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## Synopsis of Senate Committee Amendments

(This synopsis does not address amendments that may have been adopted on the Senate Floor.)

### Sub. H.B. 265 of the 134<sup>th</sup> General Assembly

#### Senate Health Committee

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### Children's crisis care facility (CCCF) changes

Specifies the count of administrative staff, interns, and volunteers toward child-staff ratios must comply with Ohio Administrative Code (O.A.C.) 5101:2-9-36(G), which requires an agency operating a CCCF to reasonably assure that child care staff persons are assigned to care for the same group of children each day and must adhere to the following child-staff ratios (which include staff persons' children):

- For children under the age of six years, at least one child care staff person on duty during awake hours for every five children or fraction thereof;
- For children over the age of six years, at least one child care staff person on duty during awake hours for every six children or fraction thereof;
- For children ages zero to 12, at least one awake child care staff person on duty during sleeping hours for every eight children or fraction thereof;
- When a group of children includes children from more than one of the above-listed age groups, the staff-to-child ratio must be determined according to the age of the youngest child within any group of children;
- There must be at least two staff members on duty at all times when children are present in a CCCF.

Removes the provision permitting a CCCF to use volunteers, on whom criminal records checks have been conducted, to transport preteens, if such use is necessary for the facility to maintain required child-staff ratios.

Requires the CCCF to develop a visitation plan *for the preteen's parent or caretaker while residential care is being provided*, which must occur during awake hours and cannot include overnight visits, for the parent or the caretaker with the preteen.

## **Residential infant care center (RICC) changes**

Amends the “residential infant care center” definition to change (1) *addiction to substance use* and (2) *infant foster care diversion practices and programs to infant diversion practices and program*, and makes conforming changes in RICC provisions.

Specifies that the RICC child-to-staff ratio requirement applies for every five infants (rather than every *one to five* infants).

Changes *drug* exposed to *substance* exposed in provisions governing requirements for (1) infant eligibility for RICC placement and (2) a plan of safe care in accordance with the federal “Comprehensive Addiction and Recovery Act of 2016” by an RICC.

Removes the requirement that the parent and caregiver program an RICC is required to develop and implement under the bill must allow for the program to be completed prior to the infant’s discharge.

Requires the RICC’s peer supporter or family advocate to provide wraparound services to affected family and caregivers; coordinate and cooperate with any transferring hospital, public children services agency, and private child placing agency; refer affected families or caregivers to appropriate services for support and aftercare; and follow up with affected families and caregivers following the infant’s discharge.

## **Family preservation center (FPC) changes**

Removes, from the “family preservation center” definition the provision that the preservation of families be accomplished *through preteen foster care diversion practices and programs* so that an FPC’s primary purpose is described simply as *the preservation of families*.