

OCAF Initial Application Agency Certification



Knowledge Base Article

OCAF Initial Application Agency Certification

Table of Contents

Overview	3
Initial Inquiry Acceptance	3
Navigating to the Application	3
Agency and Personnel Information	4
Functions	7
Policies	12
Plan	13
Documents	14
Licensing Agreement	16
Signature and Submission	19
Board President Signature and Application Submission	20

OCAF Initial Application Agency Certification

Overview

This User Guide reviews the process of completing an Initial Application for Agency Certification through the Ohio Certification for Agencies and Families (OCAF) site. When the initial inquiry is completed and accepted, the user will complete their application and submit all required documentation.

Note: The Agency Administrator and the Board President will be required to sign this application.

Initial Inquiry Acceptance

Once your initial inquiry has been accepted the user will receive an email prompting the user to complete their initial application and for the Board President to create their account:

Sandbox: Your inquiry to be a certified agency has been accepted



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



Thu 11/21/2024 8:47 AM

Thank you for completing your Inquiry to be a certified agency! Please proceed here to Ohio Certification for Agencies and Families (OCAF) to continue. Now that your inquiry has been accepted, an account will need created for your Board President. Please submit a ticket through the [Customer Care](#) Center for system access on their behalf. Upon validation, a username and password will be sent to the Board President with next steps on how to access the OCAF system

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

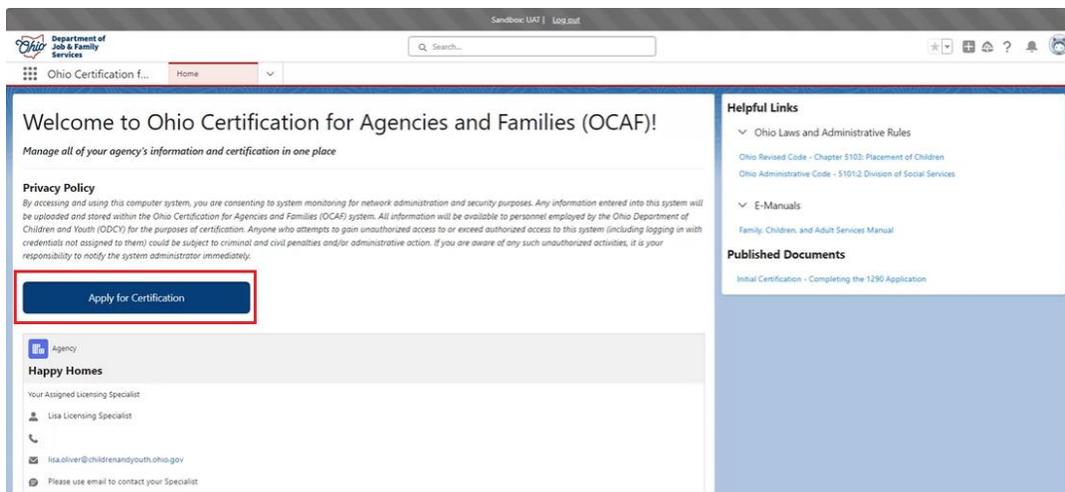
If you have any questions, speak with your Licensing Specialist [Lisa Licensing Specialist](#) @[childrenandyouth.ohio.gov](#).

Thank you,

The Ohio Department of Children and Youth Team

Navigating to the Application

1. From the **OCAF Home** tab, click **Apply for Certification**.



OCAF Initial Application Agency Certification

The **Application** screen displays.

Agency and Personnel Information

1. **Account Name** is pre-filled. Verify it is correct.
2. Make a selection from the **Type of Agency** dropdown menu.
3. **Administrative Office Street Address, City, State, Zip Code** and **County** are pre-filled. Verify it is correct.

Note: The **Administrative Office State** is not editable.

4. Select **Yes** or **No** for, **Is your Administrative Office's address the same as your mailing address.**

Note: If **No** is selected, new Street, City, State, and Zip Code boxes will display to enter the other address.

5. Provide the **Agency Phone** number.
6. Provide the **Agency Fax Number** if applicable.

The screenshot shows a web browser window with the OCAF Agency Certification application form. The browser tabs include "Ohio Certification f...", "Home", and "OCAF Agency Certifi...". The form title is "Agency and Personnel Information". Below the title, it says "Please review and edit the information provided on your Agency and Personnel." The form is divided into sections: "Agency Information" and "Steps". The "Agency Information" section contains several fields: "Account Name" (pre-filled with "Happy Homes"), "Agency Acronym", "Type of Agency" (dropdown menu), "Administrative Office Street Address" (pre-filled with "123 Happy St"), "Administrative Office City" (pre-filled with "Happy"), "Administrative Office State" (pre-filled with "Ohio"), "Administrative Office Zip Code" (pre-filled with "12345"), "Administrative Office County" (pre-filled with "Athens"), "Is your Administrative Office's address the same as your mailing address?" (radio buttons for "Yes" and "No", with "Yes" selected), "Agency Phone Number", and "Agency Fax Number". The "Steps" section on the right lists: "Agency and Personnel Information" (selected), "Functions", "Policies", "Plan", "Documents", "Licensing Agreement", and "Signature and Submission".

7. Make a Selection from the **Fiscal Year** dropdown menu.
8. Click the **Add New Board Member/Officer** button.

OCAF Initial Application Agency Certification

Additional Agency Information

* Fiscal Year
State (July 1 - June 30)

Board Member Information

Please provide the names and current addresses for all current officers and board members of the agency's governing body/board. You must provide at least two board members to complete your application.

Board Member Information

+ Add New Board Member/Officer

Save and Continue

Note: Here is where the Agency Administrator will need to add the **Board President** and the Board President's background checks. At least **two Board Members** are required to submit the application.

The Board Member box displays allowing the user to add Members.

9. Make a Selection from the **Board Member Type** dropdown menu. (Required)
10. Make a Selection from the **Preferred Prefix** dropdown menu. (Required)
11. Fill out the **Title**. (Required)
12. Provide **First and Last Name**. (Required)
13. Provide the **Email Address**. (Required)
14. Provide the **Phone Number**. (Required)
15. Provide the **Street, City, State and Zip Code**. (Required)
16. Select a date for **Start of Board Member Term**. (Optional)
17. Select a date for **End of Board Member Term**. (Optional)

Board Member Information

* Board Member Type
Board Chair/President

* Preferred Prefix

* Title
First Name
Last Name

* Email Address
Phone Number
Extension

* Street
City
State
Zip Code

Start of Board Member Term
End of Board Member Term

Date BCI Background Check Results Received
Date BCI Background Check Results Completed
Upload Proof of BCI Background Check

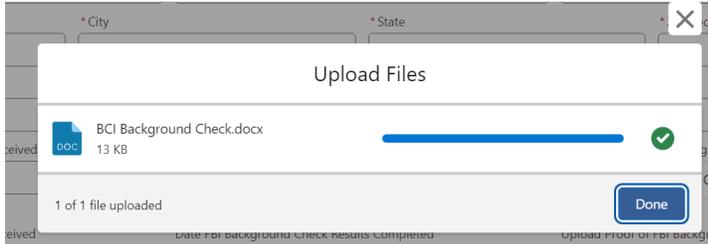
Cancel Save

18. Select the **Dates for BCI Background Check Results Received**.
19. Select the **Dates for BCI Background Check Results Completed**.

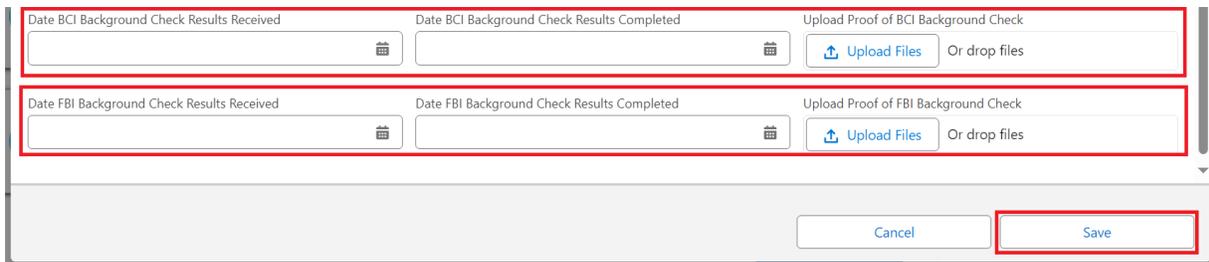
OCAF Initial Application Agency Certification

20. Upload **Proof of the BCI Background Check** by clicking the **Upload Files** button.

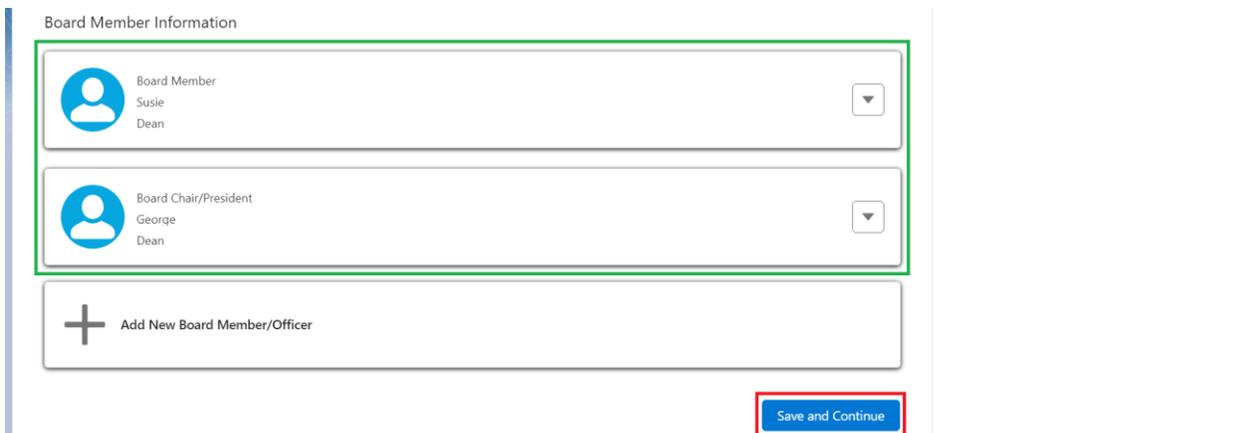
Note: A Popup Box will display to verify the document you are uploading. Click **Done** to complete upload.



21. Select the **Dates for FBI Background Check Results Received.**
22. Select the **Dates for FBI Background Check Results Completed.**
23. Upload **Proof of FBI Background Check** by clicking the **Upload Files** button.
24. Click the **Save** button.



25. When done adding Members, click the **Save and Continue** button.



The **Functions** screen displays.

OCAF Initial Application Agency Certification

Functions

1. Check all the boxes identifying the **Functions** applicable to your agency,

Functions

*For PCSA, PCPA, PNA/LPE Functions 1,2,3,13,15,16 require Facility.
For PCSA, PCPA, PNA/LPE Functions 5,6,7,8 require Branch.*

Please check all boxes identifying the function(s) for which your agency wishes to be certified.

▼ Functions

- 1. To operate a Children's Residential Center(s) (CRC)
- 2. To operate a Group Home(s) (GH)
- 3. To operate a Residential Parenting Facility (RPF)
- 4. To operate or provide Independent Living Arrangements (ILA)
- 5. To act as a representative of ODCY in recommending Family Foster Home Certification
- 6. To act as a representative of ODCY in recommending Treatment Foster Home Certification
- 7. To act as a representative of ODCY in recommending Medically Fragile Foster Home Certification
- 8. To act as a representative of ODCY in recommending Pre-Adoptive Infant Foster Home Certification
- 11. To participate in Placement in Foster Care
- 12. To participate in Placement in Adoption
- 13. To operate a Children's Crisis Care Facility (CCCF)
- 15. To operate a Scholars Residential Center (SRC)
- 16. To operate a Residential Infant Care Center (RICC)

Steps

- Agency and Personnel Information
- Functions**
- Policies
- Plan
- Documents
- Licensing Agreement
- Signature and Submission

2. Select **Yes** or **No** for **Your agency will be operating from your provided Administrative Office. Do you have another office you plan to use for your agency?**

Note: If **No** was selected, the user does not need to add an additional Branch. If Yes was selected, you must add the Branch Information.

3. Click the **Add Branch** button.

OCAF Initial Application Agency Certification

Branches

Branch Office means a location of an agency having an address separate from the main or primary location of the agency where any or all of the certified functions of the agency may be conducted.

*Your agency will be operating from your provided Administrative Office. Do you have another office you plan to use for your agency?

Yes No

Please complete all requested information for agency branch offices. This includes any office which the agency conducts business related to certification. Do not include residential facilities in this section.

Branch Information

+ Add Branch

The Branch Information screen displays.

4. Provide the **Branch Name**. (Required)
5. Provide the **Branch Street Address, City, State and Zip Code**. (Required)

Note: **State** is prefilled and not editable.

6. Make a selection for **Branch County**. (Required)
7. Provide the **Branch Supervisor Name**. (Required)
8. Provide the **Branch Supervisor Title**. (Required)
9. Provide the **Branch Phone Number**. (Required)
10. Provide the **Branch Fax Number**. (Optional)
11. Click the **Save** button.

Branch Information

* Branch Name
Testing Branch

Information displayed in this section has been pulled from the Agency Administrative Office address previously provided. Please review and update the information below as needed.

* Branch Street Address 123 Happy St	* Branch City Happy	* Branch State Ohio	* Branch Zip Code 12345
* Branch County ▼	* Branch Supervisor	* Branch Supervisor Title	
* Branch Phone Number	Branch Fax Number		

Cancel Save

The **New Branch Information** displays.

OCAF Initial Application Agency Certification

Branch Office means a location of an agency having an address separate from the main or primary location of the agency where any or all of the certified functions of the agency may be conducted.

*Your agency will be operating from your provided Administrative Office. Do you have another office you plan to use for your agency?

Yes No

Please complete all requested information for agency branch offices. This includes any office which the agency conducts business related to certification. Do not include residential facilities in this section.

Branch Information

Testing Branch

Edit

Delete

+ Add Branch

Note: The user can **Edit** and/or **Delete** the Branch Information by clicking the Caret dropdown, shown above.

12. Select **Yes** or **No** for, **Do you have more than one residential or group home facility at this time?**

Note: If **No** was selected, the user does not need to add additional Facility Information. If **Yes** was selected, Facility Information will need to be added.

13. Click the **Add Facility** button.

Facility - is a public or private building or place which provides placement services for children (i.e Group home, children's residential center)

*Do you have more than one residential or group home facility at this time?

Yes No

Please complete all required information for residential and group home facilities. For CRC's, please list each living unit separately.

Facility Information

+ Add Facility

The **Facility Information** screen displays.

14. Provide the **Facility Name**. (Required)

15. Provide the **Facility Street Address, City, State and Zip Code**. (Required)

Note: **State** is prefilled and not editable.

16. Make a selection from the **Facility County** dropdown menu. (Required)

17. Provide the **Facility Director Name**. (Required)

18. Provide the **Facility Phone Number**. (Required)

19. Provide the **Facility Fax Number**. (Optional)

20. Make a selection from the **Facility Type** dropdown menu. (Required)

OCAF Initial Application Agency Certification

Facility Information

* Facility Name
Test Facility

Information displayed in this section has been pulled from the Agency Administrative Office address previously provided. Please review and update the information below as needed.

* Facility Street Address 123 Happy St	* Facility City Happy	* Facility State Ohio	* Facility Zip Code 12345
* Facility County ▼	* Facility Director Name		
* Facility Phone Number	Facility Fax Number		
* Facility Type ▼			

21. Provide the **Total Number of Children**. (Required)
22. Make a selection from the dropdown menu for, **Gender of Children You Plan to Serve**. (Required)
23. Make a selection from the **Minimum Age Years** dropdown menu. (Required)
24. Make a selection from the **Minimum Age Months** dropdown menu. (Required)
25. Make a selection from the **Maximum Age Years** dropdown menu. (Required)
26. Make a selection from the **Maximum Age Months** dropdown menu. (Required)
27. If applicable, checkmark the box for, **Serves mentally or physically handicapped persons under twenty-one years of age**. (Optional)
28. Click the **Save** button. (Required)

Additional Facility Information

* Total Number of Children	* Gender of Children You Plan to Serve		
▼	▼		
Minimum Age		Maximum Age	
* Years	* Months	* Years	* Months
▼	▼	▼	▼
<input type="checkbox"/> Serves mentally or physically handicapped persons under twenty-one years of age.			

29. Select **Yes** or **No** for, **Will you have more than one living unit in this Facility?**

Note: If **No** was selected, the user does not need to add additional Living Units. If **Yes** was selected, the user will need to add Living Units.

OCAF Initial Application Agency Certification

Living Units

- Living Units are: Individual houses or cottages, with a capacity of no more than twenty children, each of which contain bedrooms, bathrooms, living room or lounge, and may contain a kitchen or designated eating area or A floor or specific parts of a floor with a capacity of no more than twenty children and which contains bedrooms, bathrooms, living room or lounge, other activity space as required by rule 5101:2-9-26 of the Administrative Code, and may contain a kitchen or other designated area.
[5101:2 - Ohio Administrative Code | Ohio Laws](#)

* Will you have more than one living unit in this Facility?

Yes No

Living Units Information

+ Add Living Unit

30. Click the **Add Living Unit** button.

The **Living Unit Information** screen displays.

31. Make a selection from the **Facility Name** dropdown menu.

32. Provide the **Living Unit Name**.

33. Provide the **Total Number of Children**.

34. Make a selection from the dropdown menu for **Gender of Children You Plan to Serve**.

35. Make a selection from the **Minimum Age Years** dropdown menu. (Required)

36. Make a selection from the **Minimum Age Months** dropdown menu. (Required)

37. Make a selection from the **Maximum Age Years** dropdown menu. (Required)

38. Make a selection from the **Maximum Age Months** dropdown menu. (Required)

39. Click the **Save** button.

Living Units Information

Please provide detailed information about the additional living unit located at this facility, including the name of the living unit.

Facility Name

* Living Unit Name

* Total Number of Children ⓘ

* Gender of Children You Plan to Serve

Minimum Age

* Years

* Months

Maximum Age

* Years

* Months

Cancel Save

40. Click **Save and Continue**.

OCAF Initial Application Agency Certification

Living Units Information

Unit Name

+ Add Living Unit

Previous Save and Continue

The **Policies** screen displays.

Policies

1. Upload required documents by clicking the **Upload Files** button for each Policy listed.

Note: The Policies listed are required policies for the Function(s) the user has selected. The policies listed will be different depending on the function each user selected.

Policies

Listed below are the required policies for the function(s) you have selected. Upload your written policy for each requirement below from your device. If you revise the version, click the remove button then repeat the process to upload the new version. If there is a policy that is not applicable to your agency, you should select the NA (Not Applicable) button.

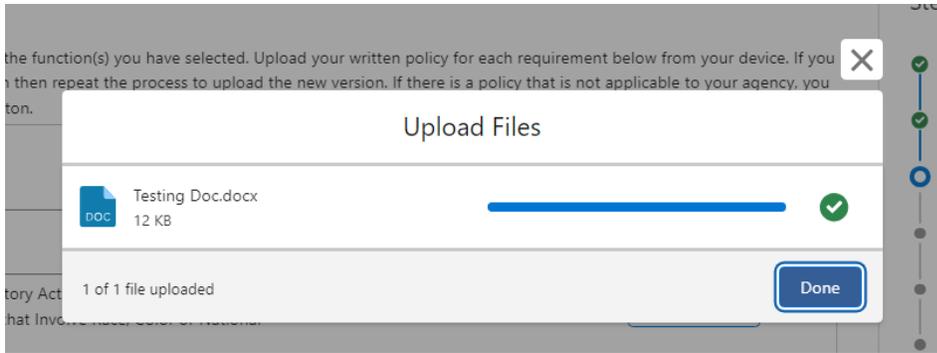
Access to Administrator Policy 5101:2-5-13(A)(19)	Upload Files
Assurance of Child's Civil Rights 5101:2-5-13(A)(25)	Upload Files
Complaints of Alleged Discriminatory Acts, Policies or Practices in the Foster Care or Adoption Process that Involve Race, Color or National Origin Policy 5101:2-5-13(A)(28)	Upload Files
Confidentiality 5101:2-5-13(A)(21)	Upload Files
Discharge Policy 5101:2-5-13(A)(18)	Upload Files

Steps

- Agency and Personnel Information
- Functions
- Policies**
- Plan
- Documents
- Licensing Agreement
- Signature and Submission

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

OCAF Initial Application Agency Certification



2. Complete step #1 for each Policy listed.

Note: When a document is successfully uploaded, a green checkmark appears next to the document. See below:

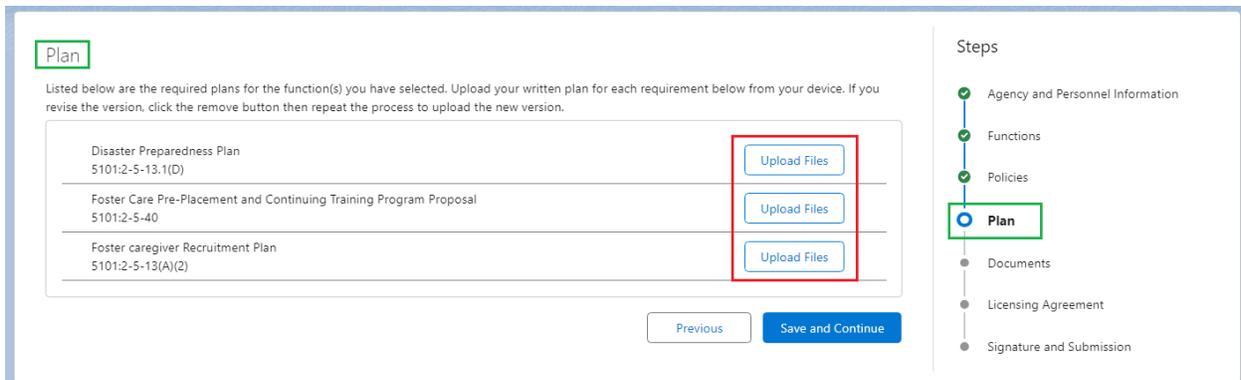
3. When complete, click the **Save and Continue** button.



Plan

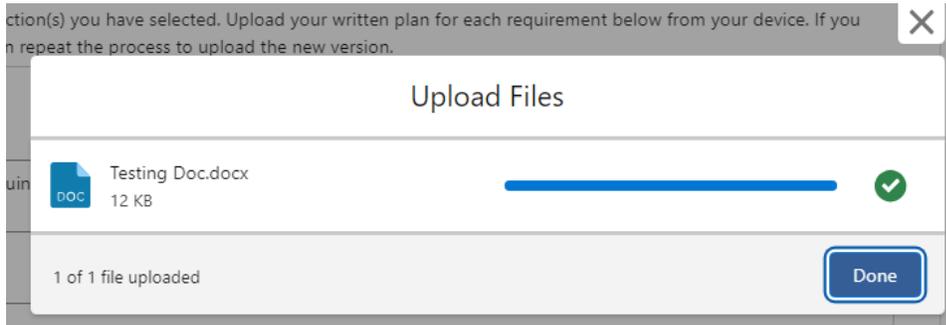
1. Click **Upload Files** to upload the appropriate required documents.

Note: The Plans listed are required plans for the Function(s) the user has selected. The plans listed will be different depending on the function each user selected.

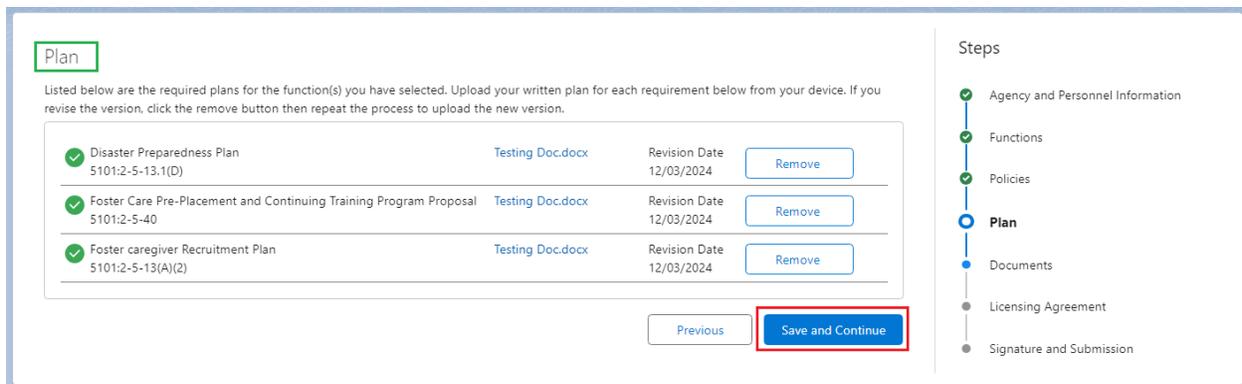


OCAF Initial Application Agency Certification

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



2. When complete, click the **Save and Continue** button.



Documents

1. Click **Upload Files** on the appropriated required documents.

Note: The Documents listed are required documents for the Function(s) the user has selected. The documents listed will be different depending on the function each user selected.

OCAF Initial Application Agency Certification

Documents

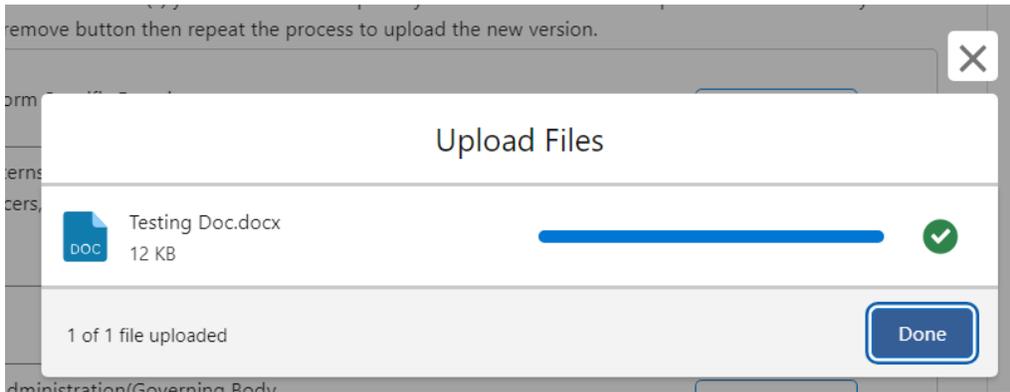
Listed below are the required documents for the function(s) you have selected. Upload your document for each requirement below from your device. If you revise the version, click the remove button then repeat the process to upload the new version.

Application for an Agency to Perform Specific Functions	Upload Files
Background checks for college interns, subcontractors, volunteers, employees, board presidents, officers, administrators and foster caregivers 5101:2-5-09.1	Upload Files
Mission Statement 5101:2-5-08(I)	Upload Files
PCPA and PNA Governance and Administration(Governing Body Responsibilities) 5101:2-5-08(A)	Upload Files
PCPA and PNA Governance and Administration(Table of Organization) 5101:2-5-08(F)	Upload Files
PCPA and PNA Governance and Administration(Description of Program) 5101:2-5-08(I)	Upload Files
Personnel Requirements(Job Descriptions) 5101:2-5-09(A)	Upload Files

Steps

- Agency and Personnel Information
- Functions
- Policies
- Plan
- Documents**
- Licensing Agreement
- Signature and Submission

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



2. When complete, click the **Save and Continue** button.

✓ PCPA and PNA Governance and Administration(Description of Program) 5101:2-5-08(I)	Testing Doc.docx	Revision Date 12/03/2024	Remove
✓ Personnel Requirements(Job Descriptions) 5101:2-5-09(A)	Testing Doc.docx	Revision Date 12/03/2024	Remove

[Previous](#) [Save and Continue](#)

OCAF Initial Application Agency Certification

Licensing Agreement

1. Select **Yes** or **No** for, **Has anyone on your initial certification application ever held a license or certificate to operate a children’s residential facility, foster care or adoption agency in Ohio or any other state?** (Required)
2. If **Yes**, provide the name of the agency; name of administrator; name of agency governing body/board member(s); name of director(s); name of agency partner(s); name of agency owner(s); name of licensor entity (e.g., ODMH, State of Pennsylvania) dates of certification; and location of certified facilities or agency. (Required)
3. Select **Yes** or **No** for, **If prior history exists with another Ohio state department or out-of-state license entity, has the administrator and/or any governing body/board member(s), or director(s) as listed on the initial certification application or agency partner(s) or agency partner(s) or agency owner(s) ever had an agency license or certificate revoked or was subject to revocation, suspension or forced termination?** (Required)
4. If **Yes**, provide the name of the agency; name of administrator; name of the agency governing body/board member; name of director(s); name of agency partner(s); name of agency owner(s); licensor (e.g. ODMH, State of Pennsylvania, etc.); dates of certification, location of certified facilities or agency; and reason(s) for revocation, suspension, or forced termination. (Required)
5. Select **Yes** or **No** for, **If prior history exists with ODJFS or ODCY, has the administrator and/or any governing body/board member(s), or director(s) as listed on the initial certification application or agency partner(s) or agency owner(s) ever been named a principal in an adjudication order for the denial of an initial certification or revocation of an existing license?** (Required)
6. If **Yes**, provide the name of the agency; name of administrator; name of the agency governing body/board member(s); name of director(s); name of agency partner(s); name of agency owner(s), who were named as a principle in the adjudication order; dates of certification; location of certified facilities or agency; reason(s) for denial or revocation, date when the 5 year ban expires. (Required)

OCAF Initial Application Agency Certification

Licensing Agreement

Prior License

1. Has anyone on your initial certification application ever held a license or certificate to operate a children's residential facility, foster care or adoption agency in Ohio or any other state? *

Yes No

If yes, provide the name of the agency; name of administrator; name of agency governing body/board member(s); name of director(s); name of agency partner(s); name of agency owner(s); name of licensor entity (e.g., ODMH, State of Pennsylvania) dates of certification; and location of certified facilities or agency. *

Testing

2. If prior history exists with another Ohio state department or out-of-state license entity, has the administrator and/or any governing body/board member(s), or director(s) as listed on the initial certification application or agency partner(s) or agency partner(s) or agency owner(s) ever had an agency license or certificate revoked or was subject to revocation, suspension or forced termination? *

Yes No

If yes, provide the name of the agency; name of administrator; name of the agency governing body/board member; name of director(s); name of agency partner(s); name of agency owner(s); licensor (e.g. ODMH, State of Pennsylvania, etc...); dates of certification, location of certified facilities or agency; and reason(s) for revocation, suspension, or forced termination. *

Testing

3. If prior history exists with ODJFS or ODCY, has the administrator and/or any governing body/board member(s), or director(s) as listed on the initial certification application or agency partner(s) or agency owner(s) ever been named a principal in an adjudication order for the denial of an initial certification or revocation of an existing license? *

Yes No

If yes, provide the name of the agency; name of administrator; name of the agency governing body/board member(s); name of director(s); name of agency partner(s); name of agency owner(s), who were named as a principle in the adjudication order; dates of certification; location of certified facilities or agency; reason(s) for denial or revocation, date when the 5 year ban expires: *

Testing

Steps

- Agency and Personnel Information
- Functions
- Policies
- Plan
- Documents
- Licensing Agreement**
- Signature and Submission

7. Review the **Affirmation and Assurance** section.

8. **Checkmark** the box for, **As the Agency Administrator, I do acknowledge and assure the above affirmations and assurances.** (Required)

Note: The Board President checkmark box is not editable. The Board President will login separately to complete this portion of the application.

9. Click the **Save and Continue** button.

Note: The checkboxes are mandatory prior to submission but not to move forward to the next screen.

OCAF Initial Application Agency Certification

Affirmation and Assurance

In making this application, the persons (signing under Section IX of the application) signing the application, hereby affirm and assure that:

1. I have reviewed a copy of Chapter 5103 of the Ohio Revised Code with respect to submission of this application.
 - [Chapter 5103 - Ohio Revised Code | Ohio Laws](#)
2. I have reviewed a copy of Chapters 5101:2-5, 5101:2-7, 5101:2-9, 5101:2-42, and 5101:2-48 of the Ohio Administrative Code as applicable to the functions of my agency for which this application is submitted for certification.
 - [5101:2 - Ohio Administrative Code | Ohio Laws](#)
3. I will ensure that any employee hired by the agency will undergo a criminal background check pursuant to section 2151.86 of the Revised Code and in compliance with OAC 5101:2-5-09.1.
 - [5101:2 - Ohio Administrative Code | Ohio Laws](#)
4. All information contained in this application and the attached documents is true and accurate. At the time of this application this agency is in compliance with the requirements of the Ohio Administrative Code chapters applicable to the function(s) for which certification is requested.

A person who knowingly makes a false statement that is included as a part of certification under Ohio Revised Code section 5103.03 is guilty of the offense of falsification under section 2921.13 of the Revised Code and the Department of Children and Youth shall not certify that institution or association.

 - [Chapter 5103 - Ohio Revised Code | Ohio Laws](#)
5. The director of the Ohio Department of Children and Youth (ODCY), or the department's agents, or personnel of another department or agency of state or local government will not be denied access to any part of this agency or the agency's records as necessary in the performance of any inspections mandated or allowed by the Ohio Revised Code or the Ohio Administrative Code as applicable to the functions for which certification is requested or received.
6. If Ohio Department of Children and Youth (ODCY) issues a certificate to this agency, the agency will maintain continued compliance with applicable Administrative Code requirements, cooperate fully with ODCY in correcting any noncompliance findings as noted by ODCY, and will not exceed any age, sex or occupancy limitations specified on the certificate or the letter accompanying the certificate.
7. The agency will submit any changes in policy statements, plans and required documents listed in Policies, Plans, and Documents section of this application to ODCY within 30 days of the effective date of the change.
8. The agency will submit an amended application to notify ODCY of agency plans according to the following requirements of Ohio Administrative Code rule 5101:2-5-02:
 - [5101:2-5-02 - Ohio Administrative Code | Ohio Laws](#)
 - a. not less than one hundred-twenty days prior to the anticipated operation of a new function;
 - b. not less than sixty days prior to the relocation or anticipated operation of a new residential facility, except in an emergency situation;
 - c. not less than thirty days prior to the relocation or anticipated operation of an office, except in an emergency situation;
 - d. not less than sixty days prior to a change in the number, age range, or sex of children served in a residential facility;
 - e. within ten days of ceasing to operate a certified function, an office, or residential facility;
 - f. within ten days after a change in the agency administrator, chairperson or president; and
 - g. not later than thirty days prior to implementing a name change.

As the Agency Administrator, I do acknowledge and assure the above affirmations and assurances.*

Acknowledged by James Dean on 12/3/2024 9:55 AM

As the Board President, I do acknowledge and assure the above affirmations and assurances.*

• Note: checkboxes are mandatory prior to submission but not to move forward to the next screen.

Previous

Save and Continue

OCAF Initial Application Agency Certification

Signature and Submission

Before signing, review all affirmations and assurances for important information. Be sure the entire application is complete. An application is not considered complete until all required policies, plans, and other documents required by applicable Ohio Administrative Code rules pertaining to an agency's certified function(s) have been submitted to ODCY.

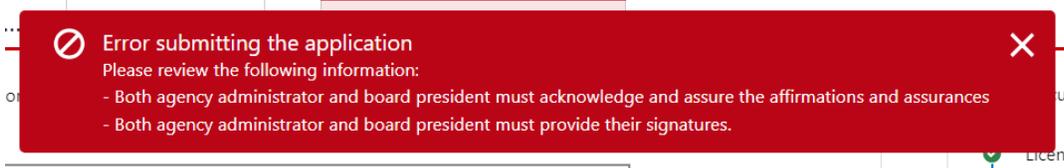
Note: The application cannot be submitted until the **Board President** also signs the application. For the purpose of this User Guide, it will review the process of the Board President's needed signature and the Board President submission of the application.

1. Agency Administrator, **Sign the application.**
2. Click **Save Signature.**
3. Click **Submit.**

Note: The Board President's signature is not editable.

The screenshot displays the 'Signature and Submission' step of the application process. At the top, a green box highlights the title 'Signature and Submission'. Below it, a paragraph of text explains that the application is not complete until all required policies, plans, and documents are submitted to ODCY. The main area contains two signature fields. The first field, 'Signature of Agency Administrator *', is highlighted with a red border and contains a blue ink signature. Below it are 'Save Signature' and 'Clear Signature' buttons. The second field, 'Signature of Board President/PCSA Director *', is highlighted with a green border and is currently empty. Below this field are 'Previous' and 'Submit' buttons. On the right side, a 'Steps' sidebar shows a vertical list of steps: 'Agency and Personnel Information', 'Functions', 'Policies', 'Plan', 'Documents', 'Licensing Agreement', and 'Signature and Submission'. The 'Signature and Submission' step is highlighted with a green box and a blue circle, indicating it is the current step.

A message displays alerting the user that the **Board President** must acknowledge and assure the affirmations and assurances as well as sign the application.



OCAF Initial Application Agency Certification

Board President Signature and Application Submission

To review how a Board President accesses OCAF and reviews the application, please refer to this User Guide: (insert link when completed)

1. From the **Licensing Agreement** screen, checkmark the box for **As the Board President I do acknowledge and assure the above affirmations and assurances.** (Required)
2. Click **Save and Continue.**

Affirmation and Assurance

In making this application, the persons (signing under Section IX of the application) signing the application, hereby affirm and assure that:

1. I have reviewed a copy of Chapter 5103 of the Ohio Revised Code with respect to submission of this application.
 - [Chapter 5103 - Ohio Revised Code | Ohio Laws](#)
2. I have reviewed a copy of Chapters 5101:2-5, 5101:2-7, 5101:2-9, 5101:2-42, and 5101:2-48 of the Ohio Administrative Code as applicable to the functions of my agency for which this application is submitted for certification.
 - [5101:2 - Ohio Administrative Code | Ohio Laws](#)
3. I will ensure that any employee hired by the agency will undergo a criminal background check pursuant to section 2151.86 of the Revised Code and in compliance with OAC 5101:2-5-09.1.
 - [5101:2 - Ohio Administrative Code | Ohio Laws](#)
4. All information contained in this application and the attached documents is true and accurate. At the time of this application this agency is in compliance with the requirements of the Ohio Administrative Code chapters applicable to the function(s) for which certification is requested.

A person who knowingly makes a false statement that is included as a part of certification under Ohio Revised Code section 5103.03 is guilty of the offense of falsification under section 2921.13 of the Revised Code and the Department of Children and Youth shall not certify that institution or association.

 - [Chapter 5103 - Ohio Revised Code | Ohio Laws](#)
5. The director of the Ohio Department of Children and Youth (ODCY), or the department's agents, or personnel of another department or agency of state or local government will not be denied access to any part of this agency or the agency's records as necessary in the performance of any inspections mandated or allowed by the Ohio Revised Code or the Ohio Administrative Code as applicable to the functions for which certification is requested or received.
6. If Ohio Department of Children and Youth (ODCY) issues a certificate to this agency, the agency will maintain continued compliance with applicable Administrative Code requirements, cooperate fully with ODCY in correcting any noncompliance findings as noted by ODCY, and will not exceed any age, sex or occupancy limitations specified on the certificate or the letter accompanying the certificate.
7. The agency will submit any changes in policy statements, plans and required documents listed in Policies, Plans, and Documents section of this application to ODCY within 30 days of the effective date of the change.
8. The agency will submit an amended application to notify ODCY of agency plans according to the following requirements of Ohio Administrative Code rule 5101:2-5-02:
 - [5101:2-5-02 - Ohio Administrative Code | Ohio Laws](#)
 - a. not less than one hundred-twenty days prior to the anticipated operation of a new function;
 - b. not less than sixty days prior to the relocation or anticipated operation of a new residential facility, except in an emergency situation;
 - c. not less than thirty days prior to the relocation or anticipated operation of an office, except in an emergency situation;
 - d. not less than sixty days prior to a change in the number, age range, or sex of children served in a residential facility;
 - e. within ten days of ceasing to operate a certified function, an office, or residential facility;
 - f. within ten days after a change in the agency administrator, chairperson or president; and
 - g. not later than thirty days prior to implementing a name change.

OCAF Initial Application Agency Certification

As the Agency Administrator, I do acknowledge and assure the above affirmations and assurances.*
Acknowledged by James Dean on 12/3/2024 9:55 AM

As the Board President, I do acknowledge and assure the above affirmations and assurances.*
Acknowledged by George Dean on 12/3/2024 10:13 AM

- Note: checkboxes are mandatory prior to submission but not to move forward to the next screen.

[Previous](#) [Save and Continue](#)

The **Signatures and Submission** screen displays.

3. Board President, **Sign the Application**.
4. Click **Save Signature**.

Note: The **Save Signature** button disappears when clicked. It will then display the Name, Date and Time the signature was saved as shown below.

5. Click the **Submit** button.

Signature and Submission

Before signing, review all affirmations and assurances for important information. Be sure the entire application is complete. An application is not considered complete until all required policies, plans, and other documents required by applicable Ohio Administrative Code rules pertaining to an agency's certified function(s) have been submitted to ODCY.

Signature of Agency Administrator *

Only Agency Administrator can sign here. Please have the Agency Administrator log in and sign here.



Signed by James Dean on 12/3/2024 10:34 AM

Signature of Board President/PCSA Director *

Only Board President/PCSA director can sign here. Please have the Board President/ PCSA Director log in and sign here.



Signed by George Dean on 12/3/2024 10:36 AM [X Clear Signature](#)

[Previous](#) [Submit](#)

Steps

- Agency and Personnel Information
- Functions
- Policies
- Plan
- Documents
- Licensing Agreement
- Signature and Submission**

A message displays verifying the application was submitted.



OCAF Initial Application Agency Certification

From the **OCAF Home** tab, the Initial Certification Application shows as **Submitted**.

The screenshot shows the OCAF Home page. At the top, there is a navigation bar with a dropdown menu currently set to 'Home'. The main content area is titled 'Welcome to Ohio Certification for Agencies and Families (OCAF)!'. Below the title is a sub-header: 'Manage all of your agency's information and certification in one place'. A 'Privacy Policy' section follows, containing a paragraph of text. Below the privacy policy is a 'Happy Homes' section, which lists the 'Your Assigned Licensing Specialist' as Lisa Licensing Specialist, with contact information including an email address (lisa.oliver@childrenandyouth.ohio.gov) and a note to use email for contact. At the bottom of the main content area, there is a table with application details:

 APP-000029	Initial Submitted Date: 12/3/2024, 10:43 AM
Initial Certification Application	Most Recent Submitted Date: 12/3/2024, 10:43 AM
<input type="button" value="Submitted"/>	Submitted Count: 1

On the right side of the page, there are two sections: 'Helpful Links' with a dropdown menu and links to 'Ohio Laws and Administrative Rules', 'Ohio Revised Code - Chapter 5103: Placement of Children', 'Ohio Administrative Code - 5101:2 Division of Social Services', 'E-Manuals', and 'Family, Children, and Adult Services Manual'; and 'Published Documents' with a link to 'Initial Certification - Completing the 1290 Application'.

If you have additional questions pertaining to this Deployment Communication, please contact the [Customer Care Center](#).