Transmittal Letter No. 50

TO: Early Care and Education Stakeholders

FROM: Kara B. Wente, Director

DATE: June 18, 2026

SUBJECT: Five-Year Review of In-Home Aide Rules

Background

The Department of Children and Youth (DCY) is changing Ohio Administrative Code (OAC) in-home aide (IHA) rules as a part of the five-year review process. The IHA 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: 5180:2-14-01, 5180:2-14-02, 5180:2-14-04, 5180:2-14-05, 5180:2-14-06, 5180:2-14-07, 5180:2-14-08, 5180:2-14-11, and 5180:2-14-12.

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 on July 1, 2026.

Purpose

DCY is shortening rule taglines, updating agency references from the Ohio Department of Job and Family Services (ODJFS) to DCY, removing hyperlinks and/or website addresses. Rule chapter citations were updated where applicable. Rules were also revised to meet federal requirements and provide clarifications for in-home aides. Throughout the rules, the Ohio Child Licensing and Quality System (OCLQS) is being referred to as the Ohio Statewide Licensing System.

OAC 5180: 2-14-01 "Definitions" is being amended and defines terms used throughout Chapter 5180:2-14 of the Ohio Administrative Code.

- Revised definition of Advanced practice registered nurse (APRN), Child care, Medication, Routine trips, and Special needs child care.

- Added new definitions for Dentist, Developmentally appropriate, Medical food, Ohio professional registry (OPR), Ohio statewide licensing system, Supervision, and Visitor.
- Removed definition for Certified nurse practitioner and Food supplement.

OAC 5180:2-14-02 "Application and approval" is being amended and outlines the application process to obtain certification for an in-home aide.

- Moved the DCY 01642 In-Home Assurances from appendix A to paragraph (A).
- Moved verification of completion of high school education from appendix A to paragraph (A).
- Removed the requirement for a medical statement for the IHA.
- Created new paragraph (B) for immunization record requirements.
- Removed appendix A to rule 5180:2-14-02 because the content was moved into the rule.
- Appendix B to rule 5180:2-14-02 Verification of High School Education is now appendix A.
- Removed appendix C to rule 5180:2-14-02 because the content was moved into the rule for immunization requirements.

OAC 5180:2-14-04 "Background checks" is being amended and outlines the background check process for an applicant and certified IHA.

- Added language indicating that visitors do not need a background check.
- 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.
- Revised appendix A to rule 5180:2-14-04 to reorganize the layout, clarify rehabilitation standards and added two new prohibitive offenses.

OAC 5180:2-14-05 "Safe and sanitary requirements" is being amended and outlines requirements for safe equipment to be used and a safe environment to be provided by a certified IHA.

- Clarified language for safe and sanitary equipment and furniture.
- Updated first-aid kit requirements.
- Removed requirement that pets must be licensed and inoculated and the records kept on file. IHA's will now follow all local and state ordinances governing animals as pets.
- Revised appendix A to remove handwashing prior to leaving for the day.

- Rescinded appendix C to rule 5180:2-14-05; contents of first aid kit are now in rule.

OAC 5180:2-14-06 "Child records" is being amended and outlines what types of records are to be maintained by a certified IHA for children in care.

- Added an option to use an equivalent enrollment form to the DCY 01234 "Child Enrollment and Health Information for Child Care" if the content is the same.
- Removed requirements for child medical statements.
- Clarified the requirements for child immunization records.
- Added an option to use an equivalent health care plan in lieu of the DCY 01236 "Health Care Plan Documentation & Permission to Administer Medication" if the content is the same.
- Added the word "chronic" to special health conditions or diagnoses in reference to
- when health care plans are needed.
- Moved the definition of medical food to rule 5180:2-14-01 of Administrative Code.
- 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 5180:2-14-07 "Emergency and health-related plans" is being amended and outlines procedures for planning for and responding to emergencies and unexpected events.

- Added that an IHA is to post emergency phone numbers in spaces used by children.
- Removed forms DCY 01242 Medical, Dental and General Emergency Plan for Child Care and DCY 01201 Dental First Aid.
- Renamed the emergency and 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 language for written security plans, weather alerts and fire plans.
- Added that the EPRP is to include details for selecting and relocating to a designated safe site where children and the IHA can safely remain if evacuated.

OAC 5180:2-14-08 "Supervision of children and child guidance" is being amended and outlines the responsibilities of an IHA to supervise and guide children in care.

- Clarified definition of supervision.

- Added a requirement for 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.
- Clarified that children are to have limited exposure to inappropriate language, behavior or media.
- 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.
- Clarified when school-age children may be permitted in the on-site outdoor play space without the IHA.
- Clarified the child abuse and neglect reporting requirements.

OAC 5180:2-14-11 "Meal preparation and nutrition" is being amended and outlines the requirements for a certified IHA to provide healthy meals and snacks for children in care.

- Changed "provide" to "offer" food.
- Changed to five food groups to align with national standards: protein, grain, fruit, vegetables, 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 to be based on parental preference.
- Clarified reasons for requiring written instructions from a physician for special and alternative diets.
- Clarified safe food storage requirements.
- Removed appendix A to rule 5180:2-14-11.

OAC 5180:2-14-12 "Medication administration" is being rescinded and adopted as a new rule and outlines requirements for the administration of medication and performance of medical procedures for an IHA.

- 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
5180:2-14-01 5180:2-14-02 5180:2-14-04 5180:2-14-05 5180:2-14-06 5180:2-14-07 5180:2-14-08 5180:2-14-11 5180:2-14-12	CCIMTL 14 DCYTL 69 CCIMTL 14 CCIMTL 14 CCIMTL 14 CCIMTL 14 CCIMTL 14 CCIMTL 14 CCIMTL 14	Revised: • DCY 01234 "Child Enrollment Form for Early Care and Education Programs" • 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 01642 "In-Home Aide Assurances"

		Sample: • 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"

5180:2-14-01 **Definitions ~~for certified in-home aides~~.**

As used in this chapter:

(A) "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).~~

~~(B) "Certified nurse practitioner (CNP)" means a registered nurse who holds a valid certification 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.~~

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

~~(D)~~(C) "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 ~~job and family services~~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.

(D) "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.

(E) "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.

~~(E)~~(F) "Field trips" means infrequent or irregularly scheduled excursions from the child's own home ~~with an in-home aide~~.

~~(F) "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.~~

(G) "Infant" means a child who is under eighteen months of age.

(H) "In-Home Aide" (IHA) means a person who does not reside with the child but provides child care to a child in the child's own home. The child's home will be inspected by the parent, IHA and the county agency.

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

~~(I)~~(J) "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 licensed dentist, licensed physician, physician assistant (PA), or advance practice registered nurse (APRN) certified to prescribe medication, and permitted by the parent for administration or application.

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

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

~~(J)~~(M) "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.

~~(K)~~(N) "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.

~~(L)~~(O) "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.

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

~~(N)~~(Q) "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.

~~(O)~~(R) "Publicly funded child care" is the care of infants, toddlers, preschool children and school-age children under age thirteen by an eligible provider. Publicly funded child care is paid, wholly or in part, with federal or state funds, including funds available under the child care block grant act Title IV-E and Title XX, distributed by ~~ODJFS~~ DCY.

~~(P)~~(S) "Routine trips" means repeated excursions off the premises of the home which regularly occur on a previously scheduled basis with parental permission~~and that parents have been made aware of the destinations of the trip. Routine trips include, but are not limited to, taking a child to school or picking up a child from school~~.

~~(Q)~~(T) "School-age child" means a child who is enrolled in or is eligible to be enrolled in a grade of kindergarten or above, but 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.

~~(R)~~(U) "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 adaptions 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.

(V) "Supervision" means the process of overseeing the daily operation of the home while children are in the care of the IHA and includes the duty to keep children safe from harm.

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

(X) "Visitor" means an individual who is not considered an IHA 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.

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
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5180:2-14-02 **Application and approval ~~for certification as an in-home aide~~.**

(A) What is the application process to become a certified in-home aide (IHA)?

A resident of Ohio who wishes to become an IHA in order to provide publicly funded child care (PFCC) is to:

(1) Be at least eighteen years old.

~~(1)~~(2) Complete a professional registry profile for the IHA applicant through the Ohio professional registry (OPR) ~~at https://www.occrra.org~~.

~~(2)~~(3) Register online through the OPR and complete the required pre-certification training for an IHA. The pre-certification training is to have been taken within the two years prior to the application to become an IHA.

~~(3)~~(4) Complete and submit an application online in the Ohio statewide licensing system.~~child licensing and quality system (OCLQS) at https://oclqs.my.site.com.~~

(a) An application is not~~considered to be~~ complete ~~when~~until the applicant has ~~uploaded~~ provided ~~all documentation outlined in appendix A to this rule.~~ the following to the Ohio department of children and youth (DCY):

(i) A completed DCY 01642 "In-Home Aide Assurances" by the parent and applicant.

(ii) Verification of completion of a high school education, a high school diploma or Ohio high school equivalence diploma in accordance with the guidelines in appendix A to this rule.

(iii) Documentation of immunizations or exemptions listed in paragraph (B) of this rule pursuant to Chapter 5104.019 of the Revised Code.

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

(c) The application will be deleted if the IHA is not ready to be certified after twelve months.

(d) The IHA is to comply with a pre-certification inspection.

~~(4)~~(5) Submit the PFCC provider information in ~~OCLQS~~the Ohio statewide licensing system, including signing a provider agreement.

(B) What are the immunization record requirements for an IHA?

If not previously submitted to DCY, maintain the following documentation on-site at the home within thirty days from the date of certification as an IHA.

(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 religious or medical reasons.

(a) If the exemption is for religious reasons, 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, APRN or licensed pharmacist.

~~(B) What are the qualifications to be a certified IHA?~~

~~The IHA is to meet the following qualifications:~~

~~(1) Be at least eighteen years old.~~

~~(2) Have completed a high school education as verified by appendix B to this rule.~~

~~(3) Have a medical statement on file that is dated within twelve months prior to the date the IHA initially applies for certification, as outlined in appendix C to this rule.~~

~~(4) Be physically capable of complying with Chapter 5180:2-14 of the Administrative Code and performing activities normally related to child care. These include, but are not limited to, providing meals, dealing with emergencies in a calm~~

~~manner, carrying out methods of child guidance and discipline, and keeping accurate records as outlined in this chapter.~~

~~(5) 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 assistant, advanced practice registered nurse, certified nurse midwife, certified nurse practitioner or licensed pharmacist. The IHA may be exempt from the immunization requirement for religious reasons with written documentation signed by the IHA, and for medical reasons with written documentation signed by a licensed physician.~~

(C) What is a valid IHA certificate?

(1) A certificate identifies a provider as the IHA for one location.

(2) A certificate has both the IHA's and child's home addresses.

(3) A certificate designates the maximum number of children in care, including the IHA's own children.

(4) A certificate contains an effective date and is continuous, unless one of the following occurs:

(a) The parent moves to a new address.

(b) The IHA notifies the county agency in ~~OCLQS~~the Ohio statewide licensing system of their voluntary withdrawal from certification.

(c) The certificate is revoked pursuant to rule 5180:2-14-14 of the Administrative Code.

(d) When the parent is no longer eligible for PFCC, the IHA certification for this location will close.

(D) What are the responsibilities of a certified IHA?

The IHA is to:

(1) Have the certificate on file in the child's home at all times.

(2) Comply with at least one unannounced inspection each state fiscal year, beginning the next state fiscal year after the certificate was issued.

(3) Keep the following information current in ~~OCLQS~~the Ohio statewide licensing system:

(a) Mailing address.

(b) Telephone number.

(c) Email address.

(d) Scheduled days and hours.

(4) Keep the following information current in the OPR:

(a) Individual profile, including an employment record for the IHA.

(b) Organization dashboard.

(c) Scheduled days and hours.

(5) Provide parents with information on any formal screenings and formal and informal assessments completed by the IHA.

(6) Cooperate with other government agencies as necessary to maintain compliance with Chapter 5180:2-14 of the Administrative Code.

(7) Update ~~OCLQS~~ the Ohio statewide licensing system by the next business day if the IHA discontinues caring for children, so that the county is notified.

(8) Not use or disclose any information concerning the family receiving PFCC to anyone other than the county agency or ~~the department of children and youth (DCY)~~ DCY, except upon written consent of the parent.

(E) What if a certified IHA wants to become certified at a second location?

(1) Complete and submit an initial application online ~~at OCLQS~~in the Ohio statewide licensing system.

(2) ~~Upload all documentation for initial certification as outlined in appendix A to this rule.~~ Provide documentation as outlined in paragraph (A)(4)(a) of this rule.

(3) Complete the pre-certification training unless it has been taken within the two years prior to the application for the second location.

(4) Comply with an inspection.

(F) What are the requirements if the parent and child move to a new address?

(1) The IHA is to notify the county agency at least ten days prior to the parent moving to a new address.

(2) The IHA is to submit the parent and child's new address in ~~OCLQS~~the Ohio statewide licensing system.

(3) The IHA and family comply with an inspection of the new location.

(4) Upon completion of a new inspection, the county agency is to issue a new certificate for the new address.

(G) Is an IHA an employee of the county agency or DCY?

An individual who receives an IHA certificate to provide PFCC services to a child in their own home is an independent contractor and is not an employee of the county agency that issued the certificate or DCY pursuant to Chapters 5104.12 and 5104. 019 of the Revised Code.

(H) What are the IHA responsibilities for addressing non-compliances found during an inspection?

The IHA is to complete and submit a corrective action plan in ~~OCLQS~~the Ohio statewide licensing system addressing the non-compliances detailed in the inspection report within the time frame requested in the inspection report.

(I) What if the IHA disagrees with the county's findings?

If a county agency proposes any of the following adverse actions pursuant to ~~Chapter~~ Chapters 5180:2-14, 5180:2-16 or 5180:6-1 ~~rule 5180:2-16-11~~ of the Administrative Code, the IHA may submit a written request for a county review to the county agency no later than ~~fifteen calendar~~ten business days after the mailing date of the county agency's notification:

(1) Denial of an application for certification.

(2) A decision made on an inspection or complaint investigation.

(3) Proposal to revoke a certificate.

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

CERTIFIED ELECTRONICALLY

Certification

06/18/2026

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Appendix A to Rule 5180:2-14-02

Verification of High School Education

Verification of a high school education is to 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 general education development high school equivalence diploma (GED).

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

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

Required Documents for an Initial Application for Certification as an In-Home Aide

The following documents are to be submitted at the time of initial application of certification as an in-home aide, including for certification at a second location:

- DCY 01642 "In-Home Aide Assurances" to be completed by parent and applicant.
- A medical statement for the applicant meeting the requirements as detailed in appendix C to rule 5180: 2-14-02 of the Administrative Code.
- Verification of completion of a high school education, a high school diploma or general educational development (GED), as required in appendix B to rule 5180: 2-14-02 of the Administrative Code.
- Emergency and Disaster plan as required in rule 5180:2-14-07 of the Administrative Code.

Note: A request for a background check for child care is to be completed and submitted in the OPR at https://www.occrra.org pursuant to rule 5180:2-14-04 of the Administrative Code for an initial application for certification and every five years from the date of the most recent BCI records check. A certified IHA with a break in employment for longer than the previous one hundred eighty consecutive days is to obtain a background check unless the IHA meets the requirements as outlined in paragraph (B)(3) of rule 5180:2-14-04.

Appendix B to Rule 5180:2-14-02

Verification of High School Education

Verification of a high school education is to 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 general education development high school equivalence diploma (GED).

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

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

Medical Statement Requirements for In-Home Aides (IHAs)

The IHA is to submit a medical statement in the Ohio Child Care Licensing and Quality System (OCLQS) prior to initial certification.

The following is to be contained in the medical statement:

- The date of the examination. The date of the examination is to be within 12 months prior to the date the IHA initially applies for certification.
- The signature, business address, telephone number of the licensed physician, as defined in Chapter 4731. of the Revised Code, physician assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner who completed the examination.
- A statement that verifies that the individual is:
    - Physically fit for employment as an in-home aide caring for children.
    - Immunized against measles, mumps and rubella (MMR), except that for people 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 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 a concern about the individual's ability to perform required duties.

5180:2-14-04 **Background checks ~~check requirements for a certified in-home aide~~.**

(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 system (SACWIS) records.

(B) When is an individual to complete a background check?

(1) When an individual initially applies to be a certified in-home aide (IHA).

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

(3) When an IHA has a break in employment as a certified IHA for longer than the previous one hundred eighty consecutive days, unless the IHA was employed at a licensed child care center, licensed type A home, licensed type B home, an approved child day camp, a preschool or school-age program approved to provide publicly funded child care (PFCC), or was a resident of a licensed type A home or a licensed type B home in the previous one hundred eighty consecutive days.

(4) Visitors, as defined in rule 5180:2-14-01 of the Administrative Code, are not required to complete a background check and are not to be left alone with children at any time.

(C) How is a background check obtained?

The IHA is to:

(1) Create a profile in the Ohio professional registry (OPR) ~~at https://www.oecrra.org~~.

(2) Submit fingerprints electronically according to the process established by BCI. Have the BCI and FBI results sent directly to ~~ODJFS~~the Ohio department of children and youth (DCY). ~~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.

(D) What if an individual previously resided in a state other than Ohio?

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

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

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

(1) If the individual completes only the requirements in paragraph (C)(2) of this rule or only the requirements in paragraph (C)(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) ~~ODJFS~~DCY will notify the individual that the background check determination process has ended.

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

(F) What makes an individual ineligible to be a certified IHA?

(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 specifies 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 the 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 ordered 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.

(G) What happens after the individual requests the background check and submits fingerprints through a web check location?

(1) The county agency will receive the current ~~JFS~~DCY 01176 "Program Notification of Background Check Review for Child Care" from ~~ODJFS~~DCY.

(a) For an individual eligible for certification as an IHA, the ~~county agency~~ IHA is to keep the ~~JFS~~DCY 01176 on file if it is not available in the OPR.

(b) For an individual not eligible for certification as an IHA, the county agency is to deny the application for certification pursuant to rule ~~5101:2-14-14~~ 5180:2-14-14 of the Administrative Code immediately upon receipt of the ~~JFS~~ DCY 01176.

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

(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 IHA disagrees with the decision made by ~~ODJFS~~DCY, a ~~JFS~~ DCY 01178 "Request for Review of Background Check Decision for Child Care" is to be completed to request a review of the decision. The ~~JFS~~DCY 01178 is to be submitted within fourteen business days from the date on the ~~JFS~~ DCY 01177.

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

If an individual requests a review of a background check decision pursuant to paragraph (G)(2)(b) of this rule:

(1) An IHA who is certified is not to serve children during the review.

(2) Upon review, if there is a change in the background check decision, ~~ODJFS~~DCY will provide an updated ~~JFS~~DCY 01176 to the county agency and an updated ~~JFS~~DCY 01177 to the individual.

(3) If the individual is determined to be eligible for certification as an IHA, the county agency may allow the IHA to be certified and the IHA is to keep the updated ~~JFS~~DCY 01176 on file pursuant to paragraph (G)(1)(a) of this rule.

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

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Appendix A to Rule 5180:2-14-04

Standards for Rehabilitation

An applicant or in-home aide who has a prohibited offense is to meet the following standards for rehabilitation:

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.

Standards for Rehabilitation

An applicant or in-home aide 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 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.

5180:2-14-05 **Safe and sanitary requirements ~~for in-home aides~~.**

(A) What are the safe and sanitary environment and equipment requirements for an in-home aide (IHA)?

(1) The IHA is to provide a safe and healthy environment in the home when children are present.

(2) Equipment, materials, and furniture in ~~The~~the home ~~is~~are to be ~~free of peeling or chipping paint~~sturdy, safe, easy to clean and maintained in good repair . If a potential lead hazard is identified, the IHA is to notify the local health department and the county agency by the next business day.

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

(4) Accumulated trash and garbage are to be stored outside of the indoor or outdoor play area and not accessible to the children.

(5) Toilets are to be flushed after each use.

(6) All weapons, including loaded and unloaded firearms and ammunition are to be stored in a secure, safe, locked environment inaccessible to children while in the care of the IHA at the home. Weapons and firearms include air rifles, hunting slingshots and any other projectile weapon.

(7) All alcohol, drugs, and household and child medications are to be kept out of the reach of children while in the care of the IHA at the home.

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

(9) Electrical outlets, including surge protectors, within the reach of children are to have child proof receptacle covers when not in use unless designed with safety guards. This requirement does not apply if the child's home serves only school-age children.

(10) There is to be at least one underwriters laboratories (UL) or factory mutual laboratories (FM) smoke detector located in the basement and on each level of the home. The smoke detectors are to be placed, installed, tested and maintained in accordance with manufacturer's recommendations.

(11) There is to be at least one UL or FM portable fire extinguisher in the home which is to have a minimum rating of 1A:10BC. If there is only one UL or FM portable fire extinguisher in the home it is to be located in the kitchen of the home.

(12) The home is to have both hot and cold running water. The temperature of the hot water is not to exceed one hundred twenty degrees Fahrenheit unless the IHA demonstrates that the hot water faucet can be made inaccessible or inoperable to the children in care.

(B) What are the handwashing requirements for a certified IHA?~~?~~

(1) The IHA and the children in care are to comply with the following handwashing requirements:

(a) Handwashing is to occur in a handwashing sink.

(b) If the handwashing sink is not of suitable height for use by children, a sturdy, nonslip platform on which the children may stand is to be provided.

(c) Handwashing is detailed in appendix A to this rule.

(C) What are the communicable disease requirements for a certified IHA?

(1) If the IHA cares for sick children, the IHA is to follow the guidelines detailed in appendix B to this rule.

(2) The ~~JFS~~DCY 08087 "Communicable Disease Chart" is to be readily available to the IHA, parents and residents.

(a) The IHA is to follow the reporting requirements listed on the ~~JFS~~DCY 08087.

(b) If the communicable disease is to be reported to the local health department, the IHA is to report the communicable disease to the Ohio department of children and youth (DCY) in the Ohio statewide licensing system ~~child licensing and quality system (OCLQS) by logging into https://oclqs.force.com~~ by the next business day pursuant to rule 5180:2-14-07~~5101:2-14-07~~ of the Administrative Code.

(D) What are the first aid requirements for a certified IHA?

(1) An unlocked, closed first-aid kit ~~container~~ is to be on premises and readily available to the IHA, but is to be kept out of reach of children.

(2) ~~The first-aid container is to contain all of the items listed in appendix C to this rule.~~ Adequate and sufficient first-aid supplies are to be readily available at all times the children are in care, 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 kit supplies are to be reviewed and replaced regularly by the IHA.

(E) What are the specific procedures the IHA needs to follow for standard precautions?

(1) Blood spills are to be treated cautiously and decontaminated promptly. Disposable ~~vinyl~~non-latex gloves are to 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 are to be first 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) Materials that contain blood are to be disposed in a sealable, leak-proof plastic bag or double bagged in plastic bags that are securely tied.

(4) Non-disposable items, such as clothing that contain blood, are to be placed in a sealable, leak proof plastic bag or double bagged in plastic bags that are securely tied.

(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 are to be stored out of the reach of children.

(F) Are on-site pools allowed to be used at a child's home?

(1) If the child's home has a swimming pool located on the premises, the pool is to be made inaccessible to children who are in care by a fence or other physical barrier (the locked house door is not a sufficient barrier) that prevents children from accessing the water. A pool is to meet at least one of the following barrier options:

(a) For in-ground or at ground level pool:

(i) A barrier that prevents a child from going around, under or through to access the pool water and the means of access to the pool (i. e. ladder, gate to deck) is secured, locked or removed to prevent access to pool water.

(ii) A fence that is at least four feet tall that separates the pool from the play area.

(iii) A secure cover that meets the following standards:

(a) Inhibits access to the pool water.

(b) Demonstrates an opening is sufficiently small and strong enough to prevent an infant from passing through.

(c) Is able to hold a weight of at least four hundred eighty-five pounds.

(d) Has manufacture safety label attached.

(e) Prevents water collecting on the cover surface.

(b) For an above ground or above ground level pool:

(i) A minimum of four feet walls (four feet above ground level) that are non-climbable and non-inflatable and the means of access to the pool (i.e. ladder, gate to deck) is secured, locked or removed to prevent access to pool water.

(ii) A fence that is at least four feet tall that separates the pool from the play area.

(iii) A secure cover that meets the following standards:

(a) Inhibits access to the pool water.

(b) Demonstrates an opening is sufficiently small and strong enough to prevent an infant from passing through.

(c) Is able to hold a weight of at least four hundred eighty-five pounds.

(d) Has manufacture safety label attached.

(e) Prevents water collecting on the cover surface.

(2) The IHA is not to permit use of the pool by children in care.

(G) What are the requirements for swimming sites for the IHA and children in care?

(1) An approved off-site swimming site is to meet all state and local guidelines for environmental health inspections. Activities in bodies of water and more than eighteen inches in depth are to be supervised by people who are currently certified lifeguards or water safety instructors by the "American Red Cross" or an equivalent water safety program, as determined by ~~ODJFS~~DCY.

(2) Pursuant to rule 5180:2-14-08~~5101:2-14-08~~ of the Administrative Code, the IHA is to actively supervise children and is to be able to clearly see all parts of the swimming area, including the bottom of the pool. The IHA~~provider~~ is not to serve as a life guard.

(3) The use of saunas, hot tubs and spas by children is prohibited and are to be inaccessible to them.

(4) Swimming in lakes, rivers, ponds, creeks or other similar bodies of water is prohibited.

(5) Wading pools less than eighteen inches in wall height are permitted regardless of the amount of water put into it.

(a) Wading pools are to be filtered or emptied daily, and portable wading pools are to be disinfected daily or more often if needed.

(b) The IHA is to supervise children at all times while a wading pool is in use and is to be able to clearly see all parts of the wading area.

(H) What are the requirements for parental permission for water and swimming activities?

(1) The IHA is to have written permission from the parent when water is directly accessible to children and for the following activities:

(a) Before the child swims or plays in water eighteen inches or more in depth.

(b) Before the child participates in activities, in or on water eighteen inches or more in depth.

(c) Before infants and toddlers use wading pools.

(2) Written parental permission is to be on file for one year at the home. Written permission for on-going activities such as wading pools is to be updated annually.

(I) What is to be included in the written parental permission?

(1) Child's name and date of birth.

(2) Statement indicating whether the child is a non-swimmer or capable of swimming.

(3) Location of the water activities or swimming site by water of eighteen or more inches in depth.

(4) A signature and date from the parent indicating permission for the activity.

(J) What are the regulations for pets in the child's home?

(1) Pets and animals are to be permitted if they present no apparent threat to the safety or health of the children.

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

(3) The IHA is not permitted to bring their own pet or animal to the child's home.

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Appendix A to Rule 5180:2-14-05

Handwashing

The in-home aide shall wash his or her hands with soap and water or 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 (must use soap and water).

Children in care shall wash their hands with soap and water or hand-sanitizer (if twenty-four months or older) at the following times:

- 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 (must use soap and water).

Appendix B to Rule 5180:2-14-05

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 is to:

- 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 if the child’s condition worsens during isolation.
- Sanitize the thermometer after each use.

Appendix A to Rule 5101:2-14-05

Handwashing

The in-home aide shall wash his or her hands with soap and water or hand-sanitizer at the following times:

- Upon arrival for the day, after breaks and upon returning from outside, and prior to leaving for the day.
- 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 (must use soap and water).

Children in care shall wash their hands with soap and water or hand-sanitizer (if twenty-four months or older) at the following times:

- 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 (must use soap and water).

Appendix B to Rule 5101:2-14-05

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 is to:

- 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 if the child’s condition worsens during isolation.
- Sanitize the thermometer after each use.

First-Aid Kit Contents

The first-aid kit is to 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.

5180:2-14-06 **Child records~~record requirements for a certified in-home aide~~.**

(A) What are the requirements for ~~the JFS 01234 "Child Enrollment and Health Information for Child Care"~~ a child enrollment form in a home with a certified in-home aide (IHA)?

The IHA 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.~~Have a completed JFS 01234 on file for each child in care by the first day of care, including the IHA's own children in care.~~

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

(3) Send the child's ~~JFS 01234~~ enrollment form with any child who is being transported for emergency assistance.

(4) Maintain a current copy of ~~the~~ a completed ~~JFS 01234~~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 where the children are moved to another location, and for transporting children on all trips, except routine walks.

(5) Set a policy regarding whether to provide care to children whose parents refuse to grant consent for transportation to the source of emergency treatment.

(B) What are the child ~~medical statement~~ immunization requirements in a home with a certified IHA?

(1) The IHA is to have verification of an immunization record~~a medical exam~~ on file for each child in care, including the IHA's own children in care. Children who attend a grade of kindergarten or above in an elementary school are exempt from this requirement.

(2) The ~~medical statement~~dated immunization record is to be on file at the home within thirty days of the child's first day of care and is to be updated every thirteen months thereafter ~~from the date of the examination~~.

(3) The ~~medical statement~~immunization record is to 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) The signature, business address and telephone number of the licensed physician as defined in Chapter 4731. of the Revised Code, physician assistant (PA), advanced practice registered nurse (APRN), or certified nurse practitioner (CNP) who examined the child.~~

~~(d)~~(b) A record of the immunizations the child has had, specifying the month, day and year of each immunization.~~on file within thirty days of the child's first day of care, if a child is not enrolled in a public or nonpublic school. This record may be attached to the medical statement and is to contain the following information:~~

~~(i) The child's name and birth date.~~

~~(ii) Each immunization the child has had, specifying the month, day and year of the immunization, or that the child is in the process of being immunized against the diseases listed in appendix A to this rule.~~

~~(e) If a child has not received an immunization(s) to prevent a disease listed in appendix A to this rule, then one or both of the following is to be on file:~~

~~(i) A statement from a licensed physician as defined in Chapter 4731. of the Revised Code, PA, APRN, or CNP that an immunization against the disease is medically contraindicated for the child or is not medically appropriate for the child's age.~~

~~(ii) A statement from the child's parent that they have declined to have the child immunized against the disease for reasons of conscience, including religious convictions.~~

(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 the care of a certified in-home aide?

A child may 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 get the child immunized against the disease for reasons of conscience, including religious convictions.

~~(C)~~(D) What are the health care plan requirements for caring for children with ~~a~~ specific chronic health ~~condition~~ conditions or diagnoses in a home with a certified IHA?

(1) ~~The JFS 01236 "Medical/Physical Care Plan for Child Care" is to be used for children with a condition or diagnosis that includes the following:~~Documentation is required on a health care plan that is equivalent in content to the DCY 01236 "Health Care Plan Documentation & Permission to Administer Medication" if the DCY 01236 is not used for children with a chronic condition or diagnosis that includes the following:

(a) Monitoring the child for symptoms ~~in order~~ which require the IHA to take action~~, if necessary~~.

(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~~ Performing medical procedures that the IHA is trained to provide.

(d) Avoiding specific food(s), environmental conditions or activities.

(e) A school-age child to carry and administer their own emergency medication.

(2) The IHA is to:

(a) Ensure that there is ~~a completed JFS 01236~~documentation for each chronic health condition or diagnosis per child, including the IHA's own children in care.

(b) ~~Implement and follow all requirements of each child's JFS 01236~~Accept documentation and/or instructions from a physician, PA, or APRN as a substitute for a DCY 01236 (or equivalent form).

(c) Keep ~~each JFS 01236~~ 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 ~~where~~ that requires the children are moved to another location, and for transporting children on all trips except routine walks.

(3) ~~The JFS 01236~~Documentation of a chronic health condition or diagnosis is to be reviewed by the parent at least annually and updated as needed. ~~The parent and the IHA are to initial and date the form when information is reviewed or updated.~~

(4) ~~The JFS 01236~~ Documentation of a chronic health condition or diagnosis is to be on file in the home by the first day the IHA provides child care services, or upon confirmation of a chronic health condition or diagnosis.

(5) If the IHA suspects that a child has a chronic health condition or diagnosis, the IHA may collect a physician's statement from the parent within a designated time frame.

(6) The IHA is to be trained on the child's needs and all procedures before being permitted to perform medical procedures or other action needed for a chronic health condition or ~~special need~~diagnosis.

~~(D)~~(E) What information regarding children's records can be shared?

Children's records are to be confidential but are to be available to the Ohio department of ~~job and family services~~ children and youth (DCY)~~(ODJFS)~~ and the county agency for the purpose of administering Chapter 5104. of the Revised Code and Chapter 5180:2-14 ~~5101:2-14~~ 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.

~~(E)~~(F) How long are child records to be kept on file by the IHA?

All child ~~medical statements~~records, ~~JFS 01217 "Request for Administration of Medication for Child Care," JFS 01234 and JFS 01236~~ as well as all documentation of child's chronic health condition or diagnosis, and written permission to administer medication or medical foods from parents are to be kept on file for twelve months from the date the ~~form~~ documentation is signed or updated, whichever is later, even

if the child is no longer being cared for in the home or the ~~form~~documentation is no longer needed for the child.

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Appendix A to Rule 5180:2-14-06

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.

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13. Rubella.
14. Tetanus.

5180:2-14-07 **Emergency and health-related plans ~~for a certified in-home aide~~.**

(A) What are the~~ medical, dental and general~~ emergency posting, weather emergency drill and safety drill requirements for a certified in-home aide (IHA)?

The IHA is to:

~~(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 is to be completed, implemented when necessary and kept in a location that is readily available to the IHA.~~

~~(2) Complete the JFS 01201 "Dental First Aid" and keep in a location readily available to the IHA.~~

~~(3)~~(1) ~~Have a written emergency and disaster plan that includes brief instructions for evacuations and diagrams with indoor severe weather safe spots and evacuation routes.~~ Post emergency phone numbers, readily in view in all spaces used for child care. 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).

~~(4)~~(2) Post ~~severe~~a weather and fire alert plan~~and fire evacuation routes~~ in all spaces used for~~on each level of the home in use for~~child care. The plan is to include a diagram indicating evacuation routes and any instructions needed to safely evacuate.

~~(5)~~(3) Conduct monthly fire drills at varying times. Written documentation of these drills is to be kept on-site.

(B) When is the certified IHA to complete the ~~JFS~~DCY 01299 "Incident/Injury Report for Child Care"?

(1) The IHA is to complete the ~~JFS~~DCY 01299 and provide a copy to the parent on the day of the incident~~/~~or injury if:

(a) A child becomes ill or receives an injury ~~in~~ which requires first aid treatment ~~is applied~~.

(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 IHA, 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 ~~JFS~~DCY 01299 are to be kept on file at the home for at least one year and are to be available for review by ~~ODJFS~~the Ohio department of children and youth (DCY) or the county agency.

(C) 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 or IHA in the home where care is taking place.

(D) What does the certified IHA do if there is a serious incident, as defined in paragraph (C) of this rule?

(1) The IHA is to log into ~~https://oclqs.force.com~~the Ohio statewide licensing system by the next business day to report the incident.

(2) This notification does not replace reporting to the county children's protective services agency if there are concerns of child abuse or neglect as outlined in rule 5180:2-14-08~~5101:2-14-08~~ of the Administrative Code.

(3) The IHA may print the completed serious incident report in ~~OCLQS~~the Ohio statewide licensing system and give to the parent to meet the parent notification requirements in paragraph (B) of this rule.

(4) If the child is transported by anyone other than a parent for emergency treatment, the child's health and medical records as outlined in rule 5180:2-14-06~~5101:2-14-06~~ of the Administrative Code, are to accompany the child.

(E) What are the emergency preparedness and ~~disaster~~ response plan (EPRP) requirements for a certified IHA?

The IHA is to:

(1) Develop a dated written ~~emergency and disaster plan~~EPRP that is:

(a) Updated at least annually.

(b) Reviewed with the parent at least annually.

(2) Adopt a written security plan that ensures access to the home is limited to parents and guardians of children in care and authorized persons.

~~(2)~~(3) Conduct monthly weather emergency drills in the months of March through September. Written documentation of these drills is to be kept on-site.

~~(3)~~(4) The plan is to 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 evacuations due to hazardous materials and spills, gas leaks or bomb threats.

~~(c)~~(d) Outbreaks, epidemics or other infectious disease emergencies.

~~(d)~~(e) Loss of power, water or heat.

~~(e)~~(f) Emergencies or disasters that occur during the transport of children or when on a field trip or routine trip.

~~(f)~~(g) Other threatening situations that may pose a health or safety hazard to the children.

~~(4)~~(5) The plan is to include procedures for sheltering in place, disasters and evacuation, including:

(a) Emergency contact information for the parents and the IHA.

(b) Plan to contact and work with local emergency management officials.

(c) The location of supplies.

(d) Procedures for:

(i) Emergency numbers for medical, dental, and transport-related emergencies, if other than 9-1-1.

~~(i)~~(ii) Gathering necessary supplies for children.

~~(ii)~~(iii) Communicating with parents during loss of communication including loss of phone or internet service.

~~(iii)~~(iv) Caring for and accounting for the children until they can be reunited with the parent.

~~(iv)~~(v) Assisting infants, toddlers and children with special needs and/or chronic health conditions or diagnoses.

(vi) Selecting and relocating to a designated safe site where children and the IHA can safely remain if evacuated.

~~(v)~~(vii) Reunification with parents including procedures for notifying and communicating with parents regarding the location of children if evacuated.

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5180:2-14-08 **Supervision of children and child guidance ~~for a certified in-home aide~~.**

(A) What are the requirements for supervision for a certified in-home aide (IHA)?

The IHA is to:

(1) Leave no child unsupervised. Supervision means:~~the IHA has knowledge of a child's needs and accountability for a child's 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 and parental preferences of the child(ren) in care.

(c) Maintaining situational awareness of the children in care 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 emergent 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 always within sight or hearing of the IHA. 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 IHA's ability to supervise children and/or perform duties.

~~(4)~~(3) Not be involved in any activities that interfere with the care of the children. This includes not being involved in other employment during the hours in which care is provided.

~~(5)~~(4) Always have immediate access to a working ~~telephone~~ phone 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.

~~(6)~~(5) ~~Not permit children to be exposed to~~ Limit children's exposure to inappropriate language, behavior or media.

~~(7)~~(6) Provide supervised outdoor play in suitable weather for any infant over twelve months of age, toddler, preschool and school-age child cared for by the IHA for four or more consecutive daylight hours. Suitable weather is at a minimum of twenty-five to ninety degrees Fahrenheit.

(a) The IHA is to identify traffic hazards when outdoors and protect children from vehicular traffic.

(b) The IHA is to remain outdoors with infants, toddlers and preschoolers at all times.

(c) General-use 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 home. Individual-use, personal-sized therapy trampolines no larger than forty-eight inches in diameter may be used by children under direct supervision.

~~(c)~~(d) School-age children may be permitted in the on-site outdoor play space without the IHA as long as the children remain within sight and hearing of the IHA 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 IHA is always able to intervene if needed.

~~(d)~~(e) When the outdoor play space is not on the premises, the IHA is to accompany and supervise all children in transit and at the outdoor play space.

~~(e)~~(f) Provide access to restroom facilities and drinking water during outdoor play times.

(B) What are the requirements for supervision of school-age children?

(1) With written parent permission, school-age children may leave the home for specific activities, including:

(a) Walking to and from school.

(b) Walking home or to another destination.

(2) The written permission is to 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 signature and date.

(C) What are the staff/child ratio and maximum group size requirements?

The IHA is to:

(1) Care for no more than six children at any one time. No more than three of the children may be under two years of age.

(2) Not exceed the maximum capacity at any time.

(3) Be the sole provider of care in the child's home.

(4) Care for no more than two of the IHA's own children in the child's home. These children are to be counted in the maximum group size of children as designated on the certificate.

(D) What are the child guidance techniques to be used by the IHA?

(1) The IHA is to follow appendix A to this rule regarding child guidance techniques to be used with the children, including the IHA's own children.

(2) The IHA is to communicate and consult with the parent prior to implementing a specific behavior management plan. This plan is to be in writing, signed by the parent, and is to be consistent with the requirements of this rule.

(E) What are the child abuse and neglect reporting requirements?

If the IHA has reasonable cause to suspect ~~suspects~~ that a child has been abused or neglected, the IHA 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 5180:2-14-08

Allowable Discipline Techniques

The following techniques or practices may be used by in-home aides 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 age of the child 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 in-home aides as a means to control or discipline children:

1. Abuse, endanger or neglect 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.

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The following techniques or practices may be used by in-home aides 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.

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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.

5180:2-14-11 **Meal preparation and nutrition~~/nutritional requirements for an in-home aide~~.**

(A) What are the requirements for meals and snacks for a certified in-home aide (IHA)?

The IHA is to:

(1) ~~Provide~~Offer nutritious, varied and appropriately timed meals and snacks~~ for all children in accordance with parent's wishes 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)~~(3) ~~Serve~~ Offer food that is not a choking hazard, and that is developmentally appropriate in size, amount and texture.

~~(3)~~(4) ~~Ensure that meals and snacks~~Offer food to ensure that no child goes more than four~~are served in the~~ hours ~~as described in appendix A to this rule~~without at least a meal, except when sleeping.

(5) Offer milk based on parental preference.

~~(4)~~(6) ~~Serve~~Offer 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.

~~(5)~~(7) Ensure the parent obtains a physician's written instructions if administering a medical food to any child or if an entire food group is eliminated. When special or alternative diets are for cultural~~, or~~ religious, or medical reasons, the IHA is to obtain written, dated and signed instructions from the child's parent.

~~(6)~~(8) ~~Ensure that any alternate diet, except if the diet is for religious, cultural or medical reasons as specified in paragraph (A)(5) of this rule, includes items from each of the following food groups: meat or meat alternative, grain, fruit/vegetable, fluid milk.~~

~~(7)~~(9) Ensure that all food, including milk (formula and breast milk for infants) is safely stored. 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 and baked or boiled potatoes are to be refrigerated at a temperature at or below forty degrees Fahrenheit.~~

~~(8)~~(10) Ensure individual servings or individual packages of food or drink that have been served to a child are discarded or stored as instructed by the child's parent. Food or drink that is individually packaged and the package has not been opened may be stored in the home to be served again.

(B) What requirements for safe, independent self-feeding are to be implemented by an IHA?

The IHA is to 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.

(2) Eating utensils and dishes are suitable for the age and developmental level of the 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:	5104.019
Rule Amplifies:	5104.019
Prior Effective Dates:	04/01/1982, 05/20/1983, 09/01/1986, 02/15/1988, 05/01/1989, 11/01/1991 (Emer.), 01/20/1992, 03/15/1996, 10/15/1996, 10/01/1997 (Emer.), 12/30/1997, 04/01/2003, 08/14/2008, 07/01/2011, 08/03/2013, 01/01/2014, 12/31/2016, 10/29/2017, 10/29/2021, 11/12/2023

Meal and Snack Requirements

The number of meals, snacks and/or breakfast provided by a certified in-home aide is to be available as follows:

Hours of Child Care Services Provided	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 is to 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% undiluted)
4. Fluid Milk

Meal, snack and breakfast food 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.

5180:2-14-12 **Medication administration.**

(A) What is required for an in-home aide (IHA) to administer medication to a child?

(1) Written permission from a parent is required for the IHA to administer 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 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 individuals, depending on the type of medication or medical food:

(1) Instructions from a licensed dentist, licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) 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 IHA 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 IHA 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 IHA 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 the 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 a 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, medical foods or topical products?

The IHA is to:

(1) Safely store all medication, medical foods, and topical products. 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, if needed.

(4) Ensure that medications, medical foods, and topical products are accessible to the IHA 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.

Replaces:	5180:2-14-12
Effective:	7/1/2026
Five Year Review (FYR) Dates:	07/01/2031

CERTIFIED ELECTRONICALLY

Certification

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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

IN-HOME AIDE (IHA) ASSURANCES

Purpose

☐ Pre-Certification ☐ Change of address (same family) ☐ Second location

☐ Other (specify)

SECTION I – IDENTIFYING INFORMATION

Parent/Guardian Information

Name of Parent/Guardian	Phone Number *(including area code)*		
Child's Home Address (location of child care)	City	Zip Code	County

IHA Information

Name of IHA	Program Number (if applicable)	E-mail Address

SECTION II – CHILD CARE INFORMATION

This section must be completed jointly by the parent/guardian and the IHA. Provide information for all children present in the home. The maximum group size cannot exceed six children at any one time. No more than three children can be under two years of age.

Name of Child (first & last name)	Date of Birth	Days and Hours in Care						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SECTION III –IHA'S OWN CHILDREN WHO WILL BE CARED FOR IN THE HOME No more than two children of the IHA may be cared for in the home.								
Name of Child (first & last name)	**Date of Birth**	**Days and Hours in Care**						
		Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**

SECTION IV –ASSURANCE CHECKLIST This section must be completed jointly by the parent and the IHA.			
The parent and IHA must jointly complete the following sections for the home where child care will be provided. All requirements must be met before a certificate is issued by the county agency. The individuals completing the report should check A for "Agree" or N/A for "Not Applicable" for each compliance item listed on the right column of the report. All the items listed are required in rule and must be agreed to by both the parent and the IHA. An item should only be marked "N/A" if the item does not apply to the specific situation of the family when submitted by applicant or for a county inspection. ***Please note: If an item is marked "N/A" please explain why the item is not applicable in the 'Additional Comments' section.***			
Compliance Status Key Code: A = Agree N/A = Not Applicable			
Compliance Topic	**Status**		**Compliance Item**
	A	**N/A**	
Child Record Requirements			
	☐	☐	Children's files are complete
	☐	☐	DCY 01234 "Child Enrollment Form for Early Care and Education Programs" or equivalent completed for each child, including the IHA's own children cared for in the home. In a location that can be easily accessed and removed from the home if there is an emergency. Reviewed and updated annually
	☐	☐	DCY 01236 "Health Care Plan Documentation & Permission to Administer Medication for Early Care and Education Programs" or equivalent health care plan completed for all children with a special need or health condition, including ongoing medical administration. A form is to be completed for each condition per child. This includes any children of the IHA that will be cared for in the home. IHA is trained to administer procedures. Reviewed and updated annually
	☐	☐	Immunization record if child not enrolled in a public or nonpublic school; or statement from a physician that

			immunization is contraindicated or not medically appropriate; or statement from parent citing reasons of conscience
	☐	☐	Documentation of child's chronic health condition or diagnosis and written permission to administer medication or medical foods are kept on file for twelve months from the date the documentation is signed or updated
Medication Requirements	☐	☐	All medications properly labeled
	☐	☐	Medications are safely and properly stored
	☐	☐	IHA follows requirements for medication administration
Communicable Disease/Standard Precautions Requirements	☐	☐	DCY 08087 "Communicable Disease Chart" is readily available to IHA, parents and residents
	☐	☐	IHA follows communicable disease requirements
	☐	☐	IHA follows requirements when caring for sick children
	☐	☐	IHA follows standard precaution requirements
Napping/Sleeping and Overnight Care	☐	☐	All children living in the home sleep in their own beds or cribs, the IHA's own children sleep or nap in their own assigned beds, cribs, playpens, couches, cots or mats
	☐	☐	No child is permitted to rest, nap or sleep on the floor without a mat, pad or cot. Mats and cots must meet requirements in rule 5180:2-14-10 of the Ohio Administrative Code (OAC). Air mattresses designed for overnight sleeping may be used, if used according to manufacturer's guidelines
	☐	☐	Sleeping or napping area should allow for visual supervision of all children
	☐	☐	Evacuation routes are not blocked by sleeping/napping children and IHA has a clear path to each child
	☐	☐	Children who don't fall asleep during nap time can engage in quiet activities
	☐	☐	If evening or overnight care is provided, IHA must remain awake until all children are asleep
	☐	☐	For evening or overnight care, all children under five must sleep on the same floor as the IHA
	☐	☐	For evening or overnight care, children have bedtime routines in consultation with parent, IHA assists with washing and changing clothes according to developmental needs
	☐	☐	IHA has written permission before allowing children to bathe
	☐	☐	All children bathe separately unless there is written permission from parent
Child Supervision Requirements	☐	☐	No use of prohibited discipline techniques
	☐	☐	Uses developmentally appropriate behavior management
	☐	☐	Assists children with problem solving
	☐	☐	Recognizes, encourages and praises children
	☐	☐	Consults appropriately with parents prior to implementing specific written behavior management plan, signed by parent and consistent with child guidance requirements in

			5180:2-14-08 of the OAC and Appendix A to rule 5180:2-14-08 of the OAC
	☐	☐	No child is left unsupervised, IHA is always aware of and responsive to basic needs and protects from harm
	☐	☐	All children within sight or hearing of IHA at all times
	☐	☐	IHA conducts no activities that interferes with child care, including no other employment while child care is being provided
	☐	☐	IHA not under the influence of any substance that impairs ability to supervise children and/or perform duties
	☐	☐	Have immediate access to working phone on the premises that receives incoming calls and makes outgoing calls and a backup form of communication
	☐	☐	Limit exposure to inappropriate language, media or behavior
	☐	☐	Therapy trampolines are no larger than 48 inches in diameter
	☐	☐	Supervised outdoor play in suitable weather
	☐	☐	Restroom facilities and drinking water available during outdoor playtimes
	☐	☐	Written permission for school-age child to leave home for specific activities
	☐	☐	IHA cares for no more than six children at any one time, with no more than three under the age of two, and does not exceed maximum capacity on certificate
	☐	☐	IHA is the only provider in the child's home
	☐	☐	IHA cares for no more than two of their own children in the home, these children are to be counted in the maximum group size of children as designated on the certificate
	☐	☐	IHA communicates clearly and positively
	☐	☐	If the IHA suspects child abuse or neglect, the IHA is to report to the Public Children Services Agency (PCSA) or law enforcement
Meal Preparation/Nutritional Requirements	☐	☐	Meals and snacks are varied, nutritious and appropriately timed. Milk is offered based on parental preference. The five basic food groups are protein, grains, fruits, vegetables, and dairy. ☐ **Breakfast:** Offer food from three of the five basic food groups ☐ **Meals:** Offer food from all five basic food groups ☐ **Snack:** Offer food from two of the five basic food groups
	☐	☐	Food is prepared, served and stored in a clean and safe manner
	☐	☐	No child goes more than four hours without a meal, except while sleeping.
	☐	☐	Access to drinking water throughout the day

Emergency and Health Related Plans	☐	☐	Written emergency preparedness and response plan (EPRP) includes all information required in rule 5180:2-14-07 of the OAC, dated and reviewed with parent annually
	☐	☐	Severe weather alert plan and fire alert plan are posted in all spaces used for care. The plans include diagrams/instructions for evacuation routes
	☐	☐	Written security plan that ensures access to the home is limited to parents and guardians of children in care and authorized persons
	☐	☐	IHA conducts monthly fire drills, written documentation of the drills is kept on file
	☐	☐	IHA conducts monthly weather emergency drills in the months of March through September, written documentation of the drills is kept on file
Incident Reporting	☐	☐	DCY 01299 "Incident/Injury Report for Early Care and Education Programs" completed and copy provided to parent when required
	☐	☐	Serious incidents are reported in Ohio statewide licensing system
Transportation and Field Trip Safety	☐	☐	DCY 01234 "Child Enrollment Form for Early Care and Education Programs" or equivalent taken for every child
	☐	☐	DCY 01236 "Health Care Plan Documentation & Permission to Administer Medication for Early Care and Education Programs" or equivalent taken for children who may require care
	☐	☐	First aid supplies readily available and kept out of reach of children
	☐	☐	Working cell phone or other means of immediate communication
	☐	☐	IHA has completed the one-time DCY transportation training, if required
	☐	☐	Approved child restraint systems used
	☐	☐	No children under 12 years old in the front seat
	☐	☐	No child left unattended in a vehicle
	☐	☐	Identification attached to each child when required for routine or field trip
	☐	☐	Monthly vehicle inspections are performed and documented
	☐	☐	Permission forms complete: ☐ Child's name ☐ Destination and date for field trips ☐ Parent's signature and date ☐ Statement notifying parents how their children will be transported
Swimming and Water Safety	☐	☐	Onsite swimming pools inaccessible to children by fence or barrier as outlined in rule 5180:2-14-05 of the OAC, children not permitted to use pool while in care of IHA.
	☐	☐	Children not permitted to use saunas/hot tubs while in the care of the IHA

	☐	☐	Wading pools are less than 18" in wall height, are filtered or emptied daily and disinfected daily if needed, IHA supervises children at all times while a wading pool is in use and is able to see clearly all parts of the wading area
	☐	☐	Approved off-site swimming site activities in bodies of water more than 18" deep are supervised by certified lifeguards or water safety instructors
	☐	☐	IHA actively supervises children at all times and is able to clearly see all parts of the swimming area, including the bottom of the pool. The IHA is not to serve as a lifeguard
	☐	☐	Written permission from parent before swimming at an approved offsite swimming site or infants/toddlers in wading pools
	☐	☐	Permission forms complete: ☐ Child's name and date of birth ☐ Statement indicating if child is a swimmer or non-swimmer ☐ Location of offsite swimming ☐ Statement granting permission for child to participate
Infant Care	☐	☐	Bottles labeled with name and date of preparation
	☐	☐	Infants removed from crib, swing, or other equipment throughout day for individual attention
	☐	☐	Non-crawling infants given opportunity for tummy-time outside of crib or playpen each day
	☐	☐	Formula/food expiration dates verified
	☐	☐	Breast milk: labeled w/date expressed and date of receipt, stored appropriately
	☐	☐	Formula/breast milk prepared/stored and handled appropriately
	☐	☐	Parents provided with infant daily report which includes food intake, sleep, diaper changes and daily activities
	☐	☐	Infants removed from crib for feeding, infants held or fed sitting up, no bottles propped
	☐	☐	Parents provide written feeding instructions, including type and amount of food and/or formula/breast milk and feeding times or frequencies
	☐	☐	No foods other than formula or breast milk to infants under 4 months of age without written documentation from a physician
Diaper Care/Toilet Training	☐	☐	Diapers and clothing changed immediately when wet or soiled
	☐	☐	For diaper changes, washes all soiled areas of the child's body, with either an appropriately sanitized washcloth or a disposable wipe
	☐	☐	Wipes/washcloths discarded or properly sanitized and laundered
	☐	☐	Hands washed with soap and water or hand sanitizer after each diaper change

	☐	☐	Diaper changing surface cleaned if visibly soiled
	☐	☐	If diaper changing surface used for more than one child, a different disposable separation material must be used for each diaper change, and diapering products should be administered to avoid cross contamination
	☐	☐	Soiled disposable diapers are stored in a plastic-lined covered container that prevents hand contamination and is not easily accessible to children, and diapers discarded daily
	☐	☐	Children not left unattended on changing table
	☐	☐	Toilet training is based on child's readiness, is in consultation with parent and is never forced
Crib and Playpen Requirements	☐	☐	Each infant has a separate crib or playpen used according to manufacturer's instructions. Any crib manufactured before 6/28/2011 has a certificate of compliance (COC) on file
	☐	☐	Closely spaced bars with corner posts that do not exceed 1/16th of an inch above top end of panel. Spaces between bars of the crib/playpen, and between the bars and end panels of the crib or playpen are not to exceed 2 3/8"
			Playpen mesh openings are to be less than 1/25"
	☐	☐	No more than 1 ½" between mattress and sides
	☐	☐	Firm mattress at least 1 ½" thick for cribs, and no more than 1" thick for playpens
	☐	☐	Cribs and playpens are to be used with mattress supports at lowest positions and sides at highest positions
	☐	☐	Each mattress securely covered with waterproof material free of rips or tears, which can be thoroughly sanitized and is not dangerous to children
	☐	☐	Bumper pads not in use
	☐	☐	Items not hung over the side of the crib or playpen
	☐	☐	Infants not placed in crib with bibs or other strangulation or suffocation hazards
	☐	☐	Infants under 12 months placed on backs to sleep unless a DCY 01235 "Sleep Position Waiver Statement" signed by a physician is on file
	☐	☐	Infants sleep only in cribs or playpens, an infant twelve months or older may use a cot, pad or mat with written permission from the parent. When the child can climb out of the crib or playpen, or when the child reaches 35" in height, a crib or playpen is no longer to be used
Fire Safety	☐	☐	At least one UL or FM fire extinguisher minimum rating 1A:10B
	☐	☐	IHA can locate fire extinguisher, if only one it is in kitchen
	☐	☐	UL or FM smoke detector in basement and on each floor
Safe and Sanitary Equipment and Environment	☐	☐	**Safe** Firearms weapons and ammunition material stored in secure, safe and locked environment inaccessible to children
	☐	☐	First aid kit readily available and contains enough items for children in care

	☐	☐	Toys and materials small enough to be swallowed kept out of reach of infants/toddlers
	☐	☐	All local and state ordinances regarding pets animals are followed
	☐	☐	No illegal drugs are on the premises, alcohol and medications inaccessible to children
	☐	☐	Cleaning and sanitizing equipment and supplies stored in a space inaccessible to children
	☐	☐	Electrical outlet covers, unless the in-home aide serves school-age children only
	☐	☐	Home has hot and cold running water. Hot water should not exceed 120 degrees Fahrenheit, unless the faucet is inaccessible and inoperable to children
	☐	☐	**Sanitary** All utilities are to be operable
	☐	☐	IHA and the children in care wash hands as outlined in Appendix A to rule 5180:2-14-05 of the OAC
	☐	☐	Handwashing occurs in a handwashing sink, with a sturdy non-slip platform if needed
	☐	☐	Toilets flushed after each use
	☐	☐	Accumulated trash and garbage stored outside play areas and inaccessible to children

Additional Comments

SECTION V –IHA's Assurances

Please read each statement below carefully, check each box to indicate agreement and sign.

☐ I understand that it is my responsibility to maintain compliance with the rules governing certification as an In-Home Aide.

☐ I verify that the home of the parent meets the minimum health and safety requirements as specified in the rules and on this form. I agree that all information given is true and correct. I understand that falsification of any information may result in denial or revocation of my certificate.

☐ I understand that being approved as an In-Home Aide makes me liable for the safety and health of all children in my care.

☐ I understand I must submit a new application form after voluntary withdrawal from certification, when seeking certification after denial or revocation of a certificate.

☐ My fingerprints have been submitted electronically to the Bureau of Criminal Investigation (BCI) for processing for an Ohio BCI and a Federal Bureau of Investigation (FBI)/NSOR criminal records check.

☐ I have submitted the request for a background check for child care in the Ohio Professional Registry (OPR).

Signature of IHA	**Date**

SECTION VI – Parent's Assurances

Please read each statement carefully, check each box to indicate agreement and sign.

☐ I understand that I am responsible for placing my child with this IHA.

☐ I have inspected my home and verified that it meets the minimum health and safety requirements as specified in the rules and on this form.

☐ I understand that it is unlawful for an IHA to discriminate in the enrollment of children upon the basis of race, color, religion, sex or 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 the Ohio department of children and youth (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)

Signature of Parent	**Date**

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.

TO BE RESCINDED

5180:2-14-12 **Medication administration for an in-home aide.**

(A) When does an in-home aide (IHA) use the JFS 01217 "Request for Administration of Medication for Child Care"?

(1) The JFS 01217 is to be used to document medication administration of all prescription and non-prescription medication, including sample medication.

(2) The JFS 01217 is not to be used for medication required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" pursuant to rule 5101:2-14-06 of the Administrative Code.

(3) The JFS 01217 is not to be used 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 IHA is to ensure that the parent completes and signs box one of the JFS 01217.

(2) The IHA is to 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 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 IHA is to:

(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 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 does not need to be obtained for lip balm use or for using hand sanitizer with children older than twenty-four months.

For all other topical products and lotions, the IHA is to:

(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. These may be applied without documentation of the application.

(E) What are the requirements for a certified IHA to administer medications, medical foods or topical products?

The IHA is to:

(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 IHA 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 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?

The IHA 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.

(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 medications, medical foods or topical products in a separate container if needed.

(5) Ensure that medications, medical foods and topical products are accessible to the IHA at all times.

(6) Ensure that medications, medical foods and topical products are discarded when no longer needed or expired.

Effective:	7/1/2026
Five Year Review (FYR) Dates:	4/13/2026

CERTIFIED ELECTRONICALLY

Certification

06/18/2026

Date

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