3.1. Activities to Ensure the Health and Safety of Children in Child Care
(Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) Section 3.1 asks the State/Territory to identify and describe the components of both the licensing and CCDF health and safety requirements, indicate which providers are subject to the requirements, and describe compliance and enforcement activities. (658E(c)(2)(F), §98.41)

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to
child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i)). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

**Definition:** Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

- Yes.
- No.

Please identify the State or local (if applicable) entity/agency responsible for licensing:

b) **Provide a brief overview** of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory. At a minimum, describe whether the State/Territory's licensing requirements serve as the CCDF health and safety requirements.

Ohio's Child Care Licensing regulations for centers and group home child care programs are codified (5101:2 OAC) and serve as the CCDF health and safety requirements.

c) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. Within each CCDF category of care, please identify which types of providers are exempt from licensing in your State/Territory in the chart below.

<table>
<thead>
<tr>
<th>CCDF Category of Care</th>
<th>CCDF Definition (§98.2)</th>
<th>Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?</th>
</tr>
</thead>
</table>


| Center-Based Child Care | Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work. | Describe which types of center-based settings are exempt from licensing in your State/Territory. For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs:  
(1) A program of child care that operates for two or less consecutive weeks;  
(2) Child care in places of worship during religious activities during which children are cared for while at least one parent, guardian, or custodian of each child is participating in such activities and is readily available;  
(3) Religious activities which do not provide child care;  
(4) Supervised training, instruction, or activities of children in specific areas, including, but not limited to: art, drama, dance, music, gymnastics, swimming, or another athletic skill or sport, computers, or an educational subject conducted on an organized or periodic basis no more than one day a week and for no more than six hours duration;  
(5) Programs in which the director determines that at least one parent, custodian or guardian of each child is on the premises of the facility offering child care and is readily accessible at all times, except that child care provided on the premises at which a parent, custodian, or guardian is employed more than two and one-half hours a day shall be licensed in accordance with division (A) of this section;  
(6)(a) Programs that provide child care funded and regulated or operated and regulated by state departments other than the Department of Job and Family |
Services or the state board of education when the director of Job and Family Services has determined that the rules governing the program are equivalent to or exceed the rules promulgated pursuant to this chapter.
Child care programs conducted by boards of education or by chartered nonpublic schools that are conducted in school buildings and that provide child care to school children only shall be exempt from meeting or exceeding rules promulgated pursuant to this chapter.
(7) Any preschool program or school child program, except a head start program, that is subject to licensure by the department of education under sections 3301.52 to 3301.59 of the Revised Code.
(8) Any program providing child care that meets the specific requirements provided in R.C. 5104.02(B)(8) and, on October 20, 1987, was being operated by a nonpublic school that holds a charter issued by the state board of education for kindergarten only.
(9) A youth development program operated outside of school hours by a community-based center to which specific criteria apply.

Group Home Child Care

N/A. Check if your State/Territory does not have group home child care.

☐

Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Describe which types of group homes are exempt from licensing:
Same exemptions as noted above.
**Family Child Care**  
Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work. **Reminder** - Do not check if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.  
Describe which types of family child care home providers are exempt from licensing:  
Those caring for fewer than 7 children.

| In-Home Care | In-home child care provider is defined as an individual who provides child care services in the child's own home. **Reminder** - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements. | Describe which types of in-home child care providers are exempt from licensing: N/A |

**Note:** In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at http://nrckids.org/ to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's:**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Center-Based Child Care</th>
<th>Group Home Child Care</th>
<th>Family Child Care</th>
<th>In-Home Care</th>
</tr>
</thead>
</table>
| d) Indicate whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

Do the licensing requirements include child:staff ratios and group sizes? If yes, specify age group, where appropriate:

<table>
<thead>
<tr>
<th>Age of children</th>
<th>Child:staff ratio requirement:</th>
<th>Group size requirement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (birth and under 12 months)</td>
<td>Staff/child ratio: 1 to 5 or 2 to 12 in same room. Infants (12 months and under 18 months) 1 to 6. Toddlers (18 months and under 2 1/2 years) 1 to 7. Toddlers (2 1/2 years and under 3 years) 1 to 8. Preschool three years 1 to 12. Preschool four and five years of age 1 to 14. School age enrolled in kindergarten to age 11 1 to 18. School age 11 years through 14 years 1 to 20.</td>
<td>Group size shall not exceed twice the maximum number of children allowed per child care staff member as required in the staff/child ratio section of this rule.</td>
</tr>
<tr>
<td>The type A home shall employ sufficient staff so that each staff member cares for no more than six children at any one time, except that one staff member shall not care for more than five children if the staff person is the only staff on the premises of the type A home and one or more of the children is younger than twelve months of age. If the parent or guardian, who is not a staff member in the type A home, of a child is also present in the home, that child shall not be included in the total of six.</td>
<td>No requirements.</td>
<td></td>
</tr>
<tr>
<td>School age enrolled in kindergarten to age 11 1 to 18. School age 11 years through 14 years 1 to 20.</td>
<td>Group size shall not exceed twice the maximum number of children allowed per child care staff member as required in the staff/child ratio section of this rule.</td>
<td>Group size shall not exceed twice the maximum number of children allowed per child care staff member as required in the staff/child ratio section of this rule.</td>
</tr>
<tr>
<td></td>
<td>High school/GED</td>
<td>High school/GED</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Child Development Associate (CDA)</strong></td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td><strong>State/ Territory Credential</strong></td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td><strong>Associate's degree</strong></td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td><strong>Bachelor's degree</strong></td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td><strong>No credential required for licensing</strong></td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>and two years experience in a licensed child care facility or two years college including four courses in Child Development or related field.</td>
<td>Two years of college including two courses in child development or two years experience, working as a child care staff member in a licensed child care facility.</td>
<td>Two years of college including two courses in child development or two years experience, working as a child care staff member in a licensed child care facility.</td>
</tr>
<tr>
<td>Licensing Requirements</td>
<td>High School/GED</td>
<td>Child Development Associate (CDA)</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Do the licensing requirements identify specific experience and educational **credentials for child care teachers?**
Do the licensing requirements specify that directors and caregivers must attain a specific number of training hours per year?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement</th>
<th>Requirement</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 30 training hours required in first year</td>
<td>At least 30 training hours required in first year</td>
<td>At least 30 training hours required in first year</td>
<td>At least 30 training hours required in first year</td>
</tr>
<tr>
<td>At least 24 training hours per year after first year</td>
<td>At least 24 training hours per year after first year</td>
<td>At least 24 training hours per year after first year</td>
<td>At least 24 training hours per year after first year</td>
</tr>
<tr>
<td>No training requirement</td>
<td>No training requirement</td>
<td>No training requirement</td>
<td>No training requirement</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Unless Administrator or child care staff are exempt from in-service training at the time of employment (i.e. have qualifying number of hours in Child Development) they are required to complete 15 clock hours of in-service training annually until have completed total of 45 clock hours. The 45 hours of training shall include trainings in child development, health and safety, child abuse recognition/prevention, first aid and management of communicable disease.
e) Do you expect the licensing requirements for child care providers to change in FY2012-2013?

☑ Yes.

Describe: Ohio is implementing a continuous (non-expiring) license as well as lengthening the provisional period for a newly licensed center. Other changes to licensing requirements include: removal of requirement for employee references; removing staffing from the definition of capacity; expanding naptime to 2 hours; removal of requirement for employees to get new medical examination every 3 years.

☐ No.

3.1.2. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)

a) Describe the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

<table>
<thead>
<tr>
<th>The Lead Agency requires:</th>
<th>Center-based child care providers</th>
<th>Family child care home providers</th>
<th>Group home child care providers</th>
<th>In-home child care providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical exam or health statement for providers</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Requirement</td>
<td>Provider Immunizations</td>
<td>Provider Hand-Washing Policy</td>
<td>Diapering Policy and Procedures</td>
<td>Other Requirements</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>------------------------------</td>
<td>---------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Physical exam or health statement for children</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis check for providers</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis check for children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider immunizations</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child immunizations</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing policy for providers and children</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapering policy and procedures</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers to submit a self-certification or complete health and safety checklist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b) **Describe** the Lead Agency’s health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

<table>
<thead>
<tr>
<th>The Lead Agency requires:</th>
<th>Center-based child care providers</th>
<th>Family child care home providers</th>
<th>Group home child care providers</th>
<th>In-home child care providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire inspection</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Building inspection</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Health inspection</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Inaccessibility of toxic substances policy</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Safe sleep policy</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Tobacco exposure reduction</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Transportation policy</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Providers to submit a self-certification or complete health and safety checklist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
c) **Describe** the Lead Agency’s health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3))

<table>
<thead>
<tr>
<th>CCDF Categories of Care</th>
<th>Health and safety training requirements</th>
<th>Pre-Service</th>
<th>On-Going</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe:
| Child Care Centers | CPR (Child Care Centers) | No pre-service is required in general for all child care staff when hired | The center must be in compliance with the following:

5101:2-12-27 Training in first aid, CPR, management of communicable disease and child abuse prevention for staff in licensed child care centers

(A) The child care center shall have in all center buildings and readily accessible during all operating hours **at least one child care staff member who has successfully completed** current and valid training in:

1. First aid and management of communicable disease;
2. **Cardiopulmonary resuscitation (CPR)** appropriate for all age groups that the center is licensed to serve; and
| First Aid (Child Care Centers) | No preservice is required. | 5101:2-12-27 Training in first aid, CPR, management of communicable disease and child abuse prevention for staff in licensed child care centers |

(A) The child care center shall have in all center buildings and readily accessible during all operating hours at least one child care staff member who has successfully completed current and valid training in:

1. First aid and management of communicable disease; and
2. Cardiopulmonary resuscitation (CPR) appropriate for all age groups that the center is licensed to serve; and
| Training on infectious diseases (Child Care Centers) | No preservice is required. | 5101:2-12-27 Training in first aid, CPR, management of communicable disease and child abuse prevention for staff in licensed child care centers  

(A) The child care center shall have in all center buildings and readily accessible during all operating hours at least one child care staff member who has successfully completed current and valid training in:  

(1) First aid and management of communicable disease; and  

(2) Cardiopulmonary resuscitation (CPR) appropriate for all age groups that the center is licensed to serve; and  

(3) Child abuse recognition and prevention. |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Preservice Required</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDS prevention (i.e., safe sleep) (Child Care Centers)</td>
<td>No preservice</td>
<td>All programs caring for infants must be in compliance with 5101:2-12-42 that states in part: Infants shall be placed on their backs to sleep unless the child's physician provides a written request to do otherwise on the JFS 01235 “Sleep Position Waiver” (rev. 03/2007). These forms shall be kept on file for review by the Ohio department of job and family services.</td>
</tr>
<tr>
<td>Medication administration (Child Care Centers)</td>
<td>No preservice</td>
<td>The program must be in compliance with rule 5101:2-12-31 OAC which states in part: The center shall set its own policy regarding whether or not the center will administer medication. If a center chooses to administer medication, food supplements, or modified diets, the center shall meet specific requirements.</td>
</tr>
<tr>
<td>Mandatory reporting of suspected abuse or neglect (Child Care Centers)</td>
<td>Np preservice is required in this area.</td>
<td>5101:2-12-27 Training in first aid, CPR, management of communicable disease and child abuse prevention for staff in licensed child care centers</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>(A) The child care center shall have in all center buildings and readily accessible during all operating hours at least one child care staff member who has successfully completed current and valid training in: (1) First aid and management of communicable disease; and (2) Cardiopulmonary resuscitation (CPR) appropriate for all age groups that the center is licensed to serve; and (3) Child abuse recognition and prevention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child development (Child Care Centers)</td>
<td>No preservice is required for child development in licensed programs with the exception of the administrator hired from outside the program needing to complete 4 courses in child development.</td>
<td>All centers need to meet requirements of rule 5101:2-12-28 that states in part: Each child care staff member and administrator of a child care center shall complete a minimum of fifteen clock hours of training annually, after the first day of employment, until a total of forty-five hours have been completed. <strong>The forty-five hours of training shall include trainings in child development, health and safety, child abuse recognition/prevention, first aid and management of communicable disease. At least twenty of the forty-five hours of training shall be in the topic of child development as defined in paragraph (G) of this rule.</strong> All staff need to complete inservice training unless they are exempt, that is, having at least 24 semester hours or 36 quarter hours in child development.</td>
</tr>
<tr>
<td>Supervision of children (Child Care Centers)</td>
<td>There is no preservice requirement for this area.</td>
<td>Center staff must follow rule requirements for meeting rule 5101:2-12-20 regarding staff child ratio, group size, and supervision at all times.</td>
</tr>
<tr>
<td>Behavior management (Child Care Centers)</td>
<td>No preservice is required for this area.</td>
<td>Programs are required to meet rule requirement for 5101:2-12-21 that states in part: Child care staff members assigned to supervise a child or group of children shall be responsible for their guidance and management. Child guidance and management measures must be developmentally appropriate for the child, shall be consistent, and shall be explained to the child.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Nutrition (Child Care Centers)</td>
<td>No preservice required.</td>
<td>Center staff must meet rule requirements of 5101:2-12-39 OAC nutritional requirements for meals and snacks while at the center.</td>
</tr>
<tr>
<td>Topic</td>
<td>Preservice Required</td>
<td>Requirements</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Breastfeeding (Child Care Centers)</td>
<td>No preservice required.</td>
<td>All staff must follow requirements of rule 5101:2-12-41 OAC that states in part: Center policies and practices shall support parent preferences in infant feeding, including breastfeeding and shall recognize the center for disease control's determination that handling and storage of breast milk does not require the use of universal precautions and that breast milk is not considered a biohazard. Center policies and practices shall also support the introduction of solid foods as long as developmentally appropriate and not detrimental to the health of the child.</td>
</tr>
<tr>
<td>Physical activity (Child Care Centers)</td>
<td>No preservice required.</td>
<td>Center staff must provide planned, balanced physical activity according to the developmental needs of the children in care. Rule 5101:2-12-16 OAC states in part: the center shall provide, on a daily basis, a well balanced program of activities and opportunities for both quiet and active play suitable to the developmental levels and abilities of each child in care.</td>
</tr>
<tr>
<td>Working with children with special needs or disabilities (Child Care Centers)</td>
<td>No preservice requirement for this area.</td>
<td>Center staff must meet rule requirements of 5101:2-12-21 that states in part: Centers who care for children with special needs or who require treatment for health conditions shall coordinate with the child’s service providers with parental/guardian consent. The center shall document its efforts if the center is unable to obtain parental/guardian consent. The center shall make appropriate adjustments as needed for these children.</td>
</tr>
<tr>
<td>Emergency preparedness and response (Child Care Centers)</td>
<td>No preservice requirement for this area.</td>
<td>The center staff are required to meet rule 5101:2-12-34 OAC that states in part: The center shall complete a JFS 01242 “Medical, Dental and General Emergency Plan” (rev. 09/2006). This medical, dental and general emergency plan shall be implemented, when necessary, and shall be posted, readily in view, by each telephone and in each classroom, and other spaces used by the children, such as large muscle space, gymnasium, cafeteria. (B) General emergencies include: (1) Any threats to the safety of children due to environmental situations or threats of violence. (2) Natural disasters such as fire, tornado, flood, etc.. (3) Loss of power, heat, or water.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Other. (Child Care Centers)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Describe:</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Group Home Child Care

CPR (Group Home Child Care)

No pre-service requirement.

Type A homes need to have at least one person whose training is valid on the premises at all times per rule 5101:2-13-27.

(A) The child care type A home shall have readily accessible in the home during all operation hours at least one adult employee who has currently valid training in the three areas listed in paragraphs (A)(1) to (A)(3) of this rule. Adult employees trained in the three areas as listed below may be three separate persons. Training in these three areas may not be taken through electronic media presentation. Valid training completed prior to the effective date of this rule is in compliance.

(1) First aid and management of communicable disease.

(2) Cardiopulmonary resuscitation (CPR) appropriate for all ages of children the type A home is licensed to serve.

(3) Child abuse recognition and prevention.
| First Aid (Group Home Child Care) | No preservice is required in this area. | (A) The child care type A home shall have readily accessible in the home during all operation hours at least one adult employee who has currently valid training in the three areas listed in paragraphs (A)(1) to (A)(3) of this rule. Adult employees trained in the three areas as listed below may be three separate persons. Training in these three areas may not be taken through electronic media presentation. Valid training completed prior to the effective date of this rule is in compliance. 

(1) **First aid and management of communicable disease.**

(2) Cardiopulmonary resuscitation (CPR) appropriate for all ages of children the type A home is licensed to serve.

(3) Child abuse recognition and prevention. |
Training on infectious diseases (Group Home Child Care)  | No preservice is required in this area.  | Rule 5101:2-13-27 OAC states in part:  
(A) The child care type A home **shall have readily accessible in the home during all operation hours** at least one adult employee who has **currently valid training in** the three areas listed in paragraphs (A)(1) to (A)(3) of this rule.  
Adult employees trained in the three areas as listed below may be three separate persons. Training in these three areas may not be taken through electronic media presentation. Valid training completed prior to the effective date of this rule is in compliance.  
(1) **First aid and management of communicable disease.**  
(2) Cardiopulmonary resuscitation (CPR) appropriate for all ages of children the type A home is licensed to serve.  
(3) Child abuse recognition and prevention.  

---

**same as above**
<table>
<thead>
<tr>
<th>Task</th>
<th>Training Required</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDS prevention (i.e., safe sleep) (Group Home Child Care)</td>
<td>No preservice</td>
<td>All child care staff are required to meet 5101:2-13-42 that states in part: Infants shall be placed on their backs to sleep unless the child's physician provides a written request to do otherwise on the JFS 01235 “Sleep Position Waiver” (rev. 03/2007). These forms shall be kept on file for review by the Ohio department of job and family services.</td>
</tr>
<tr>
<td>Medication administration (Group Home Child Care)</td>
<td>No preservice</td>
<td>All staff are required to follow 5101:2-13-31 rule requirements for administration of medication if the Type A home chooses to administer.</td>
</tr>
</tbody>
</table>
| Mandatory reporting of suspected abuse or neglect (Group Home Child Care) | No preservice is required | A) The child care type A home shall have readily accessible in the home during all operation hours at least one adult employee who has currently valid training in the three areas listed in paragraphs (A)(1) to (A)(3) of this rule. Adult employees trained in the three areas as listed below may be three separate persons. Training in these three areas may not be taken through electronic media presentation. Valid training completed prior to the effective date of this rule is in compliance.

1. First aid and management of communicable disease.

2. Cardiopulmonary resuscitation (CPR) appropriate for all ages of children the type A home is licensed to serve.

<table>
<thead>
<tr>
<th>Child development (Group Home Child Care)</th>
<th>No preservice in child development is required.</th>
<th>If staff or administrator do not have a specific hours of child development courses they must then meet in-service requirements per rule 5101: 2-12-28 OAC to complete 15 hours yearly of inservice in the our areas of Child Development, First Aid, Communicable Disease, and Child Abuse Recognition for a total of 45 hours.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision of children (Group Home Child Care)</td>
<td>No preservice requirement in this area.</td>
<td>All staff are required to be familiar with OAC 5101:2-13-20 to meet staff child ratio, supervision, and group size at all times.</td>
</tr>
<tr>
<td>Behavior management (Group Home Child Care)</td>
<td>No preservice requirement in this area.</td>
<td>Staff must meet the requirement for rule 5101:2-13-22 which states in part: (A) Child care staff members assigned to supervise a child or group of children shall be responsible for their guidance and management. (B) Child guidance and management measures shall be developmentally appropriate for the child, shall be consistent, and shall be explained to the child.</td>
</tr>
<tr>
<td>Nutrition (Group Home Child Care)</td>
<td>No preservice requirement in this area.</td>
<td>There are no nutritional requirements other than safe and sanitary storage, preparation, and serving of food.</td>
</tr>
</tbody>
</table>
Breastfeeding (Group Home Child Care)  

No preservice requirement in this area.

Rule 5101:2-13-41 states in part:

(3) If breast milk is provided by the parent or guardian, it shall be labeled with the child’s name, date expressed and the date of receipt.

Type A homes shall follow the chart below in regard to storing breast milk:

Breast milk storage guidelines

<table>
<thead>
<tr>
<th>If the breast milk is stored:</th>
<th>Then keep it as long as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>at room temperature (up to 78 degrees Fahrenheit)</td>
<td>6 to 8 hours</td>
</tr>
<tr>
<td>in the refrigerator (39 degrees Fahrenheit or lower)</td>
<td>up to 5 days counted from the day the breast milk was expressed</td>
</tr>
<tr>
<td>in a freezer compartment inside a refrigerator (5 degrees Fahrenheit)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>in a freezer compartment of a refrigerator with separate doors (0 degrees Fahrenheit)</td>
<td>3 to 6 months</td>
</tr>
<tr>
<td>chest or upright deep freezer (-4 degrees Fahrenheit)</td>
<td>6 to 12 months</td>
</tr>
</tbody>
</table>

(4) If formula or fluid breast milk is to be warmed, bottles shall be placed in a container of hot, not boiling, water or
be placed in a commercial bottle warmer. The container of water shall be emptied and cleaned each day. The bottle shall be shaken well, and the formula or breast milk temperature tested before feeding. Frozen breast milk shall be thawed under cold running water or in the refrigerator.

(5) Microwave ovens shall not be used for heating formula, breast milk or other liquids.

(6) Infant bottles, formula, breast milk and food shall be readily available to staff. Staff/child ratios and supervision shall be maintained when staff are obtaining, preparing or warming bottles or food.

(7) The unused portion of formula, breast milk or food remaining in a container from which the infant has been directly fed, shall not be reheated or served again.
| Physical activity (Group Home Child Care) | No preservice is required in this area. | Rule 5101:2-13-16 requires in part:

(A) The type A home shall provide, on a daily basis, a well balanced program of activities and opportunities for both quiet and active play suitable to the developmental levels and abilities of each child in care.

(B) A copy of the daily program schedule shall be posted in a conspicuous place. The department shall also observe this program for each age group. |
There is no preservice requirement in this area.

Rule 5101:2-13-21 states in part:

(B) Staff shall implement practices supportive of individual developmental needs when caring for children with special needs.

(1) Type A homes who care for children with special needs or who require treatment for health conditions shall coordinate with the child’s service providers with parental/guardian consent. The type A home shall document its efforts if the home is unable to obtain parental/guardian consent. The type A home shall make appropriate adjustments as needed for these children.

(2) Information obtained from service providers, service coordinators and other professional involved in the child’s care must be documented in the child’s written record. This information must be shared with any child care staff member responsible for caring for the child.

(3) A child with developmental delays may receive care in a group of children which best meets the child’s individual needs in
| Emergency preparedness and response (Group Home Child Care) | There is no preservice requirement in this area. | Rule 5101:2-13-34 states in part:  
(A) The type A home shall have a written plan for medical, dental and general emergencies on JFS 01242 “Medical, Dental and General Emergency Plan” (rev. 09/2006). This medical, dental and general emergency plan shall be completed, implemented, when necessary, and shall be posted, readily in view, by each telephone.  
(B) General emergencies include:  
(1) Any threats to the safety of children due to environmental situations or threats of violence.  
(2) Natural disasters such as fire, tornado, flood, etc..  
(3) Loss of power, heat, or water. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other. (Group Home Child Care)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Describe: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Child Care Providers</td>
<td>CPR (Family Child Care Providers)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>First Aid (Family Child Care Providers)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Training on infectious diseases (Family Child Care Providers)</td>
<td>N/A</td>
</tr>
<tr>
<td>Topic</td>
<td>Family Child Care Providers</td>
<td>N/A</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>SIDS prevention (i.e., safe sleep)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Medication administration</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Mandatory reporting of suspected abuse or neglect</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Child development</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Supervision of children</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Behavior management</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Nutrition</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical activity</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Working with children with special needs or disabilities</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency preparedness and response</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

In-Home Child Care Providers:
- CPR (In-Home Child Care Providers) N/A
- First Aid (In-Home Child Care Providers) N/A
- Training on infectious diseases (In-Home Child Care Providers) N/A
- SIDS prevention (i.e., safe sleep) (In-Home Child Care Providers) N/A
d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency’s requirements for relative providers? (§98.41(A)(ii)(A))

All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.

Relative providers are NOT required to meet any health and safety requirements as
described in 3.1.2a-c, as appropriate.

☐ Relative providers are subject to certain requirements.
Describe the different requirements:

e) Provide a web address for the State/Territory’s health and safety requirements, if available:
http://emanuals.odjfs.state.oh.us/emanuals/

3.1.3 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory’s licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory’s policies for effective enforcement of the licensing requirements using questions 3.1.3a through 3.1.3e below. This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include announced and/or unannounced visits in its policies as a way to effectively enforce the licensing requirements?

☐ Yes. If “Yes” please refer to the chart below and check all that apply.
☐ No.

<table>
<thead>
<tr>
<th>CCDF Categories of Care</th>
<th>Frequency of Routine Announced Visits</th>
<th>Frequency of Routine Unannounced Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Frequency Options</td>
<td>Describe Options</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Center-Based Child Care</td>
<td>- Once a Year</td>
<td>- Describe:</td>
</tr>
<tr>
<td></td>
<td>- More than Once a Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Once Every Two Years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other.</td>
<td></td>
</tr>
<tr>
<td>Group Home Child Care</td>
<td>- Once a Year</td>
<td>- Describe:</td>
</tr>
<tr>
<td></td>
<td>- More than Once a Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Once Every Two Years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other.</td>
<td></td>
</tr>
<tr>
<td>Family Child Care Home</td>
<td>- Once a Year</td>
<td>- Describe:</td>
</tr>
<tr>
<td></td>
<td>- More than Once a Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Once Every Two Years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other.</td>
<td></td>
</tr>
<tr>
<td>In-Home Child Care</td>
<td>- Once a Year</td>
<td>- Describe:</td>
</tr>
<tr>
<td></td>
<td>- More than Once a Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Once Every Two Years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other.</td>
<td></td>
</tr>
</tbody>
</table>
b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

☑ Yes. If "Yes" please refer to the chart below and check all that apply.

☐ No.

<table>
<thead>
<tr>
<th>Licensing Procedures</th>
<th>Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.</th>
</tr>
</thead>
</table>
| The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license. | ☑ Yes.  
Describe:  
As a rule requirement, all new program owners are required to participate in an application interview with the Ohio Department of Job and Family Services (ODJFS) and Participate in all orientation trainings and interviews as determined by ODJFS. |
| ☐ No. | |
| ☐ Other. | Describe: |
| Licensing staff has procedures in place to address violations found in an inspection. | ☑ | Providers are required to submit plans to correct violations cited during inspections. |
| | | ☑ | Licensing staff approve the plans of correction submitted by providers. |
| | | ☑ | Licensing staff verify correction of violation. |
| | | ☑ | Licensing staff provide technical assistance regarding how to comply with a regulation. |
| | | | ☑ | No procedures in place. |
| | | | ☑ | Other. |
| | | | Describe: |

| Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility. | ☑ | Provisional or probationary license |
| | | ☑ | License revocation or non-renewal |
| | | ☑ | Injunctions through court |
| | | ☑ | Emergency or immediate closure not through court action |
| | | ☑ | Fines for regulatory violations |
| | | | ☑ | No procedures in place. |
| | | | ☑ | Other. |
| | | | Describe: |
c) Describe what types of licensing violations, if any, would make a provider ineligible to participate in CCDF:

There are no licensing violations that automatically make a provider ineligible to participate in CCDF. Repeated violations of any licensing rules, especially those deemed "Serious Risk Non-compliances" (SRNC) by the state may lead to revocation of a license, which would then make the provider ineligible to participate in CCDF. These are considered on a case by case basis for all licensed child care providers, not just those participating in CCDF.

An application for license may be denied if:
1. The owner has had a license revoked in the previous 5 years.
2. The owner had previously been a type B child care provider certified by the county and if the county had revoked the certification because the provider's refusal or inability to comply with the certification rules resulted in a risk to the health or safety of children.
3. The owner knowingly provides falsified information on the application.
4. The owner has pleaded guilty to or been convicted of a prohibitive offense.
   Prohibitive offenses:
   Homicide
R.C. 2903.01 - Aggravated murder
R.C. 2903.02 - Murder
R.C. 2903.03 - Voluntary manslaughter
R.C. 2903.04 - Involuntary manslaughter

Assault
R.C. 2903.11 - Felonious assault
R.C. 2903.12 - Aggravated assault
R.C. 2903.13 - Assault
R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing
R.C. 2903.15 - Permitting child abuse
R.C. 2903.21 - Aggravated menacing
R.C. 2903.211 - Menacing by stalking
R.C. 2903.22 - Menacing

Patient abuse and neglect
R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues
R.C. 2905.01 - Kidnapping
R.C. 2905.02 - Abduction
R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
R.C. 2905.05 - Criminal child enticement

Sex offenses
R.C. 2907.02 - Rape
R.C. 2907.03 - Sexual battery
R.C. 2907.04 - Unlawful sexual conduct with a minor
R.C. 2907.05 - Gross sexual imposition
R.C. 2907.06 - Sexual imposition
R.C. 2907.07 - Importuning
R.C. 2907.08 - Voyeurism
R.C. 2907.09 - Public indecency
R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
R.C. 2907.21 - Compelling prostitution
R.C. 2907.22 - Promoting prostitution
R.C. 2907.23 - Procuring
R.C. 2907.25 - Prostitution
R.C. 2907.31 - Disseminating matter harmful to juveniles
R.C. 2907.32 - Pandering obscenity
R.C. 2907.321 - Pandering obscenity involving a minor
R.C. 2907.322 - Pandering sexually oriented matter involving a minor
R.C. 2907.323 - Illegal use of a minor in nudity oriented material or performance

Arson
R.C. 2909.02 - Aggravated arson
R.C. 2909.22 - Soliciting or providing support for act of terrorism
R.C. 2909.23 - Making terrorist threat
R.C. 2909.24 - Terrorism
R.C. 2909.03 - Arson

Robbery and Burglary
R.C. 2911.01 - Aggravated robbery
R.C. 2911.02 - Robbery
R.C. 2911.11 - Aggravated burglary
R.C. 2911.12 - Burglary

Theft and Fraud
R.C. 2913.02 - Theft; aggravated theft
R.C. 2913.03 - Unauthorized use of a vehicle
R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
R.C. 2923.02 - Attempt
R.C. 2913.041 - Possession or sale of unauthorized cable television device
R.C. 2913.33 - Making or using slugs
R.C. 2913.05 - Telecommunications fraud
R.C. 2913.06 - Unlawful use of telecommunications
R.C. 2913.11 - Passing bad checks
R.C. 2913.21 - Misuse of credit cards
R.C. 2913.31 - Forgery; identification card
R.C. 2913.32 - Criminal simulation
R.C. 2913.40 - Medicaid fraud
R.C. 2913.41 - Prima facie evidence of purpose to defraud
R.C. 2913.42 - Tampering with records
R.C. 2913.43 - Securing writings by deception
R.C. 2913.44 - Personating an officer
R.C. 2913.441 - Law Enforcement emblem display
R.C. 2913.45 - Defrauding creditors
R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
R.C. 2913.47 - Insurance fraud
R.C. 2913.48 - Worker’s compensation fraud
R.C. 2913.49 - Identity fraud

Offenses against the family
R.C. 2919.12 - Unlawful abortion
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

Offenses against justice and public administration
R.C. 2921.11 - Perjury
R.C. 2921.13 - Falsification

Weapons control
R.C. 2923.12 - Carrying a concealed weapon
R.C. 2923.13 - Having a weapon while under disability
R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
R.C. 2923.01 - Conspiracy
R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A) (9)
R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

Drug offenses
R.C. 2925.02 - Corrupting another with drugs
R.C. 2925.03 - Trafficking in drugs
R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
R.C. 2925.05 - Funding of drug or marijuana trafficking
R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section
R.C. 2925.01

Other
R.C. 959.13 - Cruelty to animals
R.C.2905.11 - Extortion
R.C. 3716.11 - Placing harmful objects in food or confection
R.C. 2909.04 - Disrupting public services
R.C. 2909.05 - Vandalism
R.C. 2917.01 - Inciting to violence
R.C. 2917.02 - Aggravated riot
R.C. 2917.03 - Riot
R.C. 2917.31 - Inducing panic
R.C. 2921.03 - Intimidation
R.C. 2921.34 - Escape
R.C. 2921.35 - Aiding escape or resistance to authority
R.C. 2927.12 - Ethnic intimidation
R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs – OVI.  (Two violations within a
five year period.  This means two violations within a five year period that extends five years before the
date of application for hire for employees and before the date of license application for
owners/administrator or two violations within any five year period after hire or licensure.)

d) Does your State/Territory use background checks as a way to effectively enforce the licensing requirements?

Yes.
If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency. Please also provide a brief overview of the State/Territory's process for conducting background checks for child care. For example, describe what types of violations would make providers ineligible for CCDF, funding for background checks, and the process for providers to appeal background check findings.

A non conviction statement must be signed upon hire and annually thereafter by every individual owner, administrator, employee, second adult in a child care center or type A home, and all persons 18 years of age and older who resided in a type A home. Additionally, these persons are required to complete BCII criminal background checks upon hire and every four years thereafter. FBI checks are required initially and optionally thereafter. Prohibitive offenses include those listed in 5104.09 R.C. Examples are violent and drug related crimes i.e. homicide, assault, menacing, sex offenses, theft and fraud, drug offenses, offenses against justice and public administration, weapons control, cruelty to animals, arson, robbery and burglary etc. Section 5101:2-12-26 and 5101:2-13-26 provides for rehabilitation standards.

No.

<table>
<thead>
<tr>
<th>CCDF Categories of Care</th>
<th>Types of Background Check</th>
<th>Frequency</th>
</tr>
</thead>
</table>


**Center-Based Child Care**

Who is subject to background checks for center-based care? For example, director, teaching staff, non-teaching staff, volunteers:

- Anyone who has assigned hours and duties, regardless of compensation.

<table>
<thead>
<tr>
<th>Background Check</th>
<th>Initial Entrance into the System</th>
<th>Checks Conducted Annually</th>
<th>Other.</th>
<th>Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Child Abuse Registry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ State/Territory Criminal Background</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ FBI Criminal Background (e.g., fingerprint)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Sex Offender Registry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Group Child Care Homes**

Who is subject to background checks for group homes? For example, provider, non-provider residents of the home:

All providers and non-provider residents of the home older than 18 years of age.

<table>
<thead>
<tr>
<th>Check</th>
<th>Description</th>
<th>Initial Entrance into the System</th>
<th>Checks Conducted Annually</th>
<th>Other.</th>
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<tbody>
<tr>
<td>☑</td>
<td>Child Abuse Registry</td>
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<td>State/Territory Criminal Background</td>
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<td>FBI Criminal Background (e.g., fingerprint)</td>
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<td>Sex Offender Registry</td>
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<td>Family Child Care Homes</td>
<td>Child Abuse Registry</td>
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<td>Checks Conducted Annually</td>
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<td>State/Territory Criminal Background</td>
<td>Initial Entrance into the System</td>
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<td>Checks Conducted Annually</td>
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<td></td>
<td>FBI Criminal Background (e.g., fingerprint)</td>
<td>Initial Entrance into the System</td>
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<td>Checks Conducted Annually</td>
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<td>Describe:</td>
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<tr>
<td></td>
<td>Sex Offender Registry</td>
<td>Initial Entrance into the System</td>
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<td>Checks Conducted Annually</td>
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<td>Other.</td>
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<td></td>
<td></td>
<td>Describe:</td>
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</tbody>
</table>
e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? (658E(c)(2)(E), §98.40(a)(2)):

<table>
<thead>
<tr>
<th>In-Home Child Care Providers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is subject to background checks for in-home child care? For example, provider, non-provider residents of the home:</td>
<td></td>
</tr>
</tbody>
</table>

- Child Abuse Registry
- State/Territory Criminal Background
- FBI Criminal Background (e.g., fingerprint)
- Sex Offender Registry

- Initial Entrance into the System
- Checks Conducted Annually
- Other.
  Describe:
Announced and Unannounced inspections and criminal background checks are completed for both Centers and Type A (Group) Homes.

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

☐ Yes.
Description:
Child Care Website (ODJFS) page has a Families Resources Webpage with links and information for parents and families as well as guidance on accessing online inspections for all licensed facilities. This resource is also used for public records request and media responses.

☐ No.

3.1.4 Describe the State/Territory's policies for effective enforcement of the CCDF health and safety requirements. For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described above for licensed providers, please describe the health and safety enforcement measures in place. Include in this description whether and how the State/Territory uses on-site visits (announced and unannounced) and background checks and any other enforcement policies and practices for the health and safety requirements.

County departments of job and family services inspect and certify providers who care for children in their homes, or the county reviews documentation completed by the parent and the provider verifying the health and safety of the home. County staff visits all home providers at least twice annually with at least one unannounced inspection. Background checks are required for all home providers and others in the home over the age of 18.

3.1.5 Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs? Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities.

☐ Yes.
Description:
Program participating in Step Up to Quality at Steps 2 & 3 are required to conduct a developmental screening on children birth to five years. Screening is required to be completed within the first 60 days of enrollment.
a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

☐ Yes.

Describe

☐ No

☐ Other.

Describe

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

☐ Yes.

Describe

☐ No

☐ Other.

Describe

☐ No

☐ Other.

Describe

3.1.6 Data & Performance Measures on Licensing and Health and Safety
Compliance - What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on licensing and health and safety. Indicate if the Lead Agency or another agency has access to data on:

- [ ] Number of licensed programs.
  Describe (optional):

- [ ] Numbers of programs operating that are legally exempt from licensing.
  Describe (optional):

- [ ] Number of programs whose licenses were suspended or revoked due to non-compliance.
  Describe (optional):

- [ ] Number of injuries and fatalities in child care as defined by the State/Territory.
  Describe (optional):

- [ ] Number of monitoring visits received by programs.
  Describe (optional):

- [ ] Caseload of licensing staff.
  Describe (optional):

- [ ] Number of programs revoked from CCDF due to non-compliance with health and
safety requirements.
Describe (optional):

☐ Other.
Describe:

☐ None.

b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?
None currently planned.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.
None currently planned.

---

**3.1.7 Goals for the next Biennium** - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section of 3.1.

What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

- ODJFS will implement a continuous license for child care programs.
- ODJFS will begin to align Child Care Licensing and Step Up To Quality (SUTQ), including by using SUTQ participation as part of the criteria for the inspection schedule protocol.
- ODJFS will implement serious risk non-compliance (SRNC) for Type A homes and will codify SRNC in rule for both centers and type A homes.
- ODJFS will begin phase 1 to revise and improve the State of Ohio licensing system with a thorough review of all statutes, and regulations by wide-ranging stakeholders. In addition, ODJFS will begin to streamline the overall system of regulation with a core focus on essential health, safety, and overall quality in all settings.
3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines include the expectations for what children should know (content) and be able to do (skills). The term early learning guidelines (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These guidelines are voluntary in that States/Territory are not mandated to develop such guidelines or implement them in a specified manner.

3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.

☐ Birth-to-three
☐ Three-to-five
☐ Five years and older
☐ None. Skip to 3.2.6.

If yes, insert web addresses, where possible:
www.ode.state.oh.us and http://jfs.ohio.gov/cdc/providers.stm

Which State/Territory agency is the lead for the early learning guidelines?
Birth-to-three Ohio Department of Job and Family Services, Three-to-five Ohio Department of Education, Five years and older Ohio Department of Education

3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development? Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

<table>
<thead>
<tr>
<th>Domains</th>
<th>Birth-to-Three ELGs</th>
<th>Three-to-Five ELGs</th>
<th>Five and Older ELGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical development and health</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Social and emotional development</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Approaches to Learning

<table>
<thead>
<tr>
<th>Approaches to Learning</th>
<th>Logic and reasoning (e.g., problem-solving)</th>
<th>Language development</th>
<th>Literacy knowledge and skills</th>
<th>Mathematics knowledge and skills</th>
<th>Science knowledge and skills</th>
<th>Creative arts expression (e.g., music, art, drama)</th>
<th>Social studies knowledge and skills</th>
<th>English language development (for dual language learners)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**List any domains not covered in the above:**

N/A

**Other. Describe:**

technology

---

### To whom are the early learning guidelines disseminated and in what manner?

Check all audiences and methods that your State/Territory has chosen to use in the chart below.

<table>
<thead>
<tr>
<th>Information Dissemination</th>
<th>Voluntary Training</th>
<th>Mandatory Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents in the child care subsidy system</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Parents using child care more broadly</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Practitioners in child care centers</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Providers in family child care homes</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Practitioners in Head Start</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Practitioners in Early Head Start</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Practitioners in public Pre-K program</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>
3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

☐ To define the content of training required to meet licensing requirements
☑ To define the content of training required for program quality improvement standards (e.g., QRIS standards)
☐ To define the content of training required for the career lattice or professional credential
☑ To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
☑ To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
☐ To develop State-/Territory -approved curricula
☐ Other.
List:

☐ None.

3.2.5 Are voluntary early learning guidelines aligned with into other parts of the child care system? Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

☑ Cross-walked to align with Head Start Outcomes Framework
☑ Cross-walked to align with K-12 content standards
☑ Cross-walked to align with State/Territory pre-k standards
☑ Cross-walked with accreditation standards
☐ Other.
List:

☐ None.
3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions. In this section, assessment is framed with two distinct purposes/tools - 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

Yes.
Describe:

For Step Up to Quality (SUTQ) programs at the highest Step level, an on-going assessment process is used to inform intentional teaching which supports individual needs of the children. Programs utilize a curriculum that is aligned to state standards and guidelines and an assessment process that is aligned to their identified curriculum. The lead teachers are responsible for the documentation of the established on going assessment process. Programs use a combination of formal and informal methods of collecting data. Common tools used are: Teaching Strategies – Gold, Creative Curriculum Developmental Continuum, High Scope COR and Portfolios that contain work samples to support observations.

ODE funded programs (preschool special education and Early Childhood Education entitlement—public preschool) are required to use the Get It, Got It, Go (developed by University of Minnesota) at least two times per year (focuses on literacy). In addition, these programs are required to use curriculum based assessments (local districts select the tool) at least two times per year.

b-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children’s needs?

Yes.
Describe:

For Step Up to Quality (SUTQ) programs at the highest Step level, an on-going assessment process is used to inform intentional teaching which supports individual needs of the children. Outcomes from the assessment process are utilized to inform individual instruction, group instruction and provide insight into overall classroom improvement.

For early childhood programs that are publicly funded by ODE, Ohio’s Early Learning Program Guidelines found on this site specify that programs should use information from assessments to plan, differentiate and adjust instructional practices. Data from Get it! Got it! Go! are used to inform literacy instruction and data from ASQ:SE are used to support social-emotional development. Data from the ECOSF (for PSE programs) are used to inform student needs. In addition, use of assessments results are encourage through ODE approved professional development and the GGG score interpretation workbook: http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1390&ContentID=5590&Content=96201

□ No
b-2) If yes, is information on child’s progress reported to parents?
☑ Yes.

Describe:

SUTQ – At highest step level progress is reported to parents at least annually. An on-going assessment process is used to identify strengths and areas for improvement. Goals are set for children – this helps to determine focus of classroom instruction as well as overall program goals.

Early childhood programs that are publicly funded by ODE are asked via the Ohio Early Learning Program Guidelines to share assessment results with families. The teachers may use parent conferences to report assessment data to parents.

Parent conferences are required in licensing, but the content of the conferences is not prescribed.

☐ No

☐ Other.

Describe:

☐ No

☐ Other.

Describe:

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children as they enter kindergarten?
☑ Yes.

Describe:

Ohio developed the Kindergarten Readiness Assessment—Literacy (KRAL) which is a screening instrument used with all K students in Ohio annually at entry (approximately 130,000 students in public and community school districts).

c-1) If yes, do the tools cover the developmental domains identified in 3.2.2?
☑ Yes.

 Describe:

Currently the assessment covers language/literacy. Ohio has Race to the Top funding to expand the KRAL to additional areas of mathematics and social-emotional. Additional state efforts are underway to seek funds to expand further to include health/physical well-being areas as well.

☐ No
c-2) If yes, are the tools used on all children or samples of children?  
☑️ All children.  
Describe:

Approximately 130,000 Kindergarten students statewide are assessed.

☐ Samples of children.  
Describe:

☐ Other.  
Describe:

c-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?  
☑️ Yes.  
Describe:

The information from the assessment is primarily used to inform instruction in Kindergarten, but state, region and local efforts are in place to analyze the data to connect performance to Pre-K program experiences.

☐ No  

☐ Other.  
Describe:

☐ No  

☐ Other.  
Describe:

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?  
☑️ Yes.  
Describe:
KRAL data are reported in Ohio Department of Education’s Education Management Information System at the student ID level and is linked to all student achievement and demographic information for PK-12.

☐ No

☐ Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines  (Click for additional instructions)

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

- ☑ Number/percentage of child care providers trained on ELG’s for preschool aged children.
  Describe (optional):
  ECQNET, STARS and PD registry would have data available on numbers participating.

- ☑ Number/percentage of child care providers trained on ELG’s for infants and toddlers.
  Describe (optional):
  PD Registry would have the number of providers trained in the Infant Toddler Modules and the Best Practice series.

- ☑ Number of programs using ELG’s in planning for their work.
  Describe (optional):
  Only those child care programs voluntarily participating in Step Up To Quality, Ohio’s QRIS program. All ODE funded preschool programs must align their curriculum to the ELG.

-☐ Number of parents trained on or served in family support programs that use ELG’s.
  Describe (optional):

  ☐ Other.
  Describe:

  ☐ None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?
SUTQ – Step 1 – need a copy of: Early Learning Program Guidelines, Early Learning Content Standards, Infant Toddler Guidelines, Infant/Toddler Program Standards and K-12 Standards (relative to all age groups served in the program). Step 2 & 3 – Curriculum planning is aligned to age appropriate standards to maximize growth across a broad range of developmental content areas.

ODE is required to monitor program compliance with ECE legislation which requires programs to align curriculum with content standards and it is part of licensing. ODE also monitors program compliance for Preschool Special Education programs.

c) Evaluation. What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

ODJFS continues to work with OSU to conduct ongoing research. This spring, child and program level outcome data should be released.

3.2.8 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency’s goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

ODJFS will continue to strengthen the requirement of require programs to be intentional with their instructional support; implement screening, assessment and referral processes; and align curriculum and planning to age appropriate state guidelines and standards in order to meet the Early Learning benchmark criteria of Step Up To Quality.

ODJFS will work with ODE and stakeholders to expand the early learning content standards and revise IT guidelines.

ODJFS will work with ODE and stakeholders on the State Longitudinal Data System grant which will include the early childhood data system assessment and the development of implementation strategies.

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3) (Click for additional instructions)

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities.

ODJFS oversees the planning and implementation of Step Up to Quality, Ohio’s QRIS. OCCRRRA and local R&R’s provide support to programs that includes professional development, technical assistance and some administrative supports such as the disbursement of the QAA (Quality Achievement Award). In addition, there is a SUTQ Leadership Team and SUTQ Stakeholders group where ODJFS solicits
input from sister agencies, providers and advocacy groups on the development and implementation of the program as it evolves.

### 3.3.1 Element 1 - Program Standards

**Definition** - For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

a) Does your State/Territory’s have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- [x] Ratios and group size
- [ ] Health, nutrition and safety
- [x] Learning environment and curriculum
- [x] Staff/Provider qualifications and professional development
- [x] Teacher/providers-child relationships
- [x] Teacher/provider instructional practices
- [x] Family partnerships and family strengthening
- [ ] Community relationships
- [ ] Administration and management
- [x] Developmental screenings
- [ ] Child assessment for the purposes of individualizing instruction and/or targeting program improvement
- [ ] Cultural competence
- [ ] Other.

Describe:

- [ ] None. If checked, **skip to 3.3.2.**

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

- [ ] Children with special needs as defined by your State/Territory
- [x] Infants and toddlers
- [x] School-age children
- [ ] Children who are dual language learners
- [ ] None
3.3.2 Element 2 - Supports to Programs to Improve Quality

**Definition** - For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, **skip to 3.3.3.**

☐ None. **skip to 3.3.3.**
b) Methods used to customize quality improvement supports to the needs of individual programs include:

- Program improvement plans
- Technical assistance on the use of program assessment tools
- Other.

<table>
<thead>
<tr>
<th>Types and Purposes of Support</th>
<th>Information or Written Materials</th>
<th>Training</th>
<th>On-Site Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ Attaining and maintaining licensing compliance</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>√ Attaining and maintaining quality improvement standards beyond licensing</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>☐ Attaining and maintaining accreditation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>√ Providing targeted technical assistance in specialized content areas:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and safety</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Infant/toddler care</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>School-age care</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td>Inclusion</td>
<td>☐</td>
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<tr>
<td>Teaching dual language learners</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Mental health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Business management practices</td>
<td>☑</td>
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<tr>
<td>Other. Describe:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

☑ Yes.

Describe:

Technical assistance is available from both ODJFS and the local resource and referral agencies (R&Rs) to assist providers with the initial application process, renewal of current rating, increase of rating from Step 1 to Step 2. The R&Rs as part of technical assistance may conduct ERS (Environment Rating Scales) or the PAS (Program Administration Scale) and help programs develop a QIP (Quality Improvement Plan).

☐ No
☐ Other.

Describe:

3.3.3 Element 3 - Financial Incentives and Supports

Definition - For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, skip to 3.3.4.

☐ None. skip to 3.3.4.

<table>
<thead>
<tr>
<th>Types of Financial Incentives and Supports for Programs</th>
<th>Child Care Centers</th>
<th>Child Care Homes</th>
<th>License-Exempt Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants to programs to meet or maintain licensing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Grants to programs to meet QRIS or similar quality level</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
3.3.4 - Element 4 - Quality Assurance and Monitoring

**Definition** - For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. If none, skip to 3.3.5.

None. **skip to 3.3.5.**

<table>
<thead>
<tr>
<th>Types of Program Quality Assessment Tools</th>
<th>Child Care Centers</th>
<th>Child Care Homes</th>
<th>License-Exempt Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-time awards or bonuses on completion of quality standard attainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiered reimbursement tied to quality for children receiving subsidy</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-going, periodic grants or stipends tied to maintaining quality</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax credits tied to meeting program quality standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other. Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

- Have a mechanism to track different quality assessments/monitoring activities to avoid duplication
- Include QRIS or other quality reviews as part of licensing enforcement
- Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
- Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
3.3.5 - Element 5 - Outreach and Consumer Education

Definition - For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

☑ Yes. If yes, how is it used?

☐ Resource and referral/consumer education services use with parents seeking care

☐ Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

☑ Searchable database on the web

☑ Voluntarily, visibly posted in programs

☐ Mandatory to post visibly in programs

☑ Used in marketing and public awareness campaigns

☐ Other.

Describe:

N/A

☐ No. If no, skip to 3.3.6.
b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

- [ ] Print
- [ ] Radio
- [ ] Television
- [ ] Web
- [ ] Telephone
- [ ] Social Marketing
- [ ] Other.

Describe:

N/A

None.

c) Describe any targeted outreach for culturally and linguistically diverse families.

N/A

3.3.6. Quality Rating and Improvement System (QRIS)

a) Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5, does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.
Participation is voluntary for:

ODJFS licensed programs.

Participation is mandatory for:

☐ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.

☐ No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.

☐ State/Territory is in the development phase
☐ State/Territory has no plans for development

☐ Other.

Describe:

b) If yes to 3.3.6a, CHECK the types of providers eligible to participate in the QRIS:

☑ Child care centers

☐ Group child care homes

☐ Family child care homes

☐ In-home child care

☐ License exempt providers
Early Head Start programs

- Head Start programs
- Pre-kindergarten programs
- School-age programs
- Other.

Describe:

3.3.7 If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above,

please describe:

Currently piloting licensed Type A Family child care homes.

3.3.8 Data & Performance Measures on Program Quality (Click for additional instructions)

a) Data on program quality. Indicate if the Lead Agency or another agency has access to data on:

- Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory.

Describe:

Data for Step Up to Quality programs (the State’s voluntary QRIS) is stored in the SUTQ database.
Number of programs that move program quality levels annually (up or down).

Describe:

Data for Step Up to Quality programs (the State’s voluntary QRIS) is stored in the SUTQ database.

☐ Program scores on program assessment instruments.

List instruments:

N/A

Describe:

N/A

☑ Classroom scores on program assessment instruments.

List instruments:

Qualifications are documented using an on-site verification tool for programs applying for a SUTQ (QRIS) rating or renewing their current rating. The documentation is stored in the SUTQ database.

Describe:

The CCIDS/3299 system updates these numbers regularly.

☑ Qualifications for teachers or caregivers within each program.

Describe:

This information is stored in the SUTQ database and is updated regularly. 30,407/32% subsidized children in SUTQ programs as of 8/30/11

☑ Number/Percentage of children receiving CCDF assistance in licensed care.

Describe:
This information is stored in the SUTQ database and is updated regularly. 1,085/25% programs receiving funding to assist in meeting higher program standards

- Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory

Number/Percentage of programs receiving financial assistance to meet higher program standards.

Describe:

N/A

Other.

Describe:

N/A

None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

SFY 2012 - 1,125 Star Rated Programs in Ohio
SFY 2013 - 1,200 Star Rated Programs in Ohio

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

ODJFS continues to work with OSU to conduct ongoing research. This spring, child and program level outcome data should be released.

3.3.9 Goals for the next Biennium -
In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territory’s goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

ODJFS will expand Step Up to Quality (SUTQ), Ohio’s quality rating and improvement system to a four step system. Expansion will include a transitional step between the current Step 1 and step 2.

ODJFS will work with stakeholders to revise Type B Step Up To Quality tiers for implementation into Phase 2 of our Quality Rating Improvement System.

3.4 Pathways to Excellence for the Workforce - Professional Development Systems and Workforce Initiatives (Component #4)

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

1) Core Knowledge and Competencies
2) Career Pathways (or Career Lattice)
3) Professional Development Capacity
4) Access to Professional Development
5) Compensation, Benefits and Workforce Conditions

The Ohio Professional Development Network (OPDN) provides an open forum for early childhood and afterschool professionals, their agencies and associations, state agencies and other affiliated partners to promote the development of a high quality, comprehensive statewide system of professional development for the early childhood and afterschool workforce. Through the Network, members examine professional development initiatives, research promising practices and make recommendations toward the development of Ohio’s system. Members share information and keep informed about Ohio projects, events and professional development opportunities. Members participate in work groups to craft specific components or enhancements and make recommendations to Ohio’s professional development system.
3.4.1 Workforce Element 1 - Core Knowledge and Competencies

**Definition** - For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

- [x] Yes
- [ ] No, the State/Territory has not developed core knowledge and competencies. **Skip to question 3.4.2.**
- [ ] Other.
  Describe:


b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

- [x] Child growth, development and learning
- [x] Health, nutrition, and safety
- [x] Learning environment and curriculum
- [x] Interactions with children
- [x] Family and community relationships
- [x] Professionalism and leadership
- [x] Observation and assessment
- [x] Program planning and management
- [x] Diversity
- [ ] Other.
  Describe:

  **Social Emotional Field Guide, Instructor Guide**

- [ ] None.
c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (as reported in section 3.3)
- To define the content of training required for the career lattice or credential
- To correspond to the early learning guidelines
- To define curriculum and degree requirements at institutions of higher education
- Other.

Describe:

Ohio’s Professional Development Registry requires coursework entered be identified by Core Knowledge content area and level.

None.

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

- Cross-walked with the Child Development Associate (CDA) competencies
- Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, Head Start SOLAR staff skills indicators)
- Cross-walked with apprenticeship competencies
- Other.

Describe:

Crosswalked with Division of Early Childhood (DEC) standards for serving children with special needs.

None.

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

- Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

Birth to preschool competencies

- Providers working directly with children in family child care homes, including aides and
assistants.
Describe:

Birth to preschool competencies

☑ Administrators in centers (including educational coordinators, directors).
Describe:

Birth to preschool competencies

☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

☑ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

Instructor guide.

☑ Other.
Describe:

Competencies for schoolage, social-emotional.

☐ None.

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

☑ Birth-to-three
☑ Three-to-five
☑ Five and older
☑ Other.
Describe:

Schoolage (5-12 years old)

☐ None.
3.4.2 Workforce Element 2 - Career Pathways

**Definition** - For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

☑ Yes.

Describe:

Career Pathways is a universal application for all professionals working in the field. It serves as a framework in the Professional Development Registry, which is aligned to the core knowledge and competencies levels. As professionals enter their education, experience and training, their information is given a point value and they are provided with their Career Pathways level within their profile.

☐ No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**


b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.

☑ Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

Career Pathways is a universal application for all professionals working in the field. It serves as a framework in the Professional Development Registry, which is aligned to the core knowledge and competencies levels. As professionals enter their education, experience and training, their information is given a point value and they are provided with their Career Pathways level within their profile.

☑ Providers working directly with children in family child care homes, including aides and assistants.

Describe:

See description above.
 Administrators in centers (including educational coordinators, directors).
Describe:
See description above.

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:
See description above.

Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:
See description above.

Other.
Describe:
Early Intervention staff in Ohio are credentialed through the Professional Development Registry and often utilize the same Career Pathways framework in quantifying their professional development.

None.

c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?

Infants and toddlers
Preschoolers
School-age children
Dual language learners
Children with disabilities, children with developmental delays, and children with other special needs
Other.
Describe:
Early Intervention credentials are given points in Career Pathways. Additionally, the state is working on administrator credential.

None.
d) In what ways, if any, is the career pathway (or lattice) used?

- Voluntary guide and planning resource
- Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13
- Required placement for all practitioners working in programs that receive public funds to serve children birth to 13
- Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)
- Required placement for participation in scholarship and/or other incentive and support programs
- Required placement for participation in the QRIS or other quality improvement system
- Other.

Describe:

- None.

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice)?

- Yes.

If yes, describe:

The Professional Development Registry provides the point value for verified and pending or unverified points.

- No.

3.4.3 Workforce Element 3 - Professional Development Capacity

**Definition** - For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children.

a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?
Yes.
If yes, describe:

According to the Ohio Board of Regents, the offering of Associate and Bachelor’s programs in core fields within thirty (30) miles of every Ohioan through the University System of Ohio – helps to ensure the availability of degree programs in early childhood education, school-age care and youth development. The University System of Ohio consists of 14 public universities, 24 regional branch campuses, 23 community colleges, adult literacy and adult workforce centers. The primary goal and responsibility is to raise the aspirations and the educational levels of its citizens.

No.

b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

Yes.
If yes, describe:

According to the Ohio Board of Regents, the University System of Ohio is a flexible, integrated higher education provider which makes the widest range of educational opportunities available to Ohio residents. It includes related training and technical assistance programs in several core career path fields such as: early childhood and school age career paths.

No.

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

- Standards set by the institution
- Standards set by the State/Territory higher education board
- Standards set by program accreditors
- Other.

Describe:

**Standards set by the institution:** According to the Ohio Board of Regents, Ohio’s public two and four year institutions each have an established systemic process that is used to determine whether or not a degree program meets the institution’s goals, standards, and outcomes required to award credit in an approved degree program. Within the institution this includes a systemic program review validation process, including a three to five year periodic review of an established program curriculum, a faculty panel review, program cost effectiveness review, student enrollment academic success, graduation and employment success, and others.

**Standards set by the state/territory higher education board:** The Ohio Board of Regents/University
System of Ohio has 20 accountability measures by which process can be monitored. Five key goals in which the institutions are measured are: access, quality, affordability, efficiency, and economic leadership. Degree programs that lead to education licensure are required to meet standards as set by the Ohio Standards Board. The Ohio Board of Regents reviews licensure programs on a seven year cycle (corresponding to the national accreditation cycle by NCATE and TEACH).

**Standards set by program accreditors:** Each of Ohio’s public two and four year institutions are accredited by the Higher Learning Commission, a commission of the North Central Association of College and Schools. Also, many of the institutions are approved and/or accredited by other appropriate specialized associations or agencies, such as: Adult Education Association, American Association for Higher Education, American Association of Collegiate Registrars and Admission Counselors, National Association of Financial Aid Administrators, National Alliance of Community and Technical Colleges, and many others.

Four year institutions in Ohio with education licensure programs are nationally accredited by NCATE (National Council for Accreditation of Teacher Education) or TEAC (Teacher Education Accreditation Council). Standards for their programs are set by the SPAs (NCTM, ACTFL, NAEYC, etc). Licensure programs without a set of SPA standards are required to meet standards set by the Ohio Standards Board during the state licensure program review process.

- None.

**d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?**

- Training approval process.  
  **Describe:**
  Process as described in (c) above.

- Trainer approval process.  
  **Describe:**
  Process as described in (c) above.

- Training and/or technical assistance evaluations.  
  **Describe:**
  Process as described in (c) above.

- Other.
Describe:

☐ None.

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

☑ Yes.
If yes, describe:

According to the Ohio Board of Regents, Ohio’s public and private institutions of higher education have a history of establishing formal agreements between organizations detailing the recognition of college credit between those institutions/organizations. Articulation agreements are usually categorized in two ways: incoming agreements with secondary schools and hospitals and professional organizations where learning is recognized for credit by the institution. Outgoing agreements are usually with other colleges and universities who defined how that institution’s credit will transfer to other institutions.

☐ No.

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

☑ Yes.
If yes, describe:

According to the Ohio Board of Regents, in some instances prior training and/or learning is transferable to an institution through an established articulation agreement.

☐ No.

3.4.4 Workforce Element 4 - Access to Professional Development

Definition - For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?
Yes. If yes, for which sectors?
- Child care
- Head Start/Early Head Start
- Pre-Kindergarten
- Public schools
- Early intervention/special education
- Other.

Describe:

Family Child Care

No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

Yes.
If yes, describe:

The Professional Registry provides access to training statewide.

No.


c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

- Scholarships.
Describe:

TEACH scholarships are available.

- Free training and education.
Describe:

CCR&R and PBS/OETS
Reimbursement for training and education expenses.

**Describe:**

- **Grants.**
  **Describe:**

- **Loans.**
  **Describe:**

- **Loan forgiveness programs.**
  **Describe:**

- **Substitute pools.**
  **Describe:**

- **Release time.**
  **Describe:**

- **Other.**
  **Describe:**
  
  State Support Teams and ECQnet training funding provided by Ohio Department of Education.

None.

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

**Yes.**
e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

☑ Yes.
If yes, describe:

Technical assistance is provided through the CCR&R system (infant/toddler, schoolage, preschool). State Support Team coordinators and Language and Literacy specialists are funded by ODE.

☑ No.

3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce Conditions

Definition - For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

a) Does the State/Territory have a salary or wage scale for various professional roles?

☑ Yes.
If yes, describe:

☑ No.

b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

☑ Yes.
If yes, describe:

Limited to TEACH bonuses or salary enhancements.
c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

☐ Yes.  
If yes, describe:

☑ No.

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

☐ Yes.  
If yes, describe:

☑ No.

3.4.6 Data & Performance Measures on the Child Care Workforce - What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

☐ Data on the size of the child care workforce.  
Describe (optional):

N/A
Data on the demographic characteristics of practitioners or providers working directly with children.
Describe (optional):
N/A

Records of individual teachers or caregivers and their qualifications.
Describe (optional):
Limited to programs participating in the state QRIS.

Retention rates.
Describe (optional):
N/A

Records of individual professional development specialists and their qualifications.
Describe (optional):
N/A

Qualifications of teachers or caregivers linked to the programs in which they teach.
Describe (optional):
Limited to programs participating in the state QRIS

Number of scholarships awarded.
Describe (optional):
Linked to TEACH.

Number of individuals receiving bonuses or other financial rewards or incentives.
Describe (optional):
Linked to TEACH.

Number of credentials and degrees conferred annually.
Describe (optional):
N/A

Data on T/TA completion or attrition rates.
Data on degree completion or attrition rates.
Describe (optional):
N/A

Other.
Describe:
The state is currently working on building reporting and work study functions in the professional registry.

None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:
Voluntary except for programs in the QRIS system and early intervention credentialed by Ohio Department of Health.

Providers working directly with children in family child care homes, including aides and assistants.
Describe:
Voluntary except for programs in the QRIS system and early intervention credentialed by Ohio Department of Health.

Administrators in centers (including educational coordinators, directors).
Describe:

Voluntary except for programs in the QRIS system and early intervention credentialed by Ohio Department of Health.

☑ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).
Describe:

Voluntary except for programs in the QRIS system and early intervention credentialed by Ohio Department of Health.

☑ Education and training staff (such as trainers, CCR&R staff, faculty).
Describe:

Voluntary except for programs in the QRIS system and early intervention credentialed by Ohio Department of Health.

☐ Other. 
Describe:

N/A

☐ None.

b-2) Does the workforce data system apply to:

☑ all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?
☐ all practitioners working in programs that receive public funds to serve children birth to age 13?
☐ No.

c) Performance measurement. What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

None at the present time.

d) Evaluation. What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Through the Ohio Professional Development Network, the Quality Assurances committee worked this past year on common evaluation tools for training including an on-site evaluation form to be completed
by participants at a training with results entered in aggregate to that training. All users of the online registration system (PDTrack) agree to use the common tool in order to track its use in the system. This will give us the capacity to pull results and make comparisons across trainers, agencies, and sectors.

Additionally, the committee worked on a post-training tool which will be sent in an e-mail to participants 2-3 weeks after a training to help assess whether practice was impacted as well as knowledge. The tool will include learner objectives.

In 2009-2010, the Quality Assurance committee worked on common terms and definitions for all work falling under the global term of technical assistance. The committee will be revisiting the topic and working on the creation of a common on-site evaluation tool for “consumers” of technical assistance.

3.4.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.4. What are the State/Territory’s goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

ODJFS will link the state professional registry to licensing for use by licensing in generating reports to assist in licensing visits.

ODJFS will expand the trainer/training approval system of the Ohio Professional Development Registry by requiring all in-service trainers have to run through the registry in order to be approved to sign an in-service form.

ODJFS will support the statewide implementation of an Administrator’s Credential.