

Ohio Department of Job and Family Services
APPLICATION FOR TEMPORARY PANDEMIC CHILD CARE CENTER LICENSE

Program Name		Proposed Open Date	
Program Street Address	City	State	Zip Code
County	Telephone Number		Ext.
Owner Name	E-Mail Address		
Mailing Address	City	State	Zip Code
County	Telephone Number		Ext.
Age Groups Served <input type="checkbox"/> Infants <input type="checkbox"/> Pre-school <input type="checkbox"/> Toddlers <input type="checkbox"/> School Age	Requested Capacity	Hours of Operation Start Time End Time	
Days of Operation <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday <input type="checkbox"/> Overnight	Are You Currently Operating a Child Care Center? <input type="checkbox"/> Yes <input type="checkbox"/> No License Number Do You Have a Provider Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No How many currently enrolled children have parents who are employed providing health and safety services?		

Owner's Authorized Representatives			
Name	Phone	Email	First Day in Corp/LLC
Administrator Information			
Name	Phone	Email	First Day in Corp/LLC

I understand that a Pandemic Child Care Center may only operate until the Governor of Ohio rescinds the Pandemic State of Emergency. I further understand that a Pandemic Child Care Center may only serve the children whose parents are employed providing health, safety services and essential services as defined by the Director of the Ohio Department of Job and Family Services in consultation with the Director of the Ohio Emergency Management Agency. I understand that the denial of this application is not subject to appeal rights pursuant to Chapter 119. of the Ohio Revised Code.

Email the completed application to ODJFS_CHILDCARE@jfs.ohio.gov

Signature	Date
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