

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

Agency Name

Division of Social Services

Division

Michael Lynch

Contact

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5101:2-48-05

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Agency adoption policy and recruitment plan.**RULE SUMMARY**

1. Is the rule being filed for five year review (FYR)? **No**
2. Are you proposing this rule as a result of recent legislation? **No**
3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**
4. Statute(s) authorizing agency to adopt the rule: **3107.032, 5153.166**
5. Statute(s) the rule, as filed, amplifies or implements: **3107.031, 3107.032**
6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being filed as a result of the continuing effort to align the foster care and adoption processes as much as possible, and because it is within our statutory authority to update our policies.
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 provides guidance to agencies regarding the policies they are required to have, including their adoption recruitment plan. Paragraph (B)(2)(g) was revised to clarify when a large family assessment is due, in alignment with a change to rule 5101:2-48-12 of the Administrative Code. Paragraph (B)(4) was revised to remove private noncustodial agencies from the requirement, as they would not be requesting a homestudy for matching purposes. Paragraph (B)(9) was revised to simply refer agencies to rule 5101:2-48-16 of the Administrative Code in creating their matching policy, in an effort to alleviate any discrepancies. Paragraph (B)(10) was revised to accentuate the preference to keep siblings together whenever possible and in their best interests. The language in paragraph (F) was added to paragraph (E). The language in paragraph (I) was added to paragraph (G). Paragraphs (L) and (M) were taken from the requirements located in rule 5101:2-5-13 for foster care policies, in a continued effort to align the two programs. All other revisions were not substantive and were for grammar purposes or for the ease of the reader.

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

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the internet at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

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).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the ORC because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(1).

This rule incorporates one or more dated references to a federal act or acts. This question is not applicable to any dated incorporation by reference to a federal act because such reference is exempt from compliance with ORC 121.71 to 121.74 in accordance with ORC 121.75(C).

This rule incorporates one or more references to the United States Code. This

question is not applicable to any incorporation by reference to the ORC because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.75(A).

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. Five Year Review (FYR) Date: **7/1/2019**

(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 will have no impact on the current budget.

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 additional costs to comply.

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

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

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

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

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

Certification by ODJFS to operate a private adoption agency.

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**

Lack of compliance could result in revocation of the certificate.

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

Specific expenditures to meet the policy requirements of this rule if not currently being met.

Ohio Department of Job and Family Services

LARGE FAMILY ASSESSMENT

(to be completed at the time of the JFS 1673 and/or the JFS 1692 any time the number of children in the home plus the number of children the family is approved to adopt equals five or more)

SECTION I: AGENCY INFORMATION (List the name of the agency and assessor completing this form)			
Agency Name		Assessor (<i>first and last</i>)	
SECTION II: FAMILY INFORMATION			
Name of Adoptive Parent #1 (<i>first and last</i>)			
Name of Adoptive Parent #2 (<i>first and last</i>)			
Address		City	State Zip
List the name, gender, age and status (i.e. adopted, biological, foster, kinship) of all children residing in the home:			
Name (<i>first and last</i>)	Gender	Date of Birth	Status
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
List the name, gender and age of any child <u>not</u> residing in the home. Indicate the child's relationship (i.e. adopted, biological, foster, kinship) and the reason the child is not residing in the home:			
Name (<i>first and last</i>)	Gender	Date of Birth	Relationship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			

SECTION III: ASSESSMENT
Family Motivation
Describe the family's motivation for wanting a large family.
Special Needs
Summarize all the special needs of the prospective adoptive child(ren). If there is no specific child to be adopted at this time, then base the assessment on the characteristics the family is approved to adopt. <input type="checkbox"/> N/A- The family is not approved to adopt children with special needs at this time.
Identify all the special needs of all children currently residing in the home of the prospective adoptive family. <input type="checkbox"/> N/A- None of the children currently residing in the home have special needs.
Describe how the prospective adoptive family meets the special needs of each child residing in the home. <input type="checkbox"/> N/A- None of the children currently residing in the home have special needs.
Describe the prospective adoptive family's training and/or experience parenting children with special needs similar to the prospective adoptive child/ren. If there is no specific child to be adopted at this time, then base the assessment on the characteristics the family is approved to adopt. <input type="checkbox"/> N/A- The family is not approved to adopt children with special needs at this time.
Resources and Supports
Summarize the community resources available to the prospective adoptive family and the resources currently utilized by the prospective adoptive family. Identify how the prospective adoptive family plans to utilize these resources to parent a large family. Be sure to talk with all current service providers to obtain an assessment of participation and compliance with any treatment or medical protocols.

Summarize the prospective adoptive family's support system and give examples of how they utilize that support system. Be sure to include where the family goes for concrete support (money, transportation, child care, respite), emotional support, and information/advice. Identify where the support comes from (e.g., extended family, friends, neighbors, organizations and professionals) and whether the support system is mostly formal, informal or a combination. List any support groups that they belong to and how often they participate. Identify support groups in the community that might be helpful to the prospective adoptive family.

What is the impact on the prospective adoptive family's financial stability, now and in the future, of having a large family with many children? What resources does the family say they need in order to include an additional child(ren) in the family?

Discuss the prospective adoptive family's ability and willingness to participate in additional training and services to address any additional child's special needs. If there is no specific child to be adopted at this time, then base the assessment on the characteristics the family is approved to adopt. (Please remember that families cannot be required to attend any additional training based on race, color or national origin (RCNO) of the family or of the child to be placed.) Do the services they may need exist in their community or will they have to go elsewhere to get the child's service needs met? Are there barriers to accessing services? How will the barriers impact the family?

N/A- The family is not approved to adopt children with special needs at this time.

Opinions of Other Children, Adults and Service Providers

Summarize the interviews with all children age four and older who are residing in the home. Questions to consider: What has been the best experience about being in this family? What has been the worst experience about being in this family or being raised by this family? What are the positive things or strengths of this family that makes them a good choice for adopting another child/other children? What concerns do you have about bringing another child(ren) into the home? How would this adoption affect your life?

Describe the interviews or attempts to interview adult children outside of the home. Questions to consider: Do the adult children feel the prospective adoptive family is capable of caring for additional children, including those who may have special needs? Will adult children be a support system to the family, able to help out as needed? What will their role be with the adopted children?

Summarize the opinions of other adults living in the home. Include what the role of these adults will be when additional children come into the home?

If the family has a specific child(ren) they are planning to adopt, obtain the impressions of service providers working with the prospective adoptive child(ren) about the ability of the prospective adoptive family to meet the child's needs and incorporate the additional child(ren) into the home.

N/A- The family is not planning to adopt a specific child at this time.

Family System

Describe the prospective adoptive family's current organization of the family system, including time management, flexibility, keeping appointments, who is available to the children during the day, transportation, and supervision, etc.

How will an additional child (or children) impact the prospective adoptive family system, including time management, flexibility, keeping appointments, who is available to the children during the day, transportation, and supervision, etc.?

Describe the prospective adoptive family's plan in the case of death, illness, or other crisis leading to the inability to care for the child(ren), including who the family would designate as the guardian if the prospective adoptive parents became unable to provide care? Is this the same person that would care for the children currently in the home?

SECTION IV: SUMMARY

Summary of recommendation for approval of the large family assessment of the prospective adoptive family, or the assessor's reasons for not recommending approval of the large family assessment.

<input type="checkbox"/> Recommended for approval <input type="checkbox"/> Not recommended for approval	Assessor Signature	Date
<input type="checkbox"/> Recommend for approval <input type="checkbox"/> Not recommended for approval	Supervisor Signature	Date

**The agency reserves the right to request documentation or references regarding other household members, adult children, or for any service provider to ensure the capability of the prospective adoptive family to meet the child's needs.*