

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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5101:2-48-12.1

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

Adoption homestudy updates.**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: **5103.03, 5153.166, 3107.033**5. Statute(s) the rule, as filed, amplifies or implements: **2151.86, 3107.031, 5103.18**

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

This new rule is being filed as part of a five year review and to replace a rescinded rule of the same number because more than fifty percent of the rule has been rewritten.

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 new rule is entitled "Adoption Homestudy Updates" and provides guidance to agencies regarding how to update the adoption homestudy every two years. For the most part, language was changed and moved to different paragraphs to align foster care and adoption and to flow with the homestudy update process. Paragraph (C) now allows agencies to send out the JFS 01331 form up to 150 days prior to the expiration of the current adoption homestudy approval. This change will allow agencies and families additional time to meet the requirements of the update. Paragraph (E)(7) was added to ensure that if the large family assessment had not already been required when the original homestudy was completed, and is required at the time of update, then the agency shall complete the JFS 01530 form at the time of update. This paragraph also requires that if the family's situation has changed significantly since the previous JFS 01530 form, a new one shall be completed at the time of update. Paragraph (E)(8) was aligned with foster care to specify that agencies must complete the safety audit within six months prior to the update. Paragraph (E)(9) was revised for clarity regarding when background checks are to be completed on existing household residents who turn eighteen. Paragraph (E)(10) was revised to specify that it is only required if the family is only approved for adoption, and not also foster parents. Paragraph (G) was revised to clarify that the adoptive family must send in the re-application timely in order for the agency to have ample time to complete the update.

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 ORC 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).

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:

(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

No fiscal impact on 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 cost 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 agency recertification requirements of this rule if not being currently met.

Ohio Department of Job and Family Services

**NOTICE OF EXPIRATION AND REAPPLICATION FOR A
FOSTER HOME CERTIFICATE OR ADOPTION HOMESTUDY APPROVAL**

SECTION I: Completed by Agency		
Caregiver #1 Name	Caregiver #2 Name	Caregiver #3 Name (if applicable)
SACWIS Provider ID	Date Mailed to Caregiver(s)	Must be Returned to Agency by:
1. The purpose of this form is to let you know that your <input type="checkbox"/> foster home certificate and/or <input type="checkbox"/> adoption homestudy approval is scheduled to expire on .		
2. If you wish to continue as a foster and/or adoptive home, please check the corresponding box in Section II below, then sign and date the form at the bottom. Return the form to me by .		
3. Any forms received less than 30 days prior to the expiration date will not allow the agency sufficient time to complete your recertification and/or update. This may result in the expiration and forfeiture of your foster care certificate, or closure of your adoption homestudy approval. Once you have returned the form to the agency, you must also provide any information or documentation required to be submitted as listed in #5 below. All required activities (including training), documentation, and interviews must be completed prior to the recertification of your foster care certificate or update of your adoption homestudy approval.		
4. If you indicate you want to continue as a foster and/or adoptive home, someone from the agency will contact you once this form has been received.		
5. Additional information or documentation that is required to be submitted for recertification or approval:		
6. If you no longer wish to continue as a foster and/or adoptive home, please complete the corresponding box in Section II below, then sign and return the form to me by .		
7. If you do not return this form to the agency, your foster home certificate and/or adoption approval will automatically expire on the date listed in #1 above.		
Name of Agency Representative	Signature of Agency Representative	
SECTION II: Completed by Provider. Please check the appropriate boxes below, sign, date and return to the agency.		
<input type="checkbox"/> I wish to continue my certification as a foster home. <input type="checkbox"/> I wish to continue my adoption homestudy approval.		
<input type="checkbox"/> I do not wish to continue my certification as a foster home. I understand that my certificate will expire on the expiration date listed in #1 above, unless I would like it to terminate sooner. I am requesting my certificate be terminated effective:		
<input type="checkbox"/> I do not wish to continue my adoption homestudy approval. I understand that my adoption homestudy approval will expire on the date listed in #1 above unless I would like it to terminate sooner. I am requesting my adoption homestudy approval be terminated effective:		
Signature of Caregiver #1	Date	
Signature of Caregiver #2	Date	
Signature of Caregiver #3	Date	

Use of this form is mandated by OAC chapters 5101:2-5 and 5101:2-48. Failure to use this form may be cause to deny certification or approval.

SACWIS PRIVATE AGENCY PROVIDER REQUEST

Agency Information					Date	
Agency Name (R)			Agency Address (R) (Main address listed on 1290)			
Type of Agency (R) <input type="checkbox"/> PCPA <input type="checkbox"/> PNA	Agency Phone # (R) ()	Agency Fax # (R) ()	Agency email address for rapback purposes (R)			
Name of person submitting form (R)		Phone # of person submitting form (R)	Email address of person submitting form (R)			
Provider Transaction Code (R)	Transaction Codes: 01-Create New Foster Home Provider 02-Create New Adoptive Home Provider 03-Create New Foster & Adoptive Home Provider		04- Adoption Homestudy Update 05- RAPBACK – Required Information (R) 06- Change in household members or address 07- Close Adoptive Home Provider (complete only page 1)			
SACWIS Adoptive/Foster Home Provider and Household Member Information						
Foster / Adoptive Home Provider Name (R)		SACWIS Provider ID# (R) (if available)	Date of Inquiry	Date Materials Sent	Date Appl. Sent	Date Appl. Received
Provider Address			Provider Phone #	Provider Email Address		
Usage Placement Criteria for Foster Care Provider:			Usage Placement Criteria for Adoptive Home Provider:			
Age Range From To	Place Number Before Gender M F	If home accepts either gender, check box <input type="checkbox"/> and enter number	Age Range From To	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Total number approved for adoption	
	Applicant/Caregiver 1		Applicant/Caregiver 2		Applicant/Caregiver 3 (if applicable)	
Name (R) (Last, First, M.I.)						
Date of Birth (R)						
S.S.# (R)						
Gender						
Race (see pg. 2)						
Hispanic (see pg. 2)						
Caregiver Effective Date						
Caregiver End Date						
Relationship to Appl 1						
Marital Status (see pg. 2)						
Marital Status Effective Date						
Authentication (TCN) # (R)						
Date BCI Mailed/ Webcheck Complete						
BCI Response Code (see pg. 2)						
BCI Rehabilitated Code (see pg. 2)						
Date FBI Mailed/ Webcheck Complete						
FBI Response Code (see pg. 2)						
FBI Rehabilitated Code (see pg. 2)						

Adult Household Members (add additional pages as necessary)				
Name (R) (Last, First, M.I.)				
Date of Birth (R)				
S.S.# (R)				
Gender				
Race (see below)				
Hispanic (see below)				
Member Effective Date				
Member End Date				
Relationship to Appl 1				
Relationship to Appl 2				
Authentication/ (TCN) # (R)				
Date BCI Mailed/ Webcheck Complete				
BCI Response Code (see below)				
BCI Rehabilitated Code (see below)				
Date FBI Mailed/ Webcheck Complete				
FBI Response Code (see below)				
FBI Rehabilitated Code (see below)				

Child Household Members				
Name (Last, First, M.I.)				
Date of Birth				
S.S.#				
Gender				
Race (see below)				
Hispanic (see below)				
Member Effective Date				
Member End Date				
Relationship to Appl 1				
Relationship to Appl 2				

Race Codes: (only use 08 if person will not provide race information) 01-American Indian 02-Alaskan Native 03- Asian 04-Black/African American 05-Native Hawaiian 06-Pacific Islander 07-White 08-Unable to Determine	Hispanic Codes: 01-Yes; 02-No
Marital Status Codes: 01- Married two parent household, with two biological/adoptive parents 02- Married two parent household with one biological/adoptive and one step parent 03- Unmarried two parent household with two biological/adoptive parents 04- Unmarried two parent household with one biological/adoptive parent and one partner 05- Single parent household, mother only 06- Single parent household, father only 07- Single parent household mother with other adult (grandparent, uncle, aunt, etc.) 08- Single parent household, father with other adult (grandparent, uncle, aunt, etc.)	BCI/FBI Response Codes 01 – Prohibitive 02 – Not prohibitive 03 – No Criminal Record BCI/FBI Rehabilitated Codes 01 – Yes 02 – No 03 – N/A

Ohio Department of Job and Family Services
ASSESSMENT FOR CHILD PLACEMENT UPDATE

SECTION I							
Assessor		Agency		Phone #	Email Address		Date
Applicant #1 Name First Middle Last (Maiden)		Currently Licensed/ Approved for	<input type="checkbox"/> foster	Email Address			
			<input type="checkbox"/> adopt	Cell Phone #			
			Work Phone #				
Applicant #2 Name First Middle Last (Maiden)		Currently Licensed/ Approved for	<input type="checkbox"/> foster	Email Address			
			<input type="checkbox"/> adopt	Cell Phone #			
			Work Phone #				
Street Address		City		State	Zip Code	County	
Home Telephone #		Fax #		Emergency Contact Name			
				Phone #			
SECTION II (Add another sheet if necessary)							
	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member	
Name							
Relationship to Applicant #1							
Date of Birth/ Age							
SLEEPING ARRANGEMENTS (for all members of the household)							
BEDROOM #		FLOOR/LEVEL		OCCUPANT(S)		TYPE OF BED	
1							
2							
3							
4							
5							
6							
SECTION III (complete only if information has changed)							
Give directions to the new home from the agency							
Children placed in the home would attend the following school district:							
Elementary School				Address			
Middle School or Junior High School				Address			
High School				Address			

If foster/adoptive parent’s employment or work hours have changed during this certification/approval span, give the name and address of the new employer, list the new hours of work, and explain the reason for the change.

Have there been any significant changes in the family income or expenses? Yes No
If yes, explain.

Was there any change in the occupancy of the home other than foster/adoptive children placed? Yes No
If yes, explain. Include any relative, kin, ICPC or other living arrangements here.

Was there any change in the foster caregiver’s/adoptive parent’s marital status? Yes No
If yes, explain.

SECTION IV

Expiration date of current foster home certificate or adoption homestudy approval

Date agency sent JFS 01331 to the family

Date signed JFS 01331 received from the family

Dates and location of all interviews conducted during the completion of the recertification/update assessment

Date	Location	Name of Those Present	Date	Location	Name of Those Present

Date JFS 01348 safety audit completed:

Date SACWIS AP search(es) received:

Were criminal record checks completed? Yes No

If yes, give date of completion and the results:

Was a new medical exam required? Yes No

If yes, give date of completion and the results:

Was a well water test required? Yes No

If yes, give date of completion and the results:

Was a new fire inspection required? Yes No

If yes, give date of completion and the results:

SECTION V: TRAINING FOR FOSTER CAREGIVERS ONLY

Minimum agency requirement is _____ hours for each caregiver

Parent #1	NAME OF COURSE	DATES	# OF HOURS
		TOTAL HOURS	

Parent #2	NAME OF COURSE	DATES	# OF HOURS
		TOTAL HOURS	

SECTION VI: AGENCY NARRATIVE - Foster Care Recertification/Adoption Update Assessment
Based on interviews, investigation, observation, and your professional assessment of the family, provide the following information:

PLACEMENTS:
Discuss the placement of each foster/adoptive child placed in the home during the certification/ homestudy approval span.

Describe the reactions of the child and foster caregiver/adoptive parent during preplacement visits.

If the placement was an emergency, describe the foster caregiver/adoptive parent's reaction to the placement.

Discuss the adjustment of each foster/adoptive child placed in the home, and the foster caregiver's/adoptive parent's reaction to any removals of children from the home.

THE FOSTER/ADOPTIVE FAMILY:
Discuss each family member's (excluding foster children) assessment of being a foster/adoptive family.

Describe any changes in any family member's attitudes or expectations of foster care/adoption during the past certification or homestudy approval span.
Describe any serious illnesses, injuries or family crises during the past certification or homestudy approval span that may affect the family's ability to successfully provide foster care or adopt a child.
Discuss any changes in household occupancy (excluding foster children), and the agency's perception and assessment of the caregiver's/adoptive parent's suitability for continued approval for foster care/adoption.
STRENGTHS, GROWTH AREAS AND TRAINING NEEDS: Discuss each foster caregiver's/adoptive parent's strengths, growth areas and training needs and the agency's methods of assessment.
Indicate the foster caregiver's/adoptive parent's assessment of the agency's support of the family and any requests for additional training, support, or involvement in agency services.
GENERAL RULE COMPLIANCE: Summarize the agency's review and discussion of all applicable ODJFS rules and the agency's policies for foster care and/or adoption services with the adoptive/foster care family.
Briefly summarize any rule noncompliance the foster parent has had during the past certification period. State the rule and how the noncompliance was resolved. Include in the summary any history of rule violations for the same offense as well as the number of occurrences.
Indicate if there are any OAC rules or agency policies with which the foster caregiver(s)/adoptive parent(s) is not currently in compliance or cannot comply. Is this a first time noncompliance or is it continued from the prior certification/homestudy approval span?

For foster care recertification only, if the agency is recommending a waiver, state the agency's rationale for the recommendation and the caregiver's plan for coming into compliance. Waivers may only be considered for relative foster homes for non-safety issues.

SECTION VII: SUMMARY

Summarize the agency's assessment of this home, the relationship between the agency and the family, and indicate the agency's recommendation regarding recertification/update approval. If child characteristics have changed significantly, indicate why these changes are being made.

SECTION VIII: ADOPTION APPROVAL

Adoption Update is approved Adoption Update is not approved If not approved, explain why:

Summarize child or type of child for which approval is granted (include, at a minimum, age, gender, number of children and acceptable characteristics)

Signature of Assessor		Date
Signature of Supervisor		Date
Other	Title	Date
Other	Title	Date

SECTION IX: FOSTER CARE APPROVAL

Foster Home is recommended for recertification Foster Home is not recommended for recertification If not recommended for recertification, explain why:

Use either one of the boxes below, but do not use both

Age Range From To Place Number Before Gender M F If home can accept either gender, check box and enter number

Signature of Assessor		Date
Signature of Supervisor		Date
Other	Title	Date
Other	Title	Date

SECTION X: CHANGE TO APPROVED USAGE OF HOME

Use either one of the boxes below, but do not use both

Subsequent Determination Date Age Range From To Place Number Before Gender M F If home can accept either gender, check box and enter number

Assessor Signature	Supervisor Signature	Date
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Use either one of the boxes below, but do not use both

Subsequent Determination Date Age Range From To Place Number Before Gender M F If home can accept either gender, check box and enter number

Assessor Signature	Supervisor Signature	Date
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NOTE: Use of this form is mandated by Chapters 5101:2-5 and 5101:2-48 of the Ohio Administrative Code.

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.*

Ohio Department of Job and Family Services
SAFETY AUDIT

Name of Caregiver #1	Name of Caregiver #2	
Address	Name of Caregiver #3 (if applicable)	Provider ID
Name of Agency	<input type="checkbox"/> Initial Foster/Adopt <input type="checkbox"/> Recertification / Update	<input type="checkbox"/> Relocation / Renovation <input type="checkbox"/> Other _____

1.	The home and all structures associated with the home are maintained in a clean, safe, and sanitary condition and in a reasonable state of repair. 5101:2-7-12(A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Outdoor recreation equipment on the grounds of the home is maintained in a safe state of repair. 5101:2-7-12(B)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.	Potentially hazardous outdoor areas on the grounds of or immediately adjacent to the home are reasonably safeguarded. 5101:2-7-12(C)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.	The home is adequately heated, lighted and ventilated. 5101:2-7-12(D)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Bleach, cleaning materials, other poisonous or corrosive household chemicals, flammable and combustible materials, potentially dangerous tools/utensils, and electrical equipment or machinery in or on the grounds of the home are stored in a safe manner. 5101:2-7-12(E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	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. 5101:2-7-12(F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.	Ammunition, arrows or projectiles for weapons are stored in a locked area separate from the weapon. 5101:2-7-12(F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.	There is reasonable access to a working phone for emergency situations. 5101:2-7-12 (G)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Emergency telephone numbers posted: 5101:2-7-12(H) <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Squad/Rescue <input type="checkbox"/> Poison Control <input type="checkbox"/> Recommending Agency <input type="checkbox"/> Placing Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	All locks on at least one door to any room or walk in storage area inside the home in which a person could become confined, and from which the only other means of exit requires the use of a key, shall be able to be unlocked from either side. 5101:2-7-12(I)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	The home has a continuous supply of safe drinking water. If well water is used for drinking and cooking, it was tested and approved by the health department prior to initial certification (and annually thereafter for foster care) 5101:2-7-12(J) 5101:2-48-12(Q)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	The home has working bathroom and toilet facilities located within the home and connected to an indoor plumbing system. 5101:2-7-12(K)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Garbage shall be disposed of on a regular basis. Garbage stored outside shall be in covered containers or closed bags. 5101:2-7-12(L)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	The home has a working smoke alarm approved by "Underwriter's Laboratory" on each level of occupancy. 5101:2-7-12(M)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	The home has a written evacuation plan for evacuating the home or seeking shelter in the event of fire, tornado or other disaster. 5101:2-7-12(N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	The evacuation plan contains a primary and alternate escape for each floor, and the escape routes are kept free of clutter and other obstructions. 5101:2-7-12(N)(O)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	All heaters used in the home are approved by "Underwriter's Laboratory" and are equipped with safeguards in accordance with age and functioning level of foster children in the home. Unvented heaters that burn kerosene or oil are not used. 5101:2-7-12(P)(Q)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18.	The home has an "Underwriter's Laboratory" approved portable fire extinguisher in working order in or near the cooking area of the home. 5101:2-7-12(R)	<input type="checkbox"/> Yes <input type="checkbox"/> No

19.	Pets or domestic animals in or on the premises of the home are kept in a safe and sanitary manner in accordance with state and/or local laws. 5101:2-7-12(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20.	Interior and exterior stairways accessible to children are protected by child safety gates or doors according to the child's age and functioning level. 5101:2-7-12(U)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21.	The foster home provides a smoke free environment for foster children. 5101:2-7-12(V)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22..	All prescription drugs in a home are stored in a locked cabinet or storage area except that an inhaler or medication may be left unlocked if a person has a special health condition that requires it to be immediately available. 5101:2-7-12(W)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23.	Each foster child's bedroom has an outside wall window that is screened and capable of opening and closing, unless the room has a fresh air ventilation system. 5101:2-7-05(B)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Bedrooms for foster children accommodate no more than four children. 5101:2-7-05(B)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Bedrooms for foster children provide reasonable access to an emergency exit. 5101:2-7-05(B)(7)	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Bedrooms for foster children are not located on a floor higher than the second floor or in a basement unless approved in writing by a fire safety inspector. 5101:2-7-05(B)(8)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27.	A bunk bed in use for a foster child is equipped with safety rails on the upper tier for a child under the age of ten years, or an older child who needs such protection. 5101:2-7-05(F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
28.	Cribs used for children under two years of age or under 35 inches in height are: <ul style="list-style-type: none"> • full-sized • slats no more than 2 3/8 inches apart • no decorative cutout areas on end panels which could entrap a child's head • compliant with the U.S Consumer Product Safety Commission • mattress is at least 1½ inches thick and covered with a waterproof material • mattress is close enough to the frame that there is no more than one inch between the mattress and sides of the crib 5101:2-7-10(A) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Will Obtain Crib Manufacture Date: _____
29.	If a bassinet is used, it is used only for infants less than 15 lbs. in weight. 5101:2-7-10(B)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30.	All vehicles used to transport foster children are covered by liability insurance in accordance with current state laws. 5101:2-7-15(A)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
31.	In accordance with the age and weight of foster children placed in the home, child restraint seats or booster seats are available for use in vehicles used to transport foster children. 5101:2-7-15 (D)(E)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Will Obtain

Assessor and Supervisor Action: Check one or both boxes below and sign indicating approval or need for a fire safety inspection

- I. I certify that based on my observations of this home on this date, this home appears to be reasonably safe for placement of a foster or adoptive child (ren).
- II. Based on my observations of this home on this date, the required fire inspection will need to be completed before a decision can be made regarding the safety of the home.

Assessor Signature	Date
Supervisor Signature	Date

Date Fire Safety Inspection Was Conducted

Note: Completion of this form is required by Chapter 5101:2-5 and Chapter 5101:2-48 of the Ohio Administrative Code.