

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

Agency Name

**Division of Social Services**

Division

**Michael Lynch**

Contact

**OFC- 4200 E. 5th Ave., 2nd fl. J6-02 P.O. Box  
183204 Columbus OH 43218-3204**

Agency Mailing Address (Plus Zip)

**614-466-4605**

Phone

**614-752-8298**

Fax

**Michael.Lynch@jfs.ohio.gov**

Email

**5101:2-48-19**

Rule Number

**NEW**

TYPE of rule filing

Rule Title/Tag Line

**Sharing or transferring an adoptive homestudy.****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: **3107.033, 5153.166**
5. Statute(s) the rule, as filed, amplifies or implements: **3107.031, 3107.083, 3107.10, 5153.16**
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This new rule is being filed as part of a five year review and to replace a rescinded rule of the same number because more than fifty percent of the rule has been rewritten.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 "Sharing and Transferring an Adoptive Homestudy" and gives agencies guidance on how to share homestudies and process the transfer of an adoptive homestudy approval. For the most part, language was changed and moved to different paragraphs to align foster care and adoption and to flow better with the transfer process. Paragraphs (D) and (F) include new language that if a supporting document contains a false statement knowingly made by the adoptive parent, then the agency shall not release a copy of it to another agency or consider that homestudy in a matching conference or transfer. Paragraph (E) includes new language that the most recent alleged perpetrator check of child abuse and neglect must be shared with the new agency, along with the rest of the adoptive parent file. This change is a result of guidance from our legal staff, to ensure that a complete copy of the file is shared. Paragraph (H) includes the new requirement that adult children of the adoptive parent must be contacted for a reference. Paragraph (I) and (J) were revised to align with foster care transfer requirements. Language in (K) was revised to reflect current practice and allow for agencies to complete the transfer process in SACWIS when SACWIS allows them to do so.

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).

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 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 agency recertification requirements of this rule if not being currently met.

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"> <li>• full-sized</li> <li>• slats no more than 2 3/8 inches apart</li> <li>• no decorative cutout areas on end panels which could entrap a child's head</li> <li>• compliant with the U.S Consumer Product Safety Commission</li> <li>• mattress is at least 1½ inches thick and covered with a waterproof material</li> <li>• 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)</li> </ul>	<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
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**Note: Completion of this form is required by Chapter 5101:2-5 and Chapter 5101:2-48 of the Ohio Administrative Code.**

Ohio Department of Job and Family Services  
**RECOMMENDATION FOR TRANSFER OF A FOSTER OR ADOPTIVE HOME**

FOSTER OR ADOPTIVE HOME INFORMATION					
Caregiver #1 (Last, First, M.I.)		Date of Current Certificate or Approval From:                      To:		SACWIS Provider #	
Caregiver #2 (Last, First, M.I.)		Street Address			
Caregiver #3 (Last, First, M.I.) if applicable		City, State, Zip			
SENDING AGENCY					
Name of Agency			Street Address		
City	State Ohio	Zip Code	Phone Number		
<b>Check All Applicable Boxes</b>	<input type="checkbox"/> Family Foster Home		<input type="checkbox"/> Treatment Foster Home		<input type="checkbox"/> Adoptive Home
	<input type="checkbox"/> Medically Fragile Foster Home		<input type="checkbox"/> Pre-adoptive Infant Foster Home		
RECEIVING AGENCY					
Name of Agency			Street Address		
City	State Ohio	Zip	Phone Number		
<b>Check All Applicable Boxes</b>	<input type="checkbox"/> Family Foster Home		<input type="checkbox"/> Treatment Foster Home		<input type="checkbox"/> Adoptive Home
	<input type="checkbox"/> Medically Fragile Foster Home		<input type="checkbox"/> Pre-adoptive Infant Foster Home		

**To be completed by receiving agency:**

- A copy of the complete record has been received from the sending agency.  Yes  No
- The record has been reviewed by an assessor.  Yes  No
- New satisfactory references have been received.  Yes  No
- New references from adult children of the foster/adoptive parents have been received.  N/A  Yes  No
- A safety audit of the home has been conducted and satisfactorily completed.  Yes  No
- New criminal records checks were completed for persons subject to a criminal records check.  Yes  No

Name of Adult	SACWIS Person ID #	New Authentication # (TCN) from BCII

**FOSTER OR ADOPTIVE CAREGIVER(S) APPROVAL**

I agree with the transfer of my Foster Home Certificate or Adoption Homestudy Approval from

\_\_\_\_\_ to \_\_\_\_\_  
*(Sending Agency)*  *(Receiving Agency)*

Printed Name of Foster or Adoptive Caregiver # 1	Signature of Foster or Adoptive Caregiver # 1	Date
Printed Name of Foster or Adoptive Caregiver # 2	Signature of Foster or Adoptive Caregiver # 2	Date
Printed Name of Foster Caregiver # 3 (if applicable)	Signature of Foster Caregiver # 3 (if applicable)	Date

**Signature above of foster or adoptive caregiver(s) indicates permission is granted to the receiving agency to access information in the statewide automated child welfare information system (SACWIS).**

**SENDING AGENCY APPROVAL**

Printed Name of Sending Agency Representative	Signature	Date
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**Signature above of authorized representative of sending agency indicates the complete record of the foster or adoptive caregiver has been sent to the receiving agency.**

**RECEIVING AGENCY APPROVAL**

Printed Name of Receiving Agency Representative	Signature	Date
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**Signature above of authorized representative of receiving agency indicates acceptance of transfer and responsibility for making all future recommendations for recertification, amendments, updates and planning for this foster or adoptive home.**

**CUSTODIAL AGENCY APPROVAL (if applicable)**

Name of Custodial Agency	Printed Name of Representative	Signature of Representative	Date
Name of Custodial Agency	Printed Name of Representative	Signature of Representative	Date
Name of Custodial Agency	Printed Name of Representative	Signature of Representative	Date
Name of Custodial Agency	Printed Name of Representative	Signature of Representative	Date

**Signature above of custodial agency representative indicates custodial agency agreement with this transfer and agreement that after the effective date of the transfer, payment for care of any foster children placed in the foster home will be sent to receiving agency. This form is not a contract between the custodial agency and the receiving agency.**

<b>Recommended effective date of transfer:</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>
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**Names and addresses of foster/adoptive parents and the children placed with them are confidential, and can only be released for the administration of child welfare-related programs or pursuant to court order.**