

Columbiana County Department of Job and Family Services

Request for Proposal

CHILD CARE PROVIDER TRAINER

Issue Date: February 26, 2009

Deadline for Submission of Proposals: March 31, 2009 at 4:30 p.m.
Columbiana County Department of Job and Family Services
110 North Nelson Avenue
Lisbon, Ohio 44432

Contact information for Technical assistance: Susan Foreman, Fiscal Specialist
Business Office
Columbiana County Department of Job and Family Services
110 North Nelson Ave.
Lisbon, Ohio 44432
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Section 1 Purpose

The Columbiana County Department of Job and Family Services (CCDJFS) announces the release of a Request For Proposal (RFP) for the purpose of obtaining proposals from all government and educational entities; private non-profit, private for profit, faith based organizations; or individuals for the purpose of selecting a vendor(s) to provide *Child Care Provider Training*.

Section 2 Background

Columbiana County Job and Family Services is a triple combined social service agency administering public assistance, child support, and children services programs.

CCDJFS does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief or citizenship in the awarding of contracts. The CCDJFS is an equal opportunity employer; auxiliary aids and services are available upon request to individuals with disabilities.

Section 3 Scope of Work

Services are being requested for a Child Care Provider Trainer to design & schedule trainings, register class participants, track attendance, no shows and cancellations as well as collect all class and missed class fees. Child Care Provider Trainer shall provide specific training to both new and ongoing child care providers as per the requests of the CCDJFS. These trainings will occur in the village of Lisbon, as the center of the county so all providers will have equal access to the training, unless otherwise requested. Bidders may apply to provide any or all of the requested trainings. Training shall occasionally be offered on Saturday and during daytime hours. The Child Care Provider Trainer will develop the curriculum for the classes, provide the CCDJFS with class titles and class descriptions to be offered during this period, find the location and provide the materials for each child care provider. The Child Care Provider Trainer must be certified to teach first aid certification, CPR certification, communicable disease training and all other specific trainings. (See Exhibit A for the training requirements.)

The Child Care Provider Trainer will schedule the following classes during the SFY 2010:

First Aid Certification – 2 initial in November and June and 3 refresher courses in Sept., January and May.

CPR Certification – 2 initial in November and June and 3 refresher courses in September, January and May.

Health & Safety Classes – 2 in evening and 3 on Saturdays or daytime. These classes must include 6 hours of training with the testing time not included. One day time class must be given before the end of 2009.

Months for Health & Safety Trainings are August 2009, November 2009, January 2010, March 2010 and May 2010.

Child Abuse Training Class – 4 times a year with two classes in the evening and two during the day. Class should be 6 hours in length. Classes should be scheduled as follows: August 2009; October 2009, February 2010 and April 2010.

Communicable Disease Training Class – 4 times a year with two classes in evening and two during the day. Class should be 6 hours in length. Classes should be scheduled as follows: August 2009; October 2009, February 2010 and April 2010.

Continuing Education Classes (CEU) – 12 classes per year with class duration of 2 or 3 hours and a class size of 25. Six of the CEU Classes must be directed toward Child Growth and Development. Two classes shall be given in each of the following months: September 2009; October 2009; January 2010; February 2010; March 2010 and April 2010. All participants for all classes must register with the Child Care Provider Trainer. All participants in the training, whether public or private providers, shall be charged the same for the cost of the training. The vendor will propose a per participant cost, not cost by class. The vendor must agree to submit training invoices, participant certificates (using the certificate training form provided by CCDJFS – Exhibit B), and other documentation to the CCDJFS with the designated timeframes established by CCDJFS. CEU Classes with less than five people may be cancelled by the trainer with no less than a 48 hour notice.

All other classes will be held regardless of class size & will be billed per class participant.

Each vendor must submit a summary detailing their qualifications and experience training adults. Included in the summary should be listed the dates and times of all of the trainings, the site of all of the trainings, the protocol for maintaining confidentiality, a description of the registration and cancellation process, a brief curriculum of each training offered, the materials that providers will be receiving and a description of the tracking of the training and evaluation process.

Section 4 Available Funds

The amount of funds available under this RFP should be expended from July 1, 2009 through June 30, 2010. The amount of any award is dependent upon the availability of funding through allocations received from the Ohio Department of Job and Family Services. Funds may not be used to supplant existing programs; they may be used to expand existing programs. One or more proposals may be selected to provide the describe services.

Section 5 Submission Criteria

Proposals must be submitted to CCDJFS in strict accordance with proposal submission instructions provided in this section. Any proposal failing to follow the entire proposal acceptance criteria listed below shall be disqualified from consideration. .

Proposals must be received no later than 4:30 P.M. on March 31, 2009.

Proposals must be mailed or hand delivered to Columbiana County Department of Job and Family Services, 110 North Nelson Ave., Lisbon, Ohio. Faxes will not be accepted. No confirmation of mailed proposals received can be provided. Materials received after the deadline date will not be added to previous submissions and will not be considered.

Proposals must be **typed** using a **12 point font, double spaced on 8.5 X 11 paper.**

One original and **4 copies** of the proposal must be submitted.

The Cover sheet of the proposal must be **signed** by the responsible bidder's representative.

All required forms and **attachments** must be completed and included in the proposal.

All pages shall be **sequentially numbered.**

An index page should be included at the beginning of your proposal.

It is mandatory that proposals be organized in the requested order, and that, wherever appropriate, sections/portions of the proposal make reference by section number/letter to those RFP requirements to which they correspond.

Section 6 Contact information

Bidders are cautioned that communication attempts which do not comply with instructions provided in this section of the RFP will not be answered.

Questions and comments may be address to: Susan Foreman by phone at 330-424-1471ext. 1114 or by e-mail at forems02@odjfs.state.oh.us or in person with a prior appointment at Columbiana County Department of Job and Family Services, 110 North Nelson Ave., Lisbon, Ohio 44432.

Section 7 Anticipated procurement time table

February 26, 2009	RFP released
March 24, 2009	Q&A period closes. No further inquiries will be accepted
March 31, 2009	Deadline for bidders to submit proposal
May 29, 2009	CCDJFS issues contract award letters (estimate)
July 1, 2009	Contract begin date, (estimated, work may not begin prior to Columbiana County Board of County Commissioners passing a resolution)
June 30, 2010	Contract end date (all work must be satisfactorily completed by this date)

Section 8 Bidder Qualifications

Any government, educational entities; private non-profit, private for profit, faith based organizations; or individuals with twelve consecutive months of documented, successful experience within the past two years in providing appropriate/comparable services is eligible to apply. All sub-contractors must also comply with these qualification requirements.

Section 9 Selection Process

The selection process will use the score sheet included as **attachment 2**. The selection process is divided into two phases. In the first phase all of the proposal acceptance criteria must be met by the bidder before the proposal will receive further consideration. In the second phase, the evaluation criteria will be judged on a numeric scale by the Review Committee. The Review Committee will be composed of CCDJFS representative including, but not limited to, the agency director and at least one other program staff member. The committee may also consist of one to three more members from either CCDJFS Planning Committee or other appropriate Community Partners. A proposal which is incomplete, vague, unjustifiably wordy, unclear, or poorly organized may not be successful. CCDJFS reserves the right to select one or more vendors to enter into a contract with and to select all or part of a proposal.

Section 10 Compliance with Various Codes and Regulations

As a condition of entering into a contract with CCDJFS, the vendor agrees to comply with the following requirements by signing the Representations, Assurances, and Certifications: (**attachment 1**)

Health Insurance Portability & Accessibility Act (HIPAA) 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the vendor from or on behalf of CCDJFS that meets the definition of PHI as defined by HIP AA and the regulations promulgated by the United States Department of Health and Human Services, specifically 45 CFR 164.50 1 and any amendments thereto.

Accessibility of Program to Handicapped section 504 of the Rehabilitation Act of 1973, as amended (29 V.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.

Civil Rights: there shall be no discrimination against any client or any 'employee because of race, color, sex, religion, national origin, handicap, or any other factor as specified in Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973; the Age of Discrimination Act of 1975; Title IX of the Education Act of 1972; the Omnibus Budget Reconciliation Act of 1981; the Americans with Disabilities Act of 1990; Section 1808 of the Small Business Job Protection Act (adoption); the Multi-Ethnic Placement Act of 1994 (MEPA) and the Inter-Ethnic (adoption) Provisions of 1966 (IEP) and subsequent amendments. It is further agreed that the Vendor will comply with all appropriate federal and state laws regarding such discrimination and the right to and method of appeal will be made available to all persons under this contract. Any organization found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.

Standard Code of Conduct: No vendor, individual, company or organization seeking a contract shall promise to or give to any CCDJFS employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties.

No vendor, individual, company or organization seeking a contract shall solicit any CCDJFS employee to violate any of the conduct requirements for employees.

Any vendor acting on behalf of CCDJFS shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any vendor or potential vendor who violates the requirements and prohibitions defined here, or of Section 102.04 of the Ohio Revised Code is subject to termination of the contract or refusal by CCDJFS to enter into a contract. CCDJFS employees and vendor who violate sections 1052.03, 102.04, or 2921.43 of the Ohio Revised Code may be prosecuted for criminal violations.

Equal Employment Opportunity: Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, and as supplemented in department of Labor regulations (41 C.F.R. chapters 60). (All construction contracts awarded in excess of ten thousand dollars by grantees and their vendor or sub-grantees).

Copeland "Anti-Kickback" Act: 18 U.S.C. 874 as supplemented in department of labor regulations (29 E.F.R. Part 3).

Contract Work Hours and Safety Standards Act: 40 U.S.C.. 327-330 as supplemented by department of labor regulations (29 C.F.R. Part 5)

Debarment and Suspension: any proposer who is debarred or suspended or is otherwise ineligible for participation in a federal assistance program under Executive Order 12549, including 7 C.F.R. Part 3017, 29 C.F.R. Part 97 and 45 C.F.R. part 76; has an unresolved finding for recovery issued by the auditor of state on or after January 1, 2001, will not be eligible to enter into a contract with CCDJFS.

Drug Free Work Place pursuant to The Drug-Free Workplace Act of 1988, and its implementing regulations codified as 29 CFR 98, Subpart F.

Certification of Compliance With Ohio Campaign Finance Laws: House bill 694 limits solicitations of and political contributions made by individuals, owners of businesses, and certain family members of those owners who are seeking public contracts or have been awarded public contracts.

Procurement: Purchases more than \$100 but less than \$25,000 must follow the vendor procurement policy. If no procurement policy is in place then the vendor is required to follow the CCDJFS Procurement Policy.

Several codes are mentioned in this RFP and attachments. To review the entire code please go to the following websites:

Ohio Revised Code (O.R.C.) <http://codes.ohio.gov/>

Code of Federal Regulations (C.F.R.) <http://www.gpoaccess.gov/cfr/index.html>

Contact the CCDJFS contact person listed on the cover sheet of this RFP if you have difficulty finding the needed information.

Section 11 Public information disclaimer

All proposals and any other documents submitted to CCDJFS in response to the RFP shall become the property of CCDJFS. After the selection of the vendor, any proposals submitted in response to an RFP are deemed to be public record pursuant to O.R.C. 149.43. The term "proposal" shall mean both the technical and the cost proposals, any attachments, addenda, appendices or sample products. Under the requirements of the Freedom of Information Act (5 USC 552), the contents of proposals or other information submitted to the CCDJFS is subject to public release upon request, except those items specifically exempt from disclosure. Such disclosure shall only take place after this RFP process is completed. The vendor shall mark as "proprietary" those parts of its proposal that it deems proprietary. However, the vendor is alerted that this marking is advisory only and not binding on the CCDJFS. If there is a request from the public under F.O.I.A. to inspect any part of the proposal so marked, the CCDJFS will advise the vendor and request further justification in support of the "proprietary" marking. If the CCDJFS, after receipt of the justification, determines that the material is releasable, the vendor will be notified immediately. Under no circumstances will a proposal or any part of a proposal be released prior to the contract award decision.

Section 12 Contractual Requirements

Any contract resulting from the issuance of this solicitation is subject to the terms and conditions of the vendor contract.

Section 13 Invoicing

Invoices must be received by the CCDJFS by the end of the month following the month of service. Payments will be contingent upon receipt of documentation that services provided are consistent with those described in the approved contract and the specification of this RFP, and the documentation is adequate to support reports/billings. The CCDJFS reserves the right to request and review supporting documentation or other materials necessary to make this determination. Such invoices shall include monthly actual expenditures, the number of persons served, number of units, and amount claimed based on the negotiated contract in each eligibility category for each service covered in the contract. The CCDJFS will review such invoice for completeness, accuracy and for any information necessary before making payment within thirty days after the receipt of an accurate invoice. **Invoices not received within 60 days of the end of the month in which service was provided will not be accepted for payment.** The reported expenditures submitted are subject to adjustment by the CCDJFS before such payment is made in order to adjust mathematical errors, incorrect rates, or non-covered services. The reported expenditures are subject to audit by appropriate state or federal officials or an independent audit

Section 14 Request for Tax Payer Identification (W-9) Requirements

The successful proposer will be required to complete a Request for Tax Payer Identification (W-9) form as provided in **attachment 3**.

Section 15 Other Requirements

CCDJFS reserves the right to waive minor proposal defects, and to require clarifications or other additional information from interested proposer prior to finalizing a selection of a vendor.

Costs incurred in the preparation of this proposal are to be borne by the proposer, and CCDJFS will not contribute in any way to the costs of preparation.

All contracts will require that the vendor maintain confidentiality of information and records which state and federal laws, rules, and regulations require to be kept confidential.

A BCI&I fingerprint background check is required if the vendor is working with children under the age of 18 or adults over the age of 60.

CCDJFS is under no obligation to issue a contract as a result of this solicitation if, in the opinion of CCDJFS, none of the proposals are responsive to the objectives and needs of the Department. CCDJFS reserves the right to not select any vendor should CCDJFS decide not to proceed.

Periodic monitoring and evaluation activities will be completed, as deemed necessary, by the CCDJFS to ensure compliance with the terms of the contract.

Section 16 Attachments

Attachment 1 **Representations, Assurances, and Certifications** – must be completed by proposer, signed and returned as part of proposal.

Attachment 2 **Proposal Evaluation Scoring Sheet** – provided for proposer self-evaluation purposes, not to be completed or returned.

Attachment 3 **W-9** must be completed by proposer, signed and returned as part of the proposal.

Attachment 4 **Certification of Compliance With Ohio Campaign Finance Laws** – must be completed by proposer, signed & returned as part of the proposal.

Attachment 5 **Exhibit A – Training Requirements** – provided for bidder reference only

Attachment 6 **Exhibit B – Certificate Training Form**- provider for bidder reference only

Please address these items in your RFP Proposal:

- Your knowledge about federal and state laws, including ODJFS, in regards to the requested proposed services.
- Your experience with providing similar services.
- Information on when the program will begin and what area the program will start
- How many hours per week would be given on this contract, who will be responsible for implementation and ongoing progress of this program.
- Cost of proposed service with a budget containing detailed line items showing direct and indirect costs.
- **Establish a private pay unit rate and explain in detail how you arrived at that rate. Even if you do not provide the proposed service to private pay individuals, we need this information to prove the cost you are charging the CCDJFS is equal to or less than what would be private pay. All proposers are required to submit a private pay unit rate regardless of your invoicing method. Proposals submitted without a private pay unit rate will be considered incomplete.**
- Submit a copy of vendor mileage reimbursement policy.
- Submit a copy of the trainer's credentials to document they meet the trainer requirements as specified in EXHIBIT A.
- New proposers are required to submit copies of their most recent audit. If there were findings within the audit report, the CCDJFS is requesting a copy of any corrective action plan put in place in response to the finding. According to OMD circular A-133 if an entity receives \$500,000.00 or more in federal funds, they are required to have a single audit conducted annually.
- A description of any curriculum to be used in your program, remembering that evidence-based curriculums are preferred.
- If equipment is to be purchased with these funds, it must be program specific and not used for any other program. Please remember that all equipment purchased with these funds becomes and remains the property of CCDJFS. All equipment purchases must have prior approval of the CCDJFS.
- Any other information you feel would be applicable.

Check List

Each proposal must contain the following:

___ Typed, 12 pt. font, double space proposal

___ Original and 5 copies of proposal

___ Index Page

___ All pages are sequentially numbered

___ Program Information/Narrative

___ Budget and detailed line items

___ Copy of any curriculum to be used

___ Description of class registration and cancellation process

___ Copy of your most recent audit if you are a new proposer

___ Attachment 1 Representations, Assurances, and Certifications

___ Attachment 3 W-9 Form, return signature page only

___ Attachment 4 Certification of Compliance With Ohio Campaign Finance Laws

Attachment 1

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

- 1. Name of organization / individual: _____
Mailing Address: _____
- 3. Website: _____
- 4. Tax ID or Social Security No.: _____
- 5. Telephone Number: _____
- 6. Name and telephone number of the person(s) who has the authority to submit proposals:

- 7. Name and telephone number of the person(s) who has the authority to sign contracts:

- 8. The legal status of the bidder's organization (e.g., corporation, sole proprietorship, post-secondary education institution, etc.):

- 9. Date of establishment /incorporation: _____
- 10. Federal Employer Identification Number (FEIN): _____
- 11. Worker's Compensation Account Number: _____
- 12. Unemployment Insurance Account Number _____
- 13. Is the company co-owned or controlled by a parent company? Yes No
If yes, name of parent company: _____
- 14. Is the bidder authorized / licensed to do business in the state of Ohio? Yes No
- 15. Is the bidder bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules?
 Yes No
- 16. The company certifies that it is not debarred nor suspended under Federal and State rulings from receiving Federal funds.
 Yes No
- 17. The company certifies that its' organization is not on the EPA list of Violating Facilities, but is in compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act 42 USC 1857 (h); Section 508 of the Clean Water Act 33 USC 1368; Executive Order 11738; and Environmental Protection Agency Regulations 40 CFR Part 15.
 Yes No
- 18. The company certifies that its' organization is required to report any violations to the State / County agency and to the U.S. EPA Assistant Administrator for Enforcement (EN-329)
 Yes No
- 19. Does the company have current or future plans for a buy-out or sale? Yes No

20. The company certifies that its' organization and/or its' principals are not on the General Services Administration" List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Executive Orders 12549 and 12689. ___ Yes ___ No
21. The company certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work-related to this Request for Proposal. ___ Yes ___ No
22. The company certifies that its' organization will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. ___ Yes ___ No
23. The company certifies that its' organization shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. ___ Yes ___ No
24. The company certifies that it is a drug-free workplace ___ Yes ___ No
25. The company certifies that it is not delinquent on any Federal, State, County or local debt. ___ Yes ___ No
26. The company certifies that it has no unresolved audit findings with the Auditor of State. ___ Yes ___ No
27. The company certifies that it is in compliance with the American with Disabilities Act (ADA) ___ Yes ___ No
28. The company certifies that all information contained in this proposal is true and correct and shall be open to verification, should the CCDJFS choose to do so. ___ Yes ___ No
29. The proposer warrants that the costs quoted for services are not in excess of those that would be charged any individual for the same services performed by the proposer. ___ Yes ___ No

 (Provider's Authorized Representative Signature)

Sworn to and subscribed before me this _____ day of _____

 (Notary Public)

 Ohio

My commission expires _____

Attachment 2

RFP RATING SHEET

Vendor Name: _____

Scoring Key: Please mark the closest number that best rates each category, utilizing the following information;

#1=Poor #3=Average #5=Average #8=Above Average #10=Excellent

Note: All other numbers allow the rater some slight variance in rating each category.

Question	Commentary	# Value
Does the proposal meet the goal of the RFP?		
Does the Vendor have background and/or experience with a similar project? If yes, describe and identify outcome.		
Are the dates of the service identified and do those dates fall within the agency timeframes?		
Does the proposal meet the training Requirements of the RFP?		
Does the Vendor have qualified Employees for the training?		
Does the Vendor have appropriate site for training?		
Does the Vendor address confidentiality concerns in their proposal?		
Does the Vendor have a system to evaluate and report the monthly trainings?		
RSVP/ Cancellation description.		
TOTAL (Maximum of 90)		

#Value may not exceed 10 points for each question.

Rater's Signature

Date

W -9

Please See Attached PDF File

Attachment 4

CERTIFICATION OF COMPLIANCE WITH OHIO CAM PAIGN FINANCE LAWS

I, as an individual or as a representative of _____ in regards to a contract for _____ to be let by Columbiana County, Ohio, who, being cautioned, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under Ohio Revised Code Section §3517.13 (campaign contributions and reporting) and further state that I have the authority to make the following representation on behalf of myself or of the business entity:

1. That none of the following has individually made within the two previous calendar years and that, if awarded a contract for the purchase of goods or services in excess of \$10,000.00, none of the following individually will make, beginning on the date that contract is awarded and extending until one year following the conclusion of the contract, as an individual, one or more campaign contributions totaling in excess of \$1,000, to any member of the Columbiana County Board of Commissioners or their individual campaign committees, or if the contracting authority is another elected official of Columbiana County, to that official or their individual campaign committee:
 - a. myself;
 - b. any partner or owner or shareholder of the partnership (if applicable);
 - c. any owner of more than 20% of the corporation or business trust (if applicable);
 - d. each spouse of any person identified in (a) through (c) of this section;
 - e. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (c) of this section (only applicable to contributions made on or after January 1, 2007)
2. That none of the following have collectively made since January 1, 2008, and that if awarded a contract for the purchase of goods and services in excess of \$10,000.00, none of the following collectively will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, one or more campaign contributions totaling in excess of \$2,000, to any member of the Columbiana County Board of Commissioners or their individual campaign committees, or if the contracting authority is another elected official of Columbiana County, to that official or their individual campaign committee:
 - a. myself;
 - b. any partner or owner or shareholder of the partnership (if applicable);
 - c. any owner of more than 20% of the corporation or business trust (if applicable);
 - d. each spouse of any person identified in (a) through (c) of this section;
 - e. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (c) of this section (only applicable to contributions made on or after January 1, 2007)
3. Pursuant to Ohio Revised Code §3517.992(R), whoever knowingly makes a false statement on a certification is guilty of a felony of the fifth degree and the contract that includes the certification shall be rescinded. The law also provides for fines for failure to comply with these provisions.
4. To the best of my knowledge and belief and as the appropriate official responsible of the aforementioned entity, I _____ do hereby certify that said entity is in compliance with all requirements as set forth in Ohio revised Code §3517.13.

CERTIFICATION OF COMPLIANCE WITH OHIO CAMPAIGN FINANCE LAWS

Signature Page

Signature

Title

Firm

Date

Note: this certification may be submitted as a paper copy, facsimile or an electronic transmission with electronic signature. The county authority requesting said contract must retain the original certification for a period of at least five years after completion of the contract. Failure to attach a copy of this certification to the contract, purchase order and/or voucher will result in non-approval and/or non-payment of said contract. For contracts and/or services extending beyond a one year period, it is recommended that this certification be reissued each year.

5101:2-14-13 Training requirements for certification as a professional type B home provider or in-home aide.

(A) As of December 1, 2008, prior to initial certification, each type B home provider and in-home aide shall be currently trained in first aid and infant and child cardiopulmonary resuscitation (CPR). Providers and in-home aides shall successfully complete and maintain current certification in both first aid and CPR. If a provider is caring for both infants and older children, training shall be appropriate for the ages of children in care.

(B) Each type B home provider and in-home aide shall complete, not more than six months prior to initial certification, the JFS 01750 "Health and Safety in Family Child Care" (rev. 5/2003) course. As of December 1, 2008, this training shall be completed prior to initial certification.

(C) Each type B home provider and in-home aide certified on or after August 15, 2008 shall complete or have current, by the end of their first certification year, training in management of communicable disease and child abuse recognition and prevention. Training shall meet the requirements of paragraphs (H) and (I) of this rule respectively. Training may be taken prior to certification, but shall be valid as of the end of the first certification year.

(D) Each type B home provider and in-home aide shall complete, by the end of their first certification year and every certification year thereafter, six clock hours of training in any of the categories listed in paragraphs (E), (F), (G), (H), (I) and (J) of this rule. This training shall be completed after the initial certificate is issued. After the first year of certification, the six hours of training shall include at least two clock hours of training in child growth and development. Providers shall attend all trainings required by the CDJFS.

(E) Training in first aid shall be appropriate for child care providers and shall:

(1) Be at least six hours in length and follow a curriculum approved by the Ohio department of job and family services (ODJFS) or be the length of time required by an approved health organization and follow guidelines and curriculum of a first aid course designed for child care staff by a health organization approved by ODJFS.

(2) Be valid for three years or the number of years indicated on the card or form received from the approved health organization.

(3) Be provided by trainers who are one of the following:

(a) An authorized first aid trainer from an approved health organization.

(b) A licensed physician or registered nurse.

(c) An emergency medical service instructor.

(4) Be updated by either completion of the full training or completion of a review training. The review training shall include all specific topics of the approved curriculums and be at least three hours in length or the length of time required by an approved health organization.

(5) Not be required for registered nurses, emergency medical service instructors, emergency medical technicians and paramedics with current valid credentials. These trained professionals are exempt from first aid training requirements.

(F) Training in CPR, if taken separately from first aid, shall meet all of the following requirements:

(1) Be for the length of time required by an approved health organization.

- (2) Follow a curriculum of an approved health organization.
 - (3) Be valid for the number of years indicated on the card or form received from the health organization.
 - (4) Be appropriate for all age groups the provider is currently serving.
 - (5) Be provided by a trainer that is an authorized CPR trainer for a health organization approved by the department for CPR training.
- (G) Training in health and safety shall meet the following requirements:
- (1) As of July 1, 2008, training shall be at least six hours in length and follow the JFS 01750 curriculum.
 - (2) Be provided by a trainer who has met one of the following requirements:
 - (a) A current CDJFS employee.
 - (b) Has at least one year experience in health and safety in child care and eighteen quarter hours or twelve semester hours from an accredited university, college or technical college in child development.
 - (c) Has at least one year experience in health and safety in child care and a currently valid child development associate credential (CDA) or a preprimary credential from the "American Montessori Society" (AMS) or the "Association Montessori International" (AMI).
 - (d) A licensed physician or registered nurse.
- (H) Training in communicable disease management shall meet the following requirements:
- (1) Be at least six hours in length and follow a curriculum approved by ODJFS or follow guidelines and curriculum or a management of communicable disease course designed for child care providers by a health organization approved by ODJFS.
 - (2) Be valid for three years.
 - (3) Be updated by either completion of the full training or completion of a three hour review training. The review training shall include all specific topics of the approved curriculums.
 - (4) Be provided by trainers who are one of the following:
 - (a) A currently authorized trainer of this topic from a health organization approved by ODJFS.
 - (b) A licensed physician or registered nurse.
 - (5) Not be required for registered nurses with current valid credentials. These trained professionals are exempt from management of communicable disease training requirements.
- (I) Training in child abuse recognition and prevention shall meet the following requirements:
- (1) Be at least six hours in length.
 - (2) Include all of the following curriculum areas:
 - (a) Ohio law and rules pertaining to child abuse and neglect, including definitions, reporting and confidentiality requirements.
 - (b) Physical and behavioral indicators of child abuse and neglect.
 - (c) Details on reporting, including penalty, immunity and how and to whom to report.

- (d) The investigatory role of the children's protective services agency.
 - (e) The sharing of information and the role of law enforcement, CDJFS employees and the courts in reports of child abuse and neglect.
 - (f) Helping families who have had occurrences of abuse or neglect.
 - (g) Prevention of child abuse and neglect in child care, including provider supervision and training, policies and procedures and appropriate discipline.
- (3) Be valid for three years.
 - (4) Be updated by either completion of the full training or completion of a three hour review training. The review training shall include all specific topics outlined in the rule.
 - (5) Be provided by a trainer that meets one of the following requirements:
 - (a) An authorized trainer for a public children services agency (PCSA) or a child abuse prevention trainer approved by ODJFS or the CDJFS.
 - (b) Have at least two years of experience professionally assessing child abuse and neglect or providing counseling to abused children or training others in child abuse prevention and at least an associates degree in social work, child development or related field from an accredited college.
 - (c) A licensed physician or registered nurse with two years of experience professionally assessing child abuse and neglect or providing counseling to abused children or training others in child abuse prevention or the combination of experience and training.
- (J) Training in child growth and development or general knowledge shall meet the following requirements:
 - (1) Include information from any of the following areas:
 - (a) Child growth and development:
 - (i) Growth and development of children ages birth to fourteen years of age.
 - (ii) Children with special needs.
 - (iii) Working with parents and families.
 - (iv) Nutrition.
 - (v) Planning child care, recreational or educational programs and activities for children ages birth through fourteen years of age.
 - (vi) Developmentally appropriate child guidance and management techniques.
 - (vii) Developmentally appropriate equipment and room arrangement.
 - (viii) Other areas as determined by the CDJFS.
 - (b) General knowledge for family child care:
 - (i) Administration of a family child care home business.
 - (ii) Community health, pediatrics or social service resources for children and families.
 - (iii) Ethics and professionalism in child care.
 - (iv) Food safety and sanitary practices.

(v) Home safety and fire prevention.

(vi) Proper administration of medication.

(vii) Other areas as determined by the CDJFS.

(2) Be provided by a trainer that has two years experience in the specific subject matter and meets one of the following requirements:

(a) Have completed ninety quarter credit hours or sixty semester credit hours from an accredited college, university, or technical college. The coursework shall include at least thirty-six quarter credit hours or twenty-four semester credit hours in courses in child development.

(b) A currently valid CDA.

(c) A preprimary credential from the AMS or the AMI.

(d) Be a licensed physician or registered nurse.

(K) The type B home provider or in-home aide shall keep a record of all training completed to meet the requirements of this rule on file in the home. The training shall be documented using the JFS 01924 "Inservice Training for Type B Home and In-Home Aide Child Care Providers" (rev. 8/2008), the JFS 01307 "Inservice Training for Child Care Employees of Child Care Centers and Type A Homes" (rev. 9/2006) or training cards issued for first aid, CPR, prevention, recognition and management of communicable diseases or child abuse recognition and prevention by organizations approved by ODJFS.

(L) Audiovisual, electronic media or self-instructional study may be used to meet no more than three hours of the required six annual hours of training. Courses must be approved by the CDJFS. This means of training may not be used to meet the first aid or CPR training requirements.

(M) When the type B home provider or in-home aide attends a training event that is not offered by the CDJFS to comply with the provisions of this rule, the training event shall be approved by the CDJFS prior to attending training in order to ensure the trainer or topic is in compliance with the requirements of this rule.

(N) Training records shall be reviewed and approved by the CDJFS at the time of recertification. Failure of the provider to provide acceptable documentation of training may result in revocation of the certification.

(O) The CDJFS shall provide or purchase from a qualified trainer a minimum of eighteen hours of training per year for providers. The CDJFS shall notify providers in advance of the training schedule.

(P) The CDJFS shall maintain on file a copy of the JFS 01924, JFS 01307 or training card issued for all trainings that have been completed by the provider to meet the training requirements of this rule.

Replaces: 5101:2-14-13

Effective: 08/14/2008

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NAME OF PERSON BEING TRAINED		Hours of Training	Date(s) of Training
COMMUNICABLE DISEASE	Date(s) of Training	Hours of Training <input type="checkbox"/> Full Course 6 Hours <input type="checkbox"/> Other ____ Hours <input type="checkbox"/> Review Course 3 Hours	Expiration Date
	<i>Check one:</i> <input type="checkbox"/> Licensed Physician <input type="checkbox"/> Authorized Trainer for a health organization approved by ODJFS <input type="checkbox"/> Register Nurse Agency Name: _____		
I verify that I have followed a curriculum approved by ODJFS. I certify that the information on this form is true and accurate.			
Signature of Trainer			Date
<i>Please Print:</i> Name and Address of Trainer		Telephone Number	CDJFS USE ONLY Date Reviewed CDJFS Initials
CHILD ABUSE PREVENTION	Date(s) of Training	Hours of Training <input type="checkbox"/> Full Course 6 Hours <input type="checkbox"/> Other ____ Hours <input type="checkbox"/> Review Course 3 Hours	Expiration Date
	TRAINER QUALIFICATIONS (check one) <input type="checkbox"/> Authorized Trainer for a health organization approved by ODJFS <input type="checkbox"/> At least an Associates Degree in social work, child development or related field from an accredited collage AND two years experience in professionally assessing child abuse and neglect or providing counseling to abused children or training others in child abuse prevention or a combination of experience and training. <input type="checkbox"/> A licensed physician or registered nurse AND two years experience professionally assessing child abuse and neglect or providing counseling to abused children or training others in child abuse prevention or a combination of experience and training		
I certify that the information on this form is true and accurate.			
Signature of Trainer			Date
<i>Please Print:</i> Name and Address of Trainer		Telephone Number	CDJFS USE ONLY Date Reviewed CDJFS Initials
<input type="checkbox"/>	CHILD GROWTH & DEVELOPMENT	OR	<input type="checkbox"/> GENERAL KNOWLEDGE FOR CHILD CARE
Check applicable box for appropriate training category			
Description of Training			
Trainer Qualifications (<i>check all that apply</i>): <input type="checkbox"/> At least two years experience specific to the training subject area, AND <input type="checkbox"/> 90 quarter hours or 60 semester hours from an accredited university, college or technical college with 36 quarter or 24 semester hours in child development. <input type="checkbox"/> A currently valid child development associate credential (CDA). <input type="checkbox"/> A preprimary credential from the American Montessori Society (AMS) or the Association Montessori International (AMI). <input type="checkbox"/> A licensed physician or registered nurse.			
I certify that the information on this form is true and accurate.			
Signature of Trainer			Date
<i>Please Print:</i> Name and Address of Trainer		Telephone Number	CDJFS USE ONLY Date Reviewed CDJFS Initials
Was this electronic media training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provider's Signature verifying attendance			Date