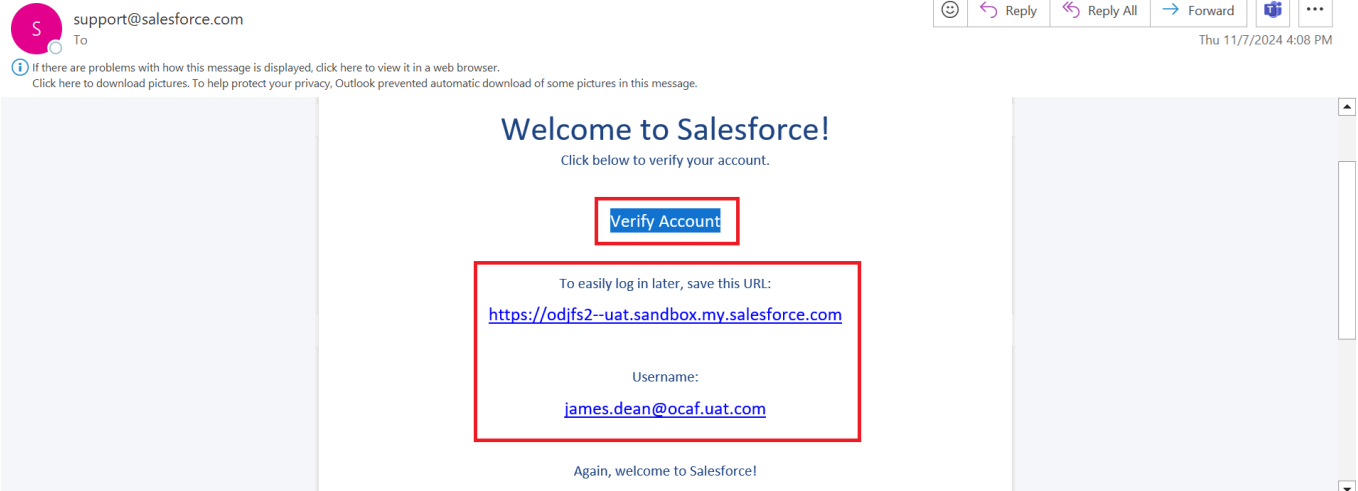
Follow the instructions listed in the email to gain access to the Ohio Certification of Agencies and Families (OCAF) system. Once access is granted, continue with this user guide for further instruction.

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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



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:

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Ohio Dept. of Children and Youth | Change Your Password | Salesforce

https://odjfs2--uat.sandbox.my.salesforce.com/_ui/system/security/ChangePassword?retURL...

Department of Job & Family Services

Change Your Password

Enter a new password for james.dean@ocaf.uat.com.

Make sure to include at least:

- ✓ 10 characters
- ✓ 1 letter
- ✓ 1 number
- ✓ 1 special character

* New Password Good

* Confirm New Password Match

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.

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The screenshot shows the OCAF Home screen. At the top, there is a navigation bar with the Department of Job & Family Services logo and a search bar. Below the navigation bar, the main content area is titled "Welcome to Ohio Certification for Agencies and Families (OCAF!)" and includes a sub-header "Manage all of your agency's information and certification in one place". A "Privacy Policy" section is also present. In the center, there is a box containing inquiry details: "Inquiry ID - 01187053", "Inquiry Submitted Date:", "Continue Your Inquiry" button, "Inquiry", and "Most Recent Submitted Date:". The "Continue Your Inquiry" button is highlighted with a red box. To the right, there are sections for "Helpful Links" and "Published Documents".

Submitting Documents in OCAF

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

This screenshot is identical to the one above, showing the OCAF Home screen. The "Continue Your Inquiry" button is highlighted with a red box, indicating the next step in the process.

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The OCAF Agency Certification Upload Documents screen appears.

Department of Job & Family Services

Ohio Certification f... Home OCAF Agency Certifi... x

OCAF Agency Certification

Upload Documents

Please complete the following information.

> Required Documents Uploads

Additional Documents Uploads

Date of Complete Orientation

Upload Proof of Orientation Certificate

Upload 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.

Upload Documents

Please complete the following information.

Required Documents Uploads

* Dates BCI Background Check Results Completed
11/01/2024

* Dates FBI Background Check Results Completed

* Type of Degree

Field of Degree

* Upload Proof of Degree

Upload Files Or drop files

Upload Files

BCI Background Check.docx
13 KB

1 of 1 file uploaded

Done

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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Upload Documents

Please complete the following information.

Required Documents Uploads

* Dates BCI Background Check Results Complet...	* Dates BCI Background Check Results Received	* Upload Proof of BCI Background Check
<input type="text"/>	<input type="text"/>	<input type="text" value="Upload Files"/> Or drop files
* Dates FBI Background Check Results Complet...	* Dates FBI Background Check Results Received	* Upload Proof of FBI Background Check
<input type="text"/>	<input type="text"/>	<input type="text" value="Upload Files"/> Or drop files
* Type of Degree	Field of Degree	* Upload Proof of Degree
<input type="text"/>	<input type="text"/>	<input type="text" value="Upload Files"/> Or drop files

Additional Documents Uploads

Date of Complete Orientation	Upload Proof of Orientation Certificate
<input type="text"/>	<input type="text" value="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.

Agency Administrator Information

Preferred Prefix	* First Name	* Last Name	
<input type="text"/>	James	Dean	
* Street	* City	* State	* Zip Code
123 Happy St	Happy	Ohio	12345
* Phone Number	* Email Address		
(123) 456-1122	James.Dean@childrenandyouth.ohio.gov		
* Is the Administrator currently involved in another certified agency or in the process of certification?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			

- 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.

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Agency Details

*** Proposed purpose of the agency (Check all that apply)**

- I would like to operate a Children's Residential Center(s) (CRC)
- I would like to operate a Group Home(s) (GH)
- I would like to operate a Residential Parenting Facility (RPF)
- I would like to operate or provide Independent Living Arrangements (ILA)
- I would like to act as a representative of ODCY in recommending Family Foster Home Certification
- I 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)**

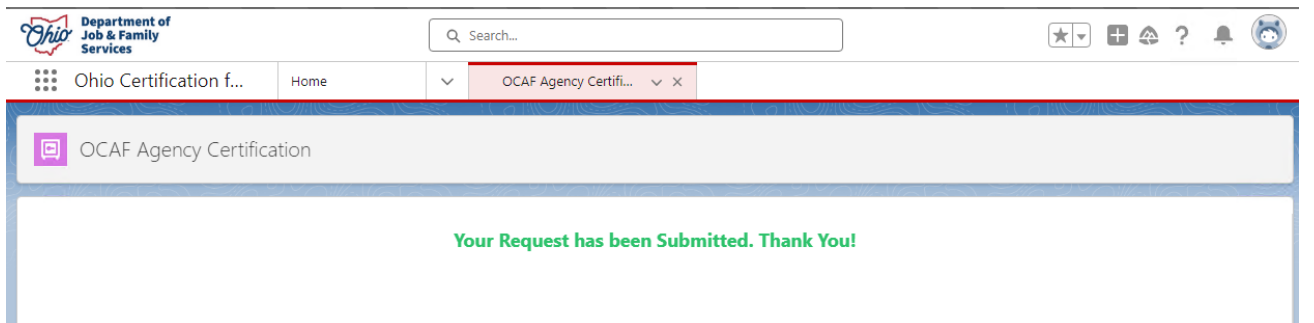
- My agency will contract with county children services agencies who need to place children in care
- My agency will contract with Juvenile Courts who need to place children in care
- My agency will work directly with private families and parents who need to place their children in care or for adoption
- Other (Explain)

*** Please Explain**

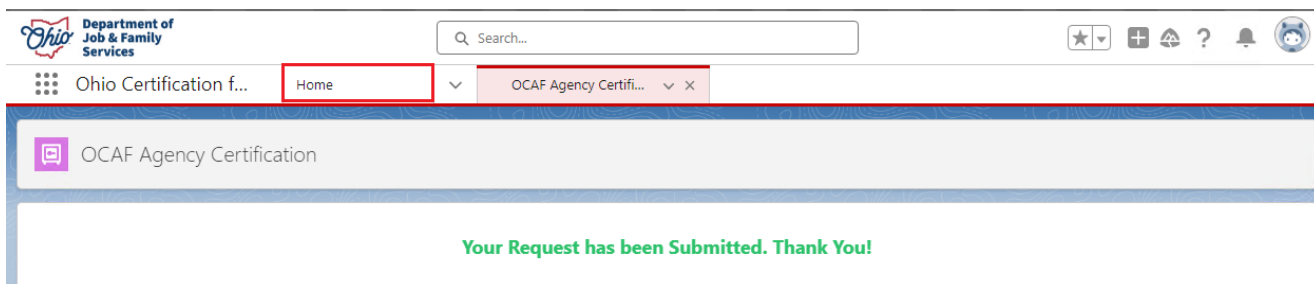
Test

Submit

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



17. Click the **Home** tab.



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

The screenshot shows the OCAF Home interface. At the top, there is a search bar and navigation tabs for 'Ohio Certification f...', 'Home', and 'OCAF Agency Certifi...'. The main content area features a welcome message: 'Welcome to Ohio Certification for Agencies and Families (OCAF)!'. Below this is a 'Privacy Policy' section with a disclaimer. A red box highlights a table of inquiries:

Inquiry ID - 01187053	Inquiry Submitted Date: 11/12/2024, 11:51 AM
Inquiry	Most Recent Submitted Date: 11/12/2024, 11:51 AM
Submitted	

On the right side, there are sections for 'Helpful Links' (including Ohio Laws and Administrative Rules, E-Manuals) and 'Published Documents' (including Initial Certification - Completing the 1290 Application).

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 <https://odifs2.my.site.com/CustomerCareCenter> .