

Ohio Department of Job and Family Services
PLAN OF OPERATION FOR CHILD CARE

SECTION 1: GENERAL INFORMATION/SPACE									
Name of Center/Provider						County			
Address						State		Zip Code	
Mailing Address (if different)						State		Zip Code	
Name of Contact Person									
Telephone Number					Contact Person's Telephone Number				
Proposed Date of Opening					Owner/Corporation if applicable				
Proposed Hours of Operation			Proposed Days of Operation			Proposed Months of Operation			
PLANNED ENROLLMENT									
Age Categories		Number of Children Planned at Opening		Number of Groups Planned at Opening		Number of Children Planned at Capacity		Number of Staff Needed at Opening	
Infants (0 - 18 mo)									
Toddlers (18 mo - 3 yrs)									
Preschoolers (3 yrs - school-age)									
School-age Children (5 yrs - 14 yrs) Note: Fulltime is for evenings, weekends, school breaks, snow days, summer, etc.		Before School	After School	Before School	After School	Before School	After School		
		Fulltime		Fulltime		Fulltime			
Total Number of Child Care Staff Members Planned at Opening									
INDOOR SPACE (Rules 5101:2-12-11 and 5101:2-13-11)									
Centers: Attach the diagram that was reviewed by the building department showing the indoor space used by the child care operation, including any notes made by the building department on the diagram. Indicate the following: <ul style="list-style-type: none"> Exits/entrance/office spaces Walls, partitions or half walls Walls, partitions, or half walls that are moveable Sinks and water fountains Emergency exits and exits to the outdoor play space Floor plan with room names/number Restrooms Diaper changing area with sink Food preparation areas 									

Will the center care for children under the age of 2 ½ years? If yes, describe how the center will keep these children separated from other groups older than 2 ½ years.

Family Child Care Homes:

Attach the diagram showing the indoor space used for child care. Indicate the following:

- Entrance and exits
- Rooms that will be used for child care, including sleeping areas used by children
- Restrooms
- Diaper changing area with sink
- Kitchen

For Type A only: This diagram shall be the diagram reviewed by the building department, including any notes made by the building department made on the diagram.

OUTDOOR SPACE
(Rule 5101:2-12-11 and 5101:2-13-11)

Diagram the space used for outdoor play. Indicate the following:

- Include location of fence or barriers
- Note gate locations, street locations, and parking lots
- Sketch outdoor permanent play equipment which stays in space (i.e., slides, swings, sandboxes, etc.)
- Include sidewalks, concrete, or blacktop areas

If the play space is away from the center/home, diagram the outdoor space used.

If the center has no onsite outdoor play space, then an indoor recreation area must be provided. Give dimensions of your indoor recreation area.

What type of protective fall surface will be used on the playground? (Fall surface needed under slides, swings, climbers, bouncers, etc.)

How is the play area enclosed or otherwise protected from traffic or other hazards?

☐ Not Applicable: Program operates less than four consecutive daylight hours and will not provide outdoor play.

SECTION 2: PROGRAMMING AND POLICIES

TRANSPORTATION/FIELD TRIP SAFETY
(Rules 5101:2-12-14 and 5101:2-13-14)

Does the program provide transportation? ☐ Yes ☐ No

Does the program plan to offer: *(check all that apply)*

☐ Field trips ☐ Yes ☐ No

☐ Transportation to and from school ☐ Yes ☐ No

☐ Transportation to and from home ☐ Yes ☐ No

List the make and model of the program's vehicle(s) if applicable.

A contracted agency is used to transport children. ☐ Yes ☐ No

EVENING AND OVERNIGHT CARE
(Rules 5101:2-12-21 and 5101:2-13-21)

Will the program be providing evening and/or overnight care? (Between 7:00 PM and 6:00 AM) ☐ Yes ☐ No

ADMINISTRATION OF MEDICATION
(Rules 5101:2-12-25 and 5101:2-13-25)

Will the program administer medication, topical products or lotions? ☐ Yes ☐ No

If yes, describe the program's procedures for administering medication, and topical products or lotions. (Be sure to describe the plan for each type of product).

SECTION 3: FOOD REQUIREMENTS

MEALS AND SNACKS
(Rule 5101:2-12-22 and 5101:2-13-22)

Will meals and snacks be prepared on site or brought in from another source?

Signature of Administrator/Provider

Date