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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5101:2-13-10
Rule Number

NEW
TYPE of rule filing

Rule Title/Tag Line

Training and professional development requirements for a licensed family child care provider and child care staff members.

RULE SUMMARY

1. Is the rule being filed for five year review (FYR)? **No**

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: **5104.017, 5104.018**

5. Statute(s) the rule, as filed, amplifies or implements: **5104.017, 5104.018**

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

This rule is being adopted as a result of the five year review and to improve the clarity of the regulations and the organization of the chapter. It replaces rescinded rules 5101:2-13-27, 5101:2-13-28 and 5101:2-14-08.

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:

This rule outlines the initial and on-going training and professional development for providers and staff.

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 If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation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

In Appendix B, under Professional Development Approved Trainers, the heading was changed to "Approved Professional Development Trainers" and added language to 1 (a) " or ... courses related to the subject of the training" to the last sentence.

12. Five Year Review (FYR) Date:

(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

The proposed rule will not have an impact on the agency's projected budget during the current biennium.

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:

New and on-going training requirements may have 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**

Type A home providers must be licensed because they serve seven or more children. Type B home providers must be licensed if they want to serve children who are publicly funded or they can voluntarily be regulated.

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**

Failure to comply can result in revocation of a license.

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

There may be costs associated with staff attending and completing training.

Name of Person Being Trained
TRAINERS FILL IN TRAINEES NAME. DO NOT HAND OUT WITHOUT COMPLETING THIS BOX

Ohio Department of Job and Family Services

HEALTH TRAINING DOCUMENTATION FOR CHILD CARE

FIRST AID FOR CHILD CARE

Date(s) of Training	Hours of Training	Expiration Date
	☐ Full Course _____ Hours ☐ Review Course _____ Hours ☐ Other _____ Hours	

(Check one)

☐ Licensed Physician ☐ Emergency Medical Service Instructor ☐ Registered Nurse

☐ Authorized Trainer for a health organization approved by ODJFS - Agency Name: _____

I verify that I have followed a curriculum approved by ODJFS. I certify that the information on this form is true and accurate.

Signature of Trainer	Trainer's Email Address *(Optional)*	Date

Name and Address of Trainer (*please print)*	Telephone Number	**CHILD CARE LICENSING USE ONLY**
		Date Reviewed: _____ CCLS Initials: _____

CPR

Date(s) of Training	Hours of Training	Expiration Date

☐ Authorized Trainer for a health organization approved by ODJFS - Agency Name: _____

Type of Training *(Check as many as applicable to training provided)*: ☐ Infant ☐ Child ☐ Adult

I certify that the information on this form is true and accurate.

Signature of Trainer	Trainer's Email Address *(optional)*	Date

Name and Address of Trainer *(please print)*	Telephone Number	**CHILD CARE LICENSING USE ONLY**
		Date Reviewed: _____ CCLS Initials: _____

COMMUNICABLE DISEASE FOR CHILD CARE

Date(s) of Training	Hours of Training	Expiration Date
	☐ Full Course 6 Hours ☐ If more than 6 hours _____ ☐ Review Course 3 Hours	

(Check one)

☐ Licensed Physician ☐ Authorized Communicable Disease Trainer for an approved health organization

☐ Registered Nurse Agency Name: _____

I verify that I have followed a curriculum approved by ODJFS. I certify that the information on this form is true and accurate.

Signature of Trainer	Trainer's Email Address *(optional)*	Date

Name and Address of Trainer *(please print)*	Telephone Number	**CHILD CARE LICENSING USE ONLY**
		Date Reviewed: _____ CCLS Initials: _____

CHILD ABUSE PREVENTION

Date(s) of Training	Hours of Training	Expiration Date
	☐ Full Course 6 Hours ☐ Other Hours _____ ☐ Refresher Course 3 Hours *(if more than 6)*	

Trainer Qualifications *(check one)*

☐ Authorized trainer for a PCSA

☐ An associate's degree (or higher) in an approved field with 2 years of experience assessing child abuse and neglect or providing training in child abuse prevention

☐ Licensed physician or registered nurse with 2 years of experience professionally assessing child abuse and neglect or providing counseling to abuse children or training others in child abuse prevention or a combination of experience and training.

I verify that I have followed the curriculum required in 5101:2-12-10, 5101:2-13-10 or 5101:2-14-03 of the Ohio Administrative Code. I certify that the information on this form is true and accurate.

Signature of Trainer	Trainer's Email Address *(optional)*	Date

Name and Address of Trainer *(please print)*	Telephone Number	**CHILD CARE LICENSING USE ONLY**
		Date Reviewed: _____ CCLS Initials: _____

ACTION: Revised

DATE: 09/20/2016 2:23 PM

Name of Person Being Trained

TRAINERS FILL IN TRAINEES NAME. DO NOT HAND OUT WITHOUT COMPLETING THIS BOX

Ohio Department of Job and Family Services

PROFESSIONAL DEVELOPMENT DOCUMENTATION FOR CHILD CARE

Date(s) of Training	Hours of Training	Title of Training Session

Has this training been approved for Step Up To Quality or an Ohio Approved training?
(check one) ☐ Yes ☐ No

Description of Training

Trainer Qualifications *(check one):*

☐ Master's degree or higher in child development or related field.

☐ At least two years experience in subject area of the training AND 90 quarter hours or 60 semester hours from an accredited university, college or technical college with 36 quarter or 24 semester hours in child development.

☐ At least two years experience in subject area of the training AND a currently valid child development associate credential (CDA).

☐ A licensed physician or registered nurse AND two years' experience in subject area.

I certify that the information on this form is true and accurate.

Signature of Trainer	Trainer's Email Address *(optional)*	Date

Name and Address of Trainer *(please print)*	Telephone Number	**CHILD CARE LICENSING USE ONLY**
		Date Reviewed: _____
		CCLS Initials: _____

Was this electronic media training? ☐ Yes ☐ No

Administrator's Signature - verifies trainee's attendance at electronic media training	Date