

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5101:2-9-23

**Rule Type:** Amendment

**Rule Title/Tagline:** Notification and documentation of critical incidents.

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

**Division:** Division of Social Services

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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
5. What statute(s) does the rule implement or amplify? 5103.02, 5103.03
6. What are the reasons for proposing the rule?

This rule is proposed for amendment as a result of the five year review.

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

This rule provides guidance to residential facilities on documenting and reporting critical incidents of children in the facility. Paragraph (B) was amended to add a new isolation and restraint form. This form will require residential facilities to capture

information on critical incidents of restraint and isolation on the new form. Paragraph (C) was broken out for clarity. No substantive changes were made.

- 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 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 ORC 121.71 to 121.74 pursuant to ORC 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 ORC because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 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).

- 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

This will have no expected impact on current or future budgets.

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

No new costs.

- 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

Certification by ODJFS requires the agency to comply with the rule.
  - 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

Lack of compliance can result in revocation of the certificate.
  - C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

There is a cost to comply if the facility does not currently meet the notification and documentation of critical incidents requirements of the rule.

Ohio Department of Job and Family Services  
**Restraint and Isolation Incident Report**

**Required Facility Information**

Agency Name	Agency Address	
Facility Name	Facility Address (If Different)	Restraint Location (If Different)
County	Type of Facility <input type="checkbox"/> CRC <input type="checkbox"/> Residential Parenting Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Crisis Care Facility <input type="checkbox"/> Wilderness Camp	

**Child Information**

Last Name	First Name	DOB/Age
Gender	Admission Date	Ethnicity

**Incident Summary Information**

Describe the related events leading up to the incident.	
<b>Incident Notification: (No later than 24 hours from incident)</b>	
Individual or Agency That Placed the Child:	Staff that contacted the agency/individual:
Date Contacted:	Time Contacted: <input type="checkbox"/> AM <input type="checkbox"/> PM
Custodial Individual or Agency (If Different)	Staff that contacted the agency/individual:
Date Contacted:	Time Contacted: <input type="checkbox"/> AM <input type="checkbox"/> PM
Method of Notification:	
<b>Incident Report Provided (No later than the next business day from incident)</b>	
Individual or Agency That Placed the Child:	Staff that contacted the agency/individual:
Date Contacted:	Time Contacted: <input type="checkbox"/> AM <input type="checkbox"/> PM
Custodial Individual or Agency (If Different)	Staff that contacted the agency/individual:
Date Contacted:	Time Contacted: <input type="checkbox"/> AM <input type="checkbox"/> PM
Method of Notification:	

**Restraint Information**

Person Completing Report	Staff Involved
Start Time of Restraint	End Time of Restraint
Date of Restraint Incident	Witnesses Present
Describe all non-physical/ de-escalation interventions that were attempted to de-escalate the situation and indicate the resident's response to each.	
Reason restraint was used. (Must check a minimum of one) <input type="checkbox"/> Protection of the child <input type="checkbox"/> Protection of another person from the child <input type="checkbox"/> Self-protection	
Describe in detail the reason physical intervention was necessary and the reasons the intervention ended. Include all techniques that were utilized, staff's position, how long each was used and reasons for transitions that occurred. What role did staff play in the intervention? What room(s) in the facility did the incident occur? How did staff determine the youth no longer presented a danger to themselves and/or others prior to terminating the restraint?	
Were there any injuries to the child? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, describe any injuries that occurred to the child. What follow up occurred? Attach any additional	

critical incident reports that were necessary for non-routine medical care because of the restraint.
<p>Were there any injuries to staff? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, describe any injuries that occurred to staff.</p>
Describe what was discussed with the child after the restraining incident.
After the discussion with the youth who was restrained, describe any response from the youth. Include any follow-up or debriefing.

Isolation Information		
A child shall not be isolated for longer than one continuous hour and no longer than a total of two hours in any twenty-four hour period. (OAC 5101:2-9-22 (F))		
Start Time of Isolation	End Time of Isolation	Date of Incident
Person Completing Report	Staff Involved	Location:
Describe in detail the reason for placing the child in isolation.		
Describe what was discussed with the child regarding the reason for placing him or her in isolation, the reason, if necessary, the child needed continued isolation and upon the conclusion of the isolation incident, the reason for the use of isolation.		
Describe any physical injuries including scratches and bruising because of the isolation incident.		
After the discussion with the youth who was isolated, describe any response from the youth. Include any follow-up or debriefing.		
<p><b>**Attach the Isolation Log entry for this incident as required by paragraph (L)(3) of rule 5101:2-9-22 of the Administrative Code. The isolation log must contain at a minimum:</b></p> <ol style="list-style-type: none"> <li>1. The name of the child</li> <li>2. The time of placement in isolation</li> <li>3. The reason for the placement in isolation and the discussion of the reason for isolation with the child.</li> <li>4. The chronology of observations including the signature or initials of the staff who placed the child in isolation.</li> <li>5. The written supervisory approval of a child isolated longer than fifteen continuous minutes.</li> <li>6. The written approval of the administrator or designee for continued isolation of a child for any period of isolation longer than thirty minutes.</li> <li>7. The time of removal from isolation.</li> </ol>		