

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:2-42-18

Rule Type: Amendment

Rule Title/Tagline: PCSA and PCPA approval of placements with relative and nonrelative substitute caregivers.

Agency Name: Department of Job and Family Services

Division: Division of Social Services

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

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I. Rule Summary

1. **Is this a five year rule review?** Yes
 - A. **What is the rule's five year review date?** 3/18/2021
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5103.03, 5153.166
5. **What statute(s) does the rule implement or amplify?** 2151.86, 5103.03, 5153.16
6. **What are the reasons for proposing the rule?**

This rule has been amended as a result of the five year rule review requirements, and to align with foster care licensing requirements that became effective June 15, 2020 updated as a result of the Family First Prevention Services Act.

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

OAC 5101:2-42-18 entitled PCSA and PCPA Approval of Placements with Relative and Nonrelative Substitute Caregivers provides requirements for the assessment and approval of kinship caregivers. Language has been added to require the agency to notify the kinship caregiver of the right to be heard in court hearings involving the kinship child who has been placed in the home. Language has been added to require a search of the national sex offender registry for prospective kinship caregivers and adults residing in the home. The Ohio Revised Code citations for disqualifying offenses have been removed from the rule, which now refers to Appendix A for the list of disqualifying offenses. Language has been amended to clarify rehabilitation standards for disqualifying offenses. Language has been added to require a placing agency to notify a recommending agency about the intent to place a child when the home of the kinship caregiver is licensed as a foster home or approved as an adoptive home. Language has been added to require agencies to provide a kinship caregiver with information about the Kinship Support Program.

8. **Does the rule incorporate material by reference?** Yes
9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code (OAC). This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75 (A)(1)(d).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75 (A)(1)(a).

This rule incorporates one or more references to a form or a digital application into which data is entered. This question is not applicable to any incorporation by reference to forms or digital data applications because such reference is exempt from compliance with RC 121.75 to 121.74 pursuant to RC 121.75(B)(4).

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

Not Applicable

II. Fiscal Analysis

- 11. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable.

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

No new costs.

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

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

- 15. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not Applicable.

III. Common Sense Initiative (CSI) Questions

- 16. Was this rule filed with the Common Sense Initiative Office? Yes**

- 17. Does this rule have an adverse impact on business? Yes**

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

Private child placing agencies are required to be certified by the State of Ohio.

- B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? Yes**

There are no fines or civil penalties for non-compliance with this rule, other than the forfeiture of certification through denial or revocation.

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

This rule requires the agency to collect information about the relative or nonrelative substitute caregiver and all household members. It requires the agency to assess the safety of the home during an onsite home inspection. It requires the agency to collect fingerprints for background checks on adult members of the household. It requires the agency to complete the JFS 01447, "Assessment of Relative or Non Relative Substitute Caregiver." If the agency disapproves of a court-ordered placement, this rule requires the agency to notify the court in writing of its findings. This rule requires the agency to conduct a home assessment on an annual basis to ensure that the home continues to meet the requirements of this rule.

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No**

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

- 18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? Yes**

- A. How many new regulatory restrictions do you propose adding? 0**
- B. How many existing regulatory restrictions do you propose removing? 3**

Old (F)- The PCSA or PCPA shall not approve

Old (G)(3)- The following factors shall be considered

Old (H)- Except as provided in paragraph (G) of this rule, a relative or nonrelative caregiver or other adult residing in the home shall not have been convicted of or pleaded guilty to, any of the following offenses:

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING JFS 01447, ASSESSMENT OF RELATIVE OR
NONRELATIVE SUBSTITUTE CAREGIVER**

Background Checks

The dates requested and received fields on the form should be based on the date of the earliest request and last document received.

Adults (persons aged 18 years old and up)

Background checks need to be completed only at Initial Home Evaluation or for any new adults in the home. The minimum requirements for all adults in the home are:

- SACWIS alleged perpetrator checks
- Bureau of Criminal Investigation (BCI) checks
- Federal Bureau of Investigations (FBI) checks

SACWIS (and other States' Central Registry) checks

At a minimum the agency must complete an alleged perpetrator check in SACWIS on all adults in the home. In addition, the agency must ask all adults in the home to identify prior PCSA or other state children services history/involvement. If history is identified or suspected, the agency must secure the necessary releases of information and initiate requests for information from the other agencies. Agencies may also request central registry checks when an adult in the home has resided in another state.

In this narrative field, detail the findings found in the search. Later on in the form, you will assess the impact of any findings.

BCI and FBI Criminal Background Checks

All adults in the home must have BCI and FBI Criminal Background checks completed and the results returned prior to approval of the home assessment. (Please note that for emergency placements, as described in the rule, if there are no known safety concerns, the child may be placed pending these results.)

The agency first needs to determine if the relative or nonrelative or other adult residing within the home has been convicted of or plead guilty to any offense listed in [Ohio Administrative Code \(OAC\) 5101:2-42-18 \(H\) Appendix A of rule 5101:2-42-18](#) to decide if any convictions rule out the home as a placement option:

- If no, criminal offenses are not an issue for this home assessment
- If yes, the agency needs to assess the following:
 - If any of the following are true, the home cannot be approved for placement (see Table A on page 7):
 - The conviction was a felony for spousal abuse, rape, sexual assault or homicide

- For misdemeanors, it has not been 1 year since the person was ~~fully discharged from any imprisonment or probation~~ the date of conviction
- For felonies, it has not been 5 years since the ~~person was fully discharged from any imprisonment or probation~~ date of conviction

If the timeframe has elapsed, the agency per rule, needs to take the following factors into consideration in determining if the home can be approved for placement of the child. The assessment of the below factors needs to also involve the short and long term impact on the child to be placed with regards to safety, well-being and permanency:

1. The person's approval as a relative or nonrelative substitute caregiver or the person's residency in the relative or nonrelative caregiver's household will not jeopardize in any way the health, safety, or welfare of the children the agency services.

- 4-2. _____ The person's age at the time of the offense
- 2-3. _____ The nature and seriousness of the offense
- 3-4. _____ The victim of the offense was any of the following:
 - a. A person under the age of eighteen
 - b. A functionally impaired person as defined in ORC 2903.10
 - c. A mentally retarded person as defined in ORC 5123.01
 - d. A developmentally disabled person as defined in ORC 5123.01
 - e. A person with a mental illness as defined in ORC 5122.01
 - f. A person sixty years of age or older
- 4-5. _____ The circumstances under which the offense was committed
- 5-6. _____ The degree of participation of the person involved in the offense
- 6-7. _____ The time elapsed since the person was fully discharged from imprisonment or probation
- 7-8. _____ The likelihood that the circumstance leading to the offense will recur
- 8-9. _____ Whether the person is a repeat offender
- 9-10. _____ The person's employment record
- 10-11. _____ The person's efforts at rehabilitation and the results of those efforts
- 11-12. _____ Whether any criminal proceedings are pending against the person
- 12-13. _____ Whether the person has been convicted of or pleaded guilty to a felony not listed as a disqualifying offense if the felony bears a direct and substantial relationship to being a caregiver or adult member of the caregiver's household
- 13-14. _____ Any other factors the agency considers relevant

Safety Check

Cleanliness of Home

The home is maintained in a clean, safe, and sanitary condition.

Considerations in this assessment may include any sanitary issues with the condition of the furniture, floors, walls, rooms, ceilings, household pets or farm animals, disposal of trash, odors detected, dirty dishes/clothes; clear pathways for exits; infestations

Absence of hazardous conditions inside and outside

All structures associated with the home are maintained in a safe condition and in a reasonable state of repair

Observations:

Observe the structure of the home for safety issues.

Observe the following pool/pond/lakes, shed/barn, play equipment, et cetera and address any potential safety issues

Storing of poisonous and otherwise dangerous or combustible material

Bleach, cleaning materials, other poisonous or corrosive household chemicals, and flammable and combustible materials are stored in a safe manner

Sample Questions:

Where do you keep your laundry supplies?

Where do you keep items such as paint, automotive fluids, fertilizers, gasoline, lighter fluid, matches?

Where do you keep your cleaning supplies?

Observations:

Observed hazardous items are kept locked or in an area where children do not have access, such as a shed or cabinet on a high shelf.

Observe where in the home the cleaning supplies are kept. Are they in an area the child can reach?

Ensure that the area by the furnace/hot water heater is clear and there are no items obstructing the path to such equipment.

Proper heating, lighting and ventilation

The home is adequately heated, lighted, and ventilated.

Sample questions:

How do you heat your home?

Do you use any other heat source?

If the home is heated by a free standing stove or wood burner, how will the child be protected from the heat source?

How is your heating system vented?

Do the windows in the home open?

If there is a second floor, do the windows have screens or barriers to prevent falls?

Does every room have working electricity?

Children requiring powered medical equipment (ie feeding pump, heart monitor, etc.): Do you have a back-up generator or batteries for the equipment? If not, what is your back-up plan in case of power failure?

Condition of plumbing and toilet facilities

The home has working bathroom and toilet facilities

Sample Questions

Does the home have a working toilet inside of the home?

Does the home have a working tub and/or shower?

What type of sewer system does the home have?

Is there running water in the bathroom?

Working smoke alarms

The home has a working smoke alarm on each level of occupancy

Observations:

The home has a working smoke alarm approved by "Underwriter's Laboratory" on each level of occupancy.

Safe storing of weapons, including firearms and ammunitions, in inoperative condition and in a secured and locked area

Firearm, air rifles, hunting slingshot or other projectile weapons kept on the grounds of or in the home are stored in an inoperative condition in a locked area inaccessible to children.

Sample Questions:

Does the caregiver or someone in the home have any weapons in the home?

If so, how are they secured/stored?

Are firearms, other weapons and ammunition locked?

Adequacy of each child's bedding and appropriateness to his or her needs

Each child has adequate and appropriate bedding.

Sample Questions:

Where will the child/ren be sleeping?

Will the child/ren be sharing a bed? If so, what is the age and sex of other child.

For infants, the caregiver/agency should follow the Ohio Department of Health's Safe Sleep Guidelines found at:

<http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Safe%20Sleep%20Home%20Page.aspx>

Availability of a working telephone

There is reasonable access to a working telephone for emergency situations.

Caregiver/Household members Assessment

Sample questions:

Considering the age and special needs of the child, are you able to provide the level of supervision the child needs including before and after school? If not, what arrangements can you make to have another provide appropriate supervision?

Are you able to transport the child to appointments such as doctors, school, counseling, parental visits and such? If not, what arrangements can you make to ensure the child can get to appointments?

Do you support the child's contact/visits with the parents, therapy services and/or other activities?

Do you have an understanding of the child's needs/behaviors and how to meet those needs?

What is your relationship with the child's parents? Other siblings that may be in placement?

Do you feel as though you can financially meet the child's needs?

Assess the impact of past PCSA or children services agency (CSA) involvement of household members in relation to the safety and well-being of the child (ren) to be placed.

See above section title SACWIS (and other States' Central Registry) checks. Substantiated and/or Indicated child abuse and neglect (CA/N) history on the caregiver and/or other adults in the home does not automatically rule out the caregiver as a kinship provider. If additional information is needed based on the results of the check, the worker should have the caregiver or adult household member sign a release of information so a request can be made for the details of the allegation. Agencies need to consider child abuse and neglect history on a case-by-case basis, which includes a discussion with the applicants and household members, to determine if the safety of any child placed in the home will be impacted. The safety, well-being and permanency of the child to be placed including the impact of a more restrictive placement setting (if the kinship home is not approved) should drive the decision regarding approval or disapproval of the kinship home.

Assess the impact of household members aged twelve to seventeen years old who have been convicted of or plead guilty to any offenses described in section 5103.0319 of the Revised Code, or who have been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation.

When a child (not the child being placed) between the ages of 12 to 17 resides in the home, the agency must ask the caregiver if the child has been adjudicated to be a delinquent child or convicted of or plead guilty to any offenses described in section 5103.0319 of the Revised Code (See [Tables A and B Table A](#)). If the caregiver indicates "yes" to this question, the caregiver needs to submit written notification to the agency regarding the delinquency or conviction.

No convictions or delinquency adjudications of children aged 12 to 17 automatically rule out a caregiver's home for a child. The agency needs to consider the information and determine if the home could still be approved for placement taking into consideration of the safety, well-being and permanency of the child to be placed.

Additional comments not addressed elsewhere in assessment

Address any strengths, issues, et cetera that does not fit in another section of the assessment.

Caregiver Assurances

The agency needs to review each statement with each caregiver and ask the caregiver(s) if they understand each statement. The caregiver(s) will then sign and date this page.

Agency Recommendation

The agency worker needs to verify that all needed information and paperwork has been provided to the caregiver.

The worker will then indicate whether the home study is being recommended, not recommended or if the caregiver withdrew and sign and date the form.

The supervisor or other authorized employee will indicate if the caregiver's home has been approved. Please note the home can be approved, but placement not made.

Comments regarding the agency's recommendation should be detailed in the comments box. This should include whether the child(ren) are being placed into the home or not.

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Table A

The kinship caregiver is required to notify the approving agency when a child between the ages of 12 and 17 who resides in the home has been convicted of or plead guilty to, or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted a violation of any of the offenses listed in section 5103.0319 of the Ohio Revised Code (ORC).

| <u>ORC</u> | <u>Offense</u> | <u>If would have been a Misdemeanor</u> | <u>If would have been a Felony</u> |
|-----------------|--|---|------------------------------------|
| <u>2903.01</u> | <u>Aggravated murder</u> | <u>N/A</u> | <u>√</u> |
| <u>2903.02</u> | <u>Murder</u> | <u>N/A</u> | <u>√</u> |
| <u>2903.03</u> | <u>Voluntary manslaughter</u> | <u>N/A</u> | <u>√</u> |
| <u>2903.04</u> | <u>Involuntary manslaughter</u> | <u>N/A</u> | <u>√</u> |
| <u>2903.11</u> | <u>Felonious assault</u> | <u>N/A</u> | <u>√</u> |
| <u>2903.12</u> | <u>Aggravated assault</u> | <u>N/A</u> | <u>√</u> |
| <u>2903.13</u> | <u>Assault</u> | <u>√</u> | <u>√</u> |
| <u>2903.16</u> | <u>Failing to provide for a functionally impaired person</u> | <u>√</u> | <u>√</u> |
| <u>2903.21</u> | <u>Aggravated menacing</u> | <u>√</u> | <u>√</u> |
| <u>2903.34</u> | <u>Patient abuse, neglect</u> | <u>√</u> | <u>√</u> |
| <u>2905.01</u> | <u>Kidnapping</u> | <u>N/A</u> | <u>√</u> |
| <u>2905.02</u> | <u>Abduction</u> | <u>N/A</u> | <u>√</u> |
| <u>2905.05</u> | <u>Criminal child enticement</u> | <u>√</u> | <u>√</u> |
| <u>2907.02</u> | <u>Rape</u> | <u>N/A</u> | <u>√</u> |
| <u>2907.03</u> | <u>Sexual Battery</u> | <u>N/A</u> | <u>√</u> |
| <u>2907.04</u> | <u>Unlawful sexual conduct with a minor</u> | <u>√</u> | <u>√</u> |
| <u>2907.05</u> | <u>Gross sexual imposition</u> | <u>N/A</u> | <u>√</u> |
| <u>2907.06</u> | <u>Sexual imposition</u> | <u>√</u> | <u>√</u> |
| <u>2907.07</u> | <u>Importuning</u> | <u>N/A</u> | <u>√</u> |
| <u>2907.08</u> | <u>Voyeurism</u> | <u>√</u> | <u>√</u> |
| <u>2907.09</u> | <u>Public indecency</u> | <u>√</u> | <u>√</u> |
| <u>2907.12</u> | <u>Felonious sexual penetration (as this former section of law existed)</u> | <u>√</u> | <u>√</u> |
| <u>2907.21</u> | <u>Compelling prostitution</u> | <u>N/A</u> | <u>√</u> |
| <u>2907.22</u> | <u>Promoting prostitution</u> | <u>N/A</u> | <u>√</u> |
| <u>2907.23</u> | <u>Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another</u> | <u>√</u> | <u>√</u> |
| <u>2907.25</u> | <u>Prostitution – after positive HIV test</u> | <u>N/A</u> | <u>√</u> |
| <u>2907.31</u> | <u>Disseminating matter harmful to juveniles</u> | <u>√</u> | <u>√</u> |
| <u>2907.32</u> | <u>Pandering obscenity</u> | <u>N/A</u> | <u>√</u> |
| <u>2907.321</u> | <u>Pandering obscenity involving a minor</u> | <u>N/A</u> | <u>√</u> |

| | | | |
|--|---|---------------------|---------------------|
| 2907.322 | Pandering sexually oriented matter involving a minor | N/A | √ |
| 2907.323 | Illegal use of a minor in nudity-oriented material or performance | N/A | √ |
| 2909.02 | Aggravated arson | N/A | √ |
| 2909.03 | Arson | √ | √ |
| 2911.02 | Robbery | N/A | √ |
| 2911.11 | Aggravated burglary | N/A | √ |
| 2911.12 | Burglary | N/A | √ |
| 2919.12 | Unlawful abortion | √ | √ |
| 2919.22 | Endangering children | √ | √ |
| 2919.23 | Interference with custody (that would have been a violation of RC 2905.04 as it existed prior to July 1, 1996 if violation had been committed prior to that date) | √ | √ |
| 2919.24 | Contributing to unruliness or delinquency of a child | √ | N/A |
| 2919.25 | Domestic violence | √ | √ |
| 2923.01 (only if it involved an attempt to commit aggravated murder or murder) | Conspiracy | N/A | √ |
| 2923.12 | Carrying concealed weapons | √ | √ |
| 2923.13 | Having weapons while under disability | N/A | √ |
| 2923.161 | Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function | N/A | √ |
| 2925.02 | Corrupting another with drugs | N/A | √ |
| 2925.03 | Trafficking, aggravated trafficking in drugs | √ | √ |
| 2925.04 | Illegal manufacture of drugs or cultivation of marijuana | √ | √ |
| 2925.05 | Funding of drug or marijuana trafficking | N/A | √ |
| 2925.06 | Illegal administration or distribution of anabolic steroids | N/A | √ |
| 2925.11 (only if not a minor drug possession offense) | Possession of controlled substances | √ | √ |

| | | | |
|---------------------------------|---|--|--|
| <u>2941.141</u> | <u>Firearm on or about offender's person or under offender's control specification</u> | <u>N/A</u> | <u>√</u> |
| <u>2941.144</u> | <u>Automatic firearm or firearm muffler or silencer specification</u> | <u>N/A</u> | <u>√</u> |
| <u>2941.145</u> | <u>Firearm displayed, brandished, indicated that offender possessed the firearm, or used it to facilitate offense specification</u> | <u>N/A</u> | <u>√</u> |
| <u>3716.11</u> | <u>Placing harmful objects in food or confection</u> | <u>√</u> | <u>N/A</u> |
| | <u>Other offenses that would be a felony if convicted as an adult that relates to the possession or use of a firearm*</u> | <u>N/A</u> | <u>√</u> |
| <u>4511.19</u> | <u>Operating vehicle under the influence of alcohol or drugs – OVI or OVUAC</u> | <u>Unlike adults, only one violation need to have been committed within the past 3 years</u> | <u>Unlike adults, only one violation need to have been committed within the past 3 years</u> |

[*Per ORC 2923.11, Firearm means any deadly weapon capable of expelling or propelling one or more projectiles by the action of an explosive or combustible propellant. Firearm includes an unloaded firearm, and any firearm that is inoperable but that can readily be rendered operable.](#)

ASSESSMENT OF RELATIVE OR NONRELATIVE SUBSTITUTE CAREGIVER

| | |
|--|--|
| Name of Agency | <input type="checkbox"/> Initial Home Assessment <input type="checkbox"/> Amendment <input type="checkbox"/> Annual Assessment Reason*: _____ |
| Purpose of Assessment <input type="checkbox"/> PCSA placement <input type="checkbox"/> Court request <input type="checkbox"/> Kinship Permanency Incentive Application <input type="checkbox"/> Other, Please describe: _____ | |

*In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background checks shall be required on any new adults in the home and the Safety Check shall be conducted when the caregiver moves to a new residence.

| Caregiver Information | |
|--|--|
| Name of Caregiver #1 (<i>first and last</i>) | Name of Caregiver #2 (<i>first and last</i>) |
| Race* | Race* |
| Ethnic Background* | Ethnic Background* |
| Home Address, City, State, and Zip Code | |
| County of Residence | Phone Number |
| Place of Employment Caregiver #1 | Place of Employment Caregiver #2 |

*For statistical purposes only

| Child(ren) Placed and To Be Placed | | | | |
|--|------------------------------|------------------------|-------------------------------------|--|
| Name of Child(ren) (<i>first and last</i>) | Relationship to Caregiver #1 | Social Security Number | Date of Birth (<i>mm/dd/yyyy</i>) | Sex |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

| Household Members (including caregivers) | | | | | |
|--|--------------|------------------------------|------------------------|-------------------------------------|--|
| Name (<i>first and last</i>) | Maiden/Alias | Relationship to Caregiver #1 | Social Security Number | Date of Birth (<i>mm/dd/yyyy</i>) | Sex |
| | | self | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

| Background Checks on all adults in home (Completed only at Initial Home Evaluation or for any new adults in the residence) | |
|---|---|
| Date SACWIS alleged perpetrator search and other state central registry searches conducted, if applicable. | Requested Date _____ Received Date _____ |
| Narrative | |
| Date BCI criminal records requested Date BCI criminal records received | Date _____ Date _____ |
| Narrative | |
| Date FBI criminal records requested Date FBI criminal records received | Date _____ Date _____ |
| Narrative | |
| Does the relative or nonrelative or other adult residing within the home have a felony conviction for spousal abuse, rape, sexual assault or homicide? (if yes, the home cannot be approved) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |
| Has the relative or nonrelative or other adult residing within the home been convicted of or plead guilty to any offense listed in Ohio Administrative Code (OAC) 5101:2-42-18 (H) Appendix A of rule 5101:2-42-18? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |
| If yes, has the agency found or documented that the adult has met all of the conditions listed in 5101:2-42-18 (G)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Narrative | |
| Safety Check | |
| Item | Response |
| Cleanliness of home | |
| The home is maintained in a clean, safe, and sanitary condition. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |
| Absence of hazardous conditions inside and outside | |
| All structures associated with the home are maintained in a safe condition and in a reasonable state of repair. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |
| Storing of poisonous and otherwise dangerous or combustible materials | |
| Bleach, cleaning materials, other poisonous or corrosive household chemicals, and flammable and combustible materials are stored in a safe manner. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |
| Proper heating, lighting and ventilation | |
| The home is adequately heated, lighted and ventilated. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |

| | |
|--|---|
| Condition of plumbing and toilet facilities | |
| The home has working bathroom and toilet facilities. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |
| Working smoke alarms | |
| The home has a working smoke alarm on each level of occupancy. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |
| Safe storing of weapons, including firearms and ammunitions, in inoperative condition and in a secured and locked area | |
| Firearm, air rifles, hunting slingshot or other projectile weapons kept on the grounds of or in the home are stored in an inoperative condition in a locked area inaccessible to children. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Narrative | |
| Adequacy of each child's bedding and appropriateness to his or her needs | |
| Each child has adequate and appropriate bedding. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |
| Availability of a working telephone | |
| There is reasonable access to a working telephone for emergency situations. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Narrative | |

| | |
|---|--|
| Caregiver/Household members Assessment | |
| Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren). | |
| Narrative | |
| Assess the impact of past PCSA or children services agency (CSA) involvement of household members in relation to the safety and well-being of the child (ren) to be placed. | |
| Narrative | |
| Assess the impact of household members aged twelve to seventeen years old who have been convicted of or plead guilty to any offenses described in section 5103.0319 of the Revised Code, or who have been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation. | |
| Narrative | |
| Additional comments not addressed elsewhere in assessment. | |
| Narrative | |

Caregiver Assurance

I am willing and able to provide care and supervision of the child and to provide a safe and appropriate placement for the child(ren).

I agree to inform the PCSA of any new adults residing in the household.

I have disclosed all prior PCSA or CSA involvement if applicable.

I have informed and agree to inform the agency of any known violent delinquency adjudications by any youth between 12 and 17 years of age residing in the household.

I affirm that no adult in the home has a felony conviction for spousal abuse, rape, sexual assault, or homicide.

I affirm that no adult in the home has been convicted of or plead guilty to any disqualifying offense listed in ~~5101:2-42-18 (H)(1) through (H)(7)~~ [Appendix A of rule 5101:2-42-18](#); or if an adult residing in the home has a disqualifying conviction, the adult meets the requirements set forth in paragraph (G) of this rule.

The information provided above is full and accurate to the best of my knowledge.

| | |
|------------------------|------|
| Caregiver #1 Signature | Date |
| Caregiver #2 Signature | Date |

Agency Recommendation

Worker has assessed the physical environment, the capability of the relative/nonrelative to care for the child(ren), and the best interest, safety, well-being and permanency needs of the child(ren).

Worker has provided caregiver with information on applying for OWF child-only and Medicaid.

Worker has provided caregiver with known information regarding education, medical, child care, and special needs of the child(ren) including information on how to access support services to meet the needs of the child (if child is in agency custody).

Worker has provided caregiver with the following information:

- [Information about the kinship support program \(KSP\), including eligibility requirements and details about payments and payment timeframes;](#)
- the requirements for foster caregiver certification and adoption approval and how those requirements differ from the requirements for approval as a relative or nonrelative substitute caregiver;
- how to apply for certification as a foster caregiver;
- the difference in payments between an OWF-child only payment, [KSP payments](#), and the foster care per diem; ~~and~~
- [the difference \(if any\) in the eligibility for supportive services \(if child is in agency custody\)-;](#) ~~and~~
- [the caregiver's right to be heard during hearings involving the child\(ren\)](#)

Worker will provide caregiver with a copy of the individual child care agreement per rule 5101:2-42-90 (if child is in agency custody).

- Worker recommends approval of relative/nonrelative substitute caregiver.
- Worker does not recommend approval of relative/nonrelative substitute caregiver.
- Caregiver withdrew.

| | |
|-------------------------|------|
| Agency Worker Signature | Date |
|-------------------------|------|

- Relative/nonrelative substitute caregiver is approved.
- Relative/nonrelative substitute caregiver is not approved.
- Caregiver withdrew.

| | |
|-----------------------------|------|
| Agency Supervisor Signature | Date |
|-----------------------------|------|

Comments on agency recommendation.

