

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

Agency Name

Division of Social Services

Division

Michael Lynch

Contact

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5101:2-42-18

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

PCSA and PCPA approval of placements with relative and nonrelative substitute caregivers.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **Yes**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5103.03, 5153.16**

5. Statute(s) the rule, as filed, amplifies or implements: **2151.86, 5103.03, 5153.16**

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

Five-year review.

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

OAC 5101:2-42-18, "PCSA and PCPA approval of placements with relative and nonrelative substitute caregivers" has been amended to include the list of disqualifying offenses that would exclude an individual from being an approved caregiver for a child's placement. An appendix has been added to this rule to define the disqualifying offenses. Language was added to include a provision for interstate requests for home assessments on relative and nonrelative caregivers. Some minor edits were made for clarification. Additionally, the JFS 01447 "Assessment of Relative or Nonrelative Caregiver's Ability to Care for Child(ren) and Recommendation for Placement" (rev. 10/2003) has been revised and updated to provide a more constructive tool for assessment of such placements and has been renamed "Assessment of Relative or Nonrelative Substitute Caregiver" (rev. 10/2013).

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

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

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

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the "Info Center" link on the ODJFS web site (<http://jfs.ohio.gov/>) in accordance with RC 121.75(E).

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

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material,

provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

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

Not Applicable.

12. 119.032 Rule Review Date: **2/10/2014**

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

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

FISCAL ANALYSIS

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

This will have no impact on revenues or expenditures.

\$0

No impact on current budget.

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

Not applicable.

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

No new costs.

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

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

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

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

19. Specific to this rule, answer the following:

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

Private child placing agencies are required to be certified by the State of Ohio.

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

There are no fines or civil penalties for non-compliance with this rule other than the forfeiture of certification through denial or revocation.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **Yes**

This rule requires the agency to collect information about the relative or nonrelative substitute caregiver and all household members. It requires the agency to assess the safety of the home during an onsite home inspection. It requires the agency to provide information to the caregiver regarding assistance programs and how to apply for those programs that may be available to the caregiver. It requires the agency to collect fingerprints for background checks on adult members of the household. It requires the agency to complete the JFS 01447 or an alternate form that contains all the information on the JFS 01447. If the agency disapproves of a court-ordered placement, this rule requires the agency to notify the court in writing of its findings. This rule requires the agency to conduct a home assessment on an annual basis to ensure that the home continues to meet the requirements of this rule.

ASSESSMENT OF RELATIVE OR NONRELATIVE SUBSTITUTE CAREGIVER

Name of Agency	<input type="checkbox"/> Initial Home Assessment <input type="checkbox"/> Amendment <input type="checkbox"/> Annual Assessment Reason: _____
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Caregiver Information

Name of Caregiver #1 (<i>first and last</i>)	Name of Caregiver #2 (<i>first and last</i>)
Home Address, City, State, and Zip Code	
County of Residence	Phone Number
Place of Employment Caregiver #1	Place of Employment Caregiver #2

Child(ren) Placed and To Be Placed

Name of Child(ren) (<i>first and last</i>)	Relationship to Caregiver #1	Social Security Number	Date of Birth (<i>mm/dd/yyyy</i>)	Sex
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Household Members (including caregivers)

Name (<i>first and last</i>)	Maiden/Alias	Relationship to Caregiver #1	Social Security Number	Date of Birth (<i>mm/dd/yyyy</i>)	Sex
		self			<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female

Background Checks

(Completed only at Initial Home Evaluation or for any new adults in the residence)

Comments

SACWIS or central registry searches conducted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BCII criminal records requests made.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FBI criminal records requests made.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Home Assessment		
Expectation	Assessment	Comments
The home and all structures associated with the home are maintained in a clean, safe, and sanitary condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bleach, cleaning materials, other poisonous or corrosive household chemicals, and flammable and combustible materials are stored in a safe manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The home is adequately heated, lighted and ventilated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The home has working bathroom and toilet facilities located within the home and connected to an indoor plumbing system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The home has a working smoke alarm on each level of occupancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearm, air rifles, hunting slingshot or other projectile weapons kept on the grounds of or in the home are stored in an inoperative condition in a locked area inaccessible to children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Each child has adequate and appropriate bedding.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There is reasonable access to a working telephone.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Caregiver's Statement		
Statement	Response	Comments
Caregiver has indicated willingness and ability to provide care and supervision of the child and to provide a safe and appropriate placement for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver has prior PCSA or CSA involvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver has informed and will inform the agency of any known violent delinquency adjudications by any youth between 12 and 18 years of age residing in the household.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does any adult in the home have a felony conviction for spousal abuse, rape, sexual assault, or homicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the caregiver ever had his/her parental rights involuntarily terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any adult in the home been convicted of or plead guilty to any disqualifying offense listed in 5101:2-42-18 (I)(1) or (I)(2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The information provided above is full and accurate to the best of my knowledge.

CAREGIVER #1 SIGNATURE	DATE
CAREGIVER #2 SIGNATURE	DATE

Agency Recommendation Statement

Worker has assessed the physical environment, the capability of the relative/nonrelative to care for the child(ren), and the best interest, safety, stability and permanency needs of the child(ren). Based on all known and available information, placement of this child(ren) in the home of this relative/nonrelative caregiver, is assessed to be in the best interest of the child(ren). All placement decisions are subject to court approval for cases active in court.

Worker has provided caregiver with known information regarding education, medical, child care, and special needs of the child(ren).

Worker has provided caregiver with information on applying for OWF child-only and Medicaid, requirements for foster caregiver certification, applying for certification as a foster caregiver, the difference in payments between an OWF-child only payment and the foster care per diem, and the difference (if any) in the eligibility for supportive services.

Worker has provided caregiver with a copy of the individual child care agreement.

- Worker recommends approval of relative/nonrelative substitute caregiver
- Worker recommends denial of relative/nonrelative substitute caregiver.

AGENCY WORKER SIGNATURE	DATE
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- Placement with relative/nonrelative substitute caregiver is approved.
- Placement with relative/nonrelative substitute caregiver is denied.

AGENCY SUPERVISOR SIGNATURE	DATE
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