

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 for five year review (FYR)? **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:

To update policy relating to the assessment of relative and nonrelative caregivers for children who are unable to remain in their own homes. This filing also serves as a 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 non-relative substitute caregivers" sets forth requirements for the assessment of relative and non-relative (kinship) caregivers for the placement of children who are unable to remain in their own homes. This rule has been amended to provide clear timelines for the initiation and completion of the assessment, as well as notification of approval or denial to the caregiver. Additionally, language regarding disqualifying offenses and rehabilitation standards has been amended in an effort to allow public children services agencies (PCSAs) and private child placing agencies (PCPAs) more flexibility when assessing kinship caregivers who might otherwise not meet more stringent requirements applied to licensed foster and adoptive caregivers. The amended rule has been edited to require PCSAs and PCPAs to use the JFS 01447 "Assessment of relative or nonrelative substitute caregiver."

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 inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the inter-net at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

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

Not applicable.

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 If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation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

Not Applicable.

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

Not Applicable.

12. Five Year Review (FYR) Date: **3/9/2017**

(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. 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
Purpose of Assessment		<input type="checkbox"/> Annual Assessment	Reason*: _____
<input type="checkbox"/> PCSA placement	<input type="checkbox"/> Court request	<input type="checkbox"/> Kinship Permanency Incentive Application	
<input type="checkbox"/> Other, Please describe: _____			

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
				<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

*In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background checks shall be required on any new adults in the home and the Safety Check shall be conducted when the caregiver moves to a new residence.

Background Checks on all adults in home (Completed only at Initial Home Evaluation or for any new adults in the residence)	
Date SACWIS alleged perpetrator search and other state central registry searches conducted, if applicable.	Requested Date: _____ Received Date: _____
Narrative	
Date BCI criminal records requested Date BCI criminal records received	Date: _____ Date: _____
Narrative	
Date FBI criminal records requested Date FBI criminal records received	Date: _____ Date: _____
Narrative	
Does the relative or nonrelative or other adult residing within the home have a felony conviction for spousal abuse, rape, sexual assault or homicide? (if yes, the home cannot be approved)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Has the relative or nonrelative or other adult residing within the home been convicted of or plead guilty to any offense listed in Ohio Administrative Code (OAC) 5101:2-42-18 (H)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
If yes, has the agency found or documented that the adult has met all of the conditions listed in 5101:2-42-18 (G)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Narrative	
Safety Check	
Item	Response
Cleanliness of home	
The home is maintained in a clean, safe, and sanitary condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Absence of hazardous conditions inside and outside	
All structures associated with the home are maintained in a safe condition and in a reasonable state of repair.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Storing of poisonous and otherwise dangerous or combustible materials	
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
Narrative	
Proper heating, lighting and ventilation	
The home is adequately heated, lighted and ventilated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	

Condition of plumbing and toilet facilities	
The home has working bathroom and toilet facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Working smoke alarms	
The home has a working smoke alarm on each level of occupancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Safe storing of weapons, including firearms and ammunitions, in inoperative condition and in a secured and locked area	
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
Narrative	
Adequacy of each child's bedding and appropriateness to his or her needs	
Each child has adequate and appropriate bedding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Availability of a working telephone	
There is reasonable access to a working telephone for emergency situations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	

Caregiver/Household members Assessment	
Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren).	
Narrative	
Assess the impact of past PCSA or children services agency (CSA) involvement of household members in relation to the safety and well-being of the child (ren) to be placed.	
Narrative	
Assess the impact of household members aged twelve to seventeen years old who have been convicted of or plead guilty to any offenses described in section 5103.0319 of the Revised Code, or who have been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation.	
Narrative	
Additional comments not addressed elsewhere in assessment.	
Narrative	

Caregiver Assurance

I am willing and able to provide care and supervision of the child and to provide a safe and appropriate placement for the child(ren).
I agree to inform the PCSA of any new adults residing in the household.
I have disclosed all prior PCSA or CSA involvement if applicable.
I have informed and agree to inform the agency of any known violent delinquency adjudications by any youth between 12 and 17 years of age residing in the household.
I affirm that no adult in the home has a felony conviction for spousal abuse, rape, sexual assault, or homicide.
I affirm that no adult in the home has been convicted of or plead guilty to any disqualifying offense listed in 5101:2-42-18 (H)(1) through (H)(7); or if an adult residing in the home has a disqualifying conviction, the adult meets the requirements set forth in paragraph (G) of this rule.

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

Caregiver #1 Signature	Date
Caregiver #2 Signature	Date

Agency Recommendation

Worker has assessed the physical environment, the capability of the relative/nonrelative to care for the child(ren), and the best interest, safety, well-being and permanency needs of the child(ren).

Worker has provided caregiver with information on applying for OWF child-only and Medicaid.

Worker has provided caregiver with known information regarding education, medical, child care, and special needs of the child(ren) including information on how to access support services to meet the needs of the child (if child is in agency custody.)

Worker has provided caregiver with the following information:

- the requirements for foster caregiver certification and adoption approval and how those requirements differ from the requirements for approval as a relative or nonrelative substitute caregiver;
- how to apply 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 (if child is in agency custody.)

Worker will provide caregiver with a copy of the individual child care agreement per rule 5101:2-42-90 (if child is in agency custody and placed in the home.)

- Worker recommends approval of relative/nonrelative substitute caregiver.
- Worker does not recommend approval of relative/nonrelative substitute caregiver.
- Caregiver withdrew.

Agency Worker Signature	Date
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- Relative/nonrelative substitute caregiver is approved.
- Relative/nonrelative substitute caregiver is not approved.
- Caregiver withdrew.

Agency Supervisor Signature	Date
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Comments on agency recommendation