



## Transmittal Letter 54

**TO:** Children Services Stakeholders

**FROM:** Kara B. Wente, Director

**DATE:** Month DD, 2025

**SUBJECT:** Notification requirement changes impacting entities that interact with youth in foster care placed in residential facilities and additional responsibilities for custodial and residential agencies to ensure the safety of youth due to House Bill 315 (HB 315) of the 135<sup>th</sup> General Assembly and renumbering of rules.

### **Background**

The Department of Children and Youth (DCY) is changing Ohio Administrative Code (OAC) rule(s) 5180:2-9-07, 5180:2-9-34, 5180:2-9-37, 5180:2-9-38, 5180:2-42-65, 5180:2-42-66, 5180:2-42-66.1, and 5180:2-42-90 as part of the enactment of HB 315. DCY is also creating a new rule 5180:3-13-65.2 as part of the enactment of HB 315.

*This rule(s) will be effective on Month DD, 2025.*

### **Purpose**

The DCY rules in the Ohio Administrative Code (OAC) were renumbered to 5180 on January 2, 2025, as a result of House Bill 33 (HB 33) of the 135<sup>th</sup> General Assembly. For organizational reasons, as DCY opens rules, they are being rescinded and adopted under a new number. This letter identifies which rules are being rescinded and renumbered, along with any additional changes.

The purpose of this letter is to provide clarification regarding the responsibilities of a PCSA, PCPA, or residential facility related to the changes due to HB 315. As the law also made statutory changes to other entities that interact with youth in foster care, those requirements will also be detailed. In addition, the restrictive language in each rule was removed.

### **Educational stability of children in foster care**

Changes Ohio Revised Code (ORC) sections 3301.95, 3313.6414, and 5103.0513 regarding the educational stability of children in foster care, including requiring:



- The Department of Education and Workforce (DEW) is to annually provide all school districts with best practices to help ensure the educational stability of students who are in a PCSA's/PCPA's custody.
- A school district that enrolls a child placed at a residential facility is to assess the child's needs for appropriate services and interventions.
- The school district is to use all available assessments and the results of its assessments to make recommendations for services and interventions to the custodial PCSA/PCPA.
- The school district, to the extent permitted by law, is to share the recommendations with the custodial PCSA/PCPA and the residential facility.
- The custodial PCSA/PCPA is to complete the **DCY 01442 "Educational Information for Children Placed in Residential Facilities"** form for each child the agency places in a residential facility outside the child's school district of residence.
- The custodial PCSA/PCPA is to verbally convey the information to the foster care liaison in the student's new school district when the child is enrolled and must submit the written form to the district's foster care liaison within five days after the child's enrollment.

**Rule:** The following rule is being amended to incorporate all changes needed to comply with the law:

- 5180:3-13-90 Information to be provided to children, caregivers, school districts and juvenile courts.

#### **Notification Requirements – Hospitals, Emergency Departments and Law Enforcement**

Changes ORC sections 2151.46, 2151.461, 2151.462, 2151.463, 2151.464 and 2151.465 establishes notification and response requirements when a child is placed in a residential facility and presents to an emergency department, is admitted to a hospital for an injury or mental health crisis or has an investigative interaction with a law enforcement officer.

Requirements include:

- The hospital or emergency department is to contact the custodial PCSA/PCPA to discuss the child's medical treatment and request any authorization needed for care.
- The custodial PCSA/PCPA is to respond to the hospital or emergency department within four hours after the initial contact.



- The hospital or emergency department is also to contact the DCY at [help-desk-ocf@childrenandyouth.ohio.gov](mailto:help-desk-ocf@childrenandyouth.ohio.gov) and Ohio Resilience through Integrated Systems and Excellence (OhioRISE) if the child participates in OhioRISE.
- The hospital or emergency department also must notify the custodial PCSA/PCPA when the child has been discharged from its care.
- The law enforcement officer is to contact the custodial PCSA/PCPA and the residential facility.
- If a police report is completed, within 24 hours of the interaction, the residential facility is to report the interaction and provide a copy of the report to DCY at [help-desk-ocf@childrenandyouth.ohio.gov](mailto:help-desk-ocf@childrenandyouth.ohio.gov).

**Rule:** The following rules are being amended to incorporate all changes needed:

- 5180:4-5-38 Community engagement plan for residential facilities.
- 5180:3-13-66.1 Comprehensive health care for children in placement.

### 24-hour emergency on-call procedure

Changes ORC sections 2151.469 and 5103.0510 require each PCSA, PCPA and residential facility to establish a 24-hour on-call procedure to respond to contact from emergency departments, hospitals, law enforcement officers and first responders regarding emergencies involving a child in the agency's custody or under the care and supervision of the residential facility, respectively.

**Rule:** The following rules are being amended to incorporate all changes needed:

- 5180:4-5-07 Emergency planning and preparedness.
- 5180:3-13-66 Administrative procedures for comprehensive health care for children in placement.

### Monthly PCSA and PCPA visits

Changes ORC section 2151.467 requires a custodial PCSA/PCPA conduct in-person visits with children placed in any in state or out of state residential facility to determine the well-being of the child. The PCSA/PCPA is also to report any concerns about the placement to DCY at [help-desk-ocf@childrenandyouth.ohio.gov](mailto:help-desk-ocf@childrenandyouth.ohio.gov).

**Rule:** The following rules are being amended to incorporate all changes needed:

- 5180:3-13-65 Caseworker visits and contacts with children in substitute care.



The following rule is being developed as **new**:

- 5180:3-13-65.2 Visitation and placement review for children in residential facilities.

### **Mandatory review of the child's placement**

Changes ORC section 2151.468 requires a PCSA/PCPA to conduct a mandatory review of the placement of a child in a residential facility if any of the following occur:

- The child presents to an emergency department or is admitted to a hospital for an injury or mental health crisis.
- A police report is generated with regard to the child.
- During a monthly visit, the agency has identified any of the following:
  - Unsafe or unsanitary conditions on the grounds of the residential facility.
  - Violations of the youth's rights by the residential facility or the residential facility staff.
  - Site and safety concerns.
  - Lack of discharge planning as outlined in 5180:2-9-42 of the Administrative Code.
  - Lack of service planning as outlined in 5180:2-9-12 of the Administrative Code.
  - Any identified rule violation.

The review is to:

- Be conducted within two business days by the caseworker, and
- Include a determination of whether the residential facility is an appropriate setting for the child.

The custodial agency has five business days to determine if a placement change is needed. The PCSA/PCPA is to notify the residential facility of the results of the review, including any action the agency plans to take regarding the child.

The custodial agency is to report any potential violations of the residential facility as a result of the review to DCY at [help-desk-ocf@childrenandyouth.ohio.gov](mailto:help-desk-ocf@childrenandyouth.ohio.gov) within one business day of the conclusion of the review.

**Rule:** The following rule is being developed as new to incorporate all changes needed:

- 5180:3-13-65.2 Visitation and placement review for children in residential facilities.



### Residential facility certification

Changes ORC sections 5103.0310, 5103.0329, 5103.05, 5103.055, 5103.056, 5103.057 and 5103.058 to make numerous changes regarding certification requirements for residential facilities, including that new and currently certified residential facilities are to:

- Demonstrate it meets all applicable local planning and zoning requirements prior to and while certified to remain in good standing.
- Provide the local board of township trustees or the legislative authority of the municipal corporation where the facility is located with notification the facility will be in operation.
- Provide the local board of township trustees or the legislative authority of the municipal corporation where the facility is located with:
  - General information about the facility including its location and function,
  - A copy of the facility's procedures for emergencies and disasters,
  - A copy of the facility's medical emergency plan, and
  - A copy of the facility's community engagement plan.
- Update their community engagement plan with information regarding the **DCY 00053 "It Takes A VILLAGE"** flyer on how to communicate concerns, complaints or other pertinent information to DCY regarding the facility.
- Provide documentary evidence of any/all corrections as a result of DCY issuing the facility a corrective action plan regarding any/all violations.
- Notify DCY if a county, township or municipal corporation revokes any conditional use permit issued to the facility.
- Comply with any DCY site visits.

**Rule:** The following rules are being amended to incorporate all changes needed:

- 5180:4-5-34 Building approval.
- 5180:4-5-37 Information to be provided by residential facilities.
- 5180:4-5-38 Community engagement plan for residential facilities.



### **Rules/Forms**

The chart indicates the impacted OAC rules, transmittal letters, and/or required forms.

OAC Rules	Previous Transmittal Letter	DCY Forms
5180:2-9-07 (rescinded)	FCASMTL 519	
5180:2-9-34 (rescinded)	FCASMTL 427	
5180:2-9-37 (rescinded)	FCASMTL 568	
5180:2-9-38 (rescinded)	FCASMTL 451	
5180:2-42-65 (rescinded)	FCASMTL 537	
5180:2-42-66 (rescinded)	FCASMTL 553	
5180:2-42-66.1 (rescinded)	FCASMTL 537	
5180:2-42-90 (rescinded)	FCASMTL 456	
5180:4-5-07		
5180:4-5-34		
5180:4-5-37		
5180:4-5-38		DCY 00053
5180: 3-13-65		
5180: 3-13-66		
5180: 3-13-66.1		
5180: 3-13-90		DCY 01442
5180: 3-13-65.2 (new)		

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## **5180:4-5-07    Emergency planning and preparedness.**

### (A) What are the requirements for a residential facility's emergency procedures?

A residential facility is to develop and implement written procedures for staff and residents to follow in emergencies and disasters. These procedures are to be approved by a local or state fire inspector and are to include:

- (1) Specific instructions and procedures for the evacuation of buildings.
- (2) Assignment of staff during emergencies.
- (3) A contingency plan for the care of residents who have been evacuated.
- (4) If the residential facility cares for children with disabilities, the facility is to provide specific instructions for their evacuation.

### (B) What is the requirement for residential facilities regarding emergency on-call procedures?

Pursuant to section 5103.0510 of the Revised Code regarding emergencies involving a child under the care and supervision of the facility, each operator of a residential facility is required to establish a twenty-four hour emergency on-call procedure describing how they will respond to contact from:

- (1) Emergency departments.
- (2) Hospitals.
- (3) Law enforcement officers.
- (4) First responders (Firefighters, Paramedics, and Emergency Medical Technicians).

### (C) What is the expected response time for a residential facility to address an emergency?

The residential facility is expected to address the emergency within four hours of an emergency call from any of the emergency departments outlined in (B) of this rule.

### (D) Who should a residential facility ensure are familiar with the agency's emergency procedures?

The facility is to ensure that all staff and residents are familiar with its emergency procedures.

### (E) What is the requirement regarding fire drills and emergency evacuations?

In consultation with state or local fire personnel, the facility is to develop and implement a calendar of periodic fire drills and emergency evacuations at varying times and shifts.

- (1) The evacuation plan is to be approved by a fire inspector and clearly posted in each facility so that it may be easily seen by all staff and residents
- (2) Fire drills are to occur at least once each month or in accordance with the calendar of periodic drills developed with fire personnel.

(3) A log of all drills and evacuations is to be maintained within the agency's policies and be available for review upon request

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**5180:4-5-34    Building approval.**

(A) When is a children's residential center (CRC) to secure a building approval and occupancy permit?

A CRC is to secure a building approval and occupancy permit pursuant to section 3781.10 of the Revised Code:

- (1) Prior to initial certification.
- (2) At the time of any major modification or alteration of any existing structure, unless the structure will no longer be in use.
- (3) As required by the Ohio department of commerce (DOC) or from a county or municipal building department certified by the DOC to inspect and approve the building code use group applicable to the CRC.

(B) Who can issue the building approval and occupancy permit for a CRC?

Building approvals and occupancy permits are to be secured from either:

- (1) The Ohio Department of Commerce.
- (2) A county or municipal building department certified by the DOC to inspect and approve the building code use group applicable to the CRC.

(C) What are the compliance requirements for CRCs regarding building codes?

Each residential facility is to maintain compliance with all local and state building codes and ordinances including.

- (1) The CRC is to comply with any stipulations or limitations noted on the certificate of occupancy.
- (2) Any modifications that would otherwise need a plan approval as outlined by the rules of the Ohio board of building standards.

(D) What zoning requirements is a CRC adhere to?

Pursuant to section 5103.05 of the Revised Code, the CRC is to maintain all applicable local planning and zoning requirements.



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**5180:4-5-37 Information to be provided by residential facilities.**

(A) What is a new residential facility to do after receiving its certificate?

A new residential facility is to provide the following information to all county, municipal, township, law enforcement agencies, emergency management agencies and fire departments with jurisdiction over the facility within ten days of obtaining certification.

(1) A written notice with the facility's address, the type of residential facility, and the facility's **contact information.**

(2) **Copies of the facility's:**

(a) **Emergency and disaster procedures pursuant to rule 5180:2-5-13.1 of the Administrative Code.**

(b) **Medical emergency plan** pursuant to rule 5180:2-9-09 of the Administrative Code.

(c) **Community engagement plan** pursuant to rule 5180:4-5-38 of the Administrative Code.

(B) What types of facilities are to follow this rule?

All certified residential facilities, including:

(1) **Group homes.**

(2) **Children's crisis care facilities.**

(3) **Children's residential centers.**

(4) **Residential infant crisis care facilities.**

(5) **Residential parenting facilities.**

(6) **Scholar residential centers.**

(7) **Therapeutic wilderness camps**

(C) What documents are to be updated and resubmitted, and what steps should be taken if there are changes at the facility after the initial notice is sent?

A residential facility is to provide to all county, municipal, or township law enforcement agencies, emergency management agencies and fire departments with jurisdiction over the facility updated copies of the following:

(1) A copy of the facility's procedures for emergencies and disasters pursuant to rule 5180:2-5-13.1 of the Administrative Code.

(2) A copy of the facility's medical emergency plan pursuant to rule 5101:2-9-09 of the Administrative Code.

(3) A copy of the facility's community engagement plan pursuant to rule 5101:4-5-38 of the Administrative Code.

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(D) Is there a timeline to follow for submitting changes and updates?

(1) Changes are to be submitted within ten days.

(2) Updates are to be submitted within ten days prior to the second year after the original date of submission as described in paragraph (A) of this rule, and within ten days every second year thereafter:

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5180:4-5-38

## **Community engagement plan for residential facilities.**

(A) What is a community engagement plan and who needs one?

Every residential facility in Ohio is to have a written community engagement plan. This plan outlines how the facility will communicate with local residents and respond to concerns or incidents that may arise.

(B) What kind of information is to be included in a residential facility's community engagement plan?

The plan is to include:

(1) A process for community members to contact the Ohio department of children and youth (DCY) with concerns or complaints.

(2) Posting of the DCY 00053 "It Takes a Village" flyer in a visible location at the facility.

(3) A phone number and, if available, an email address for the public to contact the facility directly.

(4) Clear steps for how the facility will respond to community concerns, including how quickly they will respond.

(C) How can community members access contact information for the facility or DCY?

This information is to be:

(1) Provided to anyone who requests it.

(2) Posted on the facility's website, if accessible.

(D) What happens if the facility updates its community engagement plan?

The facility is to notify stakeholders of any changes within ten days. Stakeholders include:

(1) County, municipal, or township law enforcement agencies.

(2) Emergency management agencies

(3) Fire departments with jurisdiction over the facility

(4) Local government officials responsible for community oversight.

(5) Neighborhood associations or advisory boards, if applicable.

(E) What are the community engagement plan training requirements for a residential facility?

(1) A residential facility is to ensure staff are trained on the implementation of the community engagement plan and procedures for responding to incidents involving a child at the facility and neighbors or law enforcement.

(2) If the training is conducted by an external provider, the training is to include a transfer of learning component.

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(3) The transfer of learning component may include a pretest, a posttest, or a discussion following the training.

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5180:3-13-65

**Caseworker visits and contacts with children in substitute care.**

(A) What are the responsibilities of the public children services agency (PCSA) or private child placing agency (PCPA) that holds custody of a child regarding caseworker visits and contacts with the child and substitute caregivers?

The PCSA or PCPA that holds custody of a child is to conduct caseworker visits and maintain contact with both the child and the substitute caregivers to ensure the child's safety and well-being, and to assess whether the placement and services continue to meet the child's needs in accordance with the case plan.

(B) Who is responsible for conducting visits and contacts within the PCSA or PCPA?

Visits and contacts are to be conducted by a caseworker that has full responsibility for case planning and case management of the child's case.

(1) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit is to document in the child's case the reason someone other than the assigned caseworker visited the child.

(2) The caseworker assigned to the child's case is to complete the majority of the monthly visits.

(3) The PCSA or PCPA, as part of a managed care agreement as defined in 5180:2-1-01 of the Administrative Code, may contract with another agency to have the managed care caseworker assume responsibility for the child's case and caseworker visits outlined in this rule.

(C) What is the minimum frequency of visits?

The minimum frequency of visits will be as follows, with individual time for the child as appropriate for his or her ability to communicate:

(1) For a child placed in a relative or non-relative home approved pursuant to rule 5180:2-42-18 of the Administrative Code or a foster home certified pursuant to Chapters 5180:2-5 and 5180:4-1 of the Administrative Code:

(a) One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.

(b) One face-to-face visit with the child and the substitute caregiver within the substitute care setting during the first four weeks of placement, not including the visit during the first week of placement.

(c) Monthly face-to-face visits with the child and substitute caregiver within the substitute care setting, which may include visits referenced in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, provided that at least one of the visits occurs within each month.

(d) In a home which has two or more substitute caregivers, ensure that each caregiver is present for at least one of the face-to-face visits referenced in paragraphs (C)(1)(a) to (C)(1)(c) of this rule in each three-month period. If a caregiver is out of the home for the entire three-month period (e.g. military leave or extended hospital stay) the caregiver is exempt from the visits for that time period.

(e) If the circumstances of the case warrant more than one monthly visit, the additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide

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services for the case.

(2) For a child for whom a special, exceptional, or intensive needs difficulty of care payment is made pursuant to rule 5180:2-47-18 of the Administrative Code and placed in a treatment or medically fragile foster home certified pursuant to Chapters 5180:2-5 and 5180:4-1 of the Administrative Code:

- (a) One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
- (b) One face-to-face visit with the substitute caregiver and child should occur twice monthly, but not within the same week.
- (c) At least one of the monthly visits is to occur within the treatment or medically fragile foster home.
- (d) In a foster home which has two or more substitute caregivers on the certificate, assure that each caregiver is present for at least one of the face-to-face visits referenced in paragraphs (C)(2)(a) to (C)(2)(c) of this rule in each three-month period. If a caregiver is out of the home for the entire three-month period (e.g. military leave or extended hospital stay) the caregiver is exempt from the visits for that time period.
- (e) At least one of the monthly visits is to be conducted by a caseworker employed by the PCSA or PCPA that has full responsibility for case planning and case management of the child's case. Any additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.

(3) For a child who is sixteen years of age or older and placed in an independent living arrangement in which he or she has responsibility for his or her individual living environment:

- (a) One face-to-face visit with the child within the living environment within the first week of placement, not including the first day of placement.
- (b) Monthly face-to-face visits with the child, within the living environment, which may include the visit referenced in paragraph (C)(3)(a) of this rule.

(4) Regardless of the placement setting of the child, a child may request visits from the PCSA or PCPA caseworker on a more frequent basis than the minimums established in this rule. These requests and the resulting agency action are to be documented in the child's case record.

(D) How are contacts and visits for children in the custody of a PCSA or PCPA to be documented?

Visits and contacts are to be documented in the child's case record as outlined in rules 5180:3-1-23 and 5180:3-1-70 of the Administrative Code and address the following:

(1) The child's safety and well-being within the substitute care setting. In assessing the child's safety and well-being, the caseworker is to consider the following through observation and information obtained during the contact or visit:

- (a) The child's current behavior, emotional functioning and current social functioning within the substitute care setting, and any other settings/activities in which he or she is involved. The caseworker will also document evidence that the caregiver is following the reasonable and prudent parent standard in allowing the child regular opportunities to participate in age or developmentally

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appropriate activities.

(b) The child's current vulnerability.

(c) The protective capacities of the child's caregiver(s).

(d) Any new information regarding the child, the substitute care setting, and impact on the substitute caregiver's willingness or ability to care for the child including but not limited to:

(i) Changes in marital status.

(ii) Significant changes in the health status of a household member.

(iii) Placement of additional children.

(iv) Birth of a child.

(v) Death of a child or household member.

(vi) A criminal charge, conviction or arrest of any household member.

(vii) A change in the number of temporary or permanent household members.

(viii) Family's relocation.

(ix) Child's daily activities.

(x) A change in the caregiver's employment or other financial hardships.

(e) Any supportive services needed for the child or caregiver to assure the child's safety and well-being.

(2) The child's progress toward any goals in the case plan as applicable from information obtained from the child and caregiver.

(3) Permanency planning activities in accordance with the child's case plan.

(4) Any other issues that the child wishes to mention or discuss with the caseworker during the visit.

(E) What is the agency to do for a child who is placed through the Interstate Compact for the Placement of Children into a substitute care setting outside of Ohio?

The agency is to follow the directives in Chapters 5180:2-52 and 5180:3-15 of the Administrative Code, and the regulations of the interstate compact, located at <https://aphsa.org/icpc-resources/>.

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**5180:3-13-65.2      Visitation and placement review for children in residential facilities.**

(A) What are the responsibilities of the public children services agency (PCSA) or private child placing agency (PCPA) that holds custody of a child regarding caseworker visits and contacts with a child under the care and supervision of a residential facility?

(1) The PCSA or PCPA holding custody of a child who is placed in a residential facility or substance use disorder (SUD) residential facility as defined in rule 5180:2-1-01 of the Administrative Code is to ensure the child's safety and well-being and assess whether the placement and services continue to meet the child's needs in accordance with the case plan. The visits and contacts are to:

(a) Be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.

(i) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit is to document in the child's case the reason someone other than the assigned caseworker visited the child.

(ii) The case worker assigned to the child's case is to complete the majority of the monthly visits.

(iii) The PCSA or PCPA, as part of a managed care agreement as defined in rule 5180:2-1-01 of the Administrative Code, may contract with another agency to have the managed care caseworker assume responsibility for the child's case and caseworker visits outlined in this rule.

(iv) One contact with the residential facility or SUD residential facility and the child as developmentally appropriate is to occur within ten days of placement, not including the first day of placement.

(v) Monthly face-to-face visits with the child are to occur within the residential facility or SUD residential facility

(2) Contacts and visits are to be documented in the child's case record as outlined in rules 5180:3-1-23 and 5180:3-1-70 of the Administrative Code and address the following:

(a) The child's safety and well-being within the residential facility. In assessing the child's safety and well-being, the caseworker is to consider at least the following through observation and information obtained during the contact or visit:

(i) The child's current behavior, emotional functioning and current social functioning , and any other settings/activities in which he or she is involved. The caseworker will also document evidence that the facility staff are following the reasonable and prudent parent standard in allowing the child regular opportunities to participate in age or developmentally appropriate activities.

(ii) The child's current vulnerability.

(iii) Any new information regarding the child, the substitute care setting, and the impact on the residential facility's willingness or ability to care for the child including, but not limited to, the child's daily activities.

(iv) Any supportive services needed for the child to assure the child's safety and well-being.



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(v) Any additional concerns or relevant information the child makes known to the caseworker during the visit.

(b) The child's progress toward any goals in the case plan based on information obtained from the child and facility staff.

(c) Review and determine whether the residential facility is the appropriate setting and is providing a satisfactory level of care for the child.

(i) If during the monthly visit the PCSA or PCPA observes or is made aware of the following, a mandatory review of the placement is to occur as outlined in paragraph (B) of this rule.

(a) Unsafe or unsanitary conditions in the facility or on the grounds of the residential facility.

(b) Violations of the youth's rights, including but not limited to those enumerated in rule 5180:2-5-35 of the Administrative Code, by the residential facility or residential facility staff.

(c) Site and safety concerns.

(d) Lack of discharge planning as outlined in 5180:2-9-42 of the Administrative Code.

(e) Lack of service planning as outlined in 5180:2-9-12 of the Administrative Code.

(f) Any identified rule violation.

(B) When is a mandatory placement review to be conducted and what are the PCSA and PCPA responsibilities?

(1) The PCSA or PCPA is to complete a mandatory review of the placement within two days of:

(a) Notification that the child presented to an emergency department or was admitted to a hospital for an injury or mental health crisis.

(b) Notification that a police report is generated with regard to the child.

(c) The PCSA or PCPA has developed concerns for the safety and well-being of the child during the monthly visit outlined in paragraph (A) of this rule.

(2) If during the mandatory review the placement is found not to be providing a satisfactory level of care, the agency has five business days to determine what action is required to ensure the child receives a satisfactory level of care, including a possible placement change.

(3) Documentation by the PCSA or PCPA of the review outlined in (B) of this rule and the results of the review, including concerns that were addressed and the actions taken are to be recorded in the child's case record.

(4) The PCSA or PCPA is to notify the operator of the residential facility of the results of the review and any action that the agency plans to take with regard to the child as a result of the review.

(5) If a review of the placement occurs, the PCSA or PCPA is to report the concern and the results of the review to the Ohio department of children and youth (DCY) within one business day of the conclusion of the review.

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**5180:3-13-66**      **Administrative procedures for comprehensive health care for children in placement.**

(A) What is the early and periodic screening, diagnosis, and treatment (EPSDT) program?

The EPSDT program is a federally mandated program as defined in 42 U.S.C. 1396d(r) (2017) that provides comprehensive preventive health services to medicaid-eligible individuals from birth through age twenty years. In Ohio, the program is called "Healthchek, is defined in rule 5160-1-14 of the Administrative Code, and is administered by the county department of job and family services (CDJFS). A Healthchek screening examination or its equivalent constitutes comprehensive health care for all children in placement.

(B) What are the interagency procedures to implement comprehensive health care for children in placement?

(1) The public children services agency (PCSA), private child placing agency (PCPA) or private noncustodial agency (PNA) is to develop written interagency procedures to implement comprehensive health care for children in placement between the CDJFS and custody holding agency, if applicable. Interagency procedures are to include documentation that the substitute caregiver has been informed of Healthchek services and transportation services and the substitute caregiver has been provided a copy of the ODM 03528 "Healthchek and Pregnancy Related Services Information Sheet."

(2) The PCSA, PCPA or PNA is to review and amend the interagency procedures, as needed.

(C) What is the emergency on-call procedure each PCSA and PCPA is to establish?

Each PCSA and PCPA is to establish and implement a twenty-four hour emergency on-call procedure to respond to emergency departments, hospitals, law enforcement officers, and first responders involving a child in the agency's custody.

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**5180:3-13-66.1      Comprehensive health care for children in placement.**

(A) What is the responsibility of a public children services agency (PCSA) or private child placing agency (PCPA) regarding the coordination of health care for a child who enters substitute care or experiences a placement change?

The PCSA or PCPA is to coordinate health care for each child in its care or custody who enters into substitute care or has a placement change. In coordinating comprehensive health care, the PCSA or PCPA is to arrange for health care from the child's existing and previous medical providers as well as involve the parent, guardian, or custodian in the planning and delivery of health care services.

(B) When petitioning for custody, what are the PCSA or PCPA to determine regarding the parent, guardian, or custodian's ability to provide health care?

The PCSA or PCPA is to determine whether the parent guardian or custodian has health care insurance and/or financial resources to provide comprehensive health care.

(1) If insurance or financial resources are available, the PCSA or PCPA is to request financial support. This does not negate the responsibility of a PCSA or PCPA from assessing a child's eligibility for medicaid coverage, Title IV-E, or other assistance programs.

(2) If insurance or financial resources are not available, the PCSA or PCPA is to assess the child's eligibility for medicaid, Title IV-E, or other assistance programs. Unless an application for Title IV-E has been submitted, the PCSA or PCPA is to apply for medicaid on behalf of the child no later than thirty days after the date of the child's placement into substitute care.

(C) When is a child's medical screening to be completed?

The PCSA or PCPA is to ensure a medical screening is completed within five working days of each child entering into substitute care to prevent possible transmission of common childhood communicable diseases and to identify any symptoms of illness, injury, or maltreatment. A screening is not necessary for children directly placed into substitute care from the hospital. The medical screening is to be conducted by one of the following:

(1) A licensed physician.

(2) An advanced practice nurse.

(3) A registered nurse.

(4) A physician's assistant.

(D) What comprehensive health care is to be arranged for a child who is in substitute care?

The PCSA or PCPA is to arrange for the following health care pursuant to rule 5160-1-14 of the Administrative Code and the "Bright Futures" guidelines (rev. 2/2017) for a child who is in substitute care. The guidelines can be reviewed at <http://brightfutures.aap.org>. The agency additionally is to ensure:

(1) A comprehensive physical exam for children age three or over, including a review of physical, behavioral, developmental, vision, hearing and dental health is completed within sixty days after a child enters into

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substitute care. A comprehensive physical exam is not necessary if a comprehensive physical exam of the child has been conducted within six months prior to the child's entry into substitute care and a copy of the exam is filed in the child's case record. The agency is to ensure an annual comprehensive physical exam is completed no later than thirty days after the anniversary date of the child's last physical, which is to include a vision and hearing screening.

(2) Additional appointments, as appropriate, should occur during the first sixty to ninety days of the child entering substitute care to:

(a) Assess the child in the process of transition;

(b) Monitor the adjustment to care;

(c) Identify evolving needs and;

(d) Continue information gathering.

(3) A child under the age of three receives necessary pediatric care, which includes medical, developmental, behavioral, dental, vision and hearing.

(4) A child age three or under is referred to the county "Help Me Grow Program" when a screening or assessment indicates the child has or is at risk of a developmental disability or delay.

(5) Every child entering substitute care receives immunizations appropriate to their age and health history. If a child's record of previous immunizations is unavailable at the time of the comprehensive physical exam, and it is reasonable to assume that the child has received immunizations, immunizations may be postponed until an immunization record is available for review.

(6) A dental examination is completed for a child three years of age and older no later than six months after the child's placement into substitute care. The agency is to ensure a follow-up dental examination is completed every six months from the date of the last dental examination with a thirty-day grace period for scheduling purposes.

(7) Treatment for any diagnosed medical or psychological need is initiated within sixty days of the diagnosis, unless treatment is needed sooner.

(8) If a child has been adjudicated delinquent for any crimes listed in section 2152.72 of the Revised Code, the agency is to ensure a psychological examination is completed pursuant to division (C) of section 2152.72 of the Revised Code.

(E) What is to occur for a Medicaid eligible child?

For a Medicaid eligible child, the PCSA or PCPA is to:

(1) Coordinate with the county department of job and family services (CDJFS) Healthchek coordinator to secure a Healthchek screening exam. The agency may authorize the substitute caregiver, managed care coordinator as defined in 5180:2-1-01 of the Administrative Code, medical providers and custodial parents to work with the CDJFS Healthchek coordinator to schedule appointments and arrange transportation to those appointments.

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(2) Complete the ODM 03528 "Healthchek and Pregnancy Related Services Information Sheet" and return the form to the CDJFS Healthchek coordinator within the following timelines:

(a) Within sixty days of the child's entry into substitute care.

(b) Annually based on the date the previous ODM 03528 form was completed and returned to the CDJFS Healthchek coordinator.

(3) Inform the substitute caregiver(s) about Healthchek services within sixty days of placement into the caregiver's home by reviewing the ODM 03528 with the substitute caregiver and providing the caregiver a copy of the form.

(F) What is the required response time for a PCSA or PCPA to respond to a hospital or emergency department regarding medical care for a child in their custody who is under the care and supervision of a residential facility?

The PCSA or PCPA with custody of a child who is under the care and supervision of a residential facility and presents to an emergency department or is admitted to a hospital for an injury or mental health crisis is to respond to the emergency department or hospital's communication regarding medical care for the child no later than four hours after initial contact as outlined in 2151.461 of the Revised Code.

(G) What comprehensive health care is necessary for a placement episode less than sixty days?

Comprehensive health care pursuant to paragraph (D) of this rule is not necessary if the child's placement episode is less than sixty days; however the PCSA or PCPA, is to coordinate health care whenever the child has a condition which indicates a need for treatment during the placement episode.

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**5180:3-13-90      Information to be provided to children, caregivers, school districts and juvenile courts.**

- (A) What information is to be shared with caregivers, as defined in rule 5180:2-1-01 of the Administrative Code, when a public children services agency (PCSA) or private child placing agency (PCPA) plans to place a child into a substitute care setting or respite care setting and what are the timeframes for sharing it?
- (1) The PCSA or PCPA with custody of a child and planning to place the child into a substitute care setting or respite care setting is to share information with the caregivers in accordance with paragraphs (A) and (B) of this rule to allow them to make an informed decision regarding whether they can care for the child.
- (2) The PCSA or PCPA is to share the information identified in paragraphs (A)(3)(a) to (A)(3)(i) of this rule with the caregivers:
- (a) Within ninety-six hours of either an emergency placement or change in the case plan in accordance with section 2151.31 or 2151.412 of the Revised Code.
- (b) Or prior to placing the child.
- (3) The information is to include the following:
- (a) The child's health, behavioral characteristics, treatment and service needs, and plans to meet those needs as identified in the case plan.
- (b) Any special needs the child may have such as special diets, therapy, or learning disabilities
- (c) The child's prior history of maltreatment. Provision of information regarding child abuse or neglect assessments/investigations is to comply with rule 5180:3-1-21 of the Administrative Code, if applicable.
- (d) Information on any acts committed by the child that placed the health, safety, or well-being of others at risk; such as fire-setting or victimization of other adults, children, or animals, ,(e) The school the child will attend, if applicable.
- (f) The child's visitation schedule with his/her parents or guardian.
- (g) The substitute caregivers' responsibilities.
- (h) A written report containing the information specified in paragraph (A)(3)(i) of this rule, for a child who has been adjudicated delinquent for commission of any of the offenses in 2152.72 of the Revised Code.
- (i) The PCSA is to make a written request of the juvenile court that placed the child in the agency's custody for the information identified in paragraphs (A)(3)(i)(i) to (A)(3)(i)(iv) of this rule and share this information with the substitute caregiver. The PCSA is to maintain in the child's case record a copy of the written request for information, a copy of the written report shared with the caregivers, the date it was shared, and the caregivers' acknowledgement of receipt of the information. The PCSA is to maintain this information in the Ohio comprehensive child welfare information system (Ohio CCWIS). The PCPA is to maintain this information in the child's case record.
- (i) The child's social history;
- (ii) A description of all the known acts committed by the child that resulted in the child being

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adjudicated delinquent and the disposition made by the court, unless a child's record has been sealed pursuant to section 2151.358 of the Revised Code;

(iii) A description of any other violent acts committed by the child.

(iv) The substantial and material conclusions and recommendations of any psychiatric or psychological examination conducted on the child or, if not available, the substantial and material conclusions and recommendations of an examination to detect mental and emotional disorders conducted in compliance with the requirements of Chapter 4757 of the Revised Code by a licensed independent social worker, licensed social worker, licensed professional clinical counselor, or licensed professional counselor.

(B) What information is to be shared with the respite caregiver prior to a child's placement in a respite care setting?

The PCSA or PCPA is to share information that could impact the health, safety, or well-being of the child or others within the temporary setting. This includes sharing information as specified in paragraph (A) of this rule. The PCSA or PCPA is to maintain this information in accordance with paragraph (N) of this rule.

(C) What is the PCSA or PCPA to provide foster caregivers regarding a child's psychological, psychiatric, or mental health examinations, and what are the requirements for timing and documentation?

(1) The PCSA or PCPA is to provide a written report to the foster caregiver. The report is to:

(a) Contain substantial and material conclusions and recommendations of any psychological, psychiatric, or mental health examination contained in the child's case record.

(b) Include, but is not limited to, examinations conducted in accordance with paragraph (A)(3)(i)(iv) of this rule and rule 5180:3-13-66.1 of the Administrative Code.

(c) Be provided to the foster caregivers as soon as possible, but no later than sixty days after placing the child in the foster home

(d) Be maintained in accordance with paragraph (N) of this rule.

(D) What information is the PCSA or PCPA to provide to the caregiver of a child placed in a planned permanent living arrangement in a family setting?

The PCSA or PCPA holding custody of a child placed in a planned permanent living arrangement is to provide the caregiver a notice that addresses the following:

(1) The caregiver understands that the planned permanent living arrangement is intended to be permanent in nature and that the caregiver will provide a stable placement for the child through the child's emancipation or until the court releases the child from the custody of the agency, whichever occurs first.

(2) The caregiver is expected to actively participate in the youth's independent living case plan, attend agency team meetings and court hearings as appropriate, complete training, as provided in division (B) of section 5103.035 of the Revised Code, related to providing the child independent living services, and assist in the child's transition to adulthood.

(E) What are the responsibilities of the PCSA and PCPA in sharing information with prospective foster caregivers and the local board of education prior to placing a child in foster care?

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- (1) The PCSA is to share the information in (E)(5)(a) to (E)(5)(g) with the prospective foster caregivers and the board of education for the school district in which the child will be enrolled prior to placing a child in a foster home outside the county of residence of the child.
- (2) The PCPA is to share the information in (E)(5)(a) to (E)(5)(g) with the prospective foster caregivers and the board of education for the school district in which the child is enrolled prior to placing a child in any foster home, regardless of the county the child is placed.
- (3) The PCSA or PCPA is to share this information orally and send this information in writing no later than five days after the child's placement in the new school district.
- (4) The PCSA is to maintain a copy of the information shared, the date the information was provided both orally and in writing, and the foster caregivers' acknowledgement of receipt of the information, in the child's case record in CCWIS. The PCPA is to maintain a copy in the child's case record.
- (5) The information is to include:
  - (a) A discussion of safety and well-being concerns regarding the child and, if the child attends school, the students, teachers, and personnel of the school.
  - (b) A brief description of the reasons the child was removed from his home.
  - (c) The services the child is or will be receiving.
  - (d) The name, address and telephone number of the agency that is or will be directly responsible for monitoring the child's placement and the name and telephone number of the contact person for the agency
  - (e) The name, address, and telephone number of the agency having custody of the child and the name and telephone number of the contact person for the agency.
  - (f) The previous school district attended by the child.
  - (g) The last known address of the child's parents.

(F) What information is the PCSA or PCPA to provide when placing a child in a residential facility where the child will be attending a new school district?

The PCSA or PCPA is to provide the following:

- (1) The information necessary to support the child's education to the foster care liaison, as outlined in Public Law 114-95 Every Student Succeeds Act (ESSA), in the child's new school district verbally upon enrolling the child.
- (2) The DCY 01442 "Educational Information for Children Placed in Residential Facilities" form to the district's foster care liaison no later than five days after the child's enrollment in the new school district.

(G) What information is the PCSA and PCPA to provide to foster caregivers and the juvenile court for a child who has been adjudicated unruly or delinquent?

- (1) The PCSA or PCPA is to provide the foster caregivers and the juvenile court where the foster home is located with written information about the child no later than five days after placement when the child



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has been adjudicated unruly or delinquent and the foster home is outside the county of residence of the child.

(2) The PCSA is to maintain a copy of the information shared, the date the information was provided, and the foster caregivers' acknowledgement of receipt of the information in the child's case record in CCWIS. The PCPA is to maintain a copy in the child's case record.

(3) The information to be provided is to include:

(a) The information listed in paragraphs (E)(5)(c), (E)(5)(d), and (E)(5)(e) of this rule.

(b) A brief description of the facts supporting the adjudication that the child is unruly or delinquent.

(c) The name and address of the foster caregivers.

(d) The safety and well-being concerns with respect to the child.

(e) The safety and well-being concerns with respect to the community.

(H) How is information shared with a private non-custodial agency (PNA)?

When the PCSA or PCPA contracts with a PNA, the PCSA or PCPA is to share information with the PNA in accordance with paragraphs (A) and (B) of this rule. The PCSA is to maintain this information in CCWIS. The PCPA is to maintain this information in the child's case record.

(I) When is the individual child care agreement (ICCA) to be developed and what information is it to include?

(1) The PCSA or PCPA is to develop an ICCA each time a child is placed in a substitute care setting, including a children's residential center (CRC) administered by the PCSA.

(2) When the child's placement is in a CRC under the direction of another agency, the PCSA or PCPA is to develop and execute the ICCA with the other agency and provide a copy of the ICCA to both the agency and the CRC.

(3) When the child's placement is in a foster home certified by another agency, a second ICCA is to be executed between the certifying agency and the substitute caregivers, with a copy maintained in the child's case record.

(4) The ICCA is to be signed by all parties and a copy provided to the substitute caregivers prior to the placement, or within seven days of an emergency placement.

(5) The ICCA is to include, but is not limited to, the following:

(a) The name, address, email, and telephone number of the PCSA or PCPA; the name of the child's caseworker; information regarding how the caseworker may be contacted during regular hours and for emergencies; and the date of the agreement.

(b) The child's name and date of birth.

(c) History and background information known about the child, including, but not limited to:

(i) Positive attributes, characteristics, or strengths such as talents, hobbies, interests, or educational achievements.

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(ii) Physical, intellectual, and social development.

(iii) Spiritual or religious beliefs or practices of the child that should be respected by the substitute caregiver, if any.

(iii) Immediate health needs and current medications.

(iv) Psychiatric and/or psychological evaluations of the child.

(v) Attachment and bonding of the child to caregivers and siblings.

(vi) History of abuse or neglect of the child.

(vii) If applicable, a description of all acts which resulted in the child being found delinquent and the disposition made by the court.

(viii) Information on any other violent acts committed by the child that have or have not resulted in the child being adjudicated delinquent, including, but not limited to: arson, kidnapping, domestic violence, or animal cruelty.

(d) The child's need for placement and estimated timeframe for placement.

(e) Procedures for meeting the child's emergency and non-emergency medical needs, and information regarding the child's eligibility for Title XIX medical assistance.

(f) Any services, including, but not limited to, mental health and substance abuse services to be provided to the child or substitute caregivers and the party responsible for providing the services.

(g) Visitation plans with parents, guardian, custodian and other persons when applicable, pursuant to rule 5180:3-13-92 of the Administrative Code.

(h) Transportation arrangements for visits, school, therapy, and other activities, and the party responsible for providing the transportation.

(i) Case plan goal for the child, pursuant to rule 5180:2-38-05 of the Administrative Code, if applicable, for a PCSA and rules 5180:3-7-06 and 5180:2-38-07 of the Administrative Code for a PCPA.

(j) Any special needs the child may have such as supervision level, special diets, therapy, tutoring, learning disabilities and any other needs requiring assistance from the substitute caregiver.

(k) A statement that the methods of discipline used for the child are to comply with either rule 5180:2-7-09 or 5180:2-9-21 of the Administrative Code, as applicable.

(l) The rights and responsibilities of the PCSA or PCPA, the agencies providing services to the child, and the substitute caregivers.

(m) For children in the custody of a PCSA, a statement that assures the substitute caregivers and agencies providing services will provide all applicable data to the PCSA for the "Adoption and Foster Care Analysis and Reporting System" (AFCARS) as outlined in section 479 of the Social Security Act (42 USC Section 679, 1994, 108 stat. 4459).

(J) What if the information required on the ICCA is unavailable at the time of completion?

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If the PCSA or PCPA is unable to complete any part of the ICCA within the timeframe in paragraph (I) of this rule, the PCSA or PCPA is to document in the ICCA the information still needed and outline the steps that will be taken to obtain it. Once the outstanding information is obtained, the ICCA is to be updated within 7 days as outlined in paragraph (K) of this rule.

(K) When is the ICCA to be updated?

The PCSA or PCPA is to review and update the ICCA or develop a new ICCA when there is a change in any information in paragraph (I) of this rule. The PCSA or PCPA is to provide a copy of the updated or new ICCA to the substitute caregivers no later than seven days after any information changes and document its provision on the case plan document.

(L) When is an ICCA not required?

An ICCA is not required for temporary leaves from a substitute care setting, such as respite or hospital stays, or for direct placements ordered by the court, such as detention.

(M) When is the PCSA or PCPA to provide the DCY 01677 "Foster Youth Rights Handbook" and DCY 08069 "Foster Youth Bill of Rights"?

(1) The caseworker is to provide each child in substitute care the DCY 08069 "Foster Youth Bill of Rights" as outlined in 5180:2-5-35 of the Administrative Code.

The DCY 01677 is to be provided within seven days after an initial placement or a change in placement, to any child in substitute care who is fourteen years of age or older.

(2) If the child attains the age of fourteen while in custody, the DCY 01677 is to be given to the child within seven days after their fourteenth birthday.

(3) The caseworker is to have the child sign the DCY 01677 at the time of receipt in cases where the child is fourteen years of age or older.

(4) The DCY 01677 is to be reviewed with the child in an age and developmentally appropriate manner. At the time of review, the caseworker is to have the child sign the additional signature line of the DCY 01677 if the child is at least fourteen years of age. Once both the received and reviewed signatures are completed, the signature page is to be included with the child's case plan, whether initial or amendment, for submission to court.

(N) What record-keeping responsibilities do the PCSA and PCPA have regarding all information shared as outlined in this rule?

(1) The PCSA is to maintain in CCWIS and in the child's case record a detailed record of all information shared with caregivers, including the date it was shared and the caregivers' acknowledgment of receipt.

(2) The PCPA is to maintain this same information in the child's case record.

(3) Both the PCSA and PCPA are to maintain copies of all ICCAs and any updates in the child's case record and the substitute caregivers' record.

Ohio Department of Children and Youth

**EDUCATIONAL INFORMATION FOR CHILDREN PLACED IN RESIDENTIAL FACILITIES**

**Instructions:** The PCSA or PCPA with custody of a child is to complete this form for each child placed in a residential facility outside the child's school district of residence. This form is to be provided to the foster care liaison in the child's new school district not later than five days after enrollment.

<b>CHILD INFORMATION</b>
--------------------------

**Child's Name** (full legal name of the child):

**Date of Birth:**

**Grade Level** (current grade level of the child):

**Child's SSID (Statewide Student Identifier if known):**

**Child's Address at Time of Initial Removal:**

**School District of Residence at Time of Initial Removal:**

**Parent's Last Known Address:**

**Court Case Number:**

**Court ID Number:**

**Journalized Date:**

<b>FORMER AND RECEIVING SCHOOL DISTRICT ENROLLMENT</b>
--------------------------------------------------------

Former School Enrollment Information:

Dates of Attendance (specify the date the child attended the former school):

School District:

School Name:

School Address:

Receiving School Enrollment Information:

Anticipated Dates of Attendance:

School District:

School Name:

School Address:

**FORMER AND RECEIVING SCHOOL DISTRICT ENROLLMENT**

**Was the child enrolled in a Special Education Program at their former school?** Yes ☐ No ☐

**If yes, please identify the programs below:**

**Does the child have an Individualized Education Program (IEP)?** Yes ☐ No ☐

**If yes, please provide additional details about the IEP.**

**What type of schooling/educational setting was the child enrolled in at the time of placement?**

(public, private, online, homeschool, etc.):

**Special Needs:** Provide details about any special needs the child has, including any accommodation or support services required:

**Attach all current educational plans that are in place for the child.** This could include a Behavior Intervention Plan (BIP), Individualized Education Program (IEP), Evaluation Team Report (ETR), Attendance Intervention Team plan, 504 plan, Academic Records, etc. If not available, please note the reason here.

**Medical history:** Summarize relevant medical history, such as chronic conditions, allergies, medication, latest health screenings (physical, hearing, vision), and any other pertinent information.

**Other Relevant Details:** Add any additional information that may be important for the child's education and well-being, such as behavior concerns, language needs, or extracurricular activities.

**Release forms:** Provide any necessary release forms for mental health treatment providers, medical records, or other case workers.

#### CHILD'S CURRENT PLACEMENT INFORMATION

Residential Facility/Provider:

Phone:

Agency information and worker responsible for monitoring placement:

Caseworker Name:

Supervisor Name:

#### ADDITIONAL INFORMATION

Safety and well-being concerns regarding the child, students, teacher, and personnel of the school:

Reason(s) child was removed from his/her home:

Services the child is currently or will be receiving:

Any other information necessary to support the child's education:

#### SIGNATURES

Transfer Meeting and Signatures: A transfer meeting between current and receiving school should be held to discuss the child's educational needs and ensure a smooth transition.

Signatures:

Child's case worker: \_\_\_\_\_

Receiving school representative: \_\_\_\_\_

Other Representatives: \_\_\_\_\_

Date: \_\_\_\_\_

5180:2-9-07

**Emergency planning and preparedness.**

- (A) Each residential facility shall develop and implement a set of written procedures for staff and residents to follow in emergencies and disasters. These procedures shall be approved by, a local or state fire inspector, and shall include specific instructions and procedures for the evacuation of buildings, the assignment of staff during emergencies, and a contingency plan for the care of residents who have been evacuated. If the residential facility cares for children who are physically or emotionally handicapped, the facility emergency procedures shall further include specific instructions as to the evacuation of these children.
- (B) Each residential facility shall ensure that all staff and children are familiar with its emergency procedures.
- (C) Each residential facility shall, in consultation with state or local fire personnel, develop, and implement, a calendar of periodic fire drills and emergency evacuations at varying times and shifts. A log of all such drills or evacuations shall be maintained. The evacuation plan shall be approved by a fire inspector and clearly posted in each facility so that it may be easily seen by all children . Fire drills shall occur at least once each month or in accordance with the calendar of periodic drills developed with fire personnel.

5180:2-9-34

**Building approval.**

(A) A children's residential center (CRC) shall secure a building approval and occupancy permit:

(1) Prior to initial certification.

(2) At the time of any major modification or alteration of any existing structure, unless the structure will no longer be in use.

(3) As required by the Ohio department of commerce or from a county or municipal building department certified by the department of commerce to inspect and approve the building code use group applicable to the CRC.

(B) All CRC building approvals and occupancy permits shall be secured from either of the following:

(1) The Ohio department of commerce.

(2) A county or municipal building department certified by the department of commerce to inspect and approve the building code use group applicable to the CRC.

(C) Each residential facility shall maintain compliance with all local and state building codes and ordinances.



5180:2-9-37

**Information to be provided by residential facilities.**

- (A) A new residential facility is to provide the following information to all county, municipal, or township law enforcement agencies, emergency management agencies and fire departments with jurisdiction over the facility within ten days after obtaining certification:
- (1) A written notice that a facility will be operating in the agency's or department's jurisdiction including:
    - (a) The address of the facility.
    - (b) The type of residential facility.
    - (c) The contact information for the facility.
  - (2) A copy of the facility's procedures for emergencies and disasters pursuant to rule 5101:2-5-13.1 of the Administrative Code.
  - (3) A copy of the facility's medical emergency plan pursuant to rule 5101:2-9-09 of the Administrative Code.
  - (4) A copy of the facility's community engagement plan pursuant to rule 5101:2-9-38 of the Administrative Code.
- (B) A residential facility is to provide to all county, municipal, or township law enforcement agencies, emergency management agencies and fire departments with jurisdiction over the facility updated copies of the following within ten days prior to the second year after the original date of submission as described in paragraph (A) of this rule, and within ten days every second year thereafter:
- (1) A copy of the facility's procedures for emergencies and disasters pursuant to rule 5101:2-5-13.1 of the Administrative Code.
  - (2) A copy of the facility's medical emergency plan pursuant to rule 5101:2-9-09 of the Administrative Code.
  - (3) A copy of the facility's community engagement plan pursuant to rule 5101:2-9-38 of the Administrative Code.

5180:2-9-38

**Community engagement plan for residential facilities.**

(A) A residential facility shall have a written community engagement plan which shall include:

(1) Protocols for the community in which a residential facility is located to communicate concerns or other pertinent information directly to the facility which shall include at a minimum:

(a) A contact phone number for the facility.

(b) If the facility has an email address, the email address shall also be provided.

(2) The agency shall provide all applicable information listed in paragraph (A)(1) of this rule to the following:

(a) Upon request to an individual.

(b) If the facility has a website, the information shall be made available on the site.

(3) Protocols for the agency in responding to such a communication which shall include a time frame for responding to a community request.

(B) A residential facility shall ensure staff are trained on the implementation of the community engagement plan and procedures for responding to incidents involving a child at the facility and neighbors or the police.

(1) If the training is conducted by an external provider, the training shall include a transfer of learning component.

(2) The transfer of learning component may include a pretest, a posttest, or a discussion following the training.

5180:2-42-65

**Caseworker visits and contacts with children in substitute care.**

- (A) The public children services agency (PCSA) or private child placing agency (PCPA) that holds custody of a child is to comply with the provisions set forth in this rule regarding caseworker visits and contacts with the child and the substitute caregivers to ensure the child's safety and well-being, and to assess whether the placement and services continue to meet the child's needs in accordance with the case plan.
- (B) Visits and contacts are to be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.
  - (1) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit is to document in the child's case the reason someone other than the assigned caseworker visited the child.
  - (2) The caseworker assigned to the child's case is to complete the majority of the required monthly visits.
  - (3) The PCSA or PCPA, as part of a managed care agreement as defined in rule 5101:2-1-01 of the Administrative Code, may contract with another agency to have the managed care caseworker assume responsibility for the child's case and caseworker visits required by this rule.
- (C) The minimum frequency of visits will be as follows, with individual time for the child as appropriate to his or her ability to communicate:
  - (1) For a child placed in a relative or non-relative home approved pursuant to rule 5101:2-42-18 of the Administrative Code or a foster home certified pursuant to Chapter 5101:2-5 of the Administrative Code:
    - (a) One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
    - (b) One face-to-face visit with the child and the substitute caregiver within the substitute care setting during the first four weeks of placement, not including the visit during the first week of placement.
    - (c) Monthly face-to-face visits with the child and substitute caregiver within the substitute care setting, which may include visits referenced in paragraphs (C)(1)(a) and (C)(1)(b) of this rule, provided that at least one of the visits occurs within each month.

- (d) In a home which has two or more substitute caregivers, ensure that each caregiver receives at least one of the face-to-face visits referenced in paragraphs (C)(1)(a) to (C)(1)(c) of this rule in each three-month period. If a caregiver is out of the home for the entire three-month period (e.g. military leave or extended hospital stay) the caregiver is exempt from the visits for that time period.
  - (e) If the circumstances of the case require more than one monthly visit, the additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.
- (2) For a child for whom a special, exceptional, or intensive needs difficulty of care payment is made pursuant to rule 5101:2-47-18 of the Administrative Code and placed in a treatment or medically fragile foster home certified pursuant to Chapter 5101:2-5 of the Administrative Code:
  - (a) One face-to-face visit with the child and substitute caregiver within the substitute care setting during the first week of placement, not including the first day of placement.
  - (b) One face-to-face visit with the substitute caregiver and child should occur twice monthly, but not within the same week.
  - (c) At least one of the monthly visits is to occur within the treatment or medically fragile foster home.
  - (d) In a foster home which has two or more substitute caregivers on the certificate, assure that each caregiver receives at least one of the face-to-face visits referenced in paragraphs (C)(2)(a) to (C)(2)(c) of this rule in each three-month period. If a caregiver is out of the home for the entire three-month period (e.g. military leave or extended hospital stay) the caregiver is exempt from the visits for that time period.
  - (e) At least one of the monthly visits is to be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case. Any additional visit(s) may be conducted by a caseworker employed by an agency contracted by the PCSA or PCPA to provide services for the case.
- (3) For a child placed in a residential facility or substance use disorder (SUD) residential facility as defined in rule 5101:2-1-01 of the Administrative Code:

- (a) One contact with the residential facility or SUD residential facility and the child as developmentally appropriate within ten days of placement, not including the first day of placement.
  - (b) Monthly face-to-face visits with the child, within the residential facility or SUD residential facility. Visits will be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.
    - (i) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit is to document in the child's case the reason someone other than the assigned caseworker visited the child.
    - (ii) The caseworker assigned to the child's case is to complete the majority of the required monthly visits.
  - (c) The caseworker within the residential facility or SUD residential facility, performing casework duties, will not conduct visits on behalf of the PCSA or PCPA.
- (4) For a child who is sixteen years of age or older and placed in an independent living arrangement in which he or she has responsibility for his or her individual living environment:
- (a) One face-to-face visit with the child within the living environment within the first week of placement, not including the first day of placement.
  - (b) Monthly face-to-face visits with the child, within the living environment, which may include the visit referenced in paragraph (C)(4)(a) of this rule. Visits are to be conducted by a caseworker within the PCSA or PCPA that has full responsibility for case planning and case management of the child's case.
    - (i) If the caseworker responsible for the child's case is unable to complete the visit, the caseworker completing the visit is to document in the child's case the reason someone other than the assigned caseworker visited the child.
    - (ii) The caseworker assigned to the child's case is to complete the majority of the required monthly visits.

(D) Contacts and visits for children in the custody of a PCSA or PCPA are to be documented in the child's case record as outlined in rules 5101:2-33-23 and 5101:2-33-70 of the Administrative Code and address the following:

(1) The child's safety and well-being within the substitute care setting. In assessing the child's safety and well-being, the caseworker is to consider the following through observation and information obtained during the contact or visit:

(a) The child's current behavior, emotional functioning and current social functioning within the substitute care setting, and any other settings/activities in which he or she is involved. The caseworker will also document evidence that the caregiver is following the reasonable and prudent parent standard in allowing the child regular opportunities to participate in age or developmentally appropriate activities.

(b) The child's current vulnerability.

(c) The protective capacities of the child's caregiver(s).

(d) Any new information regarding the child, the substitute care setting, and impact on the substitute caregiver's willingness or ability to care for the child including but not limited to:

(i) Changes in the marital status.

(ii) Significant changes in the health status of a household member.

(iii) Placement of additional children.

(iv) Birth of a child.

(v) Death of a child or household member.

(vi) A criminal charge, conviction or arrest of any household member.

(vii) Addition or removal of temporary or permanent household members.

(viii) Family's relocation.

- (ix) Child's daily activities.
- (x) A change in the caregiver's employment or other financial hardships.
- (e) Any supportive services needed for the child or caregiver to assure the child's safety and well-being.
- (2) The child's progress toward any goals in the case plan as applicable from information obtained from the child and caregiver.
- (3) Permanency planning in accordance with the child's case plan.
- (E) For a child who is placed through the "Interstate Compact for the Placement of Children" into a substitute care setting outside of Ohio, the agency is to follow the directives in Chapter 5101:2-52 of the Administrative Code, and the regulations of the interstate compact, located at [https://aphsa.org/AAICPC/AAICPC/ICPC\\_Regulations.aspx](https://aphsa.org/AAICPC/AAICPC/ICPC_Regulations.aspx).

5180:2-42-66

**Administrative procedures for comprehensive health care for children in placement.**

- (A) The early and periodic screening, diagnosis, and treatment (EPSDT) program is a federally mandated program of comprehensive preventive health services available to medicaid-eligible individuals from birth through age twenty years. In Ohio, the program is called healthchek and is administered by the county department of job and family services (CDJFS). A healthchek screening examination or its equivalent constitutes comprehensive health care for all children in placement.
- (B) The public children services agency (PCSA), private child placing agency (PCPA) or private noncustodial agency (PNA) is to develop written interagency procedures to implement comprehensive health care for children in placement between the CDJFS and custody holding agency, if applicable. Interagency procedures are to include documentation that the substitute caregiver has been informed of healthchek services and transportation services and the substitute caregiver has been provided a copy of the ODM 03528 "Healthchek and Pregnancy Related Services Information Sheet."
- (C) The PCSA, PCPA or PNA is to review and amend the interagency procedures developed pursuant to paragraph (B) of this rule, as needed.



5180:2-42-66.1

**Comprehensive health care for children in placement.**

- (A) The public children services agency (PCSA) or private child placing agency (PCPA) is to coordinate comprehensive health care for each child in its care or custody who enters into substitute care or has a placement change. In coordinating comprehensive health care, the PCSA or PCPA is to arrange for health care from the child's existing and previous medical providers as well as involve the parent, guardian, or custodian in the planning and delivery of health care services.
- (B) If applicable, when petitioning for custody, the PCSA or PCPA is to determine whether the parent, guardian or custodian has health care insurance and / or financial resources to provide comprehensive health care.
  - (1) If insurance or financial resources are available, the PCSA or PCPA is to request financial support.
  - (2) If insurance or financial resources are not available, the PCSA or PCPA is to assess the child's eligibility for medicaid, Title IV-E, supplemental security income (SSI), or other assistance programs. Unless an application for Title IV-E has been submitted, the PCSA or PCPA is to apply for medicaid on behalf of the child no later than thirty days after the date of the child's placement into substitute care.
- (C) The PCSA or PCPA is to ensure a medical screening is completed within five working days of each child entering into substitute care to prevent possible transmission of common childhood communicable diseases and to identify any symptoms of illness, injury, or maltreatment. A screening is not required for children directly placed into substitute care from the hospital. The medical screening is to be conducted by one of the following:
  - (1) A licensed physician.
  - (2) An advanced practice nurse.
  - (3) A registered nurse.
  - (4) A licensed practical nurse.
  - (5) A physician's assistant.
- (D) The PCSA or PCPA is to arrange for the following health care pursuant to rule 5160-1-14 of the Administrative Code and the "Bright Futures" guidelines (rev. 2/2017) for a child who is in substitute care. The guidelines can be reviewed at

<http://brightfutures.aap.org>. The agency additionally is to ensure:

- (1) A comprehensive physical exam for children age three or over, including a review of physical, behavioral, developmental, vision, hearing and dental health is completed within sixty days after a child enters into substitute care. A comprehensive physical exam is not required if a comprehensive physical exam of the child has been conducted within six months prior to the child's entry into substitute care and a copy of the exam is filed in the child's case record. The agency is to ensure an annual comprehensive physical exam is completed no later than thirty days after the anniversary date of the child's last physical, which is to include a vision and hearing screening.
- (2) Additional visits, as appropriate, should occur during the first sixty to ninety days of the child entering substitute care to:
  - (a) Assess the child in the process of transition;
  - (b) Monitor the adjustment to care;
  - (c) Identify evolving needs and;
  - (d) Continue information gathering.
- (3) A child under the age of three receives required pediatric care, which includes medical, developmental, behavioral, dental, vision and hearing.
- (4) A child age three or under is referred to the county "Help Me Grow Program" when a screening or assessment indicates the child has or is at risk of a developmental disability or delay.
- (5) Every child entering substitute care receives immunizations appropriate to age and health history. If a child's record of previous immunizations is unavailable at the time of the comprehensive physical exam, and it is reasonable to assume that the child has received immunizations, immunizations may be postponed until an immunization record is available for review.
- (6) A dental examination is completed for a child three years of age and older no later than six months after the child's placement into substitute care. The agency is to ensure a follow-up dental examination is completed every six months from the date of the last dental examination with a thirty day grace

period for scheduling purposes.

- (7) Treatment for any diagnosed medical or psychological need is initiated within sixty days of the diagnosis, unless treatment is required sooner.
  - (8) If a child has been adjudicated delinquent for any crimes listed in section 2152.72 of the Revised Code, the agency is to ensure a psychological examination is completed pursuant to division (C) of section 2152.72 of the Revised Code.
- (E) For a medicaid eligible child, the PCSA or PCPA is to:
- (1) Coordinate with the county department of job and family services (CDJFS) healthchek coordinator to secure a healthchek screening exam. The agency may authorize the substitute caregiver, managed care coordinator, medical providers and custodial parents to work with the CDJFS healthchek coordinator to schedule appointments and arrange transportation to those appointments.
  - (2) Complete the ODM 03528 "Healthchek and Pregnancy Related Services Information Sheet" (rev. 3/2018) and return the form to the CDJFS healthchek coordinator within the following timelines:
    - (a) Within sixty days of the child's entry into substitute care.
    - (b) Annually based on the date the previous ODM 03528 form was completed and returned to the CDJFS healthchek coordinator.
  - (3) Inform the substitute caregiver(s) about healthchek services within sixty days of placement into the caregiver's home by reviewing the ODM 03528 with the substitute caregiver and providing the caregiver a copy of the form.
- (F) Comprehensive health care pursuant to paragraph (D) of this rule is not required if the child's placement episode is less than sixty days; however the PCSA or PCPA, is to coordinate health care whenever the child has a condition which indicates a need for treatment during the placement episode.

5180:2-42-90

**Information to be provided to children, caregivers, school districts and juvenile courts.**

- (A) When a public children services agency (PCSA) or private child placing agency (PCPA) holds custody of a child and plans to place the child into a substitute care setting or respite care setting, the PCSA or PCPA shall share information with the caregivers in accordance with paragraphs (B), (C), and (D) of this rule to allow them to make an informed decision regarding whether they can care for the child.
- (B) The PCSA or PCPA shall share the information identified in paragraphs (C)(1) to (C)(9) of this rule with the caregivers:
  - (1) Within ninety-six hours of either an emergency placement or change in the case plan in accordance with section 2151.31 or 2151.412 of the Revised Code.
  - (2) Or prior to placing the child.
- (C) The information shall include:
  - (1) The child's health, behavioral characteristics, treatment and service needs, and plans to meet those needs as identified in the case plan.
  - (2) Any special needs the child may have such as special diets, therapy, or learning disabilities.
  - (3) The child's prior history of maltreatment. Provision of information regarding child abuse or neglect assessments/investigations shall comply with rule 5101:2-33-21 of the Administrative Code, if applicable.
  - (4) Information on any acts committed by the child that placed the health, safety, or well-being of others at risk; such as victimization of other children or animals, or fire-setting.
  - (5) The school the child will attend, if applicable.
  - (6) The child's visitation schedule with his/her parents or guardian.
  - (7) The substitute caregivers' responsibilities.
  - (8) A written report containing the information specified in paragraph (C)(9) of this rule, for a child who has been adjudicated delinquent for commission of any of the following offenses:

- (a) Aggravated murder.
  - (b) Murder.
  - (c) Voluntary manslaughter.
  - (d) Involuntary manslaughter.
  - (e) Felonious assault.
  - (f) Aggravated assault.
  - (g) Assault.
  - (h) Rape.
  - (i) Sexual battery.
  - (j) Gross sexual imposition.
  - (k) Conspiracy involving an attempt to commit aggravated murder or murder.
  - (l) Any other offense that would be a felony if committed as an adult, and the child, upon committing the offense, was found to be using or in possession of a firearm.
- (9) The PCSA shall make a written request of the juvenile court that placed the child in the agency's custody for the information identified in paragraphs (C)(9)(a) to (C)(9)(d) of this rule and share this information with the substitute caregiver. The PCSA shall maintain in the child's case record a copy of the written request for information, a copy of the written report shared with the caregivers, the date it was shared, and the caregivers' acknowledgement of receipt of the information. The PCSA shall maintain this information in the statewide automated child welfare information system (SACWIS). The PCPA shall maintain this information in the child's case record.
- (a) The child's social history;

- (b) A description of all the known acts committed by the child that resulted in the child being adjudicated delinquent and the disposition made by the court, unless a child's record has been sealed pursuant to section 2151.358 of the Revised Code;
  - (c) A description of any other violent acts committed by the child.
  - (d) The substantial and material conclusions and recommendations of any psychiatric or psychological examination conducted on the child or, if not available, the substantial and material conclusions and recommendations of an examination to detect mental and emotional disorders conducted in compliance with the requirements of Chapter 4757. of the Revised Code by a licensed independent social worker, licensed social worker, licensed professional clinical counselor, or licensed professional counselor.
- (D) Prior to the child's placement in a respite care setting, the PCSA or PCPA shall share with the respite caregiver pertinent information identified in paragraph (C) of this rule that could impact the health, safety, or well-being of the child or others within the temporary setting. The PCSA or PCPA shall maintain this information in accordance with paragraph (T) of this rule.
- (E) The PCSA or PCPA shall provide foster caregivers with a written report which contains substantial and material conclusions and recommendations of any psychological, psychiatric, or mental health examination contained in the child's case record. This shall include, but is not limited to, examinations conducted in accordance with paragraph (C)(9)(d) of this rule and rule 5101:2-42-66.1 of the Administrative Code. The written report shall be provided to the foster caregivers as soon as possible, but no later than sixty days after placing the child in the foster home. The PCSA or PCPA shall maintain this information in accordance with paragraph (T) of this rule.
- (F) The PCSA or PCPA holding custody of a child who is placed in a planned permanent living arrangement in a family setting shall provide the caregiver a notice that addresses the following:
  - (1) The caregiver understands that the planned permanent living arrangement is intended to be permanent in nature and that the caregiver will provide a stable placement for the child through the child's emancipation or until the court releases the child from the custody of the agency, whichever occurs first.
  - (2) The caregiver is expected to actively participate in the youth's independent

living case plan, attend agency team meetings and court hearings as appropriate, complete training, as provided in division (B) of section 5103.035 of the Revised Code, related to providing the child independent living services, and assist in the child's transition to adulthood.

- (G) The PCSA shall be responsible for sharing information with the prospective foster caregivers and the board of education for the school district in which the child will be enrolled prior to placing a child in a foster home outside the county of residence of the child. The PCPA is responsible for sharing information with the prospective foster caregivers and the board of education for the school district in which the child is enrolled prior to placing a child in any foster home, regardless of the county the child is placed. The PCSA or PCPA shall share this information orally and send this information in writing no later than five days after the child's placement in the new school district. The PCSA shall maintain a copy of the information shared, the date the information was provided both orally and in writing, and the foster caregivers' acknowledgement of receipt of the information, in the child's case record in SACWIS and the PCPA shall maintain a copy in the child's case record. The information shall include:
- (1) A discussion of safety and well-being concerns regarding the child and, if the child attends school, the students, teachers, and personnel of the school.
  - (2) A brief description of the reasons the child was removed from his home.
  - (3) The services the child is or will be receiving.
  - (4) The name, address and telephone number of the agency that is or will be directly responsible for monitoring the child's placement and the name and telephone number of the contact person for the agency.
  - (5) The name, address, and telephone number of the agency having custody of the child and the name and telephone number of the contact person for the agency.
  - (6) The previous school district attended by the child.
  - (7) The last known address of the child's parents.
- (H) The PCSA shall provide the foster caregivers and the juvenile court where the foster home is located with written information about the child no later than five days after placement when the child has been adjudicated unruly or delinquent and the

foster home is outside the county of residence of the child. The PCPA is to provide the foster caregivers and the juvenile court where the foster home is located with written information about the child no later than five days after placement when the child has been adjudicated unruly or delinquent, regardless of the county the child is placed. The PCSA shall maintain a copy of the information shared, the date the information was provided, and the foster caregivers' acknowledgement of receipt of the information in the child's case record in SACWIS and the PCPA shall maintain a copy in the child's case record. The information to be provided shall include:

- (1) The information listed in paragraphs (G)(3), (G)(4) and (G)(5) of this rule.
  - (2) A brief description of the facts supporting the adjudication that the child is unruly or delinquent.
  - (3) The name and address of the foster caregivers.
  - (4) The safety and well-being concerns with respect to the child.
  - (5) The safety and well-being concerns with respect to the community.
- (I) When the PCSA or PCPA contracts with a private non-custodial agency (PNA), the PCSA or PCPA shall share information with the PNA in accordance with paragraphs (B), (C), and (D) of this rule. The PCSA shall maintain this information in SACWIS. The PCPA shall maintain this information in the child's case record.
- (J) The PCSA or PCPA shall develop an individual child care agreement (ICCA) each time a child is placed in a substitute care setting, including a children's residential center (CRC) administered by the PCSA. An ICCA is not required for temporary leaves from a substitute care setting (e.g., respite or hospital stays) or direct placements ordered by the court (e.g., detention). The ICCA shall be signed by all parties and a copy provided to the substitute caregivers prior to placement, or within seven days of an emergency placement. The ICCA shall include, but is not limited to, the following:
- (1) The name, address, and telephone number of the PCSA or PCPA; the name of the child's caseworker; information regarding how the caseworker may be contacted during regular hours and for emergencies; and the date of the agreement.
  - (2) The child's name and date of birth.



- (3) History and background information known about the child, including, but not limited to:
  - (a) Positive attributes, characteristics, or strengths such as talents, hobbies, interests, or educational achievements.
  - (b) Physical, intellectual, and social development.
  - (c) Immediate health needs and current medications.
  - (d) Psychiatric and/or psychological evaluations of the child.
  - (e) Attachment and bonding of the child to caregivers and siblings.
  - (f) History of abuse or neglect of the child.
  - (g) If applicable, a description of all acts which resulted in the child being found delinquent and the disposition made by the court.
  - (h) Information on any other violent acts committed by the child that may or may not have resulted in the child being adjudicated delinquent, including, but not limited to: arson, kidnapping, domestic violence, or animal cruelty.
- (4) The child's need for placement and estimated timeframe for placement.
- (5) Procedures for meeting the child's emergency and non-emergency medical needs, and information regarding the child's eligibility for Title XIX medical assistance.
- (6) Any services, including, but not limited to, mental health and substance abuse services to be provided to the child or substitute caregivers and the party responsible for providing the services.
- (7) Visitation plan with parents, guardian, custodian and other persons when applicable, pursuant to rule 5101:2-42-92 of the Administrative Code.
- (8) Transportation arrangements for visits, school, therapy, and other activities, and the party responsible for providing the transportation.

- (9) Case plan goal for the child, pursuant to rule 5101:2-38-05 of the Administrative Code, if applicable, for a PCSA and rules 5101:2-38-06 and 5101:2-38-07 of the Administrative Code for a PCPA.
- (10) Any special needs the child may have such as supervision level, special diets, therapy, tutoring, learning disabilities and any other needs requiring assistance from the substitute caregiver.
- (11) A statement that the methods of discipline used for the child shall comply with either rule 5101:2-7-09 or 5101:2-9-21 of the Administrative Code, as applicable.
- (12) The rights and responsibilities of the PCSA or PCPA, the agencies providing services to the child, and the substitute caregivers.
- (13) For children in the custody of a PCSA, a statement that assures the substitute caregivers and agencies providing services will provide all applicable data to the PCSA for the "Adoption and Foster Care Analysis and Reporting System" (AFCARS) as required by section 479 of the Social Security Act (42 USC Section 679, 1994, 108 stat. 4459).
- (K) If the PCSA or PCPA is unable to complete any part of the ICCA within the timeframe required in paragraph (J) of this rule, the PCSA or PCPA shall document in the ICCA the information needed and the steps that will be taken to obtain the information.
- (L) When the child's placement is in a children's residential center (CRC) under the direction of another agency, the PCSA or PCPA shall develop and execute the ICCA with the other agency and provide a copy of the ICCA to both the agency and the CRC.
- (M) When the child's placement is in a foster home certified by another agency, a second ICCA shall be executed between the certifying agency and the substitute caregivers, with a copy maintained in the child's case record.
- (N) The PCSA or PCPA shall review and update the ICCA or develop a new ICCA when there is a change in any information required by paragraph (J) of this rule. The PCSA or PCPA shall provide a copy of the updated or new ICCA to the substitute caregivers no later than seven days after any information changes, and document its provision on the case plan document.

- (O) The PCSA or PCPA shall maintain copies of all ICCAs and updates in the child's case record and the substitute caregivers' record.
- (P) The PCSA shall provide the substitute caregiver with a copy of the JFS 01443 "Child's Education and Health Information", or its alternative pursuant to rule 5101:2-38-08 of the Administrative Code.
- (Q) The PCSA or PCPA holding custody shall provide the JFS 01677 "Foster Youth Rights Handbook" to any child being placed in substitute care who is fourteen years of age or older.
  - (1) If the child is placed on or after the effective date of this rule, the child shall be given the JFS 01677 within seven days after the placement. At the time of receipt, the caseworker shall have the child sign the signature form of the JFS 01677.
  - (2) If the child attains the age of fourteen while in custody, the child shall be given the JFS 01677 within seven days after their fourteenth birthday. At the time of receipt, the caseworker shall have the child sign the signature form of the JFS 01677.
  - (3) Any child, age fourteen or older, who was placed prior to the effective date of this rule and has not already received the JFS 01677 shall be given the JFS 01677 within sixty days after the effective date of this rule.
- (R) The JFS 01677 shall be reviewed with the child. At the time of review, the caseworker shall have the child sign the additional signature line of the JFS 01677. Once both signatures are received, the signature page shall be included with the child's case plan, whether initial or amendment, for submission to court.
- (S) The custodial agency may provide the JFS 01677 to a child younger than age fourteen.
- (T) The PCSA shall maintain in SACWIS and in the child's case record, a detailed record of all information shared with the caregivers, the date it was shared, and the caregivers' acknowledgment of receipt of the information pursuant to this rule. The PCPA shall maintain this information in the child's case record.