

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5101:2-42-89

**Rule Type:** Amendment

**Rule Title/Tagline:** Public children services agency and private child placing agency procedures when a child is receiving services or is in agency custody dies.

**Agency Name:** Department of Job and Family Services

**Division:** Division of Social Services

**Address:** OFC- 4200 E. 5th Ave., 2nd fl. L2-01 P.O. Box 183204 Columbus OH 43218-3204

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#### I. Rule Summary

1. **Is this a five year rule review?** Yes
  - A. **What is the rule's five year review date?** 6/13/2019
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5103.03, 5153.166
5. **What statute(s) does the rule implement or amplify?** 5103.03, 5153.166
6. **What are the reasons for proposing the rule?**

This rule is proposed for amendment to meet the five year rule review process.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule guides private child placing agencies with children in temporary custody or a in a planned permanent living arrangement the guidance and requirements to fulfill if a child in custody dies or is near death as a result of abuse or neglect.

- 8. Does the rule incorporate material by reference? Yes**
- 9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**

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

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

- 10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

*Not Applicable*

## **II. Fiscal Analysis**

- 11. As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will have no impact on revenues or expenditures.

0.00

Not Applicable.

- 12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

Not Applicable.

- 13. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
- 14. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

### **III. Common Sense Initiative (CSI) Questions**

- 15. **Was this rule filed with the Common Sense Initiative Office? Yes**
- 16. **Does this rule have an adverse impact on business? Yes**

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

If the agency were to fail to comply with the requirements set forth in rule the action against the agency would be license forfeiture resulting in closure of business.

- 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**

If the agency were to fail to comply with the requirements set forth in rule the action against the agency would be license forfeiture resulting in closure of business.

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

All documentation is required to be entered into the state automated child welfare information system (SACWIS) and in some instances maintained in a case record. all information is to be retrievable for the purpose of monitoring and case review.

Ohio Department of Job and Family Services  
**CHILD FATALITY REPORT FACE SHEET**

**Section I**

**Race Codes:** 09 - American Indian/Alaskan Native; 10 - Asian; 11 - Black/African American; 12 - Hawaiian/Pacific Islander; 13 - White

Date of Fatality	County Where Fatality Occurred	Name of PCPA Completing Report			
Child's Name		Date of Birth	Age	Gender	Race
Parent #1 Name	Date of Birth	Race	Parent #2 Name	Date of Birth	Race
Parent #1 Address		Parent #2 Address			
Caregiver's Name	Relationship to Child	Type of Living Arrangement			
Caregiver's Address		<b>Living Arrangements Codes</b> 01 Adoptive Home; 02 - Relative Home; 03 - Family Foster Home; 04 - Treatment F. H. ; 05 - Group Home; 06 - CRC; 07 - Other			
Other Children in Caregiver's Household - Name		Date of Birth	Age	Gender	Race
Name		Date of Birth	Age	Gender	Race
Name		Date of Birth	Age	Gender	Race
Sibling Names (if living arrangements are different from deceased child's)		Date of Birth	Age	Living Arrangement	
Name		Date of Birth	Age	Living Arrangement	
Address					
Name		Date of Birth	Age	Living Arrangement	
Address					

**Section II**

Case Status at time of fatality		
<input type="checkbox"/> Open/Active	Date of Opening	Date the PCPA notified PCSA and Law Enforcement
<input type="checkbox"/> Temporary Custody	<input type="checkbox"/> Permanent Custody	<input type="checkbox"/> PPLA
Has law enforcement, medical or PCSA personnel suspected the child's death was a result of child abuse/neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined Has a criminal investigation begun as a result of child's death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined Date of Autopsy Report _____ Autopsy Results _____ Name of Medical Personnel, if applicable _____ Circumstances surrounding the child's death and any other information helpful in establishing the cause of death. _____		

**Section III**

Name of Person Completing Form	Date
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Ohio Department of Job and Family Services  
**INSTRUCTIONS FOR COMPLETING JFS 01987,  
 CHILD FATALITY REPORT FACE SHEET**

The Child Fatality Report Face Sheet shall be completed by the private child placing agency (PCPA) for:

- All deaths of children in the custody of a PCPA at the time of death.

Procedures for the PCPA to follow include:

- Complete the JFS 01987.
- Submit the JFS 01987 electronically to the assigned Regional Field Office no later than 5 working days from the date the PCPA received notice of the child's death.

### CHILD FATALITY REPORT FACE SHEET INSTRUCTIONS

- COUNTY** Enter the county where the fatality occurred.
- PCPA** Enter the name of the PCPA completing the report.
- CHILD** Enter the child's name, race code (located at top of form), gender, date of birth, date of fatality and age.
- PARENT #1** Enter the parent's name, date of birth, race code and address.
- PARENT #2** Enter the parent's name, date of birth, race code and address.
- CAREGIVER**
- Enter the caregiver's name, relationship to child and address.
  - Select the code (located next to caregiver's name) which describes the type of living arrangement.
- OTHER CHILDREN** Enter the name of other children in the caregiver's household, date of birth, age, gender and race.
- SIBLINGS** Enter the names of siblings and address **if living arrangement is different from deceased child's**, date of birth, age and living arrangement code.

## **CASE STATUS**

- Check the box that applies to the case status at the time of the fatality.
- Enter the date of case opening.
- Enter the date the PCSA and Law Enforcement were notified of the child's death.
- Check the box that applies:
  - Temporary Custody
  - Permanent Custody
  - Planned Permanent Living Arrangement (PPLA)
- Check the box whether yes or no if law enforcement, medical or PCSA personnel suspect the child's death is the result of child abuse/neglect.
- Check the box whether yes or no if an investigation began because of the child's death.
- Enter the date of Autopsy Report and Autopsy Results.
- Enter the name and date of medical personnel, if applicable.
- Enter the circumstances and any other helpful information regarding the cause of the child's death.

## **SIGNATURE**

- Enter the name of the person completing the form
- Enter the date the form was completed.