

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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5101:2-52-08

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Interstate placement requirements for Ohio parents, legal guardians, or private entities when placing a child into another state or territory for adoption.**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: **5103.23**
5. Statute(s) the rule, as filed, amplifies or implements: **2151.39, 5102.23**
6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

These rules are being filed as a result of guidance from the federal government, 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 private entities guidance regarding placements that cross state lines. Paragraph (B) was revised to give the specific website for where to find the Interstate Compact for the Placement of Children (ICPC) regulations. Paragraph (C) was revised to add that the regulations of the compact must be followed regarding supervision of the case, and provide the website for where to locate those regulations.

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 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 regulations of the interstate compact, which are generally accepted industry standards. Each reference is generally available to persons affected by this rule via the website listed in paragraphs (B) and (C) of this rule, in accordance with ORC 121.75(E).

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:

This rule is being refiled in order to correct the FYR date.

12. Five Year Review (FYR) Date: **5/1/2019**

(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 foster care or 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 visitation requirements of this rule if not currently being met.

Ohio Department of Job and Family Services
APPLICATION FOR SEARCH OF OHIO PUTATIVE FATHER REGISTRY

Ohio Putative Father Registry
P.O. Box 183204
Columbus, Ohio 43218
Phone: 1-888-313-3100 / Fax (614) 728-6726
OhioPFR@jfs.ohio.gov

Please perform a search of the Ohio Putative Father Registry and advise if a putative father has registered timely with respect to the mother, child or father identified below.

SECTION I: IDENTIFYING INFORMATION ABOUT THE MOTHER		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YYYY)	Race(s)	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Mother's Mailing Address/Apt. (If different than above)		
City, State, Zip		
SECTION II: IDENTIFYING INFORMATION ABOUT THE FATHER		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YYYY)	Race(s)	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Father's Mailing Address/Apt. (If different than above)		
City, State, Zip		

SECTION III: IDENTIFYING INFORMATION ABOUT THE CHILD

Child's LAST Name	FIRST Name	MIDDLE Name
Race(s)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Estimated Due Date of Mother (MM/YY)	Child's Date of Birth (MM/DD/YYYY)	
Child's Birthplace City State	Hospital Name, if any	
Birth Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV: INFORMATION ABOUT PARTY REQUESTING SEARCH OF REGISTRY

Name of Firm or Agency (if applicable)	
Name of Person(s) Requesting Search	Email Address
Phone Number	Fax Number
Address for Results to be Sent to:	
City, State, Zip	
Person requesting search is: <input type="checkbox"/> Attorney Arranging Adoption of Minor <input type="checkbox"/> Mother of Child <input type="checkbox"/> Public Children Services Agency (PCSA) <input type="checkbox"/> Private Child Placing Agency (PCPA) <input type="checkbox"/> Private Non-custodial Agency (PNA)	
Reason for search is: <input type="checkbox"/> Termination of Parental Rights (TPR) Hearing: Date of TPR Hearing _____ <input type="checkbox"/> Permanent Custody Hearing: Date of Permanent Custody Hearing _____ <input type="checkbox"/> Private Adoption Date of Permanent Surrender or Consent _____ <input type="checkbox"/> Other Reason _____	

I certify that the information provided in this Search Request Form is true and correct to the best of my knowledge. I further certify that I am requesting this search of the Putative Father Registry to determine whether a putative father has registered timely in relation to the child referenced above.

Signature of Individual Requesting Search	Date
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SECTION V: TO BE COMPLETED BY THE OHIO PUTATIVE FATHER REGISTRY

Date Request Received (MM/DD/YY)	Search Request Record Locator Number
Date Response sent to Agency/Attorney	Response Sent to Father <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Date Response Sent to Father