

Family Child Care Rule Revisions, Chapter 5101:2-13, of the OAC
Effective October 29, 2021
 *Updated November 17, 2021

This document is a high-level summary of some of the family child care rule changes. This document does not include every rule that has been revised. Please [see the entire rule](#) for more information on the updated requirements. Please note that in Appendix A to rule 5101:2-13-03, many bullets have been combined and only changes to the appendix language is noted in this document. Wording in red in the New World column reflects a **change** from the Old World language.

*This document was updated to clarify requirements for type A homes in rule 5101:2-13-04, to remove forms not used by FCC programs, and to move the JFS 01305 to the sample forms section.

Old World	New World
Application and Amendments for a Family Child Care Provider License Rule 5101:2-13-02, of the OAC	
The license shall be a continuous license unless: The owner of the type A home provider changes and a new application for licensure is not submitted pursuant to paragraph (A) of this rule	The license shall be a continuous license unless: (F)(3) The owner of the type A home program, which can be a corporation or partnership , changes. This includes if the corporation or partnership no longer exists.
N/A	(F)(3)(a) Added to rule language that all CAPs must be submitted for a change in capacity.
Only a type A home provider may change an administrator if all of the following are met: The home is owned by a corporation.	(G)(4)(a) Only a type A home provider may change an administrator if all of the following are met: If the owner of the type A home program is a corporation, the agent(s) of the corporation is to include the provider.
Programs are required to submit an amendment request in OCLQS to permanently change locations.	(G)(5) Added Appendix C to the rule which lists the documents required to be submitted with the amendment request.
	(G)(5)(f) & (g) Rule now states that a program may temporarily close prior to a change in location if care ceases at the old location before the new location is ready to be licensed. It also states the amendment will be closed if the new location is unable to be licensed within 90 days after the request is submitted.
If a program needed to temporarily provide care in a different location and is unable to return to the licensed location within 90 days, the program shall request a permanent change in location.	(G)(6)(b) Rule now states the program can temporarily relocate for up to 180 days . If the program is unable to return to the licensed location within 180 days , they must request a permanent change of location. It also clarifies that there are no extensions for a temporary change of location.
Rule contains a list of items the program must keep current in OCLQS.	(J)(7) & (8) In addition to the previous list of items, rule now requires the program to also keep the Ohio Secretary of State entity number and their private pay rates current in OCLQS.
The program was required to complete the JFS 00598 when an individual listed as an owner/authorized representative changed and submit the updated form to ODJFS.	(K) The program is required to log into OCLQS to complete and submit information for changes in individuals who are legal business owners within 30 days of the change.
Compliance Inspection and Complaint Investigation of a Licensed Family Child Care Provider Rule 5101:2-13-03, of the OAC	
At least one inspection each state fiscal year after the issuance of the continuous license.	At least one inspection in each half of the state fiscal year after the issuance of the continuous license.
N/A	(G)(1)(a)&(b) The county agency is to complete at least one of the two unannounced annual inspections when a child(ren) for whom the provider is receiving compensation is present. If no child(ren) is enrolled, the inspection will still be completed. When at least one child for whom the provider is receiving compensation is present, a monitoring inspection is to be completed.
N/A	(G)(3)(c)(ii) Send to the provider a copy of the OCLQS inspection and/or complaint report within ten business days of

	the completion of the investigation, and within five business days of the date of the addition or revision, if additional information is added to the report or it is revised in any way.
Appendix A	5101:2-13-09 MRNC <ul style="list-style-type: none"> New MRNC for employee or CCSM working at the program and preliminary approval not on file or in the OPR Added child care staff member left alone with child(ren) and preliminary approval or JFS 01176 is not on file or in the OPR. SRNC <ul style="list-style-type: none"> New SRNC for provider has an ineligible background check.
Appendix A	5101:2-13-11 MRNC <ul style="list-style-type: none"> Second bullet” changed to “equipment used for climbing, swinging, balancing, and sliding.”
Appendix A	5101:2-13-12 SRNC <ul style="list-style-type: none"> Removed “alcohol in area used for child care” and added “alcohol accessible”.
Appendix A	5101:2-13-14 MRNC <ul style="list-style-type: none"> Wording was added to clarify the inspection was not updated annually. SRNC <ul style="list-style-type: none"> The third bullet added “or other substances which could impair driving”.
Appendix A	5101:2-13-19 SRNC <ul style="list-style-type: none"> New bullet for child completely alone in the home (no adults).
Appendix A	5101:2-13-20 MRNC <ul style="list-style-type: none"> First bullet added “bibs, pacified clips/ribbons, teething jewelry”. Added something other than a crib or playpen used for sleeping or napping.
Appendix A	5101:2-13-22 <ul style="list-style-type: none"> New MRNC for supplemental food not onsite, meals or snacks provided do not meet the requirements of the rule.
Building Department Inspection and Fire Inspection for a Licensed Family Child Care Provider. Rule 5101:2-13-04, of the OAC	
Type A home building requirements.	The program is now required to have a copy of the building inspection available on-site for review.
Type A home building and fire requirements.	Programs are required to obtain a building & fire inspection/approval for a temporary change of location.
Type B home building requirements.	(C) Space is to be approved by the county agency prior to the use of any area of the structure not previously inspected and approved for use. The type B home provider is to notify the county agency in OCLQS, if the provider wants to utilize or structurally modify any space not previously inspected and approved for use. Rooms or spaces higher than the second floor of the structure are not to be used for child care.
Denial, Revocation and Suspension of a Family Child Care Application or License Rule 5101:2-13-05, of the OAC	
	(C)(3) Programs are required to notify the families of all enrolled children and post a copy of the PAO in a noticeable location within 48 hours of receipt of the notice letter.
	(K) ODJFS may ministerially close a license if the owner of the type A home has changed.

	(K) Closing a license if the family child care provider does not have children, excluding the provider's own children, enrolled and attending at the end of the extended provisional period pursuant to rule 5101:2-13-06 of the Administrative Code.
Procedures for a Family Child Care Provider Operating Under a Provisional License Rule 5101:2-13-06, of the OAC	
What requirements shall the family child care provider meet for the provisional license to be amended to a continuous license at the end of the provisional period? Have children enrolled and attending the home.	What requirements shall the family child care provider meet for the provisional license to be amended to a continuous license at the end of the provisional period? (B)(2) Have children, for whom the provider receives compensation , enrolled and attending the home.
Provider Responsibilities, Requirements and Qualifications for a Licensed Family Child Care Provider Rule 5101:2-13-07, of the OAC	
N/A	Not a new requirement but moved to rule for visibility (A)(2) Have written documentation on file of current immunization against tetanus, diphtheria and pertussis (Tdap).
The provider is required to post scheduled hours of availability in a noticeable place that is easily accessible to parents.	(B)(2) The provider is to post their scheduled hours of availability to meet with parents in a noticeable location.
Notify the county agency no later than the next business day of any change in the household composition including someone joining the household or leaving the household.	(B)(8) Update in the Ohio child licensing and quality system (OCLQS) no later than five calendar days of any change in the household composition including someone joining the household or leaving the household as well as anyone staying in the home for more than ten consecutive calendar days.
N/A	(B)(10)&(13) The provider is to cooperate with other government agencies as necessary to maintain compliance with Chapter 5101:2-13 of the Administrative Code. Ensure compliance with Chapter 5104. of the Revised Code and Chapter 5101:2-13 of the Administrative Code.
CCCMPL No. 24 required providers, employees and CCSMs to create and update employment records in the OPR for each child care program in which they are employed. Once the employment record is created the provider is to ensure the employee is assigned to the organization dashboard. The provider is to keep current the list of employees and CCSM for the program in the OPR. Changes in newly hired employees or CCSMs, a change in position or role, a change in schedule and the end of employment must be updated in the OPR within five calendar days of the change.	(C)FCC providers are to: (1) Create and update their individual profile in the OPR (2) Create and update the program's organization dashboard (3)(a) Ensure all employees and CCSMs create and update their own individual profile in the OPR (3)(b) Ensure all employees and CCSMs create an employment record on or before their first day of employment, including date of hire (3)(c) Ensure all employees and CCSMs update changes to positions or roles in the OPR within five calendar days of the change (4) Update the organization dashboard within five calendar days of a change in an employee or CCSM's scheduled days and hours, group assignments and end of employment.
Rule 5101:2-13-08 required the home to maintain documentation for each current employee on file at the home. The records shall be made available upon request by ODJFS for at least three years after yea employee's departure. The records shall include the days and hours worked, duties and group assignments. The records shall be confidential except they shall be available to ODJFS.	(C)(5) Maintain records for each current employee and CCSM on file in the home, if not yet verified in the OPR. Records must be available upon request by ODJFS for at least three years after each person's departure. Records must be kept confidential except when made available to ODJFS.
Appendix C	Appendix B to Rule 5101:2-13-07 The following policies/procedures were added: <ul style="list-style-type: none"> • Suspension and expulsion • Medical foods added to Administration of Medication • Routine trips added to Transportation • Feeding and Information about daily activities added to Infant care • Ensure compliance with ADA including administering medication and care procedures to children with disabilities

Employees and Child Care Staff Members Responsibilities and Qualifications for a Licensed Family Child Care Provider Rule 5101:2-13-08, of the OAC	
Tdap immunization was addressed on appendix A to the rule and only included on the medical statement, meaning one-time assessment.	Not a new requirement but moved to rule for visibility (A)(2) for employees and (B)(3) for CCSMs - Have written documentation on file of current immunization against tetanus, diphtheria and pertussis (Tdap).
	Child care staff members, including substitute child care staff members: Are to complete the family child care staff orientation training as prescribed by the Ohio department of job and family services (ODJFS) within thirty days of starting employment unless the child care staff member has documentation of completion of the training after December 31, 2016.
CCCMPL No. 24 required administrators, employees and CCSMs to create and update employment records in the OPR for each child care program in which they are employed.	(D) Added requirements for employees and CCSMs to create/update their profile in the OPR, create an employment record for the FCC home on or before the first date of employment, and update their profile/employment record within five calendar days of any change in contact information, positions or roles, and related dates.
Appendix A Family Child Care Staff Member	Now includes substitute CCSMs.
Training and Professional Development Requirements for a Licensed Family Child Care Provider and Child Care Staff Members Rule 5101:2-13-10, of the OAC	
The provider was required to be currently trained in First Aid, CPR.	FA & CPR Training shall be appropriate for all of the ages and developmental levels of children in care.
Rule required a six-hour CAN original course which may be updated with a three-hour refresher training.	Provider chooses 1: (ODJFS) Child Abuse and Neglect Recognition and Prevention training, or Child Abuse and Neglect Recognition and Prevention training as described in appendix A to this rule. *** The ODJFS training is free of charge and available in the OPR.
Course content for Child Abuse Recognition and Prevention (on Appendix A) required a six-hour original course which may be updated with a three-hour refresher training to be used for building coverage. If staff did not have a current six- or three-hour training in Child Abuse, they must complete the prescribed ODJFS one-hour overview training within 60 days of hire. The one-hour overview training could not be used for building coverage.	(C)(1) All child care staff members are to be currently trained in Child Abuse and Neglect Recognition and Prevention. First Aid, CPR, and Management of Communicable Disease. The trainings are to be completed within the first 90 days of hire. *** The ODJFS Child Abuse and Neglect Recognition and Prevention training is free of charge and available in the OPR.
	(D)(3) CCSMs who meet the trainer requirements for First Aid, CPR and Management of Communicable Disease are considered to meet the training requirement for that health training.
Verification of health training shall be documented by verification from the OPR, the completed JFS 01276, or training cards issued by the organizations approved by ODJFS.	(C)(1)(c) Added training certificates as accepted documentation verifying completion of a health training. Appendix A to the rule – removed language regarding organizations approved by ODJFS to provide First Aid, CPR and Management of Communicable Disease
Appendix A provided the list of approved trainers and the qualifications	Appendix A to the rule – <ul style="list-style-type: none"> • Added physician’s assistant (PA), advanced practice registered nurse (APRN), certified nurse practitioner (CNP) and licensed athletic trainer as a First Aid trainer. • Added EMS instructor as a CPR trainer • Added PA, APRN, CNP, EMS instructor and current trainer employed by local health department as trainers for Communicable Disease. Removed authorized trainer for an approved health organization • Added PA, APRN and CNP as trainers for Child Abuse. • Removed references to approved health organizations for currently certified trainers for First Aid and CPR

Substitutes were not required to meet the professional development requirements	(E)(6) When the substitute is used more than 90 days in a fiscal year, professional development requirements are to be met. The provider is responsible for documenting the number of days the substitute worked for a period of 18 months.
	Appendix B to the rule – Added new option for meeting PD trainer qualifications - (e) Currently serves in a professional capacity, for at least two years, that directly relates to the subject of the training as it pertains to his or her professional role and is to only train within the jurisdiction of his or her job.
Indoor and Outdoor Space Requirements for a Licensed Family Child Care Provider Rule 5101:2-13-11, of the OAC	
Programs were required to have an outdoor space that is located away from traffic or protected from traffic or animals by a fence in good condition with functioning gates or natural barrier	(B)(1)(b) adds the word “continuous” to the fence or natural barrier and allows a combination of fence and natural barrier to make up the continuous barrier. Examples of natural barriers include, but are not limited to space, dense hedges, walls, permanently anchored dividers or partitions.
Sandboxes shall be covered when they are not in use.	(D)(3) Sandboxes shall be covered when the program is closed. For programs operating 24 hours per day, this means sandboxes are covered during non-daylight hours.
Safe Equipment and Environment for a Licensed Family Child Care Provider Rule 5101:2-13-12, of the OAC	
Illegal drugs or substances shall not be on the premises. Alcohol shall be kept inaccessible to children and out of sight of children.	Removed "out of sight of children."
Sanitary Equipment and Environment for a Licensed Family Child Care Provider Rule 5101:2-13-13, of the OAC	
Accumulated trash and garbage shall be stored outside of the outdoor or indoor play area and shall not be accessible to the children.	(A)(3) Accumulated trash and garbage are not to be stored in an area that has been approved for child care.
Handwashing sinks were defined as a permanent fixture with running water and which conforms to the Ohio plumbing standards of division 4101.3 of the Administrative Code.	(B)(2) Commercially manufactured non-permanent sinks may be used if fresh water and waste water are inaccessible to children and disposed of in a sanitary manner.
Appendix B sets forth the required times when staff and children must wash their hands.	Appendix B revisions: Staff – Added prior to departure Children – Added prior to departure
The provider was required to discard toothbrushes if one of the following occurred: Contamination through contact with another brush or after illness; a toothbrush was used by another child; a toothbrush comes in contact with the toilet or toileting area.	(D)(3) Toothbrushes must be discarded and replaced if the toothbrush becomes contaminated.
Transportation and Field Trip Safety for a Licensed Family Child Care Provider Rule 5101:2-13-14, of the OAC	
Permission slips for field and routine trips were required to be kept on file for one year.	(A)(1) Added clarifying language that the forms must be kept for one year from the date of the trip.
On routine trips, the driver was required to be an employee or child care staff member with the exception of contracted transportation services. For drivers who are not employees of the home, the provider shall secure and keep on file a JFS 01266 that has been completed at least annually by the driver’s employer.	Requirements for contracted drivers were removed from rule and the JFS 01266 was made obsolete.
The annual safety check shall be performed by an automotive service excellence (ASE) certified mechanic or the Ohio State Highway Patrol.	(E) The vehicles used for transporting children are to be inspected annually by an ASE certified mechanic, federal motor carrier safety administration (FCMSA) safety inspector, or the Ohio State Highway Patrol.
The home shall require providers of transportation services to maintain documentation that the transportation services staff have performed the same weekly inspections and necessary repairs, or other appropriate actions required by rule	This requirement was removed from rule.
Appendix B	Paragraph D clarifies the driver is considered to be a passenger of any vehicle approved for use in this appendix.
Appendix C	#3 Clarifies the driver is considered to be a passenger of any vehicle approved for use in this appendix.

Child Record Requirements for a Licensed Family Child Care Provider Rule 5101:2-13-15, of the OAC	
The child's medical statement shall contain the date of the medical examination	(B)(3)(b) The date of the medical examination, which is to be no more than 13 months prior to the date the form is signed.
The rule outlined when a JFS 01236 needs to be completed.	(C)(1)(b) Adds an additional requirement that a care plan is required to be used for children with a condition or diagnosis that requires ongoing administration of medication or medical foods. Medical food means food that is formulated to be consumed under the supervision of a physician, PA, APRN, or CNP and which is intended for the specific dietary management of a disease or condition.
	(C)(2)(b) Adds requirement that all child care staff members who are trained to perform the medical procedure have signed the JFS 01236 and that only those staff members who have signed the JFS 01236 can care for the child.
Certain parts of various rules called out retention schedules for forms required in those rules.	(E) Requires all child medical statements, JFS 01217, JFS 01234, JFS 01236 as well as all permission from parents or physicians to be kept on file for 12 months from the date the form is signed, or updated, whichever is later, even if the child no longer attends the program or the form is no longer required for the child.
Emergency and Health-Related Plans for a Licensed Family Child Care Provider Rule 5101:2-13-16, of the OAC	
The provider shall post a fire and weather alert plan in each space used by the children. The plan shall include a diagram indicating evacuation routes.	(A)(3) The provider shall post a weather alert plan that includes the details listed in paragraph (H) of this rule (including severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms and earthquakes) and a fire plan in each space used by the children. The plan shall include a diagram indicating evacuation routes.
The provider shall conduct quarterly emergency/lockdown drills.	(A)(6) The provider shall conduct emergency/lockdown drills in each quarter of the calendar year.
The program is required to post the JFS 08087 "Communicable Disease Chart" in a location readily available to parents, CCSM and substitutes for use in identifying and responding to communicable diseases.	(D)(2) The JFS 08087 shall be posted in a location readily available to parents, CCSM and employees. The chart is to be displayed in the size available in the ODJFS Forms Central in order for individuals to easily read, identify and respond to communicable diseases. *** This chart may not be available until after the rules are effective.
	(D)(2)(a) The provider is to follow the requirements listed on the JFS 08087.
	(D)(2)(b) If the communicable disease is required to be reported to the local health department, the provider is to report the communicable disease to ODJFS as a serious incident by the end of the next day.
The rule required the provider to complete an incident report if a child became ill and required first aid or received an injury which required first aid treatment.	(E)(1)(a) An incident report is required if a child becomes ill or receives an injury which requires first aid treatment.
The rule defined a serious incident as the following: <ul style="list-style-type: none"> • Death of a child at the home • A child received a bump or blow to the head that required first aid or medical attention • An incident, injury, or illness that required a child to be removed by the parent or emergency services from the home for medical treatment, professional consultation or transportation for emergency treatment • An unusual or unexpected event which jeopardized the safety of a child or employee of the home • An incident defined as a serious risk noncompliance in appendix A to rule 5101:2-13-03 	(F) Defines serious incidents as the following: <ul style="list-style-type: none"> • Death of a child at the home • An incident, injury, or illness that requires professional medical consultation or treatment for a child • An unusual or unexpected incident which jeopardizes the safety of a child, CCSM or employee of a home • An incident defined as a serious risk non-compliance in appendix A to rule 5101:2-13-03
	(G)(4) If a child is transported by anyone other than a parent for emergency treatment, the child's health and medical records required by rule 5101:2-13-15 of the Administrative Code are to accompany the child.

The provider was required to develop a written disaster plan and make it available to all CCSMs and employees.	(H) The provider is to develop a written disaster plan and train CCSMs and employees on the plan annually. Written documentation of this training is to be kept on-site.
	(H)(2)(f) The plan is to include details for making the plan available to all CCSMs and employees.
Group Size and Ratios for a Licensed Family Child Care Provider Rule 5101:2-13-18, of the OAC	
Written documentation for attendance records shall be kept for a period of one year. Attendance documentation shall remain at the home at all times.	(F)(1)(e) The original written documentation shall be kept for a period of one year. Attendance documentation shall remain at the home at all times.
Supervision of Children and Child Guidance for a Licensed Family Child Care Provider Rule 5101:2-13-19, of the OAC	
The rule defined supervision of children.	(A)(1) Adds that the provider and CCSM must be accountable for the child's care at all times, including but not limited to, developmental and behavioral needs and parental preferences.
	(C)(3) When a child is expelled from the home for a behavioral reason, the expulsion is to be reported in OCLQS as a serious incident.
Evening and Overnight Care for a Licensed Family Child Care Provider Rule 5101:2-13-21, of the OAC	
The provider shall develop bedtime routines in consultation with the parents of the children.	(A)(6) The requirement to follow the bedtime routine was added.
Meal Preparation/Nutritional Requirements for a Licensed Family Child Care Provider Rule 5101:2-13-22, of the OAC	
Appendix A contains meal, snack, and breakfast food group requirements. A meal must consist of all of the following: <ul style="list-style-type: none"> • 1 serving of fluid milk • 1 serving of meat or meat alternative • 2 servings of fruits and/or vegetables • 1 serving of bread and grains 	Appendix A contains the revised requirements for meals. A meal must consist of all of the following: <ul style="list-style-type: none"> • 1 serving of fluid milk • 1 serving of meat or meat alternative • 1 serving of fruit* • 1 serving of vegetables* • 1 serving of bread and grains <p>*A vegetable may be used to meet the entire fruit requirement. When two vegetable are served at lunch or dinner, two different kinds of vegetables are to be served.</p>
Appendix A Note: No child shall go longer than 4 hours without being served a snack or meal, except when sleeping.	(A)(6) Ensure that supplemental food is on-site at the home and that no child goes more than 4 hours without at least a snack or a meal, except for when sleeping.
The program was required to obtain a physician's written instructions if administering a food supplement to any child or if an entire food group is eliminated.	(A)(7) Obtain a physician's written instructions if administering a medical food to any child or if an entire food group is eliminated.
Unless the parent provided written instructions by a physician, PA or CNP, the provider shall meet the following requirements for serving fluid milk: <ul style="list-style-type: none"> • Formula or breast milk for children under 12 months of age • Whole homogenized vitamin D fortified cow's milk for children 12 months of age through 24 months of age • 1% or skim milk that is vitamin A and D fortified for children older than 24 months of age • May serve breast milk at parent request to a child over 12 months of age without written instructions from a physician, PA or CNP • May serve non-cow milk substitutions to a child over 12 months of age with written parental consent 	Appendix C puts the fluid milk requirements into a chart of age-appropriate fluid milk selections. Infants up to 12 months of age: <ul style="list-style-type: none"> • Formula • Breast milk Infants and toddlers 12 months of age up to 24 months of age <ul style="list-style-type: none"> • Unflavored whole homogenized vitamin D fortified cow's milk • Breast milk at parent's request, without written instructions from a licensed physician, PA or CNP • Non-cow milk substitutions that are nutritionally equivalent to milk, with written parental consent Toddlers and children 24 months of age and older <ul style="list-style-type: none"> • Unflavored 1% milk that is vitamin A and D fortified • Unflavored fat free or skim milk that is vitamin A and D fortified • Non-cow milk substitutions that are nutritionally equivalent to milk, with written parental consent
Infant Care and Diaper Care for a Licensed Family Child Care Provider Rule 5101:2-13-23, of the OAC	
The provider shall provide each non-crawling infant the opportunity for tummy time each day.	(A)(1)(c) The provider shall provide each non-crawling infant the opportunity for tummy time, outside of their crib or playpen , each day.

	(C)(3)(e) If using gloves while diapering, the provider is to use non-latex gloves.
Swimming and Water Safety Requirements for a Licensed Family Child Care Provider Rule 5101:2-13-24, of the OAC	
A provider shall have written parental permission from the parent for the following activities: <ul style="list-style-type: none"> • Before the child swims or plays in water 18 inches or more in depth • Before the child participates in activities near, in or on water 18 inches or more in depth • Before infants and toddler use wading pools 	(C)(1) A provider shall have written permission from the parent when water is directly accessible to children and for the following activities: <ul style="list-style-type: none"> • Before the child swims or plays in water 18 inches or more in depth • Before the child participates in activities in or on water 18 inches or more in depth • Before infants and toddler use wading pools
Medication Administration for a Licensed Family Child Care Provider Rule 5101:2-13-25, of the OAC	
The JFS 01217 must be completed for all prescription medications, non-prescription medications, food supplements, medical foods, and topical products and lotions.	(A)The JFS 01217 is required for all prescription and non-prescription medication, including sample medication. The JFS 01217 is not required for non-prescription topical lotions and products, and medication or medical food required by a JFS 01236.
The JFS 01217 must be completed for all topical products and lotions.	Paragraph (A) of this rule says the JFS 01217 is not required for non-prescription topical lotions and products. Paragraph (D) says the provider shall ensure the parent provides signed written permission to administer that topical product or lotion. Written parental permission is not required for lip balm use or for using hand sanitizer with children older than 24 months.
The program shall not administer any medication, food supplement, medical food, or topical product until after the child has received the first dose or application at least once prior to the provider administering a dose or applying the product, to avoid unexpected reactions. Emergency medications that are listed on a completed JFS 01236 for the child are exempt from this requirement.	(E)(1) Removed “food supplement” from the list. The rule now reads “Emergency medications for the child are exempt from this requirement” .
The program shall not administer any medication, food supplement, medical food or topical product for any period of time beyond the date indicated by the physician, PA, APN certified to prescribe medication, or licensed dentist, on the prescription label, for 12 months from the date of the form, or after the expiration date on the medication, whichever comes first.	(E)(2) Removed “food supplement”.
The provider shall ensure the medical or product is in the original container with the child’s name affixed.	(F)(1) The provider shall ensure the medication, medical food or topical product is stored per the requirements on the label in the original container with the child’s name affixed.
The provider shall keep medication and products out of the reach of children, unless a SA child is permitted to carry their own emergency medication and a JFS 01236 is completed and on file at the home.	(F)(2) The provider shall keep all household and child medication, medical foods, and topical products out of the reach of children, unless a SA child is permitted to carry their own emergency medication and a JFS 01236 is completed and on file at the home.
The provider shall refrigerate, in a separate container, medications or products immediately upon arrival at the home if needed.	(F)(4) The provider shall refrigerate, in a separate container, medications, medical foods, or topical products immediately upon arrival at the home if needed.
The provider shall ensure that medications and products are accessible to employees at all times.	(F)(5) The provider shall ensure that medications, medical foods, and topical products are accessible to employees at all times.
The provider shall ensure that medications and products are removed from the home when no longer needed or expired.	(F)(6) The provider shall ensure that medications, medical foods and topical products are removed from the home when no longer needed or expired.

The following forms are included in this rule package:

Prescribed:

JFS 01201 "Dental First Aid"

JFS 01217 "Request for Administration of Medication For Child Care"

JFS 01217 forms that are completed and on file at the program do not need to be converted to the new forms until they expire or require an update, whichever comes first.

JFS 01234 "Child Enrollment and Health Information For Child Care"

JFS 01234 forms that are completed and on file at the program do not need to be converted to the new forms until they expire or require an update, whichever comes first.

JFS 01236 "Child Medical/Physical Care Plan For Child Care"

JFS 01236 forms that are completed and on file at the program do not need to be converted to the new forms until they expire or require an update, whichever comes first.

JFS 01242 "Medical, Dental and General Emergency Plan for Child Care"

JFS 01250 "Plan of Operation For Child Care"

JFS 01276 "Health Training Documentation For Child Care"

Previously dated versions of the JFS 01276 will not be accepted for training completed on or after May 1, 2022.

JFS 01307 "Professional Development Documentation for Child Care"

The JFS 01307 that is completed and on file at the program does not need to be converted to the new form until it expires or requires an update, whichever comes first. Previously dated versions of the JFS 01307 will not be accepted for training completed on or after May 1, 2022.

JFS 08087 "Communicable Disease Chart"

The JFS 08087 will be restocked in Forms Central in the next few weeks. Programs can order the new version from Forms Central once it is available. Programs must have the new version posted in their program by May 1, 2022.

Sample:

JFS 01227 "Permission to Participate in Water and Swimming Activities for Child Care"

JFS 01232 "Field Trip Checklist for Child Care"

JFS 01278 "Communicable Disease Trainer Registration for Child Care"

JFS 01303 "Fire Inspection Report for Child Care Centers and Type A Homes"

JFS 01305 "Child Medical Statement For Child Care"

JFS 01305 forms that are completed and on file at the program do not need to be converted to the new forms until they expire or require an update, whichever comes first.

JFS 01582 "Your Prescription For Safely Caring for Children With Special Health Conditions"