Transmittal Letter No. 49

TO: Early Care and Education Stakeholders

FROM: Kara B. Wente, Director

DATE: June 18, 2026

SUBJECT: Five-Year Review of Family Child Care Rules

Background

The Department of Children and Youth (DCY) is changing Ohio Administrative Code (OAC) family child care (FCC) rules as part of the five-year review process. The licensing rules below have been reviewed to ensure that the DCY is only mandating essential health and safety requirements. The rules included in this five-year review are as follows: 5180:2-13-01, 5180:2-13-02, 5180:2-13-03, 5180:2-13-05, 5180:2-13-07, 5180:2-13-08, 5180:2-13-09, 5180:2-13-11, 5180:2-13-12, 5180:2-13-13, 5180:2-13-15, 5180:2-13-16, 5180:2-13-18, 5180:2-13-19, 5180:2-13-21, 5180:2-13-22 and 5180:2-13-25.

The DCY rules in the OAC were renumbered to 5180 on January 2, 2025, as a result of House Bill (HB33) of the 135th General Assembly.

These rules will be effective July 1, 2026.

Purpose

DCY is shortening rule taglines, removing website hyperlinks and/or website addresses, updating agency references from the Ohio Department of Job and Family Services (ODJFS) to DCY, and correcting rule number citations. Rules were also revised to meet federal requirements, remove duplicate requirements, and provide clarifications for family child care providers, employees and child care staff members (CCSM). Throughout the rules, the Ohio Child Licensing and Quality System (OCLQS) is being referred to as the Ohio Statewide Licensing System.

OAC 5180:2-13-01 "Definitions" is being amended and defines terms used throughout Chapter 5180:2-13 of the Ohio Administrative Code.

- Revised the following definitions: Advanced practice registered nurse (APRN), Child care staff member, Corrective action plan, Employee, License capacity, Medication, Moderate risk non-compliance, Provider, Serious risk non-compliance, and Special needs child care.
- Added the following definitions: Administrator, Delinquent child, Dentist, Developmentally appropriate, Medical food, Ohio professional registry (OPR), Ohio statewide licensing system, Supervision, Visitor, and Volunteer.
- Removed the following definitions: Certified nurse practitioner (CNP), Food supplement and Modified diet.

OAC 5180:2-13-02 "Application and amendments" is being amended and outlines the application and amendment process for a family child care license.

- Clarified the lists of documentation and immunization requirements submitted during the application process.
- Added that the license capacity will be the maximum allowable unless otherwise requested.
- Added that a detailed and labeled site plan of the space proposed to be used to care for children is required, removed the requirement for a plan of operation to be submitted with the application.
- Amended the timeframe for requesting a permanent change of location.
- Amended the voluntary temporary closure/inactive status requirements.
- Added "adjudicated a delinquent statement" to the list of items to be kept current in the Ohio statewide licensing system.
- Moved the immunization record and exemption requirements to rule 5180:2-13-07.
- Removed appendices A, B and C to rule 5180:2-13-02 because the content was moved into the rule.

OAC 5180:2-13-03 "Compliance inspection and complaint investigation" is being amended and outlines the inspection and monitoring process for family child care programs.

- Clarified that at least one inspection will be unannounced.
- Added the following definition for a licensing non-compliance: A licensing inspection non-compliance is a licensure rule violation. Inspections could result in moderate or serious risk findings. Non-compliance findings vary depending on the potential to lead to a risk of harm to a child and are observable and/or based on facts. Non-compliances are assigned point values, and the annual accumulated points may result in DCY licensing or Step Up To Quality actions.

- Added point values for moderate risk non-compliances (3) and serious risk non-compliances (6).
- Added the following actions that DCY may take if a serious risk non-compliance occurs: denial of a license application or approval for a non-expiring or continuous license, revocation of a license, reduction or removal of a quality rating, or loss of funding.
- Clarified the process for a request for review of a licensing non-compliance.
- Clarified child abuse and neglect reporting requirements for county agencies.
- Amended appendix A to rule 5180:2-13-03 to change select moderate and serious risk non-compliances and to remove outdated information.

OAC 5180:2-13-05 "Denial, revocation and suspension of an application or license" is being amended and outlines the processes for application denial, license revocation, and license suspension for family child care programs.

- Added new ministerial closure reasons that allow DCY to close a FCC license:
    - DCY may close a license that has been in a temporary closure for more than twelve months and the provider has not requested in the Ohio statewide licensing system to re-instate the license.
    - DCY may close a license if at the end of twelve months the FCC home is unable to be re-opened.
    - DCY may close a license if children are not enrolled and attending for twenty-four months and the provider refuses to voluntarily permanently close the program.

OAC 5180:2-13-07 "Provider responsibilities, requirements and qualifications" is being amended and outlines the requirements and qualifications for family child care providers.

- Added a new requirement for new FCC providers and administrators of Type A homes to complete a DCY rules review course in the OPR.
- Added and clarified immunization or immunization exemption requirements to this rule; they were previously located in rule 5180:2-13-02.
- Removed the following requirements: posting the provider's scheduled hours of availability, making the licensing rules available, and providing parents with tax preparation information.
- Removed duplicative requirement regarding enrollment discrimination and compliance with the ORC and OAC.

- Extended the timeframe to make changes in the OPR or the Ohio statewide licensing system from five to 10 business days.
- Removed the requirement to submit the DCY 01174 "Adjudicated a delinquent child statement" because it is now automated in the Ohio statewide licensing system.
- Appendix A to rule 5180:2-13-07:
    - Removed requirement to have a notarized statement verifying high school education for individuals who are considered refugees in the United States.
    - Added that for high school students working as child care staff members verification of high school education may be provided as a transcript from the high school, accredited college, university, technical college, or child development associate (CDA) training program.
- Appendix C to rule 5180:2-13-07:
    - Simplified the written information for parents and employees to allow providers more flexibility in developing their own handbook.
    - Added the following new policies: written security plan, social media policy, policy to prohibit inappropriate language/behavior/media, and policy for usage of emergency medical devices and emergency medications.
    - Reiterated that providers are to give each parent of enrolled children a copy of the legally required information for parents (Family Child Care Parent Information) found in appendix D to this rule.
- Appendix D to rule 5180:2-13-07:
    - Updated the legally required information for families to correct hyperlinks and contact information for state and federal agencies.

OAC 5180:2-13-08 "Employees and child care staff members responsibilities and qualifications " is being amended and outlines the requirements and qualifications for employees and child care staff members of a family child care program.

- Removed the medical statement requirement for CCSM's and employees.
- Clarified immunization requirements for CCSM's and employees.
- Added that high school students who are at least 16 years old may work as CCSM's with some limitations.
- Extended the timeframe to make changes in the OPR from five to 10 business days.
- Removed appendix A to rule 5180:2-13-08 because FCC staff member requirements are now in the rule.

OAC 5180:2-13-09 "Background checks" is being amended and outlines the background check requirements and process for a family child care license.

- Added clarification about which individuals do not require a background check.
- Clarified that a preliminary approval notification may be sent to the provider and county agency if it is received before the DCY 01176 "Program Notification of Background Check Review for Child Care."
- Removed the requirement for the county agency to retain the DCY 01176 on file. The provider is still required to keep all DCY 01176's on file if they are not available in the OPR.
- Clarified that if an individual submits a request for review of a background check decision and the original decision for ineligibility is upheld, the individual will remain ineligible for employment.
- Reformatted appendix A to rule 5180:2-13-09 to clarify rehabilitation standards and added two new prohibitive offenses to the non-rehabilitative offense list.

OAC 5180:2-13-11 "Indoor and outdoor space" is being amended and outlines the space and play equipment requirements for a family child care program.

- Clarified outdoor space requirements for fences and natural barriers.
- Clarified that FCC providers are to protect children under six months from direct exposure to the sun and provide sun protection for all children.
- Added exemptions from having an on-site outdoor space.
- Added that all equipment is to be free of conditions that pose a risk of harm to children but removed specific examples of hazards because it was not indicative of all hazards that could occur.
- Clarified fall zone requirements for equipment used for climbing, swinging, balancing and sliding.
- Added requirements for family child care homes who use off-site play areas that are regulated by another state or local agency.

OAC 5180:2-13-12 "Safe equipment and environment" is being amended and outlines the requirements to keep the equipment and environment safe when children are in the licensed family child care home.

- Clarified that equipment, materials, and furniture is to be in good condition, sturdy, safe and easy to clean and maintain.

- Clarified that general-use trampolines are prohibited; however, individual-use, personal-sized therapy trampolines no larger than 48 inches in diameter may be used by children under direct supervision.
- Updated ORC citations for weapons in FCC homes.
- Clarified that floor surfaces shall be maintained to not cause tripping hazards.
- Removed requirement that pets must be licensed and inoculated and the records kept on file. FCC providers will now follow all local and state ordinances governing animals as pets.

OAC 5180:2-13-13 "Sanitary equipment and environment" is being amended and outlines the requirements to keep the family child care home sanitary while children are in care.

- Removed references to appendix A to rule 5180:2-13-13 because the environment, furniture, materials and equipment are to be kept in a sanitary condition at all times.
- Removed duplicative requirement to keep the premises free from infestation by insects and rodents.
- Removed toothbrushing requirements.
- Amended existing appendix B to remove the requirement for residents to follow handwashing requirements and for employees and children to wash their hands prior to departure from the home. This appendix is now appendix A.
- Removed appendix C to rule 5180:2-13-13 because details for keeping a smoke free environment are now in the rule.

OAC 5180:2-13-15 "Child records" is being rescinded and adopted as a new rule and outlines the required documents needed for children in the care of a family child care provider.

- Removed the requirement to use the DCY 01234 “Child Enrollment and Health Information” form and permit providers to use the DCY “Child Enrollment Form for Early Care and Education,” or their own form if it contains equivalent information.
- Removed child medical statements as a required document to submit annually.
- Clarified the immunization requirements for children.
- Removed the requirement to use the DCY 01236 “Medical/Physical Care Plan for Child Care” form and permit providers to use the DCY “Health Care Plan Documentation & Permission to Administer Medication” form or their own form if it contains equivalent information.
- Added the word "chronic" to special health conditions or diagnoses in reference to when health care plans are needed.

- Clarified that all child records, documentation of a child's chronic health condition or diagnosis and written permission to administer medication or medical foods from parents or physicians are to be kept on file for twelve months from the date the documentation is signed or updated, whichever is later, even if the child no longer attends the program or the documentation is no longer required for the child.

OAC 5180:2-13-16 "Emergency and health-related plans" is being amended and outlines the standard precautions family child care providers are to take to maintain the health and safety of children in care.

- Added that FCC providers are to post emergency phone numbers and a weather and fire plan in spaces used by children.
- Removed the following forms: DCY 01242 “Medical, Dental and General Emergency Plan for Child Care” and DCY 01201 “Dental First Aid.”
- Renamed the disaster plan to the emergency preparedness and response plan (EPRP) to align with federal regulatory language.
- Clarified that medical and dental emergency plans are now included in the EPRP.
- Clarified first aid kit requirements.
- Added that the EPRP is to include details for assisting toddlers with special needs and/or health conditions and details for selecting and relocating to a designated safe site where children and staff can safely remain if evacuated.
- Clarified child abuse and neglect reporting requirements.
- Removed existing appendix A to rule 5180:2-13-16.
- Former appendix B to rule 5180:2-13-16 is now appendix A.

OAC 5180:2-13-18 "Group size and ratios" is being amended and outlines the outlines the requirements for staff/child ratios and maximum group size for licensed family child care programs.

- Clarified the max staff/child ratio and group size for both Type A and Type B homes.
- Foster children will be counted as related to the Type B provider in determining ratio.
- Amended the attendance recordkeeping requirements.

OAC 5180:2-13-19 "Supervision" is being amended and outlines the supervision requirements and child guidance techniques used in family child care homes.

- Added an expanded definition of supervision which includes ensuring children are within sight or hearing at all times. Being aware of the developmental and behavioral needs as well as parental preferences of the child(ren) in care. Maintaining situational

awareness of the children in care for at all times. Maintaining situational awareness may include the use of analog or digital technology (including mirrors) to supplement direct observation of the children in care but may not be the sole means of observation. It also includes, but is not limited to, being aware of the activity a child is engaged in and being near enough to protect children from harm, meet their basic needs and respond to emergency circumstances. Being near enough to observe, respond and anticipate reasonably foreseeable hazards and threats. Being able to summon another adult for assistance in an emergency.

- Added that a backup method of communication which may be email, text messaging services or an additional phone is to be accessible when the primary phone is in use.
- Clarified that children are to have limited exposure to inappropriate language, behavior or media. This includes inappropriate actions by the following, but not limited to, non-staff adults, parents, residents and other children.
- Clarified that school-age children may be permitted in the on-site outdoor play space without the provider or child care staff as long as the children remain within sight and hearing.
- Clarified the child abuse and neglect reporting requirements.

OAC 5180:2-13-21 "Non-traditional care" is being amended and outlines the requirements for family child care homes offering evening and overnight care.

- Changed the name of the rule to align with OAC Chapter 5180:2-12-21 to encompass all types of non-traditional care.
- Clarified the definition of evening care.
- Added a new definition of overnight care.
- Clarified sleeping and bedtime routine requirements.

OAC 5180:2-13-22 "Meal preparation and nutrition" is being amended and outlines the requirements for providing nutritious meals and snacks to children in the care of the family child care provider.

- Changed “serve” to “offer” food.
- Changed to five food groups to align with national standards: protein, grain, fruit, vegetable, and dairy. Meals require food from each of the five food groups, breakfast requires food from three of the five food groups and snacks require food from two of the five food groups.
- Amended milk requirements so providers may offer milk based on parental preference.

- Clarified that the provider is to set their own policy for alternate diets.
- Clarified safe food storage requirements.
- Added that individual water bottles are to be labeled with the child's name
- Removed appendices A, B and C to rule 5180:2-13-22.

OAC 5180:2-13-25, Medication administration is being rescinded and adopted as a new rule and outlines the requirements for the administration of medication.

- Reorganized existing requirements so they are easier to understand. No substantive additions have been put into the rule, and it is only being filed as a new rule so the existing requirements are easier to read.
- Replaced references to the DCY 01236 "Child Medical/Physical Care Plan for Child Care" and the DCY 01217 "Request for Administration of Medication for Child Care" forms with the DCY "Health Care Plan & Permission to Administer Medication Form."

Implementation

- The effective date of the rules is July 1, 2026.
- Field Guides have been developed to help programs maintain compliance with the rules. These guides will be posted soon at the following link: **Resources | Department of Children and Youth**.
- Revised forms are not required for children currently enrolled; the new versions will be required when they need updated or a new one is required.

Rules/Forms

The chart indicates the impacted OAC rules, transmittal letters, and forms.
The most recent version of all DCY forms referenced in this letter can be accessed through Forms Central.

OAC Rules	Previous Transmittal Letter	DCY Forms
5180:2-13-01 5180:2-13-02 5180:2-13-03 5180:2-13-05 5180:2-13-07 5180:2-13-08	DCYTL 68 FCCMTL 22 FCCMTL 23 FCCMTL 22 FCCMTL 22 FCCMTL 25	Revised: • DCY 01234 "Child Enrollment Form for Early Care and Education Programs"

5180:2-13-09 5180:2-13-11 5180:2-13-12 5180:2-13-13 5180:2-13-15 5180:2-13-16 5180:2-13-18 5180:2-13-19 5180:2-13-21 5180:2-13-22 5180:2-13-25	FCCMTL 26 FCCMTL 21 FCCMTL 21 FCCMTL 21 FCCMTL 22 FCCMTL 21 DCYTL 68 FCCMTL 21 FCCMTL 21 FCCMTL 22 FCCMTL 22	• DCY 01236 "Health Care Plan Documentation & Permission to Administer Medication" • DCY 01299 "Incident/Injury Report for Early Care and Education" to include school-based programs. • DCY 01933 "Liability Insurance Statement for Family Child Care Providers" Sample: • DCY 01174 "Adjudicated a Delinquent Child Statement" • DCY 01242 "Medical, Dental and General Emergency Plan for Child Care" Obsoleted: • DCY 01201 "Dental First Aid" • DCY 01217 "Request for Administration of Medication for Child Care" • DCY 01250 "Plan of Operation for Child Care"

5180:2-13-01 **Definitions ~~for licensed family child care~~.**

As used in this chapter:

(A) "Administrator" means the person or people responsible for the daily operation of the Type A family child care home. The administrator and the owner may be the same person. All administrators are residents of the family child care home.

~~(A)~~(B) "Adult" means an individual who is at least eighteen years of age.

~~(B)~~(C) "Advanced practice registered nurse (APRN)" means a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife or certified nurse practitioner (CNP) under Chapter 4723. of the Revised Code. ~~This was previously called advanced practice nurse (APN).~~

~~(C)~~(D) "Authorized representative" means an individual employed by a type A home, that is owned by a person other than an individual and who is authorized by the owner to do all of the following:

(1) Communicate on the owner's behalf.

(2) Submit on the owner's behalf applications for licensure or approval.

(3) Enter into on the owner's behalf provider agreements for publicly funded child care.

~~(D)~~(E) "Career pathways model" means an alternative pathway to meeting the requirements for a child care staff member or administrator that uses an approved framework to document formal education, training, experience, specialized credentials and certifications. This allows the child care staff member or administrator to achieve a designation as an early childhood professional level one, two, three, four, five, or six.

~~(E) "Certified nurse practitioner (CNP)" means a registered nurse who holds a valid certificate of authority issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a CNP in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.~~

(F) "Child" means an infant, toddler, preschool child or school-age child.

(G) "Child care" per section 5104.01 of the Revised Code means all of the following:

(1) Administering to the needs of infants, toddlers, preschool-age children and school-age children outside of school hours.

(2) By persons other than their parents, guardians, or custodians.

(3) For part of the twenty-four-hour day.

(4) In a place other than a child's own home, except that an in-home aide provides child care in the child's own home.

(5) By a provider required by Chapter 5104. of the Revised Code to be licensed or approved by the Ohio department of children and youth (DCY), certified by a county department of job and family services, or under contract with the department to provide publicly funded child care as described in section 5104. 32 of the Revised Code.

(H) "Child care staff member" means an employee of the family child care provider whose primary responsibility~~who~~ is to provide~~responsible for the~~ care and supervision of children. Only a child care staff member may be part of the staff-to-child ratio. A substitute child care staff member may replace a child care staff member on a temporary basis. For the purposes of this chapter, child care staff members include substitute child care staff members and high school students and graduates under eighteen years of age working as child care staff members. The administrator, authorized representative, or owner may be a child care staff member when not involved in other duties.

(I) "Corrective action plan" describes the action taken by the program to correct a licensing non-compliance. This plan does not confirm the program is in compliance with the rule, or negate the non-compliance finding. Corrective action plans are submitted in the Ohio statewide licensing system~~child licensing and quality system (OCLQS)~~ and are to be completed in their entirety to be approved.

(J) "Delinquent child" means the same as in section 2152.02 of the Revised Code.

(K) "Dentist" means a person issued a certificate to practice in accordance with Chapter 4715. of the Revised Code and rules adopted by the state dental board or a comparable body in another state.

(L) "Developmentally appropriate" means curriculum, instruction, environments, and age-appropriate activities that reflect the cognitive, social, and emotional level of the learner and includes the unique abilities or characteristics of a learner or group of learners including learners with disabilities, unique ethnic and/or cultural characteristics, and unique life experiences.

~~(J)~~(M) "Employee" ~~means a person who~~ means an individual who receives compensation for duties performed in a licensed family child care home; or who is assigned specific working hours or duties in a licensed family child care home. This includes contracted

employees or self-employed individuals who are compensated by the provider and who have unsupervised access to children in the home.~~either receives compensation for duties performed in a licensed family child care home or has assigned work hours or duties in a licensed family child care home.~~

~~(K)~~(N) "Family child care provider" is a DCY licensed type A home provider or a DCY licensed type B home provider.

~~(L)~~(O) "Field trips" means infrequent or irregularly scheduled excursions from the licensed family child care home.

~~(M) "Food supplement" means a vitamin, mineral, or combination of one or more vitamins, minerals and/or energy producing nutrients (carbohydrate, protein or fat) used in addition to meals or snacks.~~

~~(N)~~(P) "Infant" means a child who is under eighteen months of age.

~~(O)~~(Q) "License capacity" is the maximum number of children who may be cared for in a family child care home at any one time. License capacity is indicated on the license. License capacity is not the same as the total number of children enrolled in the home or attending the home on any given day. Children away from the home on a field trip or a special outing, and under the supervision of a child care staff member, are~~shall be~~ included in the count for license capacity.

(R) "Medical food" means food that is formulated to be consumed under the supervision of a physician, physician assistant (PA), advanced practice registered nurse (APRN), or licensed dentist and which is intended for the specific dietary management of a disease or condition.

~~(P)~~(S) "Medication" means any substance or preparation of a substance which is used to prevent or treat a wound, injury, infection, infirmity, or disease. This includes medication that is over the counter, or prescribed or recommended by a physician, physician assistant (PA), or advance practice registered nurse (APRN) certified to prescribe medication, or licensed dentist and permitted by the parent for administration or application.

~~(Q)~~(T) "Moderate risk non-compliance" means a licensure rule violation that has the potential to lead to an increased risk of harm to, or death of a child, and is observable and/or based on facts~~, not inferable~~.

~~(R) "Modified diet" means any diet eliminating the use of any one or more of the four food groups or altering the amount of food required to be served to meet one-third of the recommended dietary allowance as required by rule 5180:2-13-22 of the Administrative Code.~~

(U) "Ohio professional registry" (OPR) is an online professional development tool for Ohio's child care professionals.

(V) "Ohio statewide licensing system" is the DCY system for child care licensing and step up to quality functions and activities.

~~(S)~~(W) "Owner" includes a person, as defined in section 1.59 of the Revised Code, or government entity.

~~(T)~~(X) "Parent" means the father or mother of a child, an adult who has legal custody of a child, an adult who is the guardian of a child, or an adult who stands in loco parentis with respect to a child, and whose presence in the home is needed as the caretaker of the child. Parent has the same meaning as "caretaker parent" as defined in section 5104.01 of the Revised Code.

~~(U)~~(Y) "Physician" means a person issued a certificate to practice in accordance with Chapter 4731. of the Revised Code and rules adopted by the state medical board or a comparable body in another state.

~~(V)~~(Z) "Physician assistant (PA)" means a person who has obtained a valid certificate to practice in accordance with Chapter 4730. of the Revised Code and rules adopted by the state medical board or a comparable body in another state.

~~(W)~~(AA) "Preschool child" means a child who is three years old or older but is not a school-age child.

~~(X)~~(BB) "Provider" means the person responsible for the daily operation of the family child care home. The provider and the owner of the family child care home are~~shall be~~ the same person and the family child care home is~~shall be~~ the permanent residence. If the owner of the family child care program is a corporation, the agent(s) of the corporation ~~shall~~ includes~~include~~ the provider. For a type A home, the provider may ~~is~~ also be the named administrator.

~~(Y)~~(CC) "Public children services agency (PCSA)" means an entity specified in section 5153.02 of the Revised Code that has assumed the powers and duties of the children services function prescribed by Chapter 5153. of the Revised Code for a county.

~~(Z)~~(DD) "Related to the provider" means any of the following persons when determining group size in a family child care home: grandchildren, daughters, sons, step daughters, step sons, sisters, brothers, step sisters, step brothers, nieces, nephews, half brothers, half sisters, or first cousins who are related to the provider by blood, marriage or adoption. Children receiving foster care from the provider are not considered to be related to the provider.

~~(AA)~~(EE) "Resident" means a person who lives in the family child care home for more than ten consecutive calendar days and is included in the household composition.

~~(BB)~~(FF) "Routine trips" means repeated excursions off the premises of the home which regularly occur on a previously scheduled basis and that parents have been made aware of the destinations of the trip.

~~(CC)~~(GG) "School-age child" means a child who is enrolled in or is eligible to be enrolled in a grade of kindergarten or above, but who is less than fifteen years old or, in the case of a child who is receiving special needs child care, is less than eighteen years old.

~~(DD)~~(HH) "Serious risk non-compliance" means a licensure rule violation that has the potential to lead to a great risk of harm to, or death of, a child and is observable and/or based on facts.

~~(EE)~~(II) "Special needs child care" refers to care provided for a child under the age of eighteen who: ~~means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.~~

(1) Has one or more chronic (ongoing) health conditions; or

(2) Requires additional support due to severe developmental differences in one or more of the following areas:

(a) Social development.

(b) Emotional development.

(c) Cognitive development.

(d) Communication skills.

(e) Perception skills.

(f) Perception and sensory processing.

(g) Motor skills.

(h) Physical health or mobility.

(i) Behavioral development.

(3) These needs require regular and ongoing adaptations and/or daily specialized support to support their child's development. As a result, the level of care needed is significantly increased and leads to ongoing additional expenses for the child care program.

~~(FF)~~(JJ) "Specialized foster home" means a medically fragile foster home or a treatment foster home.

(KK) "Supervision" means the process of overseeing the care of children in a licensed family child care home and includes the duty to keep children safe from harm.

~~(GG)~~(LL) "Toddler" means a child who is at least eighteen months of age but less than three years of age.

~~(HH)~~(MM) "Treatment foster care" means foster caregiver-based treatment services for children whose special or exceptional needs cannot be met in their own homes. Treatment foster care focuses on providing rehabilitative services to children with special or exceptional needs and their families with the primary location of treatment being in the treatment foster home.

~~(II)~~(NN) "Type A home" means the permanent residence of the provider in which child care is provided for eight to fourteen children at one time.

~~(JJ)~~(OO) "Type B home" means the permanent residence of the provider in which child care is provided for one to seven children at one time.

(PP) "Visitor" means an individual who is not considered an employee but may be temporarily present in the program. A visitor does not have assigned duties, is not used in ratio, or left alone with children.

~~(KK)~~(QQ) "Voluntary temporary closure" means the program requests to stop serving children, but not close the license. A voluntary temporary closure shall not exceed twelve months.

(RR) "Volunteer" means an individual who is not considered an employee. A volunteer may have duties but is not compensated, not counted in ratio and is not left alone with children.

Effective:	7/1/2026
Five Year Review (FYR) Dates:	4/13/2026 and 07/01/2031

CERTIFIED ELECTRONICALLY

Certification

06/18/2026

Date

Promulgated Under:	119.03
Statutory Authority:	5104.017, 5104.018
Rule Amplifies:	5104.01
Prior Effective Dates:	09/05/1986, 07/01/2003, 09/01/2007, 09/29/2011, 09/28/2015, 12/31/2016, 10/29/2017, 12/01/2019, 10/29/2021, 11/02/2025

5180:2-13-02 **Application and amendments~~ for a family child care provider license~~.**

(A) What is the application process to establish or operate a licensed family child care home?

A resident of Ohio who wishes to become a licensed family child care provider is to:

(1) Complete a professional registry profile for the family child care applicant through the Ohio professional registry (OPR)~~ at https://occrra.org/opr~~.

(2) Register online through the OPR and complete the required family child care prelicensing training. The prelicensing training shall have been taken within the five years prior to application for a license.

(3) Complete an application online in the Ohio statewide licensing system ~~child licensing and quality system (OCLQS) at https://oclqs.force.com~~ and submit the fee of twenty-five dollars to the Ohio department of children and youth (DCY) ~~job and family services (ODJFS)~~.

(a) The application fee submitted with an application is nonrefundable and shall not be credited or transferred to any other application.

(b) The application is considered filed with DCY~~the ODJFS~~ as of the date it is received electronically and the payment has cleared.

(c) The application will be deleted from the system after one hundred twenty days if the fee payment is not received.

(d) Any application submitted without complete and accurate information will need to be amended with complete and accurate information before being licensed.

(e) The application will be deleted and the fee forfeited if the home is not ready to be licensed after twelve months.

(4) Notify in the Ohio statewide licensing system~~OCLQS~~ if the provider wants to voluntarily withdraw the application. This results in a forfeiture of the application fee.

(B) What additional items shall be submitted during the application process?

~~The items listed in appendix A and appendix B to this rule are required and shall be completed and submitted for licensure.~~

At the time of application provide the following to DCY:

(1) Verification that a background check has been requested for each individual required to undergo a background check pursuant to rule 5180:2-13-09 of the Administrative Code.

(2) Verification of completion of a high school education pursuant to rule 5180:2-13-07 of the Administrative Code.

(3) A detailed and labeled site plan of the space proposed to be used to care for children that includes an indoor floor plan and an outdoor play space diagram (if the outdoor play space is on-site).

(4) Documentation of a building inspection pursuant to rule 5180:2-13-04 of the Administrative Code, for type A home providers.

(5) Documentation of a fire inspection pursuant to rule 5180:2-13-04 of the Administrative Code, for type A home providers.

(6) Written zoning approval, for type A home providers.

(7) Articles of incorporation, if applicable, for type A home providers.

(C) Will the license capacity be the maximum allowable for a newly issued license?

Unless otherwise requested by the licensee, local certified building department, the Ohio department of commerce, state fire marshal or local fire safety inspector, the license capacity will be the maximum allowable.

~~(C)~~(D) Does the family child care provider license need to be visible?

The license is to be visible to parents at all times.

~~(D)~~(E) Can a family child care license be issued to an address that is currently licensed?

(1) Only one family child care provider license shall be issued for each address.

(2) A family child care provider license shall not be issued to any address that is currently licensed as a child care center.

~~(E)~~(F) Can someone be both a licensed family child care provider and be certified to provide foster care pursuant to Chapter 5103. of the Revised Code?

(1) A licensed type A provider shall not be certified to provide foster care.

(2) A licensed type B provider may be certified for foster care but shall ~~be~~ not be certified as a specialized or treatment foster care home pursuant to Chapter 5103. of the Revised Code. A licensed type B provider who was initially certified as a type B provider prior to August 14, 2008 with no break in certification or licensure is exempt from this requirement.

~~(F)~~(G) Will the license be a continuous license?

The license shall be a continuous license unless:

(1) The family child care provider is in the provisional period pursuant to rule 5180:2-13-06~~5101:2-13-06~~ of the Administrative Code.

(2) The family child care provider moves to a new address and does not propose a change of location amendment pursuant to paragraph (H)~~(G)~~ of this rule.

(3) The owner of the type A home program, which can be a corporation or partnership, changes. This includes if the corporation or partnership no longer exists.

(4) The family child care provider voluntarily surrenders the license by notifying the county agency in the Ohio statewide licensing system ~~OCLQS~~.

(5) It is revoked pursuant to rule 5180:2-13-05~~5101:2-13-05~~ of the Administrative Code.

~~(G)~~(H) What is the process to change or amend a license?

(1) The provider shall submit a request and all applicable documents in the Ohio statewide licensing system ~~OCLQS~~.

(2) What information can be amended on an existing license?

(a) License capacity.

(b) Change of location of the program.

(3) What is the timeline for requesting an amendment?

(a) For a change in capacity, the provider shall request and be approved for the amendment prior to serving additional children. This includes submitting all corrective action plans required pursuant to rule 5180:2-13-03~~5101:2-13-03~~ of the Administrative Code.

(b) For a change in location, the provider shall request the amendment at least thirty days prior to the last day at the current location. Failure to request within thirty days may result in a gap of care. Care shall not begin until the license has been transferred to the new location.

(4) Can a family child care home request a change in administrator?

Only a type A home provider may change an administrator if all of the following are met:

(a) If the owner of the type A home program is a corporation, the agent(s) of the corporation is to include the provider.

(b) The proposed administrator is a resident of the home and agent of the corporation and meets the requirements of a provider pursuant to rule 5180:2-13-07~~5101:2-13-07~~ of the Administrative Code.

(c) The provider submits a request and all applicable documents to the county agency in the Ohio statewide licensing system~~OCLQS~~.

(5) What are the requirements if a family child care provider wants to permanently move to a different location?

The provider is to:

(a) Comply with paragraph (H)(3)(b)~~(G)(3)(b)~~ of this rule.

~~(b) Submit all required documents listed in appendix C to this rule prior to licensure at the new location.~~

~~(c)~~(b) Submit a fee of twenty-five dollars in the Ohio statewide licensing system ~~OCLQS~~ thirty days prior to the proposed move.

~~(d)~~(c) Comply with an inspection at the new location and any applicable determinations of license capacity for the new location.

~~(e)~~(d) Cease child care operation at the original location at the time the license is issued for the new address.

(i) If care ceases at the old location before the new location is ready to be licensed, the program may be temporarily closed pursuant to paragraph (J) of this rule.

(ii) If the new location is unable to be licensed within ninety days after the request, the request for amendment will be closed which results in forfeiture of the application fee.

(e) A detailed and labeled site plan of the space proposed to be used to care for children that includes an indoor floor plan and an outdoor play space diagram (if the outdoor play space is on-site).

(f) Submit the following additional documents prior to licensure at the new location, for type A family child care homes: ~~If care ceases at the old location before the new location is ready to be licensed, the program may be temporarily closed pursuant to paragraph (I) of this rule.~~

(i) Documentation of a building inspection pursuant to rule 5180:2-13-04 of the Administrative Code.

(ii) Documentation of a fire inspection pursuant to rule 5180:2-13-04 of the Administrative Code.

(iii) Written zoning approval.

~~(g) If the new location is unable to be licensed within ninety days after the request, the request for amendment will be closed which results in forfeiture of the application fee.~~

(6) What are the requirements if a family child care provider needs to temporarily provide care in a different location?

(a) If the family child care provider is temporarily unable to provide care in the licensed location because the physical location has been deemed unsafe for care of children by the building department, fire department, local health department or local law enforcement, the provider may request to temporarily provide care in a new location.

(i) The family child care provider shall send a written request to the county agency and comply with an inspection of the temporary location prior to providing care at the temporary location.

(ii) The written request shall include written documentation from the government agency that deemed the location to be unsafe for care of children and shall include the plan and timeline for addressing the needs of the licensed location.

(iii) Prior to resuming care at the licensed location, the family child care provider shall provide written approval to the county agency from the government agency that has deemed the location safe to resume care of children.

(b) If the family child care provider is unable to return to the licensed location within one hundred eighty days, the provider shall notify DCY thirty days prior to the end of one hundred eighty days and follow the process for a permanent change of location pursuant to paragraph (H)(5)~~(G)(5)~~ of this rule. There are no extensions for a temporary change of location.

~~(H)~~(I) When shall an initial application and fee be required from a type A home provider?

An initial application and fee are required for any change in ownership which is defined as a sale of a child care program in its entirety or a transfer of control and administration by the owner(s) of a child care program to a new controlling entity.

~~(I)~~(J) How shall a family child care provider request a voluntary temporary closure/inactive status for a licensed family child care home?

(1) The provider shall request the temporary closure status in the Ohio statewide licensing system~~OCLQS~~. The program license will then be considered "inactive" in the system.

(2) The temporary closure/inactive status shall not exceed twelve months.

(3) The provider shall not serve any children during the temporary closure status.

(4) If the family child care home is closed for at least six months, the~~The~~ provider shall comply with an inspection prior to the end of the temporary closure/inactive status and prior to serving children again.

(5) If at the end of the twelve months, the family child care provider has not requested in the Ohio statewide licensing system~~OCLQS~~ to reinstate the license or is not able to be re-opened, DCY~~the ODJFS~~ may close the license without hearing rights in accordance with the requirements of Chapter 119. of the Revised Code.

~~(J)~~(K) What information will the provider keep current in the Ohio statewide licensing system~~OCLQS~~?

(1) Mailing address.

(2) Phone~~Telephone~~ number.

(3) Email address.

(4) Days and hours of operation.

(5) Services offered.

(6) Name of program, if applicable.

(7) Ohio secretary of state entity number, if applicable.

(8) Private pay rates.

(9) Adjudicated a delinquent child statement, if applicable.

~~(K)~~(L) What if an individual listed in the Ohio statewide licensing system~~OCLQS~~ as a legal business owner (as defined in section 5104.03 of the Revised Code) changes?

The provider shall log into the Ohio statewide licensing system~~OCLQS~~ to complete and submit the information within thirty days of the change, for type A homes only.

~~(L)~~(M) What is the county agency's responsibility for the application and issuance of a license for a family child care provider?

The county agency is to:

(1) Begin to review documents submitted as part of the application within ten business days of receiving the documents in the Ohio statewide licensing system~~OCLQS~~.

(2) Recommend the application for approval or denial to DCY~~the ODJFS~~ within ninety days of receiving a completed application. The completed application includes all of the requirements indicated in ~~appendix A to~~ this rule with the exception of the completed background check pursuant to rule 5180:2-13-09~~5101:2-13-09~~ of the Administrative Code. The completed application also indicates that the provider is ready for the prelicensing inspection.

(3) Complete the prelicensing inspection within ten business days after the application is complete and all documents have been approved.

(4) Recommend the approval or denial of the request for change of location, move to a temporary location or a voluntary temporary closure status to DCY~~ODJFS~~ within five business days of receiving the request and all required written documentation.

(5) Provide the applicant with the DCY~~JFS~~ 08087 "Ohio Communicable Disease Chart" when a recommendation is made to DCY~~ODJFS~~ to license the applicant.

(6) Request from the current county agency any documentation not captured in the Ohio statewide licensing system~~OCLQS~~ within ten business days if a provider proposes a change of location into the county.

(7) Provide the new county agency with any documentation not captured in the Ohio statewide licensing system~~OCLQS~~ within ten business days if a provider proposes a change of location to another county.

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Required Documents During the Application Process

The following documents shall be submitted at the time of application for a licensed family child care provider.

- Verification of completion of a high school education, as required in rule 5101:2-13-07 of the Administrative Code.
- A medical statement for the family child care provider applicant that meets the requirements detailed in appendix B to this rule.
- JFS 01250 "Plan of Operation for Child Care" and any necessary attachments.
- Written information for parents and employees as required in rule 5101:2-13-07 of the Administrative Code.
- JFS 01174 "Adjudicated a Delinquent Child Statement."
- Documentation of building inspection pursuant to rule 5101:2-13-04 of the Administrative Code, for type A home providers.
- Fire inspection approval type A home providers issued pursuant to rule 5101:2-13-04 of the Administrative Code.
- Articles of incorporation, if applicable, for type A home providers.
- Written zoning approval, for type A home providers.
- Written disaster plan as required in rule 5101:2-13-16 of the Administrative Code.

Note: Requests for background checks in the Ohio Professional Registry (OPR) and fingerprints for the bureau of criminal investigation (BCI) and federal bureau of investigation (FBI) criminal records checks for the provider and any resident of the home, age 18 or older, shall be submitted at the time of application in accordance with rule 5101:2-13-09 of the Administrative Code.

Medical Statement Requirements for Family Child Care Providers, Employees, Child Care Staff Members and Substitute Child Care Staff Members in a Licensed Family Child Care Home

The following shall be contained in a medical statement:

- The date of the examination (within the previous twelve months).
- The signature, business address, telephone number of the licensed physician as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner who completed the examination.
- A statement that verifies the person is:
    - Physically fit for employment in a family child care home caring for children.
    - Immunized against measles, mumps and rubella (MMR), except that for persons born on or before December 31, 1956, a history of measles or mumps disease may be substituted for the vaccine. A history of rubella disease shall not be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies shall be accepted in lieu of rubella vaccine.
    - Immunized against tetanus, diphtheria and pertussis (Tdap) from a licensed physician as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice registered nurse, certified nurse midwife, certified nurse practitioner or licensed pharmacist.
    - The person may be exempt from the immunization requirement for religious reasons with written documentation signed by the individual, and for medical reasons with written documentation signed by a licensed physician.
- An additional report or examination by a licensed physician or mental health professional may be required when there is concern about a person's ability to perform required duties.

Appendix C to Rule 5101:2-13-02

Required Documents for a Permanent Change of Location

The following documents are to be submitted at the time of a request for a permanent change of location for a licensed family child care provider.

- JFS 01250 "Plan of Operation for Child Care" and any necessary attachments.
- Documentation of building inspection pursuant to rule 5101:2-13-04 of the Administrative Code, for type A home providers.
- Fire inspection approval issued pursuant to rule 5101:2-13-04 of the Administrative Code, for type A home providers.
- Written zoning approval, for type A home providers.

5180:2-13-03 **Compliance inspection and complaint investigation ~~of a licensed family child care provider~~.**

(A) What compliance inspections are required for family child care providers?

(1) At least one inspection prior to the initial issuance of a provisional license.

(2) At least two inspections during the provisional period.

(3) At least one inspection in each half of the state fiscal year after the issuance of the continuous license. Compliance inspections completed in the state fiscal year pursuant to paragraph (A)(2) of this rule meet this requirement.

(4) Any complaint investigations regarding the licensed family child care provider.

(5) At least one inspection will be unannounced.

~~(B) Will inspections be announced or unannounced?~~

~~At least one inspection shall be unannounced and all inspections may be unannounced.~~

~~(C)~~(B) What is required of a licensed family child care provider for an inspection and/or complaint investigation?

The family child care provider shall allow the county agency and the Ohio department of children and youth (DCY)~~job and family services (ODJFS)~~ to:

(1) Complete an inspection of all areas of the family child care home where child care is provided, children have access to, and all areas used to verify compliance with Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code and Chapter 5104. of the Revised Code.

(2) Review required records and documentation.

(3) Interview or take statements from anyone pertinent to the investigation which may include any of the following:

(a) Building officials, fire department inspectors, sanitarians, public health or other state or local officials.

(b) Neighbors.

(c) Parents and relatives of children in care.

(d) Residents of the home.

(e) Staff of the public children services agency (PCSA).

(f) Staff of the county agency and DCY~~the ODJFS~~.

(g) Anyone mentioned by the complainant.

(h) Law enforcement personnel.

(i) Current and past family child care staff employees.

(j) Other witnesses.

(4) Document findings in writing or in photographs or by any other means.

~~(D)~~(C) What are additional requirements for a licensed family child care provider as a result of an inspection and/or complaint investigation?

The family child care provider is to:

(1) Complete and submit a corrective action plan in the Ohio statewide licensing system ~~child licensing and quality system (OCLQS)~~ addressing the non-compliances detailed in the inspection report within the time frame requested in the inspection report.

(2) Not misrepresent, falsify or withhold information from the county agency or DCY ~~ODJFS~~.

(3) Pursuant to section 5104.043 of the Revised Code, provide a written or electronic notice of the serious risk non-compliance (SRNC) to all parents of enrolled children within fifteen business days of receipt of the non-compliance, if DCY~~ODJFS~~ determines that an act or omission of a family child care home constitutes a SRNC pursuant to appendix A to this rule.

(a) The notice is to include a statement informing each parent of the web site maintained by DCY~~ODJFS~~ and the location of further information regarding the determination.

(b) If the provider requests a review of the finding pursuant to paragraph (G)~~(F)~~ of this rule, and the finding is upheld, the notice to parents is to be sent within five business days of receipt of the decision by DCY~~ODJFS~~.

(c) The family child care provider will need to provide a copy of the notice to DCY~~ODJFS~~.

(d) The requirements of section 5104.043 of the Revised Code do not apply if DCY~~ODJFS~~ suspends the license of the family child care provider.

(D) What is a licensing inspection non-compliance?

(1) A licensing inspection non-compliance is a licensure rule violation. Inspections could result in moderate or serious risk findings.

(2) Non-compliance findings differ in level of severity, depending on the potential to lead to a risk of harm to a child, and are observable and/or based on facts. Moderate and serious risk non-compliances are assigned point values and the annual accumulated points may result in DCY licensing or step up to quality (SUTQ) actions, pursuant to section 5104.29 of the Revised Code.

(a) Moderate risk non-compliances may lead to an increased risk of harm to children and are worth three points each.

(b) Serious risk non-compliances may lead to the greatest risk of harm to children and are worth six points each.

(c) Moderate risk and serious risk non-compliances are listed in appendix A to this rule.

(E) What actions may DCY take when a serious risk non-compliance occurs?

Any serious risk non-compliance described in, but not necessarily limited to this rule, as reviewed by DCY at its discretion may result in any of the following:

(1) Denial of a license application or approval for a non-expiring or continuous license.

(2) Revocation of a license.

(3) Reduction or removal of a quality rating.

(4) Loss of funding.

~~(E)~~(F) Will a licensed family child care provider have additional inspections based on non-compliances found?

All non-compliances may lead to additional inspections or compliance materials required by the county agency or DCY~~ODJFS~~.

~~(F)~~(G) What if a licensed family child care provider does not agree with the licensing findings?

(1) The family child care provider may request a review of a non-compliance finding in the Ohio statewide licensing system within ten business days from the receipt of the inspection report.

(2) The family child care provider may elect to participate in an initial review of the request with a DCY representative.

(3) Following an initial review, the family child care provider may elect to participate in a committee review of the request with a DCY committee.

(4) The committee's decision is considered final.

~~The family child care provider may complete and submit a JFS 01155 "Request for Review for Licensing and Step Up To Quality" with any applicable documentation within seven business days from the receipt of the inspection report.~~

~~(G)~~(H) What are the county agency requirements for compliance inspection and complaint investigation of a family child care provider?

(1) All inspections are to be completed during the operating hours of the family child care home.

(a) The county agency is to complete at least one ~~of the two~~ unannounced compliance inspections~~annual inspections~~ when a child(ren) for whom the provider is receiving compensation is present.

(b) If no child(ren) is enrolled, the inspection will still be completed. When at least one child for whom the provider is receiving compensation is present, a monitoring inspection is to be completed.

(2) For each inspection, the county agency shall:

(a) Complete the inspection report in the Ohio statewide licensing system ~~OCLQS~~.

(b) Provide a hard copy or electronic copy of the inspection report and supporting documents to the provider by close of business the next business day, and within five business days of the date of the addition or revision, if additional information is added to the report or it is revised in any way.

(3) The county agency shall investigate any complaints alleging rule noncompliance against a provider. The county agency may inspect the family child care home as part of the complaint investigation.

(a) Investigations of all complaints shall begin within five business days of the receipt of a complaint by the county agency.

(b) If the complaint alleges an immediate risk to children, the county agency shall begin the investigation by the next business day of receipt of the complaint.

(c) For each investigation, the county agency is to:

(i) Document the complaint in the Ohio statewide licensing system~~OCLQS~~ .

(ii) Send to the provider a copy of the ~~OCLQS~~ inspection and/or complaint report within ten business days of the completion of the investigation, and within five business days of the date of the addition or revision, if additional information is added to the report or it is revised in any way.

(4) The county agency is to take the following action when a serious incident is reported in the Ohio statewide licensing system~~OCLQS~~ as required in paragraph (G) of rule 5180:2-13-16~~5101:2-13-16~~ of the Administrative Code:

(a) When a complaint is received on the same non-compliance, complete a complaint investigation pursuant to paragraphs (H)(3) and (I)~~(G)(3) and (H)~~ of this rule.

(b) When a complaint is not received, issue an inspection within ten days for the non-compliances reported.

(5) The county agency shall provide a copy of the inspection report to anyone who submits a request to the county agency. The county agency shall remove all confidential information prior to providing a copy.

(6) The county agency shall provide technical assistance for complying with the requirements of Chapter 5104. of the Revised Code and Chapter 5180:2-13 ~~5101:2-13~~ of the Administrative Code.

~~(H)~~(I) What other requirements shall the county agency follow for complaints?

(1) If the complaint alleges child abuse or neglect, the county agency shall report the complaint within the same business day to the public children services agency (PCSA) or law enforcement in accordance with section 2151.421 of the Revised Code. The oral report shall be followed with a written report to the PCSA, if requested by the PCSA. The written report shall contain the following:

(a) A summary of allegations.

(b) The name of the reporter, unless anonymity is requested.

(c) A summary of actions taken by the county agency or plans to initiate an investigation of non-compliance with the regulations contained in Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code.

(d) A request for clarification of joint or parallel investigatory roles.

(2) A PCSA investigation does not relieve the county agency of its responsibility to investigate provider non-compliance with regulations contained in Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code unless the PCSA indicates that the county agency complaint investigation would interfere with the PCSA's investigation of the case.

(3) If the county agency receives a report that an unlicensed home may be caring for too many children in violation of section 5104.02 of the Revised Code, the county agency shall refer the report to DCY~~ODJFS~~ for investigation.

~~(I)~~(J) Are licensing inspection records available to the public?

(1) Inspections may be viewed using the child care search tool on the DCY website ~~at http://childcaresearch.ohio.gov/~~.

(2) An individual may submit a written request to DCY~~ODJFS~~ for a copy of the family child care home licensing record.

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Appendix A to rule 5180:2-13-03

Moderate and Serious Risk Non-compliances and Point Values for Family Child Care

5180:2-13-03 Compliance inspection and complaint investigation

Serious Risk Non-Compliance (6 Points)

- Provider, resident, child care staff member or employee refuses the Ohio Department of Children and Youth (DCY) or county agency access to program.
- Provider falsifies information to DCY or county agency.

5180:2-13-04 Building department inspection and fire inspection

Moderate Risk Non-Compliance (3 Points)

- Care is provided for children on an unapproved floor or in an unapproved area of the home (Type A and Type B); room/building occupancy is exceeded (Type A only); children are cared for in room not approved for age group (Type A only).
- Fire Inspection – Failure to correct violations or inspection expired and update not requested at least 30 days prior to expiration (Type A only).
- Flammable or combustible materials and substances are store neared heaters, furnaces, water heaters or gas appliances (Type B only).
- The home's primary or alternate escape route is blocked or inaccessible (Type B only).

5180:2-13-09 Background checks

Moderate Risk Non-Compliance (3 Points)

- Background check request not submitted or fingerprints not submitted or resident of the home turns 18 or moves into the home and background check request not submitted or fingerprints not submitted.
- Employee or child care staff member working in the home and preliminary approval is not on file or in the Ohio professional registry (OPR).
- Child care staff member left alone with child(ren) and preliminary approval or DCY 01176 is not on file or in the OPR.
- Background check is expired and not updated.

Serious Risk Non-Compliance (6 Points)

- Provider has an ineligible background check.
- Resident, employee or child care staff member is not eligible for employment or residency and remains employed or residing in the home.
- Provider, resident, employee or child care staff member refuses to submit information for a background check request or refuses to submit fingerprints.

5180:2-13-11 Indoor and outdoor space

Moderate Risk Non-Compliance (3 Points)

- "S" hooks not closed appropriately, equipment and/or ropes not securely anchored or entrapment hazards exist.
- Protective surfacing is required but is inadequate or missing under equipment used for climbing, swinging, balancing, and sliding.
- Fence or barrier missing or inadequate.
- Unsafe route used to off-site space.

5180:2-13-12 Safe equipment and environment

Moderate Risk Non-Compliance (3 Points)

- Chemicals or unsafe equipment (lawnmowers, power tools accessible, etc.) are accessible while a child(ren) is present.
- Child(ren) present is not protected from unsafe items, conditions or situations.
- No mats under indoor climbing equipment.
- Home does not have required or working carbon monoxide detector (Type B only).

Serious Risk Non-Compliance (6 Points)

- Firearms, weapons or ammunition materials are not secure and there's no valid exemption, or are carried by someone with a valid exemption but are accessible while child(ren) is present.
- Illegal drugs on premises or alcohol accessible while child(ren) is present.

5180:2-13-14 Transportation and field trip safety

Moderate Risk Non-Compliance (3 Points)

- Driving a vehicle without correcting the noted violations, vehicle type not permitted to be used.
- Transporting a child under 12 years old in the front seat; not using required seat belts and/or car seats; more than one child in a seat belt, children sitting on floor or standing in a moving vehicle; not ensuring that all passengers adhere to the state of Ohio's child restraint law when transporting children in care.
- Child's health care plan documentation and/or specific items required on the health care plan not available on trip.

Serious Risk Non-Compliance (6 Points)

- Driver not 18 years old.
- Driver is not appropriately licensed, has a suspended license or has a license that expired more than 6 months ago.
- Driver is under the influence of drugs, alcohol or other substances which could impair driving.

5180:2-13-15 Child records

Moderate Risk Non-Compliance (3 Points)

- Health care plan not implemented, not on file or not followed.
- No trained staff on-site when child is present or on field trip with child or non-trained staff performed procedure on child.

5180:2-13-18 Group size and ratios

Moderate Risk Non-Compliance (3 Points)

- Program is out of ratio.
- Program exceeds license capacity.
- Additional child care staff member required but not present.

5180:2-13-19 Supervision of children and child guidance

Moderate Risk Non-Compliance (3 Points)

- Child left unattended inside the home.
- Child care staff member uses prohibited disciplinary techniques.
- Staff under the influence of a substance which impairs their ability to supervise children who are present.

Serious Risk Non-Compliance (6 Points)

- Child unattended off-site.

- Child completely left alone in home (no adults).
- Child unattended outside (not school-age).
- Provider fails to report suspected abuse/neglect/endangerment.
- Provider uses prohibited disciplinary techniques or there is a substantiated public children services agency (PCSA) finding of abuse, neglect or endangerment by any child care staff member, employee, resident or provider.
- Child not protected from harm which resulted in a serious incident or injury.

5180:2-13-20 Sleeping and napping
Moderate Risk Non-Compliance (3 Points)

- Child placed in crib or playpen with object which poses suffocation/strangulation risk (bibs, pacifier clips/ ribbons, teething jewelry, blankets, pillows, boppies, bumper pads, etc.).
- Stacked cribs are used, cribs or playpens do not meet size requirements, cribs or playpens are unstable, or cribs do not meet the Consumer Product Safety Commission standards.
- Something other than a crib or playpen used for sleeping or napping.
- DCY 01235 sleep position waiver needed but not on file.

5180:2-13-21 Non-traditional care
Moderate Risk Non-Compliance (3 Points)

- Provider or child care staff member are asleep before all children are asleep.
- Children under 5 are not on the same floor as the provider or child care staff member. Child(ren) asleep on unapproved floor of home.

5180:2-13-22 Meal preparation and nutrition
Moderate Risk Non-Compliance (3 Points)

- Child in attendance more than four hours without being offered a meal.

5180:2-13-23 Infant care and diaper care
Moderate Risk Non-Compliance (3 Points)

- Breast milk given to wrong child.
- Container used for heating bottles was accessible to children.

5180:2-13-24 Swimming and water safety
Serious Risk Non-Compliance (6 Points)

- No lifeguard present during water activity or lifeguard is used to meet ratio.
- Staff not actively supervising or swimming site accessible to children without staff supervision.
- Child(ren) swimming in lakes, ponds, rivers, etc.

5180:2-13-25 Medication administration
Moderate Risk Non-Compliance (3 Points)

- Health care plan and permission to give medication forms not on file or not followed, no current label or physician's instructions on prescription medication, medication not in original container.
- Medication accessible to child(ren).
- Medication instructions not followed.

Serious Risk Non-Compliance (6 Points)

- Medication was administered to the wrong child or the wrong dosage was administered to child.

Moderate and Serious Risk Non-compliances and Point Values for Family Child Care

All non-compliances not identified as a moderate risk or serious risk below are valued as 1 point.

5101:2-13-03 Compliance inspection and complaint investigation of a licensed family child care provider
Serious Risk Non-Compliance (6 Points)

- Provider, resident, child care staff member or employee refuses Ohio Department of Job and Family Services (ODJFS) or county agency access to program.
- Provider falsifies information to ODJFS or county agency.

5101:2-13-04 Building department inspection and fire inspection for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- Care is provided for children on an unapproved floor or in an unapproved area of the home (Type A and Type B); room/building occupancy is exceeded (Type A only); children are cared for in room not approved for age group (Type A only).
- Fire Approval – Unable to obtain approval due to violations or update not requested at least 30 days prior to expiration (Type A only).
- Flammable or combustible materials and substances are store neared heaters, furnaces, water heaters or gas appliances (Type B only).
- The home's primary or alternate escape route is blocked or inaccessible (Type B only).

5101:2-13-09 Background check requirements for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- Background check request not submitted, or fingerprints not submitted or resident of the home turns 18 or moves into the home and background check request not submitted or fingerprints not submitted.
- Employee or child care staff member engaged in assigned duties or near children and preliminary approval is not on file or in the Ohio professional registry (OPR).
- Child care staff member left alone with child(ren) and JFS 01176 is not on file or in the OPR.
- Background check is expired and not updated.

Serious Risk Non-Compliance (6 Points)

- Provider has an ineligible background check.
- Resident, employee or child care staff member is not eligible for employment or residency and remains employed or residing in the home.
- Provider, resident, employee or child care staff member refuses to submit information for a background check request or refuses to submit fingerprints.

5101:2-13-11 Indoor and outdoor space requirements for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- "S" hooks not closed appropriately, equipment and/or ropes not securely anchored or entrapment hazards exist.
- Protective surfacing is required but is inadequate or missing under equipment used for climbing, swinging, balancing, and sliding.
- Fence or barrier missing or inadequate.
- Unsafe route used to off-site space.

5101:2-13-12 Safe equipment and environment for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- Chemicals or unsafe equipment (lawnmowers, power tools accessible, etc.) are accessible while a child(ren) is present.
- Child(ren) present is not protected from unsafe items, conditions or situations.
- No mats under indoor climbing equipment.
- Home does not have required or working carbon monoxide detector (Type B only).

Serious Risk Non-Compliance (6 Points)

- Firearms, weapons or ammunition materials are not secure and there's no valid exemption or are carried by someone with a valid exemption but are accessible while child(ren) is present.
- Illegal drugs on premises or alcohol accessible while child(ren) is present.

5101:2-13-14 Transportation and field trip safety for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- Driving a vehicle without correcting the noted violations, vehicle type not permitted to be used.
- Transporting a child under 12 years old in the front seat; not using required seat belts and/or car seats; more than one child in a seat belt, children sitting on floor or standing in a moving vehicle; not ensuring that all passengers adhere to the state of Ohio's child restraint law when transporting children in care.
- Child’s JFS 01236 and/or specific items required on the JFS 01236 not available on trip.

Serious Risk Non-Compliance (6 Points)

- Driver not 18 years old.
- Driver is not appropriately licensed, has a suspended license or has a license that expired more than 6 months ago.
- Driver is under the influence of drugs, alcohol or other substances which could impair driving.

5101:2-13-15 Child record requirements for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- JFS 01236 incomplete, not implemented, not on file or not followed.
- No trained staff on-site when child is present or on field trip with child or non-trained staff performed procedure on child.

5101:2-13-18 Group size and ratios for a licensed family child care provider.
Moderate Risk Non-Compliance (3 Points)

- Program is out of ratio.
- Program exceeds license capacity.

5101:2-13-19 Supervision of children and child guidance for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- Child left unattended.
- Child care staff member uses prohibited disciplinary techniques.
- Staff under the influence of a substance which impairs their ability to supervise children who are present.

Serious Risk Non-Compliance (6 Points)

- Child unattended off-site.
- Child completely left alone in home (no adults).

- Child unattended outside (not school-age).
- Provider fails to report suspected abuse/neglect/endangerment.
- Provider uses prohibited disciplinary techniques.
- Substantiated public children's services agency finding of abuse, neglect or endangerment by any child care staff member, employee, resident or provider.
- Child not protected from harm which resulted in a serious incident or injury.

5101:2-13-20 Sleeping and napping requirements for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- Child placed in crib or playpen with object which poses suffocation/strangulation risk (bibs, pacifier clips/ ribbons, teething jewelry, blankets, pillows, boppies, bumper pads, etc.).
- Stacked cribs are used, cribs or playpens do not meet size requirements, cribs or playpens are unstable, or cribs do not meet the Consumer Product Safety Commission standards.
- Something other than a crib or playpen used for sleeping or napping.
- JFS 01235 sleep position waiver needed but not on file.

5101:2-13-21 Evening and overnight care for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- Provider or child care staff member are asleep before all children are asleep.
- Children under 5 are not on the same floor as the provider or child care staff member.
- Child(ren) asleep on unapproved floor of home.

5101:2-13-22 Meal preparation/nutritional requirements for a licensed family child care provider.
Moderate Risk Non-Compliance (3 Points)

- Supplemental food not onsite, meals or snacks provided do not meet the requirements of the rule.

5101:2-13-23 Infant care and diaper care for a licensed family child care provider
Moderate Risk Non-Compliance (3 Points)

- Breast milk given to wrong child.
- Container used for heating bottles was accessible to children.

5101:2-13-24 Swimming and water safety requirements for a licensed family child care provider
Serious Risk Non-Compliance (6 Points)

- No lifeguard present during water activity or lifeguard is used to meet ratio.
- Staff not actively supervising or swimming site accessible to children without staff supervision.
- Child(ren) swimming in lakes, ponds, rivers, etc.

5101:2-13-25 Medication administration for a licensed family childcare provider
Moderate Risk Non-Compliance (3 Points)

- JFS 01217 incomplete, not on file or not followed, no current label or physician's instructions on prescription medication, medication not in original container.
- Medication accessible to child(ren).
- Medication instructions not followed, or the wrong dosage was administered to child.

Serious Risk Non-Compliance (6 Points)

- Medication was administered to the wrong child.

5180:2-13-05 **Denial, revocation and suspension ~~of a family child care application or license~~.**

(A) What does "owner" mean?

(1) For the purposes of paragraphs (C) and (E) of this rule, "owner" is as defined in rule 5180:2-13-01~~5101:2-13-01~~ of the Administrative Code, except that "owner" also includes a firm, organization, institution, or agency, as well as any individual governing board members, partners, or authorized representatives of the owner as defined in section 5104.03 of the Revised Code.

(2) For all other paragraphs of this rule, "owner" is as defined in rule 5180:2-13-01 ~~5101:2-13-01~~ of the Administrative Code.

(B) What are the reasons an applicant may have an application denied or a licensed family child care provider may have a provisional or continuous license revoked?

(1) The family child care provider is not in compliance with Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code or Chapter 5104. of the Revised Code.

(2) The family child care provider or a household member has been determined not eligible to own a child care program or to be employed or reside in a licensed family child care home as a result of the background check requirements pursuant to rule 5180:2-13-09~~5101:2-13-09~~ of the Administrative Code.

(3) The family child care provider fails to submit documentation or information requested by the county agency or the Ohio department of children and youth (DCY)~~job and family services (ODJFS)~~ within required time frames.

(4) The family child care provider, resident, employee or child care staff member has refused to allow DCY~~ODJFS~~ or the county agency staff access onto its premises or to any area used for child care during operating hours.

(5) The family child care provider has furnished or made misleading or false statements or reports to DCY~~ODJFS~~ or the county agency.

(6) Failure of any person, firm, partnership, organization, institution, or agency to cooperate with DCY~~ODJFS~~ or any state or local official when performing duties required by Chapter 5104. of the Revised Code and Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code.

(7) Someone under the age of eighteen who resides in the home has been adjudicated a delinquent child for committing a violation of any section listed in division (A)(5) of section 109.572 of the Revised Code or an offense of any

other state or the United States that is substantially equivalent and the records of the adjudication or conviction have not been sealed or expunged pursuant to sections 2151.355 to 2151.38 or sections 2953.31 to 2953.36~~2953.38~~ of the Revised Code.

(8) It has been determined through the results of the child abuse and neglect report or any other means pursuant to rule 5180:2-13-09~~5101:2-13-09~~ of the Administrative Code that there is an individual, of any age, who resides in the home and whose behavior or health may endanger the health, safety, or well-being of children.

(9) The family child care provider fails to cooperate with the county agency or DCY~~ODJFS~~ in the licensing process or complaint investigation including, but not limited to, consistently being unavailable for unannounced inspections conducted by the county agency or DCY~~the ODJFS~~.

(C) What happens if an application is in the process of being denied or a provisional or continuous license is in the process of being revoked?

(1) If an application for a child care center, type A home or type B home has been issued a notice of intent to deny, no new application for a type A home license or type B home license shall be processed for the owner until after the completion of the denial process.

(2) If a provisional or continuous license for a child care center, type A home or type B home has been issued a notice of intent to revoke, no new application for a type A home license or type B home license shall be processed for the same owner until after the completion of the revocation process.

(3) If the family child care provider has been issued a notice of intent to revoke the program's license, the family child care provider is to notify the families of all enrolled children and post the notice of intent in a noticeable location in the family child care home within forty-eight hours of receipt of the notice.

(D) What if a provider voluntarily surrenders the license or voluntarily withdraws the application during the revocation or denial process?

The voluntary surrender of a license or the withdrawal of an application for licensure shall not prohibit DCY~~ODJFS~~ from revoking a license or denying an application.

(E) What happens if an application has previously been denied, or a provisional or continuous license, or an in-home aide certification has been revoked?

(1) If a license of a child care center, type A home or type B home is revoked, another license shall not be issued to the owner of the center, type A home or type B home until five years have elapsed from the date the license was revoked.

(2) If an application for a child care center, type A home or type B home license is denied, the applicant shall not be licensed until five years have elapsed from the date the application was denied.

(3) If the certification of an in-home aide is revoked, the applicant shall not be issued a type A or type B family child care license until five years have elapsed from the date the certification was revoked.

(F) Which licensing actions by DCY~~ODJFS~~ gives the family child care provider rights to a prior adjudicatory hearing in accordance with the requirements of Chapter 119. of the Revised Code?

(1) Denial of an application.

(2) Revocation of an existing license, either provisional or continuous.

(3) The finding of jurisdiction in accordance with rule 5180:2-13-01~~5101:2-13-01~~ of the Administrative Code.

(4) Issuance of a license with authorization for license capacity which does not agree with the authorization sought by the provider.

(5) Denial of a continuous license at the expiration of the family child care provider's provisional license.

(G) When can DCY~~ODJFS~~ suspend a license?

DCY~~ODJFS~~ may immediately suspend the license of a family child care provider if DCY~~ODJFS~~ determines that any of the following have occurred:

(1) A child dies or suffers a serious injury while receiving child care by the family child care provider.

(2) A public children services agency (PCSA) accepts a complaint of abuse or neglect pursuant to section 2151.421 of the Revised Code on any of the following people:

(a) The owner or owner's representative of the family child care home.

(b) The administrator of the type A home, if not the owner or owner's representative and if the administrator has not been released from employment or put on administrative leave.

(c) An employee of the family child care home, if the employee has not been immediately released from employment or put on administrative leave.

(d) A resident of the family child care home.

(3) Any of the following people have been charged by indictment, information, or complaint with an offense relating to the abuse or neglect of a child:

(a) The owner or owner's representative of the family child care home.

(b) The administrator of the type A home, if not the owner or owner's representative and if the administrator has not been released from employment or put on administrative leave.

(c) An employee of the family child care home, if the employee has not been released from employment or put on administrative leave.

(d) A resident of the family child care home.

(4) DCY~~ODJFS~~ or a county agency determines that the licensed family child care provider created a serious risk to the health or safety of a child receiving child care in the family child care home that resulted in or could have resulted in a child's death or injury.

(5) DCY~~ODJFS~~ determines that the family child care provider does not meet the requirements of section 5104.013 of the Revised Code.

(H) What happens if a family child care provider's license is suspended?

(1) Upon receipt of a written suspension order from DCY~~ODJFS~~, delivered~~ either by certified mail or~~ in person, the family child care provider shall:

(a) Immediately stop providing care to all children.

(b) Provide written notification of the suspension to the parents of all children enrolled in the home.

(2) Signature is required for delivery. Refusal of delivery~~ by personal service or by mail~~ is not failure of delivery and service shall be deemed to be complete.

(I) Can the family child care provider request a review of the decision to suspend the license?

The family child care provider may request an adjudicatory hearing before the department pursuant to sections 119.06 to 119.12 of the Revised Code.

(J) How long will the license be suspended?

The suspension shall remain in effect until any of the following occurs:

(1) The PCSA completes its investigation pursuant to section 2151.421 of the Revised Code and determines that all of the allegations are unsubstantiated.

(2) All criminal charges are disposed of through dismissal or a finding of not guilty.

(3) Pursuant to Chapter 119. of the Revised Code, DCY~~ODJFS~~ issues a final order terminating the suspension.

(K) Which DCY~~ODJFS~~ licensing actions, ministerial in nature, are not subject to an administrative hearing?

(1) Rejection by DCY~~ODJFS~~ of any application for a license for procedural reasons, such as but not limited to, improper fee payment, incomplete submission of required materials or use of invalid forms.

(2) Denial of an application pursuant to paragraph (E) of this rule.

(3) Closing a license that has been in a temporary closure for more than twelve months and the provider has not requested in the Ohio statewide licensing system to re-instate the license pursuant to rule 5180:2-13-02~~5101:2-13-02~~ of the Administrative Code.

(4) Closing a license if the family child care provider is no longer located at the address on the license and the owner has not requested a change of location or closure pursuant to rule 5180:2-13-02~~5101:2-13-02~~ of the Administrative Code.

(5) Closing a license if the type A home owner or provider has changed.

(6) Closing a license if the family child care provider does not have children, excluding the provider's own children, enrolled and attending at the end of the extended provisional period pursuant to rule 5180:2-13-06~~5101:2-13-06~~ of the Administrative Code.

(7) Closing a license, if at the end of twelve months, the family child care home is unable to be re-opened.

(8) Closing a license if children are not enrolled and attending for twenty four months and the provider refuses to voluntarily permanently close the program.

(L) Can the county agency recommend denial of an application, suspension of a license or revocation of a license to DCY~~ODJFS~~?

(1) The county agency may recommend the denial of an application or revocation of a license for any of the reasons detailed in paragraph (B) of this rule.

(2) The county agency may recommend the suspension of a license for any of the reasons detailed in paragraph (G)~~(F)~~ of this rule.

(3) The county agency shall provide any requested documents to DCY~~ODJFS~~.

(4) If a license is revoked, the county agency shall contact any parents who are receiving publicly funded child care services from the provider by phone ~~telephone~~ with follow up written notification to inform the parent of the following:

(a) The provider's license has been revoked.

(b) The availability of alternate child care services.

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CERTIFIED ELECTRONICALLY

Certification

06/18/2026

Date

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5180:2-13-07 **Provider responsibilities, requirements and qualifications ~~for a licensed family child care provider~~.**

(A) What are the requirements to be a licensed family child care provider?

(1) The family child care provider is to:

(a) Be at least eighteen years old, and for those type B certified or licensed after April 1, 2003, have completed a high school education. Verification of high school education is detailed in appendix A to this rule.

(b) Meet the training or education requirements detailed in appendix B to this rule.

(c) Have written evidence~~documentation on file~~ of current immunizations or exemptions as specified in paragraph (B) of this rule.~~immunization against tetanus, diphtheria and pertussis (Tdap) from a licensed physician as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice nurse, certified nurse midwife, certified nurse practitioner or licensed pharmacist. The provider may be exempt from the immunization requirement for religious reasons with written documentation signed by the individual and for medical reasons with written documentation signed by a licensed physician.~~

(d) Reside in the home where the care is being provided.

(e) Provide a safe, healthy environment when child care services are being provided.

(f) Not be involved in any activities that interfere with the care of the children. This includes not being involved in other employment during the operating hours of the family child care home.

(g) Complete a rules review course provided by the Ohio department of children and youth (DCY).

(i) If the family child care provider or type A administrator is named on the license on or after July 1, 2026, they are to complete the rules review course within one year of the appointment and every five years thereafter.

(ii) Verification of completion of the rules review course is to be documented in the Ohio professional registry (OPR).

(2) The provider and anyone in the family child care home, including any child care staff members is not to:

(a) Demonstrate physical or mental conditions potentially harmful to children.

(b) Be under the influence of alcohol or other drugs while child care is being provided.

(3) The provider is to complete only one of the following:

(a) Obtain and maintain liability insurance that insures the family child care provider against liability arising out of, or in connection with, the operation of the family child care home.

(i) The liability insurance shall cover any cause for which the family child care home would be liable, in the amount of at least one hundred thousand dollars per occurrence and three hundred thousand dollars in the aggregate.

(ii) Proof of insurance shall be maintained at the home.

(iii) If the family child care provider is not the owner of the home where the family child care home is located and the provider obtains liability insurance described in this rule, the provider shall name the owner of the property as an additional insured party on the liability insurance policy if all of the following apply:

(a) The owner requests the provider in writing to add the owner to the liability insurance policy as an additional insured party.

(b) The addition of the owner does not result in cancellation or nonrenewal of the insurance policy.

(c) The owner pays any additional premium assessed for coverage of the owner.

(b) Complete the DCY~~JFS~~ 01933 "Liability Insurance Statement for Family Child Care Providers" if the family child care provider is not obtaining liability insurance and shall provide the DCY~~JFS~~ 01933 to the parent of each child receiving care in the home. The DCY~~JFS~~ 01933 shall be signed and dated by the parent and on file by the child's first day of attendance.

(i) If the family child care provider is not the owner of the home where the family child care home is in operation, the statement shall also

include that the owner of the home may not provide coverage of any liability arising out of, or in connection with, the operation of the family child care home.

(ii) The DCY~~JFS~~ 01933 shall be kept on file at the home.

(B) What are the immunization record requirements for a licensed family child care home?

If not previously submitted to DCY, maintain the following documentation on-site at the home within thirty days from the start date of employment or operation of the family child care home:

(1) Written evidence of immunization against measles, mumps and rubella (MMR), except that for persons born on or before December 31, 1956, a history of measles or mumps disease may be substituted for the vaccine. A history of rubella disease is not to be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies will be accepted in lieu of rubella vaccine.

(2) Written evidence of immunization against tetanus, diphtheria and pertussis (Tdap) from a licensed physician as defined in Chapter 4731. of the Revised Code, physician assistant (PA), advanced practice registered nurse (APRN) or licensed pharmacist.

(3) A written or electronic statement of immunization exemption for reasons of conscience, including religious convictions or medical reasons.

(a) If the exemption is for reasons of conscience, including religious convictions, written or electronic documentation may be signed by the individual.

(b) If the exemption is for medical reasons, written or electronic documentation is to be signed by a licensed physician, PA, or APRN.

~~(B)~~(C) What are the responsibilities of the licensed family child care provider?

The family child care provider is to:

(1) Be on-site a minimum of seventy-five per cent of the operating hours per week. The provider may request a short-term exemption from this requirement from the county agency.

~~(2) Post the provider's scheduled hours of availability to meet with parents in a noticeable location.~~

~~(3) Make available the current licensing rules to all staff and parents. The rules may be made available via paper copy or electronically.~~

~~(4) Upon request, provide a parent with any information necessary for the parent to compile child care related expenses for income tax preparation, including tax identification numbers.~~

~~(5)~~(2) Be responsible for the creation, maintenance and implementation of the policies and procedures detailed in appendix C to this rule. A copy of these policies and procedures shall be available on-site at the home. Nothing in these policies is to conflict with Chapter 5104. of the Revised Code or Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code, and if applicable, Chapter 5180:2-16, 5180:6-1~~5101:2-16~~ or 5180:2-17~~5101:2-17~~ of the Administrative Code.

~~(6)~~(3) Provide the parent and all employees with the policies and procedures ~~practices~~ in appendix C to this rule.

~~(7)~~(4) Provide a copy of appendix D to this rule to the parents of children enrolled in the home.

~~(8)~~(5) Update in the Ohio statewide licensing system ~~child licensing and quality system (OCLQS)~~ no later than ten business~~five calendar~~ days of any change in the household composition including someone joining the household or leaving the household as well as anyone staying in the home for more than ten consecutive calendar days.

~~(9)~~(6) Be responsible for all information provided to the county agency or DCY ~~the Ohio department of job and family services (ODJFS)~~ including information provided by a child care staff member, employee, administrator or resident of the home.

~~(10)~~(7) Cooperate with other government agencies as necessary to maintain compliance with Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code.

~~(11)~~(8) Submit in the Ohio statewide licensing system an updated ~~to the county agency an updated JFS 01174~~ "Adjudicated a delinquent child statement" within ten business days if a child residing in the home is adjudicated a delinquent child.

~~(12) Ensure that no employee, licensee or child care staff member discriminates in the enrollment of children upon the basis of race, color, religion, sex, disability, or national origin.~~

~~(13) Ensure compliance with Chapter 5104. of the Revised Code and Chapter 5101:2-13 of the Administrative Code.~~

~~(C)~~(D) What are the Ohio professional registry (OPR) and documentation responsibilities for the licensed family child care provider?

The family child care provider is to:

(1) Create or update their individual profile in the OPR.

(2) Create or update the program's organization dashboard in the OPR.

(3) Ensure that all employees and child care staff members complete the following in the OPR:

(a) Create or update their individual profile in the OPR.

(b) Create an employment record in the OPR for the program on or before their start date~~first day of employment~~, including date of hire.

(c) Update changes to positions or roles in the OPR within ten business~~five calendar~~ days of a change.

(4) Update the program's organization dashboard in the OPR within ten business ~~five calendar~~ days of a change for employees and child care staff members of the program, including:

(a) Scheduled days and hours.

(b) Group assignments, if applicable.

(c) The end date of employment.

(5) Maintain records for each current employee and child care staff member as required in Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code on file at the home, if not yet verified in the OPR.

(a) Make employment records available upon request by the county agency or by DCY~~ODJFS~~ for at least three years after each person's departure, if not yet verified in the OPR.

(b) Keep employment records confidential, except when made available to the county agency or DCY~~ODJFS~~ for the purpose of administering Chapter 5104. of the Revised Code and Chapter 5180:2-13~~5101:2-13~~ of the Administrative Code.

(6) Ensure that all residents over the age of eighteen create a profile in the OPR and that the residents complete an employment record for the family child care provider within ten business~~five~~ days of becoming a resident or turning eighteen.

(7) Within ten business~~five calendar~~ days of a change in residency, update the program's organization dashboard in the OPR for residents over the age of eighteen, if applicable.

~~(D)~~(E) What if the type B home provider is a foster parent?

The type B home provider shall:

(1) Notify the county agency and all parents.

(2) Notify the county agency of all children receiving care within one business day of when the type B home provider is to begin caring for additional foster children.

(3) Maintain a written record documenting the date and how the county agency and parents were notified about foster children in care.

Effective:	7/1/2026
Five Year Review (FYR) Dates:	4/13/2026 and 07/01/2031

CERTIFIED ELECTRONICALLY

Certification

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Appendix A to Rule 5180:2-13-07

Verification of High School Education

Verification of a high school education shall be one of the following:

1. A copy of a high school diploma recognized by the state board of education or the appropriate agency of another state or country as equivalent to the completion of a high school education.

2. A copy of other written documentation verifying high school completion or equivalency, such as the Ohio high school equivalence diploma (GED).

3. A copy of the degree or transcript verifying completion of an associate's degree or higher from an accredited college, university or technical college.

4. For a home schooled student or a graduate of a non-chartered non-public school, documentation as required by section 3313.6110 of the Revised Code.

5. If the person does not have a copy of his or her high school diploma because of being a refugee, he or she may submit both of the following instead:

a. Documentation from the federal government that the person was admitted to the United States of America as a refugee.

b. A signed and dated statement that the person received a high school diploma (or equivalent) in his or her home country prior to being admitted to the United States as a refugee.

Note: For high school students working as child care staff members, verification of high school education may be provided as a transcript from the high school, accredited college, university, technical college, or child development associate (CDA) training program.

Appendix B to Rule 5180:2-13-07

Education and Training Requirements for Family Child Care Providers

A family child care provider shall have one of the following:

1. At least thirty clock hours of documented training in early childhood education or related field.

2. Two years of college training verified by a transcript including two courses in child development. Two years of training shall be sixty semester or ninety quarter hours from an accredited college, university or technical college. Two courses shall be six semester hours or nine quarter hours from an accredited college, university or technical college.

3. A currently valid child development associate (CDA) credential issued by the national child development associate credentialing commission. In order to remain as the licensed provider, the CDA credential needs to be currently valid. Additional information on the CDA process may be obtained at http://www.cdacouncil.org/.

4. Completion of a two year vocational child care training program approved by the state board of education verified by a transcript or diploma.

5. A pre-kindergarten associate certificate that is issued by the state board of education.

6. A Montessori preprimary/early childhood credential from the American Montessori society, association of Montessori international, national center for Montessori education, or other Montessori program accredited by the Montessori accreditation council for teacher education.

7. At least twelve months' experience in caring for children twelve years or younger. Parenthood may be used to meet this requirement.

8. Designation as a career pathways level one.

Appendix C to Rule 5180:2-13-07

Written Information for Parents and Employees

Note: Provide each parent of enrolled children with a copy of the legally required information for parents (Family Child Care Parent Information) found in Appendix D to this rule in addition to the following information, policies and procedures.

Written information shall be developed and provided to parents and employees that include policies and procedures of the family child care home containing, at a minimum, the following:

General Information

1. Name, address, email address and phone number.
2. Description of the provider's program philosophy.
3. Days and hours of operation, scheduled closings and basic daily schedule. Policy on changes to hours of operation: closing due to weather, school delays or closings, and any other factors.
4. Staff/child ratios and group size.
5. Opportunities for parent involvement in activities.
6. Opportunities for parents to meet with the provider regarding their child. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the family child care home.
7. Payment schedule, overtime charges and registration fees as applicable.
8. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

Policies and Procedures

1. Enrollment, including required enrollment information.
2. A written security plan is provided that ensures that access to the home is limited to parents and guardians of children in care and authorized persons.
3. Care of children without immunizations.
4. Attendance policy, including procedures for arrival and departure, program's absent day policy, releasing child to people other than the parent, releasing a child according to a custody agreement, and follow up when a child scheduled to arrive from another program or activity does not arrive.
5. Supervision of children in care, including a separate supervision policy for school-age children, if applicable.
6. Child guidance.
7. Suspension, expulsion, and disenrollment.
8. Ensure compliance with the Americans with Disabilities Act (ADA), including administering medication and/or care procedures to children with disabilities.
9. Food and dietary policy.
10. Management of illness policy.
11. Summary of procedures taken in the event of an emergency, serious illness or injury.
12. Administration of medication and topical products policy, including whether school

age children are permitted to carry their own medications and/or ointments, if applicable.

13. Usage of emergency medical devices and emergency medications, including but not limited to Automated External Defibrillators (AED) and Naloxone, if applicable.
14. Transportation policy for trips and emergencies, if applicable.
15. Water activities/swimming, if applicable.
16. Infant care, if applicable.
17. Non-traditional care (evening and overnight care) including, sleeping, napping, and resting, if applicable.
18. Social media policy including but not limited to addressing publication of child photos or other identifying information, if applicable.
19. Policy to prohibit staff members and employees from exposing children to inappropriate language, media, or behavior.
20. Use of a substitute child care staff member or child care staff member pursuant to 5180:2-13-08 of the Administrative Code for sick days, vacations, or other time off.
21. Formal screenings and assessments conducted on enrolled children and if the program reports child level data to DCY pursuant to Chapter 5180:2-17 of the Administrative Code.

Appendix D to Rule 5180:2-13-07

Family Child Care Parent Information

A copy of this document is required to be given to the parent upon enrollment of their child in the family child care home.

The provider is licensed to operate legally by the Ohio Department of Children and Youth (DCY). This license is posted in a noticeable place in the home for review.

A toll-free phone number is listed on the provider's license and may be used to report a suspected violation of the licensing rules in the Ohio Revised Code and the Ohio Administrative Code (https://codes.ohio.gov/). The licensing rules governing child care are available for review at the home.

Any parent of a child enrolled in the family child care home shall be permitted unlimited access to the home during all hours of operation for the purpose of contacting their children, evaluating the care provided or evaluating the premises. Upon entering the premises, the parent or guardian shall notify the provider of their presence.

The provider, employees and child care staff members of the family child care home are required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children services agency or law enforcement.

Licensing records, including licensing inspection reports, complaint investigation reports and evaluation forms from the building and fire departments (Type A Homes only), are available for review upon written request from the county agency. Early care and education program information and inspections are also online using the Child Care Search Tool https://childcaresearch.ohio.gov/ on the DCY website https://childrenandyouth.ohio.gov.

It is unlawful for the family child care provider to discriminate in the enrollment of children upon the basis of race, color, religion, sex, national origin or disability in violation of the American with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq. To file a discrimination complaint, write or call Health and Human Services (HHS) or DCY. HHS and DCY are equal opportunity providers and employers.

Write or Call:
HHS
Office for Civil Rights
1301 Young Street, Suite 106
Dallas, TX 75202
1-800-368-1019 (toll free)
1-800-537-7697 (TDD)
(202) 619-3818 (fax)
OCRMail@hhs.gov (e-mail)

Write or Call:
ODJFS
Bureau of Civil Rights
30 E. Broad St., 30th Floor
Columbus, OH 43215-3414
(614) 644-2703 (voice)
1-866-277-6353 (toll free)
(614) 752-6381 (fax)
bcr-fax@jfs.ohio.gov (eFax)
Civil_Rights@jfs.ohio.gov (e-mail)

For more information about child care licensing requirements as well as how to apply for child care assistance, please visit Child Care Assistance | Department of Children and Youth https://childrenandyouth.ohio.gov/for-families/early-care-education/child-care.

For more information on Medicaid health screenings and early intervention services for your child, please visit https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/healthchek/ and Ohio Early Intervention https://ohioearlyintervention.org/.

For information on cash or food assistance please visit Family Assistance https://jfs.ohio.gov/cash-food-assistance/welcome.

Verification of High School Education

Verification of a high school education shall be one of the following:

1. A copy of a high school diploma recognized by the state board of education or the appropriate agency of another state or country as equivalent to the completion of a high school education.

2. A copy of other written documentation verifying high school completion or equivalency, such as the Ohio high school equivalence diploma (GED).

3. A copy of the degree or transcript verifying completion of an associate's degree or higher from an accredited college, university or technical college.

4. For a home schooled student or a graduate of a non-chartered non-public school, documentation as required by section 3313.6110 of the Revised Code.

5. If the person does not have a copy of his or her high school diploma because of being a refugee, he or she may submit both of the following instead:

    a. Documentation from the federal government that the person was admitted to the United States of America as a refugee.
    b. A notarized statement that the person received a high school diploma (or equivalent) in his or her home country prior to being admitted to the United States as a refugee.

Appendix B to Rule 5101:2-13-07

Education and Training Requirements for Family Child Care Providers

A family child care provider shall have one of the following:

1. At least thirty clock hours of documented training in early childhood education or related field.

2. Two years of college training verified by a transcript including two courses in child development. Two years of training shall be sixty semester or ninety quarter hours from an accredited college, university or technical college. Two courses shall be six semester hours or nine quarter hours from an accredited college, university or technical college.

3. A currently valid child development associate (CDA) credential issued by the national child development associate credentialing commission. In order to remain as the licensed provider, the CDA credential needs to be currently valid. Additional information on the CDA process may be obtained at http://www.cdacouncil.org/.

4. Completion of a two year vocational child care training program approved by the state board of education verified by a transcript or diploma.

5. A pre-kindergarten associate certificate that is issued by the state board of education.

6. A Montessori preprimary/early childhood credential from the American Montessori society, association of Montessori international, national center for Montessori education, or other Montessori program accredited by the Montessori accreditation council for teacher education.

7. At least twelve months experience in caring for children twelve years or younger. Parenthood may be used to meet this requirement.

8. Designation as a career pathways level one.

Written Information for Parents and Employees

Written information shall be developed and provided to parents and employees that include policies and procedures of the family child care home containing, at a minimum, the following:

General Information

1. Name, address, email address and telephone number.
2. Description of the provider's program philosophy.
3. Days and hours of operation, scheduled closings and basic daily schedule.
4. Staff/child ratios and group size.
5. Opportunities for parent involvement in activities.
6. Opportunities for parents to meet with the provider regarding their child.
7. Payment schedule, overtime charges and registration fees as applicable.
8. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers).

Policies and Procedures

1. Enrollment including required enrollment information.
2. Care of children without immunizations.
3. Attendance Policy:
    - Procedures for arrival and departure.
    - Program's absent day policy.
    - Releasing child to people other than the parent.
    - Releasing a child according to a custody agreement.
    - Follow up when a child scheduled to arrive from another program or activity does not arrive.
4. Supervision of children, including a separate supervision policy for school-age children, if applicable.
5. Child guidance.
6. Suspension and expulsion.
7. Ensure compliance with the Americans with Disabilities Act (ADA)
    - Administering medication to children with disabilities.
    - Administering care procedures for children with disabilities.
8. Outdoor play, including:
    - Limitations placed on outdoor play due to weather or safety issues.
    - Considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain or ice.
9. Food and dietary policy, including:
    - Information regarding meeting one-third of the child's recommended daily dietary allowance.
    - Policy regarding formula, breast milk, meals, and snacks.
    - Policy on providing supplemental food.
10. Management of illness policy, including:
    - Isolation precautions.

- Symptoms for discharge and return.
- Notification of parent of ill child.
- Whether or not the provider will care for sick children.

11. Summary of procedures taken in the event of an emergency, serious illness or injury.
12. Administration of medication and topical products policy:
    - Medical foods.
    - Modified diets.
    - Whether school age children are permitted to carry their own medication and ointments.
13. Transportation policy for:
    - Field trips.
    - Routine walking trips, if applicable.
    - Emergencies, including if the provider will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment.
14. Water activities/swimming.
15. Infant care, if applicable, including:
    - Feeding.
    - Frequency of diaper checks.
    - Information about daily activities.
16. Sleeping, napping, and resting.
17. Evening and overnight care, if applicable.
18. Policy on Hours of Operation
    - Closing due to weather.
    - School delays or closings.
    - Any other factors.
19. Use of a substitute child care staff member or child care staff member pursuant to 5101:2-13-08 of the Administrative Code for sick days, vacations, or other time off.
20. Situations that may require disenrollment of a child, if applicable.
21. Problem or issue resolution for parents or employees to follow when needing assistance in resolving problems related to the family child care home.
22. Formal screenings and assessments conducted on enrolled children and if the program reports child level data to ODJFS pursuant to Chapter 5101:2-17 of the Administrative Code.

Family Child Care Parent Information

The provider is licensed to operate legally by the Ohio Department of Job and Family Services (ODJFS). This license is posted in a noticeable place for review.

A toll-free telephone number is listed on the provider's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing rules governing child care are available for review at the home.

Any parent of a child enrolled in the home shall be permitted unlimited access to the home during all hours of operation for the purpose of contacting their children, evaluating the care provided or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the provider of his/her presence.

The provider's hours of availability are posted in a noticeable place in the home for review.

The licensing record, including licensing inspection reports, complaint investigation reports and evaluation forms from the building and fire departments (Type A Homes only), is available for review upon written request from the county agency. Inspections are also online at http://childcaresearch.ohio.gov/. Parents may search for a specific program and sign up to be notified when the program's latest inspection is posted online.

It is unlawful for the family child care provider to discriminate in the enrollment of children upon the basis of race, color, religion, sex, national origin or disability in violation of the American with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq. To file a discrimination complaint, write or call Health and Human Services (HHS) or ODJFS. HHS and ODJFS are equal opportunity providers and employers.

Write or Call:
HHS
Region V, Office of Civil Rights
233 N. Michigan Ave, Ste. 240
Chicago, IL 60601
(312) 886-2359 (voice)
(312) 353-5693 (TDD)
(312) 886-1807 (fax)

Write or Call:
ODJFS
Bureau of Civil Rights
30 E. Broad St., 37th Floor
Columbus, OH 43215-3414
(614) 644-2703 (voice)
1-866-277-6353 (toll free)
(614) 752-6381 (fax)
1-866-221-6700 (TTY) or (614) 995-9961

For more information about child care licensing requirements as well as how to apply for child care assistance, Medicaid health screenings and early intervention services for your child, please visit http://jfs.ohio.gov/cdc/families.stm.

5180:2-13-08 **Employees and child care staff members responsibilities and qualifications ~~for a licensed family child care provider~~ .**

(A) What are the immunization requirements for an employee and child care staff member of a family child care provider?

No later than thirty days from the start date of employment, each employee and child care staff member is to, unless otherwise exempt, provide written evidence of immunizations or exemptions in accordance with paragraph (B) of rule 5180:2-13-07 of the Administrative Code.~~Employees are to:~~

~~(1) Have on file, on or before the employee's first day of employment, a completed medical statement that meets the requirements of appendix B to rule 5101:2-13-02 of the Administrative Code.~~

~~(2) Have written documentation on file of current immunization against tetanus, diphtheria and pertussis (Tdap) from a licensed physician as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice registered nurse, certified nurse midwife, certified nurse practitioner or licensed pharmacist. The employee may be exempt from the immunization requirement for religious reasons with written documentation signed by the individual and for medical reasons with written documentation signed by a licensed physician.~~

(B) What are the additional requirements for a child care staff member of a family child care provider?

Child care staff members, including substitute child care staff members and high school students and graduates working as child care staff members:

(1) Are to be at least sixteen years of age~~meet all of the requirements detailed in appendix A to this rule~~.

(2) Are to provide verification of a high school education, a high school diploma or Ohio high school equivalence diploma in accordance with the guidelines in appendix A to rule 5180:2-13-07 of the Administrative Code on or before the first day of employment~~have on file, on or before the child care staff member's first day of employment, a completed medical statement that meets the requirements of appendix B to rule 5101:2-13-02 of the Administrative Code~~ .

~~(3) Are to have written documentation on file of current immunization against tetanus, diphtheria and pertussis (Tdap) from a licensed physician as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice~~

~~registered nurse, certified nurse midwife, certified nurse practitioner or licensed pharmacist. The child care staff member may be exempt from the immunization requirement for religious reasons with written documentation signed by the individual and for medical reasons with written documentation signed by a licensed physician.~~

~~(4)~~(3) Are to complete the family child care staff orientation training as prescribed by the Ohio department of children and youth (DCY)~~job and family services (ODJFS)~~ within thirty days of starting employment unless the child care staff member has documentation of completion of the training after December 31, 2016. Completion of the training is to be documented with verification from the Ohio professional registry (OPR).

~~(5)~~(4) Adult child care staff members may ~~May~~ be used to meet group size and supervision requirements but are not to be left alone with the children until the orientation training is completed.

~~(6)~~(5) Adult child care staff members may ~~May~~ act in the provider's place during an inspection if the provider is not present.

(C) What are the limitations on~~requirements for a~~ high school students and graduates ~~graduate~~ working as ~~a~~ child care staff members~~member~~ in a family child care home?

All high school students and graduates under the age of eighteen years old working in a family child care home:

(1) Are to be at least a high school junior (on or after the start of high school junior year) and enrolled in or completed one of the following:

(a) An early childhood education or child development career technical program.

(b) A child development associate (CDA) training program or achieved a CDA credential for the age group in which the high school student is working.

(c) A college credit program with early childhood education or child development focus.

~~(1)~~(2) Are to maintain compliance with all the requirements of a child care staff member in Chapter 5180:2-13 of the Administrative Code~~be at least sixteen years of age or older~~.

~~(2)~~(3) Are not to be left alone in the home while caring for children~~maintain compliance with the requirements of a child care staff member in Chapter 5101:2-13 of the Administrative Code~~.

~~(3)~~(4) Are not to be the administrator, provider, or designee of a family child care home.

~~(4)~~(5) Are not permitted to transport children or act as a driver of a family child care home.

~~(5)~~(6) Are not permitted to be left alone with the children on routine trips or field trips.

~~(6)~~(7) Are not permitted to administer medication or perform medical procedures.

~~(7)~~(8) May be counted in ratio when the high school graduate is at least two years older than the child(ren) in their care.

(D) What are the OPR and documentation requirements for employees and child care staff members in a family child care home?

All employees and child care staff members, including substitute child care staff members and high school students and graduates working as child care staff are to:

(1) Create or update their individual profile in the OPR.

(2) Create an employment record for the family child care program on or before their start date~~the first day of employment~~, including date of hire.

(3) Update their individual profiles or employment records in the OPR within ten business~~five calendar~~ days of a change, including:

(a) Contact information.

(b) Positions or roles, and related dates.

(E) Do employees and child care staff members have whistle blower protection?

Yes, an employer is not to discharge, demote, suspend or threaten to discharge, demote, suspend or in any manner discriminate against any employee or child care staff member based solely on the employee or child care staff member taking any of the following actions:

(1) Making any good faith oral or written complaint to DCY~~the ODJFS~~ or other agency responsible for enforcing Chapter 5104. of the Revised Code regarding

a violation of this chapter or the rules adopted pursuant to Chapter 5104. of the Revised Code;

(2) Instituting or causing to be instituted any proceeding against the employer under section 5104.04 of the Revised Code;

(3) Acting as a witness in any proceeding under section 5104.04 of the Revised Code;

(4) Refusing to perform work that constitutes a violation of Chapter 5104., or the rules adopted pursuant to Chapter 5104. of the Revised Code.

Effective:	7/1/2026
Five Year Review (FYR) Dates:	4/13/2026 and 07/01/2031

CERTIFIED ELECTRONICALLY

Certification

06/18/2026

Date

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Statutory Authority:	5104.017, 5104.018
Rule Amplifies:	5104.017, 5104.018
Prior Effective Dates:	04/01/1982, 05/20/1983, 09/01/1986, 09/05/1986, 02/15/1988, 05/01/1989, 07/01/1995, 03/15/1996, 10/01/1997 (Emer.), 12/30/1997, 04/01/2003, 07/01/2003, 01/01/2007, 06/01/2007, 08/14/2008, 07/01/2011, 12/01/2011, 01/01/2014, 12/31/2016, 10/29/2017, 10/29/2021, 01/27/2024

Appendix A to Rule 5101:2-13-08

Family Child Care Staff Member

A child care staff member, including substitute child care staff members and high school graduates working in a family child care home are to meet the following requirements prior to caring for children:

1. Be at least sixteen years of age.

2. Provide verification of a high school education, a high school diploma or Ohio high school equivalence diploma in accordance with the guidelines in appendix A to rule 5101:2-13-07 of the Administrative Code.

3. Provide a medical statement that meets the requirements detailed in appendix B to rule 5101:2-13-02.

5180:2-13-09 **Background checks~~check requirements for a licensed family child care provider~~.**

(A) What records are included in a background check?

(1) Bureau of criminal investigation (BCI) records pursuant to section 5104.013 of the Revised Code.

(2) Federal bureau of investigation (FBI) records pursuant to section 5104.013 of the Revised Code.

(3) National sex offender registry.

(4) State sex offender registry.

(5) Statewide automated child welfare information system (SACWIS) records.

(B) Who shall have a background check?

(1) Licensed family child care providers and applicants to be licensed family child care providers.

(2) Adults (age eighteen and older) residing in the home of the family child care provider or applicant.

(3) Employee of a family child care provider or applicant as defined in rule 5180:2-13-01~~5101:2-13-01~~ of the Administrative Code.

(4) Child care staff member of the family child care provider or applicant as defined in rule 5180:2-13-01~~5101:2-13-01~~ of the Administrative Code, including substitutes and high school students and graduates under eighteen years of age working as child care staff members.

(C) Who is not required to have a background check?

The following individuals are not to be left alone with children at any time and do not need a background check:

(1) Residents (under eighteen years of age) of the family child care home.

(2) Visitors or volunteers as defined in rule 5180:2-13-01 of the Administrative Code.

(3) Individuals who:

(a) Do not have assigned duties in the program.

(b) Are not counted in staff/child ratio.

~~(C)~~(D) When is a background check required?

(1) At application for a family child care license.

(2) Within ten business days after a resident of the home turns eighteen years old.

(3) Within ten business days of an adult moving into the home.

(4) Prior to the first day of employment for the employee or child care staff member.

(5) Every five years from the date of the most recent BCI records check.

~~(D)~~(E) How is a background check obtained?

The individual shall:

(1) Create a profile in the Ohio professional registry (OPR).

(2) Submit fingerprints electronically according to the process established by BCI and have the BCI and FBI results sent directly to the Ohio department of children and youth (DCY)~~job and family services (ODJFS)~~. Information on how to obtain a background check can be found at https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck.

(3) Complete and submit the request for a background check for child care in the OPR.

~~(E)~~(F) What if an individual previously resided in a state other than Ohio?

(1) DCY~~ODJFS~~ will contact any states in which the individual resided in the previous five years to request the information required in paragraph (A) of this rule.

(2) Any information received from other states will be reviewed and considered by DCY~~ODJFS~~ as part of the background check review pursuant to paragraph (H)~~(G)~~ of this rule.

~~(F)~~(G) What happens if an individual does not complete the full background check determination process?

(1) If the individual completes only the requirements in paragraph (E)(2)~~(D)(2)~~ of this rule or only the requirements in paragraph (E)(3)~~(D)(3)~~ of this rule and does not submit the other component within forty-five days, the background check process will end and a determination of eligibility will not be made.

(2) DCY~~ODJFS~~ will notify the individual and the program that the background check determination process has ended.

(3) The individual will need to complete the requirements of paragraphs (E)(2)~~(D)(2)~~ and (E)(3)~~(D)(3)~~ to restart the background check determination process in the future.

~~(G)~~(H) What makes an individual ineligible to own, reside or be employed in a licensed family child care home?

(1) A conviction or guilty plea to an offense listed in division (A)(5) of section 109.572 of the Revised Code, unless the individual meets the rehabilitation criteria in appendix A to this rule.

(a) Section 109.572 of the Revised Code requires that this rule applies to records of convictions that have been sealed pursuant to section 2953.32 of the Revised Code.

(b) A conviction of or a plea of guilty to an offense listed in division (A)(5) of section 109.572 of the Revised Code is not prohibitive if the individual has been granted an unconditional pardon for the offense pursuant to Chapter 2967. of the Revised Code or the conviction or guilty plea has been set aside pursuant to law. For purposes of this rule, "unconditional pardon" includes a conditional pardon with respect to which all conditions have been performed or have transpired.

(2) Being registered or required to be registered on the national or state sex offender registry or repository.

(3) The individual is identified in SACWIS as the perpetrator for a substantiated finding of child abuse or neglect in the previous ten years from the date the request for background check was submitted or the individual has had a child removed from their home in the previous ten years pursuant to section 2151.353 of the Revised Code due to a court determination of abuse or neglect caused by the person.

~~(H)~~(I) What happens after the individual requests the background check and submits fingerprints through a webcheck location?

(1) The provider, county agency, and individual may~~will~~ receive a notification of preliminary approval generated from the OPR.

(2) The provider and county agency will receive the DCY~~JFS~~ 01176 "Program Notification of Background Check Review for Child Care" from DCY~~ODJFS~~ and the provider shall keep it on file, if it is not available in the OPR.

(a) For those individuals not eligible for employment the provider shall not hire the individual or shall terminate them from employment immediately upon receipt of the DCY~~JFS~~ 01176.

(b) For those individuals not eligible for residence in a licensed family child care home, the resident shall immediately cease living in the family child care home upon receipt of the DCY~~JFS~~ 01176.

(c) Until preliminary approval is received from DCY~~ODJFS~~, an employee or child care staff member hired on or after the effective date of this rule shall not engage in any assigned duties or be near children.

(d) A child care staff member with preliminary approval but not a DCY~~JFS~~ 01176 on file at the home or in the OPR shall not be left alone with children and shall be supervised at all times by the provider or another child care staff member with a DCY~~JFS~~ 01176 on file at the home or in the OPR.

(e) Only child care staff members with a DCY~~JFS~~ 01176 on file at the home or in the OPR may be left alone with children.

(3) The individual will receive the DCY~~JFS~~ 01177 "Individual Notification of Background Check Review for Child Care" from DCY~~ODJFS~~.

(a) If the individual believes the information received is not accurate, the individual may directly contact the agency that contributed the questioned information.

(b) If the individual disagrees with the employment/residency eligibility decision made by DCY~~ODJFS~~, a DCY~~JFS~~ 01178 "Request for Review of Background Check Decision for Child Care" shall be completed to request a review of the decision. The DCY~~JFS~~ 01178 shall be submitted within fourteen business days from the date on the DCY~~JFS~~ 01177.

~~(I)~~(J) What happens after an individual submits a DCY~~JFS~~ 01178 to DCY~~ODJFS~~?

If an individual requests a review of a background check decision pursuant to paragraph (I)(3)(b)~~(H)(3)(b)~~ to this rule:

(1) The program shall not allow the individual to be on-site at the program or reside in the home during the review by DCY~~ODJFS~~.

(2) If the individual is determined to be eligible for employment or residence, the program may allow the individual to be employed or reside in the home and shall keep the updated DCY~~JFS~~ 01176 on file pursuant to paragraph (I)(2)~~(H)(2)~~ of this rule.

(3) If the decision is upheld, the individual remains ineligible for employment.

~~(J)~~(K) What are the background check requirements if an individual becomes employed at another licensed program?

(1) Only the request for a background check for child care in the OPR is required if the individual meets all of the following:

(a) The individual has a current background check determination by DCY ~~ODJFS~~ completed in the previous five years pursuant to this rule.

(b) The individual has been employed by a licensed child care center, licensed type A home, licensed type B home, approved day camp, a preschool or school-age program approved to provide publicly funded child care or certified as an in-home aide or was a resident of a licensed type A home or licensed type B home in the previous one hundred eighty consecutive days.

(2) Upon receipt of the request, DCY~~ODJFS~~ will provide the DCY~~JFS~~ 01176 based on the existing background check determination to the new employer.

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Appendix A to Rule 5180:2-13-09

Standards for Rehabilitation

An applicant, employee, child care staff member, resident, owner or administrator of a licensed family care home who has a prohibited offense are to meet the following standards for rehabilitation provided that the victim of the offense (misdemeanor or felony) was not one of the following:

a. Under 18 years of age.
b. Functionally impaired as defined in section 2903.10 of the Revised Code.
c. Intellectually disabled or developmentally disabled as defined in section 5123.01 of the Revised Code.
d. Mentally ill as defined in section 5122.01 of the Revised Code.
e. 60 years of age or older.

The following additional factors will also be considered in determining rehabilitation:

a. The age of the person at the time of the offense.
b. The nature and seriousness of the offense.
c. The time elapsed since discharge from imprisonment, probation or parole.
d. Whether the person is a repeat offender.

If the offense was a misdemeanor, the following standard for rehabilitation is to be met:

a. At least three years have elapsed from the date the individual was fully discharged for imprisonment, probation or parole, unless the records were sealed.
b. All fines imposed by the court as part of the sentence have been paid in full.

If the offense was a felony, the following standard for rehabilitation is to be met:

a. At least 10 years have elapsed since the individual was fully discharged from imprisonment, probation or parole, unless the records were sealed.
b. All fines imposed by the court as part of the sentence have been paid in full.
c. The felony was not an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses, or that would meet the ineligibility requirements under 45 CFR Section 98.43.

The following offenses (misdemeanor or felony convictions) are non-rehabilitative:

R.C. 2903.01 – Aggravated murder
R.C. 2903.02 – Murder
R.C. 2903.03 – Voluntary manslaughter
R.C. 2903.04 – Involuntary manslaughter
R.C. 2903.11 – Felonious assault
R.C. 2903.12 – Aggravated assault
R.C. 2903.13 – Assault
R.C. 2905.01 – Kidnapping
R.C. 2905.32 – Trafficking in persons
R.C. 2907.02 – Rape
R.C. 2907.03 – Sexual battery
R.C. 2907.04 – Unlawful sexual conduct with minor
R.C. 2907.05 – Gross sexual imposition
R.C. 2907.06 - Sexual Imposition
R.C. 2907.07 - Importuning
R.C. 2907.12 – Felonious sexual penetration (as this former section of law existed)
R.C. 2907.19 – Commercial sexual exploitation of a minor
R.C. 2907.21 – Compelling prostitution
R.C. 2907.31 – Disseminating matter harmful to juveniles
R.C. 2907.321 – Pandering obscenity involving a minor or impaired person
R.C. 2907.322 – Pandering sexually oriented matter involving a minor or impaired person
R.C. 2907.323 – Illegal use of a minor or impaired person in nudity-oriented material or performance
R.C. 2909.02 – Aggravated arson
R.C. 2909.03 – Arson
R.C. 2911.01 – Aggravated robbery
R.C. 2911.02 – Robbery
R.C. 2911.11 – Aggravated burglary R.C.
R.C. 2911.12 – Burglary
R.C. 2919.22 – Endangering children
R.C. 2919.23 – Interference with custody
R.C. 2919.24 – Contributing to unruliness or delinquency of a child
R.C. 2919.25 – Domestic violence
R.C. 2923.13 – Having weapons while under disability
R.C. 2923.161 – Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function

Appendix A to Rule 5101:2-13-09

Standards for Rehabilitation

An applicant, employee, child care staff member, resident, owner or administrator of a licensed family care home who has a prohibited offense shall meet the following standards for rehabilitation:

1. If the offense was a misdemeanor:
    a. At least three years have elapsed from the date the individual was fully discharged for imprisonment, probation or parole, unless the records were sealed.
    b. All fines imposed by the court as part of the sentence have been paid in full.

2. If the offense was a felony:
    a. At least 10 years have elapsed since the individual was fully discharged from imprisonment, probation or parole, unless the records were sealed.
    b. All fines imposed by the court as part of the sentence have been paid in full.
    c. The felony was not an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses, or that would meet the ineligibility requirements under 45 CFR Section 98.43 or one of the following:

R.C. 2903.01 – Aggravated murder
R.C. 2903.02 – Murder
R.C. 2903.03 – Voluntary manslaughter
R.C. 2903.04 – Involuntary manslaughter
R.C. 2903.11 – Felonious assault
R.C. 2903.12 – Aggravated assault
R.C. 2903.13 – Assault
R.C. 2905.01 – Kidnapping
R.C. 2905.32 – Trafficking in persons
R.C. 2907.02 – Rape
R.C. 2907.03 – Sexual battery
R.C. 2907.04 – Unlawful sexual conduct with minor
R.C. 2907.05 – Gross sexual imposition
R.C. 2907.12 – Felonious sexual penetration (as this former section of law existed)
R.C. 2907.19 – Commercial sexual exploitation of a minor
R.C. 2907.21 – Compelling prostitution
R.C. 2907.31 – Disseminating matter harmful to juveniles
R.C. 2907.321 – Pandering obscenity involving a minor or impaired person
R.C. 2907.322 – Pandering sexually oriented matter involving a minor or impaired person
R.C. 2907.323 – Illegal use of a minor or impaired person in nudity-oriented material or performance
R.C. 2909.02 – Aggravated arson
R.C. 2909.03 – Arson
R.C. 2911.01 – Aggravated robbery
R.C. 2911.02 – Robbery
R.C. 2911.11 – Aggravated burglary
R.C. 2911.12 – Burglary
R.C. 2919.22 – Endangering children

R.C. 2919.23 – Interference with custody
R.C. 2919.24 – Contributing to unruliness or delinquency of a child
R.C. 2919.25 – Domestic violence
R.C. 2923.13 – Having weapons while under disability
R.C. 2923.161 – Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function

3. The victim of the offense (misdemeanor or felony) was not one of the following:
    a. Under 18 years of age.
    b. Functionally impaired as defined in section 2903.10 of the Revised Code.
    c. Intellectually disabled or developmentally disabled as defined in section 5123.01 of the Revised Code.
    d. Mentally ill as defined in section 5122.01 of the Revised Code.
    e. 60 years of age or older.

4. The following additional factors shall also be considered:
    a. The age of the person at the time of the offense.
    b. The nature and seriousness of the offense.
    c. The time elapsed since discharge from imprisonment, probation or parole.
    d. Whether the person is a repeat offender.

5180:2-13-11 **Indoor and outdoor space ~~requirements for a licensed family child care provider~~.**

(A) What are the indoor space requirements for a licensed family child care home?

(1) There shall be at least thirty-five square feet of usable wall-to-wall indoor floor space per child for the total number of children who are present at one time.

(2) Usable indoor floor space shall not include bathrooms, hallways, storage rooms or other areas not available or not used for child care.

(B) What are the on-site outdoor space requirements for a licensed family child care home?

(1) The home shall have an on-site outdoor space that:

(a) Provides at least sixty square feet of usable space per child using the area at one time.

(b) Ensures that children are not able to leave the outdoor play area unsupervised and ensures that any hazards from the outside cannot enter the outdoor play area without the staff being aware of them. Outdoor space is protected from traffic or animals by one or more of the following: ~~Is located away from traffic or protected from traffic by a continuous fence in good condition with functioning gates or a continuous natural barrier, or a combination of fence and natural barrier. The fence or natural barrier shall ensure that children are not able to leave the outdoor play area unsupervised and shall ensure that any hazards from the outside cannot enter the outdoor play area without the child care staff member or provider being aware of them. Examples of natural barriers include, but are not limited to space, dense hedges, walls, permanently anchored dividers or partitions.~~

(i) A continuous fence in good condition with functioning gates.

(ii) A continuous natural barrier.

(iii) A combination of fence and natural barrier.

~~(c) Is protected from animals.~~

~~(d)~~(c) Provides access to bathroom facilities and drinking water during play times.

~~(e)~~(d) Protects children under six months from direct exposure to the sun. Provides sun protection for all children.~~Provides a shaded area. The shade may be naturally occurring from trees, building, or overhangs. Providers may also install lawn umbrellas that are securely anchored or other structures that provide shade in a safe manner.~~

(2) The home shall not use outdoor porches above the first floor as play areas, unless the porches are fully enclosed and structurally sound.

(3) Bodies of water (other than water tables designed for children to play in only with their hands) shall be separated from the play area by a fence or other physical barrier (the house door alone is not a sufficient barrier) that prevents children from accessing the water.

(C) What are the exemptions from having an on-site outdoor space?

(1) If an on-site play area is not available, a provider may use an off-site play area for daily use if it is determined, upon inspection by the provider that the area and its accessibility are safe.

(2) The distance and means to access an off-site play area is to be safe and developmentally appropriate.

~~If an on-site play area is not available, a provider may use an off-site play area for daily use if it is determined, upon inspection by the provider and the county agency, that the area and its accessibility are safe. An off-site play area approved for regular use shall meet the same requirements as the on-site play areas listed in this rule.~~

(D) What are the requirements for on-site outdoor equipment?

(1) Outdoor equipment, whether stationary or portable, shall be safe and designed to meet the developmental needs of all of the age groups of children using the space.

(2) Equipment such as, but not limited to, climbing gyms, swings, slides shall:

(a) Be free of conditions that pose a risk of harm to children.

~~(a)~~(b) Be placed out of the path of the area's main traffic pattern.

~~(b)~~(c) Be anchored or stable and have all parts in good working order and securely fastened.

~~(c)~~(d) Have all climbing ropes anchored at both ends and not capable of looping back on themselves creating a loop with an interior perimeter of five inches or greater.

~~(d)~~(e) Have "S" hooks that are closed in order to prevent the chain from slipping off of the hook and to prevent strangulation, if they are used.

~~(c) Be free of rust, cracks, holes, splinters, sharp points or edges, chipped or peeling paint, lead hazards, toxic substances, protruding bolts or tripping hazards.~~

(f) Have no openings that are greater than three and one half inches, but less than nine inches to avoid entrapment of the head or other body parts.

(g) Have protective barriers on platforms that are thirty inches high or higher. A protective barrier means an enclosing device around an elevated platform that is intended to prevent both inadvertent and deliberate attempts to pass through the device.

(h) Be assembled, installed and utilized according to manufacturer's guidelines.

~~(3) Sandboxes shall be covered with a lid or other covering when the program is closed. For programs operating twenty-four hours per day, this means sandboxes are covered during non-daylight hours.~~

(E) What are the requirements for a fall zone for on-site play equipment?

~~Outdoor play equipment designated for climbing, swinging, balancing and sliding shall have a fall zone of protective resilient material on the ground under and around the equipment.~~

(1) Equipment used for climbing, swinging, balancing and sliding is not to be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for the equipment.~~The material may be one of the following, but not limited to, washed pea gravel, mulch, sand, wood chips, or synthetic material such as rubber mats or tiles manufactured for this purpose.~~

(2) All pieces of play equipment are to be placed over and surrounded by a shock absorbing surface.~~Equipment shall not be placed directly over concrete, asphalt, blacktop, dirt, rocks, grass or any other hard surface.~~

~~(3) Synthetic surfaces shall follow manufacturer's guidelines for depth.~~

~~(4)~~(3) All loose fill materials~~, such as mulch, sand, wood chips, washed pea gravel~~ shall be raked~~,~~ as needed to retain their proper distribution, shock absorbing properties and to remove foreign material. ~~and depth. Foreign materials are to be removed prior to use by children.~~

(F) What are the requirements for family child care homes who use off-site play areas that are regulated by another state or local agency?

Off-site play areas that are regulated by another state or local agency are exempt from the Ohio department of children and youth (DCY) requirements for outdoor spaces, play equipment, and fall zones. Family child care providers are to protect children from harm while using these exempted play areas, including but not limited to, protection from traffic and animals; preventing child access to bodies of water; limiting direct sun exposure for infants; and providing sun protection for all children.

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5180:2-13-12 **Safe equipment and environment ~~for a licensed family child care provider~~.**

(A) What are the safe equipment requirements for a licensed family child care provider?

(1) Equipment, materials, and furniture shall be in good condition, sturdy, safe and easy to clean and maintain. ~~They shall also be free of sharp points or corners, splinters, or protruding nails; loose or rusty parts; peeling or chipping paint; or other hazardous features.~~

(2) Furniture, equipment and materials which are not usable due to breakage or being a hazard, shall be removed immediately and stored away from children until repaired or replaced.

(3) Air conditioners, heat pumps, electric fans and space heaters shall be mounted or placed out of the children's reach or have safeguards which prevent children from being injured.

(4) Indoor swings, (excluding infant swings), slides, climbers and climbing apparatuses shall not be placed over carpet, concrete, tile, or any similarly hard surface. There shall be shock absorbent protective covering under and around this equipment. If climbing equipment is over three feet high, landing mats at least one and one half inches thick shall be used. The protective covering shall be used and placed according to manufacturer's guidelines.

(5) All children's equipment shall be used in accordance with the manufacturer's guidelines.

(6) General-use trampolines~~Trampolines~~, ball pits, and inflatable play equipment intended for climbing and bouncing, including but not limited to slides and bounce houses shall not be permitted for use at the family child care home. Individual-use, personal-sized therapy trampolines no larger than forty-eight inches in diameter may be used by children under direct supervision.

(B) What are the safe environment requirements for a licensed family child care provider?

(1) Weapons, firearms and ammunition materials shall be kept inaccessible to children, out of sight of children and secured in locked storage areas. Weapons and firearms include air rifles, hunting slingshots and any other projectile weapon.

(2) Each of the following groups will be permitted to have the following weapons unsecured in a family child care home, unless specifically not permitted by the family child care program owner or prohibited pursuant to section 2923.126 (C)

(3)(a) of the Revised Code. Although permitted to be in the home, the weapons shall not be accessible to children.

(a) Handguns may be carried by an individual with a valid concealed handgun license and are to be kept out of sight of the children.

(b) Weapons may be carried by an active duty member of the U.S. armed forces if also carrying valid military identification and documentation of successful completion of firearms training that meets or exceeds the training requirements described in division (G)(1) of section 2923.125 of the Revised Code.

(c) Weapons may be carried by a law enforcement official who can document that his or her jurisdiction requires ready and immediate access to the weapon or as otherwise permitted pursuant to section 2923.1214 of the Revised Code.

(3) Illegal drugs or substances shall not be on the premises. Alcohol shall be kept inaccessible to children.

(4) Type B homes are to have carbon monoxide detectors that meet the following requirements:

(a) In single family homes, there shall be at least one UL listed carbon monoxide detector located in the basement and on each level of the home in which child care is ~~being~~ provided.

(b) In multi-family buildings, there shall be at least one UL listed carbon monoxide detector located in the basement and on each level of the unit in which child care is ~~being~~ provided.

(c) The carbon monoxide detectors shall be placed, installed, tested and maintained in accordance with manufacturer's recommendations.

(5) In accordance with section 2923.1212 of the Revised Code, the family child care provider shall post a sign that contains a statement in substantially the following form: "Unless otherwise authorized by law, pursuant to the Ohio Revised Code, no person shall knowingly possess, have under the person's control, convey or attempt to convey a deadly weapon or dangerous ordnance onto these premises."

(6) The licensed family child care provider shall maintain an indoor temperature of at least sixty-five degrees Fahrenheit. If the homes indoor temperature exceeds

eighty-five degrees Fahrenheit, ventilation that produces air movement or air conditioning shall be provided.

(7) Children in care shall be protected from any items and conditions which threaten their health, safety, and well being, including but not limited to: stoves, bodies of water, window covering pull cords, telephone cords, electrical cords, extension cords, lead hazards, asbestos, wells, traffic, provider's, staff's or household member's personal belongings and other environmental hazards and dangerous situations. If a potential lead hazard is identified, the Ohio department of children and youth (DCY)~~ODJFS~~ will make a referral to the appropriate agency.

(8) Floor~~If area rugs are used, they shall have a nonskid backing and floor~~ surfaces shall be maintained to not cause a tripping hazard.

(9) Toys or other materials small enough to be swallowed shall be kept out of the reach of infants and toddlers.

(10) Cleaning and sanitizing equipment and supplies shall be stored in a space that is inaccessible to children. Cleaning agents, aerosol cans and all other chemical substances shall be stored in a designated area in their original containers and/or clearly labeled.

(11) Mercury thermometers shall not be used.

(12) Electrical outlets, including surge protectors, within the reach of children shall have child proof receptacle covers when not in use unless designed with safety guards, except for homes which serve school-age children exclusively.

(13) Renovations and remodeling to the home shall be conducted in a safe manner to ensure that lead poison hazards are not introduced into the environment as required by Chapter 3742. of the Revised Code.

(14) Unless toilets and sinks are of suitable height for use by the children, the home shall provide a sturdy, nonslip platform on which the children may stand.

(15) Lawnmowers, sharp tools, machinery and other equipment shall not be used or stored where children have access to them.

(16) All areas used by children shall be ventilated and shall provide protection from rodents, insects and other hazards.

(17) Aerosol spray products shall not be used in rooms where children are in attendance.

(18) All utilities shall be operable.

(19) The home shall contain a kitchen sink, refrigerator and stove or microwave oven in working condition.

(20) If gates are used in the home, they shall be firmly anchored when in use. Gates at the top of stairs shall be wall mounted. Gates shall have no spaces where a child could become entrapped. Accordion style gates shall not be used.

(21) Handles of pots and pans placed on top of a stove or oven shall be directed inward so they are not easily accessible to children.

(22) The home shall have both hot and cold running water. The temperature of the hot water shall not exceed one hundred twenty degrees Fahrenheit unless the provider demonstrates that the hot water faucet can be made inaccessible or inoperable when children are in care.

(C) What are the regulations for having pets in a licensed family child care home?

(1) Pets and animals <u>are</u>~~shall be~~ permitted if they present no apparent threat to the safety or health of the children.

(2) ~~All pets shall be properly housed, cared for, licensed and inoculated.~~ All local and state ordinances governing the keeping of animals (exotic or domesticated) shall be followed~~ and updated as required~~. ~~Verification of license and compliance with local and state requirements and inoculations, for each pet requiring such license or inoculations, or regulated by local or state government shall be on file at the family child care provider's home.~~

~~(3) Children shall not be directly exposed to animal urine or feces inside the home or in the outdoor play area.~~

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5180:2-13-13 **Sanitary equipment and environment ~~for a licensed family child care provider~~.**

(A) What are the requirements to provide and maintain a clean environment, furniture, materials and equipment in a licensed family child care home?

(1) Toilet tissue, liquid soap, running water, and individually assigned towels or disposable towels shall be provided in all bathrooms. Toilets and bathroom sinks shall be in good working condition. Toilets shall be flushed after each use.

(2) Equipment, furnishings, and materials shall be constructed of materials to facilitate cleaning.

(3) Accumulated trash and garbage are not to be stored in an area that has been approved for child care.

(4) The home shall be cleaned daily. The environment, furniture, materials and equipment are to be kept in a sanitary condition at all times. Items are to be cleaned and sanitized between uses. Items including but not limited to diaper changing stations, potty chairs, tables where food is served, and food prep areas are to be cleaned and sanitized prior to reuse. Cleaning and sanitizing shall not take place while rooms are occupied by children, except for general cleanup activities such as sweeping and vacuuming, and wiping off tables which are part of the daily routine. ~~The cleaning and sanitizing schedule contained in appendix A to this rule shall be followed.~~

~~(5) The premises shall be kept clean to prevent an infestation by insects or rodents.~~

~~(6)~~(5) If the home's water is not publicly supplied, the provider shall contact the Ohio environmental protection agency (EPA) to determine if it qualifies as a public water system.

(a) If the water supply qualifies as a public water system, the provider shall comply with the Ohio EPA requirements.

(b) If the water supply does not qualify as a public water system, the provider shall contact the local health department to have the water tested and follow any additional requirements requested by the health department. The provider shall retain a copy of the water test in the home and make it available upon request.

~~(7)~~(6) On-site sewage disposal systems shall not present a public health hazard.

(B) What are the handwashing requirements for a licensed family child care home?

(1) Handwashing shall occur in a handwashing sink.

(2) Commercially manufactured non-permanent sinks may be used if fresh and waste water are inaccessible to children and disposed of in a sanitary manner.

(3) Handwashing requirements for the family child care provider, child care staff members, employees, ~~residents,~~ and children are detailed in appendix A~~B~~ to this rule.

(C) What are the requirements for a smoke free environment while children are in care in a licensed family child care home?

(1) Smoking and tobacco products including, but not limited to cigarettes, cigars, pipes, chewing tobacco, smokeless tobacco, e-cigarettes, vaporizers and their byproducts is not to be used in the home or in any vehicle used to transport children while they are receiving care.

(2) The provider is to post in a noticeable place at the main entrance of the home, a notice stating that smoking is prohibited while care is being provided.

(3) If smoking occurs in the home or in any vehicle used for transporting children during non-care hours, the provider is to:

(a) Not allow smoking and tobacco products to be visible to children in care.

(b) Ensure the premises and/or vehicle has sufficient ventilation so that the children cannot inhale any smoke.

(c) Issue a written or electronic notice to the parent of each enrolled child. This notice will clearly indicate that smoking occurs in the home or vehicle outside of child care operating hours.

~~The provider shall provide a smoke free environment for the children during the hours that child care is being provided as detailed in appendix C to this rule.~~

~~(D) What are the requirements for toothbrushing in a licensed family child care home?~~

~~Licensed family child care providers who provide toothbrushing shall:~~

~~(1) Label each toothbrush with child's name and store with bristles to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface.~~

~~(2) Ensure that when a single tube of toothpaste is used for more than one child a pea sized amount shall be dispensed onto a clean piece of paper or paper product for each child.~~

~~(3) Discard and replace toothbrushes every three months or if the toothbrush becomes contaminated.~~

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Appendix A to Rule 5180:2-13-13

Handwashing

The family child care provider, child care staff members, and employees shall wash hands, defined as using soap and water or using hand sanitizer, at the following times:

- Upon arrival for the day, after breaks and upon returning from outside.
- After toileting or assisting a child with toileting.
- After each diaper change or pull-up change.
- After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
- After cleaning or sanitizing or using any chemical products.
- After handling pets, pet cages or other pet objects that have come in contact with the pet.
- Before eating, serving or preparing food or bottles or feeding a child.
- Before and after completing a medical procedure or administering medication.
- When visibly soiled (use soap and water).

Children shall wash hands, defined as using soap and water or using hand sanitizer (if 24 months or older), at the following times:

- Upon arrival for the day.
- After toileting/diaper change.
- After contact with bodily fluids.
- After returning inside after outdoor play.
- After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity.
- Before eating or assisting with food preparation.
- After water activities.
- When visibly soiled (use soap and water).

Children who are unable to stand by themselves may be given wet paper towels and soap to wash and rinse their hands.

Appendix A to Rule 5101:2-13-13

Schedule for Cleaning and Sanitizing Items

To **clean**: Wash the surface or item with a detergent solution or other appropriate commercial product used for cleaning purposes. Questions about products are to be directed to the manufacturer of the product. Follow the manufacturer's instructions exactly.

To **sanitize**: Family child care providers are to use a commercial product registered by the United States Environmental Protection Agency (US EPA) as a sanitizer that has directions for use that are appropriate for the surface or item you are sanitizing. Questions regarding commercial products are to be directed to the manufacturer of the product or the US EPA. Follow manufacturer's instructions exactly when using any product to sanitize.

All bottles of cleaners and sanitizers are to be labeled with the contents.

Area/Object	Clean	Sanitize	Frequency Requirements
Any item soiled with blood or bodily fluids	**X**	**X**	Immediately
Blankets/sheets	**X**		Weekly, when soiled and before another child uses.
Bottles, bottle caps, nipples and other equipment used for bottle feeding	**X**	**X**	Clean and sanitize by washing in a dishwasher or by washing, rinsing and boiling them for one minute, before it can be reused.
Carpets	**X**		Vacuum weekly or when soiled. Clean when soiled.
Changing table/pad	**X**	**X**	Clean when visibly soiled and sanitize after each use.
Reusable cloths	**X**		Wash daily and when visibly soiled.
Cots/Pads/Mats	**X**	**X**	Before assigning to a different child, and when used by a sick child, when soiled, and at least every 3 months.
Cribs	**X**	**X**	Monthly, when soiled, and before another child uses.
Diaper receptacles	**X**	**X**	Daily or more frequently as needed to eliminate odor.
Dishes/Cups/Silverware/ Water Containers	**X**	**X**	Clean after each use. Water containers that are labeled with the child's name can be used all day, but are to be cleaned and sanitized before used again on another day.
Dress up clothes and hats (Dramatic Play)	**X**		Monthly and when soiled.
Floors	**X**		Weekly and when soiled.

Area/Object	Clean	Sanitize	Frequency Requirements
Food prep area, including sink	**X**	**X**	Before and after preparing food (including bottle preparation) and between preparing raw or cooked food.
Potty chairs	**X**	**X**	After each use, empty contents into toilet, rinse with water, clean and sanitize.
Tables (food)/High chair trays	**X**	**X**	Before and after each use.
Tables (play)	**X**	**X**	Clean when visibly soiled. Sanitize daily.
Toilet bowls	**X**	**X**	Clean when visibly soiled. Sanitize weekly.
Toilet seats, handles and hand washing sinks	**X**	**X**	Clean when visibly soiled. Sanitize daily.
Toys that go into the mouth	**X**	**X**	After each child's use.
Toys – other than those going into mouth	**X**		Monthly and when visibly soiled.
Washable furniture (including fabrics on infant equipment)	**X**		Weekly and when soiled: upholstered furniture is to be steam cleaned when soiled, if not covered by a washable slipcover. Slipcovers are to be washed at least every six months and when soiled.
Wastebaskets/ Rinse Buckets including lids	**X**	**X**	Empty daily and more frequently as needed. Clean and sanitize when visibly soiled.

Appendix B to Rule 5101:2-13-13

Handwashing

The family child care provider, child care staff members, employees, and residents shall wash hands, defined as using soap and water or using hand sanitizer, at the following times:

- Upon arrival for the day, after breaks and upon returning from outside.
- After toileting or assisting a child with toileting.
- After each diaper change or pull-up change.
- After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
- After cleaning or sanitizing or using any chemical products.
- After handling pets, pet cages or other pet objects that have come in contact with the pet.
- Before eating, serving or preparing food or bottles or feeding a child.
- Before and after completing a medical procedure or administering medication.
- When visibly soiled (use soap and water).

Children shall wash hands, defined as using soap and water or using hand sanitizer (if 24 months or older), at the following times:

- Upon arrival for the day and prior to departure.
- After toileting/diaper change.
- After contact with bodily fluids.
- After returning inside after outdoor play.
- After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity.
- Before eating or assisting with food preparation.
- After water activities.
- When visibly soiled (use soap and water).

Children who are unable to stand by themselves may be given wet paper towels and soap to wash and rinse their hands.

Appendix C to Rule 5101:2-13-13

Smoke Free Environment

- Smoking on the property during the hours that child care is being provided shall be permitted only if all of the following requirements are met:
  - Smoking shall not occur within the home or attached building and garage areas.
  - The area where smoking is occurring is so far removed from the children being cared for that the children cannot inhale any smoke.
  - Smoking cannot be seen by children, including any outside area.
- The provider shall not expose the children to cigarette, cigar or pipe butts or ashes.
- If smoking is permitted in the home or in vehicles used for transporting children during hours that the provider is not providing child care, the provider shall provide to the parent of each child enrolled a written notice that smoking occurs at the home or in the vehicle outside of operation hours.
- The provider shall not permit any person to smoke in a vehicle while it is occupied by children in the provider's care.
- The provider shall post in a noticeable place at the main entrance of the home, a notice stating that smoking is prohibited.

Note: The above requirements also include smokeless tobacco, electronic cigarettes, vaporizers, chewing tobacco and their byproducts.

5180:2-13-15 **Child records.**

(A) What are the requirements for a child enrollment form for a family child care provider licensed by the Ohio department of children and youth (DCY)?

The provider is to:

(1) Use an enrollment form that is equivalent in content to the DCY 01234 "Child Enrollment and Health Information for Child Care" form, if the DCY 01234 form is not used. The DCY 01234 (or equivalent) is to be on file for each child by the first day of attendance.

(2) Ensure the DCY 01234 (or equivalent) is reviewed at least annually by the parent and updated as needed when information changes. The parent and the provider are to initial and date the form when the information is reviewed or updated.

(3) Send the child's enrollment form with any child who is being transported for emergency assistance.

(4) Maintain a current copy of the completed enrollment form for each child in care in a location that can be easily and quickly accessed and removed from the home if there is an emergency that requires the children to be moved to another location.

(B) What are the child immunization requirements for a licensed family child care provider?

(1) The immunization record is to be on file at the home within thirty days of the child's first day of attendance and updated no more than every thirteen months thereafter. This includes immunization records for the provider's own children.

(2) Children who attend a grade of kindergarten and above in an elementary school are exempt from this requirement.

(3) The immunization record is to contain the following information:

(a) The child's name and birth date.

(b) A record of the immunizations that the child has had, specifying the month, day and year of each immunization.

(4) Immunization requirements as outlined in section 5104.014 of the Revised Code can be found in appendix A to this rule.

(C) What are the immunization record exceptions for children in a licensed family child care home?

A child may be exempt from the immunization record requirements if either of the following statements are provided:

(1) Certification by a physician, physician assistant (PA), or advanced practice registered nurse (APRN) that one or more of the following apply:

(a) The child is in the process of being immunized.

(b) An immunization against the disease is medically contraindicated for the child.

(c) An immunization against the disease is not medically appropriate for the child's age.

(2) A statement from the child's parent that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions.

(D) What are the health care plan requirements for caring for children with specific chronic health conditions or diagnoses for a licensed family child care provider?

(1) Use a health care plan form that is equivalent in content to the DCY 01236 "Health Care Plan Documentation & Permission to Administer Medication" form, if the DCY 01236 is not used, for children with a chronic condition or diagnosis that requires the following:

(a) Monitoring the child for symptoms which require the staff to take action.

(b) Ongoing administration of medication or medical foods.

(c) Performing medical procedures which require trained staff.

(d) Avoiding specific food(s), environmental conditions or activities.

(e) A school-age child to carry and administer their own emergency medication.

(2) The provider is to:

(a) Ensure that there is documentation for each chronic condition or diagnosis.

(b) Accept documentation and/or instructions from a physician, PA or APRN as a substitute for a DCY 01236 (or equivalent) form.

(c) Ensure that there is, at all times, at least one trained child care staff member on-site to perform medical procedures and care for the child. This includes ensuring there is a trained child care staff member on-site at field trips. A list of trained staff is to be kept on file.

(d) Keep the documentation of a chronic health condition or diagnosis in a location that can be easily and quickly accessed, including being removed from the home if there is an emergency that requires the children to be moved to another location.

(3) Documentation of a chronic health condition or diagnosis is to be reviewed by the parent at least annually and updated as needed, including an updated list of trained child care staff members, if applicable.

(4) Documentation of a chronic health condition or diagnosis is to be on file at the home by the first day of attendance or upon confirmation of a health condition.

(5) If the provider suspects that a child has a chronic health condition or diagnosis, the provider may require a physician's statement within a designated timeframe.

(6) Only staff trained on the child's needs and required procedures are permitted to perform medical procedures or other action needed for a chronic health condition or diagnosis.

(E) What information regarding children's records can be shared?

Children's records are confidential but are to be available to DCY and the county agency for the purpose of administering Chapter 5104. of the Revised Code and Chapter 5180:2-13 of the Administrative Code. The immunization records are subject to review by the Ohio department of health (ODH) for disease outbreak control and for immunization level assessment purposes.

(F) How long are child records to be kept on file by the provider?

All child records, documentation of a child's chronic health condition or diagnosis and written permission to administer medication or medical foods from parents or physicians are to be kept on file for twelve months from the date the documentation is signed or updated, whichever is later, even if the child no longer attends the program or the documentation is no longer required for the child.

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Appendix A to Rule 5180:2-13-15

Diseases for Immunizations

1. Chicken pox.
2. Diphtheria.
3. Haemophilus influenzae type b.
4. Hepatitis A.
5. Hepatitis B.
6. Influenza (if seasonal vaccine is available).
7. Measles.
8. Mumps.
9. Pertussis.
10. Pneumococcal disease.
11. Poliomyelitis.
12. Rotavirus.
13. Rubella.
14. Tetanus.

5180:2-13-16 **Emergency and health-related plans ~~for a licensed family child care provider~~.**

(A) What are the ~~medical, dental and general~~ emergency posting, weather emergency drill and safety drill requirements for a licensed family child care provider?

The family child care provider shall:

~~(1) Have a written plan for medical or dental emergencies on the JFS 01242 "Medical, Dental and General Emergency Plan for Child Care." The plan shall be completed, implemented when necessary, and shall be posted in a noticeable location on each level of the home in use for child care.~~

~~(2) Complete the JFS 01201 "Dental First Aid" and post in a location readily available to parents, child care staff members and substitutes.~~

(1) Post emergency phone numbers, readily in view in spaces used by children. Phone numbers are to include the seven digit backup number as well as the area code if area code must be dialed to complete the call and include the following emergency numbers:

(a) Emergency squad.

(b) Hospital.

(c) Police department.

(d) Fire department.

(e) Poison control.

(f) Public children's services agency (PCSA).

(g) Local health department.

(h) Local emergency management agency (EMA).

~~(3)~~(2) Post a weather and fire alert plan ~~that includes the details listed in paragraph (H) of this rule and a fire plan~~ in each space used by the children. The plan shall include a diagram indicating evacuation routes and any instructions needed to safely evacuate.

~~(4)~~(3) Conduct monthly fire drills at varying times. Written documentation of these drills shall be kept on-site.

~~(5)~~(4) Conduct monthly weather emergency drills in the months March through September. Written documentation of these drills shall be kept on-site.

~~(6)~~(5) Conduct emergency/lockdown drills in each quarter of the calendar year. Written documentation of these drills shall be kept on-site.

(B) What are the first aid kit requirements for a licensed family child care provider?

(1) An unlocked, closed first-aid container shall be on the premises and ~~readily available to the provider but shall be~~ kept out of reach of children.

(2) Adequate and sufficient first aid supplies are to be readily available at all times the program is in operation, including on field trips. This includes, at a minimum, band-aids, gauze squares, adhesive tape, an instant ice pack, disposable non-latex gloves, and a working digital thermometer. First aid kits are to be reviewed and replaced regularly by the provider or staff member. ~~The first-aid container shall contain all of the items listed in appendix A to this rule.~~

(C) What are the specific procedures the licensed family child care provider needs to follow for standard precautions?

(1) Blood spills shall be treated cautiously and decontaminated promptly. Disposable non-latex~~vinyl~~ gloves shall be worn during contact with blood or bodily fluids which contain blood, such as vomit or feces in which blood can be seen.

(2) Surfaces contaminated with blood or bodily fluids containing blood shall first be cleaned with hot, soapy water and then sanitized with an appropriate bleach solution which is prepared on a daily basis, according to product guidelines or other acceptable disinfectant solution which is environmental protection agency (EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity.

(3) Disposal of materials that contain blood requires a sealable, leak-proof plastic bag or double bagging in plastic bags that are securely tied.

(4) Non-disposable items, such as clothing that contain blood, shall be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.

(5) Sharp items used for procedures on children with special care needs, such as lancets for finger sticks or syringes, require a disposable container called a "sharps container." This is a container made of durable, rigid material which safely stores the lancets or needles until they are disposed of properly. Sharps containers shall be stored out of the reach of children.

(D) What are the communicable disease requirements for a licensed family child care provider?

(1) If the provider cares for sick children, the provider shall follow the guidelines detailed in appendix AB to this rule.

(2) The DCYJFS 08087 "Communicable Disease Chart" shall be posted in a location readily available to parents, child care staff members, employees, and residents. The chart is to be displayed in the size available in the Ohio department of job and family services (ODJFS) forms central in order for individuals to easily read, identify and respond to communicable diseases.

(a) The provider is to follow the reporting requirements listed on the DCYJFS 08087.

(b) If the communicable disease is required to be reported to the local health department, the provider is to report the communicable disease to the Ohio department of children and youth (DCY)job and family services (ODJFS) in accordance with paragraph (G) of this rule by the end of the next business day.

(3) No later than the end of the next business day, the provider shall notify parents when their child has been exposed to a communicable disease listed on the DCYJFS 08087.

(4) All the requirements of this rule shall apply if the provider's own child is sick.

(5) The provider shall release employees and child care staff members who have a communicable disease or who are unable to perform their duties due to illness.

(E) When shall a family child care provider complete the DCYJFS 01299 "Incident/Injury Report for Child Care"?

(1) The family child care provider shall complete the DCYJFS 01299 and provide a copy to the child's parent or the person picking up the child on the day of the incident or injury if:

(a) A child becomes ill or receives an injury which requires first aid treatment.

(b) A child is transported in accordance with this rule to a source of emergency assistance.

(c) A child receives a bump or blow to the head.

(d) An unusual or unexpected incident occurs which jeopardizes the safety of a child or provider, such as a child leaving the home unattended, a vehicle accident with or without injuries or exposure of children to a threatening person or situation.

(2) Copies of the DCY~~JFS~~ 01299 shall be kept on file at the home for least one year and shall be available for review by DCY~~(ODJFS)~~ or the county agency.

(F) What is a serious incident?

(1) Death of a child at the home.

(2) An incident, injury, or illness that requires professional medical consultation or treatment for a child.

(3) An unusual or unexpected incident which jeopardizes the safety of a child, resident, child care staff member or employee of a family child care home.

(4) An incident defined as a serious risk non-compliance in appendix A to rule 5180:2-13-03~~5101:2-13-03~~ of the Administrative Code.

(G) What does the licensed family child care provider do if there is a serious incident?

(1) The licensed family child care provider shall log in to the Ohio statewide licensing system ~~http://oclqs.force.com~~ by the next business day to report the incident, as defined in paragraph (F) of this rule.

(2) This notification does not replace reporting to the public children's services agency or law enforcement if there are concerns of child abuse or neglect as required by rule 5180:2-13-19~~5101:2-13-19~~ of the Administrative Code.

(3) The provider may print the completed serious incident report in the Ohio statewide licensing system~~OCLQS~~ and give to the parent to meet the parent notification requirements of paragraph (E) of this rule.

(4) If a child is transported by anyone other than a parent for emergency treatment, the child's health and medical records required by rule 5180:2-13-15~~5101:2-13-15~~ of the Administrative Code are to accompany the child.

(H) What are the emergency preparedness and response~~disaster~~ plan (EPRP) requirements for a licensed family child care provider?

The licensed family child care provider is to develop a written EPRP~~disaster plan~~ and train child care staff members and employees on the plan annually. Written documentation of this training is to be kept on-site.

(1) The EPRP~~plan~~ shall include procedures that will be used to prepare for and respond to the following types of emergency or disaster situations:

(a) Medical or dental emergencies, including emergency transportation.

~~(a)~~(b) Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes.

~~(b)~~(c) Emergency outdoor or indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism.

~~(c)~~(d) Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats.

~~(d)~~(e) Outbreaks, epidemics or other infectious disease emergencies.

~~(e)~~(f) Loss of power, water or heat.

~~(f)~~(g) Other threatening situations that may pose a health or safety hazard to the children in the home.

(2) The EPRP~~disaster plan~~ is to include details for:

(a) Emergency numbers for medical, dental, and transport-related emergencies, if other than 9-1-1.

~~(a)~~(b) Shelter in place or evacuation, how the home will care for and account for the children until they can be reunited with the parent.

~~(b)~~(c) Assisting infants, toddlers and children with special needs and/or health conditions.

(d) Selecting and relocating to a designated safe site where children and staff can safely remain if evacuated.

~~(c)~~(e) Reunification with parents.

(i) Emergency contact information for the parents and the provider.

(ii) Procedures for notifying and communicating with parents regarding the location of the children if evacuated.

(iii) Procedures for communicating with parents during loss of communications, no phone or internet service available.

~~(d)~~(f) The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place.

~~(e)~~(g) What to do if a disaster occurs during the transport of children or when on a field trip or routine trip.

~~(f)~~(h) Making the EPRP~~plan~~ available to all child care staff members and employees.

~~(g)~~(i) Training of staff or reassignment of staff duties as appropriate.

~~(h)~~(j) Updating the EPRP~~plan~~ on a yearly basis.

~~(i)~~(k) Contact with local emergency management officials.

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Appendix A to Rule 5180:2-13-16

Caring for Sick Children

A child is considered to be sick when demonstrating any of the following symptoms:

- Temperature of at least one hundred and one degrees Fahrenheit (one hundred degrees Fahrenheit if taken axillary) when in combination with any other sign or symptom of illness.
- Diarrhea (three or more abnormally, unexpectedly or unexplained loose stools within a twenty-four hour period).
- Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
- Difficult or rapid breathing.
- Yellowish skin or eyes.
- Redness of the eye or eyelid, thick and purulent (pus) eye discharge, matted eye lashes, burning itching or eye pain.
- Untreated infected skin patches, unusual spots or rashes.
- Unusually dark urine and/or gray or white stool.
- Stiff neck with elevated temperature.
- Evidence of untreated lice, scabies or other parasitic infestations.
- Sore throat or difficulty in swallowing.
- Vomiting more than one time or when accompanied by any other sign or symptom of illness.

When caring for sick children, the provider shall:

- Isolate the sick child away from other children in another room or portion of a room, but maintain supervision at all times.
- Provide the sick child with a cot or bed or the sick infant with a crib, if necessary, and make comfortable.
- Notify the child’s parents immediately to arrange discharge and if the child’s condition worsens during isolation.
- Sanitize the thermometer after each use.

Appendix A to Rule 5101:2-13-16

First-Aid Kit Contents

The first-aid kit shall contain unexpired items (where applicable) and include at least all of the following:

- One roll of first-aid tape.
- Individually wrapped sterile gauze squares in assorted sizes.
- Sterile adhesive bandages in assorted sizes.
- Tweezers.
- Gauze rolled bandage.
- Triangular bandage.
- Rounded end scissors.
- Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth (for homes serving school age children only), including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit.
- A working digital thermometer.
- Disposable non-latex gloves.
- A working flashlight.
- An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.

In addition to the above items, on field trips or when transporting away from the home, the following items are required:

- Soap or waterless sanitizer.
- Bottled water.

Appendix B to Rule 5101:2-13-16

Caring for Sick Children

A child is considered to be sick when demonstrating any of the following symptoms:

- Temperature of at least one hundred and one degrees Fahrenheit (one hundred degrees Fahrenheit if taken axillary) when in combination with any other sign or symptom of illness.
- Diarrhea (three or more abnormally, unexpectedly or unexplained loose stools within a twenty-four hour period).
- Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
- Difficult or rapid breathing.
- Yellowish skin or eyes.
- Redness of the eye or eyelid, thick and purulent (pus) eye discharge, matted eye lashes, burning itching or eye pain.
- Untreated infected skin patches, unusual spots or rashes.
- Unusually dark urine and /or gray or white stool.
- Stiff neck with elevated temperature.
- Evidence of untreated lice, scabies or other parasitic infestations.
- Sore throat or difficulty in swallowing.
- Vomiting more than one time or when accompanied by any other sign or symptom of illness.

When caring for sick children, the provider shall:

- Isolate the sick child away from other children in another room or portion of a room, but within sight or hearing at all times.
- Provide the sick child with a cot or bed or the sick infant with a crib, if necessary, and make comfortable.
- Notify the child’s parents immediately to arrange discharge and if the child’s condition worsens during isolation.
- Sanitize the thermometer after each use.

5180:2-13-18 **Group size and ratios ~~for a licensed family child care provider~~.**

(A) What are the requirements for staff/child ratios and maximum group size for a licensed family child care provider?

(1) Each child care staff member shall care for no more than seven children at any one time. No more than three of those children may be under two years of age.

(2) In a type A home, care can be provided for no more than fourteen children at any one time. No more than three of those children may be under two years of age per child care staff member.

(3) In a type B home, care can be provided for no more than seven children at any one time. No more than three of those children may be under two years of age at any one time.

~~(2) The maximum number of children per child care staff member and the maximum group size by age category of children is as follows:~~

~~(a) Type A homes~~

~~Child Care Staff Members Present~~	~~Maximum Number of Children and Ages~~
~~1~~	~~3 or fewer children under two years of age~~
~~1~~	~~7 or fewer children; and no more than three under two years of age~~
~~2~~	~~4 to 6 and no more than six children under two years of age~~
~~2~~	~~8 to 14 children over two years of age~~

~~(b) Type B homes~~

~~Child Care Staff Members Present~~	~~Maximum Number of Children and Ages~~
~~1~~	~~3 or fewer children under two years of age~~

~~1~~	~~7 or fewer children; and no more than three under two years of age~~

~~(3)~~(4) The family child care provider shall not exceed the license capacity at any time when caring for children during the provider's hours of operation.

~~(4)~~(5) The family child care provider shall ensure that the required staff/child ratios are maintained at all times including during routine trips and field trips.

(B) What children in the home are counted in ratio and group size?

(1) Any child present at the home who meets any of the following shall be counted in the group size:

(a) All children under six years old, including those related to the provider, the provider's own children and residents of the family child care home.

(b) Children six years old through fourteen years old who are not related to the provider.

(c) Children six years old up to fifteen years old who are related to the provider and for whom care is privately or publicly funded.

(d) Children fifteen years old through seventeen years old who are authorized to the provider for publicly funded child care pursuant to Chapters 5180:2-16 and 5180:6-1 of the Administrative Code.

(e) Foster children are~~shall be~~ counted as a child ~~not~~ related to the provider.

(2) If the parent of a child is also present and caring for the child, the child does not count in group size, unless the parent is the licensed family child care provider, a resident of the family child care home, an employee, or a child care staff member.

(C) What are the requirements for providers to keep an attendance record?

(1) The provider shall have dated written or electronic documentation of the following for each child:

(a) The name and birth date of the child.

(b) The assigned group for the child.

(c) The child's weekly schedule.

(d) The time (hours and minutes) of the child's arrival and departure to the program, including transportation by the program. Ohio's automated child care system cannot be used to meet this written documentation requirement.

(e) The ~~original~~ written or electronic documentation shall be kept for a period of one year. Attendance documentation shall remain at the home at all times.

(2) Each group shall have a method for tracking the children in the group. This tracking method shall include the child's name and date of birth and shall remain with the group at all times throughout the day including outdoor play, emergency evacuations and when groups are combined. The tracking shall be updated throughout the day as children enter or leave the group.

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5180:2-13-19 **Supervision ~~of children and child guidance for a licensed family child care provider~~.**

(A) What are the requirements for supervision for a licensed family child care provider and child care staff members?

The family child care provider and each child care staff member shall:

(1) Leave no child unsupervised. Supervision means:~~the provider or child care staff member has knowledge of a child's needs and accountability for his or her care at all times, including but not limited to, developmental and behavioral needs and parental preferences. Supervision includes awareness of and responsibility for the activity of each child and being near enough to respond and reach children immediately, including responding to the child's basic needs and protecting them from harm.~~

(a) Ensuring children are within sight or hearing at all times.

(b) Being aware of the developmental and behavioral needs as well as parental preferences of the child(ren) in care.

(c) Maintaining situational awareness of the children in care for at all times. Maintaining situational awareness may include the use of analog or digital technology (including mirrors) to supplement direct observation of the children in care but may not be the sole means of observation. It also includes, but is not limited to, being:

(i) Aware of the activity a child is engaged in and being near enough to protect children from harm, meet their basic needs and respond to emergency circumstances.

(ii) Near enough to observe, respond and anticipate reasonably foreseeable hazards and threats.

(iii) Able to summon another adult for assistance in an emergency.

~~(2) Ensure all children in care are within sight or hearing of the provider or child care staff member at all times. Within sight or hearing means without the use of mechanical devices such as baby monitors, video cameras or walkie talkies. The use of mirrors to view children in another room does not meet the supervision requirements of this rule.~~

~~(3)~~(2) Not be under the influence of any substance that impairs the provider or child care staff member's ability to supervise children and/or perform duties.

~~(4)~~(3) Always have immediate access to a working phone~~telephone~~ on the premises which is available and capable of making outgoing calls and receiving incoming calls. A backup method of communication, including but not limited to email, text messaging services or an additional phone is to be accessible when the primary phone is in use.

~~(5)~~(4) Only release a child to the parent or to a person who has been previously approved by the parent.

~~(6)~~(5) Limit children's exposure~~Not permit children to be exposed~~ to inappropriate language, behavior or media. This includes inappropriate actions by the following, but not limited to, non-staff adults, parents, residents and other children.

~~(7)~~(6) Supervise outdoor play.

(a) The provider or child care staff member shall remain outdoors with infants, toddlers and preschoolers at all times.

(b) School-age children may be permitted in the on-site outdoor play space without the provider or child care staff as long as the children remain within sight and hearing of the provider or child care staff if both of the following occur:

(i) The children are not engaged in higher risk activities such as but not limited to swimming, activities with animals or using equipment with motors or moving parts.

(ii) The provider or child care staff member are always able to intervene if needed.

(c) When the outdoor play space is not on the premises, the provider or child care staff member shall accompany and supervise all children in transit and at the outdoor play space.

(B) What are the requirements for supervision of school-age children?

(1) With written parent permission, school-age children may leave the provider's home for specific activities, including:

(a) Walking to and from the provider's home or school.

(b) Walking home or to another destination.

(2) The written permission shall specify:

(a) Child's name.

(b) Location of the activity.

(c) Arrangements for going to and from the activity.

(d) Start and end time of the activity.

(e) Time period for when the permission is given.

(f) Parent's signature and date.

(C) What are the child guidance techniques to be used in the licensed family child care home?

(1) The provider, child care staff members and substitutes shall follow appendix A to this rule regarding guidance techniques to be used with children.

(2) The provider shall communicate and consult with the parent prior to implementing a specific behavior management plan. This plan shall be in writing, signed by the parent and shall be consistent with the requirements of this rule.

(3) When a child is expelled from the family child care home for a behavioral reason, the expulsion is to be reported in the Ohio statewide licensing system~~child licensing and quality system (OCLQS)~~ in accordance with paragraph (G) of rule 5180:2-13-16~~5101:2-13-16~~ of the Administrative Code.

(D) What are the child abuse and/or neglect reporting requirements?

~~If the~~ The provider, employee or child care staff member who has reasonable cause to suspect~~suspects~~ that a child has been abused or neglected~~, he or she shall~~is to immediately make a report in accordance with section 2151.421 of the Revised Code ~~notify the public children services agency (PCSA)~~.

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Appendix A to Rule 5180:2-13-19

Allowable Discipline Techniques

The following techniques or practices may be used by all child care staff members and employees of a family child care provider as a means to guide or discipline children. Any technique or practice used shall be developmentally appropriate, consistent and shall occur at the time of the incident.

1. Setting clear limits.
2. Redirecting to an appropriate activity.
3. Showing positive alternatives.
4. Modeling the desired behavior.
5. Reinforcing appropriate behavior.
6. Encouraging children to control their own behavior, cooperate with others and solve problems by talking.
7. Separation from the situation, if used, shall last no more than one minute per each year of the child's age and shall not be used with infants. Upon the child's return to the activity, the provider shall review the reason for the separation and discuss the expected behavior with the child.
8. Holding a child for a short period of time, such as in a protective hug, so that the child may regain self-control.

Prohibited Discipline Techniques

The following techniques or practices shall **not** be used by any provider, child care staff member, employee or resident of a licensed family child care home as a means to control or discipline children:

1. Abuse, endanger or neglect of children, including shaking a baby.
2. Utilize cruel, harsh, unusual, or extreme techniques.
3. Utilize any form of corporal punishment.
4. Delegate children to manage or discipline other children.
5. Use physical restraints on a child.
6. Restrain a child by any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control.
    - Prone restraint of a child is prohibited. Prone restraint is defined as all items or measures used to limit or control the movement or normal functioning of any portion, or all, of a child's body while the child is in a face-down position.
    - Prone restraint includes physical or mechanical restraint.
7. Place children in a locked room or confine children in any enclosed area.

8. Confine children to equipment such as cribs or high chairs.
9. Humiliate, threaten or frighten children.
10. Subject children to profane language or verbal abuse.
11. Make derogatory or sarcastic remarks about children or their families including but not limited to cultures, nationalities, race, religion, or beliefs.
12. Punish children for failure to eat or sleep or for toileting accidents.
13. Withhold any food (including snacks and treats), beverages or water, rest or toilet use.
14. Punish an entire group of children due to the unacceptable behavior of one or a few.
15. Isolate and restrict children from any or all activities for an extended period of time.

Appendix A to Rule 5101:2-13-19

Allowable Discipline Techniques

The following techniques or practices may be used by all child care staff members and employees of a family child care provider as a means to guide or discipline children. Any technique or practice used shall be developmentally appropriate, consistent and shall occur at the time of the incident.

1. Setting clear limits.
2. Redirecting to an appropriate activity.
3. Showing positive alternatives.
4. Modeling the desired behavior.
5. Reinforcing appropriate behavior.
6. Encouraging children to control their own behavior, cooperate with others and solve problems by talking.
7. Separation from the situation, if used, shall last no more than one minute per each year of the child's age and shall not be used with infants. Upon the child's return to the activity, the provider shall review the reason for the separation and discuss the expected behavior with the child.
8. Holding a child for a short period of time, such as in a protective hug, so that the child may regain self-control.

Prohibited Discipline Techniques

The following techniques or practices shall **not** be used by any child care staff member or employee of a licensed child care center as a means to control or discipline children:

1. Abuse, endanger or neglect of children, including shaking a baby.
2. Utilize cruel, harsh, unusual, or extreme techniques.
3. Utilize any form of corporal punishment.
4. Delegate children to manage or discipline other children.
5. Use physical restraints on a child.
6. Restrain a child by any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control.
    - Prone restraint of a child is prohibited. Prone restraint is defined as all items or measures used to limit or control the movement or normal functioning of any portion, or all, of a child's body while the child is in a face-down position.
    - Prone restraint includes physical or mechanical restraint.
7. Place children in a locked room or confine children in any enclosed area.
8. Confine children to equipment such as cribs or high chairs.
9. Humiliate, threaten or frighten children.
10. Subject children to profane language or verbal abuse.
11. Make derogatory or sarcastic remarks about children or their families including but not limited to cultures, nationalities, race, religion, or beliefs.

12. Punish children for failure to eat or sleep or for toileting accidents.
13. Withhold any food (including snacks and treats), beverages or water, rest or toilet use.
14. Punish an entire group of children due to the unacceptable behavior of one or a few.
15. Isolate and restrict children from any or all activities for an extended period of time.

5180:2-13-21 **Non-traditional~~Evening and overnight~~ care ~~for a licensed family child care provider~~.**

(A) When is a licensed family child care provider considered to be providing non-traditional (evening and overnight) care?

(1) Evening care is provided when children are in attendance anytime between the hours of seven p.m. and midnight.

(2) Overnight care is provided when children are in attendance anytime between the hours of seven p.m. and six a.m.

~~Evening or overnight care is when children are in attendance any time between the hours of seven p.m. and six a.m.~~

(B) What is required when evening and overnight care is provided?

If the licensed family child care provider has evening or overnight care, the following are required:

(1) The provider and/or child care staff member shall remain awake until all children are asleep. ~~When children sleep in the evening or overnight, the provider shall have a monitoring device that ensures sight or hearing at all times.~~

~~(2) Children under the age of five shall sleep on the same floor as the provider and/or child care staff member.~~

~~(3)~~(2) The home shall provide adequate lighting indoors in all areas, including bathrooms, hallways and sleeping rooms to ensure that children can be seen by the provider.

~~(4)~~(3) When parents arrive or depart after daylight hours, the provider shall assure that outdoor walkways and entrances to be used are adequately lighted for safety and security.

~~(5) Children shall only sleep during evening and overnight care in areas that have been approved for sleeping.~~

~~(6) Bedtime routines shall be developed and followed in consultation with the parents of the children.~~

(C) What is required when children are sleeping or preparing for bedtime in a licensed family child care home?

(1) The provider is to have a monitoring device that ensures sight or hearing at all times.

(2) Children under the age of five are to sleep on the same floor as the provider and/or child care staff member.

(3) Children may only sleep during evening and overnight care in areas that have been approved for sleeping.

(4) Bedtime routines are to be developed and followed in consultation with the parents of the children.

~~(C)~~(D) What sanitary environment and additional hygiene stipulations shall be followed by the provider or child care staff member?

The provider or child care staff member shall:

(1) Ensure that each child who sleeps at the home for four or more hours has clean, comfortable sleeping clothes.

(2) Assist children during washing and changing clothes according to children's developmental needs.

(3) Separate school-age boys from school-age girls during washing and while changing clothes to ensure privacy.

(4) If the child has a bedtime routine occurring at the program, ensure that each child has a clean, individual washcloth, towel and toothbrush, as appropriate for the age of the child, and labeled with the child's name.

(5) Provide children access to running water, liquid soap and toothpaste.

(6) Ensure bathtubs and showers are equipped to prevent slipping, if the home provides bathing. The provider shall also have written permission from the parent prior to allowing the child to bathe.

(7) Ensure bath tubs and showers are cleaned and sanitized after each use. The tub or showers do not have to be sanitized between uses if the children are siblings and the parent has provided written consent. All children shall bathe separately unless the children are siblings and the parent has provided written consent that the children can be bathed together.

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5180:2-13-22 **Meal preparation and nutrition~~/nutritional requirements for a licensed family child care provider~~.**

(A) What are the requirements for meals and snacks for a licensed family child care provider?

The family child care provider is to:

(1) Offer~~Serve~~ varied, nutritious and appropriately timed meals and snacks~~ as described in appendix A to this rule~~.

(2) Offer food from the basic five food groups: protein, grains, fruits, vegetables and dairy.

(a) Breakfast consists of food from three of the five basic food groups.

(b) Meals consist of food from five of the basic food groups.

(c) Snacks consist of food from two of the five basic food groups.

~~(2) Follow the portion sizes and nutritional requirements for meals and snacks described in appendix B to this rule.~~

(3) Offer~~Serve~~ food that is not a choking hazard, and that is developmentally appropriate in size, amount and texture.

(4) Offer~~Provide~~ meals and snacks according to the posted current weekly menu, and spaced no more than four hours apart.

(a) The menus shall be posted in a visible place readily accessible to parents.

(b) The menus shall include all meals and snacks being served by the provider, any substitutions shall be noted at the time of the change.

(5) Offer milk based on parental preference.

~~(5)~~(6) Offer~~Serve~~ only one hundred per cent, undiluted fruit or vegetable juice, if used to meet the fruit or vegetable requirement for meals and snacks. Other fruit or vegetable juice is permitted as a beverage alternative.

~~(6)~~(7) Offer ~~Ensure that supplemental~~ food to ensure ~~is onsite at the home and~~ that no child goes more than four hours without at least a ~~snack or~~ meal, except when sleeping.

~~(7)~~(8) Obtain a physician's written instructions if administering a medical food to any child or if an entire food group is eliminated. When special diets are required for cultural or religious reasons, the provider shall obtain written, dated and signed instructions from the child's parent unless the special diet is part of the provider's program.

~~(8)~~(9) Set its own policy regarding the accommodation of a parent's alternate diet for a child when the provider provides the meal. ~~The provider shall ensure that any alternate diet, except those required for religious, cultural or medical reasons as specified in paragraph (A)(7) of this rule, include items from each of the following food groups: meat or meat alternative, grain, fruit/vegetable, fluid milk.~~

~~(9)~~(10) Provide for the safe storage of all food, including milk (formula and breast milk for infants). If safe storage of milk is not available on routine trips or field trips, milk may be served at snack instead of at the meal. ~~Potentially hazardous foods such as, but not limited to, milk, milk products, eggs, meat, poultry, fish, cooked rice, baked or boiled potatoes shall be refrigerated at a temperature at or below forty degrees Fahrenheit.~~

~~(10)~~(11) Have provisions for safe storage of parent provided food.

~~(11)~~(12) Have drinking water freely available to children throughout the day. Individual water bottles are to be labeled with the child's name.

~~(12)~~(13) Ensure individual servings or individual packages of food or drink that have been served to a child be discarded or sent home with the child if not consumed during meal or snack time. Food or drink that is individually packaged and the package has not been opened may be stored at the provider's home to be served again or sent home.

~~(13)~~(14) Not have screens (television, computer, etc.) on during meals and snacks.

(B) What requirements shall a family child care provider implement for safe, independent self-feeding?

The family child care provider shall ensure that:

(1) Food is not served on bare tables. Food for infants may be placed directly on an individual highchair tray if the tray is removed, washed and sanitized ~~in accordance with appendix A of rule 5101:2-13-13 of the Administrative Code~~.

(2) Eating utensils and dishes are suitable for the age and developmental level of the children.

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Meal and Snack Requirements

The number of meals, snacks and/or breakfast provided by a licensed family child care provider shall be available as follows:

Hours of Operation	Meals and Snacks Available
4 to 8 hours per day	One of the following: • 1 meal and 1 snack • 1 meal and breakfast
More than 8 hours and fewer than 14 hours per day	One of the following: • 1 meal and 2 snacks • 1 meal and breakfast • 1 meal and 1 snack • 2 meals and 1 snack
More than 14 hours or overnight	breakfast, 2 meals and 2 snacks
After school for school children	1 snack

The content of meals, snacks and breakfast shall be selected from the following four basic food groups:

1. Meat or meat alternative
2. Breads and grains
3. Fruits and vegetables (juices may be used if 100% and undiluted)
4. Fluid Milk (see appendix C to rule 5101:2-13-22)

Meal, snack and breakfast food group requirements:

Type of Feeding	Food Group
Meal (provide 1/3 of the recommended daily dietary allowances as specified by the United States Department of Agriculture USDA)	All of the following: • 1 serving of fluid milk • 1 serving of meat or meat alternative • 1 serving of fruit* • 1 serving of vegetables* • 1 serving of bread and grains
Breakfast	1 serving each from 3 of the 4 basic food groups
Snack	1 serving each from 2 of the 4 basic food groups

* A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or dinner, two different kinds of vegetables are to be served.

Portion Sizes for Meals

Meal	Component	Minimum Serving		
	Age of Child	**1 & 2 years**	**3-5 years**	**6-12 years**
Breakfast	Meat or Meat Alternative (optional)	½ oz.	½ oz.	1 oz.
	Fluid Milk	½ cup	¾ cup	1 cup
	Juice/Fruit or Vegetable	¼ cup	½ cup	½ cup
	Grains/Breads/Dry Cereal	½ slice ¼ cup or ⅓ oz.	½ slice ⅓ cup or ½ oz.	½ slice ¾ cup or 1 oz.
Meal	Meat or Meat Alternative	1 oz	1 ½ oz.	2 oz.
	Fruit Or Vegetable	¼ cup	½ cup	¾ cup
	Grains/Breads/ Pasta/Noodles (cooked)	½ slice ¼ cup	½ slice ¼ cup	1 slice ½ cup
	Fluid Milk	½ cup	¾ cup	1 cup
Snack	Meat or Meat Alternative	½ oz.	½ oz.	1 oz.
	Fruit Or Vegetable	½ cup	½ cup	¾ cup
	Grains/Breads/ Pasta/Noodles (cooked)	½ slice ¼ cup or ⅓ oz.	½ slice ¼ cup or ⅓ oz.	½ slice ¼ cup or ⅓ oz.
	Fluid Milk	½ cup	½ cup	1 cup

Additional information on meal preparation and nutrition may be found at:
http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm

Fluid Milk Requirements for Children by Age

The licensed family child care provider is to ensure that children are served fluid milk unless the parent provides written instructions by a licensed physician, physician's assistant (PA), advanced practice registered nurse (APRN) or certified nurse practitioner (CNP). Below is a list of age-appropriate fluid milk selections that meet the ODJFS requirement for family child care homes.

Age	Fluid Milk Requirement
Infants up to twelve months of age	• Formula • Breast milk
Infants and toddlers twelve months of age up to twenty-four months of age	• Unflavored whole homogenized vitamin D fortified cow's milk • Breast milk at parent's request, without written instructions from a licensed physician, PA, APRN, or CNP • Non-cow milk substitutions that are nutritionally equivalent to milk, with written parental consent
Toddlers and children twenty-four months of age and older	• Unflavored one per cent milk that is vitamin A and D fortified • Unflavored fat free or skim milk that is vitamin A and D fortified • Non-cow milk substitutions that are nutritionally equivalent to milk, with written parental consent

Note: The licensed family child care provider is not to use reconstituted dry powdered milk as a beverage unless the parent provides written instructions by a licensed physician, PA, APRN, or CNP.

5180:2-13-25 **Medication administration.**

(A) What is required to administer medication to a child in a licensed family child care home?

(1) Written permission from a parent is required for the family child care provider or child care staff member to administer the following to a child:

(a) All prescription medication.

(b) All non-prescription medication.

(c) All sample medication.

(d) All medical foods.

(e) Topical products and lotions. Written parental permission is not required for lip balm use or for using hand sanitizer with children older than twenty-four months.

(2) A record of medication(s) and medical food(s) administered is to be kept for each child containing:

(a) Name of child.

(b) Name of medication and dosage.

(c) Date and time administered.

(d) Signature of the provider or child care staff member that administered the medication.

(e) A record of medication administered is not required for non-prescription topical products and lotions.

(3) The Ohio department of children and youth (DCY) 01236 "Health Care Plan Documentation & Permission to Administer Medication" may be used to document medication administration.

(B) Who can provide instructions for administering medications or medical foods?

Instructions for administration are required by the following individuals, depending on the type of medication or medical food:

(1) Instructions from a licensed physician, physician assistant (PA), advanced practice registered nurse (APRN) or licensed dentist are required for administering:

(a) Medical foods.

(b) Prescription medications, including samples.

(c) Non-prescription medicines containing aspirin.

(d) Topical preventative products and lotions, when the instructions for use exceed or do not match the manufacturer's instructions, or the non-prescription medication is not stored in original container.

(e) Instructions are not required if the prescription medication is stored in the original container with prescription label that includes the child's full name, exact dosage and directions for use.

(2) Instructions from the child's parent are required when:

(a) Following manufacturer's instructions to administer topical preventative products and lotions.

(b) The non-prescription medication is stored in the original container and used following manufacturer's instructions.

(3) Acceptable documentation formats for all instructions the family child care home utilizes to meet this rule include information provided on, but not limited to, DCY forms, electronic patient chart systems, physician or hospital discharge instructions.

(C) What are the additional requirements for administering medication or medical foods?

When administering medications or medical foods, the family child care provider is to:

(1) Not administer any medication, medical food, or topical product until after the child has received the first dose or application at least once prior to the provider administering a dose or applying the product, to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.

(2) Not administer any medication, medical food or topical product for any period of time beyond the date indicated by the licensed dentist, licensed physician, PA, APRN or as directed on the manufacturer's instructions.

(3) Apply non-prescription topical products and lotions according to the manufacturer's instructions.

(4) Document each administration or application immediately after administering, including when school-age children administer their own medication. This excludes non-prescription topical products and lotions.

(5) Follow prescribed dosages or the manufacturer's recommended dosages for administering non-prescription medication.

(6) Complete separate documentation for each medication to be administered for each child, excluding the exempted items in paragraph (A)(2)(e) of this rule. Written permission is valid for the time period specified on the permission, not to exceed twelve months from the date of signature.

(D) What are the requirements for storing medication, topical products and medical foods in a licensed family child care home?

The family child care provider is to:

(1) Safely store all medication, medical foods, and topical products immediately upon arrival at the home. Ensure the medication, medical food, or topical product is stored per the requirements on the label in the original container with the child's name affixed. Non-prescription medications and topicals are to have a manufacturer's label containing directions based on the age and/or weight of the child.

(2) Keep medication, medical foods, and topical products out of the reach of children, unless a school-age child is permitted to carry their own emergency medication and documentation is completed and on file at the home.

(3) Refrigerate, in a separate container, medications, medical foods, or topical products immediately upon arrival at the home if needed.

(4) Ensure that medications, medical foods, and topical products are accessible to employees at all times.

(5) Ensure that medications, medical foods, and topical products are removed from the home when no longer needed. Medication is to be discarded when expired, unless documentation is provided by a physician for continued use.

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Ohio Department of Children and Youth

ADJUDICATED A DELINQUENT CHILD STATEMENT

Name	Program Number (if applicable)	
Street Address		
City	State	Zip Code

The licensee of a <u>family child care home</u> shall sign the following statement:

☐ I hereby attest that no one who resides in my home and who is under eighteen years of age has been convicted of or pleaded guilty to any of the offenses listed in 109.572 (A)(5) of the Revised Code listed here: Background Checks | Department of Children and Youth (https://childrenandyouth.ohio.gov/for-providers/resources/background-checks), or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation.

☐ I have a resident who resides in my home and who is under eighteen years of age that has been convicted of or pleaded guilty to any of the offenses listed in 109.572 (A)(5) of the Revised Code listed here: Background Checks | Department of Children and Youth (https://childrenandyouth.ohio.gov/for-providers/resources/background-checks), or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation.

Signature	**Date**

Ohio Department of Children and Youth

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name	Date of Birth	First Day at Program
Address		
City	State	Zip Code

Parent #1 Name	Parent #1 Phone Number		
Parent #1 Address ☐Same as Child's	City	State	Zip Code
Parent #1 Email Address (if applicable)	Parent #1 Cell Phone (if applicable)		
Parent #1 Work/School Name (if applicable)	Parent #1 Work/School Phone Number (if applicable)		

Check here if Not Applicable ☐ Parent #2 Name	Parent #2 Phone Number		
Parent #2 Address ☐Same as Child's	City	State	Zip Code
Parent #2 Email Address (if applicable)	Parent #2 Cell Phone (if applicable)		
Parent #2 Work/School Name (if applicable)	Parent #2 Work/School Phone Number (if applicable)		

Primary Emergency Contact #1 Name (cannot be parent/guardian)	Check here if Not Applicable ☐ Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number	Optional Emergency Contact #2 Phone Number
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*	Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*
My child may be released to this emergency contact ☐ Yes ☐ No	Optional My child may be released to this emergency contact ☐ Yes ☐ No

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child's Name	Date of Birth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

☐ **The program does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

Parent Signature	Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature			Date
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Ohio Department of Children and Youth

HEALTH CARE PLAN DOCUMENTATION & PERMISSION TO ADMINISTER MEDICATION FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance and update annually and as needed when a child has a special chronic health condition that may require the program to perform a medical procedure or administer medication. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

HEALTH CARE PLAN DOCUMENTATION

Child's Name	Date of Birth

If the child does not have a special chronic health condition or diagnosis check here: ☐
Skip to page 2 to give permission to administer medication/medical food.

Complete a new form or provide separate documentation for each condition that requires different actions to be taken.

☐ **Check here if additional information/documentation is attached from a licensed dentist, licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN).** This documentation may serve as a substitute for page 1.

Special Chronic Health Condition

What are the signs, symptoms, or situations which require staff to take action, perform a medical procedure and/or administer medication or medical food?

What are the activities, foods, conditions, etc. to avoid? ☐ Not Applicable

What are the instructions to care for the child or perform a medical procedure?

If the child's health condition does not improve or side effects to medication appear, trained staff will do one or more of the following:

☐ Call 9-1-1

☐ Call Parent

☐ Other:

Additional Information and/or what is needed if the child care program must be evacuated:

If the special health condition does not require administering medication/medical food: STOP HERE AND SKIP TO PAGE 3

Page 1 is completed to provide instructions for performing a medical procedure.

PERMISSION TO ADMINISTER MEDICATION

Instructions from a licensed dentist, licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) are required for administering:

- Medical foods.
- Prescription medications, including samples.
- Non-prescription medicines containing aspirin.
- Topical preventative products and lotions or non-prescription medications, when the instructions for use exceed or do not match the manufacturer's instructions or are not stored in original container.

Child's Name	Date of Birth	Weight (if needed to determine dosage)

What are the instructions to administer medication or medical food?

☐ **Not Applicable: Instructions are not required if the prescription medication is stored in the original container with prescription label that includes the child's full name, exact dosage, and directions for use.**

What actions are to be taken if the medication or medical food is not available?

Name of Medication/Medical Food	Name of Medication/Medical Food	Name of Medication/Medical Food
Dosage of Medication/Medical Food	Dosage of Medication/Medical Food	Dosage of Medication/Medical Food
Time of Medication/Medical Food Administration ☐ Administer because symptoms are present	Time of Medication/Medical Food Administration ☐ Administer because symptoms are present	Time of Medication/Medical Food Administration ☐ Administer because symptoms are present

SIGNATURE PAGE

Child's Name

PARENT/GUARDIAN

By signing this form I attest that: (check all that apply)

- ☐ I have provided information for care or implementing a medical procedure
- ☐ I have trained staff and have given permission to perform the procedure
- ☐ I have trained staff and have given permission to administer medication to my child

Parent Signature	Date of Signature

LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED PRACTICE REGISTERED NURSE, LICENSED DENTIST

Health Care Professional's signature is only required in this box if their instructions have been provided on this form, prescribed medication does not have a prescription label, or as directed by the manufacturer's instructions.

Physician Signature	Date of Signature

CERTIFIED PROFESSIONAL TRAINER

(A signature from a Certified Professional Trainer is not required if the parent/guardian has provided instructions for care, training, or administering medication)

If a Certified Professional Trainer provided instructions, my signature indicates that:

☐ I have provided instructions for care and/or training for the medical procedure.

☐ I have provided instructions for administering medication.

Certified Professionals Name (please print)	Phone Number
Certified Professionals Signature	Date of Signature

PROGRAM STAFF

Signatures of all individuals who have received instructions for care, have been trained in performing the procedure for this child and/or administering medication. Additional names and signatures can be attached on a separate sheet.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

DOCUMENTATION OF ADMINISTRATION OF MEDICATION OR MEDICAL FOOD

Child's Name	Name of Medication/Medical Food

Date	Time	Dosage	Signature of person administering medication/medical food

Ohio Department of Children and Youth

INCIDENT/INJURY REPORT FOR EARLY CARE AND EDUCATION PROGRAMS

☐ Child Care Center ☐ Family Child Care ☐ In-Home Aide ☐ School-Based Preschool Program ☐ School-Based School-Age Program

SECTION I

Name of program		Program number	
Street address	City	Zip code	County

Is this a child who has a written medical/physical care plan on file as defined in the Ohio Administrative Code? ☐ Yes ☐ No
(If yes, explain in summary section)

Full name of child *(first name, last name)*	Child's date of birth *(MM/DD/YY)*	☐ Female ☐ Male
Date of incident/injury/illness	Time of incident/ injury/illness	
Name of person responsible for child at time of incident	Witness(es)	

At the time of the incident/injury/illness

How many children were there in this child's group? How many child care staff members were supervising the group?

Were parents contacted? ☐ Yes ☐ No If yes, when?	Who provided first aid?	Date

How many hours is this child in your care per day? *(check one)* ☐ Part-time (< four hours per day) ☐ Full-time (> four hours per day)

Age of child-group that child was assigned to at the time of the incident/injury/illness

☐ Young Infant (Less than 12 months)	☐ Infant (12 - 18 months)	☐ Toddler (18 months - 3 years)	☐ Preschool (3 - 5 years & not in school)	☐ School Age Child (eligible for kindergarten and older)

SECTION II

TYPE OF INJURY *(check all that apply)*

- ☐ Bit tongue/Cheek/Lip
- ☐ Bite-Human
- ☐ Bite/Sting-Animal or Insect
- ☐ Bump/Bruise
- ☐ Burn
- ☐ Choking
- ☐ Cut
- ☐ Difficulty Breathing
- ☐ Nosebleed
- ☐ Object Inserted into Body Part
- ☐ Puncture Wound
- ☐ Scrape/Scratch
- ☐ Something in Eye
- ☐ Stubbed Finger/Toe
- ☐ Sunburn
- ☐ Swelling/Redness
- ☐ N/A - Incident/Illness
- ☐ Other (specify in summary)

BODY PART AFFECTED *(check all that apply)*

- ☐ Arm
- ☐ Back
- ☐ Chin
- ☐ Ear
- ☐ Eye
- ☐ Face
- ☐ Fingers
- ☐ Foot
- ☐ Front of Trunk/Stomach
- ☐ Genitals/Buttocks
- ☐ Hand
- ☐ Head
- ☐ Knee
- ☐ Leg
- ☐ Lungs/Difficulty Breathing
- ☐ Mouth/Teeth
- ☐ Neck
- ☐ Nose
- ☐ Shoulder/Collarbone
- ☐ Throat
- ☐ Toe
- ☐ Whole Body

TYPE OF ILLNESS *(check all that apply)*

☐ Diaper Rash ☐ Fever ☐ Stomachache/Vomiting/Diarrhea ☐ Other Illness (specify in summary section) ☐ N/A - Injury/Incident

TYPE OF INCIDENT *(check all that apply)*

- ☐ Baby Fed Wrong Bottle
- ☐ Blood or Bruise Found on Child
- ☐ Other (specify in summary)
- ☐ Collision w/Object
- ☐ Collision w/Person
- ☐ Fall - Walk/Run/Trip
- ☐ Fall to Surface
- ☐ Fighting
- ☐ N/A Injury/Illness

WHERE DID INCIDENT/INJURY HAPPEN? *(check all that apply)*

- ☐ Bathroom
- ☐ Changing Table
- ☐ Crib
- ☐ Classroom
- ☐ Hall/Doorway
- ☐ High Chair
- ☐ In Vehicle
- ☐ Inside Play Area/Large Muscle Area
- ☐ Kitchen/Eating Area
- ☐ On Fieldtrip/Routine Trip
- ☐ Outdoor Play Area
- ☐ Parking Area/Driveway
- ☐ Pool
- ☐ Stairway

INCIDENT HAPPENED DURING? ☐ Arrival/Depart Period ☐ Diaper Change ☐ Naptime/Rest

- ☐ Bus/Vehicle/During Transportation
- ☐ Classroom Activity
- ☐ Indoor Play/Group Activities/Free Play
- ☐ Meals/Snacks
- ☐ Outdoor Play
- ☐ Transition Between Activities

ACTION TAKEN *(check all that apply)*

- ☐ Bandage
- ☐ Body Part Elevated
- ☐ Contacted Children's Protective Services
- ☐ Hug/Pat
- ☐ Ice
- ☐ Pressure Applied
- ☐ Referred for Further Medical Care
- ☐ Rested on Cot
- ☐ Returned to Normal Activity
- ☐ Sent Home Early/Picked Up Early
- ☐ Washed/Soaped
- ☐ Other (specify in summary)

Summary of Incident/Injury/Illness *(Explain, attach additional paper if needed)*	Date

Print First and Last Name of Person Completing Form	Signature of Person Completing Form	Telephone Number

Person Receiving Form - Parent/Family Member *(Optional - for record keeping purposes only)*	Date

Incident/Injury Report Instructions

A DCY 01299 "Incident/Injury Report" must be completed when:

- A child becomes ill or receives an injury which requires any first aid treatment.

FILL IN REQUIRED SECTION I ON THE FRONT SIDE OF THIS FORM. Provide a complete description of the incident/injury/illness in the summary section (if additional space is needed, attach paper to the incident report). The person completing the form signs the report and it is provided on the same day of the incident to the parent or person picking up the child from the center/home. Request parent to sign report; however, do not delay giving report to parent if parent refuses to sign. The parent's signature is *not* required. **PLEASE BE SURE ALL SECTIONS HAVE BEEN COMPLETED.**

DEFINITIONS

Incident: An unusual event that happens that does not necessarily result in an injury to the child. A copy of the report for an incident shall be retained on file at the center or home for at least one year and shall be available for review by the Ohio Department Children and Youth or county agency.

Minor Injury: An injury resulting in a child being able to return to normal activity; basic first aid may be given by staff. A copy of the report for a minor injury shall be retained on file at the center or home for at least one year and shall be available for review by the Ohio Department of Children and Youth or county agency.

Child care providers may contact the Family and Customer Support Center toll-free at 1-844-234-5437, for technical assistance.

Ohio Department of Children and Youth

LIABILITY INSURANCE STATEMENT FOR FAMILY CHILD CARE PROVIDERS

Name of Family Child Care Provider *(please print)*
According to Section 5104.041 of the Revised Code, family child care providers must either maintain liability insurance in the specified amount or obtain a statement from the parents of children in care that verifies the parent's understanding that the home does not carry liability insurance.
By signing this form, I have been made aware that this family child care provider does not carry liability insurance which meets the following requirements: • Is provided by an insurer authorized to do business in Ohio under Chapter 3905. of the Revised Code. • Insures the family child care provider against liability arising out of, or in connection with, the operation of the home. • The insurance shall provide coverage in the amount of at least one hundred thousand dollars per occurrence and three hundred thousand dollars in the aggregate. I am aware that if the licensee of the family child care home is not the owner of the real property where the family child care home is located, the liability insurance, if any, of the owner of the real property may not provide for coverage of any liability arising out of, or in connection with, the operation of the home.

Name of Parent *(please print)*	Name of Child *(please print)*
Signature of Parent	Date

TO BE RESCINDED

5180:2-13-15 **Child record requirements for a licensed family child care provider.**

(A) What are the requirements for the JFS 01234 "Child Enrollment and Health Information" for a licensed family child care provider?

The provider shall:

(1) Have a completed JFS 01234 on file for each child by the first day of attendance, including the provider's own children under the age of six.

(2) Ensure the JFS 01234 is reviewed at least annually by the parent and updated as needed when information changes. The parent and the provider shall initial and date the form when the information is reviewed or updated.

(3) Send the child's JFS 01234 with any child who is being transported for emergency assistance.

(4) Maintain a current copy of the completed JFS 01234 for each child in care in a location that can be easily and quickly accessed and removed from the home if there is an emergency that requires the children to be moved to another location.

(B) What are the child medical statement requirements for a licensed family child care provider?

(1) The provider shall secure and have on file verification of a medical examination for each child, including the provider's own children. Children who attend a grade of kindergarten and above in an elementary school are exempt from this requirement.

(2) The medical statement shall be on file at the home within thirty days of the child's first day of attendance and shall be updated every thirteen months thereafter from the date of the examination.

(3) The medical statement shall contain the following information:

(a) The child's name and birth date.

(b) The date of the medical examination, which is to be no more than thirteen months prior to the date the form is signed.

(c) A statement that the child has been examined and is in suitable condition for participation in group care.

(d) The signature, business address and telephone number of the physician as defined in Chapter 4731. of the Revised Code, physician's assistant (PA), advanced practice registered nurse (APRN) or certified nurse practitioner (CNP) who examined the child.

(e) A record of the immunizations that the child has had, specifying the month, day and year of each immunization. This record may be an attachment to the medical statement.

(f) A statement from the physician, PA, APRN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule or a statement that the child meets one of the following:

(i) A statement from a physician, PA, APRN, or CNP that an immunization against the disease is medically contraindicated for the child.

(ii) A statement from a physician, PA, APRN, or CNP that an immunization against the disease is not medically appropriate for the child's age.

(iii) A statement from the child's parent that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions.

(C) What are the health care plan requirements for caring for children with specific health condition for a licensed family child care provider?

(1) The JFS 01236 "Medical/Physical Care Plan for Child Care" is to be used for children with a condition or diagnosis that require the following:

(a) Monitoring the child for symptoms which require the staff to take action.

(b) Ongoing administration of medication or medical foods. Medical food means food that is formulated to be consumed under the supervision of a physician, PA, APRN, or CNP and which is intended for the specific dietary management of a disease or condition.

(c) Administering procedures which require staff to be trained on those procedures.

(d) Avoiding specific food(s), environmental conditions or activities.

(e) A school-age child to carry and administer their own emergency medication.

(2) The provider is to:

(a) Ensure that there is a completed JFS 01236 for each condition per child.

(b) Ensure that all child care staff members who are trained to perform the medical procedure have signed the JFS 01236 and that only those staff members who have signed the JFS 01236 can care for the child.

(c) Implement and follow all requirements of each child's JFS 01236.

(d) Keep each JFS 01236 in a location that can be easily and quickly accessed, including being removed from the home if there is an emergency that requires the children to be moved to another location.

(3) The JFS 01236 shall be reviewed by the parent at least annually and updated as needed, including an updated list of trained child care staff members, if applicable. The parent and the provider shall initial and date the form when the information is reviewed or updated.

(4) The JFS 01236 shall be on file with the provider by the first day of attendance or upon confirmation of a health condition.

(5) If the provider suspects that a child has a health condition, the provider may require a physician's statement within a designated timeframe.

(6) The provider and each child care staff member, including substitute child care staff members, shall be trained on the child's needs and required procedures before being permitted to perform medical procedures or other action needed for a health condition or special need.

(D) What information regarding children's records can be shared?

Children's records shall be confidential but shall be available to the Ohio department of job and family services (ODJFS) and the county agency for the purpose of administering Chapter 5104. of the Revised Code and Chapter 5101:2-13 of the Administrative Code. The immunization records shall be subject to review by the Ohio department of health (ODH) for disease outbreak control and for immunization level assessment purposes.

(E) How long are child records to be kept on file by the provider?

All child medical statements, JFS 01217 "Request for Administration of Medication for Child Care," JFS 01234 and JFS 01236 as well as all written permission from parents or physicians are to be kept on file for twelve months from the date the form is signed or updated, whichever is later, even if the child no longer attends the program or the form is no longer required for the child.

Effective:	7/1/2026
Five Year Review (FYR) Dates:	4/13/2026

CERTIFIED ELECTRONICALLY

Certification

06/18/2026

Date

Promulgated Under:	119.03
Statutory Authority:	5104.017, 5104.018
Rule Amplifies:	5104.017, 5104.018, 5104.0110
Prior Effective Dates:	04/01/1982, 05/20/1983, 09/01/1986, 09/05/1986, 02/15/1988, 05/01/1989, 10/01/1997 (Emer.), 12/30/1997, 04/01/2003, 07/01/2003, 01/01/2007, 08/14/2008, 02/01/2009, 12/01/2011, 01/01/2014, 12/31/2016, 10/29/2021

Diseases for Immunizations

1. Chicken pox.
2. Diphtheria.
3. Haemophilus influenzae type b.
4. Hepatitis A.
5. Hepatitis B.
6. Influenza (if seasonal vaccine is available).
7. Measles.
8. Mumps.
9. Pertussis.
10. Pneumococcal disease.
11. Poliomyelitis.
12. Rotavirus.
13. Rubella.
14. Tetanus.

TO BE RESCINDED

5180:2-13-25 **Medication administration for a licensed family child care provider.**

(A) When is a JFS 01217 "Request for Administration of Medication for Child Care" required?

(1) The JFS 01217 is required for all prescription and non-prescription medication, including sample medication.

(2) The JFS 01217 is not required for a medication required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" pursuant to rule 5101:2-13-15 of the Administrative Code.

(3) The JFS 01217 is not required for non-prescription topical products or lotions.

(B) What are the requirements for prescription medications, non-prescription medicines containing codeine or aspirin, or non-prescription medication to be given longer than three consecutive days in a fourteen day period?

(1) The family child care provider shall ensure that the parent completes and signs box one of the JFS 01217.

(2) The family child care provider shall ensure that the instructions in box two of the JFS 01217 are completed and signed by a licensed physician as defined in Chapter 4731. of the Revised Code, licensed dentist, advanced practice registered nurse or certified physician's assistant.

(3) Box two of the JFS 01217 does not need to be completed if the medication is stored in the original container with prescription label that includes the child's full name, a current dispensing date within the previous twelve months, exact dosage and directions for use.

(C) What are the requirements for non-prescription medications?

The family child care provider shall:

(1) Ensure that the parent completes and signs box one of the JFS 01217.

(2) Ensure that one of the following is met:

(a) The medication is stored in the original container with a manufacturer's label containing directions based on the age and/or weight of the child.

(b) The instructions in box two of the JFS 01217 are completed and signed by a licensed physician as defined in Chapter 4731. of the Revised Code, licensed dentist, advanced practice registered nurse or certified physician's assistant. This excludes topical preventative products and lotions unless the instructions exceed or do not match the manufacturer's instructions or the non-prescription medication is not stored in the original container.

(D) What are the requirements for topical products and lotions?

Written parental permission is not required for lip balm use or for using hand sanitizer with children older than twenty-four months.

For all other topical products and lotions, the family child care provider shall:

(1) Ensure that the product is stored in the original container with manufacturer's label that includes directions based on the age and/or weight of the child.

(2) Ensure that the parent provides signed written permission to administer that topical product or lotion.

(3) Apply the non-prescription topical products and lotions according to the manufacturer's instructions. Documentation is not required by the staff.

(E) What are the requirements for a licensed family child care home to administer medications, medical foods or topical products in a licensed family child care home?

The family child care provider shall:

(1) Not administer any medication, medical food, or topical product until the child has received the first dose or application at least once prior to the provider administering a dose or applying the product, to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.

(2) Not administer any medication, medical food or topical product for any period of time beyond the date indicated by the physician, physician's assistant, advanced practice registered nurse certified to prescribe medication, or licensed dentist, on the prescription label, for twelve months from the date of the form, or after the expiration date on the medication, whichever comes first.

(3) Document each administration or application on the JFS 01217 immediately after administering, including when school-age children administer their own medication. This excludes items in paragraph (D) of this rule.

(4) Follow prescribed dosages or the manufacturer's recommended dosages for administering non-prescription medication.

(5) Complete a separate JFS 01217 for each medication to be administered for each child, excluding items in paragraph (D) of this rule. Each JFS 01217 is valid for the time period listed on the form, not to exceed twelve months from the date of signature.

(F) What are the requirements for storing medication, topical products and medical foods in a licensed family child care home?

The family child care provider shall:

(1) Safely store all medication, medical foods, and topical products immediately upon arrival at the home. Ensure the medication, medical food, or topical product is stored per the requirements on the label in the original container with the child's name affixed.

(2) Keep all household and child medication, medical foods, and topical products out of the reach of children, unless a school-age child is permitted to carry their own emergency medication and a JFS 01236 is completed and on file at the home.

(3) Permit school-age children to carry and use their own topical products.

(4) Refrigerate in a separate container, medications, medical foods or topical products immediately upon arrival at the home if needed.

(5) Ensure that medications, medical foods, and topical products are accessible to child care staff members at all times.

(6) Ensure that medications, medical foods, and topical products are removed from the home when no longer needed or expired.

Effective:	7/1/2026
Five Year Review (FYR) Dates:	4/13/2026

CERTIFIED ELECTRONICALLY

Certification

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Prior Effective Dates:	04/01/1982, 05/20/1983, 09/01/1986, 09/05/1986, 02/15/1988, 05/01/1989, 10/01/1997 (Emer.), 12/30/1997, 04/01/2003, 07/01/2003, 09/01/2005, 08/14/2008, 01/01/2014, 11/22/2015, 12/31/2016, 10/29/2017, 10/29/2021