

Ohio Department of Job and Family Services  
**CHILD CARE PROVIDER FRAUD REFERRAL**

|   |             |
|---|-------------|
| <b>Name of the Person Completing this Form:</b> | <b>Date</b> |
|---|-------------|

*\* Required Information*

**PROVIDER INFORMATION**

|                       |
|-----------------------|
| <b>*Provider Name</b> |
|-----------------------|

|         |
|---------|
| Address |
|---------|

|              |               |
|--------------|---------------|
| <b>*City</b> | <b>*State</b> |
|--------------|---------------|

|        |   |
|--------|---|
| County | Provider License Number <i>(if known)</i> |
|--------|---|

**CONTACT INFORMATION for PERSON PROVIDING INFORMATION**  
*(Contact information is not required but is strongly encouraged so that ODJFS can contact you for additional information, if needed. Your identity will remain confidential and will not be shared with anyone.)*

|      |
|------|
| Name |
|------|

|         |
|---------|
| Address |
|---------|

|      |       |
|------|-------|
| City | State |
|------|-------|

|       |  |  |
|-------|--|--|
| Phone | Contact Preference<br><input type="checkbox"/> Voice <input type="checkbox"/> Text | <b>Best Day and Time of Day to Contact</b> |
|-------|--|--|

When additional information is needed, ODJFS will attempt to contact you by phone. Please give the number that you would like us to use for this purpose. If you do not want us to call you, please give an email address at which we can contact you.

|               |
|---------------|
| Email Address |
|---------------|

|   |  |  |
|---|--|--|
| Referrer is a:  |  |  |
| <input type="checkbox"/> Caretaker/parent currently using this provider | <input type="checkbox"/> Current Employee of this provider | <input type="checkbox"/> ODJFS Licensing     |
| <input type="checkbox"/> Former caretaker/parent at this provider       | <input type="checkbox"/> Former Employee of this provider  | <input type="checkbox"/> County Agency Staff |
| <input type="checkbox"/> Other: _____                                   |  |  |

**If you are reporting that: The Provider Possesses Ohio ECC cards (Swipe Cards).**

|   |
|---|
| <b>*Did you see Ohio ECC cards at the location?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

|  |                             |
|--|-----------------------------|
| What date and time of day did you see the cards? | How many cards did you see? |
|--|-----------------------------|

|                              |
|------------------------------|
| Where did you see the cards? |
|------------------------------|

|   |                      |
|---|----------------------|
| Did you see the names on any cards?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | What were the names? |
|---|----------------------|

|                     |
|---------------------|
| Additional Details: |
|---------------------|

**If you are reporting that: The Provider Uses Ohio ECC Cards (Swipe Cards).**

\*Did you see the Provider (or Provider staff) use Ohio ECC cards?

Yes       No

Who used them? (*person's name and position/title*)

What date and time of day did you see the cards used?

Approximately how many cards did you see used?

Where were the cards used? (*e.g. at the front desk, in the Owner's office, etc.*)

Where are the cards kept when they are not in use?

Did you see the names on any cards?

Yes       No

What were the names?

Additional Details:

**If you are reporting that: The Provider Bills for Care that is not Provided.**

\*Did you see evidence that the Provider (or Provider staff) billed for care that is not provided?

Yes       No

What are the names of the children that were billed for?

For what dates and times did the billing occur?

What makes you think that the Provider billed for care that was not provided?

Additional Details:

Send completed form to: [CHILDCARE\\_PROGRAM\\_INTEGRITY@JFS.OHIO.GOV](mailto:CHILDCARE_PROGRAM_INTEGRITY@JFS.OHIO.GOV)