

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Social Services

Division

Michael Lynch

Contact

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5101:2-13-03

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

**Compliance inspection and complaint investigation of a
licensed family child care provider.****RULE SUMMARY**1. Is the rule being filed for five year review (FYR)? **No**2. Are you proposing this rule as a result of recent legislation? **No**3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**4. Statute(s) authorizing agency to adopt the rule: **5104.017, 5104.018**5. Statute(s) the rule, as filed, amplifies or implements: **5104.03, 5104.04, 5104.017, 5104.02, 5104.018**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being amended to implement the federal requirements for background checks in 45 CFR 98.43 and to clarify policy.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE,

then summarize the content of the rule:

This rule has been amended to clarify language regarding types of inspections. The appendix to the rule has also been amended with updated language to reflect the new background check process, the updated concealed weapons requirements, the moderate risk noncompliance for using vehicles that do not meet the requirements of rule and the moderate risk noncompliance applicable to playpens. This rule outlines guidelines and timeframes for inspection and investigations of the family child care home.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the inter-net at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(1).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. Five Year Review (FYR) Date: **12/31/2021**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

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The proposed rule will not have an impact on the agency's projected budget during the current biennium.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

There are no anticipated new costs of compliance as a result of this rule.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **Yes**

Type A home providers must be licensed because they serve seven or more children. Type B home providers must be licensed if they want to serve children who are publicly funded or they can voluntarily be regulated.

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **Yes**

Failure to comply may result in revocation of a license.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **No**

ACTION: Original

DATE: 08/03/2017 2:10 PM
EMPLOYEE RECORD CHARTER

Ohio Department of Job and Family Services

Program Name		Key Code: I or ✓ - In Compliance N/A - Not Applicable O - Out of Compliance P/V - Previously Verified N/V - Not Verified	Hours of Operation		Days of Operation
License Number	Date of Onsite		From: _____	To: _____	Months of Operation
			From: _____	To: _____	From: _____ To: _____

[illegible]

Administrator (CDA exp date or promoted from within qualifications due, if applicable)	Date Administrator Training Due/Completed	Administrator #2 (CDA exp date or promoted from within qualifications due, if applicable)	Date Administrator Training Due/Completed	Administrator #3 (CDA exp date or promoted from within qualifications due, if applicable)	Date Administrator Training Due/Completed
The information I am providing on this form is true and accurate to the best of my knowledge.		Provider/Administrator or Designee Signature	Date	Child Care Licensing Specialist/Reviewer Signature	Date

- Directions:
- 1. The Provider or Administrator/designee please fill the section within the bold black box on page one. Including the name of any person who has assigned hours or responsibilities at the center or home. This would include any child care staff members, employees, janitors, vehicle drivers, second adults, students, volunteers or additional residents of the type A home.
 - 2. Fill-in the date that each person began working in the center or home.
 - 3. List the positions that each person holds, for child care staff members include the age group or classroom name of the group for which they provide care.
 - 4. List the hours and days that each person is scheduled at the center or home, or working/volunteering for the program.
 - 5. Sign at the bottom of page one.

Educ Verif.	Verification of completion of high school education or higher degree
Med	Employee medical statements are required at the time of employment. (JFS 01296 may be used)
Staff Orient.	All CCSMs must complete the Staff Orientation Training, using the curriculum provider by the department.
JFS 01176 on file	A background check is required to be requested to ODJFS for all staff. The determination of eligibility for employment is required to be on file.
Exp. Date of Background Checks	Background checks are required to be updated every five years.
DVT	Driver Vehicle Training must be completed by all drivers.
Driver's Lic.	Drivers must hold a currently valid driver's license that is required by Ohio law for the type of vehicle being driven.
Professional Development	All CCSMs must complete at least 6 hours of professional development training annually.
FA	First Aid
CPR	Cardiopulmonary Resuscitation
MCD	Management of Communicable Disease
CA/N	Child Abuse and Neglect Recognition and Prevention
Total	The total inservice training hours completed and on file.

Ohio Department of Job and Family Services
INSPECTION REPORT FOR FAMILY CHILD CARE

Provider Name		License Number	Telephone Number
Address		County	Hours of Operation
City		Zip Code	
Date(s) of Inspection	Time of Inspection		Purpose of Inspection <input type="checkbox"/> Pre-Licensing <input type="checkbox"/> Provisional <input type="checkbox"/> Complaint <input type="checkbox"/> Compliance <input type="checkbox"/> Monitoring/Follow-up
	Arrive	AM/PM	
<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced	Depart	AM/PM	

Compliance Status Key Code:
 I = In Compliance
 O = Out of Compliance
 P/V = Previously Verified
 N/V = Compliance Not Verified
 N/A = Not Applicable

Please Note: Each rule must have a status using this key code and all noncompliances shall be summarized on page 8-9

Compliance Item	Status	Comments
5101:2-13-02 Application Requirements		<input type="checkbox"/> Application completed <input type="checkbox"/> Provider Medical Statement <input type="checkbox"/> JFS 01176 "Program Notification of Background Check Review for Child Care" for provider and all adults in home <input type="checkbox"/> High school diploma or GED verified for providers licensed or certified on or after April 1, 2003 <input type="checkbox"/> JFS 01250 "Plan of Operation for Child Care"
5101:2-13-02 Issuance of License		<input type="checkbox"/> JFS 08087 "Communicable Disease Chart" given to provider <input type="checkbox"/> License posted
5101:2-13-04 Building Approval		Type A Homes Only: <input type="checkbox"/> Building department inspection report on file
5101:2-13-04 Fire Approval/Fire Safety		Type A Homes Only: <input type="checkbox"/> Fire department inspection report on file Type B Homes Only: <input type="checkbox"/> Primary and secondary escape routes <input type="checkbox"/> No space higher than the second floor of building used for child care <input type="checkbox"/> Window openings 5.7 sq. ft. <input type="checkbox"/> No space accessible only by ladder, folding stairs or trapdoor is used <input type="checkbox"/> All stairs, hallways and passages to exit are adequately lighted <input type="checkbox"/> Doorways, corridors, stairways are clear of obstructions <input type="checkbox"/> Written evacuation plan <input type="checkbox"/> Proper storage of flammable/combustible materials <input type="checkbox"/> One working UL or FM smoke detector on each level of the home <input type="checkbox"/> At least one UL or FM portable fire extinguisher; one in kitchen (minimum rating of 1A:10BC) <input type="checkbox"/> Nonflammable guards on heaters, no unprotected flames <input type="checkbox"/> Electrical connections in properly covered junction boxes

5101:2-13-07 Provider Qualifications		<input type="checkbox"/> At least 18 years of age/Date of birth: <input type="checkbox"/> Resides in the home <input type="checkbox"/> Provides safe and healthy environment <input type="checkbox"/> Not employed elsewhere during operating hours <input type="checkbox"/> Scheduled hours of availability posted <input type="checkbox"/> On-site 75% of operating hours <input type="checkbox"/> Liability insurance or waiver
5101:2-13-07 Provider On-Going Responsibilities		<input type="checkbox"/> Policies/Procedures manual/handbook <input type="checkbox"/> Foster parent <input type="checkbox"/> Rules available <input type="checkbox"/> Liability insurance
5101:2-13-08 Child Care Staff Members and Substitutes		<input type="checkbox"/> At least 18 years of age <input type="checkbox"/> High school diploma <input type="checkbox"/> Medical statement
5101:2-13-09 Criminal Records		<input type="checkbox"/> JFS 01176 "Program Notification of Background Check Review for Child Care" current and on file for provider and all adults in the home <input type="checkbox"/> JFS 01176 "Program Notification of Background Check Review for Child Care" current and on file for employees, child care staff members and substitutes
5101:2-13-10 Training Requirements Professional Development		Provider: <input type="checkbox"/> Currently trained in First Aid <input type="checkbox"/> Currently trained in CPR <input type="checkbox"/> Currently trained in of Communicable disease <input type="checkbox"/> Currently trained in Child Abuse and Neglect Recognition <input type="checkbox"/> Annual 6 hours of professional development Child Care Staff Member: <input type="checkbox"/> Currently trained in First Aid <input type="checkbox"/> Currently trained in CPR <input type="checkbox"/> Currently trained in Management of Communicable disease <input type="checkbox"/> Currently trained in Child Abuse and Neglect Recognition – 1 hour course <input type="checkbox"/> Annual 6 hours of professional development Substitute: <input type="checkbox"/> Currently trained in First Aid <input type="checkbox"/> Currently trained in CPR
5101:2-13-11 Indoor Space		Indoor square footage available for child care Room 1: Width Length Room 2: Width Length Room 3: Width Length
5101:2-13-11 Outdoor Space		Outdoor square footage available for child care Width Length Equipment: <input type="checkbox"/> Out of traffic pattern

		<input type="checkbox"/> Anchored or stable <input type="checkbox"/> Ropes attached at both ends (< 5" diameter loop or less) <input type="checkbox"/> "S" hooks closed <input type="checkbox"/> Free of rust, cracks, holes splinters, sharp points or edges. No chipped/peeling paint or toxic substances. No protruding bolts or tripping hazards <input type="checkbox"/> Protective barriers on platforms over 30" <input type="checkbox"/> Assembled/Installed according to manufacturer's guidelines <input type="checkbox"/> Sandboxes covered when not in use <input type="checkbox"/> Shade available <input type="checkbox"/> Free of trash, foreign objects, garbage, hazards <input type="checkbox"/> Fall zone of protective resilient material under and around equipment
5101:2-13-12 Safe Equipment		<input type="checkbox"/> No broken or unsafe equipment <input type="checkbox"/> No toys small enough to swallow <input type="checkbox"/> Protective covering under indoor gross motor <input type="checkbox"/> Equipment straps used properly <input type="checkbox"/> Safe use of equipment <input type="checkbox"/> No trampolines or bounce houses permitted
5101:2-13-12 Safe Environment		<input type="checkbox"/> Firearms, weapons and ammunition onsite secured <input type="checkbox"/> Weapons or handguns unsecured but meet exemption requirements <input type="checkbox"/> Temperature 65-85 degrees indoor <input type="checkbox"/> Hot and cold water, Hot water temperature: <input type="checkbox"/> Free of lead <input type="checkbox"/> One working UL or FM carbon monoxide detector on each level of home <input type="checkbox"/> No hazardous conditions <input type="checkbox"/> Cleaning supplies stored appropriately and labeled <input type="checkbox"/> Pets inoculated, licensed and properly cared for <input type="checkbox"/> Electrical outlet covers <input type="checkbox"/> Fans and air conditioners used safely <input type="checkbox"/> Blind cords, electrical cords secure <input type="checkbox"/> Toilet and sink height suitable or platform <input type="checkbox"/> Sink, refrigerator, stove available <input type="checkbox"/> Proper ventilation <input type="checkbox"/> Handles of pots facing inward on stove <input type="checkbox"/> No spray aerosols <input type="checkbox"/> No mercury thermometers <input type="checkbox"/> "No Weapons" sign posted [per ORC 2923.1212(A)(8)] <input type="checkbox"/> Consumer Product Safety Commission (CPSC) guidelines followed
5101:2-13-13 Sanitary Equipment and Environment		<input type="checkbox"/> Toilet tissue, liquid soap, toweling available for handwashing <input type="checkbox"/> Toilets flushed after each use <input type="checkbox"/> Home and equipment clean and in good repair <input type="checkbox"/> Food/drink servings discarded if not used <input type="checkbox"/> Cups/dishes/silverware cleaned and sanitized after use or sent home <input type="checkbox"/> Bottles labeled and sanitized <input type="checkbox"/> Water supply is safe and sanitary, Non-public water supply (Public water complies with EPA) <input type="checkbox"/> Trash not accessible <input type="checkbox"/> Cleaning according to schedule <input type="checkbox"/> No insects or rodents present <input type="checkbox"/> Diaper changing surface cleaned if visibly soiled <input type="checkbox"/> Surface sanitized after each diaper changed

5101:2-13-13 Handwashing		<input type="checkbox"/> At required times
5101:2-13-13 Smoke Free Environment		<input type="checkbox"/> No smoking in home or attached buildings <input type="checkbox"/> Person smoking cannot be seen by children <input type="checkbox"/> Area removed so that smoke not inhaled <input type="checkbox"/> Written notice provided to caretakers if smoking permitted in home after child care hours <input type="checkbox"/> No smoking in vehicles while children are being transported <input type="checkbox"/> "No Smoking" sign posted <input type="checkbox"/> No ashes or butts
5101:2-13-14 Transportation Vehicle Requirements		<input type="checkbox"/> Written permission for routine trips or field trips <input type="checkbox"/> JFS 01234 "Child Enrollment and Health Information for Child Care" <input type="checkbox"/> JFS 01236 "Child Medical/Physical Care Plan for Child Care" <input type="checkbox"/> First aid supplies <input type="checkbox"/> Working cell phone or other means of immediate communication <input type="checkbox"/> Driver has valid driver's license <input type="checkbox"/> Approved child restraint systems used <input type="checkbox"/> No children under 12 years old in the front seat <input type="checkbox"/> Contact information shall be attached to the child <input type="checkbox"/> Driver is 18 <input type="checkbox"/> Driver trained/ODJFS training <input type="checkbox"/> Children not unattended <input type="checkbox"/> Additional adult <input type="checkbox"/> Weekly inspection of vehicle
5101:2-13-14 Field Trips/Routine Trips		<input type="checkbox"/> Child's name <input type="checkbox"/> Destination (and date for field trips) <input type="checkbox"/> Parent's signature and date <input type="checkbox"/> Notification if children will have access to bodies of water eighteen inches or more in depth <input type="checkbox"/> How child is transported
5101:2-13-15 Child Records		<input type="checkbox"/> JFS 01234 "Child Enrollment and Health Information for Child Care" complete for every child in care <input type="checkbox"/> JFS 01234 "Child Enrollment and Health Information for Child Care" updated annually and as needed by caretaker <input type="checkbox"/> Child's Medical Statement on file within 30 days of attendance for every child (not yet attending school) in care <input type="checkbox"/> Medical exam completed every 13 months <input type="checkbox"/> Records are kept confidential <input type="checkbox"/> Records can be easily/quickly accessed and removed in an emergency
5101:2-13-15 Care of Child with Special Needs or Health Conditions		<input type="checkbox"/> JFS 01236 "Child Medical/Physical Care Plan for Child Care" on file for children with special needs or health conditions <input type="checkbox"/> Plan updated at least annually and as needed <input type="checkbox"/> Provider, Child Care Staff Member and Substitute have received training as needed <input type="checkbox"/> Modified meal plan on file

5101:2-13-16 Medical and Dental Plan Emergency Plan		<input type="checkbox"/> Disaster plan on file <input type="checkbox"/> Required drills conducted <input type="checkbox"/> JFS 01242 "Medical, Dental and General Emergency Plan for Child Care" <input type="checkbox"/> JFS 01201 "Dental First Aid"
5101:2-13-16 Incident/Injury Report		<input type="checkbox"/> JFS 01299 "Incident/Injury Report for Child Care" appropriately completed and filed <input type="checkbox"/> OCLQS notified as required for serious incidents/injuries or death
5101:2-13-16 First Aid Supplies and Procedures		<p>Supplies:</p> <input type="checkbox"/> Tweezers <input type="checkbox"/> Rounded end scissors <input type="checkbox"/> Digital thermometer <input type="checkbox"/> Assorted adhesive bandages <input type="checkbox"/> Triangular bandages <input type="checkbox"/> Assorted gauze squares <input type="checkbox"/> First Aid tape <input type="checkbox"/> Rolled gauze bandage <input type="checkbox"/> Instant cold pack or ice <input type="checkbox"/> Disposable non-latex gloves <input type="checkbox"/> Pocket mask or face shield for CPR <input type="checkbox"/> Working flashlight <input type="checkbox"/> Sealable plastic bags, assorted sizes <input type="checkbox"/> Tooth preservation system or fresh chilled milk (providers serving S/A only) <input type="checkbox"/> Soap (fieldtrips/routine trips only) <input type="checkbox"/> Bottled water (fieldtrips/routine trips only) <input type="checkbox"/> Hand sanitizer, if applicable <p>Procedures:</p> <input type="checkbox"/> Kit taken on field trips and routine trips <input type="checkbox"/> Supplies in a closed, unlocked first aid container that is readily available, but out of reach of children
5101:2-13-16 Management of Communicable Disease		<input type="checkbox"/> Provider observes children for signs of communicable illness upon arrival each day <input type="checkbox"/> Ill children isolated away from other children <input type="checkbox"/> Current Communicable Disease Chart posted <input type="checkbox"/> Parents notified when child has been exposed to a communicable illness
5101:2-13-17 Programming		<input type="checkbox"/> Balanced program of activities/quiet and active play <input type="checkbox"/> Copy of daily program posted and being followed <input type="checkbox"/> Program designed to promote children's physical, social-emotional, cognitive and language development <input type="checkbox"/> Daily outdoor or indoor gross motor activities <input type="checkbox"/> Opportunities for child initiated activities
5101:2-13-17 Equipment		<input type="checkbox"/> Equipment available for all appropriate age categories <input type="checkbox"/> Sufficient quantities of equipment <input type="checkbox"/> Furniture durable and child sized <input type="checkbox"/> Play materials accessible and orderly <input type="checkbox"/> Equipment accessible to children, able to select, remove, replace <input type="checkbox"/> Store personal belongings

5101:2-13-18 Group Size		No. of Staff: <input type="checkbox"/> No more than six children (Type B home provider) <input type="checkbox"/> No more than 12 children (Type A home provider) <input type="checkbox"/> Number of children under 2: <input type="checkbox"/> Number of children under 6 included: <input type="checkbox"/> Number of children 6-14 years, not related to provider: <input type="checkbox"/> Number of children 6-15 years, related to provider and care provided are included: <input type="checkbox"/> Number of children 15-17 years, not related to provider and private or publicly funded, are included: <input type="checkbox"/> Number of Provider/Staff: <input type="checkbox"/> Child attendance documentation complete <input type="checkbox"/> Each group tracking children
5101:2-13-19 Supervision		<input type="checkbox"/> Children supervised at all times (within sight or hearing) <input type="checkbox"/> Provider not under any influence that impairs their ability to perform duties <input type="checkbox"/> Outdoor supervision requirements met (within sight and hearing) <input type="checkbox"/> Notifies PCSA if suspects abuse or neglect <input type="checkbox"/> Provider/Staff have access to phone
5101:2-13-19 Child Guidance		<input type="checkbox"/> Separation from situations developmentally appropriate and not used with infants <input type="checkbox"/> Does not use a prohibited discipline technique
5101:2-13-20 Sleeping/Napping		<input type="checkbox"/> Individual bed, cot, sofa, pad or mat for each resting child <input type="checkbox"/> No children directly on floor <input type="checkbox"/> Mats or pads/floor carpeted, clean, warm, dry, draft free and 1.5" thick <input type="checkbox"/> Areas lighted to allow for visual supervision <input type="checkbox"/> Non-napping children provided with quiet activities <input type="checkbox"/> Cots, etc. assigned to children <input type="checkbox"/> Cots, etc. sanitized in between children <input type="checkbox"/> Linen changed at least weekly and between children for beds, cribs, pack and plays and couch <input type="checkbox"/> Evacuation routes not blocked <input type="checkbox"/> Written permission on file for infant (12 months or older) to sleep on mat or cot
5101:2-13-20 Crib/Playpen Requirements		<input type="checkbox"/> Cribs have COC on file or documented manufacture date after 6/28/11 <input type="checkbox"/> Closely spaced bars (2 3/8") <input type="checkbox"/> No more than 1 1/2 inches between mattress and sides <input type="checkbox"/> Firm mattress at least 1 1/2 inches thick, playpen no more than 1" thick <input type="checkbox"/> Safe, waterproof mattress cover that can be sanitized <input type="checkbox"/> Properly fitting sheets <input type="checkbox"/> Bumper pads not in use <input type="checkbox"/> Items not hung over the side of the crib or playpen <input type="checkbox"/> Cribs/playpens sanitized between children <input type="checkbox"/> Infants not placed in crib with bibs or other strangulation or suffocation hazards <input type="checkbox"/> Cribs or playpens not used for storage of toys or other materials <input type="checkbox"/> Infants on back to sleep <input type="checkbox"/> No blankets in crib <input type="checkbox"/> No sleeping in anything other than crib or playpen <input type="checkbox"/> Cribs with corner posts do not exceed 1/16 of an inch above the

		top of end panel <input type="checkbox"/> Playpens have mesh openings less than ¼ inch <input type="checkbox"/> Supports in lowest setting <input type="checkbox"/> No stacked cribs <input type="checkbox"/> Written permission for infants over 12 months to sleep on cot/mat, if applicable
5101:2-13-21 Evening and Overnight Care		<input type="checkbox"/> Individual crib, cot mattress or bed and blankets for each child <input type="checkbox"/> Children under five years, sleep on same level as provider <input type="checkbox"/> Safe and sanitary and private area for washing and changing <input type="checkbox"/> Provider assists children as needed with washing and changing <input type="checkbox"/> Each child provided with washcloth, towel and toothbrush <input type="checkbox"/> Provider (or Child Care Staff Member) remains awake until all children are asleep <input type="checkbox"/> Monitoring device to ensure sight or hearing <input type="checkbox"/> Bedtime routines and activities <input type="checkbox"/> Children sleeping four hours or more have clean, comfortable sleeping garments <input type="checkbox"/> Outdoor walkways, bathrooms, hallways, sleeping rooms and entrances adequately lighted <input type="checkbox"/> Approved sleeping areas <input type="checkbox"/> Tubs sanitized <input type="checkbox"/> Access to soap, water and toothpaste
5101:2-13-22 Meal Preparation Nutritional Requirements		<input type="checkbox"/> Breakfast Served – Fluid milk, + two food groups <input type="checkbox"/> Meals Served – Fluid milk, meat/meat alternative, two fruit/vegetable, one grain/bread <input type="checkbox"/> Snack Served – Two foods from two food groups <input type="checkbox"/> Follows USDA portion recommendations <input type="checkbox"/> Meals and snacks are varied, nutritious and appropriately timed <input type="checkbox"/> Children are fed required meals <input type="checkbox"/> Food is prepared, served and stored in a clean and safe manner Refrigerator Temp (40 degrees or lower) <input type="checkbox"/> Current weekly menu is posted <input type="checkbox"/> Non-choking foods <input type="checkbox"/> Written instructions for medical diet <input type="checkbox"/> No screens on during meals <input type="checkbox"/> Whole milk 12-24 months <input type="checkbox"/> Skim milk/1% over 24 months <input type="checkbox"/> Form on file/Breast milk over 12 months
5101:2-13-23 Infant Care		<input type="checkbox"/> Infants allowed to safely and comfortably sit, crawl, toddle, walk and play <input type="checkbox"/> Parents provided with written daily record which includes: food intake, sleep, diapers changes and daily activities <input type="checkbox"/> Tummy time <input type="checkbox"/> No bottles propped <input type="checkbox"/> Bottles labeled with name and date of preparation <input type="checkbox"/> Bottles refrigerated upon arrival (unless commercially prepared) <input type="checkbox"/> Formula and food labeled w/name and when prepared, discarded according to manufacturer's instructions <input type="checkbox"/> Formula/food expiration dates verified <input type="checkbox"/> No solid foods under 4 months of age without physician note <input type="checkbox"/> Breast milk: labeled w/date expressed and date of receipt. <input type="checkbox"/> Breast milk stored appropriately: <div style="display: flex; justify-content: space-between;"> <div> <u>Storage Temperature (at or below)</u> Room temp (78F) Refrigerator (39F) Freezer w/in refrigerator (5F) Freezer/refrigerator w/separate door (0F) Deep freeze (-4F) </div> <div> <u>Storage Time</u> 6-8 hours 5 days (expressed) 2 weeks 3-6 months 6-12 months </div> </div>

5101:2-13-23 Diaper Care		<input type="checkbox"/> Children not left unattended on changing table <input type="checkbox"/> Provider washes all soiled areas of child <input type="checkbox"/> Disposable separation material used <input type="checkbox"/> Soiled clothing bagged and sent home <input type="checkbox"/> Covered, plastic lined, receptacle that prevents hand contamination and is not accessible to children <input type="checkbox"/> Wipes/washcloths discarded, or properly sanitized and laundered <input type="checkbox"/> Ensure that each child has a clean supply of diapers and a change of clothes
5101:2-13-24 Swimming and Water Safety		<input type="checkbox"/> Onsite swimming pools inaccessible to children by fence or barrier <input type="checkbox"/> Saunas, hot tubs, spas inaccessible to children and not used by children <input type="checkbox"/> Wading pools 18" or less filtered or emptied and sanitized daily <input type="checkbox"/> Provider supervises at all time with a clear view of all parts of pool and surrounding areas where children are playing <input type="checkbox"/> Approved off-site swim sites meet all state/local guidelines for health <input type="checkbox"/> Activities in water eighteen inches or more in depth supervised by lifeguard or Water Safety Instructor <input type="checkbox"/> No swimming activities in lakes, rivers, ponds, creeks or similar bodies <input type="checkbox"/> Written permission from parent before swimming or infants/toddlers in wading pools
5101:2-13-25 Administration of Medication		<input type="checkbox"/> Provider uses the JFS 01217 "Request for Administration of Medication for Child Care" for all medications, topical ointments and food supplements <input type="checkbox"/> Medications properly labeled <input type="checkbox"/> Medications are safely and properly stored <input type="checkbox"/> Provider ensures that child has had medication prior to the provider administering <input type="checkbox"/> Medication in refrigerator stored in a separate container <input type="checkbox"/> Medications no longer needed or expired, sent home or disposed
Additional Comments/Noncompliances – County Agency Staff		

<p>Comments – Provider</p>

The inspection documented on this form was conducted by county agency staff to determine compliance with family child care rules. All statements on this report are true and accurate documentation of compliance items on the date of the inspection.

Signature of County Agency Staff	Date
The provider's signature below indicates acknowledgement of receipt of the report, not necessarily agreement with findings.	
Signature of Provider	Date