

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

5101:2-48-16

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Adoption preplacement and placement procedures.**RULE SUMMARY**1. Is the rule being filed for five year review (FYR)? **Yes**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: **5101.141, 5103.03, 5153.166**5. Statute(s) the rule, as filed, amplifies or implements: **5103.03, 3107.10, 5153.16**

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

This rule is proposed for amendment as a result of the five year review and to update policies regarding the administration of the adoption program.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule provides guidance to agencies in regards to the matching and placement requirements for children in their permanent custody. Clarifying language was added to paragraph (C) regarding assessor visits with the child in permanent custody. Paragraphs (F) and (M) were revised to clarify that pre-adoptive staffings and matching conferences may be held prior to the birth of the child in a private agency infant adoption. Paragraph (H) now states that the prospective adoptive family shall be invited to the pre-adoptive staffing, if the PCSA or PCPA deems it to be appropriate. Language concerning distribution of the JFS 01690 was revised in paragraph (J). Paragraph (N) was revised to clarify invitations for kin who have applied to adopt the child less than fourteen days prior to the matching conference, as well as require the agency to invite any child focused recruiters to the matching who are assigned to the child, and allow the agency to invite the child to the matching if appropriate. Paragraph (O) was revised to stress the importance of the matching conferences and not delay permanency for waiting children, and require any child focused or child specific recruiter to participate in the matching conference. Paragraphs (O) and (R) were both revised to allow for flexibility with technology. The child study inventory was added to paragraph (U) as one of the factors in making the matching decision. The requirement that an adult non-relative must have been named by the biological parent in order to be considered for placement has been removed from paragraph (V). The requirement for updating the JFS 01690 pre-adoptive staffing prior to every subsequent matching conference was removed from paragraph (W). The pre-adoptive staffing meeting will now be a one-time only occurrence. Paragraph (X) was revised to allow for more flexibility in regards to permanency options other than adoption. Paragraph (Y) was revised to clarify that the JFS 01654 Adoptive Placement Agreement is not complete unless it includes all applicable signatures and the adoptive placement date. The reference to the Multiethnic Placement Act in paragraph (KK) was updated. All other changes made were not substantive.

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

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: **3/30/2017**

(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 of compliance.

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? **No**

Ohio Department of Job and Family Services
ADOPTIVE PLACEMENT AGREEMENT

I/we, _____, prospective adoptive parent(s) of _____
 (Child's Name)
 born _____, understand that _____ is accepting my home as the adoptive placement
 (Date of Birth) (Custodial Agency)
 of the child. I further understand that, until the adoption is finalized through court action, _____
 (Custodial Agency)
 shall hold permanent custody of the child and shall supervise* the placement of the child including at least monthly visits
 in our home with the child and our family. The date of the adoptive placement is _____. Such placement has
 been approved by the custodial agency and found to be in the best interest of the child.

Prior to adoption legalization, as the adoptive parent, I agree to:

1. Provide day-to-day care for the child, including any additional care necessary to meet the special needs of the child.
2. Assume financial responsibility for the child's care with additional assistance to be provided by the agency as follows: _____

3. Notify the custodial agency within twenty-four (24) hours of a change in my address or phone number, within twenty-four (24) hours of a serious illness/injury of the child, and within one hour of an unauthorized absence of the child. The phone number to report such changes is: _____.
4. Enter into no other foster care or adoptive agreement prior to the adoption finalization of this child without written consent of the custodial agency listed below.
5. Notify the custodial agency in accordance with agency policy if the child will leave the state of residence.
6. I am aware that I have a right to apply for federal and/or state subsidies prior to finalization.
7. I understand that if I am currently receiving foster care payments for this child, I may choose to continue those payments until the adoption is finalized.
8. I agree to work with the agency and court toward finalization and not cause undue delay in providing permanency for the child placed in our home.

Adoptive Parent Signature	Date	Custodial Agency Representative Signature	Date
Adoptive Parent Signature	Date	Supervising Agency Representative* Signature	Date
Other	Date	Other	Date

*If this adoptive placement is with an Ohio family, the custodial agency must supervise the placement, pursuant to OAC 5101:2-48-17. If this adoptive placement is outside Ohio, the supervising agency will be from the state of residence, per the Interstate Compact on the Placement of Children.

Ohio Department of Job and Family Services

DOCUMENTATION OF THE PLACEMENT DECISION-MAKING PROCESS

The JFS 01689 is to be completed at each Matching Conference. One JFS 01689 is to be completed for each child or sibling group who is being considered to be matched for placement in the same adoptive family. Attach additional sheets and/or documents if necessary.

Name(s) of child(ren) to be considered for matching	Date of matching conference
If the children being considered together for matching are different than the pre-adoptive staffing or the previous matching conference, whichever was more recent, please explain the reason for the change:	

Is there a current JFS 01688 for any of the children being considered for matching that states that race, color, or national origin should be a consideration in the placement decision? ☐ Yes ☐ No If yes, date of the current JFS 01688?

List all families who were identified as a potential match with the child through the automated match system or who expressed an interest in being considered for the child, but are not being presented at the matching conference.

Family Name	Reason Family is not Being Presented at Matching Conference	Family Serving Agency

Were families identified and considered as an adoptive placement for this child at the matching conference? ☐ Yes ☐ No

If no, please detail the recruitment efforts completed in the last ninety days.

Were there factors, such as a family's personal circumstances, that resulted in any family being postponed or withdrawn from consideration? ☐ Yes ☐ No If yes, please complete the table below.

Name of Family	Withdrawn or Postponed	Reason

Match Chart and Placement Decision

For families presented in the matching conference, consider the specified factors reflected in the top row of each section. List the names of families presented in the first column on the left. For each column identify the response that most accurately describes the family's ability to meet the child's need. The impact on the child can be positive (+), neutral (0), or negative (-). Some factors may not apply because they are not a need of the child(ren) being presented. In those cases, check the "N/A" box. Use the following guidelines to rate the family's ability to meet a specific characteristic.

+ <u>MEETS NEED VERY WELL</u>	Extensive experience, knowledge or insight of the child's need in the family's background Understands and/or seeks out the need for training and education Family's lifestyle will accommodate the child currently or with some modifications Family readily recognizes the child's need or issue as important Specialized support and resources exist in the environment to assist the caregiver and child
O <u>PARTIALLY ABLE TO MEET NEED</u>	Some experience, knowledge or insight with the child's need in the family's background Family's lifestyle requires some alteration Limited understanding of the child's need Some support or resources in the environment to assist the caregiver and child. No experience with the child's need, though the family is willing to learn
- <u>NOT ABLE TO MEET</u>	No experience, knowledge or insight with the child's specific need Unmotivated to learn or be trained about the child's need Family's lifestyle is incompatible with meeting the child's need Family denies the importance or relevance of the child's need No support or resources exist in the environment to assist the caregiver or child.

NOTE: Not all factors are weighted equally. It is possible for one component to override all other components. For example, a family who otherwise seems ideal for a child may be ruled out on one factor if that one factor indicates that it would not be in the best interest of the child's safety, permanency, or well-being to be matched with that family.

This section addresses each family's ability to provide basic needs, including but not limited to medical, food, clothing, and environmental needs that will be beneficial in the care of the child(ren).

A. Basic Daily Needs	Meets child's health needs	Meets child's physical needs (food, clothing, shelter)	Home environment is free of child specific health and safety hazards	Supervision to meet child's developmental or behavioral needs
Family Names				

This section addresses each family's ability to meet current and future social, emotional, behavioral, medical, and developmental treatment needs that will be beneficial in the care of the child(ren).					
	Child needs mental health therapy and the family is able to participate in the treatment plan	Understands the importance of and is able to follow through with medication management as prescribed	Willing to advocate for child's special education needs	Understands the limited life expectancy of the child	Able to cope with and meet the demands of frequent clinic visits/hospitalizations
B. Treatment Needs	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Family Names					

This section addresses each family's ability to preserve existing connections and relationships that will be beneficial in the care of the child(ren), including but not limited to neighborhood, community, faith, school, friends, extended family and/or tribe.				
	Willing to establish or maintain a relationship with birth family	Willing to establish or maintain a relationship with other significant persons	Willing to adopt available siblings	Willing to engage ongoing sibling relationships
C. Preserving Connections	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Family Names				

C. Preserving Connections (continued)	Willing to consider siblings who may become available in the future <input type="checkbox"/> N/A	Child has positive relationship with the family presented <input type="checkbox"/> N/A	Child will remain in current community/ environment (school, activities, faith community, etc.) <input type="checkbox"/> N/A	Child has expressed a preference to be adopted by the family presented <input type="checkbox"/> N/A
Family Names				

This section addresses each family's physical home, including any special considerations based on the child's physical, medical, and/or behavioral needs and experiences, that will be beneficial in the care of the child(ren).		
D. Physical Environment	Child needs separate bedroom <input type="checkbox"/> N/A	Child needs specially adapted home <input type="checkbox"/> N/A
Family Names		

This section addresses incorporating the child's role into the family structure and the family dynamics that will be beneficial in the care of the child(ren).

E. Family Structure	Child needs to be in a family that has other children <input type="checkbox"/> N/A	Child needs to be <input type="checkbox"/> oldest <input type="checkbox"/> youngest <input type="checkbox"/> only child <input type="checkbox"/> N/A	Child needs support of more than one primary caregiver in the home <input type="checkbox"/> N/A
Family Names			

This section addresses each family's expectations and their level of empathy and openness that will be beneficial in the care of the child(ren).

F. Expectations & Lifestyle	Comfortable discussing birth parent lifestyle and characteristics with the child	Child will be included in family planning and activities	Open to child's religious/ spiritual needs <input type="checkbox"/> N/A	Has realistic expectations of the child's academic and/or vocational goals
Family Names				

This section addresses the type of activity level, environment, family structure, and characteristics within the family setting that will be beneficial in the care of the child(ren).				
G. Parenting Styles	Level of activity meets child's need <input type="checkbox"/> N/A	Child needs a structured environment <input type="checkbox"/> N/A	Child needs a strong <input type="checkbox"/> paternal figure <input type="checkbox"/> maternal figure <input type="checkbox"/> equal parenting <input type="checkbox"/> N/A	Family has interests, personality traits, hobbies that complement the child. <input type="checkbox"/> N/A
Family Names				

This section addresses the level of experience each family possesses that will be beneficial in the care of the child(ren).				
H. Experience	Has experience with kinship/ foster/ adoptive children <input type="checkbox"/> N/A	Has experience with children who have suffered trauma <input type="checkbox"/> N/A	Has experience with children who have similar mental health diagnosis and/or special needs <input type="checkbox"/> N/A	Has experience with children who present communication barriers <input type="checkbox"/> N/A
Family Names				

H. Experience (continued)	Understands the importance of and is able to follow through with community resources child will require <input type="checkbox"/> N/A	Has experience with children who have been sexually abused <input type="checkbox"/> N/A	Has experience with children who have a history of sexual offending <input type="checkbox"/> N/A
Family Names			

This section addresses each family's support system, including the formal and informal family/ community supports available that will be beneficial in the care of the child(ren).			
I. Support System	Children in the family, including adult children, support the adoption of this child <input type="checkbox"/> N/A	Extended family and friends will be a support in the adoption of this child	Family has ties within their community <input type="checkbox"/> N/A
Family Names			

This section addresses each family's readiness and level of commitment that will be beneficial in the care of the child(ren).				
J. Family Readiness	Has history of honoring commitments (past parenting, relationships, employment, previous disruptions, etc.) <input type="checkbox"/> N/A	Family dually licensed/ approved <input type="checkbox"/> N/A	Family is ready to adopt	Preferred child characteristics match the child's needs
Family Names				

This section addresses any factors not mentioned above that should be rated for each family that will be beneficial in the care of the child(ren).				
K. Other: _____				
Family Names				

Do any of the families have a large family assessment that is required to be reviewed in the matching conference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Family Names	Status of the JFS 01530	Recommendation	Approval Date	Agency
Summary of the large family assessments reviewed in this matching conference:				

Record any additional considerations/factors that are central to the placement option selected.

Comments regarding matching ratings.

This matching decision is based on discussions regarding the needs of the child(ren) and review of the available placement resources. The family that appears best able to meet the needs of the child(ren) is:

1 st choice Family Name	List reasons why family was selected as first choice.
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2 nd choice Family Name	List reasons why family was selected as second choice.
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3 rd choice Family Name	List reasons why family was selected as third choice.
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4 th choice Family Name	List reasons why family was selected as fourth choice.
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List all families who were presented but not matched and the reason why the family was not matched.		
Family Name	Reason Family was not Matched	Family Serving Agency

If no families were matched with the child(ren), document the agency's efforts for permanency below.

Document the steps or actions that will be taken in the next 90 days to find a permanent home for the child.

If no families were matched with the child(ren), which child specific recruitment activities will be completed in the next 90 days:

<input type="checkbox"/> Review the case file for relatives/kin	<input type="checkbox"/> Talk with the child about anyone who may be willing to provide a permanent home for the child	<input type="checkbox"/> Distribution of information about the child to other adoption agencies
<input type="checkbox"/> Internet/ social media searches	<input type="checkbox"/> Flyers/brochures	<input type="checkbox"/> Adoption Fair/Mixer
<input type="checkbox"/> Register the child's profile on <ul style="list-style-type: none"> <input type="checkbox"/> Own agency website <input type="checkbox"/> Ohio Adoption Photolisting <input type="checkbox"/> AdoptUsKids 	<input type="checkbox"/> Radio/ Television/ Media	<input type="checkbox"/> Other _____

Summarize any other outcomes or provide additional comments.

Matching Conference Signature Page

Name of Child(ren)	Date
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Ohio Department of Job and Family Services
DOCUMENTATION OF THE PRE-ADOPTIVE STAFFING

A separate JFS 01690 shall be completed for each child.

Child's Name		Child's Birth Date	Date of PC
Is this case under appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Pre-adoptive Staffing Held		Date Form Completed
Name of person completing this form			Title
Agency			Telephone Number

Please describe the status of the following requirements. If any are not complete, please explain why and include the plan for completion and a projected completion date:

Child Study Inventory

Child's Lifebook

Goodbye/Transition visits

Does the child have siblings who should be considered in the placement discussion?

☐ N/A
 ☐ No
 ☐ Yes
 Specify number of siblings including child

List siblings who should be placed with this child, including date of birth.

Name	Date of Birth	Name	Date of Birth

If the child has any siblings who are not being considered for placement together, please explain why.

☐ N/A

If the child has significant relationships with relatives/kin that should be maintained, please list the names and relationships and document the reason it is in the child's best interest to maintain the relationship(s).

Please summarize the child's understanding of and readiness for adoption. Include a summary of any preparation or discussions the worker has had with the child, as well as services being provided to the child to increase their readiness for adoption.

Describe relevant factors from the child's social, medical, and developmental history that need to be considered.

Describe any limitations or special considerations that should be accounted for in finding permanency for this child.

Describe any therapeutic needs that must be considered, including any diagnoses, medications, or treatment plans.

Describe the child's educational background, including the status of any IEPs or special education needs.

Describe the child's current strengths and interests.

Child has a JFS 01688 "Individualized Child Assessment" ☐ Yes ☐ No If no, go to next section.

Date the JFS 01688 was sent to ODJFS:

Is RCNO permitted to be one of the factors considered in the placement decision for this child? ☐ Yes ☐ No

Summarize the outcomes of the pre-adoptive staffing. Include, at a minimum, the recruitment or placement plan for the child and any potential families interested in adopting the child.

Pre-adoptive Staffing Signature Page

Child's Name	Date Pre-adoptive Staffing Held
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[illegible]