5101:2-16-01 Definitions for eligibility for publicly funded child care benefits

(A) “Absent day” means any day that a child is authorized and scheduled to be in the care of the provider, but is not in attendance, and child care would have been provided had the child been present with the provider.

(B) “Adult” means an individual who is age eighteen or older.

(C) “Authorization” means the hours that a county department of job and family services (CDJFS) determines that a child may receive publicly funded child care from an eligible provider chosen by the caretaker. The authorization shall be reasonably related to the number of hours of the caretaker’s qualifying activities.

(D) “Back swipe period” means the time period that includes the current week of service plus the previous two weeks.

(E) “Border state child care provider” means a child care provider who is licensed, certified, or otherwise approved by the border state to provide child care services. A border state child care provider may provide publicly funded child care only to a recipient who resides in an Ohio county.

(F) “Caretaker” means the father or mother of a child, an adult who has legal custody of a child, an adult who is the guardian of a child, or an adult who stands in loco parentis, as defined in this rule, with respect to a child and whose presence in the home is needed as the caretaker of the child. Caretaker has the same meaning as “caretaker parent” as defined in section 5104.01 of the Revised Code.

(G) “Child” means an infant, toddler, preschool child, or school child up to age eighteen.

(H) “Child care” means administering to the needs of infants, toddlers, preschool children, and school children outside of school hours by persons other than their caretaker for any part of the twenty-four hour day.

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(I) “Eligibility period” means a period of twelve months that a family is determined eligible for publicly funded child care benefits, or the period until the family no longer meets eligibility requirements or requests termination. The family’s eligibility period shall end on the first Saturday after three hundred sixty-five days from the eligibility begin date.

(J) “Eligible provider” means a child care provider who is eligible to receive public funds in accordance with Chapter 5104. of the Revised Code, has completed the provider agreement with the Ohio department of job and family services (ODJFS) and has entered all required information in the provider portal. An eligible provider includes all of the following:

(1) A licensed child care center.

(2) A licensed type A child care home.

(3) A licensed type B child care home.

(4) A certified in-home aide.

(5) A licensed school child care center.

(6) A licensed preschool program.

(7) A licensed school child program.

(8) A child day camp approved by the ODJFS.
(9) A child day camp accredited by the American camping association.


(L) “Income” means gross income, as defined in rule 5101:2-16-34 of the Administrative Code.

(M) “Infant” means a child under eighteen months of age.

(N) “In loco parentis” means an adult who is the caretaker of a child, including a relative, foster parent or stepparent, who is charged with the rights, duties and responsibilities of a parent and whose presence in the home is needed to perform these rights, duties and responsibilities.

(O) “Minor parent” means a caretaker who is under age eighteen.

(P) “Point of service (POS)” means an electronic device at the child care provider’s location that records a child’s time and date of attendance.

(Q) “Preschool child” means a child who is three years old or older but is not a school child.

(R) “Publicly funded child care” is the care of infants, toddlers, preschool children, and school children under age thirteen by an eligible provider. Publicly funded child care is paid, wholly or in part, with federal or state funds, including funds available under the child care block grant act Title IV-A, and Title XX, distributed by ODJFS.

(S) “School child” means a child who is enrolled in and attending a grade of kindergarten or above or who is of compulsory age as defined in section 3321.01 of the Revised Code.

(T) “School hours” means the daily operating hours of the school as determined by the school district in which the

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child resides.

(U) “Special needs” means providing child care services to a child who is under eighteen years old who does not function according to age appropriate expectations in one or more of the following areas of development: social/emotional, cognitive, communication, perceptual-motor, physical, or behavioral development, or the child has chronic health issues. The child’s delays/conditions(s) affect development to the extent that the child requires special adaptations, modified facilities, program adjustments or related services on a regular basis in order to function in an adaptive manner.

(V) “Step up to quality (SUTQ)” means the voluntary quality rating system for child care programs in Ohio.

(W) “Toddler” means a child who is at least eighteen months of age but is less than three years of age.

(X) “Week” is the seven-day period from twelve a.m. Sunday to eleven fifty-nine p.m. Saturday.

OAC 5101:2-16-01.1

5101:2-16-01.1 Emergency rule for payments to providers of publicly funded child care effective March 28, 2010—Expired

OAC 5101:2-16-02

5101:2-16-02 Application for certification—Repealed

OAC 5101:2-16-03

5101:2-16-03 Compliance investigation for type B homes—Repealed

OAC 5101:2-16-04

5101:2-16-04 Issuance of certification—Repealed

OAC 5101:2-16-05

5101:2-16-05 Denial and revocation of certification—Repealed

OAC 5101:2-16-06

5101:2-16-06 Ohio department of human services responsibilities—Repealed

OAC 5101:2-16-07

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The county department of job and family services (CDJFS), in accordance with Chapter 5104. of the Revised Code, shall comply with all provisions of this rule and shall:

(A) Accept any gift, grant, or other funds from public or private sources offered unconditionally or under conditions which are, in the judgment of the Ohio department of job and family services (ODJFS), proper and consistent with Chapter 5104. of the Revised Code and deposit such funds in the county public assistance fund established by section 5101.161 of the Revised Code.

(B) Cooperate with ODJFS for the recruitment of licensed and certified child care providers to meet the need for publicly funded child care in the county.

(C) Submit a plan to ODJFS for approval that assures the application process is as accessible to the public as possible and complies with section 5104.33 of the Revised Code. The CDJFS shall submit any revisions of the plan to ODJFS. The plan shall include procedures for making application forms available at locations selected by the CDJFS and making arrangements that enable caretakers to complete the application process at times outside their normal working hours and at locations convenient to the applicant. Arrangements may include but are not limited to the following:

1. Stationing CDJFS employees at various sites in the county for the purpose of assisting applicants in completing the application process and for making eligibility determinations at those locations.

2. Assigning CDJFS employees to hours of employment outside the normal working hours of the CDJFS to collect information relevant to applications for publicly funded child care and to make eligibility determinations.

3. Providing training and technical assistance to individuals or agencies so they may assist families in completing the application process and, where applicable, in making eligibility determinations.

4. Extending the CDJFS hours of operation to accommodate the needs of employed caretakers and to enable them to apply for child care services.

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(D) Provide caretakers with complete written explanations of the following:

(1) Instructions on how to apply for publicly funded child care.

(2) Factors used in determining eligibility including family income, family size, ages of family members and the caretaker’s hours of employment, training or education.

(3) The caretaker’s responsibility for reporting changes of information that may affect eligibility.

(4) The consequences to the caretaker for failure to accurately and completely report information or changes, including:

   (a) A repayment of child care benefits pursuant to rule 5101:2-16-71 of the Administrative Code.

   (b) Termination or denial of child care benefits.

   (c) Penalty of fine and/or imprisonment if a court action renders a finding that the caretaker fraudulently received child care benefits for which the caretaker was not eligible.

(E) Allow eligible caretakers a choice from all available child care providers who are certified or licensed. The CDJFS shall make available a current list of all professional certified and licensed providers in the county. The CDJFS shall provide selected portions of the list or the complete list as requested by the caretaker to facilitate parental choice. Such lists shall include, but are not limited to:

(1) Reasonable access to the child’s home or school. Publicly funded child care may only be provided in a child’s own home by an in-home aide.

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(2) Reasonable access to the caretaker’s place of employment, education or training.

(3) Reasonable access to special child care needs as specified by the family.

(F) Report to ODJFS any known or suspected violations of Chapter 5104. of the Revised Code or the rules promulgated pursuant to that chapter regarding licensed child care centers, approved child day camps, school child programs, type A homes, or type B homes.

(G) Retain records in accordance with Chapter 149. of the Revised Code. Records shall be maintained a minimum of three years or until an audit is completed, if one has been initiated within a three-year period, to document compliance with child care requirements. The records shall include, but not be limited to, those required by Chapters 5101:2-12, 5101:2-13, 5101:2-14, 5101:2-16 and 5101:2-18 of the Administrative Code.

(H) Report all child care information required by ODJFS data and payment information systems.

(1) The CDJFS shall transmit all data regarding child care eligibility and authorizations on a daily basis as required in the child care information data system (CCIDS) or other data systems required by ODJFS.

(2) The CDJFS shall submit eligibility data no later than five days following the date eligibility is determined or no later than five days following any reported changes to a case that affect eligibility or authorizations.

(3) The CDJFS shall assign each family a payment code according to the family’s programmatic eligibility for publicly funded child care benefits.

(I) Limit access to and use of CCIDS to the extent necessary to meet the requirements of the publicly funded child care program under the Child Care and Development Block Grant Act of 1990, established in section 5082 of the Omnibus Budget Reconciliation Act of 1990, 104 Stat. 1388-236 (1990), 42 U.S.C. 9858, as amended.

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(1) Personnel having access to CCIDS shall be limited to those persons who have been trained in the confidentiality requirements of ODJFS, who are informed of all penalties, who have been trained in security procedures and who have signed the JFS 07078 “Code of Responsibility” (rev. 6/2009).

(2) The CDJFS shall monitor access to and use of CCIDS to prevent and promptly identify any unauthorized use.

(3) The CDJFS shall ensure that all personnel who have access to, may have access to or are required to use CCIDS are informed of applicable requirements and penalties and have been trained in security procedures.

(J) Process manual claims for a child’s attendance not recorded in the Ohio electronic child care (ECC) system. The CDJFS shall:

(1) Enter data from the JFS 01261 “Publicly Funded Child Care Manual Claim for Attendance” (rev. 2/2014) into the administrative terminal (AT) no later than thirty calendar days from the date the CDJFS receives a completed JFS 01261.

(2) Reject a JFS 01261 if it has not been submitted by the provider within seven weeks from the week of service being submitted unless otherwise determined by the bureau of state hearings.

(3) Reject a JFS 01261 submitted for care provided during the current back swipe period unless otherwise determined by the bureau of state hearings.

(4) Notify the provider within five business days of the rejection of a JFS 01261.

(K) Process adjustments to provider payments for publicly funded child care. The CDJFS shall:

(1) Submit the JFS 01292 “Publicly Funded Child Care Request for Ohio ECC Payment Adjustment” (rev. 2/2014) to ODJFS no later than thirty calendar days from the date the CDJFS receives a completed JFS 01292 from the provider.

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(2) Reject a JFS 01292 if it has not been submitted by the provider within seven weeks from the week of service being submitted.

(3) Notify the provider within five business days of the rejection of a JFS 01292.

(L) Cooperate and participate in all reviews including but not limited to, fiscal, programming, records, and other monitoring activities regarding publicly funded child care by ODJFS or any entity acting on behalf of ODJFS, or the federal government.

(M) The CDJFS may contract with an outside entity to:

(1) Determine eligibility for publicly funded child care benefits in accordance with Chapter 5101:2-16 of the Administrative Code.

(2) Collect specific information for use by the CDJFS in determining eligibility for publicly funded child care benefits.

OAC 5101:2-16-07.1
5101:2-16-07.1 County department of job and family services administrative responsibilities for the early learning initiative (ELI)--Repealed

OAC 5101:2-16-072
5101:2-16-072 Confidentiality and dissemination of information involving a certified provider--Repealed

OAC 5101:2-16-08
5101:2-16-08 Publicly funded reimbursement for emergency and substitute care in type B homes--Repealed

OAC 5101:2-16-081
5101:2-16-081 Reimbursement for child day-care services in type B homes--Repealed

OAC 5101:2-16-15

Rules are complete and appendices are current through April 30, 2014
(A) What are the requirements for publicly funded child care?

(1) The family must meet the income requirements:

   (a) Initially, a caretaker may be eligible for publicly funded child care if the family’s gross monthly income is at or below one hundred twenty-five per cent of the federal poverty level (FPL).
(b) On-going eligibility may be maintained if the family’s gross monthly income is at or below two-hundred per cent of the FPL.

(c) These amounts will be published annually in a child care procedure letter.

(2) The caretaker must be participating in one or more of the following approved activities:

(a) Paid employment on a full-time or part-time basis.

(b) A training or education activity that prepares the caretaker for paid employment.

(c) Requirements set forth as a result of participation in Ohio works first (OWF) or food assistance including:

(i) Caretakers who receive OWF cash assistance may be eligible for child care benefits if child care is necessary for the caretaker to comply with the requirements of a self-sufficiency contract.

(ii) When caretakers who are participating in an approved activity in order to meet OWF requirements if the caretaker is sanctioned under OWF.

(iii) When two caretakers reside in the household and both receive OWF cash assistance, the caretakers shall participate in a minimum of fifty-five hours per week in OWF activities, unless the county department of job and family services (CDJFS) can document that one of the caretakers is caring for a disabled child.

(iv) A minor parent who participates in the learning, earning and parenting (LEAP) program pursuant to rule 5101:1-23-50 of the Administrative Code.
(v) Caretakers who participate in the food assistance employment and training program may be eligible for child care benefits if child care is necessary for caretakers to comply with the requirements of their food assistance employment and training program plan.

(3) A child in receipt of publicly funded child care must meet the citizenship requirements outlined in paragraph (N) of this rule.

(B) Who is included in a family?

A family is any of the following:

(1) One or more caretaker(s) and all minor children who reside with the caretaker in the same household.

(2) A caretaker, the caretaker’s minor child and the child of the minor child when all reside in the same household unless the minor child is participating in the LEAP program.

(3) A caretaker who has shared custody of minor children when all the children reside with the caretaker in the caretaker’s household.

(4) A caretaker who is a foster parent or stepparent and all of the minor children who reside with the caretaker in the same household.

(5) Unmarried caretakers who live in the same household with a common child and all of the minor children who reside with them. Both caretakers shall be a caretaker for all the children in the family.

(C) Can child care be approved for basic education classes?
(1) A caretaker who is engaged in basic education activities that take place at an official practice center site or part of a limited English proficiency program where an instructor is present, may be eligible for child care.

(2) Basic education classes are defined as follows:

(a) High school or equivalent education.

(b) Remedial high school education.

(c) Adult basic and literacy education (ABLE).

(d) Education for individuals with limited English proficiency.

(D) What documentation is needed to verify basic education classes?

The following documentation shall be provided by the caretaker:

(1) Proof of enrollment, the days and hours the caretaker is attending and the length of the class prior to care being authorized. When the class has open enrollment and no established end date, the caretaker shall provide proof of how often progress is measured. The CDJFS shall review progress no later than twelve months from the date care was authorized.

(2) Proof of initial testing, within the first month of class participation, showing the caretaker’s education and/or literacy level for activities listed in paragraph (E)(2) of this rule.

(E) Can child care be approved for post-secondary education activities?
(1) Post-secondary education activities are defined as: college classes, technical classes or vocational classes that are part of a course of study leading to a degree, a certificate or a license.

(2) The classes shall be approved by an accredited institution of higher education, an institution that has a certificate issued or has authorization from the Ohio board of regents or an institution that has a registration from the state board of school and college registration.

(3) When education activities are accessed via electronic media, the number of hours approved for child care shall not exceed the number of credit hours per week for the course, as defined by the educational institution.

(4) A caretaker who is engaged in post-secondary education shall not be eligible for child care if the caretaker has completed the requirements for a baccalaureate degree unless the education is necessary to meet specific requirements associated with maintaining the caretaker’s employment, certification or licensure.

(5) A caretaker who has completed one hundred forty-four undergraduate semester hours or two hundred sixteen undergraduate quarter hours, or the combined equivalent hours, shall not be eligible for child care benefits for post-secondary education.

(6) A caretaker must have a record of satisfactory participation as defined by the school or institution.

(F) Can child care be approved for vocational/occupational job skills training activities?

(1) Vocational and occupational job skills training may be an approvable activity for publicly funded child care.

(2) Job skills training activities shall be limited to education that is directly related to the individual’s employment goal and shall be approved by an accredited institution of higher education, an institution that has a certificate issued or has authorization from the Ohio board of regents, or an institution that has a registration from the state board of school and college registration.

(3) Job skills training activities may include, but are not limited to:

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(a) Classroom job skills training.

(b) Supervised on-the-job skills training.

(c) Refresher job skills training.

(G) Can child care be approved if the qualifying activity has not begun?

A caretaker, who is currently eligible for child care, shall be approved for up to thirty days of child care if the CDJFS has documentation that an approved activity is scheduled to begin within the thirty-day period.

(1) The current authorization may be extended to allow for care during the thirty-day time period.

(2) The new authorization begin date shall be the scheduled begin date of the approved activity.

(H) What is transitional child care?

A caretaker shall be eligible for transitional child care benefits for the twelve-month period immediately following the end of participation in OWF if the caretaker meets all of the initial and redetermination requirements and all of the following apply:

(1) The caretaker needs child care due to employment.

(2) The caretaker’s income does not exceed one hundred fifty per cent of the federal poverty level (FPL). These amounts shall be published annually in a procedure letter upon final release in the Federal Register.
(3) A caretaker who is ineligible to participate in OWF pursuant to section 5101.83 or section 5107.16 of the Revised Code is not eligible for transitional child care.

(I) What is protective child care?

Protective child care is publicly funded child care services provided to assist in the care and protection of a child. Caretakers receiving protective child care shall be determined eligible without regard to income and shall have their copayment waived pursuant to rule 5101:2-16-39 of the Administrative Code. One of the following requirements shall be met for protective child care:

(1) A case plan, as required in section 2151.412 of the Revised Code is prepared and maintained for the child and caretaker. The case plan shall indicate a need for protective child care to permit the caretaker to complete requirements of the case plan. Protective child care may be authorized only for a child who resides in the home of the caretaker for whom the case plan is written.

(2) A caretaker and child either temporarily reside in a facility providing emergency shelter for homeless families or are determined by the CDJFS to be homeless, and the caretaker is not participating in an approved activity. Homeless protective child care is limited to ninety calendar days in a twelve month period, or the period of time that the caretaker and child reside in an emergency shelter, or the period of time when the caretaker and child are homeless, whichever period is shortest.

(J) What is a category of authorization?

(1) The CDJFS shall determine eligibility for publicly funded child care benefits and shall authorize child care for periods that are reasonably related to the caretaker’s hours of employment, education or training.

(2) Authorizations shall be made for one of the following categories:

(a) Hourly, which is less than 7.0 hours per week.

(b) Part-time weekly which is 7.0 to less than 25.0 hours per week.
(c) Full-time weekly, which is 25.0 to 60.0 hours per week.

(d) Full-time weekly plus, for hours greater than 60.0 as determined by the CDJFS.

(K) Can child care be approved for hours in addition to the hours the caretaker is participating in an approved activity?

(1) Child care may exceed twenty-four consecutive hours when the caretaker’s hours of employment, training or education indicate such a need.

(2) Travel time, not to exceed four hours round trip, shall be allowed.

(3) Sleep time shall be allowed on a case by case basis, not to exceed eight hours, for a caretaker who participates in an activity where fifty per cent of the hours occur after midnight.

(L) Can a child continue attending a federally funded head start program if the caretaker is no longer participating in a qualifying activity?

(1) A child enrolled in a child care center that partners with a federally funded head start program may remain eligible for child care benefits until the end of the current head start program year if the CDJFS proposes termination of child care due to an unmet eligibility requirement.

(2) To remain eligible for continuation of child care benefits, the caretaker shall meet the following eligibility requirements:

   (a) The caretaker shall meet the income eligibility requirements outlined in (A)(1) of this rule.
(b) The caretaker shall pay the assigned copayment.

(c) The caretaker shall complete the twelve month redetermination.

(d) The caretaker shall not have been found guilty by a court of law for child care fraud.

(M) Can child care be reinstated after termination of child care benefits?

(1) A caretaker may be eligible for reinstatement of child care benefits within sixty days following termination if the termination was due to income or the caretaker’s employment, training or education activity was interrupted.

(2) The caretaker shall have been determined eligible within the last twelve months and the following requirements shall be met:

(a) The caretaker shall complete either a JFS 01126 “Request for Reinstatement of Child Care Benefits” (9/2011) or a new JFS 01138 “Application for Child Care Benefits” (rev. 1/2014). If the most recent twelve month period of eligibility will expire within forty-five days of the request for reinstatement, the caretaker shall complete a new JFS 01138.

(b) The maximum monthly income limit for ongoing eligibility at or below two hundred per cent of the FPL, shall be used to determine income eligibility.

(c) The copayment amount shall be based on the current income and household size.

(d) The caretaker shall verify that he or she is engaged in a qualifying employment, education or training activity as required in this rule, and shall verify current income and household size.
(N) What are the citizenship requirements for child care?

(1) The county department of job and family services (CDJFS) shall verify the United States (U.S.) citizenship or immigration status for children for whom a caretaker applies for child care benefits. If the CDJFS verifies that a child currently receives or has received OWF or a medical assistance program under Section 5111.01 of the Revised Code, Title XIX of the “Social Security Act,” 79 Stat. 286 (1965), 42 USC 1396 (1/3/12), verification of citizenship is not required.

(2) To be eligible for child care, a child must be one of the following:

(a) A U.S. born citizen. The caretaker shall provide a civilian birth, baptismal, church certificate, or hospital record showing a birthplace in the U.S. “Birthplace in the U.S.” refers to an individual born in one of the fifty states, District of Columbia, Puerto Rico, Guam, Northern Mariana islands, U.S. Virgin islands, Swain island, or American Samoa.

(b) A foreign born U.S. citizen. The caretaker shall provide a citizen certification, U.S. passport, consulars certification of birth or certificate of naturalization as verification.

(c) A qualified alien. Qualified alien means one of the following:

(i) An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA), 8 U.S.C. 1101 (1/3/12).

(ii) An alien who is granted asylum under section 208 of the INA, 8 U.S.C. 1158 (1/3/12).

(iii) A refugee who is admitted to the United States under section 207 of the INA, 8 U.S.C 1157 (1/3/12).
(iv) An alien who is paroled into the United States under section 212(d)(5) of the INA, 8 U.S.C. 1182(d)(5), for a period of at least one year (1/3/12).

(v) An alien whose deportation is being withheld under section 243(h) of the INA, 8 U.S.C. 1253 (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the INA, 8 U.S.C. 1231(b)(3) (as amended by section 305(a) of division C of Public Law 104-208).

(vi) An alien who is granted conditional entry pursuant to section 203(a)(7) of the INA, 8 U.S.C. 1153(a)(7) as in effect prior to April 1, 1980.

(vii) An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).

(viii) A battered alien who meets the conditions set forth in 8 U.S.C. 1641 (c)(1/3/12).

(ix) An alien who is the victim of a severe form of trafficking as set forth in 8 U.S.C. 1641 (c)(4) (1/3/12).

(x) An Afghan or Iraqi alien admitted to the U.S. who was granted a special immigrant visa (SIV) under section 101(a)(27) of the INA, 8 U.S.C. 1157 (12/2008).

(d) Except as provided in paragraph (D)(2)(e) of this rule, a child who is a qualified alien, as defined in 8 U.S.C. 1641 and entering the United States on or after August 22, 1996 shall be required to live in the United States for five years before being eligible for child care.

(e) A child in any of the following categories is exempt from the requirement that he or she live in the United States five years prior to eligibility:
(i) An alien who is admitted to the United States as a refugee under section 207 of the INA, U.S. C. 1157.

(ii) An alien who is granted asylum under section 208 of the INA, 8 U.S.C. 1158.

(iii) An alien whose deportation is being withheld under section 243(h) of the INA as in effect prior to April 1, 1997 or whose removal is withheld under section 241(b)(3) of the INA, 8 U.S.C. 1231 (1/3/12).

(iv) An alien who is a Cuban or Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980.


(vi) The unmarried dependent child of an alien meeting the veteran and active duty exception in 8 U.S.C. 1641(b)(2).

(f) The five year ban on eligibility does not apply to qualified aliens who entered the United States before August 22, 1996 and have continued living in the United States, even if they did not meet qualified alien status upon entry.

(g) If the child is an alien, his or her status may be verified by forms issued through the systematic alien verification for entitlements (SAVE) program. In some instances validity of documents shall be verified by submitting the DHS, “Document Verification Request” form G845S (7/08) to the appropriate office, along with the proper documentation.

OAC 5101:2-16-31

5101:2-16-31 Employment and training child day care benefits--Repealed

OAC 5101:2-16-311

5101:2-16-311 Claiming procedure for retroactive transitional child care reimbursement--Repealed

OAC 5101:2-16-32

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5101:2-16-32 Special needs child day care benefits—Repealed

OAC 5101:2-16-33

5101:2-16-33 Protective child day care benefits—Repealed

OAC 5101:2-16-34

5101:2-16-34 Income eligibility requirements for publicly funded child care benefits

(A) The county department of job and family services (CDJFS) shall use gross income for the purpose of determining child care income eligibility and family copayment, including gross earned income and gross unearned income.

(B) “Gross earned income” means the total amount of gross earnings received in a month by all of the employed individuals in the family including wages legally obligated to all members of the family but which are diverted to a third party.

(C) Gross earnings include payments received before taxes and other deductions by an individual for services performed as an employee, or by an individual who is self-employed.

(1) Gross earnings received by an employee means wages, salary, back pay, bonuses and awards paid by employer, commissions, severance pay, payments from job corps, work training programs, on-the-job training programs, sick leave paid as wages, annual leave, holiday and vacation pay.

(2) State temporary disability insurance and temporary workers’ compensation payments are considered gross earnings when such payments meet all of the following conditions:

(a) The payment is employer-funded.

(b) The payment is made to an individual who remains employed during recuperation from a temporary illness or injury pending return to the job.

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(c) The payment is specifically characterized under state law as a temporary wage replacement.

(3) Gross self-employment earnings means the total profit from a business enterprise.

(a) The total profit from the self-employment business enterprise is determined by deducting the self-employment expenses, which are those expenses directly related to producing the goods or services, from the gross receipts.

(b) Personal business and/or entertainment expenses are not allowable deductions.

(c) Individuals who are self-employed and have no countable income shall provide written verification documenting how they are meeting basic living expenses, including but not limited to, food, housing, utilities and transportation. Failure to provide sufficient documentation shall result in the denial or termination of child care benefits. This documentation shall be used in determining authorized hours in paragraph (C)(3)(d) of this rule.

(d) For approved self-employment activities, the hours applied to the publicly funded child care authorization shall be for no more hours than it would take an individual to earn the same amount of money working at the federal minimum wage. This shall be calculated by using the self-employed individual’s determined or estimated monthly gross earnings divided by 4.3 weeks in a month and again by the federal hourly minimum wage. The resulting number, rounded up to the nearest whole number, is the maximum weekly hours which can be applied to the authorization for the self-employment approved activity.

(4) Individuals who are unemployed shall provide written verification documenting how they are meeting basic living expenses including but not limited to food, housing, utilities and transportation. Failure to provide sufficient documentation shall result in the denial or termination of child care benefits.

(D) Income excluded from gross earned income.

(1) The gross earnings of a minor child in the family who is a full-time student as defined by the school, unless
the minor is a parent.

(2) Alimony or child support payments paid by a family member. The amount paid, up to the amount ordered, is excluded.

(3) The verified amount which is being garnished from the income.

(4) Earnings received under the Domestic Volunteer Service Act of 1973 for participation in the “Americorp Vista” program.

(5) Federal work study income as referenced in rule 5101:4-4-13 of the Administrative Code.

(6) All income, including in kind benefits, excluded under the food assistance program regulations, as set forth in rule 5101:4-4-13 of the Administrative Code.

(7) Any other income amounts that federal statutes or regulations require be excluded.

(8) Any income earned by a person receiving supplemental security income (SSI).

(E) “Gross unearned income” means the total amount of unearned income that is received in the month by all members of the family. Unearned income is income that is not gross earned income or is not gross earned income from self-employment, as defined in this rule. Unearned income includes cash contributions received by the family from persons, organizations or assistance agencies, social security administration (SSA) disability, death or retirement benefits, and child support payments.

(F) Income excluded from gross unearned income.

(1) SSI payments.

Rules are complete and appendices are current through April 30, 2014
(2) Federal, state or local foster care maintenance payments.

(3) Federal, state or local adoption assistance payments.

(4) Kinship permanency incentive (KPI) payments made in accordance with the requirements of rule 5101:2-40-04 of the Administrative Code.

(5) Payments made with county funds to increase the amount of cash assistance an assistance group receives in accordance with section 5107.03 of the Revised Code.

(6) Child support payments paid by a family member for a child outside the family.

The amount paid, up to the amount ordered, is excluded.

(7) Alimony paid pursuant to a court order.

(8) Contributions for shared living arrangements. These include cash payments received by a family from an individual who is not a family member but who resides in the household and shares responsibility for the household expenses through an informal arrangement. The cash payment given to the family is not available to the family because the payment represents the non-family member’s share of the household expenses.

(9) Bona fide loans from any source, including rural housing loans made by federal housing administration (FHA).

(10) Experimental housing allowance program payments made under annual contributions on contracts entered into prior to January 1975, under section 23 of the U.S. Housing Act of 1937.
(11) HUD community development block grant funds paid under Title I of the Housing and Community Development Act of 1974 (public law 93-383).

(12) Home energy assistance support and maintenance paid in cash or in-kind, public laws 97-377 (December 21, 1982), 97-424 (January 6, 1983), and 98-21 (April 20, 1983).

(13) Income tax refunds received by any of the family members.

(14) The verified amount which is being garnished from the income.

(15) Earned income tax credit (EITC) payments when received as part of an income tax refund.

(16) The value of surplus commodities donated by the department of agriculture.

(17) Benefits received under Title VII, nutrition program for the elderly, Older Americans Act of 1965, Public Law 93-150.

(18) Retroactive payments made as a result of a state hearing.

(19) Escrow accounts established or credited as the direct result of the assistance group’s involvement in family self-sufficiency on or after May 15, 1992.

(20) Ohio works first (OWF) cash payment for support services, pursuant to section 5107.66 of the Revised Code.

(21) Prevention, retention and contingency (PRC) payments.

Rules are complete and appendices are current through April 30, 2014
(22) The value of food assistance allotments.

(23) Money received in the form of a nonrecurring lump sum payment including, but not limited to, retroactive lump sum social security, SSI or pension benefits; retroactive lump sum insurance settlements; retroactive lump sum payment of child support arrearage; refunds of security deposits on rental property or utilities; or PRC payments not defined as cash assistance.

(24) Income excluded under the food assistance program regulations, as set forth in rule 5101:4-4-13 of the Administrative Code, unless the income is included under the provisions of this rule.

(25) Any other income amounts that federal statutes or regulations require be excluded.

(G) Calculation of the family’s gross monthly income.

(1) When determining eligibility and copayment for child care benefits, the CDJFS shall calculate the family’s gross monthly income.

(2) Income shall be converted into a monthly amount. All cents shall be dropped after multiplying the individual’s income by the appropriate conversion factor listed below. Hourly rates which contain cents are not rounded but are multiplied in the exact amount. Conversion shall be performed using the following factors:

(a) Income received on a weekly basis is multiplied by 4.3.

(b) Income received biweekly (every two weeks), is multiplied by 2.15.

(c) Income received semimonthly (twice a month), is multiplied by 2.

(3) If an individual has fluctuating income, the income shall first be averaged to arrive at a figure to be
converted into a monthly amount, according to the following procedures:

(a) If the employed individual works the same number of hours per pay period, that number of hours shall be used in computing the individual’s gross monthly income. The gross monthly income shall be computed by either using the gross earnings listed on the individual’s pay stubs or by multiplying the number of hours per pay period by the hourly rate of pay. This figure is used to convert the income into a monthly amount.

(b) If the employed individual has fluctuating income, the income shall be averaged. The averaged amount is used in converting the income into a monthly figure. When possible, the CDJFS shall average the income received in the preceding four weeks.

(c) When the income from the prior four week period is not representative of current or future income, the CDJFS shall project income based on a best estimate. The best estimate shall consider the following variables which may affect the determination. These variables include:

(i) There are more than four weeks of pay stubs available and the individual states that an average of a longer period of time is more representative, because the income received in the most recent four weeks was less or greater than the average. The CDJFS shall use all available income related information for the immediately preceding three month period.

This includes situations when the individual disagrees with the use of income from the past four week period as representative of future income. The CDJFS shall use all available income related information, including the individual’s projection of future earnings, to determine a representative figure. Some pay stubs reflect year-to-date earnings, which is an acceptable method of determining average income for longer than the four week period.

(ii) If there are fewer than four weeks of pay stubs available, the CDJFS shall use all available income related information to arrive at a representative figure. This includes situations when the employed individual disagrees with the use of earnings from the past four week period as indicative of future earnings.

(iii) If there are no pay stubs available because the employment is new, the CDJFS shall require written documentation from the employer. The documented amount shall be converted to gross monthly income as directed in this rule.
(4) If income is sporadic, the income for a period of one year shall be used to determine an average adjusted monthly income. An example of sporadic income is commission-based income. When income is from work that normally involves seasonal periods of unemployment, the family’s adjusted monthly income shall be determined from the adjusted annual income of the family divided by twelve months.

(5) For situations in which an individual has self-employment income, the CDJFS shall determine the gross earnings for the month based on an estimate of the individual’s gross annual earnings.

(a) The self-employed individual shall provide copies of the tax return from the previous year as well as current business records in order to project annual gross income.

(i) The income shown on the previous year’s tax return shall be used to estimate earnings for the current and future months.

(ii) The gross monthly earnings shall be determined by dividing the previous year’s tax return by the number of months the individual was self-employed the previous year.

(iii) Estimation of self-employment income shall be used when the individual has been self-employed for some time, the gross earnings have remained fairly constant, and there is no anticipated change in the individual’s circumstances.

(b) If the individual contests the estimate of income from self-employment based solely on information on the previous year’s tax return, the individual shall provide a projected estimate of gross earnings for the current taxable year, based upon current business records. When the individual cannot estimate gross earnings for the current taxable year based on current business records, the CDJFS shall accept the individual’s best estimate. Using the individual’s best estimate of income for the current taxable year, the CDJFS shall allocate one-twelfth of the gross annual income equally into each month of the taxable year.

(c) If the individual contests the CDJFS estimate of the income from self-employment based solely on information on the previous year’s tax return but does not provide a projected estimate of gross earnings for the taxable year based on current business records, the CDJFS shall project the earnings based on the gross earnings listed on the previous year’s tax return.

(i) If the individual does not have a tax return from the previous year, the CDJFS shall project an
estimate of the individual’s annual gross earnings from self-employment based on the individual’s current business records. The CDJFS shall determine that one-twelfth of the projected gross earnings from self-employment shall be allocated monthly.

(ii) In the absence of both previous year’s tax return and current business records, the CDJFS shall require the individual to provide a written best estimate of his or her projected annual income and expenses. The CDJFS shall then determine that one-twelfth of the projected annual gross earnings from self-employment shall be distributed into all months of the taxable year.

(H) Documentation and verification of the family’s gross monthly income.

(1) The CDJFS shall document and verify all sources of income. If possible, documents used should be copied and attached to the application. If copies of documents cannot be obtained, the CDJFS shall describe the document viewed and the pertinent information contained therein.

(2) Acceptable documentation of all sources of income may include pay stubs, business records, correspondence or data from the social security administration, data from the Ohio bureau of workers’ compensation and data from providers of pension benefits. If the income received is in cash without a receipt, a contact with the employer is required. The CDJFS may contact individuals or agencies with receipt of a signed JFS 01138 “Application for Child Care Benefits” (rev. 1/2014) or other signed written consent by the caretaker, in order to obtain all pertinent information regarding family income.

(3) The caretaker parent shall provide documentation of the source and amount of any income received unless such information is already available to the CDJFS. Failure to cooperate in the development of documentation for any source of income received is acceptable grounds for a delay in the processing of an application or a determination of eligibility. If this failure continues beyond thirty days from the date of application, the application shall be denied. Denial of an application does not prohibit the caretaker parent from reapplying for child care benefits.

OAC 5101:2-16-35

5101:2-16-35 County department of job and family services (CDJFS) responsibilities for determining eligibility for publicly funded child care benefits

(A) The county department of job and family services (CDJFS) shall document the date the JFS 01138 “Application for Child Care Benefits” (rev. 1/2014) is received and the date the application is completed with all required supporting documentation.

Rules are complete and appendices are current through April 30, 2014
(B) The National Voter Registration Act (NVRA) of 1993 requires each state to provide voter registration services at designated government agencies that provide public assistance.

(1) The CDJFS shall distribute Voter Registration Applications with the JFS 01138.


(C) The CDJFS shall determine eligibility no later than thirty calendar days from the date the CDJFS receives the application. The complete application and all required supporting documentation shall be retained in the agency's files.

(D) The CDJFS shall not require a face-to-face interview with the caretaker if the information required for determining the caretaker's eligibility for child care is already on file with the CDJFS and/or the required information can be obtained through other methods.

(E) If the CDJFS determines a caretaker is eligible for child care benefits, the eligibility period may begin on the date the CDJFS received the application. The caretaker shall receive notice of approval for child care benefits by the JFS 04074 “Notice of Approval of Your Application for Assistance” (rev. 9/2011) or its computer-generated equivalent.

(F) If the CDJFS determines a caretaker ineligible for child care benefits or the caretaker fails to provide all required supporting documentation as required in paragraph (A) of rule 5101:2-16-35.1 of the Administrative Code, the CDJFS shall deny the application. The caretaker shall receive notice of denial of an application for child care benefits by the JFS 07334 “Notice of Denial of Your Application for Assistance” (rev. 9/2011) or its computer-generated equivalent.

(G) At the time of initial determination and redetermination of eligibility, the CDJFS shall provide the caretaker with the following information:

(1) State hearing rights and procedures pursuant to applicable rules in division 5101:6 of the Administrative
(2) Notice that the use of child care services is a condition of eligibility for continued enrollment and the specific time limitation on the use of child care services must follow the requirements of this rule.

(3) Notice that the caretaker shall complete and provide a copy of the child’s health record to the child care provider by the first day of the child’s attendance.

(4) A signed copy of the caretaker’s rights and responsibilities.

(H) The CDJFS shall redetermine eligibility for child care every twelve months.

   (1) The caretaker shall be notified in writing of the requirement to redetermine eligibility, no later than forty-five calendar days prior to the last day of the current eligibility period.

   (2) The CDJFS shall redetermine eligibility by the last day of the current eligibility period.

(I) The CDJFS shall propose termination of child care benefits using the JFS 04065 “Prior Notice of Right to a State Hearing” (rev. 5/2001) or its computer-generated equivalent fifteen calendar days prior to the date of the proposed action if any of the following occur:

   (1) The caretaker fails to submit a new JFS 01138 and all required supporting documentation by fifteen days prior to the end of the current eligibility period.

   (2) The CDJFS determines the family is no longer eligible.

(J) If the CDJFS determines the caretaker eligible for child care benefits for a new twelve month period, the new twelve month period shall begin on the date following the last day of the current eligibility period. The CDJFS shall

Rules are complete and appendices are current through April 30, 2014
provide notice of approval for child care benefits using the JFS 04074 or its computer-generated equivalent.

(K) If the CDJFS determines the caretaker ineligible for child care benefits for a new twelve month period, the CDJFS shall provide notice of denial of an application for child care benefits using the JFS 07334 or its computer-generated equivalent.

(L) The CDJFS shall assure that alternative methods for application are available to families through telephone, fax, computer and other means at locations other than the CDJFS that are convenient and accessible for families. These shall include, but are not limited to, the following:

1. The CDJFS may contract with child care providers or resource and referral organizations to make all or any part of the eligibility determinations.

2. The CDJFS may contract with child care providers or resource and referral organizations to collect information for use by the CDJFS in determining eligibility for child care benefits.

3. The CDJFS shall make application forms available at appropriate locations and allow applicants to complete the application process at times outside their normal working hours and at locations convenient and accessible to the applicant. Arrangements may include:

   a. Stationing CDJFS staff at various sites in the county to assist applicants in completing the application process and to make eligibility determinations at those locations.

   b. Assigning CDJFS staff to hours of employment outside the normal working hours of the CDJFS to collect information relevant to application for child care and to make eligibility determinations.

   c. Providing training and technical assistance to appropriate individuals to qualify them in providing assistance in completing the application process and making eligibility determinations.

4. The CDJFS may complete or receive the child care application with information provided over the telephone, fax, the Ohio department of job and family services (ODJFS) child care web site at
Ohio Administrative Code Annotated 5101 Job and Family Services Department 5101:2 Job and Family Services Department--Social Services Division Chapter 5101:2-16. Publicly Funded Child Care

http://jfs.ohio.gov/cdc/families.stm, or via computer. The CDJFS may use and accept electronic records and electronic signatures as specified in Chapter 1306. of the Revised Code.

(M) The CDJFS shall deny or terminate a caretaker’s eligibility for child care benefits, after providing hearing notice rights as required by applicable rules in division 5101:6 of the Administrative Code, if the caretaker does any of the following:

(1) Does not meet current eligibility.

(2) Has another adult caretaker available in the family (as determined pursuant to rule 5101:2-16-30 of the Administrative Code) who can provide appropriate care for the child, except when the caretaker provides written verification to the CDJFS from a licensed physician, licensed psychologist, licensed psychiatrist or public children services agency (PCSA) that the caretaker cannot provide appropriate care for the child.

(3) Does not cooperate in determining eligibility for current or for past benefits.

(4) Does not enter into or comply with an agreement with the CDJFS or ODJFS to repay a child care overpayment.

(5) Does not use child care services for a period of thirty-one consecutive days, unless exempted by this rule.

(6) Does not pay the required child care copayment unless the family makes arrangements to pay delinquent copayments.

(7) Owes delinquent copayments to a child care provider, unless satisfactory arrangements are made to pay such delinquent copayments.

(8) Owes a child care overpayment or the caretaker fails to make or comply with arrangements to repay a child care overpayment.

Rules are complete and appendices are current through April 30, 2014
Ohio Administrative Code Annotated  5101 Job and Family Services Department  5101:2 Job and Family Services Department--Social Services Division  5101:2-16. Publicly Funded Child Care

(N) The CDJFS may terminate a caretaker’s eligibility for child care benefits, after providing hearing notice rights as required by applicable rules in division 5101:6 of the Administrative Code, if the caretaker or designee:

(1) Does not comply with Ohio electronic child care (ECC), which includes, but is not limited to, use of the swipe card, manual claims and adjustment processing.

(2) Does not comply with a review conducted by ODJFS pursuant to rule 5101:2-16-72 of the Administrative Code.

(O) The CDJFS shall not terminate child care benefits pursuant to paragraph (M)(5) of this rule if any of the following criteria are met:

(1) A caretaker has not utilized child care benefits because the caretaker has not participated in an education or training activity which prepares the caretaker for paid employment due to a scheduled break in the education or training activity. This scheduled break cannot exceed one quarter or one semester.

(2) A caretaker has not utilized child care benefits due to an inability to arrange placement with an eligible provider of the caretaker’s choice.

(3) A caretaker has not utilized child care benefits due to a child’s visitation with a non-residential caretaker.

(P) The CDJFS shall assist migrant families in obtaining appropriate documentation in order to expedite the migrant family’s determination of eligibility for child care benefits.

(Q) If a caretaker moves to another county, all counties shall use the procedures outlined by ODJFS for transferring cases between counties.

(R) Notice and hearing requirements contained in division 5101:6 of the Administrative Code shall apply to determinations of eligibility for child care benefits. The CDJFS shall issue a notice of a change in child care benefits to the caretaker within ten calendar days from the date the change of circumstance was reported by the caretaker.

Rules are complete and appendices are current through April 30, 2014
OAC 5101:2-16-35.1 Caretaker eligibility requirements to qualify for publicly funded child care benefits

(A) The caretaker shall complete and submit the JFS 01138 “Application for Child Care Benefits” (rev. 1/2014) to the county department of job and family services (CDJFS) in the county in which the caretaker resides. The caretaker shall submit all supporting documentation within thirty calendar days from the date the CDJFS receives the JFS 01138.

(B) Payment shall be made for authorized child care services provided between the date the CDJFS receives an application and the date the caretaker is determined to be eligible. If the caretaker is determined to be ineligible, the caretaker shall be responsible for the cost of services rendered by the provider.

(C) A child may be authorized to no more than two providers in a week.

(D) Authorizations shall be made as follows:

(1) If a caretaker is eligible for full-time weekly, a child may receive one full-time authorization, one full-time and one part-time authorization, one full-time and one hourly authorization, two part-time authorizations, one part-time and an hourly authorization or one or two hourly authorizations.

(2) If a caretaker is eligible for part-time weekly, a child may receive one or two part-time authorizations, one part-time and one hourly authorization or one or two hourly authorizations.

(3) If a caretaker is eligible for hourly, a child may receive one or two hourly authorizations.

(4) If a caretaker is eligible for full-time weekly plus, a child may receive one full-time plus authorization, one full-time plus and one part-time authorization, one full-time plus and one hourly authorization, one full-time and one part-time authorization, one full-time and one hourly authorization, two part-time authorizations or one part-time and one hourly authorization.
Ohio Administrative Code Annotated §5101 Job and Family Services Department §5101:2 Job and Family Services Department--Social Services Division §Chapter 5101:2-16. Publicly Funded Child Care

(E) If the caretaker is eligible for full-time care, but the school-age child is only authorized for part-time care because of time spent at school during the school year, this authorization may be used for full-time care for weeks that include additional hours of care on days the child’s school is not scheduled to be in session during the school year.

(F) If the caretaker is eligible for part-time care, but the school-age child is only authorized for hourly care because of time spent at school during the school year, this authorization may be used for part-time care for weeks that include additional hours of care on days the child’s school is not scheduled to be in session during the school year.

(G) Authorizations not utilized for thirty-one consecutive days shall be ended.

(H) A caretaker shall use the child care electronic swipe card upon entry to and exit from the provider’s location. Use of the swipe card will automatically track attendance for each child at each authorized provider.

(I) An eligible caretaker or the caretaker’s designee are the only people permitted by the Ohio department of job and family services (ODJFS) to use the swipe card to record a child’s attendance. The personal identification number (PIN) created by the caretaker serves as the caretaker’s electronic signature. The caretaker’s designee shall not be the provider nor a person acting in any capacity for the provider. Misuse of the child care electronic swipe card may result in termination of a caretaker’s eligibility.

(J) A child can receive care only from a provider who has a provider agreement with the ODJFS and who has been authorized by the CDJFS to provide care for the child.

(K) The caretaker shall make all assigned copayments to the provider.

(L) A caretaker shall not receive publicly funded child care from a provider who resides in the same household as the child and caretaker.

(M) If the caretaker is the owner or an owner’s representative of a licensed child care center or type A home, the caretaker’s children shall not be authorized to that center or type A home.

Rules are complete and appendices are current through April 30, 2014
(N) If the caretaker is the employee of a licensed type A home or licensed type B home the caretaker’s children shall not be authorized to that licensed type A or type B home.

(O) If the caretaker is the provider or provider’s assistant in a licensed type B home, the caretaker’s children shall not be authorized to that licensed type B home.

(P) A caretaker receiving child care benefits shall report to the CDJFS any changes which affect the caretaker’s eligibility for child care benefits, including the name of the provider the caretaker has chosen, family income, employment, participation in program of education or training, household composition, relocation to another county or if a school-age child changes schools.

1. The caretaker shall request any change that impacts their current authorization or authorization category prior to or within the service week that the new authorization is needed.

2. The caretaker shall report changes within ten calendar days of the date the change occurs.

3. If the caretaker fails to comply with the ten-day reporting requirement, the CDJFS will pursue a determination of and recovery of any overpayment.

(Q) A caretaker shall notify the CDJFS if a child needs to be authorized to a new provider.

OAC 5101:2-16-35.2
5101:2-16-35.2 Title IV-A head start program eligibility--Repealed

OAC 5101:2-16-36
5101:2-16-36 Accessibility of the application process--Repealed

OAC 5101:2-16-38
5101:2-16-38 Establishment of market rates--Repealed

OAC 5101:2-16-381
5101:2-16-381 Market rates and reimbursement ceilings for child day care benefits--Repealed
(A) How is a family copayment determined?

(1) Each family with a monthly income of ten per cent or less of the federal poverty level (FPL) shall have a weekly copayment of zero dollars.

(2) Each family with a monthly income of more than ten per cent of the FPL shall have a weekly copayment based on family size and gross monthly income.

(3) The family copayment shall not exceed ten per cent of the family’s gross monthly income.

(4) The family copayment schedule will be published annually in a child care procedure letter.

(5) To calculate the family’s copayment, the county department of job and family services (CDJFS) shall:

(a) Determine the family’s monthly income pursuant to rule 5101:2-16-34 of the Administrative Code.

(b) Divide the family’s monthly income by one hundred per cent of the FPL that corresponds to the family size to determine the family’s FPL. The FPL guidelines are published annually in a child care procedure letter pursuant to rule 5101:2-16-30 of the Administrative Code.
(c) Round the family’s FPL determined in paragraph (A)(4)(b) of this rule up to the next five per cent (for example, one hundred two per cent FPL is rounded to one hundred five per cent FPL).

(d) Using the FPL determined in paragraph (A)(4)(c) of this rule, multiply by one hundred per cent of the FPL for the corresponding family size to determine the maximum monthly income, rounding to the nearest dollar.

(e) Using the chart in appendix A to this rule, multiply the maximum monthly income as determined in paragraph (A)(4)(c) of this rule by the appropriate copay multiplier, round to the nearest whole dollar, multiply by twelve, and divide by the number of weeks in the current state fiscal year to determine the family’s weekly copay.

(B) How long is a family copayment effective?

The copayment shall be assigned at the time the CDJFS determines eligibility and the copayment amount shall be in effect for the entire twelve month eligibility period unless any of the following occurs:

(1) The caretaker reports a change in family income, family size, or both, that reduces the amount of the copayment.

(2) A documented increase in family income or a reduction in family size occurs within the first thirty calendar days of the date of eligibility determination.

(3) An incorrect copayment was assessed by the CDJFS as a result of agency error, recipient error, or recipient fraud, resulting in corrective action to reduce or increase the family’s copayment.

(4) The Ohio department of job and family services (ODJFS) requires a change in the copayment.
(5) The caretaker is no longer receiving protective child care as described in rule 5101:2-16-30 of the Administrative Code.

(C) When is a copayment recalculated?

The copayment shall be recalculated for any reason listed in paragraph (B) of this rule and as part of the annual redetermination or reinstatement of eligibility. Any change to the copayment made at the time of the redetermination or reinstatement shall be effective from the first day of the new eligibility period or at the time of the reinstatement approval.

(D) When shall the CDJFS waive the copayment?

The CDJFS shall waive the copayment for families eligible for protective child care benefits as described in rule 5101:2-16-30 of the Administrative Code.

(E) How is a copayment distributed?

The copayment amount will be equally distributed among all authorizations within a week. The caretaker will be notified of the copayment amounts.

(F) Is a copayment adjusted if the caretaker does not utilize all of the authorized hours?

A family shall be required to pay the copayment assigned for a child’s authorization or the child’s cost of care for the week, whichever amount is lower. The child’s cost of care for the week includes payment to the provider for absent days.

(G) Is a provider required to collect the copayment?

The provider will be notified of the amount of the copayment that is assigned for a child’s authorization and shall be responsible for collecting all assigned copayments.
(H) What happens if the caretaker does not pay the copayment?

(1) The provider shall establish a written agreement for payment of the copayment. The agreement shall be signed and dated by both the caretaker and the provider.

(2) The provider shall give a copy of the written agreement to the caretaker and shall retain a copy for review by the CDJFS.

(a) If an assigned copayment is delinquent more than two weeks from the date established in the written copayment agreement, the provider shall submit a record of the delinquent copayment to the CDJFS no later than three weeks from the date the copayment was due.

(b) If the CDJFS has verified that the copayment is delinquent, child care benefits shall be terminated after the caretaker has been provided prior written notice of the action. The CDJFS shall notify the caretaker by sending the JFS 4065 “Prior Notice of Right to a State Hearing” (rev. 05/2001) or its computer-generated equivalent.

(c) A caretaker shall be ineligible for child care benefits if a delinquent copayment is owed, unless satisfactory arrangements are made to pay the delinquent copayment. Arrangements to pay a delinquent copayment shall be satisfactory to both the caretaker and the provider.


5101:2-16-39 Appendix Child Care Weekly Copayment Chart

(A) The department of job and family services is enacting a new copayment table for families who are receiving publicly funded child care benefits on February 1, 2005.

Rules are complete and appendices are current through April 30, 2014
(B) County departments of job and family services (CDJFS) shall review all publicly funded child care cases prior to February 1, 2005 in order to make any appropriate changes to copayments. Six-month copayment reviews and twelve-month redeterminations conducted prior to February 1, 2005 may fulfill the requirement for this review.

(C) For all cases reviewed, the CDJFS shall adhere to all provisions of rule 5101:2-16-39 of the Administrative Code for determination of the copayment, except that appendix A, “Monthly Child Care Family Copayment Table”, of that rule, shall not be used to determine the new copayment. The copayment table contained in appendix A of this rule shall be used.

(D) Determinations of copayments for new applications, six-month copayment reviews and twelve-month redeterminations shall be made in accordance with rule 5101:2-16-39 of the Administrative Code, however, appendix A of that rule shall not apply to any copayment that will be effective on or after February 1, 2005. The copayment table in this rule shall apply for copayments beginning February 1, 2005.

(E) The CDJFS shall notify each family who has been determined to have a decrease in the amount of its copayment of the change prior to February 1, 2005. The family shall be responsible for paying the provider the new amount in the month of February 2005.

(F) If the review results in an increase in the amount of the family’s copayment, the increase cannot be made until the six-month copayment review or the twelve-month redetermination is completed.

(G) The CDJFS shall provide notice of any changes in copayment to the family and provider in accordance with rule 5101:2-16-39 of the Administrative Code.

(H) The CDJFS shall adjust its reimbursement to providers for services beginning February 1, 2005 to be commensurate with any copayment changes.

OAC 5101:2-16-40

5101:2-16-40 Collection of required fees for publicly funded child day care benefits--Repealed

OAC 5101:2-16-41

5101:2-16-41 Payment rates and procedures for providers of publicly funded child care

Rules are complete and appendices are current through April 30, 2014
(A) The payment rates established by the Ohio department of job and family services (ODJFS) shall apply to all providers of publicly funded child care. These rates are shown in the appendix to this rule entitled “Payment Rates for Providers of Publicly Funded Child Care.”

(B) For the purposes of this rule “provider” means licensed child care center, type A child care providers, certified type B home child care providers (after January 1, 2014, licensed type B home child care providers), and border state child care providers who are licensed, certified or otherwise approved by the border state to provide child care services.

(C) The payment rate for providers shall be the lower of the following:

(1) The provider’s customary charge to the public.

(2) A rate that is shown in the appendix to this rule.

(D) The rate determined in paragraph (C) of this rule shall be used as the base rate to calculate any applicable additional payment amounts pursuant to paragraphs (I) through (L) of this rule.

(E) The provider’s publicly funded child care payment shall not include any child’s copayment amount.

(F) Licensed child care centers, licensed type A homes, certified or licensed type B homes, approved or accredited child day camps and child care providers otherwise approved by the border state to provide child care services shall be paid for full-time weekly care, part-time weekly care or hourly care. The total payment for the week shall not exceed the provider’s customary charge to the public.

(1) A week is the seven-day period from twelve a.m. Sunday to fifty-nine minutes after eleven p.m. Saturday. Payment shall be made for the entire week.

(2) A full-time weekly payment is for authorized care totaling twenty-five hours to sixty hours of care. Authorized hours of care which exceed sixty in a week shall be paid at the full-time weekly payment rate plus the hourly rate for each hour of care in excess of sixty.
(3) A part-time weekly payment is for authorized hours of care totaling seven hours to less than twenty-five hours of care.

(4) Hourly payment shall be made for authorized hours of care totaling less than seven hours of care.

(5) Summer school age payment rates shall be in effect according to the schedule of the school district of attendance or residence if the child is home schooled.

(G) A child is eligible for a maximum of ten absent days during each six-month period of January through June, and July through December of each state fiscal year.

(H) A provider may be paid for absent days for which a child is eligible during each six-month period that care is provided. The provider shall report any absent days regardless of the effect on payment and the value of an absent day is based on the authorization.

(I) For a full-time or full-time plus authorization, the value of an absent day is eight hours.

(J) For a part-time authorization, the value of an absent day is five hours.

(K) For an hourly authorization, the value of an absent day is five hours.

(I) Providers who provide care for children with special needs shall be paid an additional five per cent of the payment rate established in paragraph (B) of this rule. The total payment shall not exceed the provider’s customary charge to the public and shall apply only to the hours of care for the child with special needs.

(J) Providers who care for children during non-traditional hours shall be paid an additional five per cent of the payment rate established in paragraph (B) of this rule. This rate shall apply to the child for all hours of care during a

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week when any non-traditional hours of care are provided. The total payment shall not exceed the provider’s customary charge to the public.

(1) Non-traditional hours are hours between seven p.m. and six a.m. on weekdays and between twelve a.m. Saturday and six a.m. Monday.

(2) Non-traditional hours include any hours of care provided on New Year’s day, Thanksgiving day, Christmas day, Memorial day, Labor day, Independence day and Martin Luther King, Jr. day.

(K) Providers who have one of the accreditations listed in this paragraph shall be paid an additional ten per cent of the payment rate established in paragraph (B) of this rule. This rate shall apply to all publicly funded children.

(1) National association for the education of young children (NAEYC).

(2) National early childhood program accreditation (NECPA).

(3) National accreditation commission for early care and education programs (NAC) managed by the national association of child care providers (NACCP).

(4) National association for family child care (NAFCC).

(5) Council on accreditation (COA).

(6) Association of christian schools international (ACSI).

(L) Providers with a SUTQ rating shall be paid the following additional per cent of the payment rate established in paragraph (B) of this rule.

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(1) One star rated programs shall be paid an additional five per cent.

(2) Two star rated programs shall be paid an additional ten per cent.

(3) Three star rated programs shall be paid an additional fifteen per cent.

(4) Four star rated programs shall be paid an additional twenty per cent.

(5) Five star rated programs shall be paid an additional twenty-five per cent.

(M) Providers who meet the requirements pursuant to both paragraphs (K) and (L) of this rule for additional percentages shall only be paid the higher of the two payment increases.

(N) Providers shall make caretakers aware of fees for which the caretakers are responsible and that are not included in the payment that ODJFS makes to the provider. The provider shall have an agreement with caretakers for payment of these fees. Such fees may include the following:

(1) Late fees.

(2) Activity fees.

(3) Transportation fees.

(4) Registration fees.
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(5) Charges for absent days which exceed those eligible for payment from ODJFS.

(6) Charges for hours of care that exceed those authorized.

(O) A provider shall not require a caretaker to pay the difference between the provider’s payment rate and the provider’s customary charge to the public when the customary charge is higher.

(P) The professional certified or licensed type B provider or in-home aide shall be paid for care provided on behalf of the provider by an approved emergency or substitute caregiver.

(Q) Providers shall report to the CDJFS when a child is absent and there is a loss of contact with the caretaker that exceeds two consecutive days.

(R) A licensed child care center or licensed type A home that provides false or misleading information to obtain payment for publicly funded child care may be determined to be in noncompliance pursuant to rules 5101:2-12-09 and 5101:2-13-09 of the Administrative Code.

(S) A provider or a person acting in any capacity for the provider shall not use the swipe card of a caretaker to record the attendance of a child who is authorized for care from the provider.

(T) An in-home aide is the only provider of publicly funded child care who may provide child care in a child’s own home. Payment rates for in-home aides shall be determined according to all of the following:

(1) An in-home aide shall report an hourly rate to ODJFS that is at least minimum wage but does not exceed eight dollars per hour for forty or fewer hours in a week.

(2) A rate of one and one-half times the reported hourly rate shall be paid for hours in excess of forty in a week.

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(3) The total payment shall include child care services provided to all of the authorized child(ren) in the caretaker’s home.

(4) An in-home aide shall provide care only to the children of one caretaker.

(5) An in-home aide shall not claim absent days for publicly funded children in his or her care.

OAC 5101:2-16-41.1

5101:2-16-41.1 Ohio department of job and family services (ODJFS) responsibilities for reimbursement to early learning initiative (ELI) agencies--Repealed

OAC 5101:2-16-42

5101:2-16-42 Payment rates for children with special needs

(A) A child care provider may submit a request to receive twice the amount of the payment rate that appears in the appendix to rule 5101:2-16-41 of the Administrative Code for a child who meets the definition of special needs as defined in rule 5101:2-16-01 of the Administrative Code.

(B) To request this payment rate, the provider shall submit a completed JFS 01231 “Request For Payment Rate for Special Needs Child Care” (rev. 2/2014) to the Ohio department of job and family services (ODJFS).

(C) ODJFS will return the JFS 01231 to the provider with verification of the approved or denied amount, the effective date of the change in payment rate and the duration of the approval.

(D) If state and/or federal funds are not available for the purchase of publicly funded child care services, ODJFS shall reserve the right to deny all requests.

(E) The granting of this payment rate by ODJFS shall not be construed as constituting precedence for the granting of any other payment changes or the subsequent renewal of a rate. All requests shall be considered on an individual basis.

OAC 5101:2-16-44

Rules are complete and appendices are current through April 30, 2014
(A) The Ohio department of job and family services (ODJFS) will pay eligible child care providers for publicly funded child care services provided to eligible caretakers.

(B) Providers are eligible for payment after they complete the provider agreement with ODJFS and have entered all required information in the provider portal. These required documents are located at: http://jfs.ohio.gov/cdc/CCIDS.stm.

(C) Border state child care providers.

   (1) A child care provider in a border state that is licensed, certified, or otherwise approved by the border state to provide child care services may complete a provider agreement pursuant to paragraph (B) of this rule.

   (2) A child care provider residing in a border state may be paid for providing publicly funded child care to an eligible child who resides in Ohio.

   (3) Payment to a border state provider shall be the provider’s customary charge or the payment rate for the county in which the eligible child resides, whichever is less.

(D) An eligible child care provider who provides child care services for a caretaker who is potentially eligible for publicly funded child care benefits shall be paid for child care services provided from the date the county department of job and family services (CDJFS) authorizes the child to the provider.

(E) A child care provider shall submit all data for the calculation of payments in accordance with instructions from ODJFS provided in the provider portal.

(F) Child care providers shall utilize the Ohio electronic child care (Ohio ECC) swipe card system in accordance with procedures outlined by ODJFS.

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(G) Child care providers or a person acting in any capacity for the provider shall not possess or use an Ohio child care swipe card.

(H) Child care providers shall submit the JFS 01261 “Publicly Funded Child Care Manual Claim for Attendance” (rev. 2/2014) for attendance not recorded in the Ohio ECC system for the following reasons:

1. Authorization made prior to the current back swipe period.

2. A bureau of state hearings decision.

3. The point of services (POS) device is not installed.

4. A caretaker is awaiting a swipe card.

5. A caretaker withdraws without notice.

(I) The child care provider shall submit the JFS 01261 no later than seven weeks from the week of service being submitted unless otherwise determined by the bureau of state hearings.

(J) The CDJFS shall reject the JFS 01261 for care provided during the current back swipe period.

(K) Child care providers shall submit the JFS 01292 “Publicly Funded Child Care Request for Ohio ECC Payment Adjustment” (rev. 2/2014) when a payment has been issued and needs to be corrected.

1. The child care provider shall submit the JFS 01292 no later than seven weeks from the week of service.
(2) The total payment amount is subject to payment rules and procedures required by ODJFS.

(L) Payment for publicly funded child care services shall be contingent upon the availability and appropriation of state and federal funds.

(M) The provider agreement as entered into with ODJFS, may be terminated in accordance with the terms contained in the agreement.

(N) Providers of publicly funded child care with a valid provider agreement shall not be considered employees of ODJFS but shall be considered independent contractors who are responsible for the requirements of self-employment.
(A) The county department of job and family services (CDJFS) shall issue the JFS 01140 “Temporary Voucher for Publicly Funded Child Care” (rev. 8/2011) to a caretaker who is authorized for child care benefits and needs to access care before a provider is selected or before the CDJFS can notify the caretaker’s chosen provider that the caretaker is authorized. The following requirements apply when authorizing child care using the JFS 01140:

(1) The CDJFS shall issue the JFS 01140 directly to the eligible caretaker.

(2) The JFS 01140 shall include the child care schedule approved by the CDJFS and the authorization of child care services to the caretaker’s chosen eligible provider, if known, or to an unknown provider.

(3) The JFS 01140 authorized to an unknown provider may be taken to any eligible provider and it will serve as verification of the caretaker’s eligibility.

(B) The JFS 01140 authorized to an unknown provider shall only be valid for up to thirty calendar days.

(C) All providers who provide publicly funded child care services shall complete a provider agreement and all information required in the provider portal. These required documents are located at: http://jfs.ohio.gov/cdc/CCIDS.htm.

(D) If a provider receives a JFS 01140 from an eligible caretaker, the provider shall contact the CDJFS that issued the JFS 01140 to confirm child enrollment and the start date of child care services.

Rules are complete and appendices are current through April 30, 2014
(E) When the CDJFS verifies that the provider has a current provider agreement and a current certification, license or child day camp approval/accreditation, the CDJFS shall authorize the eligible child to the provider.

OAC 5101:2-16-56

5101:2-16-56 Application for waiver from implementing the certificate of authorization for payment (COAP) system--Repealed

OAC 5101:2-16-57

5101:2-16-57 Child care information system (CCIS) reporting requirements--Repealed

OAC 5101:2-16-60

5101:2-16-60 Requirements of written contracts for the purchase of jobs [sic], leap [sic], transitional and at-risk child care services--Repealed

OAC 5101:2-16-61

5101:2-16-61 Child day care grant and loan program--Repealed

OAC 5101:2-16-62

5101:2-16-62 Child day care provider recruitment and retention program--Repealed

OAC 5101:2-16-65

5101:2-16-65 Service delivery areas and funding formula for the provision of child care resource and referral services--Repealed

OAC 5101:2-16-66

5101:2-16-66 Child care resource and referral service organizations: organizational structure, administration, planning and reporting requirements--Repealed

OAC 5101:2-16-67

5101:2-16-67 Resource and referral services provided by child care resource and referral service organizations--Repealed

OAC 5101:2-16-68

5101:2-16-68 Annual plan for the delivery of child day-care resource and referral services--Expired

OAC 5101:2-16-69

5101:2-16-69 Ohio department of human services (ODHS) responsibility for the oversight of child care

Rules are complete and appendices are current through April 30, 2014
OAC 5101:2-16-70

5101:2-16-70 Conditions of eligibility for transitional child care benefits--Repealed

OAC 5101:2-16-71

5101:2-16-71 Child care improper payments

(A) Improper child care payments may include:

(1) Child care benefits received by a caretaker for which the caretaker was not eligible, and for which the child care provider has been paid. The caretaker shall repay the county department of job and family services (CDJFS) for these improper payments.

(2) Child care payments made to a child care provider for which the provider was not entitled. The provider shall repay the Ohio department of job and family services (ODJFS) for these improper payments.

(B) Improper child care payments may occur as a result of any of the following:

(1) An error on the part of the caretaker and/or the provider or the caretaker’s and/or the provider’s intentional withholding or falsification of information or misuse of child care services.

(2) Misuse of the Ohio electronic child care (Ohio ECC) by the caretaker or provider as described in division (D) of section 5104.32 of the Revised Code:

(a) Provider’s use or possession of an Ohio ECC card issued to a caretaker.

(b) Falsification of attendance records.

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(c) Knowingly seeking payment for care not provided.

(d) Knowingly accepting payment for care not provided.

(3) Receipt of child care benefits by a caretaker pending the outcome of a state hearing or receipt of child care benefits by a provider pending the outcome of a county conference.

(4) An error by the CDJFS or ODJFS.

(C) The CDJFS shall include benefit repayment procedures for caretakers within its agency plan for the recovery of any identified improper payments pursuant to paragraph (B) of this rule, including category of authorization errors and determination of copayment errors. These procedures shall include all of the following:

(1) A requirement for sending the caretaker notice of the determined repayment amount using the JFS 01151 “Notice of Child Care Benefit Repayment Requirements for Caretakers” (rev. 2/2014).

(2) A requirement for when cases will be referred to the county prosecutor.

(3) The CDJFS shall report payments received from caretakers in the county finance information system (CFIS).

(D) The CDJFS shall propose termination of child care benefits if the caretaker fails to enter into or comply with an agreement to repay a child care improper payment, and shall issue the appropriate hearing notice pursuant to division 5101:6 of the Administrative Code. Ineligibility for child care benefits shall continue until the caretaker complies with an agreement to repay the determined amount.

(E) The CDJFS shall recover child care overpayments from providers if the overpayment is the result of CDJFS data.
entry errors for payment age-categories for publicly funded child care including manual claims or payment adjustments. The CDJFS shall:

(1) Send the provider notice of the determined overpayment using the JFS 01172 “County Notice of Child Care Overpayment and Repayment Requirements for Child Care Providers” (2/2014).

(2) Complete the payment adjustment process to recover the determined overpayment amount in accordance with ODJFS procedures.

(3) Refer all cases not able to be recovered through the payment adjustment process to ODJFS.

(F) The CDJFS shall initiate the following procedures if a provider fails to repay a child care overpayment within the time frame established in the JFS 01172.

(1) If the provider is certified by the CDJFS, the CDJFS shall revoke the provider’s certificate according to rule 5101:2-14-35 of the Administrative Code. The provider shall not be eligible for certification for at least five years from the revocation date. Denial of certification shall continue after the five-year period, if necessary, until full repayment is made.

(2) If the provider is licensed by ODJFS or the Ohio department of education (ODE), is an out-of-state provider, or is an approved child day camp, the CDJFS shall notify ODJFS.

(G) The CDJFS, in cooperation with the county prosecutor, shall develop and implement procedures for the investigation and/or prosecution of alleged child care fraud and the recovery of child care overpayments from caretakers. The CDJFS shall update these procedures as necessary.

(H) If a provider does any of the following, the provider shall comply with all repayment requirements of ODJFS:

(1) Submitted inaccurate attendance data.
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(2) Withheld information or provided false information to ODJFS or the CDJFS.

(3) Missused Ohio ECC as defined in division (D) of section 5104.32 of the Revised Code and paragraph (B)(2) of this rule.

(I) Fraud is the willful withholding or falsification of information, or the misuse of child care services by the caretaker and/or the provider with an intent to deceive or defraud, resulting in the acceptance of or the delivery of services, and/or the receipt of payment for which the caretaker and/or provider are not entitled, as determined by a court of law.

(1) If the caretaker has been convicted of fraud, as determined by a court of law, or if the caretaker admits to the CDJFS to knowingly receiving child care benefits for which the caretaker was not eligible, the CDJFS shall terminate child care benefits. Ineligibility for subsidized child care shall continue until full repayment has been made. All appropriate provisions of the state hearing notice as required in division 5101:6 of the Administrative Code must be followed.

(2) The CDJFS shall notify ODJFS to request the termination of the provider agreement if a provider has admitted to committing fraud or has been convicted of fraud, as determined by a court of law.

(3) If a child care provider has pleaded guilty to committing fraud or has been convicted of fraud, as determined by a court of law:

(a) If the provider is a certified in-home aide, the CDJFS shall revoke the certificate according to procedures set forth in rule 5101:2-14-35 of the Administrative Code.

(b) If a provider is a licensed type B home, the CDJFS shall recommend revocation of the license to ODJFS pursuant to rule 5101:2-14-04 of the Administrative Code.

(c) If the provider is a licensed child care center or a type A home, or an approved child day camp, the CDJFS shall notify ODJFS.

OAC §5101:2-16-71.1

5101:2-16-71.1 Early learning initiative (ELI) program overpayments--Repealed

Rules are complete and appendices are current through April 30, 2014
(A) Child care providers with a provider agreement pursuant to rule 5101:2-16-44 of the Administrative Code and caretakers determined eligible for publicly funded child care pursuant to rule 5101:2-16-30 of the Administrative Code shall cooperate and participate in reviews conducted by the Ohio department of job and family services (ODJFS), the Ohio auditor of state, Ohio inspector general, Ohio attorney general, any entity acting on behalf of ODJFS, or the federal government.

(B) Child care providers shall provide documentation required to be maintained by Chapters 5101:2-12, 5101:2-13, 5101:2-14, 5101:2-16 and 5101:2-18 of the Administrative Code:

1. Upon request in writing, no later than fifteen days from the date the child care provider was notified of the request.

2. Immediately for on-site requests.

(C) The following may occur as a result of a child care provider failing to cooperate with a review:

1. Suspension of the provider agreement entered into with ODJFS pursuant to rule 5101:2-16-44 of the Administrative Code and in accordance with section 5104.37 of the Revised Code.

2. Termination of the provider agreement entered into with ODJFS pursuant to rule 5101:2-16-44 of the Administrative Code.

3. Determination of an overpayment for any claims under examination as part of the review.

(D) Child care providers whose provider agreement has been terminated pursuant to this rule shall not re-enter into a
provider agreement for a period of five years from the termination date.

(E) Child care providers may complete and submit the JFS 01949 “Request for Appeal of Suspension of Child Care Provider Agreement” (2/2014) to appeal a suspension of a provider agreement. The provider shall submit a completed JFS 01949 within fifteen calendar days from the date the child care provider was notified of this action.

(F) Child care providers may request in writing a reconsideration of any overpayment identified and subject to collection.

(G) The following may occur as a result of a caretaker failing to cooperate with a review:

1. Termination of child care benefits, as outlined in rule 5101:2-16-35 of the Administrative Code.

2. Recovery of any identified overpayment, as required by rule 5101:2-16-71 of the Administrative Code.

   OAC 5101:2-16-73
   5101:2-16-73 Recovery of child care overpayments--Repealed

   OAC 5101:2-16-74
   5101:2-16-74 Fee requirement for transitional and at-risk child care benefits--Repealed

   OAC 5101:2-16-75
   5101:2-16-75 Collection of fees for transitional and at-risk child care benefits--Repealed

   OAC 5101:2-16-80
   5101:2-16-80 JOBS, transitional and at-risk child care arrangements--Repealed

   OAC 5101:2-16-81
   5101:2-16-81 Demonstration projects--Repealed

   OAC 5101:2-16-90
   5101:2-16-90 Conditions of eligibility for at-risk child care benefits--Repealed

Rules are complete and appendices are current through April 30, 2014
OAC 5101:2-16-91

5101:2-16-91 Application and notice requirements of at-risk child care benefits--Repealed