



November 7, 2023

In-Home Aide Manual Transmittal Letter No. 14

TO: All In-Home Aide Manual Holders

FROM: Matt Damschroder, Director

SUBJECT: In-Home Aide Ohio Child Licensing and Quality System (OCLQS) and Child Care and Development Block Grant (CCDBG) Rule Changes

Background:

A certified In-Home Aide (IHA) provider cares for children in the family's home. Rule changes were made for the five-year review, to add the in-home aide inspection processes to OCLQS, to comply with federal CCDBG requirements, to better organize the rules, to add new rules to group related procedures, and to clarify certain processes and requirements.

The following rules are effective beginning November 12, 2023.

5101:2-14-01 "Definitions for certified in-home aides" has been amended due to the five-year review. This rule outlines the definitions for the certified in-home aide rules. The following changes were made:

- Added a definition of "child" for clarification.
- Removed "this chapter" and replace with "Chapter 5104. of the Revised Code" for clarification.
- Clarified that medication includes any preparation of a substance which is used to prevent or treat a wound, injury, infection, infirmity or disease.
- Added definition of "Public Children Services Agency (PCSA)" for clarification.
- Updated definition of "Publicly Funded Child Care"
- Updated definition of "routine trips" to match the family child care definition of routine trips.

5101:2-14-02 "Application and approval for certification as an in-home aide" has been amended to clarify and better organize the application and approval process for in-home aides. The following changes were made:

- Updated weblink for the Ohio Professional Registry (OPR).
- Clarified a "pre-certification visit" is an "inspection."
- Moved paragraph (D)(1) of this rule to paragraph (A)(4) of this rule.
- Moved the qualifications to be a certified IHA from paragraph (A) of rescinded rule 5101:2-14-03 to paragraph (B) of this rule.
- Removed "for those individuals certified after April 1, 2003" from paragraph (B)(2).
- Clarified the requirement for a medical statement by adding that the medical statement on file must be dated within 12 months prior to the date the IHA applies for initial certification.
- Clarified the contents of a valid IHA certificate.
- Updated the process for contacting the county if the IHA decides to voluntarily withdraw their certification from notifying "either verbally or in writing" to notifying "in OCLQS."



- Moved the ratio and maximum group size language from paragraph (C) of this rule to paragraph (C) of new rule 5101:2-14-08.
- Removed "requirements once a certificate has been issued" from paragraph (D) and replaced with "responsibilities of a certified IHA."
- Clarified when unannounced inspections will take place.
- Added requirement for IHA to keep their own mailing address, telephone number, email address and scheduled days and hours of care current in OCLQS.
- Added requirement for IHA to maintain their profile, dashboard and scheduled days and hours in the Ohio Professional Registry (OPR).
- Moved paragraph (A)(10) of rescinded rule 5101:2-14-03 to new paragraph (D)(8) of this rule.
- Moved paragraphs (A)(14), (A)(16) and (A)(17) of rescinded rule 5101:2-14-04 to new paragraphs (D)(5), (D)(6) and (D)(7) of this rule.
- Updated the process for contacting the county agency if the IHA discontinues caring for children, by removing "contact the county agency" and replacing with "update OCLQS."
- Clarified the procedure if an IHA wants to become certified at a second location.
- Added that the IHA is to submit the parent and child's new address in OCLQS if the parent and child move.
- Clarified that an inspection must take place at the new location if a parent and child move.
- Added the IHA responsibilities for addressing non-compliances found during inspections.
- Moved the process to request a review if a county agency proposes an adverse action from paragraph (E) of rescinded rule 5101:2-14-04 to new paragraph (J) of this rule.

Appendix A to rule 5101:2-14-02 has been amended with the following changes:

- Changed title to "Required Documents for an Initial and Renewal Application for Certification as an In-Home Aide".
- Clarified when documentation must be submitted by the IHA.
- Updated rule references.
- Removed training verifications from the list of uploads required, because training verifications are accessed in the OPR.
- Added that the Emergency and Disaster Plan is to be uploaded at application.
- Clarified that the JFS 01642 "In-Home Aide Assurances" is the only documentation required to be uploaded at renewal.
- Updated the weblink for the Ohio Professional Registry (OPR).
- Clarified background check requirements to match paragraph (B) of 5101:2-14-04.

Appendix B to rule 5101:2-14-02 is a new appendix replacing rescinded Appendix A to rescinded rule 5101:2-14-03, with the following changes:

- Removed "associate's" and replace with "associate" in paragraph number three to match Revised Code.
- Added "or a graduate of a non-chartered non-public school" to paragraph number four to match Revised Code.
- Removed "a letter from the state or local board of education stating that the curriculum for the course of home study taken by the provider meets the required standards for high school completion" from paragraph number four and replaced with "documentation as required by section 3313.6110 of the Revised Code."



Appendix C to rule 5101:2-14-02 is a new appendix replacing rescinded Appendix C to rescinded rule 5101:2-14-03 with the following changes:

- Clarified when the IHA must submit a medical statement.
- Replaced "physician's" assistant with "physician" assistant to match Revised Code.

5101:2-14-03 "Training requirements for an in-home aide" is a new rule replacing rescinded rule 5101:2-14-03 "Qualifications for certification as an in-home aide" for rule re-numbering, to move background check requirements to their own rule and to clarify when health trainings are required.

The following changes were made:

- Grouped the health trainings required before an IHA may be certified, exemptions from health training requirements, and specific CPR requirements into new paragraph (A) of this rule.
- Grouped the on-going health training requirements into new paragraph (B) of this rule, including moving existing requirements in paragraphs (A)(4), (A)(5) and (A)(6) of rescinded rule 5101:2-14-03 to new paragraphs (B)(1) and (B)(2) of this rule.
- Moved professional development requirements from paragraph (B) of rescinded rule 5101:2-14-03 to new paragraph (C) of this rule.
- Created new paragraph (D) to outline the documentation requirements for health trainings and professional development hours.

Appendix A to rule 5101:2-14-03 replaces rescinded Appendix B to rescinded rule 5101:2-14-03 with the following changes:

- Added new paragraph number two to clarify that the first aid training must follow a curriculum that is appropriate for the age and developmental levels of the children in care.
- Replaced "Physician's" assistant with "physician" assistant and "associate's" degree with "associate" degree to match Revised Code.

Appendix B to rule 5101:2-14-03 replaces rescinded Appendix D to rescinded rule 5101:2-14-03. There are no proposed changes to this appendix.

5101:2-14-04 "Background check requirements for a certified in-home aide" is a new rule replacing paragraph (C) through paragraph (K) of rescinded rule 5101:2-14-03 to move background check requirements to their own rule; and replacing rescinded rule 5101:2-14-04 "In-home aide responsibilities and assurances" for rule re-numbering. The following changes were made:

- Clarified when a background check is required.
- Moved the background check requirements when an IHA has a break in employment for more than one hundred eighty consecutive days to new paragraph (B)(3).
- Clarified that when an IHA requests a background check review, a new JFS 01176 and JFS 01177 will only be provided if there is a change in the original decision.

Appendix A to rule 5101:2-14-04 replaces rescinded Appendix (E) to rule 5101:2-14-03 to move the rehabilitation requirements for background checks to the new background check rule; and replaces rescinded appendix A to rule 5101:2-14-04 for rule re-numbering. The following changes were made:

- Moved "an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses, or that would meet the ineligibility requirements under 45 CFR Section 98.43 or" from the bottom of the list of offenses to paragraph 2c.



- Added the following to the list of prohibited offenses to align with the Ohio Revised Code and the Child Care and Development Block Grant:
 - R.C. 2903.03 – Voluntary manslaughter
 - R.C. 2903.04 – Involuntary manslaughter
 - R.C. 2905.32 – Trafficking in persons
 - R.C. 2907.04 – Unlawful sexual conduct with minor
 - R.C. 2907.05 – Gross sexual imposition
 - R.C. 2907.19 – Commercial sexual exploitation of a minor
 - R.C. 2907.21 – Compelling prostitution
 - R.C. 2907.31 – Disseminating matter harmful to juveniles
 - R.C. 2911.01 – Aggravated robbery
 - R.C. 2911.02 – Robbery
 - R.C. 2911.11 – Aggravated burglary
 - R.C. 2911.12 – Burglary
 - R.C. 2919.23 – Interference with custody
 - R.C. 2919.24 – Contributing to unruliness or delinquency of a child
 - R.C. 2923.13 – Having weapons while under disability
 - R.C. 2923.161 – Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function

5101:2-14-05 "Safe and sanitary environment and equipment requirements for in-home aides" was amended to re-group topics for clarity, to add existing requirements to rule that were previously only listed on required forms, and to add federal requirements. The following changes were made:

- Moved old paragraph (A)(2) of this rule to new paragraph (A)(2) of rule 5101:2-14-08.
- Moved old paragraphs (A)(3) and (A)(4) of this rule to new paragraph (B) of rule 5101:2-14-07.
- Added lead hazard procedures.
- Moved old paragraphs (C)(1) and (C)(2) of this rule to new paragraphs (A)(3) and (A)(4) of this rule.
- Added requirement that 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.
- Added that toilets are to be flushed after each use to match requirements on the JFS 01533 "In-Home Aide Inspection."
- Removed "weapons, firearms and ammunition materials shall be kept inaccessible to children, out of sight of children in locked storage areas." Replaced with "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."
- Added that "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."
- Added that the home is to have both hot and cold running water and that hot water temperature is not to exceed one hundred twenty degrees Fahrenheit.
- Added handwashing requirement for a sturdy, nonslip platform if the sink is not of suitable height for children.
- Added the requirement that the JFS 08087 "Communicable Disease Chart" is to be readily available to the IHA, parents and residents.
- Moved the first aid kit requirement from paragraph (A)(10) to new paragraph (D) of this rule.



- Added standard precaution procedures due to federal requirements, and to match requirements on the JFS 01533.
- Added existing requirements found on the JFS 01642 "In-Home Aide Assurances" form regarding swimming and safety procedures, due to federal requirements.
- Added requirements for pet safety.

Appendix A to rule 5101:2-14-05 has no proposed changes.

Appendix B to rule 5101:2-14-05 is a new appendix that outlines the requirements when a child is sick. This appendix was added due to federal requirements.

Appendix C to rule 5101:2-14-05 is a new appendix that outlines first aid equipment requirements for clarification and to match the list on the JFS 01533. No changes were made to the contents of the list.

5101:2-14-06 "Child record requirements for a certified in-home aide" is a new rule replacing paragraphs (C)(1) through (C)(5) of rescinded rule 5101:2-14-04 to group child record requirements into their own rule for clarity, replacing rescinded rule 5101:2-14-06 "County agency responsibilities for the issuance and renewal of in-home aid certifications" for rule renumbering, and adding existing requirements to rule that were previously only listed on required forms. The following changes were made:

- Added that the parent and the IHA are to initial and date the JFS 01234 "Child Enrollment and Health Information for Child Care" when information is reviewed or updated.
- Added that the child's JFS 01234 must be sent with any child who is being transported for emergency treatment.
- Added that each child's JFS 01234 must be kept in a location where it can be quickly and easily accessed and removed from the home if there is an emergency that requires moving the child to another location.
- Added that the JFS 01236 "Medical/Physical Care Plan for Child Care" is required when there is ongoing administration of medication or medical foods.
- Added that the parent and the IHA are to initial and date the JFS 01236 when information is reviewed or updated.
- Added that the JFS 01236 is to be on file in the home by the first day that the IHA provides child care services, or upon confirmation of a health condition, to match the existing requirement on the JFS 01642.
- Added that if the IHA suspects that the child has a health condition, the IHA may require a physician's statement within a designated time frame.
- Removed the requirement that the IHA must keep attendance records, indicating the hours of care for each child, previously found in paragraph (C)(4) of rescinded rule 5101:2-14-04.
- Clarified child record confidentiality requirements in new paragraph (D).
- Consolidated child record retention requirements already existing in rule in new paragraph (E).

Appendix A to rule 5101:2-14-06 is a new appendix replacing rescinded Appendix B to rescinded



rule 5101:2-14-04. There are no changes to the language of this appendix.

5101:2-14-07 "Emergency and health-related plans for a certified in-home aide" is a new rule replacing paragraph (D) of rescinded rule 5101:2-14-04 to group incident reporting requirements into one rule for clarity, replacing rescinded rule 5101:2-14-07 "County agency responsibility for compliance inspections and complaint investigations for an in-home aide" for rule re-numbering, adding federal requirements, and for the five-year review. The following changes were made:

- Added that that IHA is to have a written plan for medical and 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 readily available to the IHA.
- Added that the IHA is to complete the JFS 01201 "Dental First Aid" and kept in a location readily available to the IHA.
- Added that written emergency and disaster plans are to include brief instructions for evacuations and diagrams with indoor severe weather safe spots and evacuation routes.
- Added that severe weather and fire evacuation routes are to be posted on each level of the home in use for care.
- Moved the existing requirements for fire and weather emergency drills in paragraphs (A)(15) and (D)(1)(b) of rescinded rule 5101:2-14-04 to new paragraphs (A)(5) and (E)(2) of this rule.
- New paragraph B of this rule replaces and clarifies the existing incident/injury report requirements that were previously located in paragraphs (A)(3) and (A)(4) of rule 5101:2-14-05.
- Clarified what should be considered a serious incident and the requirements when a serious incident occurs.
- New paragraph (E) of this rule replaces and clarifies the existing disaster plan requirements that were previously located in paragraph (D) of rescinded rule 5101:2-14-04.

5101:2-14-08 "Supervision of children and child guidance for a certified in-home aide" is a new rule consolidating supervision and child guidance requirements into one rule for clarity, and adding existing requirements to rule that were previously only listed on required forms. The following changes were made:

- Moved and clarified the existing supervision requirements in paragraph (A)(2) of rule 5101:2-14-05 to new paragraphs (A)(1) and (A)(2) of this rule.
- Moved and clarified the existing supervision requirements in paragraphs (A)(2), (A)(3), (A)(6), and (A)(7) of rescinded rule 5101:2-14-04 to paragraphs (A)(3), (A)(5), and (A)(7) of this rule.
- Moved and clarified the existing supervision requirement in paragraph (A)(9) of rescinded rule 5101:2-14-03 to new paragraph (A)(4) of this rule.
- Added the existing requirement found on the JFS 01642 that the IHA is not to permit the children to be exposed to inappropriate language or media.
- Added that "suitable weather" for outdoor play is a minimum of twenty-five to ninety degrees Fahrenheit.



- Added outdoor play supervision requirements, to match existing requirements on the JFS 01533.
- Added that school-age children are permitted in the outdoor play space without the IHA if they remain within sight and hearing of the IHA, the IHA is always able to intervene if needed, and the children are not engaged in higher risk activities such as swimming or using equipment with movable parts.
- Added that when the outdoor play space is not on the premises, the IHA is to accompany and supervise all children in transit and at the outdoor play space.
- Added that the children must have access to bathroom facilities and drinking water during outdoor play times to match existing requirements on the JFS 01533.
- Added new paragraph (B) that specifies when school-age children may leave home for specific activities and the written permission requirements for allowing school-age children to leave home for these activities.
- Moved the ratio and maximum group size requirements from rule 5101:2-14-02 to new paragraph (C) of this rule.
- Moved the guidance requirements from paragraph (B) of rescinded rule 5101:2-14-04 to new paragraph (D)(1) of this rule.
- Added new paragraph (D)(2) to clarify that the IHA must consult with the parent before implementing a specific behavior management plan.
- Moved the mandated reporter requirements from paragraph (A)(13) of rescinded rule 5101:2-14-04 to new paragraph (E) of this rule.

Appendix A to rule 5101:2-14-08 is a new appendix replacing rescinded Appendix A to rescinded rule 5101:2-14-04. There are no proposed changes to the language of this appendix.

5101:2-14-09 "Transportation and field trip safety for a certified in-home aide" is a new rule replacing paragraph (A)(11) of rescinded rule 5101:2-14-04 and adding existing requirements to rule that were previously only listed on required forms. It clarifies existing requirements for written permission for field trips and for ensuring no child is left in a vehicle. The following changes were made:

- Added existing requirements found on the JFS 01642 and the JFS 01533 regarding what must be taken with the IHA on all trips.
- Added that seatbelts must be utilized by adults and children and no more than one person may be strapped in each belt in paragraph (A)(6).
- Added that IHAs who transport children must complete the one-time ODJFS transportation training in the OPR, unless public transportation is utilized in new paragraph (B).
- Added vehicle inspection requirements in new paragraph (C).

Appendix A to rule 5101:2-14-09 is a new appendix replacing the existing requirements in paragraphs (A)(11)(a) through (A)(11)(e) of rescinded rule 5101:2-14-04. There are no changes to the language of these requirements.

5101:2-14-10 "Sleeping, napping and overnight requirements for a certified in-home aide" a



new rule replacing paragraphs (A)(4) and (A)(5) of rescinded rule 5101:2-14-04, and adding existing requirements to rule that were previously only listed on required forms. The following changes were made:

- Added that the JFS 01235 "Sleep Position Waiver Statement for Child Care" must be on file if an infant under twelve months of age is not placed on their back to sleep.
- Added that infants who can roll from back to front and front to back must initially be placed on back for sleeping but may be allowed to remain in position they prefer.
- Added that sleep or nap areas must be lighted to allow for visual supervision.
- Added that IHA's own children being cared for in the home are to be assigned their own bed, crib, mat, cot or playpen for sleeping and napping.
- Added existing requirements found on the JFS 01642 regarding sleeping arrangements and crib requirements.
- Added evening and overnight care requirements in paragraph (F).

5101:2-14-11 "Meal preparation/nutritional requirements for a certified in-home aide" is a new rule replacing paragraph (A)(12) of rescinded rule 5101:2-14-04 and adding existing requirements to rule that were previously only listed on required forms. The following changes were made:

- Clarified portion size and nutritional requirements for meals and snacks to match the existing requirements on the JFS 01642.
- Added that food should be developmentally appropriate in size, amount, and texture, and should not be a choking hazard.
- Added requirements around medical foods and alternate diets in paragraphs (A)(5) and (A)(6).
- Added food storage requirements to match the existing requirements on the JFS 01642.
- Added self-feeding requirements in paragraph (B).

Appendix A to rule 5101:2-14-11 is a new appendix outlining the requirements for meals and snacks to match the existing requirements on the JFS 01642.

5101:2-14-12 "Medication administration for a certified in-home aide" is a new rule replacing paragraph (C)(5) of rescinded rule 5101:2-14-04 and adding existing requirements to rule that were previously only listed on required forms. The following changes were made:

- Clarified requirements for filling out the JFS 01217 "Request for Administration of Medication for Child Care" based on type of medication administered.
- Clarified that the JFS 01217 is not required for medication required by a JFS 01236 "Child Medical/Physical Care Plan for Child Care" or for non-prescription topical products or lotions.
- Added that the IHA is not to administer any medication, medical food, or topical product until the child has received the first dose or application.
- Added that the IHA is not to administer any medication, medical food or topical product for any period beyond the date indicated by the physician, or after the expiration date of the medication, whichever comes first.



- Clarified that each administration or application must be documented on the JFS 01217 immediately after administering, including when school-age children administer their own medication.
- Clarified existing requirements on the JFS 01642 regarding medication storage.

5101:2-14-13 "Infant care and diaper care for a certified in-home aide" is a new rule replacing paragraphs (A)(8), (A)(9) and (A)(10) of rescinded rule 5101:2-14-04, and adding existing requirements to rule that were previously only listed on required forms. The following changes were made:

- Added infant daily care requirements in paragraphs (A)(1)(a) through (A)(1)(c) due to federal requirements.
- Added existing requirements from the JFS 01642 to paragraphs (A)(1)(d), (A)(2), (B), (C) and (D).
- Added that new foods are to be introduced by the IHA only after consultation with the parent.
- Added requirements for diapering more than one child in paragraphs (C)(3)(b) and (C)(3)(c).
- Added requirements for storing and laundering soiled diapers in paragraph (C)(4).

Appendix A to rule 5101:2-14-13 is a new appendix clarifying the requirements for breast milk storage.

5101:2-14-14 "County agency responsibilities for in-home aide certifications, compliance inspections and complaint investigations" is a new rule replacing rescinded rules 5101:2-14-06 and 5101:2-14-07 to consolidate county responsibilities into one rule. The following changes were made:

- Removed a reference to the JFS 01533 "In-Home Aide Inspection" form from paragraph (A)(3), because inspections now take place in OCLQS.
- Moved the requirement that inspections take place annually every year after certification from paragraph (A)(3) of rescinded rule 5101:2-14-06 to new paragraph (C)(1) of this rule.
- Clarified that the county must comply with all requirements in Chapter 5104. of the Revised Code and Chapter 14 of the Administrative Code.
- Moved paragraph (B)(1) of rescinded rule 5101:2-14-06 to paragraph (A)(4) of this rule.
- Removed "which includes meeting the rehabilitation criteria in appendix E to rule 5101:2-14-03 of the Administrative Code, if applicable" from paragraph (A)(4) because this is redundant.
- Removed paragraphs (B)(2) and (B)(3) of rescinded rule 5101:2-14-06 because these are redundant.
- Removed the word "recertification" and replace with "renewal" for consistency.
- Added new paragraph (C) to clarify when additional compliance inspections are to take place.
- Removed paragraph (E)(1) from rescinded rule 5101:2-14-06, because this information is now included in OCLQS on the inspection report.



- Moved requirements for complaint investigations from rescinded rule 5101:2-14-07 to new paragraph (D) of this rule.
- Added that complaints must be documented in OCLQS on the same day the complaint is received.
- Removed the written report requirements for complaints alleging child abuse or neglect and replaced with the requirement to follow PCSA instructions if additional information is needed.
- Removed "unless the PCSA indicates that the county agency complaint investigation would interfere with the PCSA's investigation of the case" and replaced with requirement that the county agency is to cooperate with the PCSA to ensure that the inspection does not interfere with the PCSA investigation.
- Moved county requirements when an IHA is not in compliance to new paragraph (E) of this rule.
- Moved county process for an IHA county review of a non-compliance finding or a revocation of the certificate to new paragraph (F) of this rule.
- Added OCLQS documentation requirements for inspections in new paragraph (G)(1).
- Moved requirement for providing copies of inspections to the IHA to new paragraph (G)(1).
- Added that the JFS 01642 "In-Home Aide Assurances" is to be maintained in OCLQS in new paragraph (G)(2).
- Moved paragraph (B)(4) of rescinded rule 5101:2-14-07 to new paragraph (G)(2) of this rule.
- Added new paragraphs (G)(3) and (G)(4) to clarify requirements around the IHA case file and record retention.
- Moved information that the county agency can share publicly regarding an IHA to new paragraph (H) of this rule.
- Moved that the county is not to have additional requirements that exceed the IHA certification standards to new paragraph (I) of this rule.

Forms:

JFS 01533 "In-Home Aide Inspection" was amended to clarify general language, to update rule numbers and to add compliance items to their associated rules.

JFS 01642 "In-Home Aide Assurances" was amended to clarify general language, correct typographical errors, improve formatting, and for consistency with the rules of this chapter.

The most recent version of all ODJFS Forms referenced in these rules can be accessed through [Forms Central](#).

Implementation:

Beginning November 12, 2023, all In-Home Aide inspections will be input and updated in OCLQS.

Questions:

Please contact the Child Care Policy Help Desk at childcarepolicy@jfs.ohio.gov or 1-877-302-2347, option 4, if you have questions.



**Department of
Job & Family
Services**

JFS.Ohio.gov

Mike DeWine, *Governor*

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5101:2-14-01

Definitions for certified in-home aides.

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

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

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

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

- (1) Administering to the needs of infants, toddlers, preschool-age children and school-age children outside of school hours.
- (2) By persons other than their parents, guardians, or custodians.
- (3) For part of the twenty-four-hour day.
- (4) In a place other than a child's own home, except that an in-home aide provides child care in the child's own home.
- (5) By a provider required by ~~this chapter~~ Chapter 5104. of the Revised Code to be licensed or approved by the department of job and family services, certified by a county department of job and family services, or under contract with the department to provide publicly funded child care as described in section 5104.32 of the Revised Code.

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

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

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

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

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

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

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

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

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

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

~~(M)~~(O) "Publicly funded child care" is the care of infants, toddlers, preschool children; and school-age children under age thirteen by an eligible provider, ~~as defined in rule 5101:2-16-01 of the Administrative Code.~~ Publicly funded child care is paid, wholly or in part, with federal or state funds, including funds available under the child care block grant act Title IV-E and Title XX, distributed by ODJFS.

~~(N)~~(P) "Routine trips" means ~~frequent or regularly scheduled~~ repeated excursions from off the premises of the home in which in-home aide services are being provided regularly occur on a previously scheduled basis and that parents have been made aware of the destinations of the trip. Routine trips include, but are not limited to, taking a child to school or picking up a child from school.

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

~~(P)~~(R) "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.

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

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5101:2-14-02

Application and approval for certification as an in-home aide.**(A) What is the application process to become a certified in-home aide (IHA)?**

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

- (1) Complete a professional registry profile for the in-home aide applicant through the Ohio professional registry (OPR) at ~~https://www.occrra.org/opr~~https://www.occrra.org.
- (2) Register online through the OPR and complete the required pre-certification training for an IHA. The pre-certification training ~~shall~~ is to have been taken within the two years prior to the application to become an IHA.
- (3) Complete and submit an application online in the Ohio child licensing and quality system (OCLQS) at <https://oclqs.force.com>.
 - (a) An application is considered to be complete when the applicant has uploaded all documentation outlined in appendix A to this rule.
 - (b) Any application submitted without complete and accurate information will need to be amended with complete and accurate information before being certified.
 - (c) The application will be deleted if the in-home aide is not ready to be certified after twelve months.
 - (d) The IHA ~~shall~~ is to comply with a pre-certification ~~visit~~ inspection.
- (4) Submit the publicly funded child care provider information in OCLQS, including signing a provider agreement.

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

The IHA is to meet the following qualifications:

- (1) Be at least eighteen years old.
- (2) Have completed a high school education as verified by appendix B to this rule.
- (3) Have a medical statement on file that is dated within twelve months prior to the date the IHA initially applies for certification, as outlined in appendix C to this rule.

(4) Be physically capable of complying with Chapter 5101:2-14 of the Administrative Code and performing activities normally related to child care. These include, but are not limited to, providing meals, dealing with emergencies in a calm manner, carrying out methods of child guidance and discipline, and keeping accurate records as outlined in this chapter.

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

~~(B)~~(C) What is a valid IHA certificate?

(1) A certificate ~~is valid only for the IHA~~ identifies a provider as the IHA for one location; ~~child's home and maximum number of children designated on the certificate.~~

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

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

~~(2)~~(4) The A certificate contains an effective date and an expiration date and is valid for two years, unless one of the following occurs:

(a) The parent moves to a new address.

(b) The IHA notifies the county agency ~~either verbally or in writing~~ in OCLOS of his or her voluntary withdrawal from certification.

(c) The certificate is revoked pursuant to rule ~~5101:2-14-06~~5101:2-14-14 of the Administrative Code.

~~(C)~~ What are the requirements for staff/child ratios and maximum group size for a certified IHA provider?

~~(1) The IHA is to 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 IHA is not to exceed the maximum capacity at any given time.~~

~~(3) The IHA is to be the sole provider of care in the child's home.~~

~~(4) The IHA can care for no more than two of his or her own children in the child's home. These children are counted in the maximum group size of children as designated on the certificate.~~

(D) What are the ~~requirements once a certificate has been issued~~responsibilities of a certified IHA?

The IHA is to:

~~(1) At the time the county agency issues the certificate, the certified IHA shall complete and submit a provider agreement and all information required in OCLQS. This information shall be submitted before the first day PFCC services are provided.~~

~~(2)~~(1) The IHA shall haveHave the certificate on file in the child's home at all times.

~~(3)~~(2) The IHA shall complyComply with at least one unannounced inspection each fiscal year, beginning the next fiscal year after the certificate was issued.

(3) Keep the following information current in OCLQS:

(a) Mailing address.

(b) Telephone number.

(c) Email address.

(d) Scheduled days and hours.

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

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

(b) Organization dashboard.

(c) Scheduled days and hours.

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

(6) Cooperate with other government agencies as necessary to maintain compliance with Chapter 5101:2-14 of the Administrative Code.

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

(8) Not use or disclose any information concerning the family receiving publicly funded child care (PFCC) to anyone other than the county agency or ODJFS, except upon written consent of the parent.

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

(1) Complete and submit an initial application online at <https://oclqs.force.com>.

(2) Upload all documentation for initial certification as outlined in appendix A to this rule.

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

(4) Comply with an inspection.

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

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

(2) The IHA is to submit the parent and child's new address in OCLQS.

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

~~(2)~~(4) Upon completion of a new inspection, the county agency shall~~is to~~ issue a new certificate for the new address and the original certification period shall~~is~~ to be maintained.

~~(F)~~(G) What are the requirements to renew an IHA certificate?

(1) Prior to the expiration of the certification period, the IHA shall:

(a) Complete and submit the application in OCLQS including all uploaded documents outlined in appendix A to this rule.

(b) Complete the required pre-certification training (at each renewal).

(2) If the IHA does not submit the application by the end of the certification period, the certificate will be closed.

~~(G)~~(H) Is an IHA an employee of the county agency or the Ohio department of job and family services (ODJFS)?

An individual certified by the county agency as an IHA to provide PFCC services is an independent contractor and is not an employee of the county agency that issued the certificate or ODJFS.

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

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

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

If a county agency proposes any of the following adverse actions pursuant to Chapter 5101:2-14 or rule 5101:2-16-11 of the Administrative Code, the IHA may submit a written request for a county review to the county agency no later than fifteen calendar days after the mailing date of the county agency's notification:

(1) Denial of an application for certification.

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

(3) Proposal to revoke a certificate.

(4) Notice that a certificate will not be renewed.

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

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

- JFS 01642 "In-Home Aide Assurances" to be completed by parent and applicant.
- A medical statement for the applicant meeting the requirements as detailed in appendix C to rule 5101:2-14-02 of the Administrative Code.
- Verification of completion of a high school education, a high school diploma or general educational development (GED), as required in appendix B to rule 5101:2-14-02 of the Administrative Code.
- Emergency and Disaster plan as required in rule 5101:2-14-07 of the Administrative Code.

The following documents are to be submitted at the time of renewal of an in-home aide certificate:

- A new JFS 01642 "In-Home Aide Assurances" completed by parent and IHA.

Note: A request for a background check for child care is to be completed and submitted in the OPR at <https://www.occrra.org> pursuant to rule 5101:2-14-04 of the Administrative Code for an initial application for certification and every five years from the date of the most recent BCI records check. A certified IHA with a break in employment for longer than the previous one hundred eighty consecutive days is to obtain a background check unless the IHA meets the requirements as outlined in paragraph (B)(3) of rule 5101:2-14-04.

Appendix B to Rule 5101:2-14-02

Verification of High School Education

Verification of a high school education is to be one of the following:

1. A copy of a high school diploma recognized by the state board of education or the appropriate agency of another state or country as equivalent to the completion of a high school education.
2. A copy of other written documentation verifying high school completion or equivalency, such as the Ohio general education development high school equivalence diploma (GED).
3. A copy of the degree or transcript verifying completion of an associate degree or higher from an accredited college, university or technical college.
4. For the home-schooled student or a graduate of a non-chartered non-public school, documentation as required by section 3313.6110 of the Ohio Revised Code.
5. If the person does not have a copy of his or her high school diploma because of being a refugee, he or she may submit both of the following instead:
 - a. Documentation from the federal government that the person was admitted to the United States of America as a refugee.
 - b. A notarized statement that the person received a high school diploma (or equivalent) in his or her home country prior to being admitted to the United States as a refugee.

Medical Statement Requirements for In-Home Aides (IHAs)

The IHA is to submit a medical statement in the Ohio Child Care Licensing and Quality System (OCLQS) prior to initial certification. A medical statement is not required at renewal of the certification.

The following is to be contained in the medical statement:

- The date of the examination. The date of the examination is to be within 12 months prior to the date the IHA initially applies for certification.
- The signature, business address, telephone number of the licensed physician, as defined in Chapter 4731. of the Revised Code, physician assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner who completed the examination.
- A statement that verifies that the individual is:
 - Physically fit for employment as an in-home aide caring for children.
 - Immunized against measles, mumps and rubella (MMR), except that for people born on or before December 31, 1956, a history of measles or mumps disease may be substituted for the vaccine. A history of rubella disease shall not be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies shall be accepted in lieu of rubella vaccine.
 - Immunized against tetanus, diphtheria and pertussis (Tdap) from a licensed physician as defined in Chapter 4731. of the Revised Code, physician assistant, advanced practice registered nurse, certified nurse midwife, certified nurse practitioner or licensed pharmacist.
 - The person may be exempt from the immunization requirement for religious reasons with written documentation signed by the individual, and for medical reasons with written documentation signed by a licensed physician.
- An additional report or examination by a licensed physician or mental health professional may be required when there is a concern about the individual's ability to perform required duties.

5101:2-14-03**Training requirements for an in-home aide.****(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.

(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.
- (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.

(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.
- (2) Professional development hours are to be documented by one of the following:
 - (a) Verification from the OPR.
 - (b) Transcript of completion of college courses from an accredited university, college or technical college.
 - (i) One quarter credit hour equals ten clock hours of training.
 - (ii) One semester credit hour equals fifteen clock hours of training.
 - (c) The JFS 01307 "Professional Development Documentation for Child Care."
 - (d) Certificates of continuing education units (CEU). One CEU equals ten clock hours of training.
 - (e) Certificates issued by Ohio child welfare training centers.

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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

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

Appendix B to Rule 5101:2-14-03

Professional Development Training TopicsChild 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
- Race, equity, cultural diversity, and inclusion/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
 - Ohio approved
 - 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 misuse
- 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

Professional Development Approved Trainers

Approved Professional Development Trainers

1. Has two years' experience in the specific subject matter and meets one of the following:
 - a. Completed ninety quarter credit hours or sixty semester credit hours from an accredited college, university, or technical college. The coursework shall include at least thirty-six quarter credit hours or twenty-four semester credit hours in courses in child development or courses related to the subject of the training
 - b. Has a currently valid CDA
 - c. Preprimary credential from the Association Montessori Internationale or the American Montessori Society
 - d. Licensed physician or registered nurse
 - e. Currently serves in a professional capacity, for at least two years, that directly relates to the subject of the training as it pertains to his or her professional role and shall only train within the jurisdiction of his or her job

5101:2-14-04**Background check requirements for a certified in-home aide.****(A) What records are included in a background check?**

- (1) Bureau of criminal investigation (BCI) records pursuant to section 5104.013 of the Revised Code.
- (2) Federal bureau of investigation (FBI) records pursuant to section 5104.013 of the Revised Code.
- (3) National sex offender registry.
- (4) State sex offender registry.
- (5) Statewide automated child welfare system (SACWIS) records.

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

- (1) When an individual initially applies to be a certified in-home aide (IHA).
- (2) Every five years from the date of the most recent BCI records check.
- (3) When an IHA has a break in employment as a certified IHA for longer than the previous one hundred eighty consecutive days, unless the IHA was employed at a licensed child care center, licensed type A home, licensed type B home, an approved child day camp, a preschool or school-age program approved to provide publicly funded child care (PFCC), or was a resident of a licensed type A home or a licensed type B home in the previous one hundred eighty consecutive days.

(C) How is a background check obtained?

The IHA is to:

- (1) Create a profile in the Ohio professional registry (OPR) at <https://www.occrra.org>.
- (2) Submit fingerprints electronically according to the process established by BCI. Have the BCI and FBI results sent directly to ODJFS. Information on how to obtain a background check can be found at <https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck>.
- (3) Complete and submit the request for a background check for child care in the OPR.

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

- (1) ODJFS will contact any states in which the individual resided in the previous five years to request the information outlined in paragraph (A) of this rule.
 - (2) Any information received from other states will be reviewed and considered by ODJFS as part of the background check review pursuant to paragraph (F) of this rule.
- (E) What happens if an individual does not complete the full background check determination process?
- (1) If the individual completes only the requirements in paragraph (C)(2) of this rule or only the requirements in paragraph (C)(3) of this rule and does not submit the other component within forty-five days, the background check process will end and a determination of eligibility will not be made.
 - (2) ODJFS will notify the individual that the background check determination process has ended.
 - (3) The individual will need to complete the requirements of paragraphs (C)(2) and (C)(3) to restart the background check determination process in the future.
- (F) What makes an individual ineligible to be a certified IHA?
- (1) A conviction or guilty plea to an offense listed in division (A)(5) of section 109.572 of the Revised Code, unless the individual meets the rehabilitation criteria in appendix A to this rule.

 - (a) Section 109.572 of the Revised Code specifies that this rule applies to records of convictions that have been sealed pursuant to section 2953.32 of the Revised Code.
 - (b) A conviction of or a plea of guilty to an offense listed in division (A)(5) of section 109.572 of the Revised Code is not prohibitive if the individual has been granted an unconditional pardon for the offense pursuant to Chapter 2967. of the Revised Code or the conviction or guilty plea has been set aside pursuant to law. For the purposes of this rule, "unconditional pardon" includes a conditional pardon with respect to which all conditions have been performed or have transpired.
 - (2) Being registered or ordered to be registered on the national or state sex offender registry or repository.
 - (3) The individual is identified in SACWIS as the perpetrator for a substantiated finding of child abuse or neglect in the previous ten years from the date the

request for background check was submitted or the individual has had a child removed from their home in the previous ten years pursuant to section 2151.353 of the Revised Code due to a court determination of abuse or neglect caused by the person.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- R.C. 2903.01 – Aggravated Murder
- R.C. 2903.02 – Murder
- R.C. 2903.03 – Voluntary manslaughter
- R.C. 2903.04 – Involuntary manslaughter
- R.C. 2903.11 – Felonious Assault
- R.C. 2903.12 – Aggravated Assault
- R.C. 2903.13 – Assault
- R.C. 2905.01 – Kidnapping
- R.C. 2905.32 – Trafficking in persons
- R.C. 2907.02 – Rape
- R.C. 2907.03 – Sexual Battery
- R.C. 2907.04 – Unlawful sexual conduct with minor
- R.C. 2907.05 – Gross sexual imposition
- R.C. 2907.12 – Felonious Sexual Penetration (as this former section of law existed)
- R.C. 2907.19 – Commercial sexual exploitation of a minor
- R.C. 2907.21 – Compelling prostitution
- R.C. 2907.31 – Disseminating matter harmful to juveniles
- R.C. 2907.321 – Pandering Obscenity Involving a Minor or Impaired Person
- R.C. 2907.322 – Pandering Sexually Oriented Matter Involving a Minor or Impaired Person
- R.C. 2907.323 – Illegal Use of a Minor in Nudity-Oriented Material or Performance
- R.C. 2909.02 – Aggravated Arson
- R.C. 2909.03 – Arson
- R.C. 2911.01 – Aggravated robbery
- R.C. 2911.02 – Robbery
- R.C. 2911.11 – Aggravated burglary
- R.C. 2911.12 - Burglary
- R.C. 2919.22 – Endangering Children
- R.C. 2919.23 – Interference with custody
- R.C. 2919.24 – Contributing to unruliness or delinquency of a child
- R.C. 2919.25 – Domestic Violence
- R.C. 2923.13 – Having weapons while under disability

Appendix A to Rule 5101:2-14-04

R.C. 2923.161 – Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function

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

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

5101:2-14-05

Safe and sanitary requirements for in-home aides.

- (A) What are the safe ~~equipment~~ and sanitary environment and equipment requirements for an in-home aide (IHA)?
- (1) The ~~in-home aide (IHA) shall~~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.
 - (5) Toilets are to be flushed after each use.
 - (6) All weapons, including loaded and unloaded firearms and ammunition are to be stored in a secure, safe, locked environment inaccessible to children while in the care of the IHA at the home. Weapons and firearms include air rifles, hunting slingshots and any other projectile weapon.
 - (7) All alcohol, drugs, and household and child medications are to be kept out of the reach of children while in the care of the IHA at the home.
 - (8) Toys or other materials small enough to be swallowed are to be kept out of the reach of infants and toddlers.
 - (9) Electrical outlets, including surge protectors, within the reach of children are to have child proof receptacle covers when not in use unless designed with safety guards. This requirement does not apply if the child's home serves only school-age children.
 - (10) There is to be at least one underwriters laboratories (UL) or factory mutual laboratories (FM) smoke detector located in the basement and on each level of the home. The smoke detectors are to be placed, installed, tested and maintained in accordance with manufacturer's recommendations.

- (11) There is to be at least one UL or FM portable fire extinguisher in the home which is to have a minimum rating of 1A:10BC. If there is only one UL or FM portable fire extinguisher in the home it is to be located in the kitchen of the home.
- (12) The home is to have both hot and cold running water. The temperature of the hot water is not to exceed one hundred twenty degrees Fahrenheit unless the IHA demonstrates that the hot water faucet can be made inaccessible or inoperable to the children in care.
- ~~(2) The IHA shall always be within sight or hearing of each child in care.~~
- ~~(3) The IHA shall prepare a report to be given to the child's parent on the day of the incident/injury/illness and kept on file in the home using the JFS 01299 "Incident/Injury Report for Child Care".~~
- ~~(4) The IHA is to log into <https://oelqs.force.com> by the next business day to report the incident. This notification does not replace reporting to the county children's protective services agency if there are concerns of child abuse or neglect as required by rule 5101:2-14-04 of the Administrative Code.~~
- ~~(a) Death of a child while in the care of the IHA.~~
- ~~(b) An incident, injury or illness that requires professional medical consultation or treatment for a child.~~
- ~~(c) An unusual or unexpected incident which jeopardizes the safety of a child or IHA.~~
- ~~(5) Weapons, firearms and ammunition materials shall be kept inaccessible to children, out of sight of children in locked storage areas. Weapons and firearms include air rifles, hunting slingshots and any other projectile weapon.~~
- ~~(6) Toys or other materials small enough to be swallowed shall be kept out of the reach of infants and toddlers.~~
- ~~(7) 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. This requirement does not apply if the child's home serves only school-age children.~~
- ~~(8) There shall be at least one underwriters laboratories (UL) or factory mutual laboratories (FM) smoke detector located in the basement and on each level of the home. The smoke detectors shall be placed, installed, tested and maintained in accordance with manufacturer's recommendations.~~

~~(9) There shall be at least one UL or FM portable fire extinguisher in the home which shall have a minimum rating of 1A:10BC. At least one fire extinguisher shall be located in the kitchen of the home.~~

~~(10) An unlocked, closed first-aid container shall be on the premises and readily available to the IHA but shall be kept out of reach of children. The first-aid container shall contain all of the items listed on the JFS 01533 "In-Home Aide Inspection."~~

(B) What are the handwashing requirements for a certified IHA ~~and children in care?~~

~~(1) Handwashing is to occur in a handwashing sink. 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.~~

~~(2) Handwashing requirements for the IHA and children are detailed in appendix A to this rule.~~

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

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

(2) The JFS 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 pursuant to rule 5101:2-14-07 of the Administrative Code.

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

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

(2) The first-aid container is to contain all of the items listed in appendix C to this rule.

(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 contain blood, are to be placed in a sealable, leak proof plastic bag or double bagged in plastic bags that are securely tied.

(5) Sharp items used for procedures on children with special care needs, such as lancets for finger sticks or syringes, require a disposable container called a "sharps container." This is a container made of durable, rigid material which safely stores the lancets or needles until they are disposed of properly. Sharps containers are to be stored out of the reach of children.

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

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

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

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

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

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

(a) Inhibits access to the pool water.

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

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

(d) Has manufacture safety label attached.

(e) Prevents water collecting on the cover surface.

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

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

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

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

(a) Inhibits access to the pool water.

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

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

(d) Has manufacture safety label attached.

(e) Prevents water collecting on the cover surface.

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

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

- (1) An approved off-site swimming site is to meet all state and local guidelines for environmental health inspections. Activities in bodies of water and more than eighteen inches in depth are to be supervised by people who are currently certified lifeguards or water safety instructors by the "American Red Cross" or an equivalent water safety program, as determined by ODJFS.
 - (2) Pursuant to rule 5101:2-14-08 of the Administrative Code, the IHA is to actively supervise children and is to be able to clearly see all parts of the swimming area, including the bottom of the pool. The provider is not to serve as a life guard.
 - (3) The use of saunas, hot tubs and spas by children is prohibited and are to be inaccessible to them.
 - (4) Swimming in lakes, rivers, ponds, creeks or other similar bodies of water is prohibited.
 - (5) Wading pools less than eighteen inches in wall height are permitted regardless of the amount of water put into it.
 - (a) Wading pools are to be filtered or emptied daily, and portable wading pools are to be disinfected daily or more often if needed.
 - (b) The IHA is to supervise children at all times while a wading pool is in use and is to be able to clearly see all parts of the wading area.
- (H) What are the requirements for parental permission for water and swimming activities?
- (1) The IHA is to have written permission from the parent when water is directly accessible to children and for the following activities:
 - (a) Before the child swims or plays in water eighteen inches or more in depth.
 - (b) Before the child participates in activities, in or on water eighteen inches or more in depth.
 - (c) Before infants and toddlers use wading pools.
 - (2) Written parental permission is to be on file for one year at the home. Written permission for on-going activities such as wading pools is to be updated annually.
- (I) What is to be included in the written parental permission?
- (1) Child's name and date of birth.

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

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

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

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

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

(2) All pets are to be properly housed, cared for, licensed and inoculated. All local and state ordinances governing the keeping of animals (exotic or domesticated) are to be followed and updated as required. Verification 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 is to be on file at the child's home.

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

~~(C) What are the requirements to provide and maintain a clean environment by the IHA?~~

~~(1) Cleaning and sanitizing equipment and supplies shall be stored in a space that is inaccessible to children.~~

~~(2) Accumulated trash and garbage shall be stored outside of the indoor or outdoor play area and shall not be accessible to the children.~~

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Appendix A to Rule 5101:2-14-05

Handwashing

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

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

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

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

Appendix B to Rule 5101:2-14-05

Caring for Sick Children

A child is considered to be sick when demonstrating any of the following symptoms:

- Temperature of at least one hundred- and one-degrees Fahrenheit (one hundred degrees Fahrenheit if taken axillary) when in combination with any other sign or symptom of illness.
- Diarrhea (three or more abnormally, unexpectedly or unexplained loose stools within a twenty-four-hour period).
- Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
- Difficult or rapid breathing.
- Yellowish skin or eyes.
- Redness of the eye or eyelid, thick and purulent (pus) eye discharge, matted eye lashes, burning itching or eye pain.
- Untreated infected skin patches, unusual spots or rashes.
- Unusually dark urine and /or gray or white stool.
- Stiff neck with elevated temperature.
- Evidence of untreated lice, scabies or other parasitic infestations.
- Sore throat or difficulty in swallowing.
- Vomiting more than one time or when accompanied by any other sign or symptom of illness.

When caring for sick children, the provider is to:

- Isolate the sick child away from other children in another room or portion of a room, but within sight or hearing at all times.
- Provide the sick child with a cot or bed or the sick infant with a crib, if necessary, and make comfortable.
- Notify the child's parents immediately if the child's condition worsens during isolation.
- Sanitize the thermometer after each use.

First-Aid Kit Contents

The first-aid kit is to contain unexpired items (where applicable) and include at least all of the following:

- One roll of first-aid tape.
- Individually wrapped sterile gauze squares in assorted sizes.
- Sterile adhesive bandages in assorted sizes.
- Tweezers.
- Gauze rolled bandage.
- Triangular bandage.
- Rounded end scissors.
- Tooth preservation system or fresh chilled liquid milk in which to transport a lost permanent tooth (for homes serving school age children only), including a written reference indicating location of the refrigerator/freezer where milk is stored if a tooth preservation system is not part of the first aid kit.
- A working digital thermometer.
- Disposable non-latex gloves.
- A working flashlight.
- An instant cold pack that has not been activated or ice, including a written reference indicating location of the refrigerator/freezer where the ice is stored if an instant cold pack is not part of the first aid kit.
- Sealable leak-proof plastic bags in assorted sizes or double bagged plastic bags that can be securely tied for materials soiled with blood or bodily fluids.
- Pocket mask or face shield, appropriate for all ages of children in care, for cardiopulmonary resuscitation (CPR) administration.

In addition to the above items, on field trips or when transporting away from the home, the following items are required:

- Soap or waterless sanitizer.
- Bottled water.

5101:2-14-06

Child record requirements for a certified in-home aide.

(A) What are the requirements for the JFS 01234 "Child Enrollment and Health Information for Child Care" 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.

(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.

(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.

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

Children's records are to be confidential but are to be available to the Ohio department of job and family services (ODJFS) and the county agency for the purpose of administering Chapter 5104. of the Revised Code and Chapter 5101:2-14 of the Administrative Code. The immunization records are subject to review by the Ohio department of health (ODH) for disease outbreak control and for immunization level assessment purposes.

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

All child medical statements, JFS 01217 "Request for Administration of Medication for Child Care," JFS 01234 and JFS 01236 as well as all written permission from parents are to be kept on file for twelve months from the date the form is signed or updated, whichever is later, even if the child is no longer being cared for in the home or the form is no longer needed for the child.

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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.

5101:2-14-07**Emergency and health-related plans for a certified in-home aide.**

(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.
- (2) Complete the JFS 01201 "Dental First Aid" and keep in a location readily available to the IHA.
- (3) Have a written emergency and disaster plan that includes brief instructions for evacuations and diagrams with indoor severe weather safe spots and evacuation routes.
- (4) Post severe weather and fire evacuation routes on each level of the home in use for care.
- (5) Conduct monthly fire drills at varying times. Written documentation of these drills is to be kept on-site.

(B) When is the certified IHA to complete the JFS 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) A child receives a bump or blow to the head.
 - (d) An unusual or unexpected incident occurs which jeopardizes the safety of a child or IHA, such as a child leaving the home unattended, a vehicle accident with or without injuries, or exposure of children to a threatening person or situation.

(2) Copies of the JFS 01299 are to be kept on file at the home for at least one year and are to be available for review by ODJFS or the county agency.

(C) What is a serious incident?

(1) Death of a child at the home.

(2) An incident, injury, or illness that requires professional medical consultation or treatment for a child.

(3) An unusual or unexpected incident which jeopardizes the safety of a child or IHA in the home where care is taking place.

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

(1) The IHA is to log into <https://oclqs.force.com> by the next business day to report the incident.

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

(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.

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

The IHA is to:

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

(a) Updated at least annually.

(b) Reviewed with the parent at least annually.

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

(3) The plan is to include procedures that will be used to prepare for and respond to the following types of emergency or disaster situations:

(a) Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes.

(b) Emergency evacuations due to hazardous materials and spills, gas leaks or bomb threats.

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

(d) Loss of power, water or heat.

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

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

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

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

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

(c) The location of supplies.

(d) Procedures for:

(i) Gathering necessary supplies for children.

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

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

(iv) Assisting infants and children with special needs and/or health conditions.

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

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5101:2-14-08**Supervision of children and child guidance for a certified in-home aide.**

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

The IHA is to:

- (1) Leave no child unsupervised. Supervision means the IHA has knowledge of a child's needs and accountability for a child's care at all times, including, but not limited to, developmental and behavioral needs and parental preferences. Supervision includes awareness of and responsibility for the activity of each child and being near enough to respond and reach children immediately, including responding to the child's basic needs and protecting them from harm.
- (2) Ensure all children in care are always within sight or hearing of the IHA. Within sight or hearing means without the use of mechanical devices such as baby monitors, video cameras or walkie talkies. The use of mirrors to view children in another room does not meet the supervision requirements of this rule.
- (3) Not be under the influence of any substance that impairs the IHA's ability to supervise children and/or perform duties.
- (4) Not be involved in any activities that interfere with the care of the children. This includes not being involved in other employment during the hours in which care is provided.
- (5) Always have immediate access to a working telephone on the premises which is available and capable of making outgoing calls and receiving incoming calls.
- (6) Not permit children to be exposed to inappropriate language or media.
- (7) Provide supervised outdoor play in suitable weather for any infant over twelve months of age, toddler, preschool and school-age child cared for by the IHA for four or more consecutive daylight hours. Suitable weather is at a minimum of twenty-five to ninety degrees Fahrenheit.
 - (a) The IHA is to identify traffic hazards when outdoors and protect children from vehicular traffic.
 - (b) The IHA is to remain outdoors with infants, toddlers and preschoolers at all times.
 - (c) 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.

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

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

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

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

(a) Walking to and from school.

(b) Walking home or to another destination.

(2) The written permission is to specify:

(a) Child's name.

(b) Location of the activity.

(c) Arrangements for going to and from the activity.

(d) Start and end time of the activity.

(e) Time period for when the permission is given.

(f) Parent signature and date.

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

The IHA is to:

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

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

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

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

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

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

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

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

If the IHA suspects that a child has been abused or neglected, the IHA is to immediately notify the public children services agency (PCSA).

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Allowable Discipline Techniques

The following techniques or practices may be used by in-home aides as a means to guide or discipline children. Any technique or practice used shall be developmentally appropriate, consistent and shall occur at the time of the incident.

1. Setting clear limits.
2. Redirecting to an appropriate activity.
3. Showing positive alternatives.
4. Modeling the desired behavior.
5. Reinforcing appropriate behavior.
6. Encouraging children to control their own behavior, cooperate with others and solve problems by talking.
7. Separation from the situation, if used, shall last no more than one minute per each year of age of the child and shall not be used with infants. Upon the child's return to the activity, the provider shall review the reason for the separation and discuss the expected behavior with the child.
8. Holding a child for a short period of time, such as in a protective hug, so that the child may regain self-control.

Prohibited Discipline Techniques

The following techniques or practices shall not be used by in-home aides as a means to control or discipline children:

1. Abuse, endanger or neglect children, including shaking a baby.
2. Utilize cruel, harsh, unusual, or extreme techniques.
3. Utilize any form of corporal punishment.
4. Delegate children to manage or discipline other children.
5. Use physical restraints on a child.
6. Restrain a child by any means other than holding children for a short period of time, such as in a protective hug, so that the children may regain control.
 - 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.
7. Place children in a locked room or confine children in any enclosed area.
8. Confine children to equipment such as cribs or high chairs.
9. Humiliate, threaten or frighten children.
10. Subject children to profane language or verbal abuse.
11. Make derogatory or sarcastic remarks about children or their families including but not limited to cultures, nationalities, race, religion, or beliefs.
12. Punish children for failure to eat or sleep or for toileting accidents.
13. Withhold any food (including snacks and treats), beverages or water, rest or toilet use.
14. Punish an entire group of children due to the unacceptable behavior of one or a few.
15. Isolate and restrict children from any or all activities for an extended period of time.

5101:2-14-09**Transportation and field trip safety for a certified in-home aide.****(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
- (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.
- (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.

(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.

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Written Permission When Children are Transported

Routine Trips

Written permission from the parent is to 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 children will be transported.

The written permission is to be valid for the routine trip(s) for one year or until withdrawn by the parent.

Field Trips

Written permission from the parent is to 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.

5101:2-14-10**Sleeping, napping and overnight requirements for an in-home aide.****(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.
- (4) Any child who does not fall asleep during a designated nap time is to have the opportunity to engage in quiet activities.
- (5) An evacuation route is not to be blocked by sleeping or napping/resting children. Each child is to have a free and direct means of escape and the IHA is to have a clear path to each child.
- (6) Rest time is to be treated in the same manner as nap time.

(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?

(1) Cribs are not to be stacked.

(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.

(E) When are children to stop using cribs or playpens?

(1) When the child is able to climb out of the crib or playpen.

(2) When the child reaches the height of thirty-five inches.

(3) An infant twelve months or older may use a cot, pad or mat with written permission from the parent.

(4) If the use of a crib or playpen is considered hazardous for a child, regardless of age, the infant may use a cot or mat with written permission from the parent.

(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.
- (5) Bedtime routines are to be developed and followed in consultation with the parents of the children.
- (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.
- (7) The IHA is to have written permission from the parent prior to allowing the child to bathe.
- (8) Ensure each child has clean, comfortable sleeping clothes, and a clean, individual washcloth, towel and toothbrush, as appropriate for the child.
- (9) Assist children during washing and changing clothes according to children's developmental needs.
- (10) All children are to bathe separately unless the parent has provided written consent that the children can be bathed together.

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5101:2-14-11**Meal preparation/nutritional requirements for an in-home aide.****(A) What are the requirements for meals and snacks for a certified in-home aide (IHA)?**

The IHA is to:

- (1) Provide 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 per cent, undiluted fruit or vegetable juice, if used to meet the fruit or vegetable requirement for meals and snacks. Other fruit or vegetable juice is permitted as a beverage alternative.
- (5) Ensure the parent obtains a physician's written instructions if administering a medical food to any child or if an entire food group is eliminated. When special diets are for cultural or religious reasons, the IHA is to obtain written, dated and signed instructions from the child's parent.
- (6) Ensure that any alternate diet, except if the diet is for religious, cultural or medical reasons as specified in paragraph (A)(5) of this rule, includes items from each of the following food groups: meat or meat alternative, grain, fruit/vegetable, fluid milk.
- (7) Ensure that all food, including milk (formula and breast milk for infants) is safely stored. If safe storage of milk is not available on routine trips or field trips, milk may be served at snack instead of at the meal. Potentially hazardous foods such as, but not limited to, milk, milk products, eggs, meat, poultry, fish, cooked rice and baked or boiled potatoes are to be refrigerated at a temperature at or below forty degrees Fahrenheit.
- (8) Ensure individual servings or individual packages of food or drink that have been served to a child are discarded or stored as instructed by the child's parent. Food or drink that is individually packaged and the package has not been opened may be stored in the home to be served again.

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

The IHA is to ensure that:

- (1) Food is not served on bare tables. Food for infants may be placed directly on an individual highchair tray if the tray is removed, washed and sanitized.
- (2) Eating utensils and dishes are suitable for the age and developmental level of the children.

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Meal and Snack Requirements

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

Hours of Child Care Services Provided	Meals and Snacks Available
4 to 8 hours per day	One of the following: <ul style="list-style-type: none"> • 1 meal and 1 snack • 1 meal and breakfast
More than 8 hours and fewer than 14 hours per day	One of the following: <ul style="list-style-type: none"> • 1 meal and 2 snacks • 1 meal and breakfast • 1 meal and 1 snack • 2 meals and 1 snack
More than 14 hours or overnight	Breakfast, 2 meals and 2 snacks
After school for school children	1 snack

The content of meals, snacks and breakfast is to be selected from the following four basic food groups:

1. Meat or meat alternative
2. Breads and grains
3. Fruits and vegetables (juices may be used if 100% undiluted)
4. Fluid Milk

Meal, snack and breakfast food requirements:

Type of Feeding	Food Group
Meal (provide 1/3 of the recommended daily dietary allowances as specified by the United States Department of Agriculture USDA)	All of the following: <ul style="list-style-type: none"> • 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.

5101:2-14-12**Medication administration for an in-home aide.**

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

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

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

(3) The JFS 01217 is not to be used for non-prescription topical products or lotions.

(B) What are the requirements for prescription medications, non-prescription medicines containing codeine or aspirin, or non-prescription medication to be given longer than three consecutive days in a fourteen day period?

(1) The IHA is to ensure that the parent completes and signs box one of the JFS 01217.

(2) The IHA is to ensure that the instructions in box two of the JFS 01217 are completed and signed by a licensed physician as defined in Chapter 4731. of the Revised Code, licensed dentist, advanced practice registered nurse or certified physician assistant.

(3) Box two of the JFS 01217 does not need to be completed if the medication is stored in the original container with prescription label that includes the child's full name, a current dispensing date within the previous twelve months, exact dosage and directions for use.

(C) What are the requirements for non-prescription medications?

The IHA is to:

(1) Ensure that the parent completes and signs box one of the JFS 01217.

(2) Ensure that one of the following is met:

(a) The medication is stored in the original container with a manufacturer's label containing directions based on the age and/or weight of the child.

(b) The instructions in box two of the JFS 01217 are completed and signed by a licensed physician as defined in Chapter 4731. of the Revised Code, licensed dentist, advanced practice registered nurse or certified physician assistant. This excludes topical preventative products and lotions unless

the instructions exceed or do not match the manufacturer's instructions or the non-prescription medication is not stored in the original container.

(D) What are the requirements for topical products and lotions?

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

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

- (1) Ensure that the product is stored in the original container with manufacturer's label that includes directions based on the age and/or weight of the child.
- (2) Ensure that the parent provides signed written permission to administer that topical product or lotion.
- (3) Apply the non-prescription topical products and lotions according to the manufacturer's instructions. These may be applied without documentation of the application.

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

The IHA is to:

- (1) Not administer any medication, medical food or topical product until the child has received the first dose or application at least once prior to the IHA administering a dose or applying the product, to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.
- (2) Not administer any medication, medical food or topical product for any period of time beyond the date indicated by the physician, physician assistant, advanced practice registered nurse certified to prescribe medication or licensed dentist, on the prescription label, for twelve months from the date of the form, or after the expiration date on the medication, whichever comes first.
- (3) Document each administration or application on the JFS 01217 immediately after administering, including when school-age children administer their own medication. This excludes items in paragraph (D) of this rule.
- (4) Follow prescribed dosages or the manufacturer's recommended dosages for administering non-prescription medication.

(5) Complete a separate JFS 01217 for each medication to be administered for each child, excluding items in paragraph (D) of this rule. Each JFS 01217 is valid for the time period listed on the form, not to exceed twelve months from the date of signature.

(F) What are the requirements for storing medication, topical products and medical foods?

The IHA is to:

(1) Safely store all medication, medical foods and topical products immediately upon arrival at the home. Ensure the medication, medical food or topical product is stored per the requirements on the label in the original container with the child's name affixed.

(2) Keep all household and child medication, medical foods and topical products out of the reach of children, unless a school-age child is permitted to carry their own emergency medication and a JFS 01236 is completed and on file at the home.

(3) Permit school-age children to carry and use their own topical products.

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

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

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

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5101:2-14-13**Infant care and diaper care for an in-home aide.****(A) What are the requirements for infant daily care?****(1) The in-home aide (IHA) is to:**

- (a) Allow infants to safely and comfortably sit, crawl, toddle, walk and play according to the infant's stage of development.**
- (b) Remove each infant from the crib, swing, infant seat, exercise seat or other equipment throughout the day for individual attention.**
- (c) Provide each non-crawling infant the opportunity for tummy-time, outside of their crib or playpen, each day.**
- (d) Maintain a daily written record for each infant that is provided to the infant's parent on a daily basis. The record is to include the following information:**
 - (i) Food intake.**
 - (ii) Sleeping patterns.**
 - (iii) Times and results of diaper changes.**
 - (iv) Information about daily activities.**

- (2) Each infant is to be removed from his or her crib or playpen for all feedings. Infants are to be held or fed sitting up for bottled feedings. A bottle is not to be propped for an infant at any time.**

(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.
- (4) Ensure that formula, breast milk, or other liquids in a bottle are not heated in a microwave oven.
 - (a) If formula or breast milk is to be warmed, bottles are to be placed in a container of water not hotter than one hundred twenty degrees or be placed in a commercial bottle warmer. The container of water is to be kept out of reach of children and is to be emptied and cleaned each day. The bottle is to be shaken well, and the formula or breast milk temperature tested before feeding.
 - (b) Frozen breast milk is to be thawed under cold running water or in the refrigerator.
- (5) Ensure that the unused portion of formula, breast milk or food remaining in a container from which the infant has been directly fed is not to be reheated or served again.
- (6) If the IHA prepares infant formula it is to be prepared according to the manufacturer's instructions or instructions from the infant's physician, physician assistant or CNP.
- (7) Ensure that open containers of ready-to-feed and concentrated formula are to be covered, dated and refrigerated according to the manufacturer's instructions.
- (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 to 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.

(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.
- (d) No child is to be left unattended on the diaper changing table.

(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.
- (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.
- (d) If the IHA is laundering diapers, the IHA is to follow the manufacturer's guidelines.

(D) Toilet training is to occur based on a child's readiness and consultation with the parent regarding practices in the child's home. The IHA is to ensure that toilet training is never forced.

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Appendix A to Rule 5101:2-14-13

Breast Milk Storage

If the breast milk is stored:	Then keep it as long as:
At room temperature (up to 78 degrees Fahrenheit)	6 to 8 hours
In the refrigerator (39 degrees Fahrenheit or lower)	Up to 5 days counted from the day the breast milk was pumped
In a freezer compartment inside a refrigerator (5 degrees Fahrenheit)	2 weeks
In a freezer compartment of a refrigerator with separate doors (0 degrees Fahrenheit)	3 to 6 months
Chest or upright deep freezer (-4 degrees Fahrenheit)	6 to 12 months

5101:2-14-14**County agency responsibilities for in-home aide certifications, compliance inspections and complaint investigations.**

(A) What are the county agency responsibilities for certifying an in-home aide (IHA)?

- (1) The county agency is to accept and approve or deny all applications for certification as an IHA within one hundred twenty days from the date the application is submitted in the Ohio child licensing and quality system (OCLOS).
- (2) If the parent and IHA applicant need help in completing the forms, the county agency is to provide assistance.
- (3) The county agency is to conduct a pre-certification inspection at the home of the parent to verify compliance.
- (4) The county agency is to issue a certificate when the county determines the IHA is in compliance with Chapter 5104. of the Revised Code and Chapter 5101:2-14 of the Administrative Code.
- (5) The county agency is to provide a copy of the certificate to the parent of a child receiving in-home aide services.
- (6) The county agency is to comply with Chapter 5104. of the Revised Code and Chapter 5101:2-14 of the Administrative Code.

(B) When is the county agency to renew a certificate?

The county agency is to renew a certificate when all of the following are met:

- (1) The IHA has submitted a renewal application in OCLOS.
- (2) The parent and IHA complete a new JFS 01642 "In-Home Aide Assurances."
- (3) The county agency conducts a renewal home inspection.
- (4) It is determined the IHA remains in compliance with Chapter 5101:2-14 of the Administrative Code.

(C) What are the additional county agency responsibilities for compliance inspections?

- (1) The county agency is to conduct an annual, unannounced inspection beginning the next fiscal year after the issuance or renewal of an IHA certificate.

(2) The county agency is to conduct an inspection within ten days of notification that the parent has moved to a new address.

(D) What are the county agency responsibilities for complaint investigations of an IHA?

(1) Document the complaint in OCLQS on the same day the complaint is received.

(2) The county agency is to investigate any complaints against an IHA. The county agency may inspect the IHA home as part of the complaint investigation.

(3) If the complaint alleges immediate risk to children, the county agency is to begin the investigation within one business day of the receipt of the complaint.

(4) If the complaint does not allege immediate risk to children, the county agency is to begin the investigation within five business days of the receipt of the complaint.

(5) Complaints alleging child abuse and neglect are to be immediately reported to the public children services agency (PCSA). The county agency is to follow PCSA instructions if additional information is needed.

(6) A PCSA investigation does not relieve the county agency of its responsibility to investigate IHA noncompliance with regulations contained in Chapter 5101:2-14 of the Administrative Code. The county agency is to work with the PCSA to ensure the county agency investigation does not interfere with the PCSA investigation.

(E) What does the county agency do if it is determined the IHA is not in compliance?

(1) If the county agency determines that the IHA is not in compliance with Chapter 5101:2-14 of the Administrative Code or Chapter 5104. of the Revised Code, the county agency may revoke the certificate.

(2) Upon revocation of a certificate, the county agency is to notify the IHA of their right to appeal the decision to revoke the certificate and request a county appeal review in accordance with procedures outlined in paragraph (F) of this rule.

(3) The voluntary surrender of a certificate to the county agency is not to prohibit the county agency from revoking a certificate pursuant to this paragraph of this rule.

(4) If the parent whose child is receiving IHA services fails to cooperate with the county agency or to comply with this chapter and Chapter 5104. of the Revised Code, the county agency is to deny or terminate the IHA arrangement, revoke the IHA certificate and inform the parent of alternative child care options.

(5) If the IHA certification is revoked, another IHA certification is not to be issued to the IHA until five years have elapsed from the date the certification was revoked.

(F) What is the process if an IHA requests a county review of a non-compliance finding or revocation of the IHA certificate?

(1) If the IHA requests a review, the following steps are to be followed:

(a) The county agency is to schedule a county review within fifteen business days of receipt of a written request to review a non-compliance finding and notify the IHA in writing of the time, date and place of the review.

(b) The individual responsible for conducting the county review is not to be someone who was a party to the decision that is the subject of the review.

(c) The IHA is to have the opportunity to present his or her case and examine the contents of the case file that are relevant to the county agency decision to revoke or deny the certification.

(d) The county agency is responsible for preparing and issuing a written decision to the IHA within ten business days from the date of the county review. The decision is to include the following information:

(i) The action which was appealed.

(ii) Finding of facts.

(iii) Citation and summarization of relevant Administrative Code rules which support the facts established.

(iv) Outcome of the appeal on each issue addressed.

(2) The county decision is final and no further action can be taken by the IHA.

(G) What are the county agency responsibilities for maintaining documentation?

(1) The county agency is to enter and update all IHA certification and inspection documentation in the Ohio child licensing and quality system (OCLQS), and provide an electronic copy of the inspection to the IHA.

(a) Compliance inspections and complaint investigations within seven days from the date of inspection.

(b) Updates to inspections within seven days of the update.

- (c) Review of compliance materials within twenty business days of submission.
- (2) The JFS 01642 "In-Home Aide Assurances" is to be maintained in OCLQS. The county agency, after removal of confidential information, is to provide a copy of the JFS 01642 to anyone who submits a request to the county agency.
- (3) The county agency is to maintain an electronic or paper case file on all certified in-home aides. The following certification documents are to be included in each in-home aide's file using the following retention schedule for open certifications:

 - (a) The application for certification and all supporting documentation (for the life of the certification), unless the information is in OCLQS.
 - (b) Inspection reports not documented in OCLQS (for five years from the date of the report).
 - (c) All correspondence with the IHA or regarding the certification (for five years from the date of correspondence).
 - (d) Compliance materials not documented in OCLQS (for five years from the date of the materials).
 - (e) Copies of all written notices to the IHA (for five years from the date of the notices).
 - (f) Valid copies of the JFS 01176 "Program Notification of Background Check Review for Child Care" for the IHA, (replace after expiration for the life of the certification), if not in the Ohio professional registry (OPR).
- (4) If a certification is ended or revoked, the county agency is to maintain the IHA file and all contents for two years after the date the certification is ended or revoked.

(H) What information can a county agency publicly share regarding an IHA?

- (1) Except as provided in paragraphs (H)(2) and (H)(3) of this rule, the county agency is not to disseminate confidential information which includes, but is not limited to, the following:

 - (a) Child abuse and neglect investigative records, pursuant to section 2151.421 of the Revised Code and rule 5101:2-33-21 of the Administrative Code.
 - (b) The identity of an information source or witness to whom confidentiality has been reasonably promised.

- (c) Any information, when such information would reasonably tend to disclose the identity of one to whom such confidentiality has been reasonably promised.
- (d) IHA medical records pertaining to the medical history, diagnosis, prognosis, or medical condition of the provider, which are generated and maintained in the process of medical treatment, except as authorized by section 1347.08 of the Revised Code, if requested by the subject of the report.
- (2) The county agency is responsible for sharing all IHA, client, and fiscal information with ODJFS during the course of a monitoring review of its certification program or when ODJFS is investigating a complaint involving the county agency.
- (3) As needed, the county agency is to share information with the PCSA or a law enforcement agency concerning an investigation of alleged child abuse or neglect.
- (4) When information is disseminated, the following is to be documented in the IHA's record:

 - (a) Date information was disseminated.
 - (b) Agency, organizations, or individual to whom information was disseminated.
 - (c) Reason for dissemination.
 - (d) Specific information disseminated.
- (I) May the county have additional requirements that exceed the in-home aide certification standards in Chapter 5101:2-14 of the Administrative Code?

The county agency is not to have additional requirements for certifying IHAs.

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