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Child Care and Development Fund (CCDF) Plan
for
State/Territory Ohio

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:25:06 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Ohio Department of Children and Youth**

   ii. Street Address: **246 N. High Street**

   iii. City: **Columbus**

   iv. State: **Ohio**

   v. ZIP Code: **43215**

   vi. Web Address for Lead Agency: **https:/childrenandyouth.ohio.gov**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Kara**

   ii. Lead Agency Official Last Name: **Wente**

   iii. Title: **Director**

   iv. Phone Number: **614-752-0747**

   v. Email Address: **Kara.Wente@childrenandyouth.ohio.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: **Cynthia**

ii. CCDF Administrator Last Name: **Ricketts**

iii. Title of the CCDF Administrator: **Chief, Bureau of Program, Policy and Regulatory Standards**

iv. Phone Number: **614-642-4453**

v. Email Address: **Cynthia.Ricketts@childrenandyouth.ohio.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name: **Alicia**

ii. CCDF Co-Administrator Last Name: **Leatherman**

iii. Title of the CCDF Co-Administrator: **Chief Strategy Officer**

iv. Phone Number: **614-946-8789**

v. Email Address: **alicia.leatherman@childrenandyouth.ohio.gov**

vi. Description of the Role of the Co-Administrator: **The co-administrator will support the development and implementation of child care policies to align with with priorities for the DCY and the administration.**

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

b. **[ ]** Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

i. Eligibility rules and policies (e.g., income limits) are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

iii. Payment rates and payment policies are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

v. Standards and monitoring processes for license-exempt providers are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

vi. Quality improvement activities, including QIS, are set by the:

[ ] State or Territory.

[ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[ ]	[ ]	[x]	[ ]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[ ]	[x]	[x]	[ ] Describe:
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[x]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	[x]	[ ]	[x]	[x]	[x] Describe: DCY may also contract with additional organizations to support the implementation of key improvement strategies. For instance, a request for proposals (RFP) will be posted to support the implementation of a high quality curriculum. Trainings and technical assistance will supported by the applicants on how best to implement a curriculum and aligned activities. In addition, Ohio has a system of State Support Teams that provide technical assistance to

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					school districts and providers participating in Preschool Special Education.

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

[x] Yes. If yes, describe: **The responsibility for overseeing the Child Care Development Fund and the implementation of this state plan will be shifting from the Ohio Department of Job and Family Services to the Ohio Department of Children and Youth, pending approval from the federal government and the Office of Child Care. The Ohio legislature supported the proposal made by Governor Mike DeWine to develop a new cabinet level organization focused on serving children and their families from the prenatal period to the young adult/youth reaches the age of 21. A Memorandum of Understanding has been developed to outline the roles and responsibilities for ODJFS and DCY during this transition phase. CCDF administrative and implementation tasks performed by the local County Departments of Job and Family Services include determining and processing eligibility applications for Publicly Funded Child Care and the licensing of family child care providers. Both of these tasks include monitoring and quality assurances staff and tools to ensure that federal and state rules and expectations are being followed. For eligibility reports such as application timeliness and reviewed and assessed for each county. For family child care licensing, DCY has a quality assurance team that monitors the timeliness and consistency of of the new and on-going licensing of providers.**

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **DCY sets requirements in rule for county agencies to implement CCDBG. For the Publicly Funded Child Care (PFCC) program, the requirements for both the county agencies and caretakers are set in Chapter 5101:2-16 of Ohio Administrative Code (OAC). Many of the eligibility requirements are also automated in the state's systems which the counties are required to use for determining initial and ongoing eligibility. The department audits the county annually to ensure they are implementing PFCC rules correctly, especially with meeting application timeliness expectations.**

[ ] No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

[x] Yes. If yes, describe: **DCY manages all fiscal aspects of the Child Care Development Block Grant. DCY requires Provider Agreements for licensed child care providers who want to serve families that qualify for child care assistance.**

[ ] No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

[x] Yes. If yes, describe: **DCY will have a written agreement with the Ohio Department of Education and Workforce (DEW) in order for children enrolled in Publicly Funded Child Care (PFCC) to obtain the Statewide Student Identification number (SSID). The SSID will allow DCY to analyze the other programs and systems that are being utilized by families in PFCC. In addition, DCY will be able to track the progress of children receiving early care and education programming through the K-12 system to assess performance at kindergarten entry, on the third grade reading and other standardized tests and at graduation.**

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The Auditor of State also has responsibility for monitoring any state funding, including those used to leverage federal funds. Additionally, the Ohio of Budget and Management monitors the spending for state and federal funds on a quarterly basis.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[ ] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

[x] Yes.

[ ] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **DCY communicates regularly with local governmental partners from the local state systems:**
-Local County Departments of Job and Family Services- Monthly opportunities are available for all 88 county departments to interact with staff on child care policies, regulations, funding and the overall availability and affordability of services.
-Local school districts/education service centers- School districts are critical partners in our shared goal of improving access t high early care and education and school age services. Local superintendents are offered a chance to meet with leadership to discuss the opportunities for collaboration and the challenges school district face with implementing services. Many school districts have provider agreements with ODJFS/DCY to accept families that receive financial support through Publicly Funded Child Care.
-Local early care and education/universal PreK partnerships- Monthly meetings are held with 8 local organizing agencies, some of whom are housed within local governmental agencies, to coordinate resources between the state and local partners and to offer an chance for the local organizations to suggest changes in policies or funding to improve the early care and education system.

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Early Childhood Advisory Council (ECAC) is an active group of diverse early childhood stakeholders that provide advice to the administration of the development and implementation of policy and funding decisions. The membership, which is appointed by the Governor, includes a diverse array of stakeholders from early childhood programs, schools, health, social services, unions, philanthropy, and other groups. Here is a link to the current membership list: ECAC Current Membership list. The Ohio Department of Job and Family Services and DCY sit on this Council with the Director**

of DCY currently serving as the co-chair. The ECAC, who meets at least quarterly, provides feedback on publicly funded child care policies and funding, Step Up To Quality, child care licensing and any other state operated early care and education programs to ensure a systematic approach to the availability and accessibility of services is inclusive of family and provider perspectives. A draft version of this plan was shared with the ECAC prior to the public hearing.

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **Not applicable.**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The Ohio Department of Job and Family Services (ODJFS)/Ohio Department of Children and Youth convene the Child Care Advisory Council (CCAC). The CCAC is statutorily required (ORC Section 5104.08) and provides feedback and advises the departments throughout the year regarding the implementation of child care including the Publicly Funded Child Care (PFCC) Program, Step Up To Quality (SUTQ) and child care licensing. The CCAC membership includes representatives from county agencies, parents, family child care providers, child care centers, state agencies and stakeholders.**

Many of the early childhood programs have moved into the Ohio Department of Children and Youth, which has increased Ohio's ability to enhance feedback from Subject Matter Expertise from other federally and state funded programs. The following programs have moved into DCY and team members provide input on child care policy on a regular basis:
State Preschool Program (Early Childhood Education)
Part B- Preschool Special Education
Part C- Early Intervention
Children Services/Title IV-E
MIECHV/State Funded Evidence-Based Home Visiting
Ohio Children's Trust Fund
Head Start Collaboration Office

DCY participates in a quarterly meeting with the Head Start Association, partnering state agencies and HS federal partners to ensure open lines of communication exist to strengthen services for families. DCY also host a monthly early care and education stakeholder call, where funding, eligibility and regulatory changes are often discussed. Additionally, DCY leadership regularly attends provider association meetings to receive specific feedback from provider groups. These associations include the Ohio Afterschool Network, the Ohio Association of Child Care Providers, the Ohio Association for the Education of Young Children, the Ohio Child Care Resource and Referral Association, the Ohio Head Start Association, the Ohio Association of YMCAs, the State Support Teams and the CEO Project (representing family child care).

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

i. Date of the public hearing: **6/20/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/30/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**DCY maintains a list of all early care and education providers. The public hearing notice will be made available to the provider list. In addition, on 5/28, DCY will host its monthly Early Care and Education stakeholder call which typically has over 4,000 participants. Information regarding the state plan will be made available during that meeting. Special calls to review the contents of the plan, will be held with the Early Childhood Advisory Council and the Child Care Advisory Council prior to the public hearing. All information, including the announcement of the public hearing and the posting of the draft plan, on the DCY website is able to be translated into 4 languages, including Spanish and Soomaali, on 4 browsers including Safari and Chrome. In addition, in person translation services would have been available to anyone attending the public hearing through an on-going contract DCY has with a state term contractor.**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Public comments will be able to be submitted to DCY at any time, not just during the public hearing. The state plan will be posted on the DCY website and all providers across the state will be sent notifications regarding the plan. The public hearing will be promoted and will be set at a time that allows providers adequate time to travel to Columbus if they would like to attend in person. Most providers can travel to Columbus within three hours. In addition to attend the public hearing in person, a virtual/online option was provided, allowing the public to participate and or observe the hearing process. The virtual/online option for this meeting was offered through TEAMS and publicized to all early care and education providers and stakeholders throughout the state.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in

multiple formats, etc.): **The plan will be posted on the DCY website. The DCY website does allow for the instant translation of content for four other languages. Translation services can be made available for other languages, if necessary.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Since the development of DCY, monthly meetings with Early Care and Education stakeholders have been held with feedback gathered during every interaction. DCY, in partnership with the Ohio Department of Job and Family Services, has posted every rule for public comment, which provides DCY with information about the affordability and accessibility of child care. In addition to the formal feedback process, DCY has held two rounds of family feedback sessions in five regions across the state, where child care policies and affordability where discussed at each. All comments were thoroughly reviewed, considered and incorporated as appropriate. Individual responses were drafted and sent to all individuals that submitted a comment.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://childrenandyouth.ohio.gov/for-providers/resources/child-care-and-development-fund-state-plan**

b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.

i. **[x]** Working with advisory committees. Describe: **The timeline for work on this state plan was shared with the Child Care Advisory Council (CCAC) and the Early Childhood**
Advisory Council with an invitation extended to both to Councils to review the plan. Plan progress, including submission of amendments and approvals, is shared quarterly with the CCAC and the ECAC. In addition, all documents related to the CCDF plan and amendments will be available on DCY's website at https://childrenandyouth.ohio.gov/for-providers/resources/child-care-and-development-fund-state-plan.

ii. **[x]** Working with child care resource and referral agencies. Describe: **The timeline for work on this state plan was shared with the Child Care Advisory Council (CCAC) and the ECAC, which includes a representative from Ohio's CCR&R agencies, with an invitation extended to review the plan. Plan progress, including submission of amendments and approvals, is shared quarterly during meetings that are held with the Directors of the regional CCR&Rs. CCR&R staff also participate in the monthly Early Care and Education stakeholder calls. In addition, all documents related to the CCDF plan and amendments will be available on DCY's website at https://childrenandyouth.ohio.gov/for-providers/resources/child-care-and-**

development-fund-state-plan.

iii. [x] Providing translation in other languages. Describe: Translation services information is available on the child care website. In addition, the DCY website will allow for content to be instantly translated into 4 other languages that represent the leading languages spoken in the State of Ohio. https://childrenandyouth.ohio.gov/for-providers/resources/child-care-and-development-fund-state-plan.

iv. [ ] Sharing through social media (e.g., Facebook, Instagram, email). Describe:

v. [x] Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: As mentioned, many of the provider association groups are part of ECAC and the CCAC and will receive notifications. In addition, DCY has a newsletter for all stakeholders in the child serving systems. A notice with a description of the child care plan, link to the plan and the details for the public hearing will all be provided.

Also included in the notification of the ECAC and CCAC, associations and key partners, such as the State Support Teams, were provided an overview of the plan in May 2024 and were provided the link to the draft plan and instructions for providing comments. In addition, all documents related to the CCDF plan and amendments will be available on DCY's website at https://childrenandyouth.ohio.gov/for-providers/resources/child-care-and-development-fund-state-plan.

vi. [x] Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: The Ohio Afterschool Network and the Ohio Association of YMCAs, the state's largest afterschool provider, are included in all DCY stakeholder calls and notices. In addition, all documents related to the CCDF plan and amendments will be available on DCY's website at https://childrenandyouth.ohio.gov/for-providers/resources/child-care-and-development-fund-state-plan.

vii. [x] Direct communication with the child care workforce. Describe: DCY maintains a current provider list serve and will ensure that notices are sent to all licensed providers regarding the state plan and the public hearing. In addition, all documents related to the CCDF plan and amendments will be available on DCY's website at https://childrenandyouth.ohio.gov/for-providers/resources/child-care-and-development-fund-state-plan.

viii. [ ] Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. **[ ]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

ii. **[x]** Leveraging eligibility from other public assistance programs. Describe: **Within the Ohio Benefits System, when an initial application is made for child care eligibility the information provided in Supplemental Nutrition Assistance Program (SNAP) is able to be used to determine eligibility. This prevents the family from having to resubmit verification information.**

Within the Ohio Benefits System, if there is a report to a change in Supplemental Nutrition Assistance Program (SNAP), a companion alert is sent so that the county worker knows the family's income has changed and there may need to be change

to child care benefits.

iii. [x] Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **If a new child is added to the family, (this includes a new baby, a foster/kinship/adopted child, or when an ineligible child already on the case becomes eligible) and is in need of care, the new child will receive 12 months of eligibility.**

iv. [x] Self-assessment screening tools for families. Describe: **Ohio offers The Early Childhood Services Eligibility Self-Assessment online web-based tool that lets a family know if they may be eligible for any of the following services:**
*** Early Childhood Education Grant (state preschool program)**
***Early Head Start**
***Head Start**
***Help Me Grow Early Intervention**
***Help Me Grow Home Visiting**
***Preschool Special Education and information on each program.**

v. [ ] Extended office hours (evenings and/or weekends).

vi. [ ] Consultation available via phone.

vii. [x] Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **The county agencies shall determine eligibility no later than thirty calendar days from the date the county agency receives the valid application. The complete application and all required supporting documentation shall be retained in the agency's files. If the county agency determines a caretaker is eligible for child care benefits, the eligibility period may begin on the date the county agency received the valid application.**

viii. [ ] None.

b. Does the Lead Agency use an online subsidy application?

[x] Yes.

[ ] No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

[x] Yes. If yes, describe the policies: **A caretaker is eligible for transitional child care benefits for the twelve-month period immediately following the end of participation in Ohio Works First (OWF) if the caretaker meets all of the initial and recertification eligibility requirements and all of the following apply:**
(a) The caretaker needs child care due to employment.
(b) The caretaker's initial income does not exceed one hundred fifty percent of the federal poverty level (FPL). These amounts shall be published annually in a child care manual procedure letter. Caretakers who have applied for or received Ohio Works First - TANF and need child care to comply with a self-sufficiency contract or an individual opportunity plan, Caretakers who are sanctioned under OWF and are participating in an approved activity to meet OWF requirements, Caretakers who need child care to comply with a Supplemental Nutrition Assistance Program (SNAP), employment and training program plan, or Minor parents participating in the Learning, Earning and Parenting (LEAP) are eligible for child care.

[ ] No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. **[x]** Advance notice to parents of pending redetermination.

ii. **[ ]** Advance notice to providers of pending redetermination.

iii. **[x]** Pre-populated subsidy renewal form.

iv. **[x]** Online documentation submission.

v. **[x]** Cross-program redeterminations.

vi. **[ ]** Extended office hours (evenings and/or weekends).

vii. **[x]** Consultation available via phone.

viii. **[x]** Leveraging eligibility from other public assistance programs.

ix. **[ ]** Other. Describe:

b. Does the Lead Agency use different policies for families receiving TANF assistance?

[ ] Yes. If yes, describe the policies:

[x] No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

[x] Yes.

[ ] No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are

reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

[ ] No.

[x] Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **"Special needs child care" 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.**

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

[x] No.

[ ] Yes. If yes, and the upper age is (may not equal or exceed age 19):

d. How does the Lead Agency define the following eligibility terms?

i. "residing with": **Ohio defines "caretaker parent" as the father or mother of a child whose presence in the home is needed as the caretaker of the child, a person who has legal custody of a child and whose presence in the home is needed as the caretaker of the child, a guardian of a child whose presence in the home is needed as the caretaker of the child, and any other person who stands in loco parentis with respect to the child and whose presence in the home is needed as the caretaker of the child.**

ii. "in loco parentis": **In loco parentis means an adult who is the caretaker of a child, including a relative, foster parent or stepparent, who is charged with the rights, duties and responsibilities of a parent and whose presence in the home is needed to perform these rights, duties and responsibilities.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

a. Identify which of the following activities are included in your definition of "working" by

checking the boxes below:

i. **[x]** An activity for which a wage or salary is paid.

ii. **[x]** Being self-employed.

iii. **[ ]** During a time of emergency or disaster, partnering in essential services.

iv. **[x]** Participating in unpaid activities like student teaching, internships, or practicums.

v. **[ ]** Time for meals or breaks.

vi. **[x]** Time for travel.

vii. **[x]** Seeking employment or job search.

viii. **[ ]** Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

i. **[x]** Vocational/technical job skills training.

ii. **[x]** Apprenticeship or internship program or other on-the-job training.

iii. **[x]** English as a Second Language training.

iv. **[x]** Adult Basic Education preparation.

v. **[x]** Participation in employment service activities.

vi. **[ ]** Time for meals and breaks.

vii. **[x]** Time for travel.

viii. **[ ]** Hours required for associated activities such as study groups, lab experiences.

ix. **[ ]** Time for outside class study or completion of homework.

x. **[ ]** Other. Describe:

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

i. **[x]** Adult High School Diploma or GED.

ii. **[x]** Certificate programs (12-18 credit hours).

iii. **[x]** One-year diploma (36 credit hours).

iv. **[x]** Two-year degree.

v. **[x]** Four-year degree.

vi. **[ ]** Travel to and from classrooms, labs, or study groups.

vii. **[ ]** Study time.

viii. **[ ]** Hours required for associated activities such as study groups, lab experiences.

ix. **[ ]** Time for outside class study or completion of homework.

x. **[ ]** Applicable meal and break times.

xi. **[ ]** Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[x] No.

[ ] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[ ] Work. Describe:

[ ] Job training. Describe:

[ ] Education. Describe:

[ ] Combination of allowable activities. Describe:

[ ] Other. Describe:

e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

[x] Yes.

[ ] No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?"

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

[ ] No. If no, skip to question 2.2.3.

[x] Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

[ ] Children in foster care.

[ ] Children in kinship care.

[ ] Children who are in families under court supervision.

[ ] Children who are in families receiving supports or otherwise engaged with a child welfare agency.

[ ] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

[ ] Children whose family members are deemed essential workers under a governor-declared state of emergency.

[x] Children experiencing homelessness.

[ ] Children whose family has been affected by a natural disaster.

[x] Other. Describe: **Protective child care is publicly funded child care services provided to assist in the care and protection of a child. Caretakers receiving protective child care are determined eligible without regard to income or assets and their copayment is waived. A case plan, as required, indicates a need for protective child care to permit the caretaker to complete the requirements of the case plan. Protective child care may be authorized only for a child who resides in the home of the caretaker for whom the case plan is written.**

g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[ ] No.

[x] Yes.

h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[ ] No.

[x] Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

[ ] No.

[x] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

[x] There is a statewide limit with no local variation.

[ ] There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2	5672.67	145.00	2383.00
3	7007.67	145.00	3004.00
4	8342.17	145.00	3625.00
5	9676.91	145.00	4247.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[x] Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Check all that apply:

i. **[ ]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[ ]** Workers' compensation.

iv. **[ ]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[x]** Rent for room within the family's residence.

vii. [ ] Pensions or annuities.

viii. [ ] Inheritance.

ix. [ ] Public assistance.

x. [ ] Other. Describe:

d. What is the effective date for these income eligibility limits? **October 5, 2023**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?
[ ] LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency:

[x] Other. Describe: **Income levels are set by Ohio Revised Code.**

f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://emanuals.jfs.ohio.gov/ChildCare/ChildCareManual/CCMPL/CCMPL-168-A.stm

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **If an individual has fluctuating income, the income shall first be averaged to arrive at a figure to be converted into a monthly amount, according to the following procedures:**
(K)(1)If the employed individual works the same number of hours per pay period, that number of hours shall be used in computing the individual's gross monthly income.
(a)The gross monthly income shall be computed by one of the following:
(i)Using the gross earnings listed on the individual's pay stubs; or
(ii)Multiplying the number of hours per pay period by the hourly rate of pay.
(b)The figure determined in paragraph (K)(1)(a) of this rule is used to convert the income into a monthly amount.
(2)If the employed individual has fluctuating hours of employment, the income shall be averaged.
(a)Cents shall be dropped prior to calculating the average income amount.
(b)The average income amount is used in converting the income into a

monthly figure.
(c)When possible, the county agency shall average the income received in the preceding four weeks.
(3)When the income from the prior four week period is not representative of current or future income, the county agency shall project income based on a best estimate. The best estimate shall consider the following variables which may affect the determination:
(a)More than four weeks of pay stubs, if they are available and the individual states that an average of a longer period of time is more representative because the
income received in the most recent four weeks was less or greater than the average. The county agency shall use all available income related information for the
immediately preceding three month period.
(b)The individual's projection of future earnings, when the individual disagrees with the use of income for the past four weeks period as representative of future
income. The county agency shall determine a representative figure using all available income related information, including the individual's projection of future
income.
(c)Year-to-date earnings, if listed on an individual's pay stub. Year-to-date earnings may be used to determine average income for periods longer than four weeks.
(d)All available income related information, which shall be used to determine a representative figure when there are fewer than four weeks of pay stubs available.
This includes situations when the employed individual disagrees with the use of earnings from the past four week period as indicative of future earnings.
(e)Written documentation from the employer, which shall be required if there are no pay stubs available because the employment is new.

ii. **[x]** Request earning statements that are most representative of the family's monthly income.

iii. **[ ]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[ ]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

[x] Yes.

[ ] No. If no, describe:

b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

[ ] No.

[x] Yes. If yes, describe the policy or procedure: **Families meeting the requirements of protective child care are eligible without regard to income or qualifying activity.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

a. [x] Eligibility determination? If checked, describe: **Homeless families who do not meet qualifying activity or income requirements are eligible for full-time authorization for each child in need of care without regard to income or activity. Also, caretakers are eligible for transitional child care benefits for the 12 months following their participation in Ohio Works First, if they need child care due to employment, and their income falls below 150 percent of the federal poverty level (FPL). Finally, a family with a child who needs care and who has a verified special need is determined eligible at or below 150 percent of the FPL.**

b. [x] Eligibility redetermination? If checked, describe: **At the time of redetermination, when a caretaker is not participating in an education or training activity that prepares the caretaker for paid employment due to a scheduled break in education or training activity, the case will be re-determined as long as the scheduled break does not exceed one quarter or one semester. Families may also continue to be eligible for care when a new activity is scheduled to begin within thirty-one days from the end of the previous activity. At redetermination, the family is determined for ongoing eligibility based at or below 300 percent of the FPL.**

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	[ ]	Applicant identity. Describe how you verify: **Client statement, birth certificate, driver's license, passport**
[x]	[ ]	Applicant's relationship to the child. Describe how you verify: **The relationship is verified with a birth certificate or client statement. This is only required to be verified once.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[ ]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **U.S. citizenship must be verified for eligibility determination. Birth certificates or hospital verification may be used. Verification that child is a qualified alien may also be documented.**
[x]	[x]	Work. Describe how you verify: **Verification of pay stubs or employer statements is used at initial application, re-determination, and when employment changes.**
[x]	[x]	Job training or educational program. Describe how you verify: **Verification of school schedule and/or grades at initial application and redetermination.**
[x]	[x]	Family income. Describe how you verify: **Verification required for all income at initial application and redetermination. The verification documentation accepted includes: pay stubs, signed statement from the employer, income tax returns, most recent W-2, self employment bookkeeping records, tax forms for self employed individuals, business records, correspondence or data from social security administration and/or workers compensation administration and data from a providers pension benefits.**
[x]	[x]	Household composition. Describe how you verify: **All household members are listed on the initial application and redetermination.**
[x]	[x]	Applicant residence. Describe how you verify: **Client statement on application and redetermination.**
[ ]	[ ]	Other. Describe how you verify: **N/A**

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

a. Identify the TANF agency that established these criteria or definitions: **Ohio Department of Job and Family Services**

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care": **Child care is considered appropriate if it is rendered by a child care provider legally authorized under applicable Federal and State**

laws, regulations, and requirements to provide such services and selected to provide such services in accordance with parental choice safeguards.

ii. "Reasonable distance": **"Reasonable distance" is defined by each county agency and is based on availability of transportation.**

iii. "Unsuitability of informal child care": **"Unsuitability of informal child care" is a decision made by the county agency and is based on information received from the public children services agency (PCSA) that the PCSA determines is relevant to share with the county agency to protect children according to Ohio Administrative Code Rule 5101:2-33-21 which states the following:**
(E) The PCSA shall not release the identities of the referent/reporter, and any person providing information during the course of an assessment/investigation shall remain confidential. The identities of these individuals shall not be released or affirmed by the PCSA to any party without the written consent of the individual(s) involved, except to those individuals outlined in paragraph (F) of this rule.
(F) The PCSA shall release child welfare information to the following persons or entities:
(1) Ohio Department of Job and Family Services (ODJFS) staff with supervisory responsibility in the administration of Ohio's child welfare program.
(2) Law enforcement officials who are investigating a report of child abuse or neglect or that a person violated section 2921.14 of the Revised Code by knowingly making or causing another person to make a false report.
(3) The county prosecutor who is investigating a report of child abuse or neglect or that a person violated section 2921.14 of the Revised Code by knowingly making or causing another person to make a false report.
(4) Any PCSA or children services agency (CSA) assessing/investigating a child abuse or neglect report involving a principal of the case.
(5) The court, for the purpose of the issuance of a subpoena to the referent/reporter.
(G) The PCSA shall promptly disseminate all information determined to be relevant, except as specified in paragraph (E) of this rule, to any federal, state, or local governmental entity, or any agent of such entity, with a need for such information in order to carry out its responsibilities under law to protect children from abuse and neglect

iv. "Affordable child care arrangements": **Affordable child care arrangements" means that work eligible individuals are guaranteed eligibility for child care subsidy with copayments based on family size and income.**

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

i. **[x]** In writing

ii. **[x]** Verbally

iii. **[ ]** Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **Effective October 20, 2020, the definition of "special needs" was removed and replaced with "special needs child care". This is defined as child care provided to a child who is less than 18 years of age and either has one or more chronic health conditions or does not meet age-appropriate expectations in one or more of the following areas of development: social, emotional, cognitive, communicative, perceptual, motor, physical and behavioral development and may need on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's functional development.**

e. "Families with very low incomes." **Families with income at or below 100 percent of the federal poverty level (FPL) are defined as very low income and prioritized. Each family with a monthly income of 100 percent or less of the FPL do not have a weekly copayment.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	**[ ]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:
Families with very low incomes	**[ ]**	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]** Describe:

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children experiencing homelessness, as defined by CCDF	[ ]	[x]	[x]	[ ]	[ ]	[x] Describe: **Homeless families who do not meet qualifying activity or income requirements are eligible for full-time authorization for each child in need of care without regard to income or activity.**
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	[ ]	[x]	[ ]	[ ]	[ ]	[ ] Describe:

a. Does the Lead Agency define any other priority groups?

[ ] No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Children with protective case plans are a priority group. Protective child care is publicly funded child care services provided to assist in the care and protection of a child. A case plan, as required in section 2151.412 of the Ohio Revised Code shall be prepared and maintained for the child and caretaker. The case plan shall indicate a need for protective child care to permit the caretaker to complete the requirements of the case plan. Protective child care may be authorized only for a child who resides in the home of the caretaker for whom the case plan is written. Protective cases do not have income or qualifying activity requirements. Co-payments are waived.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable

time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Homeless child care is provided when a caretaker and child either temporarily reside in a facility providing emergency shelter for homeless families or are determined by the county agency to be homeless. If the homeless caretaker does not meet the qualifications which include a work or education requirement or Ohio Works First (OWF)/Supplemental Nutrition Assistance Program (SNAP) participation, the family shall be determined eligible for homeless child care without regard to income or assets and the co-payment shall be waived. The only information required upon starting care is a short enrollment form completed by the caretaker/parent. Regulations allow all families to enroll in a child care program and then provide a medical statement/immunization within 30 days of the first day of care.**

b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

   i. Provide the policy for a grace period for:

      Children experiencing homelessness: **The only information required upon starting care is a short enrollment form completed by the caretaker/parent. Regulations allow all families to enroll in a child care program and then provide a medical statement/immunization within 30 days of the first day of care. The Ohio Department of Health has confirmed that this can be accomplished within 30 days. Families are able to provide documentation from their Primary Care Provider to fulfill this requirement. The form can be completed using information from an exam that has taken place in the last 13 months, a new exam is not required. The medical statement/immunization is not required for children who attend kindergarten and above.**

      Children who are in foster care: **The only information required upon starting care is a short enrollment form completed by the caretaker/parent. Regulations allow all families to enroll in a child care program and then provide a medical statement/immunization within 30 days of the first day of care. The Ohio Department of Health has confirmed that this can be accomplished within 30 days. Families are able to provide documentation from their Primary Care Provider to fulfill this requirement. The form can be completed using information from an exam that has taken place in the last 13 months, a new exam is not required. The medical statement/immunization is not required for children who attend kindergarten and above.**

ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

[x] Yes.

[ ] No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **County job and family services agencies and the child care resource and referral agencies have information available to direct families to needed resources. In addition, the Department of Children and Youth (DCY) works with the Ohio Department of Health to promote immunization services that are available through local health departments.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[x]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[ ]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[x]** Home visiting programs.

x. **[ ]** Other. Describe:

b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.

i. **[ ]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[ ]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. [ ] Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. [ ] Ensuring accessibility of environments and activities for all children.

v. [x] Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. [ ] Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii. [ ] Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. [x] Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. [x] Other. Describe: **Ohio created a comprehensive document, the JFS 07501 "Program Enrollment and Benefit Information", for families that includes contact information for child care assistance, Medicaid, health screenings, early intervention services, developmental delays, and disabilities, Help Me Grow, mental health, and nutrition resources. This document is a tool used by child care providers, when the need for support services are suspected, to give to families to assist them in connecting with the services they may need for their child. When a child is identified as needing special needs child care, additional payment can be made to the provider to assist in serving children and ensuring access to child care programs. Special needs child care 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. The additional payment applies when the child's delays/conditions affect development to the extent that the child requires special adaptations, modified facilities, program adjustments, or related services regularly to function adaptively.**
Programs with a child in need of special needs child care receive a 5 percent enhancement on top of the base rate. If a program needs to make adjustments to its service delivery model to serve a child eligible for special needs child care (i.e. add an extra staff member in the room, decrease group size in the room, etc.), the program can submit documentation to request a 100 percent enhancement to its base rate for services provided to that child. The Department of Children and Youth (DCY) and the Ohio Department of Education and Workforce (DEW) offers accessible guidance for families and local education organizations.
https://education.ohio.gov/Topics/Special-Education/A-Guide-to-Parent-Rights-in-Special-Education.
https://www.odjfs.state.oh.us/forms/num/JFS07501/pdf/

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[x]** Lead Agency accepts applications at local community-based locations.

ii. **[x]** Partnerships with community-based organizations.

iii. **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. **[x]** Other. Describe: **All eighty-eight county agencies have outreach programs in place. The child care resource and referral (CCR&R) agencies have implemented a variety of methods to be proactive in meeting the needs of homeless families including participating in community events, offering parent education programs, and participating in local task force and non-profit organizational efforts. Additionally, connections have been established with local shelters, libraries, food/clothing pantries, schools, food banks, Catholic Charities, YWCA, Head Start, Habitat for Humanity and housing coalitions to assist families in securing needed resources. Many CCR&Rs have created and distributed brochures or other forms of communication informing of their services and have hired staff who focus specifically on outreach to families including assisting homeless families and children.**

In addition the State Support Teams provide assistance to school districts and families who may be experiencing homeless and/or may have a child with a disability.

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **All child care staff are required to complete the pre-licensing or staff orientation which includes information on identifying and serving homeless children and their families.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The child care resource and referral (CCR&R) agencies have implemented a variety of methods to be proactive in identifying and serve homeless families including participating in community events, offering parent education programs, and participating in local task force and non-profit organizational efforts. Additionally, connections have been established with local shelters, libraries, food/clothing pantries, schools, food banks, Catholic Charities, YWCA, Head Start, Habitat for Humanity, and housing coalitions to assist families in securing needed resources. Many CCR&Rs have created and distributed brochures or other forms of communication informing of their services and have hired staff who focus specifically on outreach to families including assisting homeless families and children. Additionally, county agencies, who work directly with families to assist at the time of application and provide needed services, are**

required by rule to complete training that includes all CCDBG requirements, including training on identifying and serving children and their families experiencing homelessness.

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **Ohio coordinates with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules, inquiries about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP), or any other special need, implements policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities, and works with entities that may provide other child support services.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

[x] Yes.

[ ] No. If no, describe:

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[ ] No.

[x] Yes. If yes, provide the additional/varying policies for redetermination: **If the child turns 13 at the end of the eligibility period, at redetermination they would no longer be eligible unless they are a child with special needs and then they can remain until age 18.**

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. **[x]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

[ ] Yes. The Lead Agency continues assistance.

[x] No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **If a family has a non-temporary loss or cessation of their qualifying activity and a new qualifying activity has not been reported within four months, the family's eligibility will be ended.**

A family may continue to be eligible for child care if a caretaker's qualifying activity ends and a new activity is not scheduled to begin if the following requirements are met:
(a)If the county agency is notified about the loss of a qualifying activity, eligibility may continue for at least three months, but not more than four months from the date the qualifying activity ends, not to extend beyond the current eligibility

period.
(b)If a new qualifying activity is verified to begin before the end of the three month time period, the family may continue to be eligible for child care, not to extend beyond the current eligibility period.

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **Once the loss of activity is known to the county agency (typically upon report by the caretaker) the 3-month period begins with the date the qualifying activity ended This can be retroactive if the loss is not reported timely.**

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **At least 3 months but not more than 4 months from the day the qualifying activity ends.**

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

ii. **[ ]** Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **If a caretaker moves out of the state of Ohio, the caretaker no longer qualifies for Ohio publicly funded child care (PFCC) benefits. The process for a caretaker who no longer resides in Ohio includes the following:**
(1)The caretaker is to contact the county agency to advise of the move and to give an updated address.
(2)The county agency is to propose termination of the case using the JFS 07334 "Notice of Denial of Your Application for Assistance" or its computer generated equivalent.

iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Ohio Administrative Code (OAC) Rule 5101:2-16-01 states: Child care caretaker fraud is the willful withholding or falsification of information, or the misuse of child care services by the caretaker with an intent to deceive or defraud, resulting in the acceptance of services to which the caretaker was not entitled, as determined by a court of law or the caretaker's admission. If a caretaker has admitted to caretaker fraud or has been convicted of fraud by a court**

of law then the county agency must terminate child care benefits and the caretaker is not eligible for publicly funded child care until full repayment has been made.

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

[ ] Yes.

[x] No. If no, describe: **Changes in family income.**
(b)Changes in caretaker participation in a qualifying activity.
(c)Changes in household composition.
(d)Address changes, including relocation to another county.
(e)When a preschool child becomes a school-age child and begins attending elementary school.
(f)When a school-age child changes schools.

The caretaker shall notify the county agency regarding any change that impacts their child's current authorization for care prior to or within the service week that the new authorization is needed. A service week starts at twelve a.m. on Sunday and ends at eleven fifty-nine p.m. on Saturday. Changes that impact a child's authorization for care include the following:
(a)When a child stops attending a child care program that is authorized to provide publicly funded child care services for the child.
(b)When a caretaker wants to switch to a different provider of publicly funded child care services.
(c)When a caretaker needs to change the category of authorization for the child. Verification of qualifying activity shall be required to increase a child's category of authorization.

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

(i) 85 percent of SMI for a family of the same size; or,
(ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
    (A) Takes into account the typical household budget of a family with a low income
    (B) Provides justification that the second eligibility threshold is:
        (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
        (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

a. **[ ]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[x]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **Families remain eligible until income is at or above 300 percent of the Federal Poverty Level, which is greater than 85 percent SMI.**

    i. **[x]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **The family copayment is calculated on a sliding fee scale. Families below 100 percent of the Federal Poverty Level (FPL) pay no copayment. Families between 101 percent to 200 percent Increase from 7 percent of their income to 8.75 percent of their income. After 200 percent of the FPL, the copayment increases more dramatically, capping out at 27 percent of income for 295 percent and 300 percent of the FPL. Copayments are determined based on income and household size. Copayments may decrease during an eligibility period but may not increase during an eligibility period. When eligibility is redetermined, the copayment calculated for the new**

eligibility period is permitted to be higher than the previous period's copayment. Families at or under 100 percent of the FPL have a $0 co-pay.

The Department of Children and Youth (DCY) will be analyzing the fiscal impact of all of the federal child care payment rules that became effective in April 2024. DCY will plan to request a 2-year waiver while legislative and rule changes are identified and funding estimates are completed. The State's biennial budget process will begin in the fall of 2024, with the Governor preparing his proposed operating budget for the legislature by early 2025. The final statute and funding will not be known until July 1, 2025. Ohio will then begin implementing the policies that were modified and funded through the state budget process.

ii. **[x]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: **Annually, a caretaker receiving publicly funded child care shall submit a re- determination application, household income verification, and supporting documentation to the county agency for the re-determination of ongoing eligibility**

c. **[ ]** The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three:

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:

iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:

v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act

requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **The family copayment is calculated on a sliding fee scale. Families below 100 percent of the federal poverty level (FPL) have no copayment. Families between 101 percent to 200 percent increase from 7 percent of their income to 8.75 percent of their income. After 200 percent of the FPL, the copayment increases more dramatically, capping out at 27 percent of income for 295 percent and 300 percent of the FPL.**

The Department of Children and Youth (DCY) will be analyzing the fiscal impact for all of the federal child care payment rules that became effective in April 2024. DCY will plan to request a 2-year waiver while legislative and rule changes are identified and funding estimates are completed. The State's biennial budget process will begin in the fall of 2024, with the Governor preparing his proposed operating budget for the legislature by early 2025. The final statute and funding will not be known until July 1, 2025. Ohio will then begin implementing the policies that were modified and funded through the state budget process.

DCY will submit a waiver by October 1, 2024 for the co-payment rule.

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

[x] Yes.

[ ] No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

[x] Yes.

[ ] No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	A	*B*	*C*	*D*	*E*	*F*
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1						
2	**1645.00**	**27.40**	**1.67**	**2383.00**	**47.32**	**1.99**
3	**2073.00**	**34.42**	**1.66**	**3004.00**	**59.55**	**1.99**
4	**2501.00**	**41.66**	**1.66**	**3625.00**	**71.77**	**1.98**
5	**2930.00**	**48.68**	**1.66**	**4247.00**	**84.23**	**1.98**

c. What is the effective date of the sliding-fee scale(s)? **October 1, 2023.**

d. Provide the link(s) to the sliding-fee scale(s):
https://emanuals.jfs.ohio.gov/ChildCare/ChildCareManual/CCMPL/CCMPL-168-A.stm

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

[x] No.

[ ] Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families:

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families:

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[ ]** The fee is a dollar amount and (check all that apply):

[ ] The fee is per child, with the same fee for each child.

[ ] The fee is per child and is discounted for two or more children.

[ ] The fee is per child up to a maximum per family.

[ ]No additional fee is charged after a certain number of children.

[ ] The fee is per family.

[ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ]Other. Describe:

ii. **[x]** The fee is a percent of income and (check all that apply):

[ ]The fee is per child, with the same percentage applied for each child.

[ ]The fee is per child, and a discounted percentage is applied for two or more children.

[ ]The fee is per child up to a maximum per family.

[x]No additional percentage is charged after a certain number of children.

[ ] The fee is per family.

[ ]The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ] Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

[x] No.

[ ] Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. [ ]Quality of care (as defined by the Lead Agency). Describe:

iii. [ ] Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. [ ] Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. [ ] Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. [ ]Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

[ ] No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

[x] Yes. If yes, identify and describe which family contributions/co-payments waived.

i. [x]Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. [ ]Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. [x]Families experiencing homelessness.

iv. [x]Families with children with disabilities.

v. [ ]Families enrolled in Head Start or Early Head Start.

vi. [x]Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Protective child care is publicly funded child care services provided to assist in the care and protection of a child. Caretakers receiving protective child care will be determined eligible without regard to income or assets and their copayment is waived. The case plan is to indicate a need for protective child care to permit the caretaker to complete the requirements of the case plan. Protective child care may be authorized only for a child who resides in the home of the caretaker for whom the case plan is written.**

vii. [ ]Families meeting other criteria established by the Lead Agency. Describe the policy:

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Per the 2022 Market Rate Survey providers reported the following barriers to participation in the Publicly Funded Child Care (PFCC) Program: the program chose not to participate in Step Up To Quality (required for all programs participating in PFCC); lack of children in the provider's service area who are eligible for PFCC; reimbursement rates are too low; difficulty associated with budgeting based on PFCC payments and lastly, the PFCC payment is based on attendance and not enrollment.**
Center based providers- Approximately 60% of center based providers participate in Publicly Funded Child Care. Many providers have stated that barriers to participating in the Publicly Funded child care program include rates PFCC rates being too low. if a center can recruit a family who is am to pay their full time public rate, they do not feel compelled to participate in PFCC. Additionally, providers with at least 25% of their families being on PFCC are required to be in the Quality Rating system. Some providers do not want to take the additional steps to be rated.

Family child care providers- Over 97% of our licensed family child care providers currently participate in the Publicly Funded Child Care. Family Child Care Providers are participating

in the program are located in a geographic areas with highest incomes.

In-home providers- Only one of Ohio's in-home aids is not participating in Publicly Funded Child Care due to the one family they are serving not qualifying for PFCC.

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

[x] Yes.

[ ] No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

[ ] Yes.

[x] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: Parents can search for any licensed child care program at https://childcaresearch.ohio.gov. The website will allow a parent to narrow the search by county, city, zip code, program type, hours of operation, accreditations, and specific criteria such as field trips, meals, etc. In addition to the website the Department of Children and Youth (DCY) partners with seven Child Care Resource and Referral (CCRR) partners serving in twelve service delivery areas required to provide outreach and awareness for parents searching for the right child care for their children.

Additionally, families can learn more about child care through the Ohio Benefits integrated application for Supplemental Nutrition Assistance Program (Snap), Cash, Child Care, and Medicaid. Parents can explore all of the programs at the following website which also includes the link to search for child care:
Assistance Programs | Ohio Benefits Self Service Portal Core-
https://benefits.ohio.gov/home/resources/assistance-programs/assistance-programs

In addition, with the creation of the Child Care Choice Voucher Program in April 2024 no new application was created, but instead eligibility was determined at the time a family was denied access to publicly funded child care. At that time eligibility was automatically explored. Further exploration is now being done to further align Ohio's Early Childhood Education program to further streamline service for families. Today this program is determined at the provider level.

e. Describe what information is included on the child care certificate: The parent selects the provider as part of the application process. The notice of eligibility mailed to the parent also includes the mailed Notice of Authorization (NOA). The NOA is sent as soon as eligibility is determined. This notice includes the name of the provider(s) for each child, the category of authorization for each authorization for each child, and the copayment for each authorization for each child.

Any licensed provider can elect to participate in the Child Care Choice Voucher program.

To participate the program has to sign a provider agreement. Once a provider signs the agreement a child determined eligible for the voucher program can select from any program that has signed an agreement with open availability. Providers that sign an agreement agree to accept the State's established monthly rate but may assess the family a copayment.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a. **[x]** Market rate survey.

   i. When were the data gathered (provide a date range; for instance, September – December 2023)? **Data was gathered from June 13, 2022 through August 17, 2022, for the current rates being utilized. The 2024 market rate survey is currently out for response with data collection ending in late May to early June 2024,**

b. **[ ]** ACF pre-approved alternative methodology.

   i. **[ ]** The alternative methodology was completed.

   ii. **[ ]** The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

   iii. State Advisory Council or similar coordinating body: **The Department of Children and Youth (DCY) captured feedback through the Early Childhood Advisory Council (ECAC) and the Child Care Advisory Council (CCAC). The councils include representation from a diverse array of stakeholders from early childhood programs, schools, health, social services, unions, philanthropy, parents, and other groups. The draft questions were shared in October 2023. In January 2024, Strategic Research Group, the third-party vendor, attended ECAC and CCAC to inform and gather input on the questions, process, and provided background for administering cognitive interviews to a select group of providers. Comments were incorporated into the survey content.**

   iv. Local child care program administrators: **The Department of Children and Youth (DCY) captured feedback through the Early Childhood Advisory Council (ECAC) and the Child Care Advisory Council (CCAC) members. Program Administrators serve on the CCAC. The draft questions were shared in October 2023. In January 2024,**

Strategic Research Group, the vendor who administered the survey, attended the ECAC and CCAC meeting to inform and gather input on the questions, process, and provided background for administering cognitive interviews to a select group of providers. Comments were incorporated into the survey and interview content.

v. Local child care resource and referral agencies: **The Department of Children and Youth (DCY) captured feedback through the Early Childhood Advisory Council (ECAC) and the Child Care Advisory Council (CCAC) members. Child Care Resource and Referral (CCR&R) staff serve on the CCAC. The draft questions were shared in October 2023. In January 2024, Strategic Research Group, the vendor who administered the survey, attended the CCAC meeting to inform and gather input for administering cognitive interviews to a select group of providers. Comments were incorporated into the survey content.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Department of Children and Youth (DCY) captured feedback through the Early Childhood Advisory Council (ECAC) and the Child Care Advisory Council (CCAC) members. The Councils include representation from each of these categories. The draft questions were shared in October 2023. In January 2024 Strategic Research Group, the vendor who administered the survey, attended the CCAC meeting to inform and gather input for administering cognitive interviews to a select group of providers. Comments were incorporated into the survey content.**

vii. Other. Describe: **NA**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? **11/29/2022**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **All rates were collected between June 13, 2022 through August 17, 2022.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The sampling frame used for the 2022 Market Rate Survey included all Ohio Department of Job and Family Services (ODJFS) regulated child care centers, Type A family child care (FCC) homes, Type B FCC homes, approved day camps, and preschool and school age child care programs licensed by the Ohio Department of Education (ODE) that are not regulated by ODJFS, but with whom they have a publicly funded child care provider agreement. For the 2022 survey, 6,396 unique provider locations were identified and included in the sample within the following categories:**

- **Type A FCC Home - 284**
- **Type B FCC Home 1,955**
- **Child Care Center 4,008**
- **Approved Day Camp - 21**
- **ODE Licensed Preschool - 74**

- **ODE Licensed School Age Child Care 54**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **Two databases are used to conduct the survey: the Ohio Child Licensing Quality System (OCLQS) and the Subsidy Program Time, Attendance & Payment (TAP) system. Ohio's licensing database, OCLQS, is used to identify licensed programs of all setting types to determine who should receive the survey. The Time, Attendance & Payment (TAP) system is also used to provide quality control assurances to compare rates by settings. The surveys are completed by providers and then compared to the rates entered into the TAP system as required by licensing regulation.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Contact with providers was made through a variety of modes during the different phases of data collection and consisted of five components: mail and email survey invitations and reminders, non-response prompting telephone calls, paper survey follow-up clarification calls, rate sheet follow-up calls, and narrow cost analysis interviews. Over the course of the data collection period a prenotification email, an invitation email, eight reminder emails, and a reminder postcard were sent. Paper surveys were also mailed to a select group of providers from low responding subgroups. Strategic Research Group (SRG) used the email addresses entered by child care programs in the Ohio Department of Job and Family Services system. Letters were mailed in place of emails to providers for which emails were undeliverable or invalid. Two rounds of telephone non-response prompting were conducted: one from July 5, 2022, through July 30, 2022, which included all provider types, and one at the end of the data collection period (early to mid-August) which focused on Type A and Type B family child care (FCC) home providers and providers from specific counties, who had lower response rates.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **58.10**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **46.40**

viii. Describe if the survey conducted in any languages other than English: **The survey is conducted in English Only. For licensing purposes, The Ohio Department of Children and Youth (DCY) utilizes interpreters when necessary.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **Data were analyzed to establish the weekly rate per child by setting, age, and program qualifications (i.e., rating).**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **Data was reviewed and cleaned prior to analysis. Data entry for rates was restricted to numeric values and decimal points to ensure that data were collected in a consistent fashion. Dollar sign symbols were placed in front of the data entry fields for each rate, and rate definitions (e.g., hourly, weekly, monthly) were provided as drop-down selections after each rate field.**

These restrictions minimized the amount of data cleaning required. Several steps were taken to clean the rate data to prepare these data for analysis; these included: • Data were reviewed for obvious missing decimal points (for example, an hourly rate of $480 was corrected to $4.80). • Rates with missing billing periods were reviewed and billing periods that were obvious were assigned. This was often the case with a series of similar entries where a single billing period was missed, and it was obvious that the missing billing period was the same as the other entries. However, if there was any doubt about the missing billing period, the rates were excluded. • Similarly, obviously incorrectly selected billing periods were corrected when they were in line with other rate entries or were discernible (e.g., $4 monthly was corrected to $4 hourly). • Entries of zero for any rates were excluded. All data Hourly and weekly rates were weighted by the capacity of each of the providers that fell into a particular subgroup. For example, for the rate distributions of child care centers in a given cluster, each rate for each provider was weighted by the capacity of that provider, with the weights for each subgroup adjusted so that the sum of the weights is equal to the number of providers in the subgroup. In all, 180 weighting variables were calculated for each set of percentiles; 45 sets of percentiles were calculated at the state-wide level (3 provider types × 15 child care service categories), and 135 sets of percentiles were calculated at the county group level (3 provider types × 15 child care service categories × 3 county clusters). Principal Component Analysis and Cluster Analysis were used to establish categories and rates.

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The geographical component of the Market Rate Survey is reflected through a cluster analysis. Counties with similar rate structures were placed into groups through a process called cluster analysis. The percentile distributions of the hourly, part-time, part-time weekly, and full-time weekly rates, weighted by enrollment capacity, are shown for the three main provider types (child care centers, family child care (FCC) type A home, and FCC type B homes). These rate distributions are presented both statewide and broken out by county group (cluster). Ohio has 88 counties; three groupings were established with similar payment points.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The sampling frame used for the 2022 Market Rate Survey included Ohio Department of Job and Family Services (ODJFS) regulated child care centers, Type A family child care (FCC) homes, Type B FCC homes, and approved day camps, as well as preschool and school age child care programs licensed by the Ohio Department of Education (ODE) that are not regulated by ODJFS, but with**

whom they have a provider agreement.

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Categories included infant, toddler, preschool, and school age**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **Summer school age was also included in the market rate survey.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Provider Cost of Quality Calculator (PCQC) is very comprehensive, requiring a large amount of information for cost drivers from personnel and non-personnel expenses, which can be very burdensome on the providers who are asked to provide data for the narrow cost analysis. A simpler approach can be used to estimate many of these costs. The bulk of the expense in operating a child care facility is staff payroll that comprises 70 -80 percent of the total operating costs in the child care facility, with child care centers spending approximately 70 percent of their total operating costs on payroll and home providers spending 80 percent of their total operating costs on payroll. Additional operating costs include additional staff training, administrative staff, insurance, accreditation, and licensing, along with healthy food and snacks. Considering this, it would be a much less burdensome request to ask child care providers for the annual payroll and use that to approximate the total operating costs instead of a more extensive, and intrusive, request of the various expenses associated with providing their service. Using the information collected from the provider interviews, the total annual operating costs were pulled from the appropriate line on the provider's income tax form that was filed. Using the staff information from the provider interviews with the total operating costs, the operating costs per age group were calculated using**
$t_i=s_i/S \cdot T$
where ti is the operating costs in age group i, si is the staff in that age group, S is the total number of staff, and T is the total operating costs. Finally, using the enrollment information from the provider interviews, the operating costs per large group, per child were calculated using

k_i=t_i/c_i

where ki is the operating costs per age group per child, ci is the enrollment in age group i, and ti is the operating costs for that age group.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **Ultimately, the narrow cost analysis involves calculating a cost per child and determining the cost of care at different levels of quality. Some providers are single staff providers for which the owner/operator is the staff member and, thus, do not pay themselves a "salary," but rather pay themselves out of the operating profits. For these providers, instead of collecting salary/payroll information and using the 70-80 percent adjustment, the data collected were the reported total expenses before expenses for business use of home and, if operating out of their home, the expenses for business use of their home. In this case, the total operating expenses would be the sum of these two numbers. Additionally, for facilities that file IRS Form 990, total expense was collected in place of salary/payroll information. In addition to payroll and/or operating costs, in order to calculate the cost of care, data on staff assigned per age group, total staff, and the enrollment per age group was also collected. The cost analysis found that, among home care providers, providers with higher star ratings incurred higher costs. For center-based providers, infants had the highest per child costs, followed by toddlers for both quality categories. Age-based results among home providers was mixed. This analysis really was a mix because of the small numbers and some providers having few children in care, inflating the cost per child.**

The 2024 MRS, which is in the process now, will provide additional data regarding geographic location using urban and rural as categories.

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The bulk of the expense in operating a child care facility is staff payroll that comprises 70 -80 percent of the total operating costs, with child care centers spending approximately 70 percent of their total operating costs on payroll and home providers spending 80 percent of their total operating costs on payroll. Additional operating costs include additional staff training, administrative staff, insurance, accreditation, and licensing, along with healthy food and snacks. Considering this, it would be a much less burdensome request to ask child care providers for the annual payroll and use that to approximate the total operating costs instead of a more extensive, and intrusive, request of the various expenses associated with providing their service.**

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **A subset of providers who completed the 2022 Market Rate Survey was selected for a follow-up cost interview. To establish estimated costs of care in different settings and at different quality levels (as measured by Step Up To Quality star rating), narrow cost data were collected from three providers from each provider type (Type A family child care (FCC) homes, Type B FCC homes, and child care centers) across**

two quality ratings: low (0-2 stars) and high (3-5 stars), for a total of 18 providers.

The 2024 MRS, which is in the process now, will provide additional data regarding geographic location using urban and rural as categories which will be used. The 2024 Market Rate Survey is expected to be completed by October 1, 2024. This information will be used to in the process to determine costs at all levels of quality determine cost and inform provider payments in fiscal year 2025.

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? In order to calculate the cost of care, the following data is needed from each provider: total operating costs; staff assigned per age group; total staff; and the capacity per age group. A simple survey was created to collect this information with a selection of type A homes, type B homes and child care centers across three quality ratings: 0 stars, 1-2 stars, and 3-5 stars. Using the information collected from the survey, the total operating costs could be calculated from the annual payroll expense reported. This information would then allow the breakdown of operating cost per age group per child. Based on the narrow cost analysis results, the cost reported by participating child care programs in some cases was less than what is provided by the lead agency and, in some instances, exceeded the payment provided through the publicly funded child care program. The difference was dependent on the providers rating in Ohio's QRIS, Step Up To Quality, which offers an increased base rate and an additional enhanced rate based on star rating. This narrow cost analysis did not take into consideration other funding sources the provider may be receiving.

Cost and price vary widely across the State of Ohio which is why Ohio has maintained three clusters for payment categories. Additionally, Ohio has worked to provide additional support, when possible, to assist with mitigating costs. For example, stabilization grants, free curriculum and assessments, support for professionals through Teacher Education Compensation Helps (TEACH) and Powering Optimal Wages and Encouraging Retention (POWER) Ohio.

T.E.A.C.H. Early Childhood® OHIO is a compensation and retention program for Child Care professionals. T.E.A.C.H. is designed to address education, compensation and turnover issues that affect the early childhood field. Assistance is available for the cost of tuition, books, and related education expenses.
Professionals and programs participate in T.E.A.C.H. OHIO by partnering in the professional's goal, fiscal responsibility, and retention. The Program commits to provide higher pay each year to their employees that earn credentials or college credit toward early childhood education degrees. Professionals commit to stay working at their programs while in school and for a period of time afterward.

POWER Ohio was created by a subcommittee of state agencies and early childhood stakeholders. The program purpose is to provide additional funds to professionals and increase these trained professionals' retention in their programs.

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

i. Provide the date the report was completed: **11/22/2022**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **12/14/2022**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The report was posted on the Ohio Department of Job and Family Services (ODJFS) website: MarketRateSurvey2022.pdf (ohio.gov)- https://jfs.ohio.gov/child-care/resources/market-rate-survey and presented at both the Early Childhood Advisory Council (ECAC) and Child Care Advisory Council (CCAC) meetings for representatives to learn about results and ask questions.**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The Ohio Department of Job and Family Services captured feedback through the Early Childhood Advisory and the Child Care Advisory Council members. The Councils include representation of child care program administrators, child care resource and referral agencies, and organizations representing child care caregivers, teachers, and directors from all settings and serving all ages. Comments were incorporated into the survey content and data requested. The input received regarding the market rate survey influenced provided guidance on cognitive interviews and questions included in the survey to allow a more robust analysis of data collected. This more robust collection of data was used in the final report.**

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

[x] Yes.

i. If yes, check if the Lead Agency:

[ ] Sets the same payment rates for the entire State or Territory.

[x] Sets different payment rates for different regions in the State or Territory.

[ ] No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/7/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Published rates are calculated weekly.**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost

of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	265.00 Per Week	14.00	265.00	35.00	295.00	309.58	329.00		
Family Child Care for Infants (6 months)	181.88 Per Week	13.00	181.88	35.00	200.00	215.00	250.00		
Center Care for Toddlers (18 months)	235.00 Per Week	13.00	235.00	35.00	265.00	280.00	300.00		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Toddlers (18 months)	175.00 Per Week	13.00	175.00	35.00	190.00	200.00	225.00		
Center Care for Preschoolers (4 years)	210.00 Per Week	14.00	210.00	35.00	232.00	249.00	270.00		
Family Child Care for Preschoolers (4 years)	160.00 Per Week	13.00	160.00	35.00	175.00	190.00	210.00		
Center Care for School-Age (6 years)	131.00 Per Week	14.00	131.00	35.00	150.00	165.00	195.00		
Family Child Care for School-Age (6 years)	140.00 Per Week	9.00	140.00	35.00	155.00	175.00	200.00		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	164.28 Per Week	25.00	164.28	35.00	173.00	180.00	187.20		
Family Child Care for Infants (6 months)	150.00 Per Week	8.00	150.00	35.00	155.00	160.00	170.00		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Toddlers (18 months)	150.00 Per Week	33.00	150.00	35.00	160.00	167.00	175.00		
Family Child Care for Toddlers (18 months)	141.96 Per Week	8.00	141.96	35.00	152.45	159.00	163.28		
Center Care for Preschoolers (4 years)	135.00 Per Week	32.00	135.00	35.00	142.00	150.00	160.00		
Family Child Care for Preschoolers (4 years)	131.19 Per Week	10.00	131.19	35.00	140.98	144.39	156.25		
Center Care for School-Age (6 years)	80.00 Per Week	19.00	80.00	35.00	100.00	110.99	130.00		
Family Child Care for School-Age (6 years)	114.40 Per Week	0.00	114.40	35.00	120.12	125.00	150.00		

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

[x] Yes.

[ ] No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

[x] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Accredited providers: The Ohio Department of Children and Youth (DCY) maintains a list of approved accrediting organizations and providers receive an additional 10 percent in their payment. The 10 percent is added to the provider's rate or the state rate whichever is lower. Child care centers and family child care homes are eligible for this add on.**

Non-Traditional Hours: Child care that takes place during non-traditional hours (care provided between 7pm and 6am weekdays, 12am Saturday and 6 am Monday, and on the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day is paid an additional 5 percent when any non-traditional hours of care are provided. Child care centers, family child care homes, and In-home aides are eligible for this add on.

Special Needs: Providers who care for a child that the caretaker and the county agency have identified as having special needs will be paid an additional 5 percent of the provider's rate or the state rate whichever is lower. Special needs child care" 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, Child care centers, family child care, in-home aides and day camps are eligible for this add on.

Providers who must make special accommodations to care for the child, the caretaker and the provider may apply for a special needs payment enhancement so that the provider may receive additional payment enhancements as outlined by DCY and may receive twice the provider's rate or the state rate whichever is lower. Providers who are approved for this enhanced rate are child care centers and family child care homes.

The child care payment system has the ability to issue payments to providers daily, most providers are paid once a week.

Step Up To Quality: Step Up To Quality (SUTQ) is the State's tiered quality rating and improvement system which recognizes providers operating above health and safety standards. There are three levels providers can earn. Child Care Centers serving more than 25 percent of children through the publicly funded child care program are required to participate in SUTQ. All other licensed providers are exempt but may voluntarily participate. Participating programs earn an additional 10 percent to 25 percent per child above the base rate.

[ ] No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

[x] Yes.

[ ] No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. **[x]** Differential rate for non-traditional hours. Describe: **A 5 percent enhancement is added to the base rate. Non-Traditional Hours is child care that takes place during non-traditional hours which is care provided between 7pm and 6am weekdays, 12am Saturday and 6 am Monday, and on the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day**

ii. **[x]** Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Programs serving children with special needs get a 5 percent enhancement on top of the base rate. If a program needs to make adjustments to its service delivery model to serve a child with special needs (i.e. add an extra staff member in the room, decrease group size in the room, etc.), the program can submit documentation to request a 100 percent enhancement to their base rate for services provided to that child.**

iii. **[ ]** Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv. **[ ]** Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v. **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **Programs participating in Step Up TO Quality (SUTQ) receive enhanced rates in addition to their base rate according to their quality rating level. Bronze = 10 percent; Silver = 15 percent; Gold = 25 percent**

vi. **[x]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **Ohio conducts a market rate survey through a third-party vendor to establish rates based on geographic area. This includes a breakdown into three clusters that include Ohio counties. Provider types include child care center, day camp, type A family child care provider, Ohio Department of Education (ODE) programs that have a publicly funded child care provider agreement, type B family child care provider.**
The payment rates are broken down into infant, toddler, pre-school, school-age and summer school-age rates.

vii. If applicable, describe any additional add-on rates that you have besides those identified above. **Accredited programs get a 10 percent enhancement to the base rate.**

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

[x] Yes. If yes, describe: **Provider payment rates are the lower of either Ohio's published rates for programs in the provider's county of location or the provider's customary rate to the public**

[ ] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Department of Children and Youth (DCY) used the latest market rate data to establish weekly rates established by age and geographic location as distributed through the cluster analysis. The Step Up To Quality (SUTQ) enhanced rates are then added to the base rate. Providers can elect to earn a Bronze, Silver or Gold rating which then moves rates from the 50th percentile to between the 55th and 90th depending on the rating, age of children served and location.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Ohio's rates are based on the most recent Market Rate Survey. Ohio pays enhanced rates to programs participating in Step Up To Quality (SUTQ) based on their quality rating level. The enhanced rates provide programs with additional funding to apply toward structural, staffing, and programming needs.**

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Ohio used the market rate survey, narrow cost analysis and a quality control process of matching survey results to verified program rate sheets to ensure the established rates were comparable to costs, which allowed for the additional investments to move the base rate from the 25th to the 50th percentile. Ohio also provided stabilization grants to providers over the last 18 months and realized almost a $3.00 per hour increase in the average wage for Early Childhood Professionals. This realized increase on the average wage is expected to help stabilize the early care and education workforce through the retaining of current staff and the opportunity to obtain additional qualified staff when appropriate. This data will continue to be monitored, along with turnover, to track provider trends, stabilization, and child access.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Ohio pays enhanced rates to programs participating in Step Up To Quality (SUTQ) based on their quality rating level. There are three levels providers can earn. Child Care Centers serving more than 25 percent of children through the publicly funded child care program are required to participate in SUTQ. All other licensed providers are exempt but may voluntarily participate. Participating programs earn an additional 10 percent to 25 percent per child above the base rate.**

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **Ohio built out workforce data over the past two years as one of the highest costs for child care businesses, like other companies, is payroll. As Ohio continues to invest in base rates the goal was to be able to track the workforce trends to ensure stabilization and access. Additionally, Ohio is evaluating how to further recruit and retain new professionals and**

this data will allow the state to realize when investments are making a difference.

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

[ ] Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Ohio pays providers at the frequency they determine, up to 4 weeks after service. A child is authorized to a provider and attendance is tracked. Upon the provider submitting the attendance the payment will be issued. Ohio provides weekly payments if the business elects to submit attendance at that rate. Ohio tracks data on both authorization and utilization. Monthly, between 15 percent to 30 percent of the children authorized to attend a program never utilize a single day. To safeguard payment for no service Ohio utilizes attendance tracking prior to payment but allows for holidays and absent days to**

count toward the payment category. This applies to all provider types.

The Department of Children and Youth (DCY) will be analyzing the fiscal impact for all of the federal child care payment rules that became effective in April 2024. DCY will plan to request a 2-year waiver while legislative and rule changes are identified and funding estimates are completed. The State's biennial budget process will begin in the fall of 2024, with the Governor preparing his proposed operating budget for the legislature by early 2025. The final statute and funding will not be known until July 1, 2025. Ohio will then begin implementing the policies that were modified and funded through the state budget process.

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

[ ] Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

[ ] No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

[x] It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:
Ohio currently pays based on attendance with the exception that each child is eligible for up to 20 absent days every 6 months. Additionally, Ohio tracks data on both authorization and utilization. Monthly, between 15 percent to 30 percent of the children authorized to attend a program never utilize a single day. To safeguard payment for no service Ohio utilizes attendance tracking prior to payment but allows for holidays and absent days to count toward the payment category. This practice is currently under further review to ensure alignment with the new federal rules.

The Department of Children and Youth (DCY) will be analyzing the fiscal impact for all of the federal child care payment rules that became effective in April 2024. DCY will plan to request a 2-year waiver while legislative and rule changes are identified and funding estimates are completed. The State's biennial budget process will begin in the fall of 2024, with the Governor preparing his proposed operating budget for the legislature by early 2025. The final statute and funding will not be known until July 1, 2025. Ohio will then begin implementing the policies that were modified and funded through the state budget process.

Ohio is currently piloting payment on enrollment via the Child Care Choice Program. On April 26, 2024, the Child Care Choice Program was introduced. In his State of the State speech, Governor DeWine announced child care choice program, which will be paid upon enrollment. The goal of this pilot is to expand an additional 8,000 vouchers to serve children from 146 percent of the federal poverty level (FPL) to 200 percent of the FPL.

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

[ ] Yes.

[x] No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: **Ohio currently has an hourly rate of payment for children that attend a program less than 7 hours a week. This practice is currently under further review to ensure alignment with the new federal rules.**

Ohio has these 4 payment categories for each setting. If a child is in care for fewer hours then the authorized category, the payment is issued based on the time the child is in care. ODJFS also provides for an enhanced payment rate for programs serving special needs children or programs operating during non-traditional hours.

The intent of the "hourly" category of authorization is for the following types of situations:

1. A child has a full time or part time authorization to a primary provider and needs a second provider for just a few hours a week.

2. The child needs just before or just after school care each week.

3. The parent is self-employed and the authorization is determined by dividing income by federal minimum wage (income left after deducting work expenses). Often the reported income is so low that only a few hours can be authorized.

4. Wrap-around care for Head Start. Ohio does not layer funds but does allow providers to do wrap-around care to supplement the Head Start day. This is similar to the before/after care scenario - sometimes only a few hours are left unpaid in the day and child care can make up that difference.

This practice is currently under further review to ensure alignment with the new federal rules. This review is expected to be completed in conjunction with the changes being made to incorporate enrollment based prospective payments. A waiver request is being submitted for the enrollment and prospective based payments by 10/1/2024.

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

[x] Yes. If yes, identify the fees the Lead Agency pays for: **Ohio pays a $25 registration fee to programs that have a provider agreement in place to provide publicly funded child care**

(PFCC) services on January 1 of each year. The program will be paid a registration fee for each child receiving PFCC services who had at least one day of attendance in the previous calendar year. Additionally, the provider is not permitted to ask a caretaker to pay the difference between the registration fee paid for the child by The Department of Children and Youth (DCY) and the provider's customary registration fee charge to the public when the customary registration fee is higher. The requirement to be paid the registration fee also includes an indicator by the program that they charge registration fees.

[ ] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: Programs electronically sign a provider agreement that includes information regarding provider payment policies, rates, schedules, and the dispute-resolution process. This signed provider agreement must be in place before the The Department of Children and Youth (DCY) automated system will allow for attendance to be paid.

The provider agreement directs providers to payment policies rates and schedules listed in OAC 5101:2-16 which include the following:
Chapter 5101:2-16 - Ohio Administrative Code | Ohio Laws- https://codes.ohio.gov/ohio-administrative-code/chapter-5101:2-16
Rates: https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-16-10
Schedules: https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-16-09

Payment is issued timely, once a child is authorized and care is received, in one of the following categories:

1) hourly rate is paid for services provided from 1-6.9 hours (hourly authorization category)

2) part time rate is paid for services provided from 7 - 24.9 hours (part time authorization category)

3) full time rate is paid for services provided from 25 to 60 hours (full time authorization category).

4) full time plus is paid for services over 60 hours and is the full time rate plus the hourly rate for time over 60 hours (full time plus authorization category)

Ohio has these 4 payment categories for each setting. If a child is in care for fewer hours then the authorized category, the payment is issued based on the time the child is in care. DCY also provides for an enhanced payment rate for programs serving special needs children or programs operating during non-traditional hours.

The intent of the "hourly" category of authorization is for the following types of situations:

1. A child has a full time or part time authorization to a primary provider and needs a second provider for just a few hours a week.

2. The child needs just before or just after school care each week.

3. The parent is self-employed and the authorization is determined by dividing income by federal minimum wage (income left after deducting work expenses). Often the reported income is so low that only a few hours can be authorized.

4. Wrap-around care for Head Start. Ohio does not layer funds but does allow providers to do wrap-around care to supplement the Head Start day. This is similar to the before/after care scenario - sometimes only a few hours are left unpaid in the day and child care can make up that difference.

Payment of registration Fees:
Ohio pays a $25 registration fee to programs that have a provider agreement in place to provide publicly funded child care (PFCC) services on January 1 of each year. The program will be paid a registration fee for each child receiving PFCC services who had at least one day of attendance in the previous calendar year. Additionally, the provider is not Ohio Page 137 of 304 permitted to ask a caretaker to pay the difference between the registration fee paid for the child by DCY and the provider's customary registration fee charge to the public when the customary registration fee is higher.

The provider agreement states the following:
The provider must

- Acknowledge and agree that the provider agreement is valid for the license, certification or approval number; the address associated with that number and any care provided at that address. Payment will not be authorized if care is provided at an address that has not been approved by ODJFS. If payment has already been made for care provided at an unauthorized address, the provider agrees to repay the full amount of payment received.
- Submit attendance data and fees only for authorized child care services actually performed.
- Submit data to ODJFS for payment that is no more than the Provider's customary charge to other individuals for the same services.
- Acknowledge and agree that payment for publicly funded child care is contingent upon the availability of Federal and appropriated state funds.
- Submit accurate attendance data and fees for authorized publicly funded child care services provided to eligible individuals in accordance with procedures required by ODJFS. Data that contains errors, incorrect rates or non-covered services is subject to correction.
- Accept the payment amount for authorized publicly funded child care services in accordance with Chapter 5101:2-16 Publicy Funded Child Care of the Ohio Administrative Code (OAC).
- Accept the payment amount for all covered services as payment-in-full. The

Provider shall not seek payment from the eligible individual for the difference between the payment rate and the Provider's customary charge when the customary charge is higher.

- Collect the assigned copayment in accordance with Chapter 5101:2-16 of the OAC. 17.
- Cooperate with any Publicly Funded Child Care Program Integrity Review. Failure to cooperate with a review may result in suspension or termination of this agreement. Failure to provide requested records within the time frame defined in Chapter 5101:2-16 of the OAC for a Publicly Funded Child Care Program Integrity Review may result in a determination that no records exist for payment paid to the Provider for the child care reportedly rendered. Such determination shall result in the recoupment of all payments made for which no records are provided.
- Accept responsibility for receiving, replying to and/or complying with any audit finding by an appropriate state or Federal audit or any identified exception directly related to the performance of this agreement. Responsibility includes repayment as follows:
- The Provider agrees to repay the full amount of payment received for services not covered by this agreement in the time frame defined by ODJFS.
- The Provider agrees to repay the full amount of payment received for duplicate or erroneous payments, deceptive claims, attendance tracking misuse or falsification. Deceptive means knowingly deceiving another, or causing another to be deceived, by misleading representation, by withholding information, by preventing another from acquiring information or by other act, conduct or omission which creates, confirms or perpetuates a false impression in another, including a false impression as to the law, value, state of mind or other objective or subjective fact.
- Adhere to all applicable rules in Chapters 5101:2-12 Child Care Center Rules, 5101:2-13 Family Child Care Rules, 5101:2-14 In-Home Aide Rules, 5101:2-16 Publicly Funded Child Care Rules, 5101:2-17 Step Up To Quality Rules, and 5101:2-18 Child Day Camp Rules of the OAC.
- Complete and submit an agreement with the vendor that contracts with ODJFS for the automated child care system for publicly funded child care.
- Record attendance via the automated child care system.
- Acknowledge and agree that upon breach or default of any of the provisions, obligations, or duties required in this agreement, or for inappropriate billings or violation of this agreement as determined by ODJFS or the county agency, ODJFS may exercise any administrative, contractual, equitable or legal remedies available without limitation. The waiver of any occurrence of breach or default is not a waiver of any subsequent occurrences, and ODJFS retains the right to exercise all remedies herein above mentioned. If the Provider or ODJFS fails to perform an obligation or obligations under this agreement and such failure(s) is (are) waived by the other party, such waiver shall be limited to the particular failure(s) so waived and shall not be deemed to waive other failure(s). Waiver by ODJFS shall be authorized in writing and signed by the authorized ODJFS representative.
- Furnish ODJFS with information detailing the customary charges to other individuals for the same service, in order to assist in the accurate evaluation of market rates for child care services, by completing the required information and data requirements for payment in the automated system. Changes to the information contained in the automated system may be completed without prior notice and does not constitute an amendment of this agreement.

- Acknowledge and agree that this agreement may be terminated by ODJFS upon 30 days written notice. The notice will state the effective date of termination and may include any basis of settlement. The Provider shall cease providing publicly funded child care under this agreement on the effective date of termination. This Provider agreement shall terminate immediately without written notice if: (1) the Provider's child care business closes; (2) the Provider fails to maintain licensure, certification or day camp accreditation/approval; (3) there is a determination of illegal conduct; (4) appropriated state or Federal funds are unavailable; or (5) there is failure to honor the terms of this agreement and related state, Federal or local law and regulation.
- Agree that in the event of termination, the Provider shall be entitled to compensation, upon submission of all necessary data, for work performed prior to the termination and based on the payment rates in this agreement. ODJFS shall not be liable for any further claims.
- Understand that the effective date of this agreement shall be the date the Provider submits the form to ODJFS, or the date that the provider becomes an eligible provider pursuant to Chapter 16 of the OAC, whichever is later. This agreement will remain in effect unless terminated by either the Provider or ODJFS.

Fees charged to providers: DCY does not charge fees to providers.

Dispute Resolution: DCY has a process that allows providers to request payment adjustments after a payment has been issued by submitting a request for payment adjustment in the automated child care system within four weeks of the payment date. No new attendance may be submitted for payment adjustments. If the incorrect payment amount is because of a county agency data entry error, the provider should contact the county agency to request correction of the error before the provider submits the request for payment adjustment. The request for adjustment may exceed four weeks from the original payment date. A provider may request in writing to DCY that a reconsideration review be conducted for any identified overpayment that is subject to recoupment. The written request must be received by DCY no later than fifteen calendar days after the date the provider receives an overpayment notice.

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: DCY provides information regarding eligibility status through an automated system which allows providers to view future authorizations in the automated system up to 3 days in advance of the authorization begin date. Additionally, programs can run a report from the automated system that includes future authorizations. Changes could be to authorization level (part-time/full-time), termination, change of authorization to another program or copayment change.

Due to Manual Procedure Letter (MPL) 172 "JFS 01115 Publicly Funded Child Care Release of Information" created November 13, 2023, providers can now also reach out to the Child Care Policy Help Desk at childcarepolicy@jfs.ohio.gov or 1-877-302-2347, option 4, to get the status of a family's application. MPL 172 JFS 01115 "Publicly Funded Child Care Release of Information" states the following:
Background: Child care providers often request case information to assist families who are

submitting an application for publicly funded child care (PFCC) and to determine when the provider may expect payment for care provided. The Ohio Department of Job and Family Services (ODJFS)/county department of job and family services (CDJFS) is not permitted to provide child care case information to anyone without permission of the caretaker or their designated authorized representative. Implementation: The JFS 01115 "Publicly Funded Child Care Release of Information" is now available to assist child care providers with obtaining child care application information on the families they serve. Caretakers can submit this form to their CDJFS or through the Ohio Benefits Self-Service Portal (SSP) to allow their child care provider to receive child care case information from their county agency and ODJFS. A child care provider cannot require the family to complete this form as part of their enrollment process and/or to receive child care. The following applies to caretakers who submit an application for PFCC benefits or have entered the recertification process for PFCC benefits.

Scenario -When should the caretaker complete the JFS 01115 and submit it? Procedure - A caretaker may complete the JFS 01115 when a child care provider accepts their children into their program for care AND their application for PFCC benefits or recertification has not been completed.

Scenario - Why should the caretaker complete the JFS 01115? Procedure-PFCC benefit case information is not allowed to be shared with anyone outside of ODJFS/CDJFS. The form will grant permission for child care providers to receive information concerning pending applications.

Scenario -How can the JFS 01115 be cancelled? Procedure -The JFS 01115 consent may be canceled by the caretaker or caretaker's Authorized Representative at any time by providing notice in writing to the county agency or through the SSP.

Scenario - What information is ODJFS/CDJFS able to share about the status of an application if your child care program is listed on the PFCC application and the JFS 01115 has been submitted by the caretaker? Procedure -ODJFS/CDJFS may share the following: • Primary caretaker first and last name, address and phone number • First and last name and date of birth of children needing care. • Application information: • Application status, including denied without PAD (payment after denial) and pending application. • Verification documents needed. • Eligibility begin and end date. • Authorization information

Scenario -What if the JFS 01115 has been submitted by the caretaker giving permission for a specific provider to have access to information, but this specific provider is not listed on the PFCC application? Procedure -If the caretaker has already submitted their PFCC application through the SSP and the provider identified by the family needs to be changed, then the caretaker can submit a change of provider through the SSP. If the caretaker has already submitted their PFCC application to the county and the provider identified by the family needs to be change, then the caretaker will have to contact the county to report the change in provider, unless their SSP account is already linked to their case in Ohio Benefits. The most recent version of the ODJFS form referenced in this procedure letter can be accessed through Forms Central. Please contact the Child Care Policy Help Desk at childcarepolicy@jfs.ohio.gov or 1877-302-2347, option 4, if you have any questions

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: The Ohio Department of Children and Youth (DCY) payment system allows programs to electronically submit a message to DCY the same day the program discovers a payment issue or inaccuracy.

Process:
DCY allows providers to request payment adjustments after a payment has been issued by submitting a request for payment adjustment in the automated child care system within four weeks of the payment date. No new attendance may be submitted for payment adjustments.

If the incorrect payment amount is because of a county agency data entry error, the provider should contact the county agency to request correction of the error before the provider submits the request for payment adjustment. The request for adjustment may exceed four weeks from the original payment date.

A provider may request in writing to DCY that a reconsideration review be conducted for any identified overpayment that is subject to recoupment.
The written request must be received by DCY no later than fifteen calendar days after the date the provider receives an overpayment notice.

f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Ohio's payment practices allow for the provider participating in the publicly funded child care (PFCC) program to receive payment weekly if they choose. Ohio's automated Time, Attendance and Payment (TAP) system allows families to easily check children participating in the PFCC program in and out, recording time in attendance. The program can submit this attendance weekly or the system will collect it after four weeks from the last day of the service week child care was provided. The TAP system calculates payments within a week. The TAP system is easy to use for families and programs and eases the administrative burden to the program. Having the TAP system has encouraged more programs to participate in the PFCC program. Programs are issued a free tablet for every 50 children enrolled in the PFCC program for families to record attendance**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

[ ] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[ ] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who

enroll with a provider who has a grant or contract have choices when selecting a provider:

[x] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The Department of Children and Youth (DCY) will be analyzing the fiscal impact for all of the federal child care payment rules that became effective in April 2024. DCY will plan to request a 2-year waiver while legislative and rule changes are identified and funding estimates are completed. The State's biennial budget process will begin in the fall of 2024, with the Governor preparing his proposed operating budget for the legislature by early 2025. The final statute and funding will not be known until July 1, 2025. Ohio will then begin implementing the policies that were modified and funded through the state budget process. Changes will also need to be made to Ohio's automated systems to support the use of grants and contracts. A waiver will be submitted by October 1, 2024.**

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

[ ] Children with disabilities. Number of slots allocated through grants or contracts:

[ ] Infants and toddlers. Number of slots allocated through grants or contracts:

[ ] Children in underserved geographic areas. Number of slots allocated through grants or contracts:

[ ] Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

[ ] School-age children. Number of slots allocated through grants or contracts:

[ ] Children experiencing homelessness. Number of slots allocated through grants or contracts:

[ ] Children in urban areas. Percent of CCDF children served in an average month:

[ ] Children in rural areas. Percent of CCDF children served in an average month:

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

[x] Yes.

[ ] No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

i. **[x]** Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: **The In Home Aide (IHA) may: 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; Not exceed the maximum capacity at any time; Be the sole provider of care in the child's home; 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.**

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **The In Home Aide (IHA) must be at least 18 years of age.**

iii. **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

iv. **[ ]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:

v. **[ ]** Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[x]** Other. Describe: **In-Home Aide (IHA) means a person who does not reside with the child but provides publicly funded 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. Only children authorized to the caretaker in that home along with up to two of the in-home aide's own children may be cared for by the in-home aide, for a total of 6 children**

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

i. Data sources used to identify shortages: **Ohio uses the newly built Workforce and Program Analysis Platform to evaluate the number of licensed programs in a specific area (i.e., county zip code) and compares the capacity to serve to the number of children based on Census data. This allows Ohio to make assumptions about program capacity (i.e, operating at 70 percent or 80 percent capacity) to determine where highest needs can be found.**

ii. Method of tracking progress: **Ohio evaluates this data based on specific**

circumstances or areas (i.e., when a grant program is available) but also reviews this data based on licensing and program utilization on a monthly basis.

iii. What is the plan to address the child care shortages using family child care homes **Ohio has issued $15M is state funding to expand access to infant and toddler programming across the state with the goal to increase access by up to 20 percent. Programs were required to submit a grant application to participate with the first payment upon award and the second payment based on serving new children. These grant opportunities were available to both family child care and centers. Another $15M will be put out for grant opportunities in Summer/ Fall 2024.**

iv. What is the plan to address the child care shortages using child care centers? **Ohio has issued $15M is state funding to expand access to infant and toddler programming across the state with the goal to increase access by up to 20 percent. Programs were required to submit a grant application to participate with the first payment upon award and the second payment based on serving new children. These grant opportunities were available to both family child care and centers. Another $15M will be put out for grant opportunities in Summer/ Fall 2024.**

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: **Ohio uses the newly built Workforce and Program Analysis Platform to evaluate the number of licensed programs in a specific area (i.e., county zip code) and compares the capacity to serve to the number of children based on Census data. This allows Ohio to make assumptions about program capacity (i.e, operating at 70 percent or 80 percent capacity) to determine where highest needs can be found.**

ii. Method of tracking progress: **Ohio evaluates this data based on specific circumstances or areas (i.e., when a grant program is available) but also reviews this data based on licensing and program utilization on a monthly basis.**

iii. What is the plan to address the child care shortages using family child care homes? **Ohio recently reallocated $85M to create Access grants with the sole intent of expanding existing programs and creating new programs in the most in need areas. The areas that show the highest need were awarded higher points through the review process. These grants were available for family child care to expand capacity from a small program (serving 6 or less) to a large family child care home (serving 12 or less with a staff member).**

iv. What is the plan to address the child care shortages using child care centers? **Ohio recently reallocated $85M to create Access grants with the sole intent of expanding existing programs and creating new programs in the most in need areas. The areas that show the highest need were awarded higher points through the review process. These grants were available for all licensed child care centers to expand current businesses or to create new locations as long as the existing business was not in enforcement or provisional status.**

c. In care for special populations:

i. Data sources used to identify shortages: **Ohio uses the newly built Workforce and**

Program Analysis Platform to evaluate the number of licensed programs in a specific area (i.e., county zip code) and compares the capacity to serve to the number of children based on Census data. This allows Ohio to make assumptions about program capacity (i.e, operating at 70 percent or 80 percent capacity) to determine where highest needs can be found.

ii. Method of tracking progress: **Ohio evaluates this data based on specific circumstances or areas (i.e., when a grant program is available) but also reviews this data based on licensing and program utilization on a monthly basis.**

iii. What is the plan to address the child care shortages using family child care homes? **Ohio recently reallocated $85M to create Access grants with the sole intent of expanding existing programs and creating new programs in the most in need areas. The areas that show the highest need were awarded higher points through the review process. These grants were available for family child care to expand capacity from a small program (serving 6 or less) to a large family child care home (serving 12 or less with a staff member). One of the grant categories included capacity building to serve child with specials needs through training and mentoring.**

iv. What is the plan to address the child care shortages using child care centers? **Ohio recently reallocated $85M to create Access grants with the sole intent of expanding existing programs and creating new programs in the most in need areas. The areas that show the highest need were awarded higher points through the review process. These grants were available for family child care to expand capacity from a small program (serving 6 or less) to a large family child care home (serving 12 or less with a staff member). One of the grant categories included capacity building to serve child with specials needs through training and mentoring.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

a. Underserved geographic areas. Describe: **Ohio uses the newly built Workforce and Program Analysis Platform to evaluate the number of licensed programs in a specific area (i.e., county, zip code) and compares the capacity to serve to the number of children based on Census data. This allows Ohio to make assumptions about program capacity (i.e, operating at 70% percent or 80 percent capacity) to determine where the highest needs can be found. To mitigate gaps in this area when funding opportunities are made available areas of highest need are prioritized first, in some cases, funding has been limited to only our most in-need areas.**

b. Infants and toddlers. Describe: **Ohio uses the Workforce and Program Analysis Platform but also monitors the number of children served by age and program type monthly. Through the total of $30M Infant Toddler Infrastructure Grants the goal is to increase**

access to our youngest Ohioans.

c. Children with disabilities. Describe: Ohio monitors the number of children identifying with special needs monthly. Over the last year Ohio has launched the Ohio PROMISE (Promote Resources, Opportunities, and Meaningful Inclusion for children with Special Needs) program specifically created to provide additional training and support to child care providers caring for children with special needs. This provides access to training but also equipment through the Center of Excellence. Through this work Ohio has increased the children served with special needs by 20 percent and continues to evaluate the additional support needed to ensure all children have access to care.

Also, the Part B agencies plan in integral role in delivering services to children with disabilities. Teams that manages the Individual Education Plans (IEP) provide on-going consultation to community-based child care providers as part of specifically designed instruction.

d. Children who receive care during non-traditional hours. Describe: The number of children paid with the enhanced rate for nontraditional care is tracked and reviewed monthly. Additionally, the State has the ability to search providers providing care during nontraditional hours. Previous recruitment efforts in this space have not proved useful so the State is deploying a public private partnership at the local level that will allow local nonprofits to evaluate and partner directly with child care programs and businesses to create partnerships to meet local needs.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: Infants and Toddlers- Section 423.105 of Amended Substitute House Bill No. 33 of the 135th General Assembly appropriated $15 million per year for infant and toddler infrastructure grants in communities with high infant mortality rates to rebuild the infant and toddler workforce and to increase access to infant and toddler child care.

Children withe disabilities- Licensed early care and education programs can increase access to services by starting new programs, expanding current capacity or making repairs to their existing programs. Programs may also use access grant funds to focus on building capacity and evidence-based supports for children with special needs and evidence-based training for staff and families to best serve children with special needs.

Early Childhood Mental Health- Early Childhood Mental Health Consultation Program objectives are to build protective factors in young children, increase skills of parents and promote the competencies of early childhood providers, especially for children ages birth to six years who are at risk for abuse, neglect, and poor social and emotional health. Early Childhood Mental Health Consultants are available to assist child care programs throughout the state as they experience challenging behaviors with children in their care. This strategy is to increase quality.

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **Currently, any licensed provider can complete a provider agreement to serve children in publicly funded child care. Ohio has a zero copay for any family below 100 percent of the federal poverty level (FPL). Ohio has equal access to child care for all children eligible as Ohio serves all children without utilizing a waitlist. However, Ohio does recognize the need to ensure all children have access to a high-quality setting which is in line with the mandates established by the Ohio General Assembly in Ohio Revised Code (ORC) sections 5104.29 and 5104.31. ORC requires the Ohio Department Children and Youth receiving public dollars (including CCDF) to be participating in the Step Up To Quality program (SUTQ), unless exempt. Licensed programs are exempt from the SUTQ requirement when:**
(a) A program operates only during the summer and for not more than fifteen consecutive weeks;
(b) A program operates only during school breaks;
(c) A program operates only on weekday evenings, weekends, or both;
(d) A program holds a provisional license issued under section 5104.03 of the Revised Code;
(e) A program had its SUTQ program rating removed by the Department of Job and Family Services within the previous twelve months;
(f) A program is the subject of a revocation action initiated by the department, but the license has not yet been revoked.
The two departments have identified and are implementing strategies to assist programs in increasing and maintaining their star rating.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **The terms child day-care center and center mean any place in which child care or publicly funded child care is provided for thirteen or more children at one time or any place that is not the permanent residence of the licensee or administrator in which child care or publicly funded child care is provided for seven to twelve children at one time. In counting children for this division, any children under six years of age who are related to a licensee, administrator, or employee and who are on the premises of the center shall be counted.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

[x] Yes. If yes, describe: **Child day camp means a program in which only school-age children attend or participate, that operates for no more than twelve hours per day and no more than fifteen weeks during the summer. For purposes of this division, the maximum twelve hours of operation time does not include transportation time from a child's home to a child day camp and from a child day camp to a child's home. An Approved Day Camp is exempt from licensure, but is approved by the Ohio Department Children and Youth (DCY) and must be accredited by the American Camp Association (ACA) or be accredited by any nationally recognized organization that accredits child day camps by using standards that the DCY has determined are substantially similar and comparable to those of the ACA. Camps follow American Camp Association (ACA) requirements in addition to the Ohio Department of Children and Youth (DCY) regulations which include: definitions, requirements for registrations and application for approval; compliance inspection and complaint investigations; administrator, counselors and employee requirements; background checks; staff orientation, training and professional development; supervision; emergency,**

disaster and health related plans; medication and special health conditions; child immunizations; transportation and field trip; and safe and sanitary. They are regulated by DCY and subject to licensing rules.

[ ] No.

b. Identify the family child care providers subject to licensing: **Family care is a type A home provider or type B home provider. Type A family child care (FCC) home and type B FCC home mean a permanent residence of the administrator in which child care or publicly funded child (PFCC) care is provided for seven to twelve children at one time or a permanent residence of the administrator in which child care is provided for four to twelve children at one time, if four or more children at one time are under two years of age. In counting children for this division, any children under six years of age who are related to a licensee, administrator, or employee and who are on the premises of the type A home shall be counted. If a type B home provider wishes to provide publicly funded child care, they must be licensed**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **In-Home Aide (IHA) means a person who does not reside with the child but provides publicly funded child (PFCC) 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. Only children authorized to the caretaker in that home, along with up to two of the in-home aide's children may be cared for by the in-home aide, for a total of 6 children. While the IHA is certified, not licensed, they are subject to licensing rules and are regulated by the Department of Children and Youth (DCY). Certification requirements include definitions; application and approval for certification; qualifications; background check; in-home aide responsibilities; safe and sanitary requirements; transportation and field trip; child records/immunizations, professional development; emergency procedures; county agency responsibilities for issuance and renewal of certification and compliance inspections and complaint investigations.**

In-home aides are monitored by the certifying county agency and the parents of the children in care. The parent and in- home aide jointly complete assurances that describe the type of care to be provided and parent expectations. The assurances must be updated annually and provided to the county agency as part of the certification and renewal process. The county agency inspects the in-home aide annually.

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

   i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **NA**

   ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **NA**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **NA**

b. License-exempt family child care. Describe by answering the questions below.

   i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **NA**

   ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **NA**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **NA**

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

   i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **NA**

   ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **NA**

   iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **NA**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

a. Infant. Describe: **Infant means a child less than eighteen months of age**

b. Toddler. Describe: **Toddler means a child who is at least eighteen months of age but less than three years of age.**

c. Preschool. Describe: **Ohio Department of Children and Youth preschool child means a child who is at least three years old, or is four or five years old, but is not age-eligible to be enrolled in a grade of kindergarten or above. Ohio Department of Education means a child who has not entered kindergarten and is not of compulsory school age as defined in section 3321.01 of the Revised Code.**

d. School-Age. Describe: **School age children eligible for publicly funded child care must be under age thirteen at the time of application and may remain eligible through the end of the eligibility period in which they turn thirteen; or be under age eighteen at the time of application if the child meets the definition of special needs pursuant to rule 5101:2-16-01 of the Administrative Code, and may remain eligible through the end of the eligibility period in which they turn eighteen.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1 child care staff member (CCSM) to 5 children or 2 CCSM to 12 children in same the room**
Older Infants (at least 12 months and less than 18 months) 1CCSM to 6 children

Group size: **12**

ii. Toddler.

Ratio: **Young Toddlers (at least 18 months and less than 2 1/2 years) 1 CCSM to 7 children**
Older Toddlers (at least 2 1/2 years and less than 3 years) 1 CCSM to 8 children

Group size: **Young Toddlers (18 months to under two and one-half years) up to 14 toddlers**
Older Toddlers (two and one-half years to under three years) up to 16 toddlers

iii. Preschool.

Ratio: **Young Preschoolers (at least 3 years and less than 4 years) 1 CCSM to 12 children**
Older Preschoolers (at least 4 years and not enrolled in or eligible to be enrolled in kindergarten) 1 CCSM to 14 children

Group size: **Young Preschooler (at least 3 years and less than 4 years) up to 24 young preschoolers.**
Older Preschooler (at least 4 years and not enrolled in or eligible to be enrolled in kindergarten) up to 28 older preschoolers.

iv. School-Age.

Ratio: **Young Schoolager (enrolled in or eligible to be enrolled in kindergarten or above, and less than 11 years) 1 CCSM to 18 children**
Older Schoolager (at least 11 years and less than 15 years) 1 CCSM to 20 children

Group size: **Young Schoolager (enrolled in or eligible to be enrolled in kindergarten or above, and less than 11 years) 36**
Older Schoolager (at least 11 years and less than 15 years) 40

v. Mixed-Age Groups (if applicable).

Ratio: **If no more than one child, two and one-half years of age or older, is permanently assigned to a group in which all the other children are in the next older group, the staff/child ratio and maximum group size shall be determined by the older children.**
All age groups may be combined when there are twelve or fewer children in the center.
Two or more groups of children may be combined in the shared space if all of the following are met: All of the children are two and a half or older; The total number does not exceed the occupancy limit for the space or thirty-five square feet per child (whichever is less).; Ratio is maintained pursuant to this rule at all times.

Group size: **The age of the youngest child determines the group size. If only one child at least 30 months of age is in the group, the maximum group size of the older children may be used.**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **1 CCSM to 3 children unless there is a second staff member present.**

Group size: **3**

ii. Toddler (if applicable)

Ratio: **1 CCSM to 6 children**

Group size: **Type B small family child care home: 6**
Type A large family child care home: 12

iii. Preschool (if applicable)

Ratio: **1CCSM to 6 children**

Group size: **Type B small family child care home: 6**
Type A large family child care home: 12

iv. School-Age (if applicable)

Ratio: **1 CCSM to 6 children**

Group size: **Type B small family child care home: 6**
Type A large family child care home: 12

v. Mixed-Age Groups

Ratio: **1 CCSM to 6 children with no more than three under the age of two years.**

Group size: **Type B small family child care home: 6, with no more than three under the age of two years**
Type A large family child care home: 12

d. Are any of the responses above different for license-exempt family child care homes?

[ ] No.

[ ] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

[x] Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **1 CCSM to 6 children with no more than 3 under the age of 2 and 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**

Group size: **6 with 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**

ii. Toddler (if applicable)

Ratio: **1 CCSM to 6 children with no more than 3 under the age of 2 and 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**

Group size: **6 with 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**

iii. Preschool (if applicable)

Ratio: **1 CCSM to 6 children with no more than 3 under the age of 2 and 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**

Group size: **6 with 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**

iv. School-Age (if applicable)

Ratio: **1 CCSM to 6 children with no more than 3 under the age of 2 and 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**

Group size: **6 with 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**

v. Mixed-Age Groups (if applicable)

Ratio: **1 CCSM to 6 children with no more than 3 under the age of 2 and 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**

Group size: **6 with 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**

f. Are any of the responses above different for license-exempt in-home care?

[x] No.

[ ] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Teacher requirements are the following : high school diploma; 18 years of age unless enrolled in the second year or have completed the second year of an early childhood/child development career technical program; medical statement; background check; ongoing professional development, health and safety training; staff orientation training. There are no variations based on the ages of the children in care.**

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **A child care administrator shall have the following requirements: be 18 years of age; medical statement; background check; ongoing professional development, health and safety training; staff orientation training; completed a high school education and a combination of education and/or experience. This includes a high school diploma and one of the following: degree, teaching license, Montessori credential college courses in child development with two years of training, the Ohio Administrator Credential, Ohio School-Age Administrator Credential or a Career Pathways Level 3. Other options are a combination of two years experience and one of the following: Career Pathways Level 2, Career Pathways Level 1 and within a year a Career Pathways Level 2, four courses in child development, Child development Associate (CDA) credential, promoted from within the program with four courses in Child Development and a Career Pathways Level 2.**

Ohio Department of Education: certification/educator licensure, background checks, medical statements in-service trainings and orientation. There are no variations based on ages of the children in care.

No variation based on ages of children in care.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **High School Diploma; 18 years of age; medical statement; background check; ongoing professional development, health and safety training; staff orientation training. There are no variations based on ages of the chlidren in care.**

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **The certified in-home aide shall be at least 18 years of age; medical statement; background check; ongoing professional development, health and safety**

training; pre-certification orientation training. and have completed a high school education. There are no variations based on the ages of the children in care.

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **NA**

b. License-exempt home-based child care. **NA**

c. License-exempt in-home care (care in the child's own home). **NA**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Ohio Administrative Code (OAC) Rule 5101:2-12-16 states:**
What are the specific procedures the licensed child care center needs to follow for standard precautions?
(1)Blood spills shall be treated cautiously and decontaminated promptly. Disposable vinyl gloves shall be worn during contact with blood or bodily fluids which contain blood, such as vomit or feces in which blood can be seen.
(2)Surfaces contaminated with blood or bodily fluids containing blood shall first be cleaned with hot, soapy water and then sanitized with an appropriate bleach solution which is prepared on a daily basis, according to product guidelines, or other acceptable disinfectant solution which is environmental protection agency (EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity.
(3)Disposal of materials that contain blood requires a sealable, leakproof plastic bag or double bagging in plastic bags that are securely tied.
(4)Non-disposable items, such as clothing that contain blood, shall be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.

(5)Sharp items used for procedures on children with special care needs, such as lancets for finger sticks or syringes, require a disposable container called a "sharps container." This is a container made out of durable, rigid material which safely stores the lancets or needles until they are disposed of properly. Sharps containers must be stored out of the reach of children.
(D)What are the communicable disease requirements for a licensed child care center?
(1)Any child enrolled and attending the center with signs or symptoms of illness listed in appendix B to this rule shall be immediately isolated and discharged to his parent or guardian or person designated by the parent or guardian.
Appendix B states- 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 eyelashes, 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 center shall: • Isolate the sick child away from other children in another room or portion of a room, but within sight and hearing at all times. • Provide the sick child with a cot or mat or the sick infant with a crib, and make comfortable. • Notify the child's parent(s) immediately to arrange discharge and if the child's condition worsens during isolation. • Sanitize the thermometer after each use.
(2)The JFS 08087 "Communicable Disease Chart" shall be posted in a location readily available to parents, child care staff members and employees. The chart is to be displayed in the size available in the Ohio department of job and family services (ODJFS) forms central in order for individuals to easily read, identify and respond to communicable diseases.
(a)The center is to follow the requirements listed on the JFS 08087.
(b)If the communicable disease is required to be reported to the local health department, the center is to report the communicable disease to ODJFS in accordance with paragraph (G) of this rule by the end of the next business day.

Paragraph (G) What does the center do if there is a serious incident?
(1)The center shall log in to http://oclqs.force.com by the next business day to report the incident, as defined in paragraph (F) of this rule.
Paragraph(F) What is a serious incident?
(1)Death of a child at the center.
(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, child care staff member or employee of a center.

(3) No later than the end of the next business day, the center shall notify parents when their child has been exposed to a communicable disease listed on the JFS 08087.
(4) The center shall release employees and child care staff members who have a communicable disease or who are unable to perform their duties due to illness.

Ohio Administrative Code (OAC) Rule 5101:2-13 Routine Cleaning, sanitizing, and disinfecting states
(A)What are the requirements to provide and maintain a clean environment, furniture, materials, and equipment in a licensed child care center?
(1)Toilet tissue, liquid soap, running water, and individually assigned towels, disposable towels or air dryers shall be provided in all bathrooms. Toilets and bathroom sinks shall be in good working condition. Toilets shall be flushed after each use.
(2)Equipment, furnishings, and materials shall be constructed of materials to facilitate cleaning .
(4)The center shall be cleaned daily and kept in a sanitary condition at all times. Cleaning and sanitizing shall not take place while rooms are occupied by children, except for general cleanup activities such as sweeping, vacuuming, mopping and wiping off tables which are part of the daily routine. The cleaning and sanitizing schedule contained in appendix A to this rule shall be followed.
(5)The premises shall be kept clean to prevent an infestation by insects or rodents.

Appendix A Schedule for Cleaning and Sanitizing items
To clean: Wash the surface or item with a detergent solution or other appropriate commercial product used for cleaning purposes. Questions about products must be directed to the manufacturer of the product. Follow the manufacturer's instructions exactly. To sanitize: Centers must use a commercial product registered by the United States Environmental Protection Agency (US EPA) as a sanitizer that has directions for use that are appropriate for the surface or item you are sanitizing. Questions regarding commercial products must be directed to the manufacturer of the product or the US EPA. Follow manufacturer's instructions exactly when using any product to sanitize.
All bottles of cleaners and sanitizers must be labeled with the contents.

- Any item soiled with blood or bodily fluids- Clean and Sanitize Immediately
- Blankets/sheets Clean Weekly, when soiled and before another child uses.
- Bottles, bottle caps, nipples and other equipment used for bottle feeding - Clean and Sanitize by washing in a dishwasher or by washing, rinsing and boiling them for one minute, before it can be reused.
- Carpets -Clean - Vacuum weekly or when soiled. Clean when soiled.
- Changing table/pad - Clean when visibly soiled and sanitize after each use.
- Reusable Cloths Clean - Wash daily and when visibly soiled.
- Cots/Pads/Mats - clean and sanitize before assigning to a different child, when used by a sick child, when soiled, and at least every 3 months.
- Cribs - Clean and Sanitize Monthly, when soiled, and before another

child uses.

- Diaper receptacles - Clean and Sanitize Daily or more frequently as needed to eliminate odor.
- Dishes/Cups/Silverware/ Water Containers - Clean and Sanitize after each use. Water containers that are labeled with the child's name can be used all day, but must be cleaned and sanitized before used again on another day.
- Dividers (must be non-porous material) Clean when visibly soiled.
- Dress up clothes and hats (Dramatic Play) Clean Monthly and when soiled.
- Floors Clean Weekly and when soiled
- Food prep area, including sink - Clean and Sanitize Before and after preparing food (including bottle preparation) and between preparing raw or cooked food
- Potty chairs - Clean and Sanitize After each use, empty contents into toilet, rinse with water, clean and sanitize.
- Tables (food)/High chair trays - Clean and Sanitize Before and after each use.
- Tables (play) -Clean when visibly soiled. Sanitize daily.
- Toilet bowls- Clean when visibly soiled. Sanitize weekly.
- Toilet seats, handles and hand washing sinks- Clean when visibly soiled. Sanitize daily.
- Toys that go into the mouth- Clean and Sanitize After each child's use.
- Toys other than those going into mouth Clean Monthly and when visibly soiled.
- Washable furniture (including fabrics on infant equipment) Clean Weekly and when soiled: upholstered furniture must be steam cleaned when soiled, if not covered by a washable slipcover. Slipcovers must be washed at least every six months and when soiled.
- Wastebaskets/Rinse Buckets including lids - Clean and Sanitize Empty daily and more frequently as needed. Clean and sanitize when visibly soiled.

(B)What are the handwashing requirements for a center?
(1)Handwashing shall occur in a handwashing sink.
(2)Commercially manufactured non-permanent sinks may be used if fresh water and waste water are inaccessible to children and disposed of in a sanitary manner.
(3) Handwashing requirements for center child care staff members, employees and children are detailed in appendix B to this rule.

Appendix B - Handwashing Handwashing shall occur in a sink that is not used for meal preparation or clean-up and is away from the food serving area. Child care staff members and employees shall wash hands, defined as using soap and water or using hand sanitizer, at the following times: • Upon arrival for the day, prior to departure, and upon entry into a classroom. • 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 shall wash hands, defined as using soap and water or using hand sanitizer (if 24 months or older), at the following times: • Upon arrival for the day and prior to departure. • After toileting/diaper change. • After contact with bodily fluids. • After returning inside after outdoor play. • After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity. • Before eating or assisting with food preparation. • After water activities. • When visibly soiled (must use soap and water). Children who are unable to stand by themselves may be given wet paper towels and soap to wash and rinse their hands.

(D)What are the requirements for toothbrushing in a center?
Centers that provide toothbrushing shall:
(1)Label each toothbrush with the child's name and store with bristles to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface.
2)Ensure that when a single tube of toothpaste is used for more than one child a pea-sized amount shall be dispensed onto a clean piece of paper or paper product for each child.
(3)Discard and replace toothbrushes every three months or if the toothbrush becomes contaminated.
This applies to all ages of children

The Ohio Department of Education (ODE) Preschool
Ohio Administrative Code (OAC) Rule 3301-37-05
(B) Furniture, materials and equipment shall meet the safety and sanitation requirements of rule 5101:2-12-12 and rule 5101:2-12-13 of the Administrative Code, which are listed above

Ohio Administrative Code (OAC) 3301-37-11
A) A person trained to recognize the common signs of communicable disease or other illness shall observe each child daily as he enters a group. A "person trained to recognize the common signs of communicable disease" means any person trained in prevention, recognition, and management of communicable diseases.
(B) The following precautions shall be taken for children suspected of having a communicable disease:
(1) The program shall immediately notify the parent or guardian of the child's condition when a child has been observed with signs or symptoms of illness.
(2) A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to his parent or guardian:
(a) Diarrhea (three or more abnormally loose stools within a twenty-four-hour period);
(b) Severe coughing, causing the child to become red or blue in the face or to make a whooping sound;
(c) Difficult or rapid breathing;
(d) Yellowish skin or eyes;
(e) Redness of the eye or eyelid, thick and purulent (pus) eye discharge, matted eyelashes, burning, itching or eye pain;

(f) Temperature of one hundred degrees Fahrenheit taken by the auxiliary method when in combination with other signs of illness;
(g) Untreated infected skin patch(es);
(h) Unusually dark urine and/or grey or white stool;
(i) Stiff neck with an elevated temperature;
(j) Evidence of untreated lice, scabies, or other parasitic infestation;
(k) Sore throat or difficulty swallowing; or
(l) Vomiting more than one time or when accompanied by any other sign or symptom of illness.
(3) A child with any of the following signs or symptoms of illness shall be immediately isolated from other children. Decisions regarding whether the child should be discharged immediately or at some other time during the day shall be determined by the director and the parent or guardian. The child, while isolated at the program, shall be carefully watched for symptoms listed in paragraph (B)(2) of this rule as well as the following:
(a) Unusual spots or rashes; or
(b) Elevated temperature.;
(4) Programs shall follow the Ohio department of health's posted " communicable disease chart" for appropriate management of suspected illnesses.
(5) A child isolated due to suspected communicable disease shall be:
(a) Cared for in a room or portion of a room not being used in the preschool program;
(b) Within sight and hearing of an adult at all times. No child shall ever be left alone or unsupervised;
(c) Made comfortable and provided with a cot/mat or crib for infants. All linens and blankets used by the ill child shall be laundered before being used by another child. After use, the cots shall be disinfected with an appropriate germicidal agent, or, if soiled with blood, feces, vomit, or other body fluids, the cots shall be cleaned with soap and water and then disinfected with an appropriate germicidal agent;
(d) Observed carefully for worsening condition; and
(e) Discharged to parent, guardian, or person designated by the parent or guardian as soon as practical.
(C) Each program shall have a written policy concerning the management of communicable disease. The policy shall include, at a minimum:
(1) The program's means of training all preschool staff in signs and symptoms of illness and in hand-washing and disinfection procedures;
(2) Procedures for isolating and discharging an ill child and policy for readmitting such child;
(3) Procedures for notifying the parent or guardian immediately when a child is exhibiting signs or symptoms of illness or has been exposed to a communicable disease; and
(4) Procedures regarding the care of a mildly ill child. "Mildly ill child" means a child who is experiencing minor common cold symptoms, but who is not exhibiting any of the symptoms specified in paragraph (B) of this rule or a child who does not feel well enough to participate in activities, but who is not exhibiting any of the symptoms specified in paragraph (B) of this rule.
(5) Procedures for notifying all parents of enrolled children when children are exposed to a diagnosed communicable disease such as pink eye, ringworm,

chicken pox, or lice.

Ohio Administrative Code (OAC) 3301-37-06
(E) One cot or mat shall be available for each child who remains more than five consecutive hours in the program.
(1) Each cot or mat, with individual bedding, shall be labeled in some manner as to who is assigned to use the cot and shall be for the exclusive use of each child between sanitation procedures.
(2) Cots, mats, and individual bedding shall be thoroughly cleaned with an appropriate germicidal detergent and regularly sanitized before assignment for use by another child.

(4) Each infant shall be provided with a separate crib.
(a) There shall be one crib available which meets the requirements of this rule for each infant.
(b) Each crib shall be labeled with each infant's name who is assigned to use the crib and shall be for the exclusive use of said child between sanitation procedures. Cribs shall be thoroughly cleaned with an appropriate germicidal detergent and regularly sanitized before assignment for use by another child.

Ohio Administrative Code (OAC) 3301-37-07
e) All preschool staff members shall wash their hands with soap and running water after each diaper change, or after assisting a child with toileting; after cleaning; after toileting; before preparing or eating food; before feeding any child; and when hands have been in contact with nasal or mucous secretions. Disposable towels or an air hand dryer shall be available at all times.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: Ohio Administrative Code (OAC) Rule 5101:2-13-16 What are the specific procedures the licensed family child care provider needs to follow for standard precautions?
(1)Blood spills shall be treated cautiously and decontaminated promptly. Disposable vinyl gloves shall be worn during contact with blood or bodily fluids which contain blood, such as vomit or feces in which blood can be seen.
(2)Surfaces contaminated with blood or bodily fluids containing blood shall first be cleaned with hot, soapy water and then sanitized with an appropriate bleach solution which is prepared on a daily basis, according to product guidelines or other acceptable disinfectant solution which is environmental protection agency (EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity.
(3)Disposal of materials that contain blood requires a sealable, leak-proof plastic bag or double bagging in plastic bags that are securely tied.
(4)Non-disposable items, such as clothing that contain blood, shall be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.
(5)Sharp items used for procedures on children with special care needs, such as lancets for finger sticks or syringes, require a disposable container called a "sharps container." This is a container made of durable, rigid material which safely stores

the lancets or needles until they are disposed of properly. Sharps containers shall be stored out of the reach of children.

(D)What are the communicable disease requirements for a licensed family child care provider?
(1) If the provider cares for sick children, the provider shall follow the guidelines detailed in appendix B to this rule. Appendix B states- 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 eyelashes, 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 center shall: • Isolate the sick child away from other children in another room or portion of a room, but within sight and hearing at all times. • Provide the sick child with a cot or mat or the sick infant with a crib, and make comfortable. • Notify the child's parent(s) immediately to arrange discharge and if the child's condition worsens during isolation. • Sanitize the thermometer after each use.
(2) The JFS 08087 "Communicable Disease Chart" shall be posted in a location readily available to parents, child care staff members, employees, and residents. The chart is to be displayed in the size available in the Ohio department of job and family services (ODJFS) forms central in order for individuals to easily read, identify and respond to communicable diseases.
(a)The provider is to follow the reporting requirements listed on the JFS 08087.
(b)If the communicable disease is required to be reported to the local health department, the provider is to report the communicable disease to the Ohio department of job and family services (ODJFS) in accordance with paragraph (G) of this rule by the end of the next business day.

Paragraph (G) What does the center do if there is a serious incident?
(1)The center shall log in to http://oclqs.force.com by the next business day to report the incident, as defined in paragraph (F) of this rule.
Paragraph(F) What is a serious incident?
(1)Death of a child at the center.
(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, child care staff member or employee of a center.
(3) No later than the end of the next business day, the provider shall notify parents when their child has been exposed to a communicable disease listed on the JFS 08087.

(4) All the requirements of this rule shall apply if the provider's own child is sick.
(5) The provider shall release employees and child care staff members who have a communicable disease or who are unable to perform their duties due to illness.
(b)If the communicable disease is required to be reported to the local health department, the provider is to report the communicable disease to the Ohio department of job and family services (ODJFS)

Ohio Administrative Code (OAC) Rule 5101:2-13-13A)What are the requirements to provide and maintain a clean environment, furniture, materials and equipment in a licensed family child care home?
(1)Toilet tissue, liquid soap, running water, and individually assigned towels or disposable towels shall be provided in all bathrooms. Toilets and bathroom sinks shall be in good working condition. Toilets shall be flushed after each use.
(2)Equipment, furnishings, and materials shall be constructed of materials to facilitate cleaning .
(3)Accumulated trash and garbage are not to be stored in an area that has been approved for child care.
(4)The home shall be cleaned daily and kept in a sanitary condition at all times. Cleaning and sanitizing shall not take place while rooms are occupied by children, except for general cleanup activities such as sweeping and vacuuming, and wiping off tables which are part of the daily routine. The cleaning and sanitizing schedule contained in appendix A to this rule shall be followed.

Appendix A Schedule for Cleaning and Sanitizing Items
To clean: Wash the surface or item with a detergent solution or other appropriate commercial product used for cleaning purposes. Questions about products must be directed to the manufacturer of the product. Follow the manufacturer's instructions exactly. To sanitize: Centers must use a commercial product registered by the United States Environmental Protection Agency (US EPA) as a sanitizer that has directions for use that are appropriate for the surface or item you are sanitizing. Questions regarding commercial products must be directed to the manufacturer of the product or the US EPA. Follow the manufacturer's instructions exactly when using any product to sanitize.
All bottles of cleaners and sanitizers must be labeled with the contents.

- Any item soiled with blood or bodily fluids- Clean and Sanitize Immediately
- Blankets/sheets Clean Weekly, when soiled and before another child uses.
- Bottles, bottle caps, nipples and other equipment used for bottle feeding - Clean and Sanitize by washing in a dishwasher or by washing, rinsing and boiling them for one minute, before it can be reused.
- Carpets -Clean - Vacuum weekly or when soiled. Clean when soiled.
- Changing table/pad - Clean when visibly soiled and sanitize after each use.
- Reusable Cloths Clean - Wash daily and when visibly soiled.
- Cots/Pads/Mats - clean and sanitize before assigning to a different child, when used by a sick child, when soiled, and at least every 3 months.
- Cribs - Clean and Sanitize Monthly, when soiled, and before another child uses.

- Diaper receptacles - Clean and Sanitize Daily or more frequently as needed to eliminate odor.
- Dishes/Cups/Silverware/ Water Containers - Clean and Sanitize after each use. Water containers that are labeled with the child's name can be used all day, but must be cleaned and sanitized before used again on another day.
- Dividers (must be non-porous material) Clean when visibly soiled.
- Dress up clothes and hats (Dramatic Play) Clean Monthly and when soiled.
- Floors Clean Weekly and when soiled
- Food prep area, including sink - Clean and Sanitize Before and after preparing food (including bottle preparation) and between preparing raw or cooked food
- Potty chairs - Clean and Sanitize After each use, empty contents into toilet, rinse with water, clean and sanitize.
- Tables (food)/High chair trays - Clean and Sanitize Before and after each use.
- Tables (play) -Clean when visibly soiled. Sanitize daily.
- Toilet bowls- Clean when visibly soiled. Sanitize weekly.
- Toilet seats, handles and hand washing sinks- Clean when visibly soiled. Sanitize daily.
- Toys that go into the mouth- Clean and Sanitize After each child's use.
- Toys other than those going into mouth Clean Monthly and when visibly soiled.
- Washable furniture (including fabrics on infant equipment) Clean Weekly and when soiled: upholstered furniture must be steam cleaned when soiled, if not covered by a washable slipcover. Slipcovers must be washed at least every six months and when soiled.
- Wastebaskets/Rinse Buckets including lids - Clean and Sanitize Empty daily and more frequently as needed. Clean and sanitize when visibly soiled.

(B)What are the handwashing requirements for a licensed family child care home?
(1)Handwashing shall occur in a handwashing sink.
(2)Commercially manufactured non-permanent sinks may be used if fresh and waste water are inaccessible to children and disposed of in a sanitary manner.
(3) Handwashing requirements for the family child care provider, child care staff members, employees, residents, and children are detailed in Appendix B to this rule.

Appendix B Handwashing The family child care provider, child care staff members, employees, and residents shall wash hands, defined as using soap and water or using hand sanitizer, at the following times: • Upon arrival for the day, after breaks, and upon returning from outside. • After toileting or assisting a child with toileting. • After each diaper change or pull-up change. • After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids. • After cleaning or sanitizing or using any chemical products. • After handling pets, pet cages or other pet objects that have come in contact with the pet. • Before eating, serving or preparing food or bottles or feeding a child. • Before and after completing a medical procedure or administering medication. • When visibly

soiled (use soap and water). Children shall wash hands, defined as using soap and water or using hand sanitizer (if 24 months or older), at the following times: • Upon arrival for the day and prior to departure. • After toileting/diaper change. • After contact with bodily fluids. • After returning inside after outdoor play. • After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity. • Before eating or assisting with food preparation. • After water activities. • When visibly soiled (use soap and water). Children who are unable to stand by themselves may be given wet paper towels and soap to wash and rinse their hands.

(D)What are the requirements for toothbrushing in a licensed family child care home?
Licensed family child care providers who provide toothbrushing shall:
(1)Label each toothbrush with the child's name and store with bristles to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface.
(2)Ensure that when a single tube of toothpaste is used for more than one child a pea-sized amount shall be dispensed onto a clean piece of paper or paper product for each child.
(3)Discard and replace toothbrushes every three months or if the toothbrush becomes contaminated.
This applies to all ages of children

iii. All CCDF-eligible licensed in-home care. Provide the standard: Ohio Administrative Code (OAC) Rule 2-14-05
(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 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 contains blood, are to be placed in a sealable, leakproof 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 that safely stores the lancets or needles until they are disposed of properly. Sharps containers are to be stored out of the reach of children.

(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.

Appendix B 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 eyelashes, 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.
(2)The JFS 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 08087.
(b)If the communicable disease is to be reported to the local health department, the IHA is to report the communicable disease in the Ohio child licensing and quality system (OCLQS) by logging into https://oclqs.force.com by the next business day.

Appendix A 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).
This applies to all ages of children

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ohio Administrative Code (OAC) Rule 2-18-10**
(D)What are the communicable disease requirements for an approved child day camp?
(1)Any child enrolled and attending the child day camp with signs or symptoms of illness listed in Appendix A to this rule is to be immediately isolated and discharged to their parent or guardian or person designated by the parent or guardian.
(2)The JFS 08087 "Communicable Disease Chart" is to be displayed in the size available in the Ohio Department of Job and Family Services (ODJFS) forms central in order for individuals to easily read, identify and respond to communicable diseases.
Child day camp staff members and employees are to:
(a)Follow the requirements listed on the JFS 08087.
(b)If the communicable disease is required to be reported to the local health department, the child day camp is to report the communicable disease to ODJFS by the end of the next business day.
(3)No later than the end of the next business day, the child day camp is to notify parents when their child has been exposed to a communicable disease listed on the JFS 08087.
(4)The child day camp is to release employees and staff members who have a communicable disease or who are unable to perform their duties due to illness.

(E)What are the specific procedures the approved day camp needs to follow for standard precautions?
(1)Blood spills shall be treated cautiously and decontaminated promptly. Disposable vinyl gloves shall be worn during contact with blood or bodily fluids that contain blood, such as vomit or feces in which blood can be seen.
(2)Surfaces contaminated with blood or bodily fluids containing blood shall first be cleaned with hot, soapy water and then sanitized with an appropriate bleach solution which is prepared on a daily basis according to product guidelines, or other acceptable disinfectant solution that is environmental protection agency

(EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity.
(3)Disposal of materials that contain blood requires a sealable, leakproof plastic bag or double bagging in plastic bags that are securely tied.
(4)Non-disposable items, such as clothing that contains blood, shall be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.
(5)Sharp items used for procedures on children with special care needs, such as lancets for finger sticks or syringes, require a disposable container called a "sharps container." This is a container made out of durable, rigid material that safely stores the lancets or needles until they are disposed of properly. Sharps containers are to be stored out of the reach of children.

Appendix A 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 eyelashes, 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 approved child day camp shall. • Isolate the sick child away from other children, in another room or portion of a room, but within sight and hearing at all times. • Provide the sick child with a cot or mat and make comfortable. • Notify the child's parent(s) immediately to arrange discharge and if the child's condition worsens during isolation. • Sanitize the thermometer after each use.

Ohio Administrative Code (OAC) Rule 2-18-13
(E)What are the requirements to provide and maintain a clean environment, furniture, materials, and equipment in an approved child day camp?
(1)Flush toilets and bathroom sinks, if available, shall be in good working condition. Toilet tissue, liquid soap, running water, individually assigned towels, disposable towels, or air dryers shall be provided in all bathrooms. If programming activities take place at a primitive campsite, defined as any outdoor space in a natural environment without access to electricity, water supply systems, central food service, sewage treatment facilities and/or housing, or if portable bathrooms are used, waterless hand sanitizing products may be provided instead of running water and liquid soap.

ODE School Age
Ohio Administrative Code (OAC) Rule 3301-2-08
(A) A person trained to recognize the common signs of communicable disease or other illness as required by paragraph (L) of rule 3301-32-02 of the Administrative

Code, shall observe each child daily as the child enters the group.
(B) A child with any of the following signs or symptoms of illness shall be isolated immediately. Decisions regarding exclusion from the program either immediately or at some later time in the day shall be determined by the program coordinator or team leader and the parent(s).
(1) Diarrhea (three or more loose stool in a twenty-four-hour period) if reported;
(2) Severe coughing, causing the child to become red or blue in the face or to make a whooping sound;
(3) Difficult or rapid breathing;
(4) Yellowish skin or eyes;
(5) Redness of the eye or eyelid, thick and purulent (pus) eye discharge, matted eyelashes, burning, itching or eye pain;
(6) Temperature of one hundred degrees Fahrenheit taken by the auxiliary method when in combination with other symptoms;
(7) Untreated infected skin patch(es);
(8) Unusually dark urine and/or grey or white stool if reported;
(9) Stiff neck with an elevated temperature;
(10) Evidence of untreated lice, scabies, or other parasitic infestation;
(11) Sore throat or difficulty in swallowing; or
(12) Vomiting more than one time or when accompanied by any other sign or symptom of illness.
(C) While isolated, the child shall be:
(1) Isolated in a room or portion of a room not being used in the school child program;
(2) Within sight or hearing of a staff member;
(3) Made comfortable in a warm, safe environment. All linen and blankets used by an ill child shall be laundered before being used by another child, and cots or recovery/nurse station bed, shall be disinfected; and
(4) Observed carefully for worsening condition.
(D) Notifying, when aware of diagnoses, all parents when children enrolled are exposed to a communicable disease during program time; and
(E) Access to the Ohio department of health's poster "communicable disease chart" (jfs.ohio.gov) for staff reference.

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all ages, unless otherwise noted:**
Ohio Administrative Code (OAC) Rule 5101:2-13-15:
The center shall secure and have on file verification of a medical examination for each child. Children who attend a grade of kindergarten and above in an elementary school are exempt from this requirement. The medical statement shall be on file at the center within thirty days of the child's first day of attendance and updated every thirteen months thereafter from the date of the examination. The medical statement shall contain the following information: The child's name and birth date. The date of the medical examination, which is to be no more than

thirteen months prior to the date the form is signed. A statement that the child has been examined and is in suitable condition for participation in group care. The signature, business address and telephone number of the physician, as defined in Chapter 4731. of the Revised Code, physician's assistant (PA), advanced practice registered nurse (APRN) or certified nurse practitioner (CNP) who examined the child. A record of the immunizations that the child has had, specifying the month, day and year of each immunization. This record may be an attachment to the medical statement. A statement from the physician, PA, APRN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule or a statement that the child meets one of the following: A statement from a physician, PA, APRN, or CNP that an immunization against the disease is medically contraindicated for the child. A statement from a physician, PA, APRN, or CNP that an immunization against the disease is not medically appropriate for the child's age. A statement from the child's parent that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions.

Appendix A Diseases for Immunizations -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.

ODE Preschool Program
Ohio Administrative Code (OAC) 3301-37-11
(4)Health and safety procedures, in accordance with section 3301.56 of the Revised Code and, the following:
(i) Requiring immunization records and compliance with emergency medical authorization requirements in accordance with rules adopted by the state board of education under section 3301.53 of the Revised Code;

Ohio Administrative Code (OAC) 3301-37-08
(A) The parent shall provide, prior to the date of admission or not later than thirty days after date of admission, and every thirteen months from the date of examination thereafter, a medical statement affirming that the child is in suitable condition for enrollment in the program. "Prior to the date of admission" means:
(1) For children younger than three years old at the time of admission, the examination shall occur within six months prior to the date of admission;
(2) For children three years old or older at the time of admission, the examination shall occur within twelve months prior to the date of admission.
(3) A preschool child with a disability shall not be excluded from the program for lack of a medical statement until the team responsible for the individualized education plan (IEP) established pursuant to Chapter 3301-51 of the Administrative Code reconvenes; exclusion from the program until the IEP is revised may be a denial of a free, appropriate public education.
(4) The medical statement shall be provided by a physician, physician's assistant, clinical nurse specialist, or certified nurse.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Ohio Administrative Code (OAC) Rule 5101:2-12-15**
Licensed family child care providers shall secure and have on file verification of a medical examination for each child. Children who attend a grade of kindergarten and above in an elementary school are exempt from this requirement. The medical statement shall be on file at the center within thirty days of the child's first day of attendance and updated every thirteen months thereafter from the date of the examination. The medical statement shall contain the following information: The child's name and birth date. The date of the medical examination, which is to be no more than thirteen months prior to the date the form is signed. A statement that the child has been examined and is in suitable condition for participation in group care. The signature, business address and telephone number of the physician, as defined in Chapter 4731. of the Revised Code, physician's assistant (PA), advanced practice registered nurse (APRN) or certified nurse practitioner (CNP) who examined the child. A record of the immunizations that the child has had, specifying the month, day and year of each immunization. This record may be an attachment to the medical statement. A statement from the physician, PA, APRN, or CNP that the child has been immunized or is in the process of being immunized against the diseases required by division 5104.014 of the Revised Code and found in appendix A to this rule or a statement that the child meets one of the following: A statement from a physician, PA, APRN, or CNP that an immunization against the disease is medically contraindicated for the child. A statement from a physician, PA, APRN, or CNP that an immunization against the disease is not medically appropriate for the child's age. A statement from the child's parent that he or she has declined to have the child immunized against the disease for reasons of conscience, including religious convictions.

Appendix A Diseases for Immunizations -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.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Ohio Administrative Code (OAC) Rule 2-14-06:**
(B)What are the child medical statement requirements in a home with a certified IHA?
(1)The IHA is to have verification of 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 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 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)A record of immunizations 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.

Appendix A 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. This applies to all ages of children

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Ohio Administrative Code (OAC) Rule 2-18-11:**
C)What are the requirements for immunization records at an approved child day camp?
(1)A child who is not enrolled in a public or nonpublic school is to have a record of immunizations on file within thirty days of the child's first day of attendance.
(2)The immunization record is to contain the following information:
(a)The child's name and birth date.
(b)Each immunization the child has had, specifying the month, day and year of each immunization.
(c)A statement from the physician, as defined in Chapter 4731. of the Revised Code, physician's assistant (PA), advanced practice registered nurse (APRN), or

certified nurse practitioner (CNP) that the child has been immunized or is in the process of being immunized against the diseases outlined in division 5104.014 of the Revised Code and found in appendix A to this rule
(3)If a child has not received an immunization(s) against the diseases outlined in division 5104.014 of the Revised Code and found in appendix A to this rule, then one or both of the following is to be on file:
(a)A statement from the physician, 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.
(b)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.
Appendix A 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. This applies to all ages of children

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following is not applicable to day camps as they do not serve infants .
Ohio Administrative Code (OAC) Rule 5101:2-12-20:
(A)What are the sleep and nap requirements for a licensed child care center?
(3)Rest or nap areas shall be lighted to allow for visual supervision of all children at all times.
(6)Cribs shall be separated from the play space by a safe and sturdy physical barrier which does not impair the ability of child care staff to supervise infants by sight and hearing. Sight and hearing is when the child care staff can see the infants in and out of their cribs and hear their sounds. The barrier shall provide for safe accessibility.

(B)What are the crib requirements for a licensed child care center?
(a)Any crib manufactured before June 28, 2011, shall have a certificate of compliance (COC) on file. The center may have to contact the manufacturer of the crib to receive a COC if they do not request one from the retailer when they purchase the crib.
(b)Cribs with a documented manufacture date after June 28, 2011, have to meet the new federal standards to be sold, so they do not require a COC. The date of manufacture shall be attached to the crib.
(c)Cribs shall be used according to manufacturer's instructions.
(d)Each crib shall be of sturdy construction and have:
(i)Closely spaced bars with corner posts that do not exceed one sixteenth of an

inch above the top of the end panel.
(ii)Spaces between the bars of the crib and between the bars and end panels of the crib shall not exceed two and three-eighths inches.
(e)Cribs shall be used with the mattress supports in their lowest positions and the sides in the highest position.
(f)Each crib shall have a firm mattress that is at least one and one half inches thick.
(g)The space between the mattress and the side or end panels of the crib shall not exceed one and one-half inches.
(h)Each mattress shall be securely covered with a waterproof material which can be thoroughly sanitized and is not dangerous to children. The waterproof cover shall be free of rips or tears.
(i)Each mattress shall have a properly fitted clean sheet that is changed at least weekly, when soiled, and before another child uses the mattress.
(2)Stacked cribs are prohibited.
(4)Bumper pads shall not be used.
(5)Nothing shall be placed or hung over the side that obstructs the provider's view of the infant.
(6)Infants shall not be placed in cribs with bibs or any other items which could pose a strangulation or suffocation risk.
(7)No blankets shall be in the crib for infants under twelve months old. A one-piece sleeper or wearable blanket is permitted. Only children who are not yet able to roll-over are permitted to be swaddled using a wearable swaddling blanket.
(8)The cribs may be placed in storage on the premises if not currently assigned to an infant.
(9)Infants shall be placed in their cribs for sleeping, and shall not be allowed to sleep in bassinets, swings, car seats or other equipment. If a medical condition exists where a child needs to sleep in equipment other than a crib, written permission shall be obtained from a physician and shall be on file.
(10) Infants under twelve months old shall be placed on their backs to sleep unless the parent provides written authorization on the JFS 01235 "Sleep Position Waiver Statement for Child Care" signed by the child's physician. The JFS 01235 shall be maintained on file for review and is valid for one year. Infants who are able to roll from back to front and front to back shall be placed initially on their back for sleeping but allowed to remain in a position they prefer.
(11) Cribs assigned to a child shall not be used for storage of toys and other materials.

Ohio Administrative Code (OAC) Rule 5101:2-12-21
(B)What is required when evening and overnight care is provided?
If a licensed child care center has evening or overnight care, the following are required:
(1)Child care staff members shall remain awake at all times.
(2)The center shall provide adequate lighting indoors in all areas, including bathrooms, hallways, and sleeping rooms to ensure that child care staff members are able to see all children at all times.
(3)The center shall ensure that parking areas, outdoor walkways, and all building entrances be adequately lighted for safety and security.
This applies to all ages of children

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Ohio Administrative Code (OAC) 3301-37-03
(F) The program is to comply with rule 5101:2-12-20 of the Administrative Code, which is stated above.

Ohio Administrative Code (OAC) 3301-37-07
(9) Infants under twelve months old are to be placed on their backs to sleep unless the parent provides written documentation signed by the childs physician, for an alternative position. Infants who are able to roll from back to front and front to back are to be placed initially on their back for sleeping but allowed to remain in a position they prefer. All preschool programs are to comply with the Ohio department of health safe sleep procedures.

Ohio Administrative Code (OAC) 3301-37-04
S) In a room where children are napping or resting, if all children are at least eighteen months of age, the maximum number of children per preschool staff member shall, for a period not to exceed one and one-half hours in any twenty-four-hour day, be twice the maximum number of children per preschool staff member established in paragraph (N) of this rule if all the following criteria are met:
(1) At least one preschool staff member shall be physically present in the room at all times during nap/rest time;
(2) The preschool staff member(s) assigned to a room where children are napping shall be responsible for the care and supervision of the children in the room and shall be able to summon other child-care staff members without leaving the room;
(3) There shall be enough preschool staff members readily accessible within the building in which the program is located to ensure that the maximum number of children per preschool staff member as required by paragraph (N) of this rule is met at all times; and
(4) Nap/rest-time preparation shall have been completed and all napping children shall be resting or sleeping on cots or mats.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Ohio Administrative Code (OAC) Rule 5101:2-13-20-**
(A)What are the sleep and nap requirements for a licensed family child care provider?
(3)Rest or nap areas shall be lighted to allow for visual supervision of all children at all times.

(C)What are the crib and playpen requirements for a licensed family child care provider?
(1)Unless the infant meets the requirements of paragraph (D) of this rule, each

infant in attendance shall have a separate crib or playpen that meets the following requirements:
(a)Any crib manufactured before June 28, 2011, shall have a certificate of compliance (COC) on file. The provider may have to contact the manufacturer of the crib to receive a COC if they do not request one from the retailer when they purchase the crib.
(b)Cribs with a documented manufacture date after June 28, 2011, have to meet the new federal standards to be sold, so they do not require a COC. The date of manufacture is to be attached to the crib.
(c)Cribs and playpens shall be used according to manufacturer's instructions.
(d)Each crib and playpen shall be of sturdy construction and have:
(i)Closely spaced bars with corner posts that do not exceed one sixteenth of an inch above the top of the end panel.
(ii)Spaces between the bars of the crib or playpen and between the bars and end panels of the crib or playpen shall not exceed two and three-eighths inches.
(iii)Playpen mesh openings shall be less than one quarter inch.
(e)Cribs and playpens shall be used with the mattress supports in their lowest positions and the sides in the highest positions.
(f)Each crib shall have a firm mattress that is at least one and one half inches thick.
(g)Each playpen shall have a firm mattress or pad that does not exceed one inch in thickness.
(h)The space between the mattress and the side or end panels of the crib or playpen shall not exceed one and one-half inches.
(i)Each mattress shall be securely covered with a waterproof material which can be thoroughly sanitized and is not dangerous to children. The waterproof cover shall be free of rips or tears.
(j)Each mattress shall have a properly fitted clean sheet that is changed at least weekly, when soiled and before another child uses the mattress.
(3)Bumper pads shall not be used.
(4)Nothing shall be placed or hung over the side that obstructs the provider's view of the infant.
(5)Infants shall not be placed in cribs with bibs or any other items which could pose a strangulation or suffocation risk.
(6)No blankets shall be in the crib or playpen for infants under twelve months old. A one-piece sleeper or wearable blanket is permitted. Only children who are not yet able to roll-over are permitted to be swaddled using a wearable swaddling blanket.
(7)The cribs or playpens may be placed in storage on the premises if not currently assigned to an infant.
(8)Infants shall be placed in their cribs or playpens for sleeping, and shall not be allowed to sleep in bassinets, swings, car seats or other equipment. If a medical condition exists where a child needs to sleep in equipment other than a crib or playpen, written permission shall be obtained from a physician and shall be on file.
(9)Infants under twelve months old shall be placed on their backs to sleep unless the parent provides written authorization on the JFS 01235 "Sleep Position Waiver Statement for Child Care" signed by the child's physician. The JFS 01235 shall be maintained on file for review and is valid for one year. Infants who are able to roll

from back to front and front to back shall be placed initially on their back for sleeping but allowed to remain in a position they prefer.
(10) Cribs or playpens assigned to a child shall not be used for storage of toys and other materials.

Ohio Administrative Code (OAC) Rule 5101:2-2-13-21
(B)What is required when evening and overnight care is provided?
If the licensed family child care provider has evening or overnight care, the following are required:
(1)The provider and/or child care staff member shall remain awake until all children are asleep. When children sleep in the evening or overnight, the provider shall have a monitoring device that ensures sight or hearing at all times.
(2)Children under the age of five shall sleep on the same floor as the provider and/or child care staff member.
(3)The home shall provide adequate lighting indoors in all areas, including bathrooms, hallways and sleeping rooms to ensure that children can be seen by the provider.

This applies to all ages of children

iii. All CCDF-eligible licensed in-home care. Provide the standard: Ohio Administrative Code (OAC) Rule 5101:2-14-10:
(A)What are the sleep and nap requirements for a certified in-home aide (IHA)?
(1)Sleep time and nap time are to be in accordance with the developmental needs of the child.
(2)Infants under twelve months old are to be placed on their backs to sleep unless the parent provides written authorization on the JFS 01235 "Sleep Position Waiver Statement for Child Care" signed by the child's physician. The JFS 01235 is to be maintained on file for review and is valid for one year. Infants who are able to roll from back to front and front to back are to be placed initially on their back for sleeping but allowed to remain in a position they prefer.
(3)Sleep or nap areas are to be lighted to allow for visual supervision of all children at all times.

(B)What are the sleeping arrangements in the child's home?
(1)Children living in the home are to sleep in their own beds or cribs.
(2)The IHA's children being cared for in the home are to be assigned their own bed, crib, couch, cot, playpen or mat.
(3)No child is to be permitted to rest, nap or sleep on the floor without a mat, pad or cot.
(4)A mat is a pad that is at least one inch thick and at least as wide and long as the child using the mat.
(5)A cot is to stand at least three inches and not more than eighteen inches off the floor. The cot is to be firm enough to support the child, but is to be resilient under pressure. Each cot is to be at least thirty-six inches in length and at least as long as the child using the mat is tall.
(6)An air mattress designed for overnight sleeping may be used. All manufacturer's warnings are to be followed. Air mattresses designed for use as

flotation devices are not to be used for sleeping or napping.
(C)What are the crib and playpen requirements for the child's home?
(1)Unless the infant meets the requirements of paragraph (E) of this rule, each infant being cared for in the home is to have a separate crib or playpen that meets the following requirements:
(a)Any crib manufactured before June 28, 2011, is to have a certificate of compliance (COC) on file. The IHA may have to contact the manufacturer of the crib to receive a COC if they do not request one from the retailer when they purchase the crib.
(b)Cribs with a documented manufacture date after June 28, 2011 have to meet the new federal standards to be sold, so they do not require a COC. The date of manufacture is to be attached to the crib.
(c)Cribs and playpens are to be used according to manufacturer's instructions.
(d)Each crib and playpen are to be of sturdy construction and have:
(i)Closely spaced bars with corner posts that do not exceed one sixteenth of an inch above the top of the end panel.
(ii)Spaces between the bars of the crib or playpen and between the bars and end panels of the crib or playpen are not to exceed two and three-eighths inches.
(iii)Playpen mesh openings are to be less than one quarter inch.
(e)Cribs and playpens are to be used with the mattress supports in their lowest positions and the sides in the highest positions.
(f)Each crib is to have a firm mattress that is at least one and one half inches thick.
(g)Each playpen is to have a firm mattress or pad that does not exceed one inch in thickness.
(h)The space between the mattress and the side or end panels of the crib or playpen are not to exceed one and one-half inches.
(i)Each mattress is to be securely covered with a waterproof material which can be thoroughly sanitized and is not dangerous to children. The waterproof cover is to be free of rips or tears.

(D)What safety measures for cribs are to be followed by an IHA?
(2)Bumper pads are not to be used.
(3)Items are not to be placed or hung over the side that obstructs the IHA's view of the infant.
(4)Infants are not to be placed in cribs with bibs or any other items which could pose a strangulation or suffocation risk.
(5)No blankets are to be in the crib or playpen for infants under twelve months old. A one-piece sleeper or wearable blanket is permitted. Only children who are not yet able to roll-over are permitted to be swaddled using a wearable swaddling blanket.
(6)Infants are to be placed in their cribs or playpens for sleeping, and are not to be allowed to sleep in bassinets, swings, car seats or other equipment. If a medical condition exists where a child needs to sleep in equipment other than a crib or playpen, written permission is to be obtained from a physician and is to be maintained on file.
(7)Cribs or playpens assigned to a child are not to be used for storage of toys and other materials.
(F)What are the requirements for evening and overnight care?

(1)Evening and overnight care is any time between the hours of seven p.m. and six a.m.
(2)The IHA is to remain awake until all children are asleep. When children sleep in the evening or overnight, the IHA is to have a monitoring device that ensures sight or hearing at all times.
(3)Children are to only sleep during evening and overnight care in areas that have been approved for sleeping.
(4)Children under the age of five are to sleep on the same floor as the IHA.
(6)All indoor areas of the home are to have adequate lighting, including bathrooms, hallways and sleeping rooms to ensure that children can be seen by the IHA.
This applies to all ages of children

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **N/A**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-25:
(E) What are the requirements for a licensed child care center to administer medications, medical foods or topical products in a licensed child care center?
The center shall:
(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 center administering a dose or applying the product, to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.
(2)Not administer any medication, medical food or topical product for any period of time beyond the date indicated by the physician, physician's assistant, advanced practice registered nurse certified to prescribe medication, or licensed dentist, on the prescription label, for twelve months from the date of the form, or after the expiration date on the medication, whichever comes first.
(3)Document each administration or application on the JFS 01217 immediately after administering, including when school-age children administer their own medication. This excludes items in paragraph (D)of this rule.

(D) What are the requirements for topical products and lotions?

Written parental permission is not required for lip balm use or for using hand sanitizer with children older than twenty-four months.
For all other topical products and lotions, the center shall:
(1)Ensure that the product is stored in the original container with a manufacturer's label that includes directions based on the age and/or weight of the child.
(2)Ensure that the parent provides signed written permission to administer that topical product or lotion.
(3)Apply the non-prescription topical products and lotions according to the manufacturer's instructions. Documentation is not required by the staff.
(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). Each JFS 01217 is valid for the time period listed on the form, not to exceed twelve months from the date of signature.

The following applies to school age children:
(F) What are the requirements for storing medication, topical products and medical foods in a licensed child care center?
The center shall: (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 a JFS 01236 is completed and on file at the center.
(3)Permit school-age children to carry and use their own topical products.

The JFS 01217 contains the child birthdate, name, weight, and what box 1 and 2 contain? Box 1 is to be completed by the parent and contains the name of the medication, dosage, to be administered at the following times, for the following time period, and medication expiration date. It states that the child must be given the first dose at home prior to the program administering the medication (unless it is an emergency medication).
Box 2 contains instructions and possible side effects to watch for,.

The JFS 1236 part 1 contains child's name, special health condition, signs and symptoms or situations that will require staff to take action, activities, foods, environmental conditions etc to avoid, training instructions and procedures for staff to follow.
Part 2 lists the following information: Conditions Requiring Medication or Medical Food Completed by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant (If no medications or medical foods are required for the condition, skip Part II). If a non-prescription medication does not meet any of the items 1-5 below, the parent can complete Part II.
Part II must be completed by or separate instructions attached from a Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant when any of the following apply:
The (prescription or non-prescription) medication contains codeine or aspirin, Instruction is needed for the (prescription or non-prescription) medication, The child does not meet the minimum age or weight requirements as listed on the

label instructions on the (prescription or non-prescription) medication, The (prescription or non-prescription) medication is to be given longer than three consecutive days within a fourteen-day period, The intended use differs from the manufacturer's instructions or use. It asks What are the symptoms which require staff to administer medication or medical food?, What are the specific instructions for administration of medication or medical food?, What are the actions to be taken if symptoms do not subside? Part 3-Administration of Medication or Medical Food Training Authorization Completed by parent, trainer, administrator/provider, and/or trained child care staff member(s) Part III must be completed

Ohio Department of Education Preschool Programs
Ohio Administrative Code (OAC) 3301-37-07
4) Health and safety procedures, in accordance with section 3301.56 of the Revised Code (which states: (C) In each building in which a preschool program is operated there shall be on the premises, and readily available at all times, at least one employee who has completed a course in first aid and in the prevention, recognition, and management of communicable diseases which is approved by the state department of health, and an employee who has completed a course in child abuse recognition and prevention.)and, the following:
(c) Fluoride supplements to be administered in accordance with section 3701.136 of the Revised Code, which states: A) The director of health may establish a school-based fluoride mouth rinse program. If the director establishes the program, divisions (B) to (E) of this section are applicable.
(B) The director shall conduct a program to educate employees of the department of health and dental hygienists licensed under Chapter 4715. of the Revised Code on how to train employees of, and volunteers for, public and nonpublic schools regarding the proper means of administering fluoride mouth rinse to students.
(C) Schools that participate in the school-based fluoride mouth rinse program shall require that their employees and volunteers who intend to administer fluoride mouth rinse to students receive training, by either of the following, on the proper means of administering fluoride mouth rinse to students:
(1) An employee of the department of health or a dental hygienist who has been trained through the program the director conducts pursuant to division (B) of this section;
(2) A school employee or volunteer who has been trained by an individual described in division (C)(1) of this section.
(D)(1) The director shall prescribe a form that the parent, guardian, or other person having care or charge of a student enrolled in a public or nonpublic school that participates in the school-based fluoride mouth rinse program may use to consent to the administration of fluoride mouth rinse to the student for the duration of the student's enrollment in that school. School employees or volunteers shall not administer fluoride mouth rinse to a student unless the consent form from the student's parent, guardian, or other person has been received.
(2) The consent form shall include all of the following:
(a) A space designated for the student's name and address;
(b) A space designated for the name of the student's school;

(c) A space designated for the student's grade level and class;
(d) A space designated for the signature of the parent, guardian, or other person who authorizes the administration of fluoride mouth rinse to the student;
(e) Information on the name, dosage, and intervals at which the fluoride mouth rinse is scheduled to be administered during each school year;
(f) The dates the administration of fluoride mouth rinse is to begin and cease, which may, respectively, be the first and last days of a school year;
(g) Any other information or spaces the director considers necessary for the proper administration of the program.

(d) Prior to administering a prescription or nonprescription medication, food supplement, or medical food, the program shall ensure that:
(i) The written instructions of a licensed physician or licensed dentist as appropriate are on file.
(ii) Each time medication, medical food, or a food supplement is administered, a written record or log including dosage, date, and time shall be made. That record or log shall be kept on file for one year.
(iii) Only employees who are health professionals or who have completed a drug administration training may administer medication pursuant to section 3313.713 of the Revised Code.
(iv) Medication shall be stored in a designated locked storage place, except drugs requiring refrigeration shall be kept in a refrigerator not accessible to children. Emergency medication may be kept in an unlocked storage place as long as it is out of reach of children.
(v) Parent permission is needed for the application of topical products and lotions and is to be applied according to the manufacturers instructions.

Ohio Administrative Code (OAC) 3301-37-10
(6) For the purpose of diapering, topical ointments and creams provided by parents shall include written instructions. Such instructions shall include the name of the ointment, cream, or lotion; name of the child; birth date of the child; date; and signature. Written instructions shall be valid for no longer than three months. Authorization for administration of the ointment, cream, or lotion may be cancelled by written request of the parent at any time.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101: 2-13-25:
(E) What are the requirements for a licensed family child care home to administer medications, medical foods or topical products in a licensed family child care home?
The family child care provider shall:
(1)Not administer any medication, medical food, or topical product until the child has received the first dose or application at least once prior to the provider administering a dose or applying the product, to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.

(2)Not administer any medication, medical food or topical product for any period of time beyond the date indicated by the physician, physician's assistant, advanced practice registered nurse certified to prescribe medication, or licensed dentist, on the prescription label, for twelve months from the date of the form, or after the expiration date on the medication, whichever comes first.
(3)Document each administration or application on the JFS 01217 immediately after administering, including when school-age children administer their own medication. This excludes items in paragraph (D)of this rule(see below)
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.

(D) What are the requirements for topical products and lotions?
Written parental permission is not required for lip balm use or for using hand sanitizer with children older than twenty-four months.
For all other topical products and lotions, the family child care provider shall:
(1)Ensure that the product is stored in the original container with manufacturer's label that includes directions based on the age and/or weight of the child.
(2)Ensure that the parent provides signed written permission to administer that topical product or lotion.
(3)Apply the non-prescription topical products and lotions according to the manufacturer's instructions. Documentation is not required by the staff.

The following applies to school age children
(F) What are the requirements for storing medication, topical products and medical foods in a licensed family child care home?
The family child care provider shall:
(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.

JFS 01217 contains the child birthdate, name, weight and what box 1 and 2 contain? Box 1 is to be completed by the parent and contains the name of the medication, dosage, to be administered at the following times, for the following time period, and medication expiration date. It states that the child must be given the first dose at home prior to the program administering the medication (unless it is an emergency medication).
Box 2 contains Instructions and possible side effects to watch for,.

The JFS 01236 part 1 contains child's name, special health condition, signs and symptoms or situations that will require staff to take action, activities, foods, environmental conditions etc to avoid, training instructions and procedures for staff to follow.
Part 2 lists the following information: Conditions Requiring Medication or Medical

Food Completed by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant (If no medications or medical foods are required for the condition, skip Part II). If a non-prescription medication does not meet any of the items 1-5 below, the parent can complete Part II.
Part II must be completed by or separate instructions attached from a Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant when any of the following apply:
The (prescription or non-prescription) medication contains codeine or aspirin, Instruction is needed for the (prescription or non-prescription) medication, The child does not meet the minimum age or weight requirements as listed on the label instructions on the (prescription or non-prescription) medication, The (prescription or non-prescription) medication is to be given longer than three consecutive days within a fourteen-day period, The intended use differs from the manufacturer's instructions or use. It asks What are the symptoms which require staff to administer medication or medical food?, What are the specific instructions for administration of medication or medical food?, What are the actions to be taken if symptoms do not subside? Part 3-Administration of Medication or Medical Food Training Authorization Completed by parent, trainer, administrator/provider, and/or trained child care staff member(s) Part III must be completed

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101: 2-14-12
(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.

(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.

The following applies to school age children
(F)What are the requirements for storing medication, topical products and medical foods?
The IHA is to:
(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.

JFS 01217 contains the child birthdate, name, weight and what box 1 and 2 contain? Box 1 is to be completed by the parent and contains the name of the medication, dosage, to be administered at the following times, for the following time period, and medication expiration date. It states that the child must be given the first dose at home prior to the program administering the medication (unless it is an emergency medication).
Box 2 contains Instructions and possible side effects to watch for,.

The JFS 01236 part 1 contains child's name, special health condition, signs and symptoms or situations that will require staff to take action, activities, foods, environmental conditions etc to avoid, training instructions and procedures for staff to follow.
Part 2 lists the following information: Conditions Requiring Medication or Medical Food Completed by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant (If no medications or medical foods are required for the condition, skip Part II). If a non-prescription medication does not meet any of the items 1-5 below, the parent can complete Part II.
Part II must be completed by or separate instructions attached from a Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant when any of the following apply:
The (prescription or non-prescription) medication contains codeine or aspirin, Instruction is needed for the (prescription or non-prescription) medication, The child does not meet the minimum age or weight requirements as listed on the label instructions on the (prescription or non-prescription) medication, The (prescription or non-prescription) medication is to be given longer than three consecutive days within a fourteen-day period, The intended use differs from the manufacturer's instructions or use. It asks What are the symptoms which require

staff to administer medication or medical food?, What are the specific instructions for administration of medication or medical food?, What are the actions to be taken if symptoms do not subside? Part 3-Administration of Medication or Medical Food Training Authorization Completed by parent, trainer, administrator/provider, and/or trained child care staff member(s) Part III must be completed

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-18-11
A)What are the requirements for administration of prescription medications and non-prescription medications by an approved child day camp?
The approved child day camp is to:
(1)Ensure that prescription medication is stored in the original container with the prescription label that includes the child's full name, a current dispensing date within the previous twelve months, and exact dosage and directions for use.
(2)Not administer any medication or topical product for any period of time beyond the date indicated by the physician, physician's assistant, advanced practice nurse certified to prescribe medication, or licensed dentist, on the prescription label, for twelve months from the date on the form, or after the expiration date on the medication, whichever comes first.
(3)Ensure that non-prescription medications are stored in the original container with a manufacturer's label containing directions based on the age and/or weight of the child.
(4) Ensure medication dosages administered do not exceed prescribed dosages or the manufacturer's recommended dosages.
(5)Have written permission from the parent for each medication to be administered prior to administering any non-prescription or prescription medication.
(6)Document each administration, including a child's self-administration, of medication or application of topical product, unless the topical product is a non-prescription item including bug spray, sunscreen, hand sanitizer and lip balm.
Ensure the documentation includes:
(a)The child's name.
(b)The child's date of birth.
(c)The medication name.
(d)The medication dosage.
(e)The date the medication was administered.
(f)The time the medication was administered.

(g)The signature of the person administering the medication.
(7) Allow school-age children to carry their own emergency medication as long as written permission from the parent is completed and on file at the approved day camp.
(8)Allow school-age children to carry and use their own topical products including bug sprays, lip balm and sunscreen.

Ohio Department of Education School age
Ohio Administrative Code (OAC) 3301-32-10
(13) Nonprescription and prescription medication shall be administered in accordance with program policies and procedures and only with written permission of a parent. Only employees who are health professionals or who have completed drug administration training may administer medication pursuant to section 3313.713 of the Revised Code;
(a) All prescription medicine must be current within the last twelve months, kept in its original container, and have a legible label containing the childs name and written instructions for use from a licensed physician, nurse practitioner, or dentist. Medication shall be stored in a designated locked storage place, except that drugs that require refrigeration may be kept in a refrigerator not accessible to children. An inhaler or nonprescription medication may be available to a school child with a special health condition with parental permission in accordance with the programs policy.
(b) Except in cases of emergency, parents shall give the first dose of any newly prescribed medication so that they may personally observe the childs reaction.

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-12-15
(A)What are the requirements for the JFS 01234 "Child Enrollment and Health Information" for a licensed child care center?
The center shall:
(1)Have a completed JFS 01234 on file for each child by the first day of attendance.
(2)Ensure the JFS 01234 is reviewed at least annually by the parent and updated as needed when information changes. The parent and administrator shall initial and date the form when the information is reviewed or updated.

C)What are the health care plan requirements for caring for children with a specific health condition in a licensed child care center?
(1)The JFS 01236 "Medical/Physical Care Plan for Child Care" is to be used for children with a condition or diagnosis that require the following:
(a)Monitoring the child for symptoms which require the staff to take action.
(b)Ongoing administration of medication or medical foods. Medical food means

food that is formulated to be consumed under the supervision of a physician, PA, APRN, or CNP and which is intended for the specific dietary management of a disease or condition.
(c) Administering procedures which require staff to be trained on those procedures.
(d) Avoiding specific food(s), environmental conditions or activities.
(e) A school-age child to carry and administer their own emergency medication.
(2) The center is to:
(3) The JFS 01236 shall be reviewed by the parent at least annually and updated as needed, including an updated list of trained staff members, if applicable. The parent and administrator shall initial and date the form when the information is reviewed or updated.

Ohio Administrative Code (OAC) Rule 5101:2-12-25:
(A)When is a JFS 01217 "Request for Administration of Medication for Child Care" required?
(1)The JFS 01217 is required for all prescription and non-prescription medication, including sample medication.
(2)The JFS 01217 is not required for a medication or medical food required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" pursuant to rule 5101:2-12-15 of the Administrative Code.
(3)The JFS 01217 is not required for non-prescription topical lotions or products.

(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 center shall ensure that the parent completes and signs box one of the JFS 01217 .
(2)The center shall ensure that the instructions in box two of the JFS 01217 are completed and signed by a licensed physician, as defined in Chapter 4731. of the Revised Code, licensed dentist, advanced practice registered nurse or certified physician's assistant.
(3)Box two of the JFS 01217 does not need to be completed if the medication is stored in the original container with prescription label that includes the child's full name, a current dispensing date within the previous twelve months, exact dosage and directions for use.

(C) What are the requirements for non-prescription medications?
The center shall:
(1)Ensure that the parent completes and signs box one of the JFS 01217.
(2)Ensure that one of the following is met:
(a)The medication is stored in the original container with a manufacturer's label containing directions based on the age and/or weight of the child.
(b)The instructions in box two of the JFS 01217 are completed and signed by a licensed physician as defined in Chapter 4731. of the Revised Code, licensed dentist, advanced practice registered nurse, or certified physician's assistant, this excludes topical preventative products and lotions unless the instructions exceed or do not match the manufacturer's instructions or the non-prescription

medication is not stored in original container.

(D) What are the requirements for topical products and lotions?
Written parental permission is not required for lip balm use or for using hand sanitizer with children older than twenty-four months.
For all other topical products and lotions, the center shall:
(1)Ensure that the product is stored in the original container with a 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

Ohio Department of Education Preschool Programa
Ohio Administrative Code (OAC) 3301-37-07
(c) Fluoride supplements to be administered in accordance with section 3701.136 of the Revised Code, which states: A) The director of health may establish a school-based fluoride mouth rinse program. If the director establishes the program, divisions (B) to (E) of this section are applicable.
(D)(1) The director shall prescribe a form that the parent, guardian, or other person having care or charge of a student enrolled in a public or nonpublic school that participates in the school-based fluoride mouth rinse program may use to consent to the administration of fluoride mouth rinse to the student for the duration of the student's enrollment in that school. School employees or volunteers shall not administer fluoride mouth rinse to a student unless the consent form from the student's parent, guardian, or other person has been received.
(2) The consent form shall include all of the following:
(a) A space designated for the student's name and address;
(b) A space designated for the name of the student's school;
(c) A space designated for the student's grade level and class;
(d) A space designated for the signature of the parent, guardian, or other person who authorizes the administration of fluoride mouth rinse to the student;
(e) Information on the name, dosage, and intervals at which the fluoride mouth rinse is scheduled to be administered during each school year;
(d) Prior to administering a prescription or nonprescription medication, food supplement, or medical food, the program shall ensure that:
(i) The written instructions of a licensed physician or licensed dentist as appropriate are on file.
(ii) Each time medication, medical food, or a food supplement is administered, a written record or log including dosage, date, and time shall be made. That record or log shall be kept on file for one year.
(iii) Only employees who are health professionals or who have completed a drug administration training may administer medication pursuant to section 3313.713 of the Revised Code.
(iv) Medication shall be stored in a designated locked storage place, except drugs requiring refrigeration shall be kept in a refrigerator not accessible to children. Emergency medication may be kept in an unlocked storage place as long as it is out of reach of children.

(v) Parent permission is needed for the application of topical products and lotions and is to be applied according to the manufacturers instructions.

Ohio Administrative Code (OAC) 3301-37-10
(6) For the purpose of diapering, topical ointments and creams provided by parents shall include written instructions. Such instructions shall include the name of the ointment, cream, or lotion; name of the child; birth date of the child; date; and signature. Written instructions shall be valid for no longer than three months. Authorization for administration of the ointment, cream, or lotion may be cancelled by written request of the parent at any time.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-13-15-
(A)What are the requirements for the JFS 01234 "Child Enrollment and Health Information" (rev. 12/2016) for a licensed family child care provider?
The provider shall:
(1)Have a completed JFS 01234 on file for each child in care by the first day of attendance, including the provider's own children under the age of six.
(2)Ensure the JFS 01234 is reviewed at least annually by the parent and updated as needed when information changes. The parent and the provider shall initial and date the form when the information is reviewed or updated.

C)What are the health care plan requirements for caring for children with specific health condition for a licensed family child care provider?
(1)The JFS 01236 "Medical/Physical Care Plan for Child Care" is to be used for children with a condition or diagnosis that require the following:
(a)Monitoring the child for symptoms which require the staff to take action.
(b)Ongoing administration of medication or medical foods. Medical food means food that is formulated to be consumed under the supervision of a physician, PA, APRN, or CNP and which is intended for the specific dietary management of a disease or condition.
(c) Administering procedures which require staff to be trained on those procedures.
(d) Avoiding specific food(s), environmental conditions or activities.
(e) A school-age child to carry and administer their own emergency medication.
(2) The provider is to:
(3) The JFS 01236 shall be reviewed by the parent at least annually and updated as needed, including an updated list of trained child care staff members, if applicable. The parent and the provider shall initial and date the form when the information is reviewed or updated.

Ohio Administrative Code (OAC) Rule 5101:22-13-25
(A)When is a JFS 01217 "Request for Administration of Medication for Child Care" required?
(1)The JFS 01217 is required for all prescription and non-prescription medication, including sample medication.

(2)The JFS 01217 is not required for a medication required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" pursuant to rule 5101:2-13-15 of the Administrative Code.
(3)The JFS 01217 is not required for non-prescription topical products or lotions.
(B) What are the requirements for prescription medications, non-prescription medicines containing codeine or aspirin, or non-prescription medication to be given longer than three consecutive days in a fourteen day period?
(1)The family child care provider shall ensure that the parent completes and signs box one of the JFS 01217 .
(2)The family child care provider shall ensure that the instructions in box two of the JFS 01217 are completed and signed by a licensed physician as defined in Chapter 4731. of the Revised Code, licensed dentist, advanced practice registered nurse or certified physician's assistant.
(3)Box two of the JFS 01217 does not need to be completed if the medication is stored in the original container with a prescription label that includes the child's full name, a current dispensing date within the previous twelve months, exact dosage and directions for use.

(C) What are the requirements for non-prescription medications?
The family child care provider shall:
(1)Ensure that the parent completes and signs box one of the JFS 01217.
(2)Ensure that one of the following is met:
(a)The medication is stored in the original container with a manufacturer's label containing directions based on the age and/or weight of the child.
(b)The instructions in box two of the JFS 01217 are completed and signed by a licensed physician as defined in Chapter 4731. of the Revised Code, licensed dentist, advanced practice registered nurse or certified physician's assistant. This excludes topical preventative products and lotions unless the instructions exceed or do not match the manufacturer's instructions or the non-prescription medication is not stored in the original container.

(D) What are the requirements for topical products and lotions?
Written parental permission is not required for lip balm use or for using hand sanitizer with children older than twenty-four months.
For all other topical products and lotions, the family child care provider shall:
(1)Ensure that the product is stored in the original container with manufacturer's label that includes directions based on the age and/or weight of the child.
(2)Ensure that the parent provides signed written permission to administer that topical product or lotion.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-14-06
A)What are the requirements for the JFS 01234 "Child Enrollment and Health Information for Child Care" in a home with a certified in-home aide (IHA)?
The IHA is to:
(1)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 01234 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.

(C)What are the health care plan requirements for caring for children with a specific health condition 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:
(a)Monitoring the child for symptoms in order 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 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 for each condition per child, including the IHA's own children in care.
(3)The JFS 01236 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.

Ohio Administrative Code (OAC) Rule 5101:2-14-12
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.
(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.

[ ]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all age groups unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 2-18-11
(A)What are the requirements for administration of prescription medications and non-prescription medications by an approved child day camp?
The approved child day camp is to:
(5)Have written permission from the parent for each medication to be administered prior to administering any non-prescription or prescription medication.
(7) Allow school-age children to carry their own emergency medication as long as written permission from the parent is completed and on file at the approved day camp.
(8)Allow school-age children to carry and use their own topical products including bug sprays, lip balm and sunscreen.
D)What if a child has a special need or health condition?
(1)A written medical care plan shall be used for children with a condition or diagnosis that requires specific care and/or intervention by child day camp staff. The written plan shall include the following:
(a)The symptoms the staff should monitor which may require staff to take action.

(b)Administering procedures which require staff to be trained on those procedures.
(c)Avoiding specific food(s), environmental conditions or activities.
(d)Permission for the child to carry and administer their own emergency medication, if applicable.
(2)The approved child day camp is to:
(a)Ensure that there is a completed written medical care plan for each condition per child.

Ohio Department of Education School age
(B) Individual child records shall be maintained, updated at least annually, and include, but not necessarily be limited to, the following:
(5) Signed parental permission slip for administration of medication and log of medication administration;

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-12-15
(A)What are the requirements for the JFS 01234 "Child Enrollment and Health Information" for a licensed child care center?
The center shall:
(1)Have a completed JFS 01234 on file for each child by the first day of attendance.
(2)Ensure the JFS 01234 is reviewed at least annually by the parent and updated as needed when information changes. The parent and administrator shall initial and date the form when the information is reviewed or updated.
(3)Send the child's JFS 01234 with any child who is being transported for emergency assistance.
(4)Maintain a current copy of the completed JFS 01234 for each child in care in a location that can be easily and quickly accessed and removed from the center if there is an emergency that requires the children to be moved to another location.

(C)What are the health care plan requirements for caring for children with a specific health condition in a licensed child care center?
(1)The JFS 01236 "Medical/Physical Care Plan for Child Care" is to be used for children with a condition or diagnosis that require the following:
(a)Monitoring the child for symptoms which require the staff to take action.
(b)Ongoing administration of medication or medical foods. Medical food means food that is formulated to be consumed under the supervision of a physician, PA, APRN, or CNP and which is intended for the specific dietary management of a disease or condition.
(c) Administering procedures which require staff to be trained on those

procedures.
(d) Avoiding specific food(s), environmental conditions or activities.
(e) A school-age child to carry and administer their own emergency medication.
(2) The center is to:
(a) Ensure that there is a completed JFS 01236 for each condition per child.
(b)Ensure that all child care staff members who are trained to perform the medical procedure have signed the JFS 01236.
(c)Ensure that there is at least one child care staff member caring for the child at all times who has signed the JFS 01236 on the child's condition. This includes on-site at field trips.
(d) Implement and follow all requirements of each child's JFS 01236.
(e) Keep each JFS 01236 in a location that can be easily and quickly accessed, including being removed from the center if there is an emergency that requires the children to be moved to another location.
(3) The JFS 01236 shall be reviewed by the parent at least annually and updated as needed, including an updated list of trained staff members, if applicable. The parent and administrator shall initial and date the form when the information is reviewed or updated.
(4) The JFS 01236 shall be on file with the center by the first day of attendance or upon confirmation of a health condition.
(5) If the center suspects that a child has a health condition, the center may require a physician's statement within a designated timeframe.
(6) Only staff members trained on the child's needs and required procedures shall be permitted to perform medical procedures or other action needed for a health condition or special need.

Ohio Administrative Code (OAC) Rule 51012-12-22
(A)What are the requirements for meals and snacks in a licensed child care center?
The center is to:
4)Provide meals and snacks according to the posted current weekly menu, and spaced no more than four hours apart.
(a)The menus shall be posted in a visible place readily accessible to parents.
(b)The menus shall include all meals and snacks being served by the center, any substitutions shall be noted at the time of the change.
(10) Have provisions for safe storage of parent provided food.
(12)Ensure that individual servings or individual packages of food or drink that have been served to a child are discarded or sent home with the child if not consumed during meal or snack time. Food or drink that is individually packaged and the package has not been opened may be stored at the center to be served again or sent home.

The following applies to infants
Ohio Administrative Code (OAC) Rule 51012-12-23
(B)What are the requirements for infant bottle and food preparation?
The center shall:
(1)Prepare and serve infant food in a manner appropriate to the developmental needs of each child. The center shall introduce new foods only after consultation

with the parent. The center shall comply with written feeding instructions from the infant's parent, physician, physician's assistant, or certified nurse practitioner (CNP) which shall include the following:
(a)Type of food and/or formula/breast milk.
(b)Amount of food and/or formula/breast milk.
(c)Feeding times or frequency of feedings.
(2)Require the parent to update the written feeding instructions as needed.
(3)Not feed any foods, other than formula or breast milk, to infants under four months of age, unless there is written documentation on file from a physician, physician's assistant or CNP.
(8) Label all bottles or prepared food with the infant's name and date of preparation. All formula shall be refrigerated immediately after preparation or upon arrival if the formula is prepared by the parent. All commercially prepared food shall be stored according to the manufacturer's instructions and not served after the expiration date.
(9)Ensure that if breast milk is provided by the parent, it shall be labeled with the infant's name, the date pumped, and the date the bottle was prepared

Ohio Department of Education Preschool Programs
Ohio Administrative Code (OAC) 3301-37-08
(B) The program shall secure and have on file all required information no later than the first day of attendance unless otherwise required
(2) The health record of each child shall include but not be limited to:
(a) A statement signed by a licensed physician as required by paragraph (A) of this rule;
(b) Physician's or dentist's authorization and written instructions to administer prescription medication, medical food, modified diet, or fluoride supplement to a child enrolled in the program;
(d) A list of any allergies and treatment for said allergies;
(e) A list of any prescription or nonprescription medications, food supplements, modified diets, or fluoride supplements currently being administered to the child;
(f) A list of any chronic physical problems and any history of hospitalization;
(g) A list of any diseases the child has had;
(h) Names and telephone numbers of physician and dentist in case of emergency; and
(i) Permission of parent for emergency medical and dental care and transportation as required by section 3313.712 of the Revised Code.

Ohio Administrative Code (OAC) 3301-37-09
(B) The program is not to allow screen time during meals and snacks.
(C) The program shall serve snacks and meals to children who attend four or more hours in accordance with all of the following:
(1) Snacks served shall be of quantity, variety, and quality in accordance with required daily allowance as prescribed by the U.S. department of agriculture meal patterns. If a child requires a modified diet that eliminates an entire food group, written instructions from a physician, physician assistant, clinical nurse specialist or certified nurse are to be obtained. To the extent possible, a familys preferred dietary preferences (i.e. vegetarian, vegan) should be accommodated.

(6) Current menus for the entire week shall be posted in a conspicuous place and shall reflect all meals and snacks to be served by the program. Any substitute foods served shall be from the same basic food group and shall be recorded on the posted menu on the day the substitute food is served.

The following applies to infant

(D) Programs shall provide infant food and/or formula in accordance with all of the following:
(1) Infant food and/or formula provided by the parent shall be labeled with the child's name, date of preparation, and immediately refrigerated, except for unopened commercially prepared canned food or formula.
(2) If breast milk is provided by the parent or guardian, it shall be labeled with the child's name, date expressed, date of receipt, and shall be immediately refrigerated. Formula provided by the parent shall be labeled with the child's name, the date of receipt, and immediately refrigerated. Breast milk or formula shall not be stored for more than twenty-four hours. The unused portion of formula, breast milk, or food remaining in the container from which the infant has been directly fed shall not be reheated or served a second time and shall be discarded.
(3) Infant food and formula shall be prepared, stored, and served in a manner appropriate to the equipment use and the needs of each individual child according to his stage of development and in conformity with written instruction from the parent or physician in charge of the child.
(4) Breast milk or formula shall not be heated in a microwave oven.
(5) Food heated in a microwave oven shall be stirred or shaken during heating to avoid uneven heating.
(6) Infants shall be held or fed sitting up, and at no time should a bottle be propped.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-13-15-
(A)What are the requirements for the JFS 01234 "Child Enrollment and Health Information" (rev. 12/2016) for a licensed family child care provider?
The provider shall:
(1)Have a completed JFS 01234 on file for each child in care by the first day of attendance, including the provider's own children under the age of six.
(2)Ensure the JFS 01234 is reviewed at least annually by the parent and updated as needed when information changes. The parent and the provider shall initial and date the form when the information is reviewed or updated.
(3)Send the child's JFS 01234 with any child who is being transported for emergency assistance.
(4)Maintain a current copy of the completed JFS 01234 for each child in care in a

location that can be easily and quickly accessed and removed from the home if there is an emergency that requires the children to be moved to another location.
(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.

Ohio Administrative Code (OAC) Rule 5101:2-13-15-
(C)What are the health care plan requirements for caring for children with specific health condition for a licensed family child care provider?
(1)The JFS 01236 "Medical/Physical Care Plan for Child Care" is to be used for children with a condition or diagnosis that require the following:
(a)Monitoring the child for symptoms which require the staff to take action.
(b)Ongoing administration of medication or medical foods. Medical food means food that is formulated to be consumed under the supervision of a physician, PA, APRN, or CNP and which is intended for the specific dietary management of a disease or condition.
(c) Administering procedures which require staff to be trained on those procedures.
(d) Avoiding specific food(s), environmental conditions or activities.
(e) A school-age child to carry and administer their own emergency medication.
(2) The provider is to:
(a) Ensure that there is a completed JFS 01236 for each condition per child.
(b)Ensure that all child care staff members who are trained to perform the medical procedure have signed the JFS 01236 and that only those staff members who have signed the JFS 01236 can care for the child.
(c) Implement and follow all requirements of each child's JFS 01236.
(d) Keep each JFS 01236 in a location that can be easily and quickly accessed, including being removed from the home if there is an emergency that requires the children to be moved to another location.
(3) The JFS 01236 shall be reviewed by the parent at least annually and updated as needed, including an updated list of trained child care staff members, if applicable. The parent and the provider shall initial and date the form when the information is reviewed or updated.
(4) The JFS 01236 shall be on file with the provider by the first day of attendance or upon confirmation of a health condition.
(5) If the provider suspects that a child has a health condition, the provider may require a physician's statement within a designated timeframe.
(6) The provider and each child care staff member, including substitute child care staff members, shall be trained on the child's needs and required procedures before being permitted to perform medical procedures or other action needed for a health condition or special need.

Ohio Administrative Code (OAC) Rule 5101:2-13-22
(A)What are the requirements for meals and snacks for a licensed family child care provider? 4)Provide meals and snacks according to the posted current weekly menu, and spaced no more than four hours apart.
(a)The menus shall be posted in a visible place readily accessible to parents.
(b)The menus shall include all meals and snacks being served by the provider, any substitutions shall be noted at the time of the change.

(10) Have provisions for safe storage of parent provided food.
(12)Ensure individual servings or individual packages of food or drink that have been served to a child be discarded or sent home with the child if not consumed during meal or snack time. Food or drink that is individually packaged and the package has not been opened may be stored at the provider's home to be served again or sent home.

The following applies to infants
Ohio Administrative Code (OAC) Rule 51012-13-23
(B)What are the requirements for infant bottle and food preparation?
The family child care provider shall:
(1)Prepare and serve infant food in a manner appropriate to the developmental needs of each child. The family child care provider shall introduce new foods only after consultation with the parent. The provider shall comply with written feeding instructions from the infant's parent, physician, physician's assistant or certified nurse practitioner (CNP), which shall include the following:
(a)Type of food and/or formula/breast milk.
(b)Amount of food and/or formula/breast milk.
(c)Feeding times or frequency of feedings.
(2)Require the parent to update the written feeding instructions as needed.
(3)Not feed any foods, other than formula or breast milk, to infants under four months of age, unless there is written documentation on file from a physician, physician's assistant or CNP.
(8) Label all bottles or prepared food with the infant's name and date of preparation. All formula shall be refrigerated immediately after preparation or upon arrival if the formula is prepared by the parent. All commercially prepared food shall be stored according to manufacturer's instructions and not served after the expiration date.
(9)Ensure that if breast milk is provided by the parent, it shall be labeled with the infant's name, the date pumped, and the date the bottle was prepared.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-14-06
(A)What are the requirements for the JFS 01234 "Child Enrollment and Health Information for Child Care" in a home with a certified in-home aide (IHA)?
The IHA is to:
(1)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 01234 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 with any child who is being transported for emergency assistance.
(4)Maintain a current copy of the completed JFS 01234 for each child in care in a location that can be easily and quickly accessed and removed from the home if

there is an emergency 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.

(C)What are the health care plan requirements for caring for children with a specific health condition 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:
(a)Monitoring the child for symptoms in order 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 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 for each condition per child, including the IHA's own children in care.
(b)Implement and follow all requirements of each child's JFS 01236.
(c)Keep each JFS 01236 in a location that can be easily and quickly accessed, including being removed from the home if there is an emergency where the children are moved to another location, and for transporting children on all trips except routine walks.
(3)The JFS 01236 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 is to be on file in the home by the first day the IHA provides child care services, or upon confirmation of a health condition.
(5)If the IHA suspects that a child has a health condition, 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 health condition or special need.

Ohio Administrative Code (OAC) Rule 5101:2-14-11
(A)What are the requirements for meals and snacks for a certified in-home aide (IHA)?
The IHA is to: (8)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.

The following applies to infants
Ohio Administrative Code (OAC) Rule 5101:2-14-13
B)What are the requirements for infant bottle and food preparation?
The IHA is to:

(1)Prepare and serve infant food in a manner appropriate to the developmental needs of each child. The IHA is to introduce new foods only after consultation with the parent. The IHA is to comply with written feeding instructions from the infant's parent, physician, physician's assistant or certified nurse practitioner (CNP), which is to include the following:
(a)Type of food and/or formula/breast milk.
(b)Amount of food and/or formula/breast milk.
(c)Feeding times or frequency of feedings.
(2)Ensure the parent updates the written feeding instructions as needed.
(3)Not feed any foods, other than formula or breast milk, to infants under four months of age, unless there is written documentation on file from a physician, physician's assistant or CNP.
(8)Label all bottles or prepared food with the infant's name and date of preparation. All formula is to be refrigerated immediately after preparation or if the formula is prepared by the parent. All commercially prepared food is be stored according to manufacturer's instructions and not served after the expiration date.
(9)Ensure that if breast milk is provided by the parent, it is to be labeled with the infant's name, the date pumped, and the date the bottle was prepared. The IHA is to follow the chart in appendix A to this rule for storing breast milk.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all school age children**
Ohio Administrative Code (OAC) Rule 5101:2-18-11
(D)What if a child has a special need or health condition?
(1)A written medical care plan shall be used for children with a condition or diagnosis that requires specific care and/or intervention by child day camp staff. The written plan shall include the following:
(a)The symptoms the staff should monitor which may require staff to take action.
(b)Administering procedures which require staff to be trained on those procedures.
(c)Avoiding specific food(s), environmental conditions or activities.
(d)Permission for the child to carry and administer their own emergency medication, if applicable.
(2)The approved child day camp is to:
(a)Ensure that there is a completed written medical care plan for each condition per child.
(b)Implement and follow all requirements of each child's medical care plan.

(c)Ensure that all child day camp staff members who are trained to perform the medical procedure have signed the medical care plan.
(d)Ensure that there is at least one child care staff member caring for the child at all times who has signed the medical care plan on the child's condition. This includes on-site at field trips.
(e)Keep the medical care plan in a location that can be easily and quickly accessed at all times, including being removed from the approved child day camp if there is an emergency where the children need to be moved to another location.
(3)The written medical care plan shall be on file with the approved child day camp by the first day of attendance or upon confirmation of a health condition.
(4)If the approved child day camp suspects that a child has a health condition, the camp may require a physician's statement within a designated timeframe.
(5)Only staff members trained on the child's needs and required procedures shall be permitted to perform medical procedures or other action needed for a health condition or a special need.

Ohio Department of Education School Age
Ohio Administrative Code (OAC) 3301-32-06
(B) Individual child records shall be maintained, updated at least annually, and include, but not necessarily be limited to, the following:
(1) Registration information including, but not necessarily limited to, the following: childs name, date of birth, date of admission, parents name, home address, business address and telephone number where the parent can be reached during the time the child attends the program (if applicable) and/or procedures for reaching the parents, name of the school the child attends, and any special concerns such as dietary restrictions and allergies;

Ohio Administrative Code (OAC) 3301-32-07
(A) Programs that provide meals or snacks shall:
(1) Follow the policies and requirements of the school district, county board of developmental disabilities, community school or eligible nonpublic school. School district, county board of developmental disabilities, community school, or eligible nonpublic school food service personnel must review the program's menus and food preparation practices at least once annually.
(2) Serve varied and nutritious meals and snacks. Menus must be planned on a weekly basis at a minimum and posted in a conspicuous place where they can be reviewed by parents.
(a) The menus are to include all meals and snacks being served by the center with any substitutions noted at the time of the change.
(4) Provide for a child's special dietary needs as prescribed by the child's source of medical care or require the parent to provide the prescribed diet items that are not part of the program's menu plan.
(5) Keep in the child's record a list of the allergies suffered by the child in attendance of the program. All program personnel, including those in food service, shall be informed of these allergies.
(7) Serve food that is developmentally appropriate in size, amount and texture
(8) Provide for the safe storage of all food.
(9) Not have screens (television, computer, etc.) on during meals and snacks.

(D) Programs that allow or require parents to provide food for meals or snacks shall:
(1) Provide parents with written nutritional information and have a copy of this written nutritional information on file at the program.
(2) Have provisions for safe storage of parent provided food.

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following standards apply to provider settings regarding all ages unless otherwise noted and address responses to medical emergencies including those that are due to food and allergic reactions.

Ohio Administrative Code (OAC) Rule 5101: 2-12-25 (standards are for administration of medication including those needed for food and allergic reactions.)

(A)When is a JFS 01217 "Request for Administration of Medication for Child Care" required?

(1)The JFS 01217 is required for all prescription and non-prescription medication, including sample medication.

(2)The JFS 01217 is not required for medication or medical food required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" pursuant to rule 5101:2-12-15 of the Administrative Code.

(E) What are the requirements for a licensed child care center to administer medications, medical foods or topical products in a licensed child care center?

The center shall:

(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 center administering a dose or applying the product, to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.

(2)Not administer any medication, medical food or topical product for any period of time beyond the date indicated by the physician, physician's assistant, advanced practice registered nurse certified to prescribe medication, or licensed dentist, on the prescription label, for twelve months from the date of the form, or after the expiration date on the medication, whichever comes first.

(3)Document each administration or application on the JFS 01217 immediately after administering, including when school-age children administer

their own medication. This excludes items in paragraph (D)of this rule.

(4)Follow prescribed dosages or the manufacturer's recommended dosages for administering non-prescription medication.

(5)Complete a separate JFS 01217 for each medication to be administered for each child, excluding items in paragraph (D). Each JFS 01217 is valid for

the time period listed on the form, not to exceed twelve months from the date of signature.

Ohio Administrative Code (OAC) Rule 5101: 2-12-16 (Standard is addressing medical emergencies including those due to food or allergic reactions.)

(A)What are the medical, dental, and general emergency requirements for a licensed child care center?

The center shall:

(1)Have a written plan for medical or dental emergencies on the JFS 01242 "Medical, Dental and General Emergency Plan for Child Care." The plan shall be completed, implemented when necessary, and shall be posted, readily in view in each classroom and other spaces used by the children.

(C)What are the health care plan requirements for caring for children with a specific health condition in a licensed child care center? (This includes those needed for environmental and food allergies.)

(1)The JFS 01236 "Medical/Physical Care Plan for Child Care" is to be used for children with a condition or diagnosis that require the following:

(a)Monitoring the child for symptoms which require the staff to take action.

(b)Ongoing administration of medication or medical foods. Medical food means food that is formulated to be consumed under the supervision of a physician, PA, APRN, or CNP and which is intended for the specific dietary management of a disease or condition.

(c) Administering procedures which require staff to be trained on those procedures.

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

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

(2) The center is to:

(a) Ensure that there is a completed JFS 01236 for each condition per child.

(b)Ensure that all child care staff members who are trained to perform the medical procedure have signed the JFS 01236.

(c)Ensure that there is at least one child care staff member caring for the child at all times who has signed the JFS 01236 on the child's

condition. This includes on-site at field trips.

(d) Implement and follow all requirements of each child's JFS 01236.

(e) Keep each JFS 01236 in a location that can be easily and quickly accessed, including being removed from the center if there is an emergency that requires the children to be moved to another location.

(6) Only staff members trained on the child's needs and required procedures shall be permitted to perform medical procedures or other action needed for a health condition or special need.

(E)When shall a child care staff member complete the JFS 01299 "Incident/Injury Report for Child Care" ?

(1)Staff shall complete the JFS 01299 and provide a copy to the child's parent or the person picking up the child on the day of the incident or injury if:

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

(b)A child is transported in accordance with this rule to a source of emergency assistance.

(G)What does the center do if there is a serious incident?

(1)The center shall log in to http://oclqs.force.com by the next business day to report the incident, as defined in paragraph (F) of this rule.

(3)The center may print the completed serious incident report in OCLQS and give to the parent to meet the parent notification requirements of paragraph (E) of this rule.

(4)If a child is transported by anyone other than a parent for emergency treatment, the child's health and medical records are to accompany the child. The center administrator or a child care staff member is to stay with the child until the parent assumes responsibility for the child's care.

ODE Preschools
Ohio Administrative Code (OAC) 3301-37-07
(4) Health and safety procedures, in accordance with section 3301.56 of the Revised Code and, the following:
(iii) Posting medical and dental emergency procedures in each preschool room and by each telephone and making such available to school personnel, children, and parents;
(iv) Posting emergency numbers by each telephone;
vi) Procedures for providing written notification to parents on the day of the injury/incident, when a child is injured or a serious health/safety incident occurs and maintaining a log of all injury/incident reports.

Ohio Administrative Code (OAC) 3301-37-08
(B) The program shall secure and have on file all required information no later than the first day of attendance unless otherwise required
(e) A list of any prescription or nonprescription medications, food supplements, modified diets, or fluoride supplements currently being administered to the child;

(f) A list of any chronic physical problems and any history of hospitalization;
(g) A list of any diseases the child has had;
(h) Names and telephone numbers of physician and dentist in case of emergency; and
(i) Permission of parent for emergency medical and dental care and transportation as required by section 3313.712 of the Revised Code.
(D) The program shall notify parents in writing within twenty-four hours when a child is injured and maintain a log of injury reports.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-13-16
(A)What are the medical, dental and general emergency requirements for a licensed family child care provider?
The family child care provider shall:
(1)Have a written plan for medical or dental emergencies on the JFS 01242 "Medical, Dental and General Emergency Plan for Child Care." The plan shall be completed, implemented when necessary, and shall be posted in a noticeable location on each level of the home in use for child care.

(E)When shall a family child care provider complete the JFS 01299 "Incident/Injury Report for Child Care"?
(1)The family child care provider shall complete the JFS 01299 and provide a copy to the child's parent or the person picking up the child on the day of the incident or injury if:
(a)A child becomes ill or receives an injury which requires first aid treatment.
(b)A child is transported in accordance with this rule to a source of emergency assistance.

(F)What is a serious incident?
(1)Death of a child at the home.
(2) An incident, injury, or illness that requires professional medical consultation or treatment for a child.

(G)What does the licensed family child care provider do if there is a serious incident?
(1)The licensed family child care provider shall log in to http://oclqs.force.com by the next business day to report the incident, as defined in paragraph (F) of this rule.
(3)The provider may print the completed serious incident report in OCLQS and give to the parent to meet the parent notification requirements of paragraph (E)

of this rule.
(4)If a child is transported by anyone other than a parent for emergency treatment, the child's health and medical records required by rule 5101:2-13-15 of the Administrative Code are to accompany the child.

Ohio Administrative Code (OAC) Rule 5101:2-13-15
(C)What are the health care plan requirements for caring for children with specific health condition for a licensed family child care provider?
(1)The JFS 01236 "Medical/Physical Care Plan for Child Care" is to be used for children with a condition or diagnosis that require the following:
(a)Monitoring the child for symptoms which require the staff to take action.
(b)Ongoing administration of medication or medical foods. Medical food means food that is formulated to be consumed under the supervision of a physician, PA, APRN, or CNP and which is intended for the specific dietary management of a disease or condition.
(c) Administering procedures which require staff to be trained on those procedures.
(d) Avoiding specific food(s), environmental conditions or activities.
(e) A school-age child to carry and administer their own emergency medication.
(2) The provider is to:
(a) Ensure that there is a completed JFS 01236 for each condition per child.
(b)Ensure that all child care staff members who are trained to perform the medical procedure have signed the JFS 01236 and that only those staff members who have signed the JFS 01236 can care for the child.
(c) Implement and follow all requirements of each child's JFS 01236.
(d) Keep each JFS 01236 in a location that can be easily and quickly accessed, including being removed from the home if there is an emergency that requires the children to be moved to another location.
(3) The JFS 01236 shall be reviewed by the parent at least annually and updated as needed, including an updated list of trained child care staff members, if applicable. The parent and the provider shall initial and date the form when the information is reviewed or updated.
(4) The JFS 01236 shall be on file with the provider by the first day of attendance or upon confirmation of a health condition.
(5) If the provider suspects that a child has a health condition, the provider may require a physician's statement within a designated timeframe.
(6) The provider and each child care staff member, including substitute child care staff members, shall be trained on the child's needs and required procedures before being permitted to perform medical procedures or other action needed for a health condition or special need.

Ohio Administrative Code (OAC) Rule 5101:2-13-25
(A)When is a JFS 01217 "Request for Administration of Medication for Child Care" required?
(1)The JFS 01217 is required for all prescription and non-prescription medication, including sample medication.
(2)The JFS 01217 is not required for a medication required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" pursuant to rule 5101:2-13-15 of the

Administrative Code.
(3)The JFS 01217 is not required for non-prescription topical products or lotions.

(E) What are the requirements for a licensed family child care home to administer medications, medical foods or topical products in a licensed family child care home?
The family child care provider shall:
(1)Not administer any medication, medical food, or topical product until the child has received the first dose or application at least once prior to the provider administering a dose or applying the product, to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.
(2)Not administer any medication, medical food or topical product for any period of time beyond the date indicated by the physician, physician's assistant, advanced practice registered nurse certified to prescribe medication, or licensed dentist, on the prescription label, for twelve months from the date of the form, or after the expiration date on the medication, whichever comes first.
(3)Document each administration or application on the JFS 01217 immediately after administering, including when school-age children administer their own medication. This excludes items in paragraph (D)of this rule.
(4)Follow prescribed dosages or the manufacturer's recommended dosages for administering non-prescription medication.
(5)Complete a separate JFS 01217 for each medication to be administered for each child, excluding items in paragraph (D) of this rule. Each JFS 01217 is valid for the time period listed on the form, not to exceed twelve months from the date of signature.

iii. All CCDF-eligible licensed in-home care. Provide the standard:: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-14-07
(A)What are the medical, dental and general emergency 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.

(C)What are the health care plan requirements for caring for children with a specific health condition 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:
(a)Monitoring the child for symptoms in order 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 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 for each condition per child, including the IHA's own children in care.
(b)Implement and follow all requirements of each child's JFS 01236.
(c)Keep each JFS 01236 in a location that can be easily and quickly accessed, including being removed from the home if there is an emergency where the children are moved to another location, and for transporting children on all trips except routine walks.
(3)The JFS 01236 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 is to be on file in the home by the first day the IHA provides child care services, or upon confirmation of a health condition.
(5)If the IHA suspects that a child has a health condition, 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 health condition or special need.

(B)When is the certified IHA to complete the JFS 01299 "Incident/Injury Report for Child Care"?
(1)The IHA is to complete the JFS 01299 and provide a copy to the parent on the day of the incident/injury if:
(a)A child becomes ill or receives an injury in which first aid treatment is applied.
(b)A child is transported in accordance with this rule to a source of emergency assistance.

(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.

(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 by the next business day to report the incident.
(3)The IHA may print the completed serious incident report in OCLQS 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 5101:2-14-06 of the Administrative Code, are to accompany the child.

Ohio Administrative Code (OAC) Rule 5101:2-14-12
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.

(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.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all school age children**
Ohio Administrative Code (OAC) Rule 5101:2-18-11
(D)What if a child has a special need or health condition?
(1)A written medical care plan shall be used for children with a condition or diagnosis that requires specific care and/or intervention by child day camp staff. The written plan shall include the following:
(a)The symptoms the staff should monitor which may require staff to take action.
(b)Administering procedures which require staff to be trained on those

procedures.
(c)Avoiding specific food(s), environmental conditions or activities.
(d)Permission for the child to carry and administer their own emergency medication, if applicable.
(2)The approved child day camp is to:
(a)Ensure that there is a completed written medical care plan for each condition per child.
(b)Implement and follow all requirements of each child's medical care plan.
(c)Ensure that all child day camp staff members who are trained to perform the medical procedure have signed the medical care plan.
(d)Ensure that there is at least one child care staff member caring for the child at all times who has signed the medical care plan on the child's condition. This includes on-site at field trips.
(e)Keep the medical care plan in a location that can be easily and quickly accessed at all times, including being removed from the approved child day camp if there is an emergency where the children need to be moved to another location.
(3)The written medical care plan shall be on file with the approved child day camp by the first day of attendance or upon confirmation of a health condition.
(4)If the approved child day camp suspects that a child has a health condition, the camp may require a physician's statement within a designated timeframe.
(5)Only staff members trained on the child's needs and required procedures shall be permitted to perform medical procedures or other action needed for a health condition or a special need.

(A)What are the requirements for administration of prescription medications and non-prescription medications by an approved child day camp?
The approved child day camp is to:
(1)Ensure that prescription medication is stored in the original container with the prescription label that includes the child's full name, a current dispensing date within the previous twelve months, and exact dosage and directions for use.
(2)Not administer any medication or topical product for any period of time beyond the date indicated by the physician, physician's assistant, advanced practice nurse certified to prescribe medication, or licensed dentist, on the prescription label, for twelve months from the date on the form, or after the expiration date on the medication, whichever comes first.
(3)Ensure that non-prescription medications are stored in the original container with a manufacturer's label containing directions based on the age and/or weight of the child.
(4) Ensure medication dosages administered do not exceed prescribed dosages or the manufacturer's recommended dosages.
(5)Have written permission from the parent for each medication to be administered prior to administering any non-prescription or prescription medication.
(6)Document each administration, including a child's self-administration, of medication or application of topical product, unless the topical product is a non-prescription item including bug spray, sunscreen, hand sanitizer and lip balm. Ensure the documentation includes:
(a)The child's name.

(b)The child's date of birth.
(c)The medication name.
(d)The medication dosage.
(e)The date the medication was administered.
(f)The time the medication was administered.
(g)The signature of the person administering the medication.
(7) Allow school-age children to carry their own emergency medication as long as written permission from the parent is completed and on file at the approved day camp.
(8)Allow school-age children to carry and use their own topical products including bug sprays, lip balm and sunscreen.

Ohio Administrative Code (OAC) Rule 51012-18-10
(B)What is a serious incident?
(1)Death of a child at the approved child day camp.
(2)An incident, injury or illness that requires professional medical consultation or treatment for a child.

C)What does the approved child day camp do if there is a serious incident?
The approved day camp is to:
(1)Log in to Ohio child licensing and quality system (OCLQS) at https://oclqs.force.com by the next business day to report the incident as described in paragraph
(2)Notify in writing the parents of the child(ren) involved in the serious incident. A copy of the completed serious incident report in OCLQS may be given to the parent or the person picking up the child to meet this notification requirement.
(3)If a child is transported by anyone other than a parent for emergency treatment the child's health and medical records are to accompany the child. The child day camp administrator or a child day camp staff member is to stay with the child until the parent assumes responsibility for the child's care.

ODE School Age
Ohio Administrative Code (OAC) 3301-32-06
(B) Individual child records shall be maintained, updated at least annually, and include, but not necessarily be limited to, the following:
(1) Registration information including, but not necessarily limited to, the following: childs name, date of birth, date of admission, parents name, home address, business address and telephone number where the parent can be reached during the time the child attends the program (if applicable) and/or procedures for reaching the parents, name of the school the child attends, and any special concerns such as dietary restrictions and allergies;
(2) Telephone numbers of three authorized person(s) to take the child from the program in the event of an emergency;
(3) Parental consent for first-aid, medication, and transportation to an emergency care facility;
(4) Name and telephone number of the childs physician, dentist, or other health care providers;
(5) Signed parental permission slip for administration of medication and log of

medication administration;
(7) Transportation plan that shall include parental designations of any authorized persons to take the child from the program;
(8) If a school district, county board of developmental disabilities, community school, or eligible nonpublic school policy permits, a transportation plan shall include mutual agreement and consent between the program coordinator and the childs parents allowing a school child to leave the school child care program for specific activities. The agreement shall specify, but not be limited to, the following:
(a) Childs destination; and
(b) Estimated time or arrival and departure, and the time period for which the agreement is valid.
(9) Information on special medical or health needs, allergies, dietary restrictions;

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-12
(A)What are the safe equipment requirements for a licensed child care center?
(1)Equipment, materials, and furniture shall be sturdy, safe, and easy to clean and maintain. They shall also be free of sharp points or corners, splinters, or protruding nails; loose or rusty parts; peeling or chipping paint ; or other hazardous features.
(2)Furniture, equipment and materials which are not usable due to breakage or being a hazard shall be removed immediately and stored away from children until repaired or replaced.
(3)Air conditioners, heat pumps, electric fans and space heaters shall be mounted or placed out of the children's reach or have safeguards which prevent children from being injured. All heaters utilized by the child care center shall be approved in writing by the fire department and/or the building department.
(4)Indoor swings (excluding infant swings), slides, climbers, and climbing apparatuses shall not be placed over carpet, concrete, tile, or any similarly hard surface. There shall be shock absorbent protective covering under and around this equipment. If climbing equipment is over three feet high, landing mats at least one and one half inches thick shall be used. The protective covering shall be used and placed according to manufacturers' guidelines.
(5)All children's equipment shall be used in accordance with the manufacturer's guidelines.
(6)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 center.

(B)What are the safe environment requirements for a licensed child care center?
(1)Weapons, firearms and ammunition materials shall not be on the premises. Weapons and firearms include air rifles, hunting slingshots and any other projectile weapon.
(3)Illegal drugs and substances shall not be on the premises. Alcohol shall only be kept in areas not approved or used for child care.
(6) Children in care shall be protected from any items and conditions which threaten their health, safety, and well being, including but not limited to: stoves, bodies of water, window covering pull cords, telephone cords, electrical cords, extension cords, lead hazards, asbestos, wells, traffic, employee's personal belongings and other environmental hazards and dangerous situations. If a potential lead hazard is identified, ODJFS will make a referral to the appropriate agency.
(7) If area rugs are used, they shall have a nonskid backing and floor surfaces shall be maintained to not cause a tripping hazard.
(8) Toys or other materials small enough to be swallowed shall be kept out of the reach of infants and toddlers.
(9)Cleaning and sanitizing equipment and supplies shall be stored in a space that is inaccessible to children. Cleaning agents, aerosol cans and all other chemical substances shall be stored in a designated area in their original containers and/or clearly labeled.
(a)School-age children may use cleaning equipment, supplies, and cleaning agents with adult supervision.
(b)The cleaning equipment, supplies, and cleaning agents may be accessible in spaces only used by school-age children.
(10)Mercury thermometers shall not be used.
(11)Electrical outlets, including surge protectors, within the reach of children shall have child proof receptacle covers when not in use unless designed with safety guards, except for space used only by school-age children.
(12)Renovations and remodeling to areas in which child care is provided shall be conducted in a safe manner to ensure that lead poison hazards are not introduced into the environment as required by Chapter 3742. of the Revised Code.
(13)Unless toilets and sinks are of suitable height for use by the children, the center shall provide a sturdy, nonslip platform on which the children may stand.
(14)Lawnmowers, sharp tools, machinery and other equipment shall not be used or stored where children have access to them.
(15)All areas used by children shall be ventilated and shall provide protection from rodents, insects and other hazards.
(16)Aerosol spray products shall not be used in rooms where children are in attendance.

(C)What are the regulations for having pets in a licensed child care center?
(1)Pets and animals shall be permitted if they present no apparent threat to the safety or health of the children.
(3)Children shall not be directly exposed to animal urine or feces inside the program or in the outdoor play area.

Ohio Administrative Code (OAC) Rule 5101:2-12-11
(E)What are the requirements for on-site and off-site outdoor equipment?
(1)Outdoor equipment, whether stationary or portable, shall be safe and designed to meet the developmental needs of all of the age groups of children using the space.
(2)Equipment, such as, but not limited to, climbing gyms, swings, and slides shall:
(a)Be placed out of the path of the area's main traffic pattern.
(b)Be anchored or stable and have all parts in good working order and securely fastened.
(c)Have all climbing ropes anchored at both ends and not capable of looping back on themselves creating a loop with an interior perimeter of five inches or greater.
(d)Have "S" hooks that are closed in order to prevent the chain from slipping off of the hook and prevents strangulation if they are used.
(e)Be free of rust, cracks, holes, splinters, sharp points or edges, chipped or peeling paint, lead hazards, toxic substances, protruding bolts, or tripping hazards.
(f)Have no openings that are greater than three and one half inches, but less than nine inches to avoid entrapment of the head or other body parts.
(g)Have protected barriers on platforms that are thirty inches high or higher. A protective barrier means an enclosing device around an elevated platform that is intended to prevent both inadvertent and deliberate attempts to pass through the device.
(h)Be assembled, installed and utilized according to manufacturer's guidelines.
(3)Functionally linked play equipment may be used if each piece of the adjacent equipment is not more than twelve inches apart for preschool-age children or eighteen inches apart for school-age children. Functionally linked play equipment means two or more play structures designed and installed adjacently to create one integral unit that provides more than one play activity for children.

(F)What are the requirements for a fall zone?
(1)Outdoor play equipment designated for climbing, swinging, balancing and sliding shall have a fall zone of protective resilient material on the ground under and around the equipment.
(a)The material may be one of the following, but not limited to, washed pea gravel, mulch, sand, wood chips or synthetic material such as rubber mats or tiles manufactured for this purpose.
(b)Equipment shall not be placed directly over concrete, asphalt, blacktop, dirt, rocks, grass or any other hard surface.
(c)Synthetic surfaces shall follow manufacturer's guidelines for depth.
(d)Protective resilient material depth for equipment shall be appropriate for the height and type of equipment as specified in appendix A to this rule.
(e)All loose fill materials, such as mulch, sand, wood chips, washed pea gravel shall be raked, as needed to retain their proper distribution and depth. Foreign materials are to be removed prior to use by children.
(2)All space around equipment designed for or observed being used for climbing, swinging, balancing or sliding shall extend a minimum of six feet in all directions from the perimeter of the equipment or a minimum of three feet in all directions if the equipment is exclusively used by children six months to twenty-three

months of age.
(a)The fall zone for moving or swinging equipment is measured from the point of furthest extension.
(b)The fall zone between two stationary pieces of equipment shall be a minimum of nine feet. For equipment exclusively used by children six months to twenty-three months of age, the fall zone requirement is four and one-half feet.
(c)Fall zones shall be kept clear of all obstacles that children could run into or fall on top of including retaining devices such as, but not limited to, fencing, walls, landscape timbers and mulch retaining walls.
(d)Equipment used for climbing shall not be placed over carpet or mats that are not intended for use as surfacing for climbing

ODE Preschool
Ohio Administrative Code (OAC) Rule 3301-37-05
(D) The indoor space shall include not less than thirty-five square feet of usable, wall-to-wall, floor space for each child.
5) Electrical outlets are to be covered when not in use unless documentation is on file that the outlets are tamper resistant.
(6) The center is to be cleaned daily and kept in a sanitary condition at all times. Cleaning and sanitizing is not to take place while rooms are occupied by children, except for general cleanup activities such as sweeping, vacuuming, mopping and wiping off tables which are part of the daily routine.
(7) Smoking is prohibited on the premises.
(8) The public may use areas such as entry ways, hallways, bathrooms, and other areas normally available for public use if such access does not constitute a risk or hazard to the health and safety of the children in care.
(E) Safe play space, including both indoor and outdoor play space, totaling not less than sixty square feet for each child using the space at any one time, shall be regularly available and scheduled for use. Additionally, play spaces comply with the following:
(1) The surface of the outdoor play space shall offer proection from falls and shall be well drained.
(2) The play space, including both indoor and outdoor play space, shall be free of hazards such as, but not limited to, chipped and peeling paint containing lead, mold, peeling plaster, holes in the walls, broken glass, potholes, garbage, flammable materials and other debris. Equipment and furniture must be without sharp corners, splinters, or loose and/or peeling paint containing lead. Corrective action will be issued for any loose and/or peeling paint that may contain lead.
(F) Infants and toddlers shall be provided space apart from their sleeping quarters so that each child is allowed to sit, crawl, toddle or walk, and play safely and comfortably according to his/her stage of development.:
(G) Infants and non-ambulatory children eighteen months of age or older shall receive care in rooms approved for that use by local building, fire officials, and the department prior to use.
(I) Cribs are to be separated from infant play space by a safe and sturdy physical barrier which does not impair the ability to supervise infants by sight and hearing. Sight and hearing is when the preschool staff can see the infants in and out of their cribs and hear their sounds. The barrier provides for safe accessibility.

Ohio Administrative Code (OAC) Rule 3301-37-05
(A) Indoor and outdoor play space shall contain furniture, materials and equipment of appropriate size and type to meet the intellectual, physical, social and emotional needs of the preschool children enrolled in the program. Material and equipment shall be:
(1) Maintained in a safe and sanitary condition; and
(2) Provided in quantities proportionate to the enrollment.
(B) Furniture, materials and equipment shall meet the safety and sanitation requirements of rule 5101:2-12-12 and rule 5101:2-12-13 of the Administrative Code, which are listed above.
The following requirements shall also be met:
(1) Protective mats shall be placed under climbers;
(2) Space heaters shall not be used in any preschool program unless approved in writing by the building and/or fire official having jurisdiction in the area; and
(3) If electrical fans are used, they shall have protective coverings; shall not be easily tipped over; and shall be placed so that they are not hazardous to children.
(4) Cleaning and sanitizing supplies shall 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.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-13-12
A)What are the safe equipment requirements for a licensed family child care provider?
(1)Equipment, materials, and furniture shall be sturdy, safe and easy to clean and maintain. They shall also be free of sharp points or corners, splinters, or protruding nails; loose or rusty parts; peeling or chipping paint; or other hazardous features.
(2)Furniture, equipment and materials which are not usable due to breakage or being a hazard, shall be removed immediately and stored away from children until repaired or replaced.
(3)Air conditioners, heat pumps, electric fans and space heaters shall be mounted or placed out of the children's reach or have safeguards which prevent children from being injured.
(4)Indoor swings, (excluding infant swings), slides, climbers and climbing apparatuses shall not be placed over carpet, concrete, tile, or any similarly hard surface. There shall be shock absorbent protective covering under and around this equipment. If climbing equipment is over three feet high, landing mats at least one and one half inches thick shall be used. The protective covering shall be used and placed according to manufacturer's guidelines.
(5)All children's equipment shall be used in accordance with the manufacturer's guidelines.
(6)Trampolines, ball pits, and inflatable play equipment intended for climbing and

bouncing, including but not limited to slides and bounce houses shall not be permitted for use at the family child care home.

(B)What are the safe environment requirements for a licensed family child care provider?
(1)Weapons, firearms and ammunition materials shall be kept inaccessible to children, out of sight of children and in locked storage areas. Weapons and firearms include air rifles, hunting slingshots and any other projectile weapon.
7)Children in care shall be protected from any items and conditions which threaten their health, safety, and well being, including but not limited to: stoves, bodies of water, window covering pull cords, telephone cords, electrical cords, extension cords, lead hazards, asbestos, wells, traffic, provider's, staff's or household member's personal belongings and other environmental hazards and dangerous situations. If a potential lead hazard is identified, ODJFS will make a referral to the appropriate agency.
(8)If area rugs are used, they shall have a nonskid backing and floor surfaces shall be maintained to not cause a tripping hazard.
(9)Toys or other materials small enough to be swallowed shall be kept out of the reach of infants and toddlers.
(10) Cleaning and sanitizing equipment and supplies shall be stored in a space that is inaccessible to children. Cleaning agents, aerosol cans and all other chemical substances shall be stored in a designated area in their original containers and/or clearly labeled.
(11) Mercury thermometers shall not be used.
12) Electrical outlets, including surge protectors, within the reach of children shall have child proof receptacle covers when not in use unless designed with safety guards, except for homes which serve school-age children exclusively.
(13) Renovations and remodeling to the home shall be conducted in a safe manner to ensure that lead poison hazards are not introduced into the environment as required by Chapter 3742. of the Revised Code.
(14) Unless toilets and sinks are of suitable height for use by the children, the home shall provide a sturdy, nonslip platform on which the children may stand.
(15) Lawnmowers, sharp tools, machinery and other equipment shall not be used or stored where children have access to them.
(16) All areas used by children shall be ventilated and shall provide protection from rodents, insects and other hazards.
(17) Aerosol spray products shall not be used in rooms where children are in attendance.

(C)What are the regulations for having pets in a licensed family child care home?
(1)Pets and animals shall be permitted if they present no apparent threat to the safety or health of the children.
(2)All pets shall be properly housed, cared for, licensed and inoculated. All local and state ordinances governing the keeping of animals (exotic or domesticated) shall be followed and updated as required. Verification of license and compliance with local and state requirements and inoculations, for each pet requiring such license or inoculations, or regulated by local or state government shall be on file at the family child care provider's home.

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

Ohio Administrative Code (OAC) Rule 5101:2-13-11
D)What are the requirements for outdoor equipment?
(1)Outdoor equipment, whether stationary or portable, shall be safe and designed to meet the developmental needs of all of the age groups of children using the space.
(2)Equipment such as, but not limited to, climbing gyms, swings, slides shall:
(a)Be placed out of the path of the area's main traffic pattern.
(b)Be anchored or stable and have all parts in good working order and securely fastened.
(c)Have all climbing ropes anchored at both ends and not capable of looping back on themselves creating a loop with an interior perimeter of five inches or greater.
(d)Have "S" hooks that are closed in order to prevent the chain from slipping off of the hook and to prevent strangulation, if they are used.
(e)Be free of rust, cracks, holes, splinters, sharp points or edges, chipped or peeling paint, lead hazards, toxic substances, protruding bolts or tripping hazards.
(f)Have no openings that are greater than three and one half inches, but less than nine inches to avoid entrapment of the head or other body parts.
(g)Have protective barriers on platforms that are thirty inches high or higher. A protective barrier means an enclosing device around an elevated platform that is intended to prevent both inadvertent and deliberate attempts to pass through the device.
(h)Be assembled, installed and utilized according to manufacturer's guidelines.

(E)What are the requirements for a fall zone?
Outdoor play equipment designated for climbing, swinging, balancing and sliding shall have a fall zone of protective resilient material on the ground under and around the equipment.
(1)The material may be one of the following, but not limited to, washed pea gravel, mulch, sand, wood chips, or synthetic material such as rubber mats or tiles manufactured for this purpose.
(2)Equipment shall not be placed directly over concrete, asphalt, blacktop, dirt, rocks, grass or any other hard surface.
(3)Synthetic surfaces shall follow manufacturer's guidelines for depth.
(4)All loose fill materials, such as mulch, sand, wood chips, washed pea gravel shall be raked, as needed to retain their proper distribution and depth. Foreign materials are to be removed prior to use by children.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-14-05
(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)The home is to be free of peeling or chipping paint. 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.
(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.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to school age children**
Ohio Administrative Code (OAC) Rule 5101:2-18-13
(A)What are the safe equipment requirements for an approved child day camp? The approved child day camp is to:
(1)Ensure that materials and furniture shall be sturdy, safe and easy to clean and maintain. They are also to be free of sharp points or corners; splinters or protruding nails; loose or rusty parts; peeling or chipping paint ; or other hazardous features.
(2)Ensure that equipment and materials which are not usable due to breakage or being a hazard are removed immediately and stored away from children until repaired or replaced.
(3)Ensure that all children's equipment is used in accordance with the manufacturer's guidelines.
(4)Ensure that safety gear required for an activity is appropriately sized and designed specifically for the activity being conducted.

(5)Ensure that air conditioners, heat pumps, electric fans and space heaters are mounted or placed out of the reach of children or have safeguards which prevent children from being injured.

(B)What are the safe environment requirements for an approved child day camp?
(1)Illegal drugs and substances shall not be on the premises. Alcohol shall be inaccessible to children and shall only be kept in areas not approved or used by children.
(3)Children shall be protected from any items and conditions which threaten their health, safety and well being, including but not limited to: electrical cords, extension cords, lead hazards, asbestos, wells, vehicular traffic, bodies of water, employee's personal belongings and other environmental hazards and dangerous situations. If a potential lead hazard is identified, the Ohio department of job and family services (ODJFS) will make a referral to the appropriate agency.
(4)Cleaning agents and all other chemical substances shall be stored in a designated area in their original containers and/or clearly labeled. Children may use cleaning equipment, supplies, and cleaning agents with adult supervision.
(5)Specialized activity equipment that is potentially hazardous in nature, such as, but not limited to, bows and arrows, air guns, sharp tools etc, shall be stored in a location that is locked and inaccessible to children when the equipment is not in use.
(6)Children shall not have access to specialized activity areas unless supervised by qualified child day camp staff members.
(7)Safety zones and boundaries shall be required for all specialized activities, as necessary. All persons who may be close to the area for any reason must be aware of and oriented to the safety zones and boundaries. Camps may use posted signs or warnings, physical barriers, or specific scheduling procedures to control access to these areas.
(8)Renovations and remodeling to areas in which programming takes place and children have access is to be conducted in a safe manner to ensure that lead poison hazards are not introduced into the environment as required by Chapter 3742. of the Revised Code.

D)What are the requirements for animals owned or utilized for programming by the approved child day camp?
The approved child day camp is to:
(1)Permit pets and animals if they present no apparent threat to the safety or health of the children.
(2)Ensure that pets and animals that are owned by the approved child day camp, live at any approved child day camp primary use spaces, or are utilized by the approved child day camp for program activities, are properly housed, cared for, licensed and inoculated. All local and state ordinances governing the keeping of animals (exotic or domesticated) shall be followed and updated as required. Verification of license and compliance with local and state requirements and inoculations, for each animal requiring such license or inoculations, or regulated by local or state government, shall be on file at the approved child day camp.
(3)Ensure that children feed or care for animals under the supervision of child day camp staff members.

(4)Ensure that children are not directly exposed to animal urine or feces inside buildings or in outdoor play areas.

(E)What are the requirements to provide and maintain a clean environment, furniture, materials and equipment in an approved child day camp?
(2)Equipment, furnishings and materials shall be kept clean and in good repair.
(3)Accumulated trash and garbage shall be stored away from the outdoor and/or indoor camp activity areas and shall not be accessible to the children.
(4)Buildings and areas used by children shall be cleaned daily and kept in a sanitary condition at all times.
(5)If the water at the child day camp's primary use area(s) is not publicly supplied, the child day camp shall contact the Ohio environmental protection agency (EPA) to determine if it qualifies as a public water system.
(a)If the water supply qualifies as a public water system, the child day camp shall comply with Ohio EPA standards.
(b)If the water supply does not qualify as a public water system, the child day camp shall contact the local health department to have the water tested and follow any additional requirements requested by the health department. A copy of the water test shall be retained at the approved child day camp and be made available upon request.
(c)If child day camp activities take place at a primitive campsite as defined in rule 5101:2-18-01 of the Administrative Code as any outdoor space in a natural environment without access to electricity, water supply systems, central food service, sewage treatment facilities and/or housing. Appropriate water purification methods based on advice from local officials shall be used before water from natural sources may be consumed by children.
(6)On-site sewage disposal systems shall not present a public health hazard.

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Ohio Administrative Code (OAC) Rule 3301-32-04
Safe indoor and outdoor environments free of hazards shall be maintained as follows:.
(2) Children may use cleaning supplies with adult supervision.
(3) Furniture, equipment, and supplies shall be appropriate to the age and size of the children who use them.
(4) Equipment and furniture must be without sharp corners, splinters, or loose and/or peeling paint containing lead. Corrective action will be issued for any loose and/or peeling paint that may contain lead.
(5) Areas used by children must be free from debris, loose or peeling paint or wallpaper, crumbling plaster, holes in walls, floors, or ceilings, or litter. Rugs must have nonskid backing or be firmly attached to the floor and be free from wrinkles, tears, or edges that interfere with walking.
(6) The program facility must be cleaned daily, including cleaning and sanitizing of toilets and table tops.
(J) Safe outdoor play space totaling not less than sixty square feet for each child using the space at any one time, shall be regularly available and scheduled for use, unless the program operates for less than three hours per day.
(1) The surface of the outdoor play space shall be well drained and offer

protection from falls.
(2) The play space shall be free of hazards such as, but not limited to, broken glass, potholes, garbage, flammable materials and other debris.
(3) The play area shall be well defined to protect children from traffic, animals, or other hazards.
(4) The program shall provide equipment for materials that promote large muscle development in adequate amounts for the group size. Outdoor equipment is to be stable, free of rust, cracks, holes, splinters, sharp points, edges, protruding bolts or tripping hazards. Equipment is to be age appropriate and not include openings that may cause body part entrapment.
(5) A shaded area is to be available. The shade may be naturally occurring from trees, buildings or overhangs.
(6) Play areas should be inspected at least once quarterly while the program is in operation and documentation kept on file for one year.
(7) Sandboxes are to be covered when not in use.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-24
What are the requirements for swimming sites for a licensed child care center?
(1)All swimming sites shall meet all state and local guidelines for environmental health inspections. Inspection reports for on-site and private pools shall be on file at the center.
(2)A center shall have one lifeguard present for every thirty-five children when children are involved in a water activity for on-site or private pools over eighteen inches in depth.
(3)Activities in bodies of water eighteen inches or more in depth shall be supervised by people who are currently certified as lifeguards or water safety instructors by the "American Red Cross" or an equivalent water safety program, as determined by the Ohio department of job and family services (ODJFS). If the lifeguard is a child care staff member, they shall not be counted as a child care staff member in the staff/child ratio.
(4)Child care staff members shall be actively supervising children and shall be able to clearly see all parts of the swimming area including the bottom of pools.
(5)The use of saunas, hot tubs, and spas by children is prohibited.
(6)Swimming in lakes, rivers, ponds, creeks or other similar bodies of water is prohibited.
(7)Swimming pools, wading pools and other swimming/wading sites shall be made inaccessible to the children when not in use.
(8)A center may use wading pools less than eighteen inches in wall height regardless of the amount of water put into it.

(a)Wading pools shall be filtered or emptied daily, and portable wading pools shall be sanitized daily or more often if needed.
(b)The child care staff member shall supervise children at all times while a wading pool is in use and shall be able to clearly see all parts of the wading area.

Ohio Administrative Code (OAC) Rule 5101:2-12-12
(B)What are the safe environment requirements for a licensed child care center?
(6))Children in care shall be protected from any items and conditions which threaten their health, safety, and well being, including but not limited to: stoves, bodies of water, window covering pull cords, telephone cords, electrical cords, extension cords, lead hazards, asbestos, wells, traffic, provider's, staff's or household member's personal belongings and other environmental hazards and dangerous situations.

Ohio Administrative Code (OAC) Rule 5101:-2-12-11
(C)What are the on-site outdoor space requirements for a center?
(2)Bodies of water (other than water tables designed for children to play in only with their hands) shall be separated from the play area by a fence or other physical barrier (the center door only is not a sufficient barrier) that prevents children from accessing the water.

ODE Preschool Programs
Ohio Administrative Code (OAC) Rule 3301-37-05
(H) Swimming pools, wading pools, and other swimming/wading sites shall be made inaccessible to the children when not in use.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:-2-13-24
(A)Are on-site pools allowed to be used at a licensed family child care home?
(1)If the family child care provider has a swimming pool located on the premises, the provider shall make the pool 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 shall 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 provider shall not permit use of the pool by children in care.

(B)What are the requirements for swimming sites for licensed family child care?
(1)Approved off-site swimming sites shall meet all state and local guidelines for environmental health inspections. Activities in bodies of water more than eighteen inches in depth shall be supervised by people who are currently certified as lifeguards or water safety instructors by the "American Red Cross" or an equivalent water safety program, as determined by the Ohio department of job and family services (ODJFS). If the lifeguard is a child care staff member, they shall not be counted as a child care staff member in the staff/child ratio.
(2)t the provider shall actively supervise children and shall be able to clearly see all parts of the swimming area, including the bottom of the pool. The provider shall not serve as the life guard.
(3)The use of saunas, hot tubs and spas by children is prohibited and these items shall be inaccessible to them.
(4)Swimming in lakes, rivers, ponds, creeks or other similar bodies of water is prohibited.
(5)The provider may use wading pools less than eighteen inches in wall height regardless of the amount of water put into it.
(a)Wading pools shall be filtered or emptied daily, and portable wading pools shall be disinfected daily or more often if needed.
(b)The provider shall supervise children at all times while a wading pool is in use and shall be able to clearly see all parts of the wading area.

Ohio Administrative Code (OAC) Rule 5101:-2-13-12
What are the safe environment requirements for a licensed family child care provider?
(7)Children in care shall be protected from any items and conditions which threaten their health, safety, and well being, including but not limited to: stoves, bodies of water, window covering pull cords, telephone cords, electrical cords, extension cords, lead hazards, asbestos, wells, traffic, provider's, staff's or household member's personal belongings and other environmental hazards and dangerous situations. If a potential lead hazard is identified, ODJFS will make a referral to the appropriate agency.

Ohio Administrative Code (OAC) Rule 5101:2-13-11

(B)What are the outdoor space requirements for a licensed family child care home?
3)Bodies of water (other than water tables designed for children to play in only with their hands) shall be separated from the play area by a fence or other physical barrier (the house door alone is not a sufficient barrier) that prevents children from accessing the water.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:-2-14-05
(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.
(2)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 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.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to school age children**
Ohio Administrative Code (OAC) Rule 5101:2-18-13
(B)What are the safe environment requirements for an approved child day camp?
(1)Illegal drugs and substances shall not be on the premises. Alcohol shall be inaccessible to children and shall only be kept in areas not approved or used by children.
(2)Buildings used by children shall maintain an indoor temperature of at least sixty-five degrees Fahrenheit. If a building used by children exceeds eighty-five degrees Fahrenheit, ventilation that produces air movement, or air conditioning, shall be provided.
(3)Children shall be protected from any items and conditions which threaten their

health, safety and well being, including but not limited to: electrical cords, extension cords, lead hazards, asbestos, wells, vehicular traffic, bodies of water, employee's personal belongings and other environmental hazards and dangerous situations. If a potential lead hazard is identified, the Ohio department of job and family services (ODJFS) will make a referral to the appropriate agency.

(C)What are the swimming and water safety requirements for an approved child day camp?
(1)All swimming sites shall meet all state and local guidelines for environmental health inspections. Inspection reports for on-site and private pools shall be on file at the approved child day camp.
(2)An approved child day camp shall have one lifeguard present for every thirty-five children when children are involved in a water activity for on-site and private pools over eighteen inches in depth.
(3)Activities in bodies of water eighteen inches or more in depth, including natural bodies of water as defined in rule 5101:2-18-01 as of the Administrative Code as "Natural bodies of water" mean any river, stream, creek or spring or any natural or man-made lake or pond, shall be supervised by people who are currently certified as lifeguards or water safety instructors by the "American Red Cross" or an equivalent water safety program, as determined by the American camp association (ACA) or ODJFS. If the lifeguard is a child day camp staff member, they shall not be counted as a child day camp staff member in the staff/child ratio.
(4)Child day camp staff members shall be actively supervising children and shall be able to clearly see all parts of the swimming area.
(5)When children are engaged in water activities, supervision of children shall include a minimum of two child day camp staff members, one of whom is eighteen years of age or older.

ODE School Age Programs
Ohio Administrative Code (OAC) Rule 3301-32-04
(K) Swimming pools, wading pools, and other bodies of water two or more feet in depth shall be fenced or otherwise made inaccessible to the children when adult supervision is not available.
Traffic

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-12-11
(C)What are the on-site outdoor space requirements for a center?
(b)Is located away from traffic or protected from traffic or animals by a continuous fence in good condition with functioning gates or a continuous natural barrier or a combination of fence and natural barrier. The fence or natural barrier shall ensure that children are not able to leave the outdoor play area unsupervised and shall ensure that any hazards from the outside cannot enter the

outdoor play area without the staff being aware of them. Examples of natural barriers include, but are not limited to space, dense hedges, walls, permanently anchored dividers or partitions. A playground on the premises that is regulated by another state agency is exempt from this requirement.
(c)Has functional latches on gates which cannot be easily opened by young children if gates are used. Gates shall not be locked when children are present at the center.

ODE Preschool Programs
Ohio Administrative Code (OAC) Rule 3301-37-05
(3) The play area shall be well defined to protect children from traffic, animals, or other hazards.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-13-11
B)What are the outdoor space requirements for a licensed family child care home?
(b)Is located away from traffic or protected from traffic by a continuous fence in good condition with functioning gates or a continuous natural barrier, or a combination of fence and natural barrier. The fence or natural barrier shall ensure that children are not able to leave the outdoor play area unsupervised and shall ensure that any hazards from the outside cannot enter the outdoor play area without the child care staff member or provider being aware of them. Examples of natural barriers include, but are not limited to space, dense hedges, walls, permanently anchored dividers or partitions.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-14-08
(A)What are the requirements for supervision for a certified in-home aide (IHA)?
(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)School-age children may be permitted in the 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.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to school age**
Ohio Administrative Code (OAC) Rule 5101:2-18-13
(B)What are the safe environment requirements for an approved child day camp?
(3)Children shall be protected from any items and conditions which threaten their health, safety and well being, including but not limited to: electrical cords, extension cords, lead hazards, asbestos, wells, vehicular traffic, bodies of water, employee's personal belongings and other environmental hazards and dangerous situations. If a potential lead hazard is identified, the Ohio department of job and family services (ODJFS) will make a referral to the appropriate agency.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-19
(C)What are the child guidance techniques to be used in the licensed child care center?
(1)All employees shall follow Appendix A to this rule regarding guidance techniques to be used with children.

Appendix A to rule 2-12-19 Prohibited Discipline Techniques
The following techniques or practices shall not be used by any child care staff member or employee of a licensed child care center as a means to control or discipline children: 1. Abuse, endanger or neglect of children, including shaking a baby. 2. Utilize cruel, harsh, unusual, or extreme techniques. 3. Utilize any form of corporal punishment.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-13-19
(C)What are the child guidance techniques to be used in the licensed family child care home?
(1)The provider, child care staff members and substitutes shall follow Appendix A to this rule regarding guidance techniques to be used with children.

Appendix A to rule 2-13-19 Prohibited Discipline Techniques The following techniques or practices shall not be used by any child care staff member or

employee of a licensed family child care provider as a means to control or discipline children: 1. Abuse, endanger or neglect of children, including shaking a baby. 2. Utilize cruel, harsh, unusual, or extreme techniques. 3. Utilize any form of corporal punishment.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-14-08
(A)What are the requirements for supervision for a certified in-home aide (IHA)?
(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.

Appendix A Prohibited Discipline Techniques The following techniques or practices shall not be used by any child care staff member or employee of a licensed child care center as a means to control or discipline children: 1. Abuse, endanger or neglect of children, including shaking a baby. 2. Utilize cruel, harsh, unusual, or extreme techniques. 3. Utilize any form of corporal punishment.

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **NA**

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-19
(C)What are the child guidance techniques to be used in the licensed child care center?
(1)All employees shall follow Appendix A to this rule regarding guidance techniques to be used with children.

Appendix A to rule 2-12-19
The following techniques or practices may be used by all child care staff members and employees of a licensed child care center as a means to guide or discipline children of all ages. Any technique or practice used shall be developmentally appropriate, and consistent and shall occur at the time of the incident. 1. Setting clear limits. 2. Redirecting to an appropriate activity. 3. Showing positive alternatives. 4. Modeling the desired behavior. 5. Reinforcing appropriate

behavior. 6. Encouraging children to control their own behavior, cooperate with others and solve problems by talking. 7. Separation from the situation, if used, shall last no more than one minute per each year of the child's age and shall not be used with infants. Upon the child's return to the activity, the provider shall review the reason for the separation and discuss the expected behavior with the child. 8. Holding a child for a short period of time, such as in a protective hug, so that the child may regain self-control.
Prohibited Discipline Techniques The following techniques or practices shall not be used by any child care staff member or employee of a licensed child care center as a means to control or discipline children: 1. Abuse, endanger or neglect of children, including shaking a baby. 2. Utilize cruel, harsh, unusual, or extreme techniques. 3. Utilize any form of corporal punishment. 4. Delegate children to manage or discipline other children. 5. Use physical restraints on a child. 6. Restrain a child by any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control. o 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. o Prone restraint includes physical or mechanical restraint. 12. Punish children for failure to eat or sleep or for toileting accidents.

ODE Preschool programs
Ohio Administrative Code (OAC) Rule 3301-37-10
(B) The center shall have a written discipline policy describing the center's philosophy of discipline and the specific methods of discipline used at the center. This written policy shall be on file at the center for review. Constructive, developmentally appropriate child guidance and management techniques are to be used at all times, and shall include such measures as redirection, separation from problem situations, talking with the child about the situation, and positive reinforcement for appropriate behavior.
((C) Behavior management/discipline policies and procedures shall ensure the safety, physical, and emotional well-being of all individuals on the premises.
(D) The center's actual methods of discipline shall apply to all persons on the premises.
(1) There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking, or biting.
(2) No discipline shall be delegated to any other child.
(3) No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, so the child may regain control.
(4) No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box, or a similar cubicle.
(5) No child shall be subjected to profane language, threats, derogatory remarks about himself or his family, or other verbal abuse.
(6) Discipline shall not be imposed on a child for failure to eat, failure to sleep, or for toileting accidents.
(7) Techniques of discipline shall not humiliate, shame, or frighten a child.
(8) Discipline shall not include withholding food, rest, or toilet use, and food shall

not be used as a reward for behavior.
(9) Separation, when used as discipline shall be brief in duration and appropriate to the child's age and developmental ability, and the child shall be within sight and hearing of a preschool staff member in a safe, lighted, and well-ventilated space.
(10) The center shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-13-19
(C)What are the child guidance techniques to be used in the licensed family child care home?

(1)The provider, child care staff members and substitutes shall follow Appendix A to this rule regarding guidance techniques to be used with children.
Appendix A to rule 2-13-19
The following techniques or practices may be used by all child care staff members and employees of a licensed child care center as a means to guide or discipline children of all ages. Any technique or practice used shall be developmentally appropriate, consistent and shall occur at the time of the incident. 1. Setting clear limits. 2. Redirecting to an appropriate activity. 3. Showing positive alternatives. 4. Modeling the desired behavior. 5. Reinforcing appropriate behavior. 6. Encouraging children to control their own behavior, cooperate with others and solve problems by talking. 7. Separation from the situation, if used, shall last no more than one minute per each year of the child's age and shall not be used with infants. Upon the child's return to the activity, the provider shall review the reason for the separation and discuss the expected behavior with the child. 8. Holding a child for a short period of time, such as in a protective hug, so that the child may regain self-control.
Prohibited Discipline Techniques The following techniques or practices shall not be used by any child care staff member or employee of a licensed child care center as a means to control or discipline children: 1. Abuse, endanger or neglect of children, including shaking a baby. 2. Utilize cruel, harsh, unusual, or extreme techniques. 3. Utilize any form of corporal punishment. 4. Delegate children to manage or discipline other children. 5. Use physical restraints on a child. 6. Restrain a child by any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control. o 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. o Prone restraint includes physical or mechanical restraint. 12. Punish children for failure to eat or sleep or for toileting accidents.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-14-08

(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.

Appendix A to rule 2-12-19
The following techniques or practices may be used by all child care staff members and employees of a licensed child care center as a means to guide or discipline children of all ages. Any technique or practice used shall be developmentally appropriate, consistent and shall occur at the time of the incident. 1. Setting clear limits. 2. Redirecting to an appropriate activity. 3. Showing positive alternatives. 4. Modeling the desired behavior. 5. Reinforcing appropriate behavior. 6. Encouraging children to control their own behavior, cooperate with others and solve problems by talking. 7. Separation from the situation, if used, shall last no more than one minute per each year of the child's age and shall not be used with infants. Upon the child's return to the activity, the provider shall review the reason for the separation and discuss the expected behavior with the child. 8. Holding a child for a short period of time, such as in a protective hug, so that the child may regain self-control.
Prohibited Discipline Techniques The following techniques or practices shall not be used by any child care staff member or employee of a licensed child care center as a means to control or discipline children: 1. Abuse, endanger or neglect of children, including shaking a baby. 2. Utilize cruel, harsh, unusual, or extreme techniques. 3. Utilize any form of corporal punishment. 4. Delegate children to manage or discipline other children. 5. Use physical restraints on a child. 6. Restrain a child by any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control. o 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. o Prone restraint includes physical or mechanical restraint. 12. Punish children for failure to eat or sleep or for toileting accidents.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-18-09
(D)What child guidance techniques shall be used in the approved child day camp?
(1)All child day camp staff members, including administrators and owners, shall follow Appendix A to this rule regarding guidance techniques to be used with

children.

Appendix A -The following techniques or practices may be used by all child care staff members and employees of a licensed child care center as a means to guide or discipline children of all ages. Any technique or practice used shall be developmentally appropriate, consistent and shall occur at the time of the incident. 1. Setting clear limits. 2. Redirecting to an appropriate activity. 3. Showing positive alternatives. 4. Modeling the desired behavior. 5. Reinforcing appropriate behavior. 6. Encouraging children to control their own behavior, cooperate with others and solve problems by talking. 7. Separation from the situation, if used, shall last no more than one minute per each year of the child's age and shall not be used with infants. Upon the child's return to the activity, the provider shall review the reason for the separation and discuss the expected behavior with the child. 8. Holding a child for a short period of time, such as in a protective hug, so that the child may regain self-control.
Prohibited Discipline Techniques The following techniques or practices shall not be used by any child care staff member or employee of a licensed child care center as a means to control or discipline children: 1. Abuse, endanger or neglect of children, including shaking a baby. 2. Utilize cruel, harsh, unusual, or extreme techniques. 3. Utilize any form of corporal punishment. 4. Delegate children to manage or discipline other children. 5. Use physical restraints on a child. 6. Restrain a child by any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control. o 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. o Prone restraint includes physical or mechanical restraint. 12. Punish children for failure to eat or sleep or for toileting accidents.

ODE School Age Programs
Ohio Administrative Code (OAC) Rule 3301-32-09
(A) The program shall have a written discipline policy describing the program's philosophy and restrictions as listed in paragraph (I) of rule 3301-32-09 of the Administrative Code of discipline and the specific methods of discipline used at the program. This written policy shall be on file at the program for review. Constructive, developmentally-appropriate child guidance and management techniques are to be used at all times, and shall include such measures as redirection, separation from problem situations, talking with the child about the situation, and praise for appropriate behavior.
(B) All school age child care staff members shall receive a copy of the program's discipline policy for review upon employment.
(C) The school child program shall provide in-service training to staff regarding the written discipline policy and procedures before the school child program begins and/or before staff members begin working with children.
(D) The parent of a child enrolled in a program shall receive the program's written discipline policy.
(E) A school age child care staff member in charge of a child or a group of children shall be responsible for their discipline.

(F) Discipline shall be constructive and educational in nature, and may include such measures as praise for appropriate behavior, diversion, talking with the child, and separation from problem situations.
(G) Exclusion from the school child program for disciplinary reasons shall be addressed in the policy and procedures.
(H) The program shall neither abuse nor neglect children, but shall protect children from abuse and neglect while in attendance at the school child program.
(I) The program's actual methods of discipline shall apply to all persons on the premises.
(1) There shall be no cruel, harsh, or corporal punishment, or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking, or biting.
(2) Discipline shall not be delegated to a child.
(3) No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, so that the child may regain control.
(4) No child shall be placed in a locked room or otherwise confined in an enclosed area such as a closet, box, or similar cubicle.
(5) No child shall be subjected to profane language, threats, derogatory remarks about himself/herself or his/her family, or any other verbal abuse.
(6) Discipline shall not be imposed on a child for failure to eat or sleep, or for toileting accidents.
(7) Techniques of discipline shall not be intended to humiliate, shame, or frighten a child.
(8) Discipline shall not include the withholding of food, rest, or toilet use.
(9) Separation shall be brief in duration, and age and developmentally-appropriate. The child shall be within sight and hearing of a school child care staff member, and in a safe, lighted, and well-ventilated space.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[ ]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe: **We recognize the rule language for relocation currently under the Ohio Department of Education and Workforce's (DEW), formerly Ohio Department of Education, school aged and preschools is not explicitly stated in the information above, it is referenced and addressed in amendment documentation previously submitted, and does state school age and preschool programs must meet or exceed our requirements. Currently, all DEW emergency plans, which include relocation and shelter in place, exceed guidelines and are monitored and by the Department of Homeland Security. While we feel requirements are met/exceeded, we believe it could be more explicitly stated; hence the attached guidance letter and robust future rule and program integration project currently in progress. It is important to note, beginning July 1, 2024, the Ohio Department of Children and Youth (DCY) will officially transition all early childhood care and education licensed programming administration to DCY as we've previously discussed with statutory authority beginning in January 2025. DCY is in the process of cross walking all licensing rules so that we can better stream line requirements of all family based, center based, preschool, and school based settings as appropriate and in collaboration with DEW. All safety and health requirements will be integrated as closely as possible and we will require documentation and verification during onsite monitoring visits as part of our inspection process. All training, guidance and technical assistance will be completed by DCY and incorporate all setting and program types. This will be clearly stated in revised rules and will increase consistency amongst programs, settings, and monitoring processes.**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-16-
(C))What are the specific procedures the licensed child care center needs to follow for standard precautions?
(1)Blood spills shall be treated cautiously and decontaminated promptly. Disposable vinyl gloves shall be worn during contact with blood or bodily fluids which contain blood, such as vomit or feces in which blood can be seen.

(2)Surfaces contaminated with blood or bodily fluids containing blood shall first be cleaned with hot, soapy water and then sanitized with an appropriate bleach solution which is prepared on a daily basis, according to product guidelines, or other acceptable disinfectant solution which is environmental protection agency (EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity. Non-disposable items, such as clothing that contain blood, shall be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.
(4)Non-disposable items, such as clothing that contain blood, shall be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.

Ohio Administrative Code (OAC) Rule 5101: 2-12-13
(B)What are the handwashing requirements for a licensed family child care home?
(1)Handwashing shall occur in a handwashing sink .
(2)Commercially manufactured non-permanent sinks may be used if fresh and waste water are inaccessible to children and disposed of in a sanitary manner.
(3) Handwashing requirements for the family child care provider, child care staff members, employees, residents, and children are detailed in Appendix B to this rule.

Appendix B - Handwashing shall occur in a sink that is not used for meal preparation or clean-up and is away from the food serving area. Child care staff members and employees shall wash hands, defined as using soap and water or using hand sanitizer, at the following times: • Upon arrival for the day, prior to departure, and upon entry into a classroom. • 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 shall wash hands, defined as using soap and water or using hand sanitizer (if 24 months or older), at the following times: • Upon arrival for the day and prior to departure. • After toileting/diaper change. • After contact with bodily fluids. • After returning inside after outdoor play. • After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity. • Before eating or assisting with food preparation. • After water activities. • When visibly soiled (must use soap and water). Children who are unable to stand by themselves may be given wet paper towels and soap to wash and rinse their hands.

Ohio Administrative Code (OAC) Rule 5101:2-12-23
(C)What are the requirements for diapering?
(1)Diapers shall be changed immediately when wet or soiled.
(2)Clothing shall be changed immediately when wet or soiled.
(3)When changing diapers the center is to comply with the following:

(a)The center shall wash all soiled areas of the child's body with either a wash cloth, which is then appropriately sanitized, or a disposable wipe.
(b)If a diaper-changing surface is used to change more than one child, the provider shall place a disposable separation material between the child and the changing surface. A different separation material shall be used for each diaper change.
(c) If a diapering product is used on more than one child:
(i)The container shall not touch the child to avoid cross contamination.
(ii)The product shall be administered to avoid cross contamination.
(f)If using gloves while diapering, the center is to use non-latex gloves.
(4)The center shall store and launder soiled diapers or clothing as follows:
(a)If soiled diapers or clothing are to be sent home with a parent, the center shall store the diapers or clothing for no longer than one day in an individual covered container or plastic bag away from the child's belongings and out of the reach of children.
(b)The center shall store soiled diapers and diapering washcloths, which are to be laundered by the center, in a covered container with sanitizing solution.
(c)If soiled diapers are to be commercially laundered, the center shall hold them for laundering pickup for no longer than seven days.
(e)If the center is laundering diapers, the center shall follow the manufacturer's guidelines.

ODE Preschool Programs
Ohio Administrative Code (OAC) Rule 3301-37-06
(5) Safe handling and storage of hazardous materials and the appropriate disposal of bio-contaminants comply with the following:
(a) Blood spills are treated cautiously and decontaminated promptly. Disposable 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.
(b) Surfaces contaminated with blood or bodily fluids containing blood are 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.
(d) Non-disposable items, such as clothing that contains blood, is placed in a sealable, leakproof plastic bag or are double bagged in plastic bags that are securely tied and sent home with the child.

G) Potty chairs in the program shall be provided in accordance with all of the following:
(1) Potty chairs shall not be located in areas used for food preparation or serving or in areas not normally used for diaper changing or toileting.
(2) Potties shall be emptied, cleaned, disinfected, and rinsed with water after each use. The rinsing solution shall be disposed of into a toilet, not a sink.
(3) Disposable cloths used for cleaning potties shall be used once and disposed of in a plastic-lined covered receptacle. Reusable cloths shall be stored in an appropriate germicidal solution and held for laundering for no longer than one day

Ohio Administrative Code (OAC) Rule 3301-37-07
e) All preschool staff members shall wash their hands with soap and running water after each diaper change, or after assisting a child with toileting; after cleaning; after toileting; before preparing or eating food; before feeding any child; and when hands have been in contact with nasal or mucous secretions. Disposable towels or an air hand dryer shall be available at all times.

Ohio Administrative Code (OAC) Rule 3301-37-10
(A) The changing of diapers for all non-toilet-trained children shall be handled in conformity with the following methods:
(1) The changing of diapers for all non-toilet-trained children shall occur in a space that contains a hand-washing facility. Handwashing facilities that are located elsewhere may be used if a program assures that children are safe and conditions are sanitary while toileting or being diapered.
(2) The program shall provide disposable gloves for diapering; however, the use of gloves or hand sanitizer does not preclude requirements for proper hand washing.
(3) If diapers are to be changed in a crib or at a central changing station, there shall be some separation material between the child and the changing surface. The material shall be discarded and replaced after each change. If the crib bedding becomes wet or soiled during the diaper change, it is to be replaced with clean bedding.
(4) If the diaper-changing station is soiled after the diaper change, it shall be cleaned with soap and water and then disinfected with an appropriate germicidal agent. A child is not to be left unattended on the diaper changing station.
(5) Any product used during diaper changing on more than one child shall be used in such a way that the container does not touch the child. Any product obtained applied to a child shall be applied in such a manner so as not to contaminate the product or its container. Common containers shall be cleaned and disinfected with an appropriate germicidal agent when soiled.
© Storage and laundering of soiled diapers shall be handled in accordance with the following methods:
(1) Diapers or clothing soiled with fecal matter and sent home with a child need not be rinsed at the program facility, but may be placed directly into a container that can be sanitized or bag, sealed tightly, stored away from the rest of the child's belongings and out of the reach of children.
(2) Soiled diapers to be disposed of or cleaned by the program shall be placed in a common plastic-lined covered container which shall be emptied, cleaned, and disinfected with an appropriate germicidal agent daily or more frequently as needed. Diapers to be laundered at the program facility should be stored in an appropriate germicidal solution until laundered.
(3) Soiled diapers to be commercially laundered shall be held for pickup for laundering for no longer than seven days.
(4) Diapers to be laundered at home or by the program shall be held for laundering for no longer than one day.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The**

following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-13-16
(C)What are the specific procedures the licensed family child care provider needs to follow for standard precautions?
(1)Blood spills shall be treated cautiously and decontaminated promptly. Disposable vinyl gloves shall be worn during contact with blood or bodily fluids which contain blood, such as vomit or feces in which blood can be seen.
(2)Surfaces contaminated with blood or bodily fluids containing blood shall first be cleaned with hot, soapy water and then sanitized with an appropriate bleach solution which is prepared on a daily basis, according to product guidelines or other acceptable disinfectant solution which is environmental protection agency (EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity.
(4)Non-disposable items, such as clothing that contain blood, shall be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.

Ohio Administrative Code (OAC) Rule 5101:2-13-13
(B)What are the handwashing requirements for a licensed family child care home?
(1)Handwashing shall occur in a handwashing sink .
(2)Commercially manufactured non-permanent sinks may be used if fresh and waste water are inaccessible to children and disposed of in a sanitary manner.
(3) Handwashing requirements for the family child care provider, child care staff members, employees, residents, and children are detailed in Appendix B to this rule.

Appendix B - Handwashing shall occur in a sink that is not used for meal preparation or clean-up and is away from the food serving area. Child care staff members and employees shall wash hands, defined as using soap and water or using hand sanitizer, at the following times: • Upon arrival for the day, prior to departure, and upon entry into a classroom. • 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 shall wash hands, defined as using soap and water or using hand sanitizer (if 24 months or older), at the following times: • Upon arrival for the day and prior to departure. • After toileting/diaper change. • After contact with bodily fluids. • After returning inside after outdoor play. • After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity. • Before eating or assisting with food preparation. • After water activities. • When visibly soiled (must use soap and water). Children who are unable to stand by themselves may be given wet paper towels and soap to wash and rinse their hands.

Ohio Administrative Code (OAC) Rule 5101:2-13-23

(C)What are the requirements for diapering?
(1)The family child care provider shall change a child's diaper immediately when wet or soiled.
(2)Clothing shall be changed immediately when wet or soiled.
(3)When changing diapers the provider is to comply with the following:
(a)The provider shall wash all soiled areas of the child's body with either a wash cloth which is then appropriately sanitized, or a disposable wipe.
(b)If a diaper-changing surface is used to change more than one child, the provider shall place a disposable separation material between the child and the changing surface. A different separation material shall be used for each diaper change.
(c) If a diapering product is used on more than one child:
(i)The container shall not touch the child to avoid cross contamination.
(ii)The product shall be administered to avoid cross contamination.
e)If using gloves while diapering, the provider is to use non-latex gloves.
(4)The family child care provider shall store and launder soiled diapers or clothing as follows:
(a)If soiled diapers or clothing are to be sent home with a parent, the provider shall store the diapers or clothing for no longer than one day in an individual covered container or plastic bag away from the child's belongings and out of the reach of children.
(b)The provider shall store soiled diapers and diapering washcloths, which are to be laundered in the provider's home, in a covered container with sanitizing solution.
(c)If soiled diapers are to be commercially laundered, the provider shall hold them for laundering pickup for no longer than seven days.
(d)The provider shall store soiled disposable diapers in a plastic-lined covered container that prevents hand contamination and is not easily accessible to children and discard diapers daily or more frequently as needed to eliminate odor.
(e)If the provider is laundering diapers, the provider shall follow the manufacturer's guidelines.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-14-05
(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 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.
(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.

(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.

Appendix A - Handwashing shall occur in a sink that is not used for meal preparation or clean-up and is away from the food serving area. Child care staff members and employees shall wash hands, defined as using soap and water or using hand sanitizer, at the following times: • Upon arrival for the day, prior to departure, and upon entry into a classroom. • 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 shall wash hands, defined as using soap and water or using hand sanitizer (if 24 months or older), at the following times: • Upon arrival for the day and prior to departure. • After toileting/diaper change. • After contact with bodily fluids. • After returning inside after outdoor play. • After handling pets, pet cages or other pet objects that have come in contact with the pet before moving on to another activity. • Before eating or assisting with food preparation. • After water activities. • When visibly soiled (must use soap and water). Children who are unable to stand by themselves may be given wet paper towels and soap to wash and rinse their hands.

Ohio Administrative Code (OAC) Rule 5101:2-14-13
(C)What are the requirements for diapering?
(1)The IHA is to change a child's diaper immediately when wet or soiled.
(2)Clothing is to be changed immediately when wet or soiled.
(3)When changing diapers the IHA is to comply with the following:
(a)The IHA is to wash all soiled areas of the child's body with either a wash cloth which is then appropriately sanitized, or a disposable wipe.
(b)If a diaper-changing surface is used to change more than one child, the IHA place a disposable separation material between the child and the changing surface. A different separation material is to be used for each diaper change.
(c)If a diapering product is used on more than one child:
(i)The container is not to touch the child to avoid cross contamination.
(ii)The product is to be administered to avoid cross contamination.
(4)The IHA is to store and launder soiled diapers or clothing as follows:
(a)The IHA is to store soiled diapers and diapering washcloths, which are to be laundered in the child's home, in a covered container with sanitizing solution.
(b)If soiled diapers are to be commercially laundered, a parent is to make the

arrangements.
(d)If the IHA is laundering diapers, the IHA is to follow the manufacturer's guidelines.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: NA

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: NA

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: NA

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: The following applies to school age children
Ohio Administrative Code (OAC) Rule 5101:2-18-13
(E)What are the specific procedures the approved day camp needs to follow for standard precautions?
(1)Blood spills shall be treated cautiously and decontaminated promptly. Disposable vinyl gloves shall be worn during contact with blood or bodily fluids which contain blood, such as vomit or feces in which blood can be seen.
(2)Surfaces contaminated with blood or bodily fluids containing blood shall first be cleaned with hot, soapy water and then sanitized with an appropriate bleach solution which is prepared on a daily basis according to product guidelines, or other acceptable disinfectant solution which is environmental protection agency (EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity.
(4)Non-disposable items, such as clothing that contains blood, shall be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.

ODE School Age Programs
Ohio Administrative Code (OAC) Rule 3301-32-04
(1) Safe handling and storage of hazardous materials and the appropriate disposal of bio-contaminants:
(a) Blood spills are to be treated cautiously and decontaminated promptly. Disposable vinyl 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.
(b) Surfaces contaminated with blood or bodily fluids containing blood are to first be cleaned with hot, soapy water, and then sanitized with an appropriate bleach solution which is prepared on a daily basis, according to product guidelines, or other acceptable disinfectant solution which is environmental protection agency (EPA) rated as hospital disinfectant with a label claim for mycobactericidal activity.
(d) Non-disposable items, such as clothing that contain blood, are to be placed in a sealable, leakproof plastic bag or double bagged in plastic bags that are securely tied and sent home with the child.

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-16
(C))What are the specific procedures the licensed child care center needs to follow for standard precautions?
3)Disposal of materials that contain blood requires a sealable, leakproof plastic bag or double bagging 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 out of durable, rigid material which safely stores the lancets or needles until they are disposed of properly. Sharps containers must be stored out of the reach of children.

2-12-23 (C)What are the requirements for diapering?
(d)The center shall store soiled disposable diapers in a plastic-lined covered container that prevents hand contamination and is not easily accessible to children and discard diapers daily or more frequently as needed to eliminate odor.

ODE Preschool Programs
Ohio Administrative Code (OAC) Rule 3301-37-06
G) Potty chairs in the program shall be provided in accordance with all of the following:
(3) Disposable cloths used for cleaning potties shall be used once and disposed of in a plastic-lined covered receptacle. Reusable cloths shall be stored in an appropriate germicidal solution and held for laundering for no longer than one day

(c) The disposal of materials that contain blood are done by the use of a sealable, leakproof plastic bag or by double bagging in plastic bags that are securely tied.
(e) The disposal of sharp items used for procedures on children with special care needs, such as lancets for finger sticks or syringes, is done by way of a disposable container called a "sharps container." This is a container made out of durable, rigid material which safely stores the lancets or syringes until the parent can take them home for disposal. Sharps containers are to be stored out of the reach of children.

Ohio Administrative Code (OAC) Rule 3301-37-10
(2) Soiled diapers to be disposed of or cleaned by the program shall be placed in a common plastic-lined covered container which shall be emptied, cleaned, and disinfected with an appropriate germicidal agent daily or more frequently as needed. Diapers to be laundered at the program facility should be stored in an appropriate germicidal solution until laundered.
(5) Soiled disposable diapers shall be discarded daily.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups, unless noted otherwise.**

Ohio Administrative Code (OAC) Rule 5101:2-13-23
C)What are the requirements for diapering?
(d)The provider shall store soiled disposable diapers in a plastic-lined covered container that prevents hand contamination and is not easily accessible to children and discard diapers daily or more frequently as needed to eliminate odor.

Ohio Administrative Code (OAC) Rule 5101:2-13-16
(C)What are the specific procedures the licensed family child care provider needs to follow for standard precautions?
(3)Disposal of materials that contain blood requires a sealable, leak-proof plastic bag or double bagging 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 shall be stored out of the reach of children.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-14-05
(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.
(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.

Ohio Administrative Code (OAC) Rule 5101:2-14-13
(C)What are the requirements for diapering?
(c)The IHA is to store soiled disposable diapers in a plastic-lined covered container that prevents hand contamination and is not easily accessible to children and discard diapers daily or more frequently as needed to eliminate odor.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to school age children**
Ohio Administrative Code (OAC) Rule 5101:2-18-10
(E)What are the specific procedures the approved day camp needs to follow for

standard precautions?
(3)Disposal of materials that contain blood requires a sealable, leakproof plastic bag or double bagging 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 out 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.

ODE School Age Program
Ohio Administrative Code (OAC) Rule 3301-32-04
(c) Disposal of materials that contain blood are to be kept in a sealable, leakproof plastic bag or double bagging in plastic bags that are securely tied.
(e) Sharp items used for procedures on children with special care needs, such as lancets for finger sticks or syringes, are to be kept in a disposable container called a "sharps container." This is a container made out of durable, rigid material which safely stores the lancets or needles until the parent can take them home for disposal. Sharps containers are to be stored out of the reach of children.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-12-14
(A)What is to be available on all trips, including routine walking trips?
The center is to:
(1)Have written and signed permission from the parent before transporting or escorting a child away from the center for field trips and routine trips as detailed in Appendix A to this rule. The permission slips are to be kept on file at the center for one year from the date of the trip.
(2)Attach to each child on a routine or field trip, except children being transported only to and from school or to and from home, identification containing the center's name, address, and a telephone number to contact in the event the child becomes lost.
(3)Have a completed copy of the JFS 01234 "Child Enrollment and Health Information for Child Care" for each child on the trip, except routine walks.
(4)Have first aid supplies as required by rule 5101:2-12-16 of the Administrative Code.
(5)Have the completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" for any child who has a health condition which could need medication, special procedures or precautions during the course of the trip. The center is also to take supplies needed to provide such treatment and medications that may need to be administered during the trip.
(6)Have a working cellular phone or other means of immediate communication. Cellular phones are not to be used by a driver while the vehicle is in motion.

(7)Ensure that the child care staff member responsible for each child on the field trip maintains a written record of which vehicle each child is being transported in and the cellular phone number of the adult in that vehicle who could be contacted in an emergency.
(8)Ensure that a person trained in cardiopulmonary resuscitation (CPR), first aid and management of communicable disease in accordance with rule 5101:2-12-10 of the Administrative Code is present in the vehicle for routine trips and field trips and at the destination on all field trips. More than one person may be used to meet this requirement.
(9)Ensure that if the vehicle used to transport children is manufactured with seat belts, they are to be utilized by adults and children, no more than one person may be strapped in each seat belt. Children or adults are not to be permitted to stand in a moving vehicle, sit on the floor or ride in a vehicle where all seats are not securely anchored.
(10) Not leave children in the vehicle when it is being refueled except when a trip is of such a length as to need refueling after starting with a full tank.

(B)What are the ratio and supervision requirements for trips, including routine walking trips?
(1)The staff/child ratio requirements of rule 5101:2-12-18 of the Administrative Code are to be met on field trips and routine trips. Children are to be assigned to specific child care staff members for all field trips.
(2)Parents, guardians or adults authorized by the center may be drivers on field trips as long as staff/child ratio requirements are met at the destination.
(3)One additional adult is to be present in the vehicle whenever five or more children are being transported and one or more of the children are infants.
(4)One additional adult is to be present in the vehicle when there are seven or more children being transported and no infants are present.
(5)One additional adult is to be present in the vehicle when there are ten or more school-age children, or the driver is to have a means of immediate communication, such as a cellular phone, to summon an additional adult when only school-age children are transported in one vehicle.
(6)The additional adult in the vehicle may be the driver, parent or volunteer.
(7)The vehicle is to be checked at completion of each trip to ensure that no child has been left on the vehicle.
(8)During routine walking trips or walking field trips, one additional adult is to be present when there are five or more infants or a combination of seven or more toddlers, preschool and school-age children or for ten or more school-age children if the group of children on the walking trip includes only school-age children.
(9)While children are being transported from their homes or schools directly to the center or from the center directly to their homes or schools, the children are not to count in the center's capacity

Appendix A to Rule 5101:2-12-16
First-Aid Kit Contents The first-aid kit shall contain unexpired items (where applicable) and include at least all of the following: • One roll of first-aid tape. • Individually wrapped sterile gauze squares in assorted sizes. • Sterile adhesive bandages in assorted sizes. • Tweezers. • Gauze rolled bandage. • Triangular

bandage. • Rounded end scissors. • Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth (for homes serving school age children only), including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit. • A working digital thermometer. • Disposable non-latex gloves. • A working flashlight. • An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit. • Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids. • Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration. In addition to the above items, on field trips or when transporting away from the home, the following items are required: • Soap or waterless sanitizer. • Bottled water.

5101:2-13-18 that is mentioned above states
(A)What are the requirements for staff/child ratios and maximum group size for a licensed family child care provider?
(1)Each child care staff member shall care for no more than six children at any one time. No more than three of those children may be under two years of age.
(2)The family child care provider shall not exceed the license capacity at any time when caring for children during the provider's hours of operation.
(3)The family child care provider shall ensure that the required staff/child ratios are maintained at all times including during routine trips and field trips.
(B)What children in the home are counted in ratio and group size?
(1)Any child present at the home who meets any of the following shall be counted in the group size:
(a)All children under six years old, including those related to the provider, the provider's own children and residents of the family child care home.
(b)Children six years old through fourteen years old who are not related to the provider.
(c)Children six years old up to fifteen years old who are related to the provider and for whom care is privately or publicly funded.
(d)Children fifteen years old through seventeen years old who are authorized to the provider for publicly funded child care pursuant to Chapter 5101:2-16 of the Administrative Code.
(e)Foster children shall be counted as a child not related to the provider.
(2)If the parent of a child is also present and caring for the child, the child does not count in group size, unless the parent is the licensed family child care provider, a resident of the family child care home, an employee, or a child care staff member.

(C)What are the driver requirements for employees and child care staff members of the center?
driver shall:
(1)The employee or child care staff member driver is to:
(a)Be at least eighteen years old.
(b)Hold a currently valid driver's license required for the type of vehicle driven in accordance with Ohio law.

(i)A copy of each driver's current driver's license is to be kept on file at the center.
(ii)The center is responsible for ensuring that the copy of the driver's license on file is kept current.
(c)Be free from the influence of any substance which could impair driving abilities.
(d)Ensure that all passengers, which includes the driver, adhere to the state of Ohio's child restraint law found in section 4511.81 of the Revised Code when transporting children in care.
(e)Not allow children under twelve years of age to ride in the front seat of any vehicle.
(f)See that each child safely boards and exits the vehicle from the curb side of the street whenever physically possible and out of the path of moving vehicles. Drop off or pick up at which it is not possible to board and exit from the curb side is to be conducted in a safe manner and with close supervision by the child care staff member responsible for the children. (g)Complete the Ohio department of job and family services (ODJFS) child care transportation training in the Ohio professional registry (OPR).
(i)A trained child care staff member is not required in the vehicle on field trips when parents are providing the transportation.
(ii)A trained child care staff member is not required when public transportation is being utilized or if the school district is providing transportation to or from the center .
(h)Practice the emergency exiting procedures.
(i)The emergency exiting procedures are to be practiced with the children on a monthly basis.
(ii)This practice is to occur during months that the vehicle is used for transporting children and is to take place on the center's premises or another safe location that is protected from traffic and other hazards to ensure the safety of the children involved.
(iii)A written record is to be kept of the dates when the emergency exiting procedure was practiced and the staff that were involved.
(2)Parents, who are not employed by the center, who use their vehicles for transportation to occasional field trips do not have to meet the requirements of paragraph (C) of this rule. For the purposes of this rule, "occasional" means three or fewer times per calendar year.
(3)The requirements outlined in paragraph (C) of this rule do not apply to public transportation drivers or companies contracted by the program and who are not employees or child care staff members.
(4)Training for transportation is to be documented in the OPR or kept on file at the center in the employee's or child care staff member's file for review by the ODJFS.

(D)What are the vehicle requirements for the center?
(1)Any vehicle operated by the center or driven by an employee or child care staff member to transport children for routine trips or field trips is to be mechanically safe at all times.
(2)Requirements for center vehicles used for transportation of children are listed in Appendix B to this rule.
(3)The personal vehicles driven by parents who are not employed by the center

are not required to meet the requirements of (2) the requirements of paragraph (E) of this rule.

(E)When are vehicles used for transporting children to be inspected?
The vehicles used for transporting children are to be inspected weekly by child care center staff and annually by an Automotive Service Excellence (ASE) certified mechanic, Federal Motor Carrier Safety Administration (FMCSA) safety inspector, or the Ohio State Highway Patrol.
(1)The center is to maintain documentation that staff have performed weekly inspections followed by any necessary repairs or other appropriate actions, for the following items:
(a)A visual inspection of the vehicle's tires for wear and adequate pressure.
(b)A visual inspection for working headlights and taillights, signals, mirrors, wiper blades and dash gauges.
(c)An inspection for properly functioning child and driver restraints.
(d)An inspection for properly functioning doors and windows.
(e)An inspection for, and cleaning of, debris from the vehicle's interior.
(2)The annual safety check is to be completed and approved prior to the use of any vehicle for transporting children, except that a new vehicle purchased directly from the dealer is to have the safety check completed before one year from the date of purchase. The bill of sale from the vehicle purchase is to be maintained on file at the center to verify compliance.
(a)Verification of the safety check is to be documented on the JFS 01230 "Vehicle Inspection Report for Child Care" and include notation and correction of any safety violation, and is to be maintained on file at the center for review by the ODJFS.
(b)A vehicle sticker issued from the Ohio state highway patrol indicating the vehicle has passed a school bus or personal vehicle inspection may be used to meet the annual safety check requirement.
(c)School buses and multifunction school activity buses which are inspected and licensed by the Ohio state highway patrol are exempt from the annual safety check required in this rule. The center is to prepare the buses before each trip following the Ohio department of education's operational and safety rules of Chapter 3301-83 of the Administrative Code.

Appendix A Written Permission When Children Are Transported
Routine Trips Written permission from the parent shall include: • The child’s name. • The destination(s) of the trip(s). • The signature of the parent. • The date on which the permission was signed. • A statement notifying parents how their child will be transported. The written permission shall be valid for the routine trip(s) for one year or until withdrawn by the parent. Field Trips Written permission from the parent shall include: • The child’s name. • The date(s) and destination(s) of the trip(s). • The departure and return time(s) of the trip(s). • The signature of the parent. • The date on which the permission was signed. • A statement notifying parents how their child will be transported.

Appendix B Licensed Center Vehicle Requirements
A. Centers may use any of the following vehicles to transport children: 1. School

buses as defined in section 4511.01 ORC. 2. Multi-function school-activity buses. 3. Vehicles designed by the manufacturer to carry nine or fewer passengers. B. No program shall transport children in converted cargo vans or passenger vans designed by the manufacturer to carry ten or more passengers. C. Vehicles used for transporting children which are purchased or leased after September 1, 2008 and are required by the United States Department of transportation to be equipped with seat belts at the time of manufacturing or assembly, shall have factory installed passenger restraint anchorages and passenger restraints that are suitable for the use in transporting children of any age. "Factory installed" means installed by the manufacturer or retrofitting that is accompanied by a certification document from the manufacturer. Add-on restraints such as infant carriers, car seats or booster seats are designed to be installed by the end user and are not subject to these requirements. D. The driver is considered to be a passenger of any vehicle approved for use in this appendix.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-13-14
A)What shall be available on all trips, including routine walking trips?
The licensed family child care provider shall:
(1)Have written and signed permission from the parent before transporting or escorting a child away from the home for field trips and routine trips as detailed in appendix A to this rule. The permission slips shall be kept on file at the home for one year from the date of the trip.
(2)Attach to each child on a routine or field trip, except children being transported only to and from school or only to and from home, identification containing the family child care provider's name, address, and a telephone number to contact in the event the child becomes lost.
(3)Have a completed copy of the JFS 01234 "Child Enrollment and Health Information for Child Care" for each child on the trip, except routine walks.
(4)Have first aid supplies as required by rule 5101:2-13-16 of the Administrative Code.
(5)Have the completed JFS 01236 "Child Medical/Physical Care Plan for Child Care" for any child who has a health condition which could require medication, special procedures or precautions during the course of the trip. The family child care provider, child care staff member or substitute child care staff member shall also take supplies needed to provide such treatment and medications that may need to be administered during the trip.
(6)Have a working cellular phone or other means of immediate communication. Cellular phones shall not be used by a driver while the vehicle is in motion.
(7)Ensure that if the vehicle used to transport children is manufactured with seat belts, they shall be utilized by adults and children, no more than one person may be strapped in each seat belt. Children or adults shall not be permitted to stand in a moving vehicle, sit on the floor or ride in a vehicle where all seats are not securely anchored.

(B)What are the ratio and supervision requirements for trips, including routine

walking trips?
(1)The staff/child ratio and group size requirements of rule 5101:2-13-18 of the Administrative Code shall be met on field trips and routine trips. Children shall be assigned to the provider or specific child care staff members for all field trips.

Appendix A to rule 5101:2-13-16 o First-Aid Kit Contents The first-aid kit shall contain unexpired items (where applicable) and include at least all of the following: • One roll of first-aid tape. • Individually wrapped sterile gauze squares in assorted sizes. • Sterile adhesive bandages in assorted sizes. • Tweezers. • Gauze rolled bandage. • Triangular bandage. • Rounded end scissors. • Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth (for homes serving school age children only), including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit. • A working digital thermometer. • Disposable non-latex gloves. • A working flashlight. • An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit. • Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids. • Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration. In addition to the above items, on field trips or when transporting away from the home, the following items are required: • Soap or waterless sanitizer. • Bottled water.

5101:2-13-18 that is mentioned above states
(A)What are the requirements for staff/child ratios and maximum group size for a licensed family child care provider?
(1)Each child care staff member shall care for no more than six children at any one time. No more than three of those children may be under two years of age.
(2)The family child care provider shall not exceed the license capacity at any time when caring for children during the provider's hours of operation.
(3)The family child care provider shall ensure that the required staff/child ratios are maintained at all times including during routine trips and field trips.
(B)What children in the home are counted in ratio and group size?
(1)Any child present at the home who meets any of the following shall be counted in the group size:
(a)All children under six years old, including those related to the provider, the provider's own children and residents of the family child care home.
(b)Children six years old through fourteen years old who are not related to the provider.
(c)Children six years old up to fifteen years old who are related to the provider and for whom care is privately or publicly funded.
(d)Children fifteen years old through seventeen years old who are authorized to the provider for publicly funded child care pursuant to Chapter 5101:2-16 of the Administrative Code.
(e)Foster children shall be counted as a child not related to the provider.
(2)If the parent of a child is also present and caring for the child, the child does not

count in group size, unless the parent is the licensed family child care provider, a resident of the family child care home, an employee, or a child care staff member.
(2)Parents, guardians or adults authorized by the provider may be drivers on field trips provided that staff/child ratio requirements are met at the destination.
(3) The vehicle shall be checked at completion of each trip to ensure that no child has been left on the vehicle.

(C)What are the driver requirements for employees and child care staff members of the family child care home?
driver shall:
(1)The employee or child care staff member driver shall:
(a) Be at least eighteen years old.
(b) Hold a currently valid driver's license required for the type of vehicle driven in accordance with Ohio law.
(i) A copy of each driver's current driver's license shall be kept on file at the home.
(ii) The family child care provider is responsible for assuring that the copy of the driver's license on file is kept current.
(c) Be free from the influence of any substance which could impair driving abilities.
(d) Ensure that all passengers, which includes the driver, adhere to the state of Ohio's child restraint law found in section 4511.81 of the Revised Code when transporting children in care.
(e) Not allow children under twelve years of age to ride in the front seat of any vehicle.
(f) Complete the Ohio department of job and family services (ODJFS) child care transportation training in the Ohio professional registry (OPR).
(i) A trained child care staff member is not required in the vehicle on field trips when parents are providing the transportation.
(ii) A trained child care staff member is not required when public transportation is being utilized or the school district is providing transportation to or from the provider's home.
(2) Only a child care staff member or employee who is used in accordance with the requirements in rule 5101:2-13-08 of the Administrative Code may transport children without the provider present, except parents may transport children for field trips.

(D)What are the vehicle requirements for a licensed family child care home?
(1)Any vehicle operated by the family child care home provider, child care staff member, or substitute child care staff member to transport children for routine trips or field trips shall be mechanically safe at all times.
(2)Requirements for type A home vehicles used for transportation of children are listed in appendix B to this rule.
(3)Requirements for type B home vehicles used for transportation of children are listed in appendix C to this rule.

(E)When shall vehicles used for transporting children be inspected?
(1)The licensed family child care provider shall maintain documentation that staff

have performed weekly inspections followed by any necessary repairs or other appropriate actions, for the following items:
(a)A visual inspection of the vehicle's tires for wear and adequate pressure.
(b)A visual inspection for working headlights and taillights, signals, mirrors, wiper blades and dash gauges.
(c)An inspection for properly functioning child and driver restraints.
(d)An inspection for properly functioning doors and windows.
(e)An inspection for, and cleaning of, debris from the vehicle's interior.
(F)Parents, who are not employed by the family child care provider, who use their vehicles for transportation for field trips shall not have to meet the requirements of paragraph (E) of this rule.

Appendix A Written Permission When Children Are Transported
Routine Trips Written permission from the parent shall include: • The child's name. • The destination(s) of the trip(s). • The signature of the parent. • The date on which the permission was signed. • A statement notifying parents how their child will be transported. The written permission shall be valid for the routine trip(s) for one year or until withdrawn by the parent. Field Trips Written permission from the parent shall include: • The child's name. • The date(s) and destination(s) of the trip(s). • The departure and return time(s) of the trip(s). • The signature of the parent. • The date on which the permission was signed. • A statement notifying parents how their child will be transported.

Appendix B Type A Home Vehicle Requirements
A. Type A Homes may use any of the following vehicles to transport children: 1. School buses as defined in section 4511.01 ORC. 2. Multi-function school-activity buses. 3. Vehicles designed by the manufacturer to carry nine or fewer passengers. B. C. Type A Homes shall not transport children in converted cargo vans or passenger vans designed by the manufacturer to carry ten or more passengers. Vehicles used for transporting children which are purchased, leased or contracted after September 1, 2008, are required by the United States Department of transportation to be equipped with seat belts at the time of manufacturing or assembly, shall have factory installed passenger restraint anchorages and passenger restraints that are suitable for the use in transporting children of any age. "Factory installed" means installed by the manufacturer or retrofitting that is accompanied by a certification document from the manufacturer. Add-on restraints such as infant carriers, car seats or booster seats are designed to be installed by the end user and are not subject to these requirements. D. The driver is considered to be a passenger of any vehicle approved for use in this appendix.

Appendix C Type B Home Vehicle Requirements
Type B Homes that are issued a provisional license after the effective date of this rule shall not be permitted to use converted cargo vans or passenger vans designed by the manufacturer to carry ten or more passengers. This applies to all vehicles that are owned, leased or contracted. b. Type B Homes that replace or add a vehicle shall not be permitted to use converted cargo vans or passenger vans designed by the manufacturer to carry ten or more passengers. This applies

to all vehicles that are owned, leased or contracted. c. Vehicles used for transporting children which are purchased, leased or contracted after the effective date of this rule and which are required by the United States Department of transportation to be equipped with seat belts at the time of manufacture or assembly, shall have factory installed passenger restraint anchorages and passenger restraints that are suitable for use in transporting children of any age. "Factory installed" means installed by the manufacturer or retrofitting that is accompanied by a certification document from the manufacturer. Add-on restraints such as infant carriers, car seats or booster seats are designed to be installed by the end user and are not subject to these requirements. 2. Effective January 1, 2022: a. Type B Homes may use any of the following vehicles to transport children: i. School buses as defined in section 4511.01 ORC. ii. Multi-function school-activity buses. iii. Vehicles designed by the manufacturer to carry nine or fewer passengers. b. Type B Homes shall not transport children in converted cargo vans or passenger vans designed by the manufacturer to carry ten or more passengers. c. Vehicles used for transporting children which are purchased, leased or contracted after the effective date of this rule and which are required by the United States department of transportation to be equipped with seat belts at the time of manufacturing or assembly, shall have factory installed passenger restraint anchorages and passenger restraints that are suitable for the use in transporting children of any age. "Factory installed" means installed by the manufacturer or retrofitting that is accompanied by a certification document from the manufacturer. Add-on restraints such as infant carriers, car seats or booster seats are designed to be installed by the end user and are not subject to these requirements. 3. The driver is considered to be a passenger of any vehicle approved for use in this appendix.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-14-09
(A)What is to be completed for all trips, including routine trips?
The in-home aide (IHA) is to:
(1)Have written and signed permission from the parent before transporting or escorting a child away from the home for field trips and routine trips as detailed in appendix A to this rule. The permission slip is to be kept on file at the home for one year from the date of the trip.
(2)Attach to each child on a routine or field trip, except children being transported only to and from school or only to and from home, identification containing the IHA's name, the child's address and a telephone number to contact in the event the child becomes lost.
(3)Have first aid supplies as outlined in Appendix C to rule 5101:2-14-05 of the Administrative Code

Appendix C to rule 5101:2-14-05 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.
(4)Take all supplies needed to provide treatment and medications for any child with a JFS 01236 "Child Medical/Physical Care Plan for Child Care" transported during the trip, as outlined in rule 5101:2-14-06 of the Administrative Code.

(B)What are the driver requirements for a certified IHA who transports children in care?
(1)The IHA driver is to :
(a)Complete the one-time Ohio department of job and family services (ODJFS) child care transportation training in the Ohio professional registry (OPR), unless public transportation is being used or the school district is providing transportation to and from the child's home.
(b)Ensure that all passengers, including the driver, follow the state of Ohio's child restraint law found in section 4511.81 of the Revised Code when transporting children in care.
(c) Not allow children under twelve years of age to ride in the front seat of any vehicle.
(2)The requirements outlined in paragraph (B) of this rule do not apply to public transportation drivers.

(C) What are the inspection requirements for vehicles used for transporting children in care?
The IHA is to maintain documentation that monthly inspections have been performed, followed by any necessary repairs or other appropriate actions, for the following items:
(1) A visual inspection for the vehicle's tires for wear and adequate pressure.
(2) A visual inspection for working headlights, taillights, signals, mirrors, wiper blades and dash gauges.
(3) An inspection for properly functioning child and driver restraints.
(4) An inspection for properly functioning doors and windows.
(5)An inspection for, and cleaning of, debris from the vehicle's interior.

Ohio Administrative Code (OAC) Rule 5101:5101:2-14-06 states

(C)What are the health care plan requirements for caring for children with a specific health condition in a home with a certified IHA? (c)Keep each JFS 01236 in a location that can be easily and quickly accessed, including being removed from the home if there is an emergency where the children are moved to another location, and for transporting children on all trips except routine walks.
(5)Have a working cellular phone or other means of immediate communication. Cellular phones are not to be used by a driver while the vehicle is in motion.
(6)Ensure that if the vehicle used to transport children is manufactured with seat belts, they are utilized by adults and children, with no more than one person strapped in each seat belt. Children or adults are not to be permitted to stand in a moving vehicle, sit on the floor or ride in a vehicle where all seats are not securely anchored.
(7)The vehicle is to be checked at completion of each trip to ensure that no child has been left in the vehicle.

Appendix A Written Permission When Children Are Transported
Routine Trips Written permission from the parent shall include: • The child's name. • The destination(s) of the trip(s). • The signature of the parent. • The date on which the permission was signed. • A statement notifying parents how their child will be transported. The written permission shall be valid for the routine trip(s) for one year or until withdrawn by the parent. Field Trips Written permission from the parent shall include: • The child's name. • The date(s) and destination(s) of the trip(s). • The departure and return time(s) of the trip(s). • The signature of the parent. • The date on which the permission was signed. • A statement notifying parents how their child will be transported.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to school age children**
Ohio Administrative Code (OAC) Rule 5101:2-18-12
(A)What shall be available on all trips, including routine walking trips?
The approved child day camp is to:
(1)Have written and signed permission from the parent before transporting or escorting a child away from the primary use spaces of the approved child day camp for field trips and routine trips as detailed in appendix A to this rule. The permission slips shall be kept on file at the approved day camp for one year.
(2)Have the information pursuant to rule 5101:2-18-05 of the Administrative Code for each child on the trip, except routine walks.
(3)Have the written medical form pursuant to rule 5101:2-18-11 of the

Administrative Code for any child who has a health condition which could require medications, special procedures or precautions during the course of the trip. The approved child day camp shall also take supplies needed to provide such treatment.
(4)Have a working cellular phone or other means of immediate communication. Cellular phones shall not be used by a driver while the vehicle is in motion.
(5)Ensure that the child day camp staff member responsible for each child on the field trip maintains a written record of which vehicle each child is being transported in and the cellular phone number of the adult in that vehicle who could be contacted in an emergency.
(6)Ensure that a person trained in cardiopulmonary resuscitation (CPR) and first aid in accordance with rule 5101:2-18-08 of the Administrative Code shall be present in the vehicle for routine trips and field trips and at the destination on all field trips. More than one person may be used to meet this requirement.
(7)Ensure that if the vehicle used to transport children is manufactured with seat belts, they shall be utilized by all the adults and children in the vehicle, and no more than one person shall be strapped in each seat belt. Children or adults shall not be permitted to stand in a moving vehicle, sit on the floor or ride in a vehicle where all seats are not securely anchored.
(8)Ensure that reasonable accommodations are provided for children with special health needs, so that children are not excluded from trips because of a special health need.

Ohio Administrative Code (OAC) Rule 5101:2-18-05
(A)What are the responsibilities of the child day camp administrator in an approved child day camp?
The child day camp administrator shall:
(8)Have a file available on-site for each enrolled child by the child's first day of attendance which shall include:
(a)The child's name and birthdate.
(b)Emergency contact names and telephone numbers.
(c)The name, address and telephone number of the child's primary care physician.
(d)A medical care plan if necessary pursuant to rule 5101:2-18-11 of the Administrative Code.

Ohio Administrative Code (OAC) Rule 5101:2-18-11
(A)What are the requirements for administration of prescription medications and non-prescription medications by an approved child day camp?
(5)Have written permission from the parent for each medication to be administered prior to administering any non-prescription or prescription medication.
(6)Document each administration, including a child's self-administration, of medication or application of topical product, unless the topical product is a non-prescription item including bug spray, sunscreen, hand sanitizer and lip balm. Ensure the documentation includes:
(a)The child's name.
(b)The child's date of birth.
(c)The medication name.

(d)The medication dosage.
(e)The date the medication was administered.
(f)The time the medication was administered.
(g)The signature of the person administering the medication.
(7) Allow school-age children to carry their own emergency medication as long as written permission from the parent is completed and on file at the approved day camp.
(D)What if a child has a special need or health condition?
(1)A written medical care plan shall be used for children with a condition or diagnosis that requires specific care and/or intervention by child day camp staff. The written plan shall include the following:
(a)The symptoms the staff should monitor which may require staff to take action.
(b)Administering procedures which require staff to be trained on those procedures.
(c)Avoiding specific food(s), environmental conditions or activities.
(d)Permission for the child to carry and administer their own emergency medication, if applicable.
(2)The approved child day camp is to:
(a)Ensure that there is a completed written medical care plan for each condition per child.
(b)Implement and follow all requirements of each child's medical care plan.
(c)Ensure that all child day camp staff members who are trained to perform the medical procedure have signed the medical care plan.
(d)Ensure that there is at least one child care staff member caring for the child at all times who has signed the medical care plan on the child's condition. This includes on-site at field trips.
(e)Keep the medical care plan in a location that can be easily and quickly accessed at all times, including being removed from the approved child day camp if there is an emergency where the children need to be moved to another location.
(3)The written medical care plan shall be on file with the approved child day camp by the first day of attendance or upon confirmation of a health condition.
(4)If the approved child day camp suspects that a child has a health condition, the camp may require a physician's statement within a designated timeframe.
(5)Only staff members trained on the child's needs and required procedures shall be permitted to perform medical procedures or other action needed for a health condition or a special need.

(B)What are the ratio and supervision requirements for trips, including routine walking trips?
The approved child day camp is to:
(1)Meet the staff/child ratio requirements of rule 5101:2-18-09 of the Administrative Code on field trips and routine trips. Children shall be assigned to specific child day camp staff members for all field trips.
(2)Ensure an additional adult is present in the vehicle for every ten children, or the driver has a means of immediate communication, such as a cellular phone, to summon an additional adult. The additional adult in the vehicle may be the driver, parent or volunteer.
(3)Ensure the staff/child ratio requirements of rule 5101:2-18-09 of the

Administrative Code are met while children are being transported if public transportation is being utilized.
(4)Ensure that an adult is present in the vehicle any time children are in the vehicle. At no time are children to be left unattended.
(5)Check the vehicle at completion of each trip to ensure that no child has been left in the vehicle.
(6)Ensure that during routine walking trips or walking field trips, an additional adult is present for every ten school-age children.

Ohio Administrative Code (OAC) Rule 5101:2-18-09
(A)What are the requirements for staff/child ratios for an approved child day camp?
(1)The approved child day camp shall ensure that the following day camp staff members/child ratios are maintained at all times:
(a)For children five to eleven years of age, a one to eighteen staff to child ratio is required.
(b)For children eleven to eighteen years of age, a one to twenty staff to child ratio is required.
(2)Approved child day camp staff members shall not be counted in the staff/child ratio when engaged in duties or activities that interfere with supervision of children.
(3)Children shall be organized and assigned to a group.
(a)A child with special needs shall be included in the group that best meets the child's developmental needs.
(b)Specific child day camp staff members shall be assigned and responsible for the care and supervision of the children in their group on a daily basis.

(C)What are the requirements for drivers who are used in the staff/child ratio or are child day camp staff members?
The driver shall:
(1)Be at least eighteen years old.
(2)On routine trips, be an employee or child day camp staff member with the exception of contracted transportation services.
(3)Never leave children alone in a vehicle, including leaving children in the vehicle when it is being refueled, except when a trip is of such a length as to require refueling after starting with a full tank.
(4)Meet the requirements of an employee or child day camp staff member as required in rule 5101:2-18-06 of the Administrative Code.
(5)Ensure that all passengers, including the driver, follow the state of Ohio's child restraint law found in section 4511.81 of the Revised Code when transporting children enrolled in the approved child day camp.
(6)Not allow children under twelve years of age to ride in the front seat of any vehicle.
(7)Be trained utilizing the American camp association (ACA) training for drivers standards and the ACA accident procedures standards if the driver is an employee of the approved child day camp.
(a)A trained driver is not required when public transportation is being utilized, or if the driver is a contracted driver.

(b)Training for transportation shall be completed at least annually for all drivers and shall be documented and kept on file at the approved child day camp in the employee's or the child day camp staff member's file for review by ODJFS.
(8)Contracted drivers are not used in staff/child ratios and are not employees of the child day camp. For these drivers, the administrator is to keep the transportation contract on file for review.

(D)What are the vehicle requirements for the approved child day camp?
Any vehicle operated by the child day camp or driven by a child day camp staff member to transport children for routine trips or field trips shall be mechanically safe at all times.

(E)When shall vehicles used for transporting children be inspected?
(1)The approved child day camp shall maintain documentation that staff have performed weekly inspections followed by any necessary repairs or other appropriate actions, for the following items:
(a)A visual inspection of the vehicle's tires for wear and adequate pressure.
(b)A visual inspection for working headlights and taillights, signals, mirrors, wiper blades and dash gauges.
(c)An inspection for properly functioning child and driver restraints.
(d)An inspection for properly functioning doors and windows.
(e)An inspection for, and cleaning of, debris from the vehicle's interior.
(2)The child day camp shall require providers of transportation services to maintain documentation that the transportation services staff have performed the required weekly inspections and necessary repairs or other appropriate actions required by paragraph (E)(1) of this rule.

(F)What are the requirements for the vehicle safety inspection?
(1)The safety inspection shall be performed within the month prior to seasonal use. A new vehicle purchased directly from the dealer is to have the safety check completed before one year from the date of purchase. The bill of sale from the vehicle purchase is to be maintained on file at the approved child day camp to verify compliance.
(2)The safety inspection shall be performed by an automotive service excellence (ASE) certified mechanic, federal motor carrier safety administration (FMCSA) safety inspector, or the Ohio state highway patrol.
(a)A vehicle sticker issued from the Ohio state highway patrol indicating the vehicle has passed a school bus or personal vehicle inspection may be used to meet this requirement.
(b)School buses and multifunction school activity buses which are inspected and licensed by the Ohio state highway patrol are exempt from the seasonal safety check required in this rule. The approved child day camp is to prepare the buses before each trip following the Ohio department of education's operational and safety rules of Chapter 3301-83 of the Administrative Code.
(3)Verification of the safety check shall be documented on the JFS 01230 "Vehicle Inspection Report for Child Care Centers." This verification shall include notation and correction of any safety violation and shall be maintained on file at the approved child day camp for review by ODJFS.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-10-
(A)What are the health training requirements for a child care center?
(1)All child care staff members are to be currently trained in first aid and cardiopulmonary resuscitation (CPR) appropriate for the age and developmental levels of the children in care.
(a)First aid and CPR trainings are to be completed within the first ninety days of hire.
(b)Until all required individuals are current in the trainings, at a minimum, the center is to have at least one trained child care staff member on-site (in each building) during all hours of operation who meets this requirement.
(2) A center shall have at least one child care staff member on-site (in each building) during all hours of operation who is currently trained in the management of communicable disease.
(4) Trainings shall meet course and trainer requirements in Appendix A to this rule.
(5)If a child care staff member meets the trainer requirements in Appendix A to this rule for a health training, that person is considered to meet the training requirement for that health training pursuant to paragraphs (A)(1) and (A)(2) of this rule.
(6) Audiovisual or electronic media training shall not be used to meet the CPR training requirement pursuant to paragraph (A)(1) of this rule unless there is also an in-person component of the training.

Appendix A -Health Training Courses
Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Is valid for the number of years indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization 3. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact, and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal, and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain,

temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization. Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician's assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR Trainers 1. Currently certified CPR instructor 2. Emergency medical services instructor

(C)What verification is needed on file at the center to document the completed training?
(1)The health trainings shall be documented by one of the following:
(a)Verification from the Ohio professional registry (OPR).
(b)The JFS 01276 "Health Training Documentation for Child Care" .
(c)Training cards or certificates issued by the training organization.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-13-10
A)What health training is required for a licensed family child care provider prior to licensure?
The family child care provider is to complete the following:
(1)Current certification in first aid and cardiopulmonary resuscitation (CPR). Training shall be appropriate for all of the ages and developmental levels of children in care.

(B)What health training is required for a licensed family child care provider once licensed?
(1)Maintain current certification in first aid and CPR. The training shall be appropriate for all of the ages and developmental levels of children in care.
(3)Audiovisual or electronic media training shall not be used to meet the CPR training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(C)What health training is required for a family child care staff member and a substitute child care staff member?
(1)Prior to being left alone with children, but within the first ninety days of hire, all child care staff members shall complete and remain current in the following:
(a)CPR.
(b)First aid.

(D)What are the requirements for the health trainings pursuant to paragraphs (A), (B) and (C) of this rule?
(1)The trainings are to meet course and trainer requirements in Appendix A to this rule.
(2)Audiovisual or electronic media training is not to be used to meet the CPR

training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(3)If the child care staff member meets the trainer requirements in Appendix A to this rule for a health training, that person is considered to meet the training requirement for first aid, CPR, or management of communicable disease.

Appendix A -Health Training Courses
Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Is valid for the number of years indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization 3. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact, and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal, and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization. Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician's assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR Trainers 1. Currently certified CPR instructor 2. Emergency medical services instructor

(C)What verification is needed on file at the center to document the completed training?
(1)The health trainings shall be documented by one of the following:
(a)Verification from the Ohio professional registry (OPR).
(b)The JFS 01276 "Health Training Documentation for Child Care" .
(c)Training cards or certificates issued by the training organization.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-14-03
(A)What health training is to be completed before an in-home aide (IHA) may be certified?
The IHA is to complete the following prior to certification:
(1)Current certification in first aid and cardiopulmonary resuscitation (CPR). Both the first aid and the CPR trainings are to be appropriate for the ages and

developmental levels of the children in care, as described in appendix A to this rule.
(4)If the IHA meets the trainer requirements in appendix A to this rule for a health training, the person is considered to meet the health training requirement for that health training, pursuant to paragraphs (A) and (B) of this rule.
(5)Audiovisual or electronic media training is not to be used to meet the CPR training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(B)What are the on-going health training requirements for a certified IHA?
(1)Maintain current certification in first aid and cardiopulmonary resuscitation (CPR) appropriate for the ages and developmental levels of the children in care, as described in Appendix A to this rule.

Appendix A Health Training Courses
Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 3. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization 4. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization Course Content for Management of Communicable Disease 1. Follows the curriculum prescribed by the Ohio Department of Job and Family Services (ODJFS) 2. Is valid for three years
Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR Trainers 1. Currently certified CPR instructor 2. Emergency medical service instructor

(D)What verification is needed on file to document the completed training?
(1)Health trainings are to be documented by one of the following:
(a)Verification from the Ohio professional registry (OPR).
(b)The JFS 01276 "Health Training Documentation for Child Care."

(c)Training cards or certificates issued by the training organization.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-18-08
A)What are the health training requirements for an approved child day camp?
(1)All child day camp staff members are to be currently trained in first aid and cardiopulmonary resuscitation (CPR). Both the first aid and the CPR trainings are to be appropriate for the age and developmental levels of the children in care.
(a)First aid and CPR trainings are to be completed within the first thirty days of hire.
(b)Until all required individuals are current in the trainings, at a minimum, the child day camp is to have at least one trained child day camp staff member on-site (in each building or on the grounds) during all hours of operation who meets this requirement.
(2)An approved child day camp shall have at least one child day camp staff member on-site (in each building or on grounds) during all hours of operation who is currently trained in management of communicable disease (more than one person may be used to meet this requirement).
(3) All child day camp staff members are to be currently trained in child abuse and neglect recognition and prevention. The child abuse and neglect recognition and prevention training shall be completed within thirty days of hire.
(a)If the child day camp provides training in child abuse and neglect recognition and prevention and meets the American camp association (ACA) requirements, it can be taken in place of the Ohio department of job and family (ODJFS) training.
(b)Until all required individuals are current in this training, at a minimum, the child day camp is to have at least one trained child day camp staff member on-site (in each building or on the grounds) during all hours of operation who meets this requirement.
(4)Trainings are to meet course and trainer requirements in Appendix A to this rule.
(5)If a child day camp staff member meets the trainer requirements in Appendix A to this rule for a health training, that person is considered to meet the health training requirement for that health training pursuant to paragraphs (A)(1) and (A)(2) of this rule.
(6)Audiovisual or electronic media training are not to be used to meet the CPR training requirement pursuant to paragraph (A)(1) of this rule unless there is also an in-person training component.

Appendix A Course Content for First Aid 1. Health Training Courses May include cardiopulmonary resuscitation (CPR) training 2. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 3. Is valid for the number of years indicated on the JFS 01276 "Health Training Documentation for Child Care", card or certificate provided by the training organization 4. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact, and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal, and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care", card or certificate provided by the training organization

Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician's assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR Trainers 1. Currently certified CPR instructor 2. Emergency medical services instructor

(C)What verification is needed on file at the approved child day camp to document the completed training?
(1)The health trainings shall be documented by one of the following:
(a)Verification from the Ohio professional registry (OPR).
(b)Training cards or certificates issued by the training organization.
(c)The JFS 01276 "Health Training Documentation for Child Care"

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:22-12-10-
(A)What are the health training requirements for a child care center?
(1)All child care staff members are to be currently trained in first aid and cardiopulmonary resuscitation (CPR) appropriate for the age and developmental levels of the children in care.
(a)First aid and CPR trainings are to be completed within the first ninety days of

hire.
(b)Until all required individuals are current in the trainings, at a minimum, the center is to have at least one trained child care staff member on-site (in each building) during all hours of operation who meets this requirement.
(2) A center shall have at least one child care staff member on-site (in each building) during all hours of operation who is currently trained in the management of communicable disease.
(4) Trainings shall meet course and trainer requirements in appendix A to this rule.
(5)If a child care staff member meets the trainer requirements in appendix A to this rule for a health training, that person is considered to meet the training requirement for that health training pursuant to paragraphs (A)(1) and (A)(2) of this rule.
(6) Audiovisual or electronic media training shall not be used to meet the CPR training requirement pursuant to paragraph (A)(1) of this rule unless there is also an in-person component of the training.

Appendix A -Health Training Courses Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Is valid for the number of years indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization 3. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact, and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal, and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization. Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician's assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR Trainers 1. Currently certified CPR instructor 2. Emergency medical services instructor

(C)What verification is needed on file at the center to document the completed training?
(1)The health trainings shall be documented by one of the following:
(a)Verification from the Ohio professional registry (OPR).
(b)The JFS 01276 "Health Training Documentation for Child Care" .

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:22-13-10
(A)What health training is required for a licensed family child care provider prior to licensure?
The family child care provider is to complete the following:
(1)Current certification in first aid and cardiopulmonary resuscitation (CPR). Training shall be appropriate for all of the ages and developmental levels of children in care.

(B)What health training is required for a licensed family child care provider once licensed?
(1)Maintain current certification in first aid and CPR. The training shall be appropriate for all of the ages and developmental levels of children in care.
(3)Audiovisual or electronic media training shall not be used to meet the CPR training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(C)What health training is required for a family child care staff member and a substitute child care staff member?
(1)Prior to being left alone with children, but within the first ninety days of hire, all child care staff members shall complete and remain current in the following:
(a)CPR.
(b)First aid.

(D)What are the requirements for the health trainings pursuant to paragraphs (A), (B) and (C) of this rule?
(1)The trainings are to meet course and trainer requirements in appendix A to this rule.
(2)Audiovisual or electronic media training is not to be used to meet the CPR training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(3)If the child care staff member meets the trainer requirements in appendix A to this rule for a health training, that person is considered to meet the training requirement for first aid, CPR, or management of communicable disease.

Appendix A -Health Training Courses Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Is valid for the number of years indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization 3. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact, and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal, and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related

injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization. Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician's assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR Trainers 1. Currently certified CPR instructor 2. Emergency medical services instructor

(C)What verification is needed on file at the center to document the completed training?
(1)The health trainings shall be documented by one of the following:
(a)Verification from the Ohio professional registry (OPR).
(b)The JFS 01276 "Health Training Documentation for Child Care" .
(c)Training cards or certificates issued by the training organization.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-14-03
(A)What health training is to be completed before an in-home aide (IHA) may be certified?
The IHA is to complete the following prior to certification:
(1)Current certification in first aid and cardiopulmonary resuscitation (CPR). Both the first aid and the CPR trainings are to be appropriate for the ages and developmental levels of the children in care, as described in Appendix A to this rule.
(4)If the IHA meets the trainer requirements in appendix A to this rule for a health training, the person is considered to meet the health training requirement for that health training, pursuant to paragraphs (A) and (B) of this rule.
(5)Audiovisual or electronic media training is not to be used to meet the CPR training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(B)What are the on-going health training requirements for a certified IHA?
(1)Maintain current certification in first aid and cardiopulmonary resuscitation (CPR) appropriate for the ages and developmental levels of the children in care, as described in appendix A to this rule.

Appendix A Health Training Courses Appendix 5101:2-14-03 Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 3. Is valid for the number of years as indicated on the JFS 01276

"Health Training Documentation for Child Care," card or certificate provided by the training organization 4. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization Course Content for Management of Communicable Disease 1. Follows the curriculum prescribed by the Ohio Department of Job and Family Services (ODJFS) 2. Is valid for three years Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR Trainers 1. Currently certified CPR instructor 2. Emergency medical service instructor

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-18-08
A)What are the health training requirements for an approved child day camp?
(1)All child day camp staff members are to be currently trained in first aid and cardiopulmonary resuscitation (CPR). Both the first aid and the CPR trainings are to be appropriate for the age and developmental levels of the children in care.
(a)First aid and CPR trainings are to be completed within the first thirty days of hire.
(b)Until all required individuals are current in the trainings, at a minimum, the

child day camp is to have at least one trained child day camp staff member on-site (in each building or on the grounds) during all hours of operation who meets this requirement.
(2)An approved child day camp shall have at least one child day camp staff member on-site (in each building or on grounds) during all hours of operation who is currently trained in management of communicable disease (more than one person may be used to meet this requirement).
(b)Until all required individuals are current in this training, at a minimum, the child day camp is to have at least one trained child day camp staff member on-site (in each building or on the grounds) during all hours of operation who meets this requirement.
(4)Trainings are to meet course and trainer requirements in appendix A to this rule.
(5)If a child day camp staff member meets the trainer requirements in appendix A to this rule for a health training, that person is considered to meet the health training requirement for that health training pursuant to paragraphs (A)(1) and (A)(2) of this rule.
(6)Audiovisual or electronic media training are not to be used to meet the CPR training requirement pursuant to paragraph (A)(1) of this rule unless there is also an in-person training component.

Appendix A Health Training Courses Appendix 5101:2-14-03 Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 3. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization 4. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization ourse Content for Management of Communicable Disease 1. Follows the curriculum prescribed by the Ohio Department of Job and Family Services (ODJFS) 2. Is valid for three years Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR

Trainers 1. Currently certified CPR instructor 2. Emergency medical service instructor

(C)What verification is needed on file at the approved child day camp to document the completed training?
(1)The health trainings shall be documented by one of the following:
(a)Verification from the Ohio professional registry (OPR).
(b)Training cards or certificates issued by the training organization.
(c)The JFS 01276 "Health Training Documentation for Child Care"

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following applies to all age groups, unless noted otherwise.
Ohio Administrative Code (OAC) Rule 5101:2-12-10-
A)What are the health training requirements for a child care center?
(3) All child care staff members are to be currently trained in child abuse and neglect recognition and prevention.
(a)Child abuse and neglect recognition and prevention training is to be completed within the first sixty days of hire.
(b)Until all required individuals are current in the trainings, at a minimum, the center is to have at least one trained child care staff member on-site (in each building) during all hours of operation who meets this requirement.
(4) Trainings shall meet course and trainer requirements in Appendix A to this rule.

Appendix A Health Training Courses- Course Content for Child Abuse and Neglect Recognition and Prevention 1. The Ohio department of job and family services child abuse and neglect recognition and prevention training which is valid for two years, OR 2. Course created that covers all of the following topics which is valid for three years: • Ohio law and rules pertaining to child abuse and neglect, including definitions, reporting and confidentiality requirements and the requirement to report suspected abuse or neglect by child care staff members if observed or suspected • Physical and behavioral indicators of child abuse and neglect • Details on reporting, including penalty, immunity and how and to whom to report • Race, equity, and diversity including how implicit biases may impact reporting • The investigatory role of the children's protective services agency • The sharing of information and the role of law enforcement, licensing and the courts in reports of child abuse and neglect • Helping families who have occurrences of abuse or neglect • Prevention of child abuse and neglect in the center, including: staff supervision and training, policies and procedures and appropriate discipline

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101: 2-13-10
(A)What health training is required for a licensed family child care provider prior to licensure?
The family child care provider is to complete the following:
(3)Current training in one of the following child abuse and neglect recognition and prevention trainings:
(a)Ohio department of job and family services (ODJFS) child abuse and neglect recognition and prevention training.
(b)Child abuse and neglect recognition and prevention training as described in appendix A to this rule.
(B)What health training is required for a licensed family child care provider once licensed?
(2)Maintain current training in management of communicable disease and child abuse and neglect recognition and prevention.
(C)What health training is required for a family child care staff member and a substitute child care staff member?
(1)Prior to being left alone with children, but within the first ninety days of hire, all child care staff members shall complete and remain current in the following:
(d) One of the following child abuse and neglect recognition and prevention trainings:
(i)ODJFS child abuse and neglect recognition and prevention training.
(ii)Child abuse and neglect recognition and prevention training as described in appendix A to this rule.
(D)What are the requirements for the health trainings pursuant to paragraphs (A), (B) and (C) of this rule?
(1)The trainings are to meet course and trainer requirements in Appendix A to this rule.

Appendix A Health Training Courses- Course Content for Child Abuse and Neglect Recognition and Prevention 1. The Ohio department of job and family services child abuse and neglect recognition and prevention training which is valid for two years, OR 2. Course created that covers all of the following topics which is valid for three years: • Ohio law and rules pertaining to child abuse and neglect, including definitions, reporting and confidentiality requirements and the requirement to report suspected abuse or neglect by child care staff members if observed or suspected • Physical and behavioral indicators of child abuse and neglect • Details on reporting, including penalty, immunity and how and to whom to report • Race, equity, and diversity including how implicit biases may impact reporting • The investigatory role of the children's protective services agency • The sharing of information and the role of law enforcement, licensing and the courts in reports of child abuse and neglect • Helping families who have occurrences of abuse or neglect • Prevention of child abuse and neglect in the center, including: staff supervision and training, policies and procedures and appropriate discipline

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-14-03
(A)What health training is to be completed before an in-home aide (IHA) may be certified?
The IHA is to complete the following prior to certification:
(3)Current training in one of the following child abuse and neglect recognition and prevention trainings:
(a)Ohio department of job and family services (ODJFS) child abuse and neglect recognition and prevention training.
(b)Child abuse and neglect recognition and prevention training as described in appendix A to this rule.
(4)If the IHA meets the trainer requirements in Appendix A to this rule for a health training, the person is considered to meet the health training requirement for that health training, pursuant to paragraphs (A) and (B) of this rule.

(B)What are the on-going health training requirements for a certified IHA?
(2)Maintain current training in management of communicable diseases and child abuse and neglect recognition and prevention, as described in Appendix A to this rule.

Appendix A Health Training Courses 5101:2-14-03 Course Content for Course Content for Child Abuse and Neglect Recognition and Prevention 1. The Ohio department of job and family services child abuse and neglect training which is valid for two years, OR 2. Course created that covers all the following topics which is valid for three years: Ohio law and rules pertaining to child abuse and neglect, including definitions, reporting and confidentiality requirements and the requirement to report suspected abuse or neglect by IHA if observed or suspected Physical and behavioral indicators of child abuse and neglect Details on reporting, including penalty, immunity and how and to whom to report. Race, equity and diversity including how implicit biases may impact reporting The investigatory role of the children's protective services agency The sharing of information and the role of law enforcement, licensing and the courts in reports of child abuse and neglect Helping families who have occurrences of abuse or neglect Prevention of child abuse and neglect in the child's home, including: IHA supervision and training, policies and procedures and appropriate discipline Health Training Approved Trainers 3. Current trainer employed by local health department Child Abuse and Neglect Recognition and Prevention Trainers 1. Authorized trainer for a public children services agency (PCSA) 2. Person with at least an associate degree in social work, child development or related field from accredited college and two years of experience professionally assessing Appendix A to Rule 5101:2-14-03 child abuse and neglect for a PCSA or an agency contracted by a PCSA or providing counseling to abused children or training others in child abuse prevention or the combination of experience and training 3. Licensed physician, PA, APRN, CNP, or RN with two years of experience

professionally assessing child abuse and neglect or providing counseling to abused children or training others in child abuse prevention or the combination of experience and training

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-18-08
(A)What are the health training requirements for an approved child day camp?
(3) All child day camp staff members are to be currently trained in child abuse and neglect recognition and prevention. The child abuse and neglect recognition and prevention training shall be completed within thirty days of hire.
(a)If the child day camp provides training in child abuse and neglect recognition and prevention and meets the American camp association (ACA) requirements, it can be taken in place of the Ohio department of job and family (ODJFS) training.
(b)Until all required individuals are current in this training, at a minimum, the child day camp is to have at least one trained child day camp staff member on-site (in each building or on the grounds) during all hours of operation who meets this requirement.

(4)Trainings are to meet course and trainer requirements in Appendix A to this rule.
(5)If a child day camp staff member meets the trainer requirements in Appendix A to this rule for a health training, that person is considered to meet the health training requirement for that health training pursuant to paragraphs (A)(1) and (A)(2) of this rule.

Appendix A Appendix a Health Training Courses 5101:2-14-03 Course Content for Course Content for Child Abuse and Neglect Recognition and Prevention 1. The Ohio department of job and family services child abuse and neglect training which is valid for two years, OR 2. Course created that covers all the following topics which is valid for three years: ? Ohio law and rules pertaining to child abuse and neglect, including definitions, reporting and confidentiality requirements and the requirement to report suspected abuse or neglect by IHA if observed or suspected ? Physical and behavioral indicators of child abuse and neglect ? Details on reporting, including penalty, immunity and how and to whom to report. ? Race, equity and diversity including how implicit biases may impact reporting ? The investigatory role of the children's protective services agency ? The sharing of

information and the role of law enforcement, licensing and the courts in reports of child abuse and neglect Helping families who have occurrences of abuse or neglect Prevention of child abuse and neglect in the child's home, including: IHA supervision and training, policies and procedures and appropriate discipline Health Training Approved Trainers 3. Current trainer employed by local health department Child Abuse and Neglect Recognition and Prevention Trainers 1. Authorized trainer for a public children services agency (PCSA) 2. Person with at least an associate degree in social work, child development or related field from accredited college and two years of experience professionally assessing Appendix A to Rule 5101:2-14-03 child abuse and neglect for a PCSA or an agency contracted by a PCSA or providing counseling to abused children or training others in child abuse prevention or the combination of experience and training 3. Licensed physician, PA, APRN, CNP, or RN with two years of experience professionally assessing child abuse and neglect or providing counseling to abused children or training others in child abuse prevention or the combination of experience and training

Ohio Administrative Code (OAC) Rule 5101:2-18-09
(E)What are the child abuse and/or neglect reporting requirements?
If the owner, administrator, employee or child day camp staff member suspects that a child has been abused or neglected, he or she shall immediately notify the public children services agency (PCSA).

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-12-19
(D)What are the child abuse and/or neglect reporting requirements?
If the owner, administrator, employee or child care staff member suspects that a child has been abused or neglected, he or she shall immediately notify the Public Children Services Agency (PCSA).

ODE Preschool Programs
Ohio Administrative Code (OAC) Rule 3301-37-10
(11) A staff member who suspects that a child has been abused or neglected is to immediately notify the public children services agency and a serious incident report is to be completed and submitted to the department in accordance with section 2151.421 of the Revised Code.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-13-19
D)What are the child abuse and/or neglect reporting requirements?
If the provider, employee or child care staff member suspects that a child has been abused or neglected, he or she shall immediately notify the Public Children Services Agency (PCSA).

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-14-08
(E)What are the child abuse and neglect reporting requirements?
If the IHA suspects that a child has been abused or neglected, the IHA is to immediately notify the Public Children Services Agency (PCSA).

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **NA**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following applies to all age groups, unless noted otherwise.**
Ohio Administrative Code (OAC) Rule 5101:2-18-09
(E)What are the child abuse and/or neglect reporting requirements?
If the owner, administrator, employee or child day camp staff member suspects that a child has been abused or neglected, he or she shall immediately notify the Public Children Services Agency (PCSA).

ODE School Age Programs
Ohio Administrative Code (OAC) Rule 3301-32-10
(A) The program shall develop and maintain written program policies and procedures that are consistent with the policies and procedures of the school district board of education. Such written policies and procedures shall include, but not necessarily be limited to, the following:
(21) Reporting child abuse or suspicions of child abuse or neglect as required by section 2151.421 of the Revised Code to the local children's protective service agency. The school child program shall neither abuse nor neglect children, but shall protect children from abuse or neglect while in the program's care;

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **The following applies to center based and family home child care and children of all ages:**

Ohio Administrative Code (OAC) Rule 5101:2-12-22

A)What are the requirements for meals and snacks in a licensed child care center?

The center is to:

(1)Serve varied, nutritious, and appropriately timed meals and snacks as described in Appendix A to this rule.

(5)Serve only one hundred per cent, undiluted fruit or vegetable juice, if used to meet the fruit or vegetable requirement for meals and snacks. Other fruit or vegetable juice is permitted as a beverage alternative.

(6)Ensure that supplemental food is on-site at the center and that no child goes more than four hours without at least a snack or meal, except when sleeping.

Appendix A The content of meals, snacks and breakfast shall be selected from the following four basic food groups: 1. Meat or meat alternative 2. Breads and grains 3. Fruits and vegetables (juices may be used if 100% and undiluted) 4. Fluid Milk (see appendix C to rule 5101:2-13-22)

Meal Requirements

Meal-provide 1/3 of the recommended daily dietary allowances as specified by the United States Department of Agriculture USDA

Food Groups- 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.

Appendix C - Fluid Milk Requirements for Children by Age

The licensed family child care provider is to ensure that children are served fluid milk unless the parent provides written instructions by a licensed physician, physician's assistant (PA), advanced practice registered nurse (APRN) or certified nurse practitioner (CNP).

Below is a list of age appropriate fluid milk selections that meet the ODJFS requirement for family child care homes.

Infants up to twelve months of age - Formula • Breast milk

Infants and toddlers twelve months of age up to twenty-four months of age - Unflavored whole homogenized vitamin D fortified cow's milk • Breast milk at parent's request, without written instructions from a licensed physician, PA, APRN, or CNP • Non-cow milk substitutions that are nutritionally equivalent to milk, with written parental consent

Toddlers and children twenty-four months of age and older - Unflavored one percent milk that is vitamin A and D fortified • Unflavored fat free or skim milk that is vitamin A and D fortified • Non-cow milk substitutions that are nutritionally equivalent to milk, with written parental consent

Note: The licensed family child care provider is not to use reconstituted dry powdered milk as a beverage unless the parent provides written instructions by a licensed physician, PA, APRN, or CNP.

The following applies in in-home aide care and children of all ages

Ohio Administrative Code (OAC) Rule 5101:2-14-11

Meal and Snack Requirements

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

The IHA is to:

(1)Provide 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)Serve food that is not a choking hazard, and that is developmentally appropriate in size, amount and texture.
(3)Ensure that meals and snacks are served in the hours as described in Appendix A to this rule, except when sleeping.
(4)Serve only one hundred percent, 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.

Appendix A Meal-provide 1/3 of the recommended daily dietary allowances as specified by the United States Department of Agriculture USDA
Food Groups- 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.

ii. Access to physical activity. Describe: The following applies to center based child care and children of all ages:
Ohio Administrative Code (OAC) Rule 5101:2-12-11
(C)What are the on-site outdoor space requirements for a center?
(1)The center shall have an on-site outdoor space that:
(a)Provides at least sixty square feet of usable space per child using the area at one time.
(f)Provides a shaded area. The shade may be naturally occurring from trees, building, or overhangs. The center may also install lawn umbrellas that are securely anchored or other structures that provide shade in a safe manner.

(D)What are the exemptions for having an on-site outdoor space?

(1)A center may be exempt if both of the following apply:

(a)The center has an indoor recreation area that has a minimum of one thousand four hundred forty square feet of space that is separate from the indoor space required by this rule and is regularly available and scheduled for daily use.

(b)There is a safe park or play area regularly available, scheduled for daily use in suitable weather and approved by the ODJFS. Access to this area shall be safe and convenient, and children shall be closely supervised during play and when going to and from the area.

Ohio Administrative Code (OAC) Rule 5101:2-12-17

A)What are the programming requirements for a licensed child care center? The requirements include:

(1)Posting the daily schedule for each age group in each classroom.

(2)Providing opportunities for both quiet and active play suitable to the developmental levels and abilities of each child in care.

(3)Providing activities to promote the children's physical, social-emotional, cognitive and language development.

(5)Providing outdoor play in suitable weather for any infant over twelve months of age, toddler, preschool, and school-age child in attendance four or more consecutive daylight hours. Suitable weather is at a minimum of twenty-five to ninety degrees Fahrenheit.

(6)Indoor gross motor play such as, climbing, jumping, running, riding wheel toys, yoga, other physical fitness or music and movement on days when outdoor play is not provided.

The following applies to family child care homes and children of all ages

Ohio Administrative Code (OAC) Rule 5101:2-13-11

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

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

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

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

Ohio Administrative Code (OAC) Rule 5101:2-13-07
A)What are the programming requirements for a licensed family child care provider?
The requirements include:
(2)Providing opportunities for both quiet and active play suitable to the developmental levels and abilities of each child in care.
(3)Providing activities to promote the children's physical, social-emotional, cognitive and language development.
(5)Providing outdoor play in suitable weather. Suitable weather is at a minimum twenty-five to ninety degrees Fahrenheit.
(a)For any infant over twelve months of age, toddler, preschool and school-age child in attendance four or more consecutive daylight hours.
(b)If only one staff member is present and there is an infant under twelve months of age in care, the provider is exempt from this requirement.
(6)Indoor gross motor play such as, climbing, jumping, running, riding wheel toys, yoga, other physical fitness or music and movement on days when outdoor play is not provided.

iii. Caring for children with special needs. Describe: The following applies to center based child care and children of all ages:
Ohio Administrative Code (OAC) Rule 5101:2-12-17

(A)What are the programming requirements for a licensed child care center? The requirements include:

(2)Providing opportunities for both quiet and active play suitable to the developmental levels and abilities of each child in care.

B)What materials and equipment are required for a licensed child care center?

The center shall:

(1)Provide durable furniture such as tables and chairs. This furniture shall be child sized or safely adapted for use by children.

(2)Provide developmentally appropriate play materials to be used as part of the daily schedule. These materials shall be readily accessible, and arranged in an orderly manner so that children have opportunities to select, remove, and replace play materials with minimal assistance during the day.

(a)The center shall have materials from each category in appendix A to this rule for infants, toddlers and preschool-age children.

(b)The center shall have materials from at least five of the nine categories in appendix A to this rule for school-age children.

(3)Ensure that equipment, materials, and furnishings provided for both indoor and outdoor play are:

(a)Varied and adequate to meet the developmental needs of the children.

(b)Sufficient in quantity that each child can be actively involved in an activity.

Appendix A -Categories of Developmentally Appropriate Equipment and Materials. Infant • Pretend or dramatic play materials. • Manipulative materials and equipment. • Large blocks. • Language arts and auditory materials and equipment. • Music equipment. • Transportation materials and equipment. • Gross motor activities materials and equipment. • Sensory perceptual motor materials. Toddler and Preschool • Art supplies. • Manipulative materials and equipment. • Blocks. • Science-nature equipment. • Language arts and auditory materials and equipment. • Pretend or dramatic play materials. • Music equipment. • Transportation

materials and equipment. • Gross motor equipment. • Sensory motor equipment. School-Age • Art supplies. • Manipulative materials and equipment. • Blocks. • Science-nature materials. • Language arts materials and equipment. • Pretend or dramatic play materials. • Music equipment. • Transportation materials and equipment. • Sports and gross motor equipment.

The following applies to family childcare homes and children of all ages:
Ohio Administrative Code (OAC) Rule 5101:2-13-17
(A)What are the programming requirements for a licensed family child care provider
The requirements include:
(2)Providing opportunities for both quiet and active play suitable to the developmental levels and abilities of each child in care.

B)What materials and equipment are required for a licensed child care center?
The family child care provider shall:
(1)Provide durable furniture such as tables and chairs. This furniture shall be child sized or safely adapted for use by children.
(2)Provide developmentally appropriate play materials to be used as part of the daily schedule. These materials shall be readily accessible and arranged in an orderly manner so that children have opportunities to select, remove, and replace play materials with minimal assistance during the day.
(a)The family child care provider shall have materials from each category in appendix A to this rule for infants, toddlers and preschool-age children.
(b)The family child care provider shall have materials from at least five of the nine categories in appendix A to this rule for school-age children.
(3)Ensure that equipment, materials, and furnishings provided for both indoor and outdoor play are:
(a)Varied and adequate to meet the developmental needs of the children.
(b)Sufficient in quantity that each child can be actively involved in an activity.

Appendix A -Categories of Developmentally Appropriate Equipment and Materials. Infant • Pretend or dramatic play materials. • Manipulative materials and equipment. • Large blocks. • Language arts and auditory materials and equipment. • Music equipment. • Transportation materials and equipment. • Gross motor activities materials and equipment. • Sensory perceptual motor materials. Toddler and Preschool • Art supplies. • Manipulative materials and equipment. • Blocks. • Science-nature equipment. • Language arts and auditory materials and equipment. • Pretend or dramatic play materials. • Music equipment. • Transportation materials and equipment. • Gross motor equipment. • Sensory motor equipment. School-Age • Art supplies. • Manipulative materials and equipment. • Blocks. • Science-nature materials. • Language arts materials and equipment. • Pretend or dramatic play materials. • Music equipment. • Transportation materials and equipment. • Sports and gross motor equipment.

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **No**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[x]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[x]
j. Pediatric first aid and pediatric CPR (age-	[x]	[x]	[x]

	appropriate)			
k.	Child abuse and neglect recognition and reporting	**[x]**	**[x]**	**[x]**
l.	Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	**[x]**	**[x]**	**[x]**

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **NA**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[x] No

[ ] Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **More than Annually - A risk assessment differential monitoring model is followed for unannounced inspections for child care centers. All child care centers receive at least one unannounced licensing inspection each state fiscal year. Based on the compliance at that inspection, additional inspections may be conducted prior to the end of the state fiscal year. Additionally, complaint inspections conducted may be unannounced for all provider types.**

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **A risk assessment differential monitoring model is followed for unannounced inspections for child care centers. All rules have a point value attached indicating one of three risk levels, which includes CCDBG required health, safety, and fire standards. Based on the non-compliances cited during their first annual inspection, it may dictate additional monitoring inspections throughout the state fiscal year. The center may demonstrate compliance during an inspection or by providing a satisfactory corrective action plan which describes the steps taken by the program to correct the noncompliance that was observed during the licensing inspection**

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Ohio Department of Children and Youth**

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **All CCDF and non-CCDF family child care providers receive two compliance inspections each state fiscal year and at least one must be unannounced. County agencies conduct all family child care provider licensing inspections. Additionally, complaint inspections conducted by the county agency may b unannounced for all provider types**

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **A risk assessment differential monitoring model is followed for unannounced inspections for child care centers. All rules have a point value attached indicating one of three risk levels, which includes CCDBG required health, safety, and fire standards. Based on the non-compliances cited during their first annual inspection, it may dictate additional monitoring inspections throughout the state fiscal year. The center may**

demonstrate compliance during an inspection or by providing a satisfactory corrective action plan which describes the steps taken by the program to correct the noncompliance that was observed during the licensing inspection.

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **County Department of Job and Family Services conduct the inspections for family child care providers.**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[x] No.

[ ] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[ ] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **County Job and Family Services Agencies**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **NA**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **NA**

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **NA**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **NA**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **NA**

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **NA**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring

visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

a. Does the Lead Agency post:

   i. **[x]** Pre-licensing inspection reports for licensed programs.

   ii. **[x]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

   iii. **[ ]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

   iv. **[ ]** Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

   i. **[x]** Date of inspection.

   ii. **[x]** Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Health and safety violations, including fatalities or serious injuries, that resulted due to negligence of the program, are documented as rule citations in inspection reports, which are written in reader friendly plain language and are posted on the Ohio Department of Children and Youth website.**

   iii. **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **The provider submits a corrective action plan for each non-compliance which is reviewed by the specialist who then logs a status in the system. Statuses are displayed on the website. The "Inspection Corrective Action Status" identifies the status of corrective action taken for the entire inspection. The "Compliance Status" is specific to each rule violation.**

   iv. **[x]** A minimum of 3 years of results, where available.

   v. If any of the components above are not selected, please explain:

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

   i. Provide the direct URL/website link to where the reports are posted: **NA**

   ii. Identify the Lead Agency's established timeline for posting monitoring reports and

describe how it is timely: **Once a report is completed by the licensing staff an overnight batch is run and the report is available to view the next day on the consumer website. https://childcaresearch.ohio.gov/**
Pre-licensing inspection reports will be added to the consumer website by March 2025.

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **Child care licensing specialists hired by the Ohio Department of Children and Youth must meet all education, training, and experience requirements. Child care licensing inspectors hired by the county agencies must meet requirements outlined by the agency. All inspectors receive training on how to monitor the programs. Specialists with the lead agency at a minimum, must have the following: Completed an undergraduate core program in early childhood / human development, social, or behavioral sciences. Meet one of the Department's trainer requirements cited in Administrative Code rules 5101:2-12-10 or 5101:2-13-10.**
Child care licensing specialist hired by the lead agency complete a six month training of the licensing rules, policies, and procedures which includes mentoring and observation prior to receiving a caseload. Inspectors hired by the county agencies must complete training provided by the lead agency and training requirements outlined by the agency. These trainings include a review of the child care rules for the specific program type which includes health and safety requirements.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **The Ohio Department of Children and Youth currently maintains a ratio of approximately 1:76 with teams located regionally throughout the state.**

The Ohio Department of Children and Youth (DCY) currently maintains a ratio of approximately 1:76 with teams located regionally throughout the state. DCY calculates staff have approximately 173 working days in the field each fiscal year, after subtracting days for state and national holidays and other required days in the office. Each program is required to receive at least one unannounced inspection each state fiscal year. The Division of Regulatory Compliance, within DCY, continues to conduct a workload analysis across the division and is working to develop integrated monitoring procedures across all setting types. Five new positions were recently added. Leadership continues to monitor staffing needs as agency procedures are developed and will advocate for additional staff as needed.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **Ohio Administrative Code (OAC) Rule 5101:2-12-10**
A)What are the health training requirements for a child care center?
(1)All child care staff members are to be currently trained in first aid and cardiopulmonary resuscitation (CPR) appropriate for the age and developmental levels of the children in care.
(a)First aid and CPR trainings are to be completed within the first ninety days of hire.
(b)Until all required individuals are current in the trainings, at a minimum, the center is to have at least one trained child care staff member on-site (in each building) during all hours of operation who meets this requirement.
(2) A center shall have at least one child care staff member on-site (in each building) during all hours of operation who is currently trained in the management of communicable disease.
(3) All child care staff members are to be currently trained in child abuse and neglect recognition and prevention.
Appendix A -
(a)Child abuse and neglect recognition and prevention training is to be completed within

the first sixty days of hire.
(b)Until all required individuals are current in the trainings, at a minimum, the center is to have at least one trained child care staff member on-site (in each building) during all hours of operation who meets this requirement.
(4) Trainings shall meet course and trainer requirements in appendix A to this rule.
(5)If a child care staff member meets the trainer requirements in appendix A to this rule for a health training, that person is considered to meet the training requirement for that health training pursuant to paragraphs (A)(1) and (A)(2) of this rule.
(6) Audiovisual or electronic media training shall not be used to meet the CPR training requirement pursuant to paragraph (A)(1) of this rule unless there is also an in-person component of the training. Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization Course Content for Management of Communicable Disease 1. Follows the curriculum prescribed by the Ohio Department of Job and Family Services Is valid for three years.

Course Content for Child Abuse and Neglect Recognition and Prevention 1. The Ohio department of job and family services child abuse and neglect recognition and prevention training which is valid for two years, OR 2. Course created that covers all of the following topics which is valid for three years: • Ohio law and rules pertaining to child abuse and neglect, including definitions, reporting and confidentiality requirements and the requirement to report suspected abuse or neglect by child care staff members if observed or suspected • Physical and behavioral indicators of child abuse and neglect • Details on reporting, including penalty, immunity and how and to whom to report • Race, equity, and diversity including how implicit biases may impact reporting • The investigatory role of the children's protective services agency • The sharing of information and the role of law enforcement, licensing and the courts in reports of child abuse and neglect • Helping families who have occurrences of abuse or neglect • Prevention of child abuse and neglect in the center, including: staff supervision and training, policies and procedures and appropriate discipline

b. License-exempt child care centers: NA

c. Licensed family child care homes: Ohio Administrative Code (OAC) Rule 5101:2-13-10-
A)What health training is required for a licensed family child care provider prior to licensure?
The family child care provider is to complete the following:
(1)Current certification in first aid and cardiopulmonary resuscitation (CPR). Training shall be appropriate for all of the ages and developmental levels of children in care.
(2)Current training in management of communicable disease .
(3)Current training in one of the following child abuse and neglect recognition and prevention trainings:
(a)Ohio department of job and family services (ODJFS) child abuse and neglect recognition and prevention training.
(b)Child abuse and neglect recognition and prevention training as described in appendix A

to this rule.(B)What health training is required for a licensed family child care provider once licensed?
(1)Maintain current certification in first aid and CPR. The training shall be appropriate for all of the ages and developmental levels of children in care.
(2)Maintain current training in management of communicable disease and child abuse and neglect recognition and prevention.
(3)Audiovisual or electronic media training shall not be used to meet the CPR training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(C)What health training is required for a family child care staff member and a substitute child care staff member?
(1)Prior to being left alone with children, but within the first ninety days of hire, all child care staff members shall complete and remain current in the following:
(a)CPR.
(b)First aid.
(c)Management of communicable disease.
(d) One of the following child abuse and neglect recognition and prevention trainings:
(i)ODJFS child abuse and neglect recognition and prevention training.
(ii)Child abuse and neglect recognition and prevention training as described in appendix A to this rule.
(D)What are the requirements for the health trainings pursuant to paragraphs (A), (B) and (C) of this rule?
(1)The trainings are to meet course and trainer requirements in appendix A to this rule.
(2)Audiovisual or electronic media training is not to be used to meet the CPR training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(3)If the child care staff member meets the trainer requirements in appendix A to this rule for a health training, that person is considered to meet the training requirement for first aid, CPR, or management of communicable disease.
Appendix A-Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 3. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization 4. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact and inhaled

d. License-exempt family child care homes: **NA**

e. Regulated or registered in-home child care: **Ohio Administrative Code (OAC) Rule 5101:2-14-03-**
A)What health training is to be completed before an in-home aide (IHA) may be certified? The IHA is to complete the following prior to certification:
(1)Current certification in first aid and cardiopulmonary resuscitation (CPR). Both the first aid and the CPR trainings are to be appropriate for the ages and developmental levels of the children in care, as described in appendix A to this rule.
(2)Current training in management of communicable diseases as described in appendix A to this rule.
(3)Current training in one of the following child abuse and neglect recognition and

prevention trainings:
(a)Ohio department of job and family services (ODJFS) child abuse and neglect recognition and prevention training.
(b)Child abuse and neglect recognition and prevention training as described in appendix A to this rule.
(4)If the IHA meets the trainer requirements in appendix A to this rule for a health training, the person is considered to meet the health training requirement for that health training, pursuant to paragraphs (A) and (B) of this rule.
(5)Audiovisual or electronic media training is not to be used to meet the CPR training requirement pursuant to paragraphs (A)(1) and (B)(1) of this rule unless there is also an in-person component of the training.
(B)What are the on-going health training requirements for a certified IHA?
(1)Maintain current certification in first aid and cardiopulmonary resuscitation (CPR) appropriate for the ages and developmental levels of the children in care, as described in appendix A to this rule.
(2)Maintain current training in management of communicable diseases and child abuse and neglect recognition and prevention, as described in appendix A to this rule.
Appendix A- Course Content for First Aid 1. May include cardiopulmonary resuscitation (CPR) training 2. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 3. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization 4. Covers the following topics: • Abrasions, lacerations and bleeding, including nosebleed • Burns • Fainting • Poisoning, including swallowed, skin or eye contact and inhaled • Puncture wounds, including splinters • Injuries, including insect, animal and human bites • Poison control • Shock • Seizure care • Musculoskeletal injury (such as sprains, fractures) • Dental and mouth injuries/trauma • Head injuries, including shaken baby syndrome/abusive head trauma • Allergic reactions • Asthmatic reactions • Eye injuries • Loss of consciousness • Electric shock • Drowning • Heat-related injuries, including heat exhaustion/heat stroke • Cold related injuries, including frostbite • Moving and positioning injured/ill persons • Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature and looking/acting severely ill) • Standard Precautions Course Content for CPR 1. Follows a curriculum that is appropriate for the age and developmental levels of the children in care 2. Is valid for the number of years as indicated on the JFS 01276 "Health Training Documentation for Child Care," card or certificate provided by the training organization.
Course Content for Management of Communicable Disease 1. Follows the curriculum prescribed by the Ohio Department of Job and Family Services (ODJFS) 2. Is valid for three years Course Content for Child Abuse and Neglect Recognition and Prevention 1. The Ohio department of job and family services child abuse and neglect training which is valid for two years, OR 2. Course created that covers all the following topics which is valid for three years: □ Ohio law and rules pertaining to child abuse and neglect, including definitions, reporting and confidentiality requirements and the requirement to report suspected abuse or neglect by IHA if observed or suspected □ Physical and behavioral indicators of child abuse and neglect □ Details on reporting, including penalty, immunity and how and to whom to report. □ Race, equity and diversity including how implicit biases may impact reporting □ The investigatory role of the children's protective services agency □ The sharing of information and the role of law enforcement, licensing and the courts in reports

of child abuse and neglect Helping families who have occurrences of abuse or neglect Prevention of child abuse and neglect in the child's home, including: IHA supervision and training, policies and procedures and appropriate discipline Health Training Approved Trainers First Aid Trainers 1. Currently certified first aid trainer 2. Licensed physician, physician assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP), or registered nurse (RN) 3. Emergency medical services instructor 4. Licensed athletic trainer CPR Trainers 1. Currently certified CPR instructor 2. Emergency medical service instructor Management of Communicable Disease Trainers 1. Licensed physician, PA, APRN, CNP, or RN 2. Emergency medical services instructor 3. Current trainer employed by local health department Child Abuse and Neglect Recognition and Prevention Trainers 1. Authorized trainer for a public children services agency (PCSA) 2. Person with at least an associate degree in social work, child development or related field from accredited college and two years of experience professionally assessing Appendix A to Rule 5101:2-14-03 child abuse and neglect for a PCSA or an agency contracted by a PCSA or providing counseling to abused children or training others in child abuse prevention or the combination of experience and training 3. Licensed physician, PA, APRN, CNP, or RN with two years of experience professionally assessing child abuse and neglect or providing counseling to abused children or training others in child abuse prevention or the combination of experience and training

f. Non-regulated or registered in-home child care: **NA**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only

name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[ ] Yes.

[x] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. **Ohio does currently conduct NCIC NSOR name based background checks for all new child care staff members and all other child care providers regardless of CCDF participation. Previously employed staff member are also required to do this every five years. Ohio is currently working with staff who were hired prior to this process being put in place and will have all staff background checks completed by September of 2025.**

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. **Ohio does currently conduct NCIC NSOR name based background checks for all new child care staff members and all other child care providers eligible for CCDF participation. Previously employed staff member are also required to do this every five years. Ohio is currently working with staff who were hired prior to this process being put in place and will have all staff background checks completed by September of 2025.**

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

[ ] Yes.

[x] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. **Ohio does currently conduct NCIC NSOR name based background checks for all residents age 18 and older of a new family child care home and all other child care providers eligible for CCDF participation. Ohio is currently working with previously certified family child care homes who have family members over the age of 18 who had background checks completed prior to this process being put in place and will have all background checks completed by September of 2025.**

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of

licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

[x] Yes.

[ ] No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving

child pornography.

- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **If an 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 that specific person.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **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 that specific person.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

[x] Yes.

[ ] No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

[x] Yes.

[ ] No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

[x] Yes.

[ ] No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

[x] Yes.

[ ] No. If no, describe:

b. In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c. In-state Sex Offender Registry.

[x] Yes.

[ ] No. If no, describe:

d. In-state child abuse and neglect registry.

[x] Yes.

[ ] No. If no, describe:

e. Name-based national Sex Offender Registry (NCIC NSOR).

[x] Yes.

[ ] No. If no, describe:

f. Interstate criminal background check, as applicable.

[x] Yes.

[ ] No. If no, describe:

g. Interstate Sex Offender Registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

h. Interstate child abuse and neglect registry check, as applicable.

[x] Yes.

[ ] No. If no, describe:

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[x] Yes.

[ ] No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

[x] Yes.

[ ] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Ohio states whether the individual is eligible or not according to our State's criteria.**

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[x] Yes. If yes, describe the current policy. **We can only share if they would meet the criteria to be employed if in our State. We do not share details of the criminal history, sex offender registry or child abuse and neglect registry.**

[ ] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive

background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **https://occrra.org/ohio-professional-registry/professionals/**
https://www.youtube.com/watch?v=WlcBGwi-mwU&feature=youtu.be
https://jfs.ohio.gov/wps/portal/gov/jfs/child-care/information-for-providers/licensing-compliance/background-checks/background-checks-sa/background-check-process
https://jfs.ohio.gov/wps/portal/gov/jfs/child-care/information-for-providers/licensing-compliance/background-checks/out-of-state-background-check/out-of-state-background-checks

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[x]** Is the State a National Fingerprint File (NFF) State?

x. **[x]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe:

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe:

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[x] No.

[ ] Yes. If yes, which type of relatives do you exempt, and from what requirements

(licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[x]** Providing program-level grants to support investments in staff compensation.

ii. **[ ]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[ ]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[ ]** Other. Describe:

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Ohio Department of Children and Youth (DCY) implemented rate increases during the last two fiscal years and will complete an increase in July 2024 to move rates to the 50th percentile of the 2022 market rate survey.**

Additionally, DCY will continue to support grant activities that provide programs with funding to support the hiring and the expansion of services. Typically with these efforts, such as the Infant and Toddler Infrastructure grants or the Child Care Access grants, providers use some of the resources for salaries or bonus or incentive payments for their teams.

DCY will continue to support Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Ohio and Powering Optimal Wages and Encouraging Retention (POWER) Ohio to assist with the education and on-going wages of child care providers.
T.E.A.C.H. Early Childhood® OHIO is a compensation and retention program for Child Care professionals. T.E.A.C.H. is designed to address education, compensation and turnover issues that affect the early childhood field. Assistance is available for the cost of tuition, books, and related education expenses. POWER Ohio provides additional funds to professionals and increases these trained professionals' retention in their programs.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **NA**

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Ohio Department of Children and Youth (DCY) has expanded investments in Early Childhood Mental Health (ECMH) Consultation The mental well-being of childcare professionals is associated with children's academic and emotional learning outcomes. Additionally, we know that childcare staff who are closer to burnout or feel an incredible amount of stress without mental health supports are more likely to be punitive in their interactions with young children, including suspension and expulsion. Infant and Early Childhood Mental Health (IECMH) Consultants are currently available in Ohio's 16 service delivery areas, paired with each Child Care Resource and Referral (CCR&R) Agency, to address the following:**
1)Increase focus on and support for social and emotional wellness of children & adults -By increasing the number of infant and early childhood mental health consultants to include one dedicated, full-time consultant per CCR&R Service Delivery area, licensed providers, including Type A & B Family Childcare will have increased support, guidance, and tools to screen children in their care and receive strategies; not only for children and families, but for themselves.
2)Provide cross-service foundational supports that strengthen positive caregiver -Cross-service foundational supports provide an opportunity for the expertise of the IECMH consultant to be leveraged with other youth and family serving programming, the system, and the workforce.

3)Develop strategies for staff self-care, positively impacting staff turnover rates and confidence, and collecting data to support the impact on overall childcare staff wellness and retention.
4)Provide professional development opportunities to childcare staff that include topics of self-care, reflective supervision, social emotional wellness, adult resilience, and trauma informed care.
5)Provide monthly opportunities for childcare staff to participate in book clubs (associated with staff wellness, such as Building Your Bounce), additional wellness activities, and opportunities to build resilience and connect with other professionals.

Future efforts will include those previously mentioned in addition to those listed below:
1)Collaborating across services and systems to destigmatize mental health, provide resources to support mental health in the workplace, and promote staff wellness.
2)Create additional access to staff wellness hubs to ensure IECMH consultants can both assess and gather information about workforce mental health challenges, meet the identified needs, and provide additional resources to foster mental health, wellness, and adult resilience. The Center for Disease Control's Supporting Mental Health in the Workplace includes several resources on workforce well-being. (Examples include offering reflective supervision, mindfulness training, communities of practice, and peer mentoring programs).
3)Create and support Family Childcare networks and communities of practice, to provide connection and support for a group of childcare providers that are often less connected to other professionals, but the nature of the services provided. Many of the potential activities, such as communities of practice and the promotion of reflective practice, can be facilitated by infant and early childhood mental health consultants.

DCY continues investment in the Preschool Expulsion Prevention Program and has expanded investments in Early Childhood Mental Health (ECMH) Consultation. The Preschool Expulsion Prevention Program is a partnership between Nationwide Children's Hospital and the Ohio Department of Children Youth, which provides a toll free number for Early Childhood Professionals to call when they need advice or guidance on a child's behavior (1-844-678-ABCs). Through the toll free number professionals are connected with ECMH consultants who provide guidance and support for children in their classrooms on the phone and on-site.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. Ohio participates in the Teacher Education and Compensation Helps (T.E.A.C.H.) program which assists early childhood professionals with the financial expenses to further their education. Ohio offers Powering Optimal Wages and Encouraging Retention (POWER)Ohio, a wage and retention program to support professionals in the achievement of an associated degree or CDA. Ohio's Career Pathways Model includes points for students working in the early childhood field in a career-technical education program.

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. As of March 26, 2024, the Ohio Department of Children and Youth (DCY) has partnered with

Brightwheel, a child care management software (CCMS) company, to provide free Brightwheel CCMS premium subscriptions (full payment) to all Ohio licensed/approved/certified child care programs who wish to take advantage of this opportunity. There are currently more than 800 Ohio early childhood care and education programs already using Brightwheel CCMS.
Some of the options the free Brightwheel CCMS premium subscription can provide to your program include:

- **Recording children's attendance (overall and between classrooms)**
- **Electronic access to current DCY required and sample forms (updated by DCY as needed)**
- **Family communication options**
- **Automated fee payment options**
- **Managing admissions & paperwork**
- **Photo & video sharing capabilities**
- **Tracking lesson plans & observation information**

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[ ]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[ ]** Hiring, developing, and retaining qualified staff.

v. **[ ]** Risk management.

vi. **[x]** Community relationships.

vii. **[ ]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[ ]** Compliance with employment and labor laws.

xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **The child care resource and referral agencies' contracts include provider recruitment. Translation services are available at the state and county levels. Printed brochures were provided to various agencies such as Goodwill and Early Head Start to inform families of the services available within the community. Parent engagement groups, in which English and non-English-speaking**

families are involved, are held to help bridge cultural awareness and language barriers within the early childhood community. Interpreters are available at each meeting. Programs such as Baby Talk and the Dolly Parton Imagination Library Leadership Team allow for options for families and providers to participate in literacy support where English is not the first language.

b. Providers and staff who have disabilities: **The child care resource and referral (CCR&R) agencies contracts include provider recruitment to provide customized care for all families. All mandated state created trainings meet ADA requirements. The CCR&Rs also work with agencies such as Help Me Grow, Early Intervention, Project Open House, as well as facilitate provider meetings to ensure families are aware of resources and supports. The Ohio Child Care Resource and Referral Association (OCCRRA) develops trainings on DCY's behalf providing captions in addition to verbal narration. The CCR&Rs working with providers directly have resources for those with limited English speaking as well as other languages. All information contained on the DCY website include an option to translate content into one of four other languages.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **The administration of the CCDF and early child care and education programming is transitioning from the Ohio Department of Job & Family Services (ODJFS) to the Ohio Department of Children and Youth (DCY). This transition merges the programming of all early care and education services and supports. DCY is in the process of convening a workgroup to make recommendations and revisions to two key components of the Professional Development framework. The two areas include reviewing the approval process or high quality professional development to support the early child care and education workforce while allowing flexibility to best meet individual program needs. The second component will be reviewing and revising Ohio's Career Pathway levels to align to the Step Up To Quality enhancements. As these components are developed the Child Care Advisory Council (CCAC) and the Early Childhood Advisory Council (ECAC) will be consulted and feedback requested.**

[ ]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: **The Early Childhood Advisory Council (ECAC) is an active group of diverse early childhood stakeholders that provide advice to the administration of the development and implementation of policy and funding decisions. The membership, which is appointed by the Governor, includes a diverse array of stakeholders from early childhood programs, schools, health, social services, unions, philanthropy, and other groups. The Ohio Department of Job and Family Services (ODJFS)/Ohio Department of Children and Youth (DCY) sits on this Council with the Director of DCY currently serving as the co-chair. The ECAC, who meets on at least a quarterly basis, provides feedback on publicly funded child care, Step Up To Quality and child care licensing and any other state operated early care and education programs to ensure a systematic approach to the availability and accessibility of services is inclusive of family and provider perspectives. The changes to professional development currently in process have been shared and discussed with stakeholders. Engagement will be throughout the process and prior to implementation.**

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Ohio's Core Knowledge and Competencies (CKC) were last revised in 2018. The CKCs are based on the understanding that there are critical areas of knowledge and skills that are necessary for early childhood professionals to have if young children are to learn and grow in their care. The writing team, consisting of early childhood professionals representing diverse roles and settings, established guiding principles that directed their work during the revision process. Among others, these principles include:**

- **Must apply to early childhood professionals who provide care and education in many different settings and roles**
- **Must represent knowledge and observable skills for all levels of professionals**
- **Must apply to the development, care and learning of children birth to kindergarten entry**
- **Must recognize that children with special needs are included in the population that all early childhood professionals serve**
- **Must be culturally sensitive and respectful**

To fully support the needs of professionals working in a variety of roles and settings, accompanying CKC documents include:

- **Ohio's Core Knowledge and Competencies Guide for Social and Emotional Development**

- **Ohio's Core Knowledge and Competencies for Program Administration**
- **Ohio's Core Knowledge and Competencies for Afterschool Professionals**
- **Early Childhood Mental Health Core Knowledge and Competencies Guide**
- **Ohio's Core Knowledge and Competencies for Home Visitors**

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **In 2024, The Ohio Department of Children and Youth (DCY) is convening a group of key stakeholders to review and make revision recommendations to the Career Pathways Models. The stakeholder group includes representatives from center-based care, school-based care, family child care, state agency staff, Head Start, Ohio Association for the Education of Young Children, university partners, resource and referral agencies, and state support teams. This has been discussed updated and will review the proposed revisions prior to implementation.**

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **Ohio has an Early Childhood Advisory Council (ECAC) that provides input and guidance to the administration of the Governor on early childhood programs. ECAC membership includes a diverse array of stakeholders from early childhood programs, schools, health, social services, unions, philanthropy and other groups. The Ohio Department of Children and Youth (DCY) also has a Child Care Advisory Council (CCAC)with a membership comprised of state agency representatives, child care centers, family child care homes, Head Start, parents, county department of job and family services agencies and community stakeholders. DCY values the input from these partnerships with external stakeholders and works hard to ensure open lines of communication.**

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Representatives from the Ohio Department of Education and Workforce (DEW), the Ohio Head Start Collaboration Director, the Ohio Child Care Resource and Referral (CCR&R) Association, the Ohio Department of Children and Youth (DCY), Higher Education and two-year colleges participate on a workgroup that includes a sub-committee that continues to pursue improved articulation for Ohio's early care and education professionals.**

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **Ohio has worked with the Ohio Child Care Resource and Referral to build an ongoing data platform to be able to monitor retention, median wage, and turnover. Ohio's median wage is $15.10/hour and the turnover rate is just over 33 percent annually. Less than 80 percent of the Early Care and Education Professionals have formal education after high school.**

vi. Financing. For example, Lead Agencies can include information about strategies

including scholarships, apprenticeships, wage enhancements, etc. **The State invests in Teacher Education and Compensation Helps (TEACH) Scholarships and Providing Optimal Wages and Encouraging Retention (POWER Ohio) to over 2,000 professionals respectively. These critical supports will be continued as necessary ways to support and recruit new professionals. Additionally, the State will be piloting a public/private partnership for child care programs and businesses focused on child care wage enhancements and businesses providing additional employee supports in the area of child care.**

b. Does the Lead Agency use additional elements?

[x] Yes.

If yes, describe the element(s). Check all that apply.

i. **[x]** Continuing education unit trainings and credit-bearing professional development. Describe: **The State created the Ohio Professional Development Certificate which currently requires courses to be Ohio Approved. The certificate is currently being updated to include college coursework. The certificate then follows the professional if they leave a program. The State provides online courses that count toward required professional development free of charge.**

ii. **[x]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **The State hosts a Higher Education Summit and works closely with the Department of Higher Education to critical updates to both institutions and the field. For example, Ohio Revised Code Section 3319.088 previously contained language that restricted payment for student teachers/practicum hours. Effective December 2023, this language was removed, which now allows those working toward their associate or bachelor's degrees to be paid while completing their permits or paraprofessional licenses.**

iii. **[ ]** Other. Describe:

[ ] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **Ohio's Core Knowledge and Competencies (CKC) were last revised in 2018. The CKCs are based on the understanding that there are critical areas of knowledge and skills that are necessary for early childhood professionals to have if young children are to learn and grow in their care. The writing team, consisting of early childhood professionals representing diverse roles and settings, established guiding principles that directed their work during the revision process. Among others, these principles include:**

- **Must apply to early childhood professionals who provide care and education in**

many different settings and roles
- Must represent knowledge and observable skills for all levels of professionals
- Must apply to the development, care and learning of children birth to kindergarten entry
- Must recognize that children with special needs are included in the population that all early childhood professionals serve
- Must be culturally sensitive and respectful

To fully support the needs of professionals working in a variety of roles and settings, accompanying CKC documents include:
- Ohio's Core Knowledge and Competencies Guide for Social and Emotional Development
- Ohio's Core Knowledge and Competencies for Program Administration
- Ohio's Core Knowledge and Competencies for Afterschool Professionals
- Early Childhood Mental Health Core Knowledge and Competencies Guide
- Ohio's Core Knowledge and Competencies for Home Visitors

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? Ohio's Career Pathways Level (CPL) Model was most recently revised in 2018. The CPL model recognizes many early childhood related credentials including infant/toddler and special needs. Training topics for staff to obtain additional training and or resources regarding English language learners or children with developmental delays or disabilities are included in the training topics of child growth and development, family / community relations, daily planning, child observations and assessments. A School- Age Endorsement has been established. It includes three levels and provides training specific to school-age professionals. An Infant Mental Health Credential is available and includes three levels, with the first level being most applicable to early childhood professionals.

In 2024, Ohio will convene a group of key stakeholders to review the CPL Model and make suggestions for revisions. The review will include the criteria and benchmarks that advance professionals through the levels to assure family child care providers, center-based and school-based programs, Head Start and school-age professionals are represented.

The POWER in POWER Ohio stands for Powering Optimal Wages and Encouraging Retention. This investment in professionals that have completed a level and stay with their current employer (per the program license number in the professional's application) helps programs in meeting the education requirements for Step Up To Quality (SUTQ). A wage supplement is additional monies issued to the professional to increase their current wages. Tied to educational achievements, payments are based upon the professional's role, education and retention milestones with their current employer (per the program license number in the professional's application).

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope

of work child care compensation activities? Are they represented in the advisory structure? **The Early Childhood Advisory Council (ECAC) and the Child Care Advisory Council (CCAC) both provide feedback on the compensation of the early care and education provider community. The Ohio Department of Children and Youth (DCY) has a Preschool Development Birth-to-Five Grant (PDG), which does include compensation strategies. The Coordinator of the PDG meets with the DCY leadership team and provides updates to the ECAC, Cross Agency Leadership Team and on the monthly Early Care and Education Stakeholder calls.**

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Representatives from the Ohio Department of Education and Workforce, the Ohio Head Start Collaboration Director, the Ohio Child Care Resource and Referral Association, the Ohio Department of Children and Youth, Higher Education and two-year colleges participate on a workgroup that includes a sub-committee that continues to pursue improved articulation for Ohio's early care and education professionals.**

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Ohio Department of Children and Youth (DCY), in collaboration with the Ohio Child Care Resource and Referral Association, launched the Workforce and Program Analysis Platform (WPAP). The WPAP provides a dynamic analytics resource that converts Ohio Professional Registry (OPR) data and DCY records into anonymized, aggregated dashboards.**
The dashboards allow for the review and analysis of workforce and program turnover, churn, and retention in early childhood education (ECE) at an ecosystem level across multiple available variables. These variables include County, Beale Code, ZIP Code (Programs Dashboard only), Program Type, Public Funding agreements at the program, Program Step-Up-To-Quality Rating, Capacity (Programs Dashboard only), Job Title (Professionals Dashboard only), Duration in the ECE Workforce/of Program operation, and Educational Attainment (Professionals Dashboard only).

Visual frameworks are designed and embedded to view these data through longitudinal, geographic, scale, career progression, compensation, or workplace characteristics lenses. The data pipeline for professional level data (workforce-based data from the OPR) allows for improvements, verifications, and corrections that are continually performed to the OPR to be reflected in monthly dashboard updates.

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The State establishes the base rates and allows the**

businesses to determine employee wages. Wages are tracked through the Ohio Professional Registry and through additional investments the State has realized more than a $3.00 increase over the last 4 years.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: **6 clock hours of training annually each fiscal year (July 1 through June 30)**

b. License-exempt child care centers: **NA**

c. Licensed family child care homes: **6 clock hours of training annually each fiscal year (July 1 through June 30)**

d. License-exempt family child care homes: **NA**

e. Regulated or registered in-home child care: **6 clock hours of training annually each fiscal year (July 1 through June 30)**

f. Non-regulated or registered in-home child care: **NA**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **NA**

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?
Ohio Administrative Code (OAC) Rule 5101:2-12-10 for child care centers states:
(B)What are the ongoing professional development training requirements for the administrator and child care staff members?
(1)Complete a minimum of six clock hours of training annually each fiscal year. The fiscal year is defined as July first through June thirtieth.
(a)Training topics include those listed in appendix B to this rule.
(b)Health trainings taken pursuant to paragraph (A) of this rule may not be used to meet the professional development training requirements. These include First aid, CPR, Child Abuse and Neglect, and Communicable disease Trainings.
(c)Audiovisual or electronic media training may be used to meet the required six hours of annual training.
(2)Child care staff members hired between January first and June thirtieth of each year are not required to complete the professional development requirements until the following fiscal year.

(3)A person designated and employed as a substitute child care staff member is not required to meet the professional development requirements. When the substitute child care staff member is used more than ninety days annually between July first and June thirtieth, professional development requirements are to be met. The center is responsible for documenting the number of days the substitute child care staff member worked for a period of eighteen months.

OAC Rule 5101:2-12-10 for family child care (FCC) states:
(E) What are the on-going professional development requirements for the licensed family child care provider and child care staff members?
(1)Complete a minimum of six clock hours of training annually in any of the categories listed in appendix B to this rule each fiscal year. The fiscal year is defined as July first through June thirtieth.
(2)A family child care provider licensed between January first and June thirtieth of each year is not required to complete the professional development requirements until the following fiscal year.
(3)A child care staff member hired between January first and June thirtieth of each year is not required to complete the professional development requirements until the following fiscal year.
(4)Health trainings taken pursuant to paragraph (A), (B), or (C) of this rule may not be used to meet the professional development training requirements. These include First aid, CPR, Child Abuse and Neglect, and Communicable disease Trainings.
(5)Audiovisual or electronic media training may be used to meet the required six hours of annual training.
(6)A person designated and employed as a substitute child care staff member is not required to meet the professional development requirements. When the substitute child care staff member is used more than ninety days in a fiscal year, professional development requirements are to be met. The family child care provider is responsible for documenting the number of days the substitute child care staff member worked for a period of eighteen months.

OAC Rule 5101:2-14-03 for In-Home Aid (IHA) states:
(C)What are the on-going professional development requirements for a certified IHA?
(1)Maintain documentation of completion of a minimum of six clock hours of training annually in any of the categories listed in appendix B to this rule each fiscal year. The fiscal year is defined as July first through June thirtieth.
(2)Health trainings taken pursuant to paragraphs (A) and (B) of this rule are not to be used to meet the professional development training requirements. These include First aid, CPR, Child Abuse and Neglect, and Communicable disease Trainings.
(3)Audiovisual or electronic media training may be used to meet the six hours of annual training.
(4)An IHA certified in the current fiscal year is to complete the professional development hours by the end of the following fiscal year.

Appendix B mentioned in all of the above:
Appendix B:Professional Development Training Topics Child Growth and Development • Child nutrition • Children with special needs • National child care standards as published by the American academy of pediatrics and American public health association and state licensing requirements • Brain development • Benefits of outdoor play and gross motor activities • Social/emotional development • Challenging behaviors • Cognitive development • Health and wellness Family/Community Relations • Working with parents and families • Community health, pediatrics or social services resources for children and families • Transitioning • Cultural

diversity/awareness • Disaster planning and preparedness • Community needs assessment Daily Planning, Child Observation & Assessments • Planning and administering child care, recreational or educational programs and activities for children birth to fourteen • Curriculum • Approaches to learning • Physical education • Language and literacy • After-school programming • Assessment, screening and referrals Career Development • Ethics and professionalism in child care • Stress management • Assessment and observation of teachers • Using child care tools o Ohio approved o Systems training • Provider portal/provider agreement/OCLQS/e-manuals/child care websites • Individualized education plan/individualized family service plan. • Strategic leadership and planning • Financial planning • Marketing • Business practices • Publicly funded child care • Confidentiality/ Health insurance portability and accountability act Learning Environment and Experiences • Developmentally appropriate equipment and classroom arrangement • Guiding children's behavior/ developmentally appropriate child guidance and classroom management Any "Ohio Approved" Training

OAC Rule 5101: 2-18-08 for day camp:
(B)What are the ongoing professional development training requirements for the administrator and child day camp staff members ?
Complete a minimum of five clock hours of professional development training each fiscal year in any of the categories approved by the ACA or similar camp accrediting body approved by ODJFS. The fiscal year is defined as July first through June thirtieth.

All early care and education professionals have annual professional development requirements that can include these topics. Available professional development topics include a variety of topics thereby allowing the professional to choose the appropriate training based on their professional growth. Ohio's Career Pathways Model recognizes many early childhood related credentials including infant/toddler and special needs. Training topics for staff to obtain additional training and or resources regarding English language learners or children with developmental delays or disabilities are included in the training topics of child growth and development, family / community relations, daily planning, child observations and assessments. A School- Age Endorsement has been established. It includes three levels and provides training specific to school-age professionals. An Infant Mental Health Credential is available and includes three levels, with the first level being most applicable to early childhood professionals.

In 2023, Ohio introduced a statewide initiative, Ohio PROMISE, that aims to Promote Resources, Opportunities, and Meaningful Inclusion through Support and Education (PROMISE). This initiative is focused on increasing access to quality child care and support services for children with special needs. Included within Ohio Promise is the Professional Early Childhood Inclusion Credential (PECIC) which is created to raise the level of awareness, knowledge, competency, and confidence of professionals attending to the needs of children with disabilities, their families, and creating an inclusive environment for all children.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental

screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Providers receive information about developmental screenings and referral resources in the mandated pre-licensing orientation training and the mandated orientation for child care staff members. Additional training on developmental screening and referral processes is available in person through our regional support system (Child Care Resource and Referral Agencies) and online through our central training registry (registry.occrra.org). Ohio offers the Ages and Stages Questionnaire (ASQ) and ASQ-SE online for free to all families living in Ohio with a child under age three as part of its Individuals with disabilities Education Act (IDEA) Part C screening responsibilities. The state is working to expand access to these universal screeners for all children up through age 5. Currently, Ohio's Local Education Agencies conduct screenings using various tools to meet the IDEA Section 619 requirements. Providers can work with families to complete the online screening and then make referrals to community services as indicated by the results. The ASQ online is operated by the central intake for Ohio's Help Me Grow program which includes Home Visiting and Early Intervention. Providers can make referrals directly to Help Me Grow through the public-facing website, by email, or by phone. In addition, Healthchek is Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for children younger than age 21 through the Ohio Department of Medicaid.**
Referrals for children aged 3 or older suspected of having a developmental delay go to the public school district where the child lives. Child care providers and families can contact the Department of Children and Youth for assistance with identifying referral resources.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[x]** Other optional domains. Describe any optional domains: **Ohio's Early Learning and Development Standards include three additional domains: Creative Development, Science, and Social Studies. The Creative Development domain includes skills related to expression of thoughts, ideas, and feelings through visual arts, dance, music, and dramatic play. The Science domain contains foundational skills of exploration, investigation, and reasoning. The Social Studies domain is interconnected with social and emotional development in early childhood beginning with an understanding of self and expanding to understanding of others in their home, school, and community.**

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **Ohio's Early Learning and Development Standards were updated beginning in 2021 and adopted in 2022. As the previous version of the standards neared 10 years old, the state decided to complete a review of the standards to determine what, if any, revisions were needed. Detailed feedback was obtained from stakeholders, a state level advisory group, and experts. The determination was made based on that feedback that the standards needed to be revised to eliminate separate age bands and develop the standards on a continuum from Birth through Kindergarten entry, ensure standards reflected the strengths and needs of dual language learners, re-consider domains' names and organization to ensure all are understood by stakeholders, update specific content areas to align with revised Kindergarten standards, particularly in Language and Literacy, and ensure that the standards reflect the latest research in child development and evidence-based instruction.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://education.ohio.gov/getattachment/Topics/Early-Learning/Early-Learning-Content-Standards/Early-Learning-and-Development-Standards.pdf.aspx?lang=en-US**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **Ohio's Early Learning and Development Standards illustrate how children develop critical kindergarten readiness skills, starting in infancy. The purpose of the standards is to:**

- **Describe the minimum scope in essential areas of learning and development.**
- **Guide curriculum selection and design to support high-quality early learning experiences for young children.**

Inform early childhood educators about what children need to learn and illustrate how

skills may develop.

- **Provide stakeholders with a common and comprehensive set of expectations for the learning and development of young children.**
- **Illustrate connections between early learning and development and later school outcomes by aligning to Ohio's K-12 standards.**
- **Provide a reference for selecting assessments.**

The state Quality Rating Improvement System (QRIS) Step Up To Quality (SUTQ) requires all rated programs to implement a curriculum aligned to the Early Learning and Development Standards. Programs rated at the Silver or Gold level also must implement a child assessment at least twice per year that is aligned with the standards.

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated: **Each Child Care Resource and Referral (CCR&R)Agency is required to complete a needs assessment every other year for their service delivery area. These needs assessments are required to review parental choice, consumer education, and the needs of providers both to recruit and retain programs. The need assessments include both quantitative and qualitative data measures using a combination of closed and open-ended questions The last needs assessment was conducted in June 2023. Methods of data collection included:**

- **Flyers with QR code posted on Facebook pages, agency websites, and other social media outlets.**
- **Web survey link and QR Code sent via email to child care providers, including Center and Family Child Care programs.**
- **Distributed via weekly and monthly electronic newsletters using Web survey links and QR Code**
- **Electronic and paper surveys distributed to families, childcare providers, and community partners**
- **Web survey link and QR Code sent via email to community partners and parents.**
- **Demographic information data gathered from state and local resources.**

Information collected helps the CCR&R agencies identify early care and education needs/issues, guides the CCR&R agencies on their outreach and technical assistance methods and topics, professional development needs of the workforce, and helps them to coordinate efforts with other community agencies.

In addition, through the Preschool Development Grant (PDG), Ohio was able to generate a report on the saturation levels or "child care deserts" in the state to help focus efforts on providing families with child care services. The child care resource and referral (CCR&R) agencies submit quarterly reports to the Ohio Department Children and Youth (DCY) hat include training statistics and progress toward Step Up To Quality (SUTQ) rating goals required in the contract. These reports are reviewed to determine effectiveness of each CCR&R's in providing training to professionals in their service delivery area and their approach toward required SUTQ goals.

In addition, Ohio completed a Step Up To Quality Validation Study in 2016-2017 and again in 2019 to evaluate the effectiveness of the program in preparing children for kindergarten.

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **The Preschool Development Grant (PDG) needs assessment**

allowed Ohio to prioritize counties with a low level of licensed child care for recently awarded access/expansion grants. All 88 counties were broken into level, based on the availability of licensed programs, are points were awarded to increase the chance of programs expanding or opening in those counties.

The Child Care Resource and Referral (CCR&R) agencies provide quarterly reports to help the Department of Children and Youth (DCY) understand the trends in professionals obtaining professional development and the challenges with becoming or maintaining quality ratings. DCY will look to utilize similar information from State Support Teams in upcoming fiscal years.

The Step Up To Quality (SUTQ) Validation Study conducted in 2019 showed that:
1) participation in SUTQ is associated with higher quality classroom practices compared to sites that are not participating;
2) children who spend two years in a publicly funded child care had higher scores, on average, than students who were economically disadvantaged and had not participated for two years in a publicly funded child care;
3) children who participated in early learning and development programs sponsored by the Ohio Department of Education had mean scores on the Kindergarten Readiness Assessment second only to students who were not economically disadvantaged; and
4) Type A and type B family child care homes perform on par with their center and Early Childhood Education counterparts.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The ACF-218 will be posted on the Department of Children and Youth (DCY) website state plan page. The expenditure report will be listed as available upon request, instructions on how to request this report will also be listed. The DCY website Child Care Section continues to be built out at: https://childrenandyouth.ohio.gov/for-providers/resources/child-care-and-development-fund-state-plan. It is expected that this will be available on the website by 10/1/2024. Currently expenditures are available to the public at https://checkbook.ohio.gov/State/Expenses/Type.aspx**

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce,

including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Ohio has increased investments in Teacher Education and Compensation Helps (T.E.A.C.H.) Ohio scholarship and Powering Optimal Wages and Encouraging Retention (POWER) Ohio to support more early care and education providers with earning their Child Development Associate (CDA) Credentials, Associate and Bachelor Degrees.**

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **In 2021, the Ohio Departments of Education (ODE) and Ohio Department of Job & Family Services (ODJFS) led the charge to revise the then ten-year-old Early Learning and Development Standards. The standards were drafted, reviewed, and edited by more than 150 early care and education providers, technical assistance providers, content experts, state agency staff, and other stakeholders with subject-matter expertise. After public comment and input, the State Board of Education voted to adopt the updated standards on June 15, 2022, which are aligned to the CDC's Milestones and Ohio's Learning Standards (K 12) Implementing.**

Since their release, the state has implemented the updated Early Learning & Development Standards by creating, releasing, and leading professional development, including a comprehensive Overview; Standards in the Context of Developmentally Appropriate Practice: For Preschool; For Infants and Toddlers; For Family Child Care/ Mixed Age Groups; and Selecting Curriculum & Assessment. Each of these five trainings comes with resources and hours that count toward required professional development (PD) in the state's Tiered Quality Rating System (TQRIS).

Early Learning and Development Resource Guides were created for each of the nine domains, which include examples for skills, as well as tools and resources for the developmental area. An Infant and Toddler Resource Guide and a Family Child Care and Mixed Age Group Guide provide even more support for standards implementation. Regional technical assistance and training partners have been given full training and access to deliver these resources, messages, and supports across the mixed delivery system in the state. Finally, the state created and continually updates its Standards-Curriculum-Assessment Alignment webpage, which helps all providers meet the licensing and TQRIS requirements to use these Ohio Early Learning & Development Standards and a curriculum and assessment that align to the standards. "

iii. Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Ohio engaged with**

stakeholders from August 2023 until April 2024, to gather feedback on updating Ohio's Tiered Quality Rating and Improvement System (TQRIS). Through this time the State reviewed two validation studies, the current program enrollment, authorization and utilization data, and Kindergarten Readiness Assessment data, and leaned heavily on community and provider feedback to propose changes to the State's Step Up To Quality (SUTQ) program. The goals were sustainability, child outcomes, and ease of administrative burden. Through proposed changes, the State has remained focused on curriculums, assessments, statewide screening tools, professional development and maintaining community resources to ensure providers can assist with the full needs of the family to ensure optimal learning.

iv. Improving the supply and quality of child care services for infants and toddlers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The State has utilized the one-time American Rescue Plan Act (ARPA) funds along with $15M in state general revenue funds to focus on maintaining and expanding access to quality child care programs. Additionally, the State has made concerted efforts to expand family child care through grants to the first 100 new programs to become licensed and specific recruitment events. Most recently the State dedicated $6M to the State's Preschool Development Grant to focus on building relationships between child care programs and businesses to assist with better supporting child care wages and access to quality programs and reliable child care for the workforce.

DCY is committed to continuing to improve the availability and quality of infant and toddler care through the use of the 3% quality set-aside. The funding is and will continue to be used to support the state's network of infant and toddler specialists that are available through the child care resource and referral network. These specialists provide technical assistance and training on topics related to the comprehensive development of babies.

v. Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. Increased investment is going to the Child Care Resource & Referral (CCR&R) agencies to continue to build support and professional development as programs transition to the new Step Up To Quality (SUTQ) standards and improved outreach and engagement through work of the parent and youth ambassadors to ensure parents have access to all the information needed to make the best choices for their children.

The State Support Teams will also be providing support to school-based programs who may provide services to children funding through the Publicly Funded Child Care program. The CCR&Rs and SSTs meet quarterly to share resources and ideas for technical assistance.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[ ] No plans to spend in this category of activities at this time.

[x]Yes. If yes, describe current and future investments. **Licensing specialists will regulate health, safety and quality of all programs regardless of setting (i.e., school, centers, family child care). The specialists will also provide tiered technical assistance and guidance to ensure best practices are provided when non compliances occur.**

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Licensing specialists will regulate health, safety and quality of all programs regardless of setting (i.e., school, centers, family child care). The specialists will also provide tiered technical assistance and guidance to ensure best practices are provided when non compliances occur. Tiered technical assistance will be more necessary over the next few years as we transition to a new Step Up to Quality system. All providers will need to understand the curriculum and assessment to ensure the Science of Reading is being implemented to fidelity.**

viii. Accreditation support.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Ohio Department of Children and Youth (DCY) is currently evaluating National Association for the Education of Young Children (NAEYC) updated criteria to determine where accredited programs align with the new Step Up to Quality program standards.**

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Through the new Step Up To Quality standards community resources will be compiled to meet the needs of families in the areas of housing, food, mental health resources, transportation, etc. The new standards require providers to evaluate the needs of the families they are serving and The Ohio Department of Children and Youth (DCY) will continue to work to streamline resources to make it efficient and easy to support families with stabilization.**

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(l)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Early Childhood Advisory Council (ECAC) meets quarterly and provides input and guidance to the Governor's administration on early childhood programs. The ECAC membership includes a diverse array of stakeholders from early childhood programs, schools, health, social services, unions, philanthropy, and other groups. ECAC provides feedback on publicly funded child care, Step Up To Quality and child care licensing. ECAC subcommittees include an early care and education committee. Feedback on policy and proposed initiatives are presented to the committee. This feedback informs the Department of Children and Youth (DCY') s decision making.**

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **Not applicable.**

[x] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The oversight and responsibility for managing the Individuals with Disabilities Education Act (IDEA) Part B and Part C programming will be housed in the Department of Children and Youth (DCY). DCY will have a staff person for each of the programs serve as the coordinator. These Coordinators and the Child Care Administrator will meet regularly to ensure alignment. DCY will convene the Early Intervention Council, which was previously facilitated by the Ohio Department of Developmental Disabilities (DODD). DODD will continue to have an ex-officio seat on the Child Care Advisory Council (CCAC) and will have a seat on the Early Childhood Advisory Council (ECAC). The Ohio Department of Education and Workforce (DEW) previously administered section 619 of the Individuals with Disabilities Education Act for preschool, DEW will continue to have an ex-officio seat on CCAC and a seat on the ECAC. The goal of cross-agency participation is to ensure programming aligns and supports the children and families served. Additionally, representatives from both ODE and DODD participate on the Early Childhood Advisory Council and the cross-agency leadership team whose role is to break down the silos amongst early childhood programing in order to better serve Ohio's families. These partnerships have resulted in improved communication about services provided by all agencies and have informed child care rule writing.**

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start Collaboration grant is moving to The Ohio Department of Children and Youth (DCY). The Head Start Collaboration Grant was previously housed within the Ohio Department of Education and Workforce (DEW). The Child Care Administrator and the Head Start Collaboration Coordinator will meet regularly to ensure the alignment of procedures and policies specific to child care licensing, Step Up To Quality (SUTQ), and to incorporate Head Start best practices. DCY seeks input from the Head Start community throughout the year. This partnership has resulted in collaborative efforts that assist the Head Start community in maintaining compliance with child care regulations for licensing and SUTQ as well as a positive working relationship that has resulted in open lines of communication.**

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **A representative from the Ohio Department of Health (ODH) sits on the Early Childhood Advisory Council (ECAC), Cross Agency Leadership Group, and the Child Care Advisory Council (CCAC). Cross agency coordination ensures communication and coordination between all early childhood programming statewide. Staff from the Ohio Department of Children and Youth (DCY) work with ODH throughout the year on workgroups to promote safe, healthy and nutritious environments for young children. ODH staff are consulted when rule requirements specific to their area of expertise are open for review to ensure DCY includes all needed information. As a result, child care rules are aligned with ODH for food service requirements; DCY offers a Communicable Disease training that is developed by ODH; and a shared communicable disease chart is maintained and required by all regulated child care programs. Additionally, through a collaborative effort, required child health and medical information as well as first aid and CPR trainer/training content was finalized for child rules.**

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **Workforce Development is housed within the Ohio Department of Job and Family Services (ODJFS) and the newly configured Ohio Department of Education and Workforce (DEW). As a result of work completed in July of 2019, Ohio has added child care workers as a critical position to be filled on Ohio's Top Jobs List. Critical jobs ensure that Ohio's workforce supports the well-being of Ohioans. Critical jobs are identified through the help of experts and stakeholders. Both offices continue to work together to discuss ways to recruit and maintain early child care professionals and support the workforce. Additionally, the Ohio Department of Children and Youth (DYC) is working with ODJFS and Ohio Means Jobs to estimate the need for child care as Ohio prepares for the opening of the Intel factory in Central Ohio.**

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The early childhood programming (school-based early care and education licensing, school age, the state PreK program, Early Learning Assessments, Preschool Special Education and Kindergarten Readiness Assessment) is all moving to the Ohio Department of Children and Youth (DCY). However, to align professional development and technical assistance on literacy activities, the Science of Reading, and special education funding and services, it is critical for the two departments to remain in alignment. The Ohio Department of Education and Workforce (DEW) and DCY's Directors and leadership teams meet every month to address resources, alignment, and opportunities for collaboration. DEW has an ex-officio seat on the Child Care Advisory Council, Cross Agency Leadership Group, and is represented on the Early Childhood Advisory Council. These meetings have allowed DCY and DEW to remain aligned and have provided the opportunity to coordinate efforts in provision of professional development and technical assistance on literacy activities and continue to remain a priority moving forward to ensure ongoing alignment and provision of services. A few examples of the results of this collaboration are below:**
1. Creating a team of staff from each agency to review curricula for alignments with the Early Learning and Development standards and the Science of Reading. Once approved, both agencies post the approved list for early care and education providers. Providers participating in Step Up To Quality must implement an approved curriculum.
2. Jointly managing the work of the State Support Teams. In Ohio, school districts receive training and technical assistance from the SSTs on a variety of topics. DEW manages the agreements and has allowed DCY to include deliverables and funding to support early childhood programming, including support on Preschool Special Education, state preschool and the quality rating system. This summer, DEW hosted an annual institute for the SSTs and invited DCY to participate in presentations and activities over the 2 days.

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The creation of a new department, the Department of Children and Youth (DCY) led to a single state entity that is responsible for the licensing of child care centers, family child care homes, and as of 7/1/24 school operated (public and chartered, non-public) programs. Previously licensing responsibilities fell under two state agencies: the Department of Job and Family Services and the Department of Education. Coordination between the two agencies led to staff and provider cross training, consistent rules and the use of the same data system, Ohio Child Care Licensing and Quality System (OCLQS).**

DCY now has over 8400 programs being regulated by a single department which allows for increased coordination and alignment of standards, policies and implementation of programs. Any licensed provider can participate in the Publicly Funded Child Care (PFCC) program. Currently there are over 5,300 licensed programs that have a PFCC agreement.

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: DCY will use Cross Agency Leadership Team meetings and ad hoc meetings to communicate and stay engaged with the three agencies responsible for nutrition activities. All of the agencies have a seat on the Child Care Advisory Council and the Early Childhood Advisory Council and provide updates on any regulatory or programmatic updates. Examples of collaboration between the agencies include WIC developing a brochure to promote child care, home visiting and other early childhood services, as well as WIC becoming part of the Ohio Benefits system.
Nutrition programs are currently located in three state agencies:
The Ohio Department of Education and Workforce (DEW) is the lead agency for the Child and Adult Care Food Program (CACFP). The Ohio Department of Job and Family Services (ODJFS) is the lead agency for the Supplemental Nutrition Assistance Program (SNAP). The Ohio Department of Health (ODH) is the lead agency for the Women, Infants and Children (WIC) program.
All of these agencies are critical partners in ensuring that child and families have access to nutrition and food support during and after child care hours. WIC is being moved into the Ohio Benefits system, which will increase the linkage with families on child care and SNAP.

ODJFS/DCY have collaborated and continue to collaborate to ensure CCDF policies on meal preparation and nutritional requirements align with CACFP and other program requirements such as SNAP and WIC through meetings and email correspondence that take place as needed to review any policy changes that are being made, draft policies are shared across agencies requesting input. This collaboration has resulted in policy alignment across departments and systems.

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: The Department of Children and Youth (DCY) will collaborate with the Coordinator for Homeless Education at the Ohio Department of Education and Workforce (DEW). The required staff orientation training for all child care program staff includes information on identifying and serving homeless families. Feedback from our partners was extremely valuable in guiding the content of this training. A goal of continued collaboration is to enhance current efforts to assist homeless families and children.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: The Department of Children and Youth (DCY) communicates regularly with the Bureau of Cash and Food Assistance Policy within the Ohio Department of Job and Family Services (ODJFS). Both agencies work toward alignment of regulations for the population served, as they are often the same families. The Ohio Benefits integrated eligibility system was live in 2022 to include child care; the system also includes Medicaid, SNAP and TANF. This action resulted in a joint application for public assistance

programs which streamlines the process for Ohio's eligible population. ODJFS has an ex-officio seat on the Child Care Advisory Council, Cross Agency Leadership Group, and is represented on the Early Childhood Advisory Council.

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: The Ohio Department of Children and Youth (DCY) worked with the Ohio Department of Medicaid (ODM) to implement an automated one stop location with the integrated eligibility system called Ohio Benefits. The Ohio Benefits system went live in 2022 to include child care; the system also includes Medicaid, Supplemental Nutrition Assistance Program (SNAP), and TANF. This resulted in a joint application for public assistance programs which streamlines the process for Ohio's eligible population. DCY and ODM's Directors meet every other week to discuss policy alignment and ways to support eligible families to secure comprehensive services to meet the needs of the families, including ensuring Ohio's Managed Care Plans understand the benefits of early care and education/child care services. ODM has an ex-officio seat on the Child Care Advisory Council, Cross Agency Leadership Group, and is represented on the Early Childhood Advisory Council.

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: The Ohio Department of Mental Health and Addiction Services (OMHAS) provides feedback throughout the year and is represented on the Early Childhood Advisory Council, has an ex-officio seat on the Child Care Advisory Council, as well as other statewide collaborative initiatives. The Infant and Early Childhood Mental Health Consultation programming has shifted from OMHAS to DCY. However, continued collaborative work with OMHAS in needed to understand the opportunities and barriers to children, families, and providers with children with mental health issues. Additionally, DCY will work closely with OMHAS to monitor and modify, if needed, the Infant Mental Health Endorsement and a Trauma Informed Care Certificate. Both agencies continue to look at ways to support the mental health of children and their families.

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: The funding and oversight of the Child Care Resource and Referral (CCR&R) agencies is shifting from the Ohio Department of Job and Family Services (ODJFS) to the Department of Children and Youth (DCY). The state contracts with 7 CCR&R agencies that serve 12 service delivery areas providing service statewide. The CCR&Rs provide professional development to child care programs and consumer education to families. Additionally, the CCR&Rs work with programs to become Step Up To Quality (SUTQ) rated. DCY meets with the local CCR&Rs every quarter to align resources and activities to support our quality and accessibility goals.

DCY also contracts with the Ohio Child Care Resource and Referral Association to manage the Ohio Professional Registry (OPR), a centralized information system for early childhood and school-age professionals that includes available professional development and documents individual career growth as well as the professional's background checks and child care program's employee record charts.

In addition, the State Support Teams provide training and professional development to school-based programs. The collaboration between DCY and the CCR&R and SSTs has resulted in better technical assistance due to developing and reviewing policies and

standards together. It's also resulted in more providers applies for grants and resources. This year, the CCR&Rs and SSTs assisted the state with promoting Access grants, stabilization grants and Infant and Toddler infrastructure grants. The responses for the grants far exceeded the availability of resources. Finally the maintenance and growth of quality rated programs is due to the CCR&R and SST assisting programs with the application and verification process. CCR&Rs and SSTs will be hosting, with DCY, a dozen and a half in-person technical assistance sessions with providers this fall on the new standards and expectations.

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: The Department of Children and Youth (DCY) works closely with the Ohio Alliance of YMCAs to review current licensing and Step Up To Quality (SUTQ) standards as they related to school child programs. The Alliance is also part of multiple stakeholder groups including Child Care Advisory Council and Early Childhood Advisory Council. This collaboration results in open communication about the needs of out-of-school time programs that informs DCY in rule writing. A school-age endorsement was created to assist school-age professionals in meeting the SUTQ education requirements. DCY also provides updates and gets feedback from the Ohio Afterschool Network.

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: The Ohio Department of Job and Family Services works with Office of the Chief Inspector to establish an emergency management and response plan to ensure that those receiving child care subsidy can continue to operate, allocating additional funding if needed. The results of this work has provided the direction needed to ensure continuous services for Ohio's families.

The Department of Children and Youth (DCY) will collaborate with the Office of the Chief Inspector and the Ohio Department of Health to establish a updated emergency management and response plan to ensure that those receiving child care subsidy can continue to operate, allocating additional funding if needed. DCY will also work with the Department of Education and Workforce (DEW) to ensure that emergency planning for school based programs is aligned to the K-12 requirements.

q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: Child care providers, including providers participating in the Early Head Start-Child Care Partnership grants, participate on the Child Care Advisory Council. The goal of the Council is to provide feedback to licensing and funding for child care. Representation from the Head Start community has led to feedback on Head Start processes and requirements that may be different or in addition to licensing and Step Up To Quality requirements allowing for a better understanding for the Council.
The Director of Ohio's Head Start Association is also a member for the Early Childhood Advisory Council.

ii. **[x]** State/Territory institutions for higher education, including community colleges.

Describe: **The Ohio Department of Children and Youth (DCY) staff participate in an articulation workgroup that coordinates a Higher Education Summit annually. The goal of this workgroup's efforts is to make available a clear educational pathway and seamless transition from entry into the field through a baccalaureate degree for early childhood educators. The efforts also assist with the implementation of Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® OHIO scholars whose goal is to teach and/or support the education of children birth to 3rd grade. In addition, a representative from Higher Education serves on the Early Childhood Advisory Council (ECAC).**

iii. **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **The Ohio Department of Children and Youth collaborates with the Ohio Center for Autism and Low Incidence (OCALI) to develop special needs training for early childhood professionals. This suite of trainings are available for early childhood professionals as free online approved training to meet their professional development certificate requirement in Step Up To Quality.**

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The Ohio Department of Children and Youth will be responsible for the implementation of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The MIECHV Project Coordinator and the Child Care State Administrator will meet regularly to discuss ways to support children and families that may be served in both programs.**

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The Ohio Department of Children and Youth (DCY) collaborates with the Ohio Department of Medicaid (ODM) the lead agency for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) to ensure that children and families in need for services are aware of the resources available to them. DCY and ODM's Directors meet every other week to discuss policy alignment and ways to support the eligible families to secure comprehensive services to meet the needs of the families, including ensuring the Ohio's Managed Care Plans understand the benefits of early care and education/child care services. ODM has an ex-officio seat on the Child Care Advisory Council, Cross Agency Leadership Group, and is represented on the Early Childhood Advisory Council.**

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The child care program consults with the Ohio Children's Trust Fund (OCTF), as well as the Bureau of Children's Services Policy and Practice, both located with the Ohio Department of Children and Youth (DCY) to promote the prevention and recognition of child abuse and neglect. OCTF created a free online child abuse and neglect training that is to be taken by child care staff. The OCTF staff have also provided input on the training content for child abuse and neglect training when an individual choses to take a training that was not created by OCTF.**

vii. **[x]** Child care provider groups or associations. Describe: **The Ohio Association of Child Care Providers, the Ohio Association for the Education of Young Children**

(AEYC), the Ohio Head Start Association and the Ohio Afterschool Network all assist the lead agency in the distribution of provider communications. This results in enhanced communication with the provider community. The associations also ensured that their members participate in the monthly Early Care and Education stakeholder calls.

viii. **[ ]** Parent groups or organizations. Describe:

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

[ ] No. (If no, skip to question 8.2.2)

[x] Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

[x] Title XX (Social Services Block Grant, SSBG)

[ ] Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

[ ] State- or Territory-only child care funds

[x] TANF direct funds for child care not transferred into CCDF

[ ] Title IV-B funds (Social Security Act)

[ ] Title IV-E funds (Social Security Act)

[ ] Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The state leverages all source of funding to offer Publicly Funded Child Care (PFCC) service to any family who applies and is eligible for services. Ohio does not maintain a wait list.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

[ ] Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

[x] Yes. If yes, describe which funds are used: **General Revenue Funds (GRF) for the state portion of CCDF Matching. In state fiscal year (SFY) 2023, Ohio received $77.1M in CCDF Federal Matching funds. The GRF/state share of expenditures based on an average of the SFY 2023 FMAP rates and the amount reported on the October through December 2023 ACF-696 was $35.5M.**

[ ] No.

b. Does the Lead Agency use donated funds to meet match requirements?

[ ] Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

[x] No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.

- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

  Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

  If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

  [ ] Yes.

  [x] No. If no, describe: **For SFY24, the $45.4 CCDF MOE requirement has been met and all expenditures were coded to direct services. Line 2(c) on the ACF-696 for October-December 2023 showed $0 for State Share of Expenditures - pre-Kindergarten for the FY22, FY23 and FY24.**

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.

- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

[ ] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

[ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

[x] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:
The CCR&Rs will provide a variety of services for the State. They will provide services in recruitment, support and retention, and resources.

Under recruitment, the CCR&Rs perform outreach activities at events, work on outreach strategies, and provide information. CCR&R will partner with public and private partners on recruitment and outreach activities/events, to ensure that all efforts are collaborative. Outreach efforts include informational sharing events intended to educate the community on the needs and resources for state-supported early childhood programs and resource and adoptive families. They will provide information to communities regarding the importance of quality, the impact of early childhood education (ECE), and supporting community efforts and involvement in improving the ECE system. CCR&R will provide the following assistance to prospective families, child care programs, and resource and adoptive home agencies: General education on early childhood care and education options (JFS 01224 or its replacement should be included) and resource and adoptive families; Assistance to apply for early childhood care and education options; How to utilize the Ohio Child Care Search to inform families about available child care or resources and additional information if available. CCR&Rs will Identify specific needs within the service delivery area (SDA) to determine the number of new early childhood and education programs and resource care providers who will need to be licensed each state fiscal year (SFY) and specific populations or needs that should be addressed. They will support these individuals in becoming licensed by providing technical assistance, materials, training, and other items determined appropriate by the department.

Under support and retention, the CCR&Rs provide technical assistance for items such as re-certifications, licensing compliance and process, quality rating improvement system compliance, curriculum and assessment implementation, etc. CCR&R will partner with child care programs and resource and adoptive home agencies on retention efforts for foster families and child care programs. They should offer the following types of support, with at least one group for resource families and one group for providers in each county. These series of trainings and/or support groups must be offered on average at least once per month.
a. Resource family parent cafés. May submit evidence-based model to JFS/DCY for

approval. Model needs to be listed and explain in application response. The model should be operated to fidelity.
b. Resource family Support Groups
c. Establishment of local resource family parent connections/networks
d. Establishment of local provider connections/networks
e. Family Child Care Networking
f. Child Care Center Networking
CCR&R will engage in the following specific needs areas: English Language Learners; Special Needs; Homelessness; Infants/Toddlers

Under resource, the CCR&Rs will serve as a resource hub for families with children, including resource families, and child care programs by completing the following: Each SDA will establish a list of supports for each county within their SDA, which must include but is not limited to housing, food, employment, and child care for families that can be distributed to families and other supporting agencies; Create a resource library where families and child care programs can obtain things like reading and electronic materials based on the various families and programs being served; Each SDA will partner with families and community organizations/leaders to offer Parent Café's/parent support groups; Each SDA must hold community listening sessions centered around topics specified by the Department of Children and Youth; Each SDA will provide phone and in-person support to families in need of assistance who come to the attention of the Department of Children and Youth or contact the CCR&R directly. CCR&R will serve as a shared services hub for child care programs. CCR&R will assist, and coordinate training based upon needs of families, child care programs, resource and adoptive home agencies, and the needs of the Department of Children and Youth. They will provide professional development, health and safety trainings, and technical assistance based upon needs of child care programs in each SDA.

In addition, the State Support Teams are also regional and provide technical assistance to school-based programs.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Ohio Department of Children and Youth (DCY) implemented several strategies to support public and private partnerships to assist with administrative costs or to encourage cost sharing.**
1. Free subscriptions to brightwheel to help streamline program administration.

2. Providing $6 million through a competitive process to communities that can recruit businesses to match the state investment to support child care programming in their community.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Ohio Emergency Operations Plan was promulgated by Governor Mike DeWine on January 10, 2020. This plan was updated to ensure consistency with current policy guidance.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **https://dam.assets.ohio.gov/image/upload/jfs.ohio.gov/ocf/CFSPAppendixD-DisasterPlan.pdf**

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Parents or other individuals may submit a complaint regarding rule violations to the Ohio Department of Children and Youth Help Desk by calling 1-877-302-2347,Option 4, or via email at childcarepolicy@childrenandyouth.ohio.gov. The telephone number and email address are included on the website at Child Care in Ohio Resource Guide. Inspection reports made available on the Agency website include static text with instructions on filing a complaint, including the phone number for the help desk. Finally, the license face, required to be posted at the program location, includes similar instructions and the phone**

number.

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Department of Children and Youth utilize the Vocalink Global Telephonic Interpreting Service. The service allows for families to contact our Family and Customer Support Center and request an interpreter. The service offers 80 translations.**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The newly added assistive technology software Browsealoud assists with access for individuals who have difficulty reading online, including persons with mild visual impairments, low literacy, English as a second language or learning disabilities, such as dyslexia. The ReachDeck Toolbar, a tool within Browsealoud, features include Text-to-Speech, Translation, Picture Dictionary, MP3 maker that converts online content into MP3 files for easy listening, Screen Mask with a reading pane that reduces visual stress and improves focus, Text Magnifier, Webpage Simplifier that creates a simplified view of the webpage and removes distracting content.**

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: **Upon receipt of a complaint allegation for CCDF and non-CCDF providers, the help desk screens the information to determine if the complaint is a rule related allegation. If the complaint is not a rule allegation, the help desk informs the caller that the allegations will not be investigated and, if appropriate, refers the caller to the appropriate agency to investigate the complaint. If the complaint is rule-related, the help desk obtains detailed information from the caller, including, but not limited to, the child care program, details of the alleged violation, and complainant information. A complainant may remain anonymous. Once the information is received, the complaint is forwarded to the appropriate licensing specialist who begins an investigation within seven days of receipt. The licensing specialist conducts an unannounced onsite investigation inspection. During the investigation, the licensing specialist may interview appropriate parties, conduct observations, review records, and collaborate with any other outside agencies who regulate the program. At the conclusion of the investigation, the licensing specialist makes one of three dispositions. The disposition may be unsubstantiated, which indicates there was clear evidence the violation did not occur; substantiated, which indicates there was clear evidence the violation did occur; or unable to determine, which indicates there was no clear evidence to determine the violation did occur or did not occur. The child care program receives a copy of the final inspection report for the investigation. Complaint allegations for programs not regulated by the Ohio Department of Children and Youth are not investigated.**

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **Complaints that include rule violations are maintained for a period of five years from the date of the complaint inspection report in the Ohio Child Licensing and Quality System (OCLQS) for CCDF and non-CCDF providers. Complaint allegations for programs not regulated by the Ohio Department of Children and Youth are not investigated.**

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Any individual may receive a copy of any complaint by following the public records request procedure for the agency. The program inspection reports for any substantiated complaints are posted on the public Search for Early Care and Education website Find Quality Rated Early Care and Education | Ohio Child Care Search immediately upon completion. Families may also opt to receive updates regarding their child program inspection status by subscribing to the Really Simple Syndication (RSS) feed. Notifications would be sent to the families' mobile device or computer when a new inspection is posted to the website.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **The Ohio Department of Children and Youth (DCY) is in the process of enhancing the current website. Currently, plans are to utilize childcaresearch.ohio.gov until the changes on the DCY website are complete. All DCY websites must meet ADA requirements. The current websites includes an option to translate content into one of five other languages, the translation service can be found at the top of the page. Many browsers support "Read Aloud" technology which can be accessed on the website.**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad

access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://jfs.ohio.gov/child-care/information-for-providers/become-a-provider**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **Family Child Care - https://dam.assets.ohio.gov/image/upload/jfs.ohio.gov/ofam/What to expect during an FCC licensing inspection UPDATED 082023.pdf**
Center Child Care - https://dam.assets.ohio.gov/image/upload/jfs.ohio.gov/ofam/What to expect during a center licensing inspection UPDATED 082023.pdf

Day camp - https://www.odjfs.state.oh.us/forms/num/DCY01314/pdf/
https://jfs.ohio.gov/child-care/information-for-providers/become-a-provider/background-checks
on this page there is additional information via an attachment to a downloadable PDF for Child Care Staff Member/Employee Requirements
https://jfs.ohio.gov/wps/wcm/connect/gov/c85ca4aa-0e4b-44a7-b0a3-a0a4833fb37b/StaffRequirementsAug2022+%283%29.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-c85ca4aa-0e4b-44a7-b0a3-a0a4833fb37b-oR.5MZT
https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-18-04
https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-18-02
Additional information will be found at the following link:
https://jfs.ohio.gov/child-care/information-for-providers/become-a-provider/overview

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://jfs.ohio.gov/child-care/information-for-providers/become-a-provider/background-checks**

https://jfs.ohio.gov/wps/wcm/connect/gov/c85ca4aa-0e4b-44a7-b0a3-a0a4833fb37b/StaffRequirementsAug2022+%283%29.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-c85ca4aa-0e4b-44a7-b0a3-a0a4833fb37b-oR.5MZT

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://jfs.ohio.gov/child-care/information-for-providers/become-a-provider/background-checks**

https://dam.assets.ohio.gov/image/upload/jfs.ohio.gov/OFC/ProhibitiveConvictionsFeb2024.pdf

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **Find Quality Rated Early Care and Education | Ohio Child Care Search (https:childcaresearch.ohio.gov).**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

[ ] License-exempt center-based CCDF providers.

[ ] License-exempt family child care CCDF providers.

[ ] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[x] Other (e.g., summer camps, public pre-Kindergarten). Describe: **Accredited Programs, State PreK sites,**

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Enrollment capacity	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Provider education and training	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

Languages spoken by the caregiver	[ ]	[ ]	[ ]	[ ]	[ ]
Quality information	[x]	[ ]	[ ]	[ ]	[ ]
Monitoring reports	[x]	[ ]	[ ]	[ ]	[ ]
Willingness to accept CCDF certificates	[x]	[ ]	[ ]	[ ]	[ ]
Ages of children served	[ ]	[ ]	[ ]	[ ]	[ ]
Specialization or training for certain populations	[x]	[ ]	[ ]	[ ]	[ ]
Care provided during nontraditional hours	[x]	[ ]	[ ]	[ ]	[ ]

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[x]** All licensed providers. Describe: **On the Search early Care and Education Programs web page, under Program types, you can select all licensed providers from the dropdown.**

ii. **[ ]** License-exempt CCDF center-based providers. Describe:

iii. **[ ]** License-exempt CCDF family child care providers. Describe:

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[ ]** Relative CCDF providers. Describe:

vi. **[x]** Other. Describe: **On the Search early Care and Education Programs web page, under Program types, you can select Registered Day camps and In Home Aide.**

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[x]** Quality improvement system.

ii. **[x]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[x]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[x]** Meeting pre-Kindergarten quality requirements.

vi. **[x]** School-age standards.

vii. **[ ]** Quality framework or quality improvement system.

viii. **[x]** Other. Describe: **geo map linked to our website showing the location of SUTQ**

programs

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **Accreditation; quality rating level, participation in state PreK program**

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **Accreditation; quality rating level, participation in state PreK program**

iii. **[ ]** License-exempt center-based CCDF providers. Describe the quality information:

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[ ]** License-exempt non-CCDF providers. Describe the quality information:

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe:

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Providers are required to report any serious incident, injury, or death of a child through the Ohio Child**

Licensing and Quality System (OCLQS) within 24 hours of the incident. A report that can be can be accessed by the regulatory compliance team at DCY as needed can be generated from this system. This report provides detailed data regarding any serious incident, injury or death of a child.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **"substantiated child abuse" as an allegation that is substantiated by the local public children's service agency.**

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **For this requirement, the lead agency defines "serious injury" as 1. Death of a child at a program; 2. An incident, injury, or illness that requires medical treatment, 3. An unusual or unexpected incident which jeopardizes the safety of a child, child care staff member or employee.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **https://jfs.ohio.gov/child-care/resources/annual-child-care-licensing-report**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **https://jfs.ohio.gov/child-care/resources/child-care-partnerships**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information: **https://jfs.ohio.gov/child-care/welcome**

https://jfs.ohio.gov/child-care/resources/resources-for-families

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale. **https://jfs.ohio.gov/child-care/information-for-families/apply-for-assistance**
https://dam.assets.ohio.gov/image/upload/v1719263377/childrenandyouth.ohio.gov/Rules/Child%20Care/Child%20Care%20Rules%20and%20Resources/Child%20Care%20Procedure%20Letters/2023/CCMPL_168A.pdf
https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-16-05

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.
The Ohio Department of Job and Family Services (ODJFS) the following webpages, "Information for Families" which includes an explanation of what child care is, eligibility for publicly funded child care (PFCC), types of child care explanations, apply for assistance (PFCC), resources, each for child care programs, file a compliant and direct link to the "Help Desk" (Family and Customer Support line.) The Resource Guide for families which lists services available in Ohio including mental health services, medical services, Early Childhood Education, preschool special education, nutrition, early intervention, and Help Me Grow. The link to the family web page is also listed on the application to apply for PFCC benefits. Additionally, the application for child care benefits includes information on How to Choose Child Care which includes the URL for the child care search. This application is also available online.

In addition the Ohio Department of Children and Youth (DCY) website (all programs from ODJFS are in transition to DCY for child care including licensing, PFCC, and SUTQ), provides families,

providers and partners with resources. Newsletters are shared with the public to keep all informed and allowing DCY to remain transparent during the transition of programs. Families may also find resources how to apply for assistances, search for child care providers, childhood mental health resources and learn about child growth and development along with many more resources

On both ODJFS and DCY webpages customers can locate written materials that can be printed and kept on hand. The Tuesday Time and Kids' Corner communications are shared via email with early care and education programs; programs are encouraged to post in their locations and share with their families. Both agencies have a multitude of technical assistance documents and communications in PDF format to assist with sharing program knowledge.

Finally, the Self-Service Portal is accessible from the Families web page enabling families to apply for Medicaid, Cash, Food and Child Care assistance. The link is titled Early Childhood Services Screening Tool.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

[x] Yes.

[ ] No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements

5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

[x] Yes.

[ ] No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **A number of child development and behavior health resource links are available on the Information for Providers Resource sections of the child care webpage https://jfs.ohio.gov/child-care/information-for-providers/resources.**
Ohio Early Intervention RedTreeHouse.Org
The Ohio Department of Health - Help Me Grow Program Ohio's Early Learning and Development Standards
Ohio's Early Childhood Core Knowledge & Competencies Center for Disease Control Ohio Department of Mental Health and Addiction Services
CHIP Children's Health Insurance Program
Early Childhood Mental Health (including expulsion prevention)
Reducing Suspension and Expulsion Practices in Early Childhood Settings

The Providers Resources webpage also has a 'resource card' for Health and Safety' with the links to information on shaken baby; SIDS; lead poisoning, hazards and a lead toolkit; obesity; bullying; trauma; handwashing; and links to the American Academy of Pediatrics.
The Information for Families Resource (https://jfs.ohio.gov/child-care/information-for-families/resources) page includes links to early childhood resources as well as basic needs and medical resources including information on: childhood lead poisoning; The Ohio Commission on Fatherhood; RedTreeHouse.org; CDC; and Ohio's Early and Periodic Screening. Early Childhood Resources include: Head Start, Imagination Library for families, Annual Licensing Reports, Ohio Early Intervention, Help Me Grow The Resources for Families shares educational information on the background check process for child care employees.
Diagnosis and Treatment Program. Also available in the Resource pages is the Child Care Resource Guide for Eligible Services (JFS 01224) which offers Early Intervention, Help Me Grow, Early Childhood Education, medical services, mental health, SNAP, WIC and CACFP program and contact information.

Updates to resource documents are share with our partners, providers, and the public using many different avenues. The Ohio Department of Children and Youth (DCY) uses two different "newsletter" formats to inform our partners, providers and the public; Kids' Corner and Tuesday Times, located on the DCY webpage (https://childrenandyouth.ohio.gov/for-partners/kids-corner-newsletter and https://childrenandyouth.ohio.gov/for-partners/tuesday-times). These "newsletters" are also emailed out using govDelivery a subscriber service to contact our audience.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

[x] Yes.

[ ] No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Child Care Resources Guide for Eligible Services (JFS 01224) offers information on programs that assist families and providers in locating community resources specific to early childhood mental health and social-emotional and behavioral issues. On the Ohio Department of Job and Family Services (ODJFS) webpage under Child Care Resources, a Resource Card is shared with links for Child Development and Behavioral Health Resources, (https://jfs.ohio.gov/child-care/resources/child-development-and-behavioral-health-resources.) These resources are also shared on the Information for Families Resources left hand navigational tools as well as the Information for Provider Resources left hand navigational tools.**
A link to this document is also included on the application for publicly funded child care.
On the DCY home page under the "For Families" heading there is a tile, Childhood Mental Health, that links to Department of Mental Health and Addiction web page. This page includes resources and information on Early Childhood Mental health Consultants, screening and assessments, best practices videos, programs and services offered, provider support and community partners.

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The State invests in the Ohio Preschool Expulsion program designed specifically to assist licensed child care providers with children that may otherwise be expelled. The goal of the program is to provide additional supports such as Early Childhood Mental Health Consultation within 24 hours to the program which can be done by phone or onsite. The Consultant will work with the early care and education professional to determine if there may be a trigger, if the room environment may need**

changed, and when necessary if a referral may be required to Triple P to support the parents or the teacher in the classroom, a referral to Telehealth for the entire family for free 24/7 counseling to help stabilize and de-escalate.

On the ODJFS website under Resources for Providers there is a Reducing Suspension and Expulsion Practices link that links to the Office of Early Childhood Development webpage. This web page offers the following resources:

- Read the Guidance Document on Expulsion and Suspension Policies in Early Childhood Settings (PDF)
- See Office of Child Care Information Memorandum on suspension and expulsion policy
- See Office of Head Start Informational Memorandum on suspension and expulsion policy
- STATE AND LOCAL ACTION TO PREVENT EXPULSION AND SUSPENSION IN EARLY LEARNING SETTINGS (PDF)
- Full Expulsion and Suspension Webinar Series
- Expulsion Webinar 1 - Basic Research (PDF)
- Expulsion Webinar 2 - Policies (PDF)
- Expulsion Webinar 3 - Program Quality and Professional Development (PDF)
- Expulsion Webinar 4 - Using Data Systems (PDF)
- Resources for States
- Resources for Early Childhood Programs
- Resources for Families and Caregivers
- Resources for Community Partners
- Resources on Early Childhood Mental Health Consultation
- Resources on Positive Behavior Intervention and Support

Ohio Administrative Code (OAC) Rule 5101:2-12-19 states
(C)What are the child guidance techniques to be used in the licensed child care center?
(2)The center shall communicate and consult with the parent prior to implementing a specific behavior management plan. This plan shall be in writing and signed by the parent and shall be consistent with the requirements of this rule.
(3)When a child is expelled from the center for a behavioral reason, the expulsion is to be reported in the Ohio child licensing and quality system (OCLQS)
(C)What are the child guidance techniques to be used in the licensed child care center?(2)The center shall communicate and consult with the parent prior to implementing a specific behavior management plan. This plan shall be in writing and signed by the parent and shall be consistent with the requirements of this rule.
(3)When a child is expelled from the center for a behavioral reason, the expulsion is to be reported in the Ohio child licensing and quality system (OCLQS)

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:
NA

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[ ] Yes. If yes, include the information provided, ways it is provided, and any partners in this work:

[x] No. If no, describe: **Ohio does not require all families to complete a developmental screening during the intake process for Publicly Funded Child Care (PFCC). While developmental screenings are not required for eligibility purposes, they are required only for children attending programs participating in Step Up To Quality, the state's Quality Rating and Improvement system within 30 days of application. The Ages and Stages Questionnaire (ASQ) is available for families with an infant or toddler. Beginning July 1, 2024, the ASQ will be available to families with preschoolers as well.**
https://www.helpmegrow.org/ASQ
In addition to the developmental screening information, early childhood professionals are available to assist the families with needed resources through the Help Me Grow Central

Intake provider. In addition, 88 county resource directories are available for all early care and education providers to use to support the needs of their enrolled families. The directories can be found at https://brightbeginningskids.knack.com/communityresourcedirectories. During the intake process information is provided to all families regarding available health screenings, early intervention services and the step up to quality program.

d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.

[x] Yes.

[ ] No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Ohio Department of Children and Youth (DCY) is a new agency set up by function rather than program to ensure all programs benefit from cross program coordination. More importantly the agency is set up in this way to streamline services for children, youth and families. As a result of the function structure, it builds in transparency and accountability as multiple managers will have overview and insight into the program and supports rather than just one singular point of contact.**

To address numbers 1 & 6 - Integrity will be maintained through the Contracts and Monitoring area responsible for reviewing cases for family eligibility and provider payments. This is done through random case reviews and regular monitoring protocols in addition to any referrals. Additionally, our fiscal team will monitor that escalate as concerns but also through daily monitoring activities of expenditures and grants.

To Address numbers 2, 5 & 6 -Delegation and Segregation of activities across the Department reside in Systems for eligibility, Policy and Training for alignment with federal and state rules and Fiscal to cross check that the system payments are accurate, timely and done with integrity. The delegation of duties creates necessary checks and balances to ensure multiple areas are reviewing and assessing the components of the program.

To address number 3- Coordination of Activities roles up through the Executive team giving purview of all roles and responsibilities across the enterprise to the Chief Operating Officer and Chief Strategy Officer which allows for oversight and accountability at two points of control.

To address number 4-Communication between fiscal and program staff happens is being built through a regular cadence of weekly meetings to review payments and eligibility trends along with weekly reports. Additionally quarterly strategy meetings have been established allowing for long term planning and control.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The basis for aligning funding with costs, including indirect costs, is the account coding structure. The account coding structure consists of multiple codes that identify important elements: funding source, the unit initiating the transaction, and the benefiting program for all financial transactions in the agency. The objective of this coding structure is to organize and document the accounting of financial transactions, to simplify financial reporting and grant award reconciliations, and to maintain the integrity of federal and state funds. Internal documents, including purchase requisitions, print orders, encumbrances, and commitments, must specify the purpose and intent of each transaction and contain proper authorization before the department will commit, encumber, or disburse funds.**

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **All administrative financial transactions**

are recorded by Ohio Administrative Knowledge System (OAKS), which serves as the system of record for all appropriated financial transactions for the state of Ohio, including DCY. The State's central accounting office, Office of Budget and Management (OBM), manages OAKS and has the ability to provide detailed journal files through the data warehouse to the Ohio Department of Children and Youth (DCY) for analysis and reporting. OAKS captures the complete account coding for each transaction

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **All administrative financial transactions are recorded by OAKS, which serves as the system of record for all appropriated financial transactions for the state of Ohio, including DCY. The State's central accounting office, Office of Budget and Management (OBM), manages OAKS and has the ability to provide detail journal files through the data warehouse to the Ohio Department of Children and Youth (DCY) for analysis and reporting. OAKS captures the complete account coding for each transaction. and OAKS is the basis for federal reporting.**

d. Other. Describe: **NA**

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **Set up agency controls in Ohio Administrative Knowledge System (OAKS) accounting system. Internal documents, including purchase requisitions, print orders, encumbrances, and commitments, must specify the purpose and intent of each transaction and contain proper authorization before the department will commit, encumber, or disburse funds.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **DCY leadership meets monthly with the Fiscal team to review trend reports from for eligibility and expenditures. These reports are reviewed for any anomalies but also to ensure the program is tracking as forecasted. When unexpected changes occur, it is a flag for the team to look at recent policy changes, the school schedule, enforcement activities or recent local changes.**

c. How the results inform implementation. Describe: **The results from the monthly meetings often lead to additional conversations with the policy, system and integrity teams. Depending on trends these meetings can be indicators for necessary recruitment events, ideas for automation to streamline and track eligibility, or where we may be able to further invest or outreach if utilization is under projections.**

d. Other. Describe: **NA**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **DCY has a team dedicated to program integrity for payments made to providers through the Publicly Funded Child Care program, funding with CCDF funding. The team audits publicly funded child care provider (CCDF) records by identifying providers through data analytics. Reviews include comparing required**

attendance documentation to billing records. Additionally, reviews of eligibility records are conducted during the federal fiscal year. The following elements are reviewed: application/redetermination, qualifying head of household, residency, parental work/training status, qualifying child, qualifying care, qualifying care and provider arrangement, income requirements, and payment. Policy is copied on all error correspondence to the county agency. This is to ensure that overpayments are pursued, and statewide training can be developed based on error trends.

The Office of Budget and Management (OBM) conducts Management Information Audits (MIA) of each government agency, including DCY for CCDF. OBM is a third-party agency that reviews both the processes and controls of each agency to identify risks, needed improvements, and deficiencies. If findings or management comments are issued, each agency will be required to corrective action plan to address the issues. Frequency is annual and follows the state fiscal year (July 1- June 30).

b. The frequency of each risk assessment. Describe: **Frequency is annual and follows the state fiscal year (July 1- June 30).**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **If concerns or issues arise, each agencyhas to make a formal response to the findings and issue a corrective action plan. OBM will review the plan and then follow up quarterly until the issues are resolved and closed. The agency will have to undertake process improvement and update internal policy and process to more effectively resolve issues.**

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The Office of Budget and Management (OBM) will review our process at least twice in two phases: First, as closed out in previous state fiscal year audits OBM will review and follow up with all findings and the implementation and progress of the Corrective Action Plan (CAP). Second, in each new state fiscal year audit, prior issues are reexamined to make sure the corrective follow-up was successfully implemented.**

e. Other. Describe: **NA**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

   i. Describe the training provided to staff members around CCDF program requirements and program integrity: **The State is responsible for ensuring county agencies are trained on CCDF program requirements as a result of being state-**

supervised and locally administered. Training is conducted via monthly virtual meetings, tip sheets, and specialized training when topics are too big for the monthly meetings. There is also new worker training conducted for new team members.

ii. Describe how staff training is evaluated for effectiveness: **Training effectiveness is determined by quality control reviews where cases are reviewed from application submission to determination, licensing reviews and consistent non compliances, monthly data reviews such as county by county reports to see trends and when changes are occurring or how similar sized counties are realizing changes, but training effectiveness is also evaluated based on and call center questions both from parents, caregivers and county agencies. Common questions or high call volumes also lead to additional trainings or guidance.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Program integrity data and risk assessments are shared with the DCY Senior team. The DCY Senior team then determines which area is best to lead the necessary follow-up discussions to ensure all DCY parties are updated on findings. Depending on the finding or concern this could be led by fiscal, policy or the systems teams. Once the lead area is determined it is their responsibility to prepare a training, tip sheet, or guidance document to ensure the entire team and any partners are notified of the clarification or changes that must be implemented to ensure compliance or increased efficiency.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **The lead agency requires professionals that wish to be licensed as a child care center, family child care home provider and those whose wish to become certified as an in-home aide provider or approved as an ODJFS day camp to complete a pre-licensing/pre-certification web-based training located in the Ohio Professional Registry. Each of these trainings that must be completed prior to applying for licensure or certification, applicants must complete a module that covers publicly funded child care requirements and responsibilities. Requirements and responsibilities include but are not limited to cooperation with program integrity inquires and investigations. In addition, all the trainings discuss in detail that each type of provider must sign a provider agreement to receive CCDF. The provider agreement is available on our public website to view prior to signing.**

ii. Describe how provider training is evaluated for effectiveness: **The lead agency reviews trainings annually and as needing per regulation changes to ensure updates are completed and the content is accurate. The agency works together with others bureaus to collect feedback on trainings by keeping a consistency log for considerations on how to assess what changed need to be made.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **DCY audits provider records by identifying providers through data analytics. Reviews include**

comparing required attendance documentation to billing records. Additionally, reviews of eligibility records are conducted -monthly. The following elements are reviewed: application/redetermination, qualifying head of household, residency, parental work/training status, qualifying child, qualifying care, qualifying care and provider arrangement, income requirements, and payment. Policy is copied on all error correspondence to the county agency. This is to ensure that overpayments are pursued, and statewide training can be developed based on error trends.

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Error rate results are reviewed at the DCY Division level and then escalated with the DCY Senior Leadership level which includes the leads for Fiscal, Policy, and Systems. The results are then assessed and evaluated to determine if they are a cause of team members not understanding the policy or practice, the system not supporting or safeguarding against the error, or lack of guidance in the area that created confusion. Once a cause is determined next steps for a fix or safeguard are determined. Once the next steps are determined the return on investment is evaluated to prioritize or determine if action is warranted.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are reviewed by the Deputy Director responsible for all Department Audits and findings and risks are then escalated to the DCY Senior Leadership level which includes the leads for Fiscal, Policy, and Systems. The results are then assessed evaluated to determine if they are a cause of team members not understanding the policy or practice, the system not supporting or safeguarding against the error, or lack of guidance in the area that created confusion. Once a cause is determined next steps for a fix or safeguard are determined. Once next steps are determined the return on investment is evaluated to prioritize or determine if action is warranted.**

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **NA**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[x]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **As a new Department DCY has taken the opportunity to evaluate and transition the previous internal controls for the CCDF program while also learning from the other programs transitioning as to how additional safeguards and monitoring can be put in place. This transition has also allowed for new team members to evaluate and review processes and activities and ask new questions with fresh perspectives. Additionally, DCY has already engaged with the Office of Budget and Management on a consultation basis to ensure all necessary best practices are in**

place from day one and continue evaluation will be conducted as processes reach first and ongoing milestones.

b. **[ ]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Child Care eligibility is determined in Ohio Benefits which is a person-centered system integrated with Medicaid, Supplemental Nutrition Assistance Program (SNAP), and TANF. As a result of this integration Child Care eligibility benefits from the matching criteria of the other programs for citizenship, income, address changes, etc. (TANF, SNAP, New Hires, SSA, PARIS). This allows us to not only benefit from the automated interfaces but also from the requirements of the other programs to report changes and complete renewals and recertifications.**

   ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Child Care eligibility is determined in Ohio Benefits which is a person-centered system integrated with Medicaid, SNAP, and TANF. As a result of this integration Child Care eligibility benefits from the matching criteria of the other programs for citizenship, income, address changes, etc. (TANF, SNAP, New Hires, SSA, PARIS). This allows us to not only benefit from the automated interfaces but also from the requirements of the other programs to report changes and complete renewals and recertifications.**

   iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **Child Care eligibility is determined in Ohio Benefits which is a person-centered system integrated with Medicaid, SNAP, and TANF. As a result of this integration Child Care eligibility benefits from the matching criteria of the other programs for citizenship, income, address changes, etc. (TANF, SNAP, New Hires, SSA, PARIS). This allows us to not only benefit from the automated**

interfaces but also from the requirements of the other programs to report changes and complete renewals and recertifications.

b. **[x]** Run system reports that flag errors (include types).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DCY has several reports that are produced that flag errors, these are reviewed and researched on a regularly scheduled basis. Examples of possible flag errors are as follows:**
•Are transactions being created on a day the family does not utilize care?
•Are the transactions being created after the child(ren) have left for the day?
•Are the transactions being created after the child(ren) has been dropped off for the day?
•Are the transactions occurring on a day the provider is closed

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DCY has several reports that are produced that flag errors, these are reviewed and researched on a regularly scheduled basis. Examples of possible flag errors are as follows:**
•Are transactions being created on a day the family does not utilize care?
•Are the transactions being created after the child(ren) have left for the day?
•Are the transactions being created after the child(ren) has been dropped off for the day?
•Are the transactions occurring on a day the provider is closed

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Enrollment and attendance are reviewed monthly in aggregate but are also able to be reviewed on the provider level. When attendance is recorded in □off hours□ or we can see children are enrolled but not utilizing service it is an indication for DCY to determine if there is a barrier families are facing with the technology, a waitlist that is allowing enrollment not service, or any other issue or concern.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Enrollment and attendance are reviewed monthly in aggregate but are also able to be reviewed on the provider level. When attendance is recorded in □off hours□ or we can see children are enrolled but not utilizing service it is an indication for DCY to determine if there is a barrier families are facing with the technology, a waitlist that is allowing enrollment not service, or any other issue or concern.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Enrollment and attendance are reviewed monthly in aggregate but are also able to be reviewed on the provider level. When attendance is recorded in □off hours□ or we can see children are enrolled but not utilizing service it is an indication for DCY to determine if there is a barrier families are facing with the technology, a waitlist that is allowing enrollment not service,**

or any other issue or concern.

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Ohio Department of Children and Youth audits provider records by identifying providers through data analytics. Reviews include comparing required attendance documentation to billing records. Additionally, reviews of eligibility records are conducted monthly and 75 cases are selected, a total of 900 case reviews are completed during the federal fiscal year. The following elements are reviewed: application/redetermination, qualifying head of household, residency, parental work/training status, qualifying child, qualifying care, qualifying care and provider arrangement, income requirements, and payment. Policy is copied on all error correspondence to the county agency. This is to ensure that overpayments are pursued, and statewide training can be developed based on error trend.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Ohio Department of Children and Youth audits provider records by identifying providers through data analytics. Reviews include comparing required attendance documentation to billing records. Additionally, reviews of eligibility records are conducted monthly and 75 cases are selected, a total of 900 case reviews are completed during the federal fiscal year. The following elements are reviewed: application/redetermination, qualifying head of household, residency, parental work/training status, qualifying child, qualifying care, qualifying care and provider arrangement, income requirements, and payment. Policy is copied on all error correspondence to the county agency. This is to ensure that overpayments are pursued, and statewide training can be developed based on error trend.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Ohio Department of Children and Youth audits provider records by identifying providers through data analytics. Reviews include comparing required attendance documentation to billing records. Additionally, reviews of eligibility records are conducted monthly and 75 cases are selected, a total of 900 case reviews are completed during the federal fiscal year. The following elements are reviewed: application/redetermination, qualifying head of household, residency, parental work/training status, qualifying child, qualifying care, qualifying care and provider arrangement, income requirements, and payment. Policy is copied on all error correspondence to the county agency. This is to ensure that overpayments are pursued, and statewide training can be developed based on error trend.**

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Ohio Department of Children and Youth audits provider records by identifying providers through data analytics. Reviews include comparing required attendance documentation to billing records. The results of this activity may include termination of the provider agreement and/or an issuance of an overpayment. This informs better practice by informing**

providers of their errors.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Ohio Department of Children and Youth audits provider records by identifying providers through data analytics. Reviews include comparing required attendance documentation to billing records. The results of this activity may include termination of the provider agreement and/or an issuance of an overpayment. This informs better practice by informing providers of their errors.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Ohio Department of Children and Youth audits provider records by identifying providers through data analytics. Reviews include comparing required attendance documentation to billing records. The results of this activity may include termination of the provider agreement and/or an issuance of an overpayment. This informs better practice by informing providers of their errors.**

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Ohio Department of Children and Youth hires staff with auditing backgrounds and trains them on specific audits and policies regarding the publicly funded child care program**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Ohio Department of Children and Youth hires staff with auditing backgrounds and trains them on specific audits and policies regarding the publicly funded child care program**

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Ohio Attorney General's Office**

b. Check and describe all activities, including the results of such activity, that the Lead

Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **If the total amount to be recovered is less than $100, it is not recovered due to administrative costs to be greater than the amount collected. If it is more than $100 the lead agency sends the provider an invoice for the amount due. Accounts Receivable collects any payments made. Those funds that are not collected within 30 days are turned over to the Ohio Attorney General's Office (AGO) for collection. The agency receives updates from the AGO.**

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **DCY forwards all uncollected debt after 30-days of notification (considered delinquent) to the Ohio Attorney General's (AGO) Office for collection. The AGO performs the activities for the recovery of improper payments after these payments have been turned over for collection. The agency receives updates from the AGO.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Once the delinquent debt is forwarded to the Ohio Attorney General's Office, the AGO has the authority to administer payment plans and does. The agency receives updates from the AGO.**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Once an overpayment or fraudulent payment is determined the payment is either set for a repayment through with reductions to the ongoing payments by the DCY Business Unit OR if the program is closed the payment can be assessed and submitted to the Attorney General for collection and remittance.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Ohio Department of Job and Family Services contains a specific unit that focuses solely on investigations and the collection of over payment. The unit is staffed by both investigators and auditors**

and supervisors that carryout the tasks including identifying the provider, investigating, collection of any identified overpayment and the termination of the provider agreement for publicly funded child care program.

viii. [ ] Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. [x] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: If the total amount to be recovered is less than $100, it is not recovered due to administrative costs to be greater than the amount collected. If it is more than $100 the lead agency sends the provider an invoice for the amount due. Accounts Receivable collects any payments made. Those funds that are not collected within 30 days are turned over to the Ohio Attorney General's Office (AGO) for collection.
Accounts Receivable collects provider payments. The agency receives updates from the AGO.

ii. [x] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: DCY forwards all uncollected debt after 30-days of notification (considered delinquent) to the Ohio Attorney General's (AGO) Office for collection. The AGO performs the activities for the recovery of improper payments after these payments have been turned over for collection. The agency receives updates from the AGO.

iii. [x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: Once the delinquent debt is forwarded to the Ohio Attorney General's Office, the AGO has the authority to administer payment plans and does. The agency receives updates from the AGO.

iv. [x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: Once an overpayment or fraudulent payment is determined the payment is either set for a repayment through with reductions to the ongoing payments by the DCY Business Unit OR if the program is closed the payment can be assessed and submitted to the Attorney General for collection and remittance.

v. [ ] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. [ ] Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. [x] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **DCY has specific unit that focuses solely on investigations and the collection of over payment. The unit is staffed by both investigators and auditors and supervisors that carryout the tasks including identifying the provider, investigating, collection of any identified overpayment and the termination of the provider agreement for publicly funded child care program.**

viii. [ ] Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[ ] No.

[x] Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. [x] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **DCY notifies each county agency about identified county agency errors that resulted in improper payments. Each county agency has their own process for recovering improper payments.**

ii. [x] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **"DCY notifies each county agency about identified county agency errors that resulted in improper payments. Each county agency as their own process for recovering improper payments. For state agency**

errors, those funds that are not collected within 30 days are turned over to the Ohio Attorney General's Office for collection."

iii. [x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Once an overpayment or fraudulent payment is determined the payment is either set for a repayment through with reductions to the ongoing payments by the DCY Business Unit OR if the program is closed the payment can be assessed and submitted to the Attorney General for collection and remittance.**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If/when there is a State state system generated improper payment, staff will work with the program on an acceptable reduced payment(s) to recoup or repay the funding.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]**Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Ohio Administrative Code 5101:2-16-07 details caretaker improper payments or misuse of publicly funded child care benefits.**
Process is as follows:
***County agency shall calculate the overpayment resulting from an improper payment.**
***County agency shall notify the caretaker of the determined overpayment amount to be repaid using the JFS 01151, ""County Notice of Child Care Benefit Repayment Requirements for Caretakers.**
***County agency shall report payment received from caretakers in the county finance information system.**
***Caretaker shall sign the JFS 01151, ""County Notice of Child Care Benefit Repayment Requirements for Caretakers.**
***Caretaker shall make payments in accordance with the signed payment agreement.**
Failure of the caretaker to comply with the repayment agreement will result as follows:
***County agency shall terminate child care benefits if the caretaker fails to enter into or comply with an agreement to repay a child care overpayment, and shall issue the appropriate hearing notice.**
***Caretaker remains ineligible for child care benefits until the caretaker complies with the agreement to repay the determined amount.**

Appeal Process:
The JFS 01151, County Notice of Child Care Benefit Repayment Requirements for Caretakers, allows the caretaker two options. One, if the caretaker does not understand the action in the JFS 01151 they may contact the county

representative listed on the JFS 01151 to request a conference. Two, if the caretaker does not agree with the action, they have the right to a state hearing. At a state hearing a hearing officer from the Ohio Department of Job and Family Services will make a final decision on the action.

ii. [x]Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: DCY will terminate the provider agreement and assess an overpayment. The provider may not appeal the termination, and this prevents the provider from billing for publicly funded child care services.

iii. [x] Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: Ohio Administrative Code 5101:2-16-07 Caretaker improper payment or misuse of publicly funded child care benefits describes that the county agency, in cooperation with the county prosecutor, shall develop and implement procedures for the investigation and/or prosecution of alleged child care caretaker fraud and the recovery of child care over payments from caretakers.
If a caretaker has admitted or has been convicted of fraud by the court of law will result in the following:
*County agency shall terminate child care benefits
*Caretaker shall not be eligible for publicly funded child care benefits until full repayment has been made.

iv. [ ] Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		