

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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5101:2-48-12.2

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

Required notification and adoption homestudy amendments.**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This new rule is being filed as part of a five year review and to replace a rescinded rule of the same number because more than fifty percent of the rule has been rewritten.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 "Required Notification and Adoption Homestudy Amendments" and gives guidance to adoptive families regarding when they need to notify the agency of certain changes, and gives guidance to agencies regarding how to complete amendments. For the most part, language was changed and moved to different paragraphs to align foster care and adoption and to flow better with the amendment process. One change across the rule was to allow agencies more time to complete requirements if the agency was not notified of the change in a timely manner. New language was added to paragraph (D) regarding how the agency processes the amendment. This is not a new requirement in regards to practice, but it was not previously explicit in rule. Paragraph (E) was changed to align with initial homestudy requirements for a new household member or spouse. Paragraph (G) is a new requirement that aligns with the homestudy approval and update approval process. The rule states that agencies shall provide written notice to adoptive parents of the approval or denial of the amendment. This allows agencies the opportunity to deny an amendment and end the homestudy approval span if the change that occurred in the family calls for such an action.

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 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
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 <input type="checkbox"/> adopt	Email Address		
				Cell Phone #		
				Work Phone #		
Applicant #2 Name First Middle Last (Maiden)		Currently Licensed/ Approved for	<input type="checkbox"/> foster <input type="checkbox"/> adopt	Email Address		
				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 <input type="checkbox"/> 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 <input type="checkbox"/> and enter number
Assessor Signature	Supervisor Signature	Date	
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 <input type="checkbox"/> and enter number
Assessor Signature	Supervisor Signature	Date	

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

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
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.