

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Social Services

Division

Mike Lynch

Contact

30 E. Broad St., 31st Floor ODJFS, Office of Legal Services Columbus OH 43215-3414

Agency Mailing Address (Plus Zip)

614-466-4605

Phone

614-752-8298

Fax

Michael.Lynch@jfs.ohio.gov

Email

5101:2-42-65.1

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

Exit interviews when a child in custody leaves an out of home placement.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **2151.412, 2151.421, 5103.03, 5153.16**

5. Statute(s) the rule, as filed, amplifies or implements: **2151.412, 2151.421, 5103.03, 5153.16**

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

This rule is being proposed for adoption to enhance state policy standards regarding the safety of children in foster care placements.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule is being proposed to require exit interviews be completed within seven days of foster children making a placement change.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more 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 in accordance with RC 121.76(A)(1).

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(3).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

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

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. 119.032 Rule Review Date:

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

This proposed rule will not change the agency's projected budget during the current biennium.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

No new costs anticipated.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **No**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

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? **No**

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **No**

FOSTER CARE EXIT INTERVIEW

The JFS 01678 FOSTER CARE EXIT INTERVIEW form is to be used by all Public Children Services Agencies (PCSA) and Private Child Placing Agencies (PCPA) in conjunction with completing the FOSTER CARE EXIT INTERVIEW outlined in OAC 5101:2-42-65.1. The face-to-face interview is to be completed within seven days after the child's exit from each foster care placement. The form can be used as a template to initiate a conversation between the caseworker and the child/youth. Wording can be adjusted based on the age and developmental level of the child.

Exit Interview	
Person Conducting the Interview	Recommending Agency
Child's Name	Date
Name of Foster Home Child Just Left	
Date Placed in this home	Date Removed from this home
Reason child left placement	
What did you like the most about living in this foster home?	
What did you like the least about living in this foster home?	
When you were good, how were you rewarded?	
If you did something wrong, how were you disciplined?	
What else would you like to tell me about this home?	

Was there anything else that could have been done to make this placement better?

Additional comments:

<i>Respond based on the child's experience</i>	YES	NO	Additional Information
1. Were you comfortable in this foster home?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were the other children in the home nice to you?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did the foster parents allow you to do activities that you liked to do?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did they feed you healthy meals and was there plenty of food in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Were you treated fairly in this foster home?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Was the foster mother nice to you?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Was the foster father nice to you?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you think this is a good foster home for other children?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Were you allowed to call your family/caseworker/counselor/GAL?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Did you feel safe in this home?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Did the foster parents help you to understand why you were leaving this home?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Did anyone talk to you about the move?	<input type="checkbox"/>	<input type="checkbox"/>	

Referral Information

Action plan/Follow up

Signatures

Printed Name

Date

Agency Representative Signature

Date