



John R. Kasich, Governor
Harvey J. Reed, Director

**APPLICATION FOR
PROGRAMS SEEKING INITIAL CERTIFICATION TO PROVIDE
JUVENILE SEX OFFENDER TREATMENT**

**Ohio Department of Youth Services
Attention: Sonya Wade
30 West Spring Street, 5th Floor
Columbus, Oh 43215
Telephone: (614) 466-1078
Fax: (614) 387-2606**

Who should complete this application?

This application is for programs that provide assessment, treatment, and/or transition services to juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behaviors. Programs approved for certification shall be listed by the Juvenile Sex Offender Treatment Program Certification Advisory Board as per section 2950.16 of the Ohio Revised Code *Certification of sex offender treatment programs*.

A program includes agencies and organizations that provide assessment, treatment and/or transition services as well as individuals who may provide treatment services through a contractual relationship. OAC 5139-69-01 defines “program” as an entity that provides assessment, treatment and/or transition services to juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behaviors.

GENERAL INSTRUCTIONS

1. Use the form provided in this application.
2. Submit ONLY the information requested.
3. Section Eight of this application requires programs to submit a complete copy of a treatment contract and one treatment plan with personally identifiable information deleted. Applicants must use extreme diligence in ensuring that client names are deleted.
4. Sections are to be clearly labeled and pages are to be numbered.
5. Submit the information in the order requested.
6. Follow all instructions carefully – incomplete or incorrect applications will be returned.
7. **KEEP A COPY OF THE COMPLETED APPLICATION AS SUBMITTED FOR YOUR FILES.**
8. Please do not use staples, paper clips, binders, sheet protectors or other materials because all applications are copied multiple times during processing.
9. A checklist is included with this application for your reference. The checklist identifies the required information to be included in a program’s application.

**UPON APPROVAL FOR INITIAL CERTIFICATION, THE PROGRAM SHALL BE LISTED
ON THE LIST OF CERTIFIED SEX OFFENDER AND CHILD-VICTIM OFFENDER
TREATMENT PROGRAMS THAT WILL BE OPEN FOR PUBLIC INSPECTION**

SECTION ONE

Date: _____

Program Name: _____

Business Address: _____

County: _____

[Business office location]

Telephone: _____

Fax: _____

Email: _____

Name and title of person completing application:

Certification type sought: [Check all that apply]

Assessment

Treatment

Transition

SECTION TWO

Provide a description of the assessment, treatment and/or transition services provided. The description is to be limited to no more than two (2) pages.

Assessment, treatment and transitions services, per OAC 5139-69-03 are defined as:

Assessment - means the process of collecting, documenting, and analyzing information in measurable terms, so that appropriate decisions can be made regarding the need for the supervision and treatment of juvenile sex offender and/or child-victim offender.

Treatment services - means a comprehensive set of therapeutic experiences, and interventions planned and organized to improve the prognosis and functioning of a juvenile sex offender, child-victim offender and youth with sexually abusive behavior and to reduce the risk of sexual reoffense or other sexually abusive and aggressive behavior.

Transition services - means services provided when a youth moves from one level of care to another or from one treatment location to another.

SECTION THREE

A list of counties the program serves and where treatment services are provided.

SECTION FOUR

Submit copies of currently held licenses or certificates issued by:

- **Ohio Department of Job and Family Services**
- **Ohio Department of Mental Health**
- **Ohio Department of Alcohol and Drug Addiction Services**
- **Ohio Department of Developmental Disabilities**
- **Accreditation from any National Accrediting Body**

SECTION FIVE

Provide a written description of the types of youth served. Include information about gender, age, legal status, and other presenting issues.

SECTION SIX

- A] Submit a copy of the program's continuing education plan for staff responsible for supervising and delivering sex offender/child-victim offender treatment.**

- B] Submit a copy of the program's policies regarding the qualifications and credentials required for staff responsible for supervising and delivering sex offender/child-victim offender treatment.**

SECTION SEVEN

A signed statement or testimony that no staff responsible for supervising or delivering sex offender/child-victim services has been disciplined or placed on probationary status by any professional licensing or certifying body or has a currently revoked, canceled or suspended license or certificate.

SECTION EIGHT

Please submit a copy of a completed treatment contract and one treatment plan with personally identifiable deleted, and practice methodology statement on how treatment and safety plans are developed.

For the purposes of this section, the following definitions are used in OAC 5139-69-03:

Treatment contract - means a document explained to and signed by a juvenile, his or her family, custodian or guardian and other treatment team members that identifies the responsibilities of the family, guardian, and youth; special requirements imposed by treatment team members; conditions that provide for protection of past and potential victims; and, consequences for failure to comply with the treatment plan.

Treatment plan - means a written statement(s) of treatment objectives and goals for an individual established by a treatment team, which includes the youth, his or her family, custodian or guardian when available, treatment provider and that includes specific criteria that indicates progress. Treatment plans shall identify problem areas to be addressed in treatment, proposed treatment and treatment goals and objectives signed off by an independently licensed professional within their scope of practice.

Safety plan - means a plan that addresses specific risk factors of an individual youth, intervention strategies as well as interagency collaboration and information sharing.

SECTION NINE

- A] Submit a copy of the program's policy addressing preventing sexual contact between youth.**
- B] Submit a copy of the program's policy addressing preventing sexual contact between all staff and youth.**

SECTION TEN

Each agency/organization seeking certification shall complete an Ohio comprehensive assessment protocol [OCAP] self-assessment instrument.

SECTION ELEVEN

Any requests for variances or waivers from provisions of this rule or from provisions of rule 5139-69-03 of the Administrative Code.

APPLICATION CHECKLIST

Application Requirements	Documentation Provided	
Description of the assessment, treatment and/or transition services provided		
List of counties the program serves and where treatment services are provided		
Copies of currently held licenses or certificates issued by		Exp Date
ODJFS		
ODMH		
ODADAS		
ODMR/DD		
Accreditation		
Written description of the types of youth served		
Copy of the program's continuing education plan		
Copy of the program's policies regarding the qualifications and credentials required for staff		
A signed statement that no staff responsible for supervising or delivering sex offender/child-victim services has been disciplined or placed on probationary status by any professional licensing or certifying body or has a currently revoked, canceled or suspended license or certificate		
Copy of:		
Completed Treatment Contract		
One (1) treatment plan with personally identifiable information deleted		
Practice methodology regarding treatment and safety plan development		
Copy of the program's policy addressing preventing sexual contact between youth		
Copy of the program's policy addressing preventing sexual contact between all staff and youth		
Completed OCAP		