



October 5, 2022

Family, Children and Adult Services Manual Transmittal Letter No. 504

TO: Family, Children and Adult Services Manual Holders

FROM: Matt Damschroder, Director

SUBJECT: Five Year Review and Amendment of Adoption Rules 5101:2-48-05, 5101:2-48-12, 5101:2-48-13, 5101:2-48-16 and 5101:2-48-24 and Related Forms

This letter transmits amendments to Ohio Administrative Code (OAC) rules 5101:2-48-05, 5101:2-48-12, 5101:2-48-13, 5101:2-48-16, and 5101:2-48-24, as a result of the five-year review. These rules also include references to seven forms that are being revised as part of the five-year review, and two forms revised for the purposes of the Adoption and Foster Care Analysis and Reporting System (AFCARS). These rules will be effective 10/15/2022. The following is a brief explanation of the changes:

OAC 5101:2-48-05 entitled **Agency Adoption Policy and Recruitment Plan** provides guidance to agencies regarding the policies they are required to have in place. Form revision dates were removed throughout the rule. Paragraph (B)(14) was amended to include post adoption in the statement and (B)(14) (e) was removed as county agencies will no longer be determining the post adoption special services subsidy after July 1, 2022. The reference to the Indian Child Welfare Act of 1978 in paragraph (C) was updated.

OAC 5101:2-48-12 entitled **Completion of the Adoption Homestudy** provides guidance to agencies on the homestudy process for prospective adoptive applicants. Form revision dates were removed throughout the rule. Terminology regarding identity and the reference to Title II of the Americans with Disabilities Act of 1990 in paragraph (E) were updated. Ohio was added to the name of the statewide automated child welfare information system throughout, so the system is properly identified as Ohio SACWIS.

OAC 5101:2-48-13 entitled **Non-discrimination Requirements for Adoptive Placements** provides guidance to agencies regarding discriminating actions that are prohibited when making placement decisions, as well as required actions when race, color, or national origin are intended to be a factor in the decision-making process. The reference to the Indian Child Welfare Act of 1978 in paragraph (B) was updated.

OAC 5101:2-48-16 entitled **Adoption Preplacement and Placement Procedures** provides guidance to agencies in regards to the matching and placement requirements for children in their permanent custody. Form revision dates were removed throughout the

rule. The reference to the Indian Child Welfare Act of 1978 in paragraph (V)(1) was updated. The reference to the Multiethnic Placement Act information in paragraph (KK) was updated.

OAC 5101:2-48-24 entitled **Agency Adoption Review Procedures** provides guidance to agencies on the requirements of the review process when a complaint is received from adoptive applicants or families. The grammar in paragraph (B)(2) was amended.

JFS 01200 Fire Inspection Report for Homes or Residential Facilities Certified by ODJFS is a form used by a local or state fire inspection certifying the home is free from conditions hazardous to the safety of children. Revisions to the form include removing 'UL' from approved smoke alarm, including carbon monoxide detector, and a new question about approving portable heaters.

JFS 01348 Safety Audit is a form used during the foster care and/or adoption homestudy to document how the residence meets safety standards. The form was revised to include terminology to identify a foster home and a checkbox for 'N/A'. The adoption homestudy requires less items for completion, therefore the checkbox for 'N/A' can be marked when the item refers to an adoption only home. Other revisions include clarification regarding water temperature, ventilation, and lead hazards. A checkbox for 'Will Obtain' was added regarding safety gates.

JFS 01385 Assessment for Child Placement Update is used for updating foster care and/or adoption homestudy applicants. Revisions to the form include adding race, ethnicity and gender of the applicant(s) with a note referencing that information is for statistical purposes only and these are for the purpose of AFCARS reporting. Providing a fax number was removed.

JFS 01447 Assessment of Relative or Nonrelative Substitute Caregiver is used for application and assessment of relative or nonrelative applicants with an agency recommendation of a child's placement. The form was amended to add gender of the applicant(s) for the purpose of AFCARS reporting.

JFS 01653 Medical Statement for Foster Care/Adoptive Applicant and All Household Members is used during the foster care and/or adoption homestudy to document the physical, emotional or mental condition of the applicant(s) and all members of the household. The adoption homestudy does not require immunizations as part of chapter 5101:2-48, therefore a checkbox was added 'N/A For Adoption Homestudy Only' for indication by adoption-only homes. The reference to chapter 5101:2-48, was corrected at the bottom of the form.

JFS 01667 Adoption Information Disclosure is used for disclosing all information about a child to prospective adoptive parent(s). Revisions include clarifying statement number 21 and adding a new statement number 22.

30 East Broad Street
Columbus, OH 43215
jfs.ohio.gov

JFS 01673 Assessment for Child Placement is the full assessment of foster care and/or adoption homestudy applicants with a final disposition. Gender of the applicant(s) was added for the purpose of AFCARS reporting. Providing a fax number was removed, and street was added as part of address in residential history.

JFS 01691 Application for Child Placement is for all initial foster care and/or adoption homestudy applications. Gender of the applicant(s) was added for the purpose of AFCARS reporting. Other revisions included removal of a fax number, adding street as part of an address in residential history and adding an email address under Adult Child References section.

JFS 01692 Application for Adoption of a Foster Child is for a foster caregiver who expresses the desire to adopt a foster child or sibling group that is and has been residing with the foster caregiver for at least six consecutive months. Revisions to the form include adding race, ethnicity and gender of the applicant(s) with a note referencing that information is for statistical purposes only for AFCARS reporting. Other revisions included removal of a fax number, adding street as part of an address in residential history and clarifying language under employment history.

INSTRUCTIONS: The following chart indicates the material that should be removed from the Family, Children and Adult Services Manual (FCASM) and the materials that are to be inserted in the FCASM.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
Social Services	OAC 5101:2-48-05	OAC 5101:2-48-05
	OAC 5101:2-48-12	OAC 5101:2-48-12
	OAC 5101:2-48-13	OAC 5101:2-48-13
	OAC 5101:2-48-16	OAC 5101:2-48-16
	OAC 5101:2-48-24	OAC 5101:2-48-24
Forms	JFS 01200	JFS 01200
	JFS 01348	JFS 01348
	JFS 01385	JFS 01385
	JFS 01447	JFS 01447

30 East Broad Street
Columbus, OH 43215
jfs.ohio.gov

	JFS 01653	JFS 01653
	JFS 01667	JFS 01667
	JFS 01673	JFS 01673
	JFS 01691	JFS 01691
	JFS 01692	JFS 01692
Transmittal Letters		FCASMTL No. 504

30 East Broad Street
Columbus, OH 43215
jfs.ohio.gov

5101:2-48-05

Agency adoption policy and recruitment plan.

(A) A public children services agency (PCSA), private child placing agency (PCPA) or private noncustodial agency (PNA) that places children for adoption or participates in the placement of children for adoption shall have a current written adoption policy.

(B) The policy shall include:

(1) The geographic area within which the agency conducts adoption homestudy assessments.

(2) A description of the adoption application process, the adoption homestudy, and the adoption homestudy update and amendment procedures, including:

(a) Eligibility requirements for an adoptive applicant(s).

(b) Timeframe for commencing and completing an adoption homestudy.

(c) Process for simultaneously certifying an applicant for foster care placement and approving an applicant for adoption.

(d) Preservice training requirements for an adoptive applicant(s).

(e) Criminal records check requirements and fees associated with obtaining a criminal records check pursuant to rule 5101:2-48-10 of the Administrative Code.

(f) If the agency requires additional assessment activities not specified in Chapter 5101:2-48 of the Administrative Code, then the agency shall include a description of those activities in their policy and require them of all adoptive applicants and approved adoptive parents.

(g) The requirement that an assessor shall complete the JFS 01530 "Large Family Assessment" ~~(12/2014)~~ if:

(i) A family has a total of five or more children residing in the home at the time of the homestudy, including foster children and children in kinship care, or;

(ii) A family will have a total of five or more children residing in the home based upon the number of children residing in the home at the time of the homestudy, including foster children and children in kinship care and the number of children the family will be approved to adopt.

- (h) The requirement that an assessor shall complete a new JFS 01530 at the time of the update if the family circumstances have changed substantially or if a JFS 01530 was not completed at the time of the homestudy but is required at the time of the update.
- (3) Notification procedures which, at a minimum, include:
- (a) The requirements that an adoptive applicant(s) or approved adoptive parent(s) shall notify the agency in writing if a person residing in the home who is twelve years old, but under eighteen years old, has been convicted or pleaded guilty to any offense listed in appendix A to rule 5101:2-48-10 of the Administrative Code or has been adjudicated to be a delinquent child for committing an act that if committed by an adult, would constitute one of those offenses.
 - (b) The requirements that the PCSA, PCPA, or PNA shall notify in writing the PCSA in the county in which the adoptive applicant resides within ten days after the initiation of a homestudy pursuant to rule 5101:2-48-12 of the Administrative Code.
 - (c) The requirements that the PCSA, PCPA or PNA shall notify in writing the PCSA in the county in which the adoptive parent(s) resides, of an impending adoptive placement no later than ten days prior to the placement of the child pursuant to rule 5101:2-48-16 of the Administrative Code.
 - (d) The requirements that the PCSA or PCPA shall notify the foster or kinship caregiver if the PCSA or PCPA seeks permanent custody of a child placed with the caregiver and if a child placed with the caregiver becomes available for adoption. The notification shall also be given to the recommending agency when the custodial agency is different than the recommending agency. The notification shall be consistent with the requirements contained in section 5103.161 of the Revised Code.
- (4) A procedure to provide access to approved adoption homestudies and other related documents to a PCSA or PCPA that requests a copy of the adoption homestudy for purposes of matching a child pursuant to rule 5101:2-48-19 of the Administrative Code.
- (5) A procedure for the receipt and maintenance of approved adoptive homestudies from other agencies or states, including the length of time that homestudies received shall be maintained in the agency's files.

- (6) A procedure pursuant to rule 5101:2-48-24 of the Administrative Code, to review grievances or complaints, received from the prospective adoptive applicant(s), adoptive applicant(s), or approved adoptive parent(s).
 - (a) The requirements for hearing grievances and for resolving differences with the prospective adoptive applicant(s), adoptive applicant(s), or approved adoptive parent(s), relative to the requirements of Chapter 5101:2-48 of the Administrative Code and other agency policies.
 - (b) The requirements of review by the highest administrative employee of the agency or designee for any unresolved grievance within thirty calendar days of the filing of the grievance.
- (7) A statement that the requirements contained in rule 5101:2-33-03 of the Administrative Code supersede the requirements of rule 5101:2-48-24 of the Administrative Code when the grievance or complaint involve alleged discriminatory acts, policies, or practices pertaining to the foster care and adoption process that involve race, color or national origin (RCNO).
- (8) A requirement that the child's custodial agency hold the initial matching conference within ninety days of the execution of the permanent surrender or the file stamp date of the permanent custody order, unless the order is under appeal as outlined in rule 5101:2-48-16 of the Administrative Code.
- (9) The following procedures as outlined in rule 5101:2-48-16 of the Administrative Code:
 - (a) Matching procedures as outlined in paragraph (V) of rule 5101:2-48-16 of the Administrative Code.
 - (b) When subsequent matching conferences are not required as outlined in paragraph (Y) of rule 5101:2-48-16 of the Administrative Code.
- (10) A non-discriminatory policy on determining the approved adoptive parents who will be presented as a potential adoptive parent for the child in the matching conference. If there are more than five families who are potential matches for the child, the agency may narrow the number of families to a minimum of five based on:
 - (a) The preference to keep siblings together if it is in their best interest.
 - (b) The level of experience the family has in working with children who have the specific behavior, medical or mental health challenges that a specific child presents.

- (11) If a family was previously considered for a child in a matching conference and was not interested in the child, the agency does not have to consider the family for the same child in subsequent matching conferences.
 - (12) The availability of open adoptions between the birth parent(s) and the adoptive parent(s) and the referral process if the agency does not provide open adoptions.
 - (13) A procedure for the agency to report an adoptive applicant(s) or adoptive parent(s) who it feels has made a false statement in the application or homestudy process according to rule 5101:2-33-13 of the Administrative Code.
 - (14) A description of all state and federal adoption and post adoption assistance, including:
 - (a) Eligibility requirements of each program.
 - (b) Application requirements of each program.
 - (c) Availability of and process for requesting mediation, as described in rule 5101:2-49-05 of the Administrative Code.
 - (d) Availability of and process for requesting a state hearing, as described in section 5101.35 of the Revised Code and in accordance with division 5101:6 of the Administrative Code.
 - ~~(e) Any alternative review process utilized by the PCSA for determining post adoption special services subsidies, in accordance with rule 5101:2-44-13 of the Administrative Code.~~
 - (15) Schedule of fees for service, if applicable.
 - (16) Religious affiliation requirements, if applicable.
 - (17) Provision of prefinalization and postfinalization services.
 - (18) The complaint process pursuant to rule 5101:2-33-03 of the Administrative Code.
- (C) Standards of conduct regarding the Multiethnic Placement Act, Oct. 20, 1994, P.L. 103-382, as amended by Section 1808 of the Small Business Job Protection Act of 1996, Aug. 20, 1996, P.L. 104-188 (MEPA), and the Civil Rights Act of 1964 (Title VI), as they apply to the adoption process, which do not supersede the provisions of the Indian Child Welfare Act of 1978, Nov. 8, 1978, P.L. 95-608, 25 U.S.C. sections 1901-1963 ~~(11/1987)~~.

- (D) The agency may prepare a summary of its adoption policy to respond to inquiries pursuant to rule 5101:2-48-08 of the Administrative Code. If the agency prepares a summary, it shall include:
- (1) A written notice of the procedure for any complaints of discrimination in the adoption process that involve race, color or national origin (RCNO), pursuant to rule 5101:2-33-03 of the Administrative Code.
 - (2) The JFS 01611 "Non-discrimination Requirements for Foster Care and Adoptive Placements," ~~(rev. 1/2009)~~. No additional language regarding non-discrimination in the adoptive placement process based upon RCNO shall be included in the agency's policy or other recruitment materials.
- (E) The PCSA, PCPA, or PNA shall maintain its written policies to reflect requirements contained in the Administrative Code. When an agency revises a policy, the revision shall be submitted to ODJFS within ninety days of the change. If a change in the Administrative Code or the Revised Code requires the agency policy to change, the agency shall submit the affected policy to ODJFS within ninety days of the effective date of the change in Administrative Code or Revised Code.
- (F) Recruitment of prospective adoptive parents shall be an ongoing activity of the PCSA, PCPA, or PNA. The agency shall not deny any person the opportunity to become an adoptive parent on the basis of RCNO of the person or the child involved.
- (G) The PCSA, PCPA or PNA shall develop, maintain and implement a comprehensive recruitment plan that identifies the agency's diligent recruitment efforts of parents and which reflects the diversity of waiting children for whom adoptive homes are needed. The plan shall be signed by the agency director or designee.
- (H) If the PCSA, PCPA, or PNA amends its recruitment plan at any time the agency shall submit the amended recruitment plan to ODJFS within ninety days following the amendment.
- (I) The PCSA, PCPA and PNA, at a minimum, shall include in its recruitment plan the following:
- (1) A fee structure that is non-discriminatory to applicants and approved adoptive parents and that allows parents of various income levels the opportunity to adopt. Fees may be charged according to a standardized and uniformly applied sliding scale, based on a family's ability to pay. The ability to pay a fee shall not influence the choice of the most appropriate parent(s) for a child.
 - (2) Specific strategies to reach all parts of the community.

- (a) The PCPA or PNA shall define its own community.
 - (b) The PCSA shall define the community as the county in which the PCSA is located.
 - (3) Specific methods of disseminating both general and targeted recruitment.
 - (4) Strategies for assuring that all prospective adoptive applicants will receive information regarding adoption procedures within seven days of inquiry.
 - (5) Strategies for assuring that all applicants have access to the homestudy process, including location and hours of services that facilitate access to all members of the community.
 - (6) Strategies for training staff to work with diverse cultural, racial, ethnic and economic communities.
 - (7) Strategies for dealing with linguistic barriers between the PCSA, PCPA, or PNA and the prospective adoptive applicant(s).
- (J) The PCSA and PCPA shall include in its recruitment plan the following:
- (1) A description of the characteristics of children in the permanent custody or permanent surrender of the agency, including:
 - (a) Age.
 - (b) Gender.
 - (c) Race and ethnicity.
 - (d) Developmental needs.
 - (e) Emotional and mental health needs.
 - (f) Physical needs.
 - (2) A comparison of the racial and ethnic diversity of the children in permanent custody with the racial and ethnic diversity of the approved adoptive family resources in the agency.
 - (3) Any racial or ethnic category of family that is under-represented and the strategies the agency will initiate to increase the category.

- (4) Criteria to determine when the agency will conduct child specific recruitment strategies for a child.
 - (5) Identification of the type of specific recruitment techniques the PCSA or PCPA will utilize when child specific recruitment is warranted, pursuant to rule 5101:2-48-16 of the Administrative Code.
- (K) The PCSA, PCPA, or PNA shall maintain case records in a consistent and organized manner. If the PCSA, PCPA, or PNA maintains any required information set forth in this rule in a location other than the case record, it shall be stated in the agency policy or noted in the case record where the information can be found for the purpose of: preservation of agency records, searching for potential placement/adoptive resources, providing needed or requested services and/or screening/assessing families.
- (L) An agency shall ensure that employees and contractors performing work related to the functions listed in rule 5101:2-5-03 of the Administrative Code shall implement all current written policies of the agency related to those functions and that all activities and programs related to those functions occur in accordance with agency policies.
- (M) All policies required by this chapter shall be provided to any person affected by the policy. Any policy required by this chapter shall be provided to any person upon request.
- (N) If ODJFS determines an agency's adoption policy, policy revisions or recruitment plan are noncompliant, the agency shall accept technical assistance from ODJFS until such time that the policy or recruitment plan is in compliance.

Effective: 10/15/2022
Five Year Review (FYR) Dates: 7/28/2022 and 10/15/2027

CERTIFIED ELECTRONICALLY

Certification

10/03/2022

Date

Promulgated Under: 119.03
Statutory Authority: 3107.033, 5103.03, 5153.166
Rule Amplifies: 3107.031, 3107.032, 3107.033
Prior Effective Dates: 12/30/1966, 10/01/1986, 07/01/1990, 09/01/1994,
12/15/1995 (Emer.), 03/01/1996, 09/18/1996,
12/31/1996 (Emer.), 03/31/1997, 02/13/1998 (Emer.),
05/14/1998, 12/31/1998 (Emer.), 04/05/1999,
09/01/2000, 11/12/2002, 09/01/2003, 02/01/2005,
12/11/2006, 05/15/2009, 07/10/2014, 12/01/2015,
08/01/2017

5101:2-48-12

Completion of the adoption homestudy.

- (A) A public children services agency (PCSA), private child placing agency (PCPA) or private noncustodial agency (PNA) that acts as a representative of the Ohio department of job and family services (ODJFS) shall:
- (1) Inform all individuals applying for adoption homestudy approval that they can also be studied for foster home certification.
 - (2) Conduct a joint homestudy pursuant to the requirements contained in Chapters 5101:2-5, 5101:2-7 and 5101:2-48 of the Administrative Code resulting in the simultaneous approval of the applicant for:
 - (a) Adoption homestudy approval.
 - (b) Foster care placement.
 - (3) If the PCPA or PNA is not certified to recommend foster homes for certification and place or participate in the placement of children for adoption, then the agency must inform the individuals that a joint homestudy could be conducted simultaneously by another agency that is certified for both functions.
- (B) The PCSA, PCPA, PNA, or court shall ensure that employees or persons under contract with the agency to perform assessor duties comply with the following requirements.
- (1) The assessor definition in rule 5101:2-1-01 of the Administrative Code.
 - (2) Rule 5101:2-48-06 of the Administrative Code.
 - (3) Section 3107.014 of the Revised Code.
- (C) To avoid a conflict of interest, or the appearance of any conflict of interest, an assessor shall not perform any assessor duties for any of the following persons:
- (1) Him or her self.
 - (2) Any person who is a relative of the assessor.
 - (3) Any agency employee for whom the assessor has any supervisory responsibility.
 - (4) Any agency employee who has any supervisory responsibility for the assessor.
- (D) To avoid a conflict of interest, or the appearance of any conflict of interest:

- (1) The agency administrator and a relative of the agency administrator shall not have an adoption homestudy completed by the agency with which the administrator is employed.
 - (2) A member of the agency's governing body and a person known to the agency as a relative of the agency's governing body shall not have an adoption homestudy completed by the agency with which the member is associated.
 - (3) Adoption inquiries from anyone mentioned in this paragraph wishing to have an adoption homestudy completed shall be referred to another agency with no such appearance of a conflict of interest.
 - (4) An existing approved adoption homestudy of any person referred to in paragraph (D) of this rule shall be transferred to another adoption agency within sixty days of the effective date of this rule.
 - (5) If the agency becomes aware an approved adoptive parent of the agency is a relative of the administrator or a relative of the agency's governing body, it shall initiate a transfer of the adoption homestudy. The transfer shall be completed within sixty days of the discovery.
- (E) A PCSA, PCPA or PNA may selectively recruit on the basis of the need for adoptive parents that reflect the diversity of waiting children for whom adoptive homes are needed as specified in the agency's recruitment plan as required by rule 5101:2-48-05 of the Administrative Code.
- (1) The agency shall not consider the age, gender, ~~sexual~~gender identity, or sexual orientation of a family for whom that agency is conducting a homestudy in determining whether a homestudy is approved or disapproved or a child is placed in the home.
 - (2) The agency shall not consider the age, gender, ~~sexual~~gender identity, or sexual orientation of a child being considered for adoption in determining whether a homestudy is approved or disapproved or a child is placed in the home.
 - (3) The agency shall not discriminate in approving or disapproving a homestudy on the basis of disability in violation of Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794-(12/2015) and of Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. ~~120112132-(8/1981)~~12132.
- (F) The agency shall not consider the race, color or national origin of a family for whom the agency is conducting a homestudy in determining whether a homestudy is approved or disapproved or a child is placed in the home.

- (1) As prohibited by the Multiethnic Placement Act, Oct. 20, 1994, P.L. 103-382, as amended by Section 1808 of the Small Business Job Protection Act of 1996, Aug. 20, 1996, P.L. 104-188 (MEPA), and the Civil Rights Act of 1964 (Title VI), agencies may not deny any person the opportunity to become an adoptive parent on the basis of race, color, or national origin of the person or of any children involved.
 - (2) The agency shall not consider the race, color, or national origin of a child being considered for adoption in determining whether a homestudy is approved or disapproved or a child is placed in the home.
 - (3) The agency may consider a child's race, color, or national origin only in those cases it is determined acceptable pursuant to rule 5101:2-48-13 of the Administrative Code.
- (G) The agency shall use the JFS 01691 "Application for Child Placement" for all initial adoption homestudy applications.
- (1) The agency shall not accept an incomplete JFS 01691.
 - (2) The agency shall not begin the homestudy assessment process prior to the receipt of a fully completed JFS 01691 signed by the applicant(s).
 - (3) If a foster care applicant decides during the homestudy process to also become approved for adoption, the homestudy documentation and training completed up to that point may be utilized as long as the documentation or training has not expired upon completion of the homestudy. Applicants shall not be required to duplicate documentation as a result of a new application date.
- (H) The agency shall commence the homestudy assessment within thirty days after the date the agency receives a fully completed JFS 01691 signed by the adoptive applicant(s).
- (1) Commencement of a homestudy means, at a minimum, scheduling an appointment to interview the applicant or assuring the applicant is informed of the necessary materials required for the assessor to complete the homestudy.
 - (2) An agency failing to commence a homestudy within thirty days after receiving the application shall document on the JFS 01673 "Assessment for Child Placement" the reason(s) the agency is unable to meet this requirement.
- (I) The agency shall complete the homestudy within one hundred eighty days after the date the agency received the completed application. An agency failing to complete a homestudy within one hundred eighty days shall document on the JFS 01673 the reason(s) the agency is unable to meet this requirement.

- (J) If a homestudy is not completed within one year of the application date it shall be terminated unless the agency makes the determination the homestudy should not be terminated. The decision not to terminate shall be made at the agency's discretion and documented on the JFS 01673. If the agency decides to terminate the homestudy, it shall notify the adoptive applicant in writing no less than thirty days prior to the termination. Written notification shall include the reason for termination and the procedures for requesting a review of the agency's decision.
- (K) If a PCSA initiates an adoptive homestudy with an applicant who resides in another county, the PCSA shall notify the PCSA in the county the applicant resides. This requirement does not apply to:
- (1) An adoption by a step-parent whose spouse is a biological or adoptive parent of the minor to be adopted.
 - (2) An adoption where the PCSA in the county the adoptive applicant resides contracts with another PCSA to complete the adoptive applicant's homestudy.
- (L) If a PCPA, PNA or attorney arranging an adoption initiates an adoptive homestudy with an applicant, they shall notify the PCSA in the county the applicant resides. This requirement does not apply to:
- (1) An adoption by a step-parent whose spouse is a biological or adoptive parent of the minor to be adopted.
 - (2) An adoption where the PCSA in the county the adoptive applicant resides contracts with the PCPA or PNA to complete the adoptive applicant's homestudy.
- (M) The written notification to the PCSA, required in paragraphs (K) and (L) of this rule, shall be sent within ten days of the initiation of the homestudy, and shall include the following information:
- (1) The applicant's name.
 - (2) The applicant's address.
 - (3) The applicant's telephone number.
 - (4) The names and dates of birth of all household members at the time of the application.
 - (5) A request for any relevant information, if known, including, at a minimum:

- (a) Confirmation of household members as determined by a review of agency records.
 - (b) Information relating to any previous foster care or adoption applications and/or placements, such as:
 - (i) Past or present functioning of the prospective adoptive parent and household members.
 - (ii) Rule violations.
 - (iii) Information on the events leading to a removal of any child from the prospective adoptive family home.
- (N) When a PCSA in the county the adoptive applicant resides receives a notification letter, the PCSA shall provide, in writing, any relevant information listed in paragraph (M) (5) of this rule to the requesting agency within fifteen days of the receipt of the letter. If the PCSA does not have any relevant information regarding the adoptive applicant or any household members, the PCSA shall respond to the requesting agency that no information was found.
- (O) The PCSA in the county the adoptive applicant resides shall maintain written documentation on each family for whom they receive a notification letter. If the family is known to the agency and a record exists, the information shall be merged with the existing file.
- (P) If an agency determines any applicant knowingly provided false information for the homestudy or application, or any document submitted by the applicants during the homestudy process contains false information, the agency shall follow procedures outlined in rule 5101:2-33-13 of the Administrative Code.
- (Q) The following is required for the homestudy:
- (1) An assessor shall conduct an in home face to face interview with all members of the household based on his or her age and development. The interview with all members of the household may be a joint interview or separate individual interviews.
 - (2) Documentation of current marital status, which shall include a marriage certificate, divorce decree, or other verification of marital status, if applicable.
 - (3) The bureau of criminal investigation (BCI) and federal bureau of investigation (FBI) reports as outlined in rule 5101:2-48-10 of the Administrative Code for all persons subject to a criminal records check.

- (a) The criminal records check(s) must be completed and the results received by the agency prior to approval of the homestudy.
 - (b) Except as provided in paragraph (D) of rule 5101:2-48-10 of the Administrative Code, an agency shall not approve an adoption homestudy if the applicant or any adult member of the household has been convicted of any crime listed in appendix A to rule 5101:2-7-02 of the Administrative Code.
- (4) If the agency has the ability to complete the search in the Ohio statewide automated child welfare information system (SACWIS), the agency shall complete an alleged perpetrator search of abuse and neglect report history through the system for each adoptive applicant and each adult who resides with the applicant. If the agency does not have the ability to complete the search in Ohio SACWIS, the agency shall request a search of the system from ODJFS for each adoptive applicant and each adult who resides with the applicant.
- (a) A report with the results of the search shall be placed in the adoptive record.
 - (b) This report is used to determine the suitability of the adoptive applicant as an adoptive parent.
- (5) The agency shall request a check of the child abuse and neglect registry of any other state an applicant or other adult household member has resided in the five years immediately prior to the date of the criminal records check as required by division (A) of section 2151.86 of the Revised Code.
- (6) The agency is to complete a check of the national sex offender registry at <https://www.nsopw.gov/> for the adoptive applicant and each adult who resides with the adoptive applicant. The results are to be reviewed prior to the agency's approval of the adoption homestudy. The application may be denied based solely on the results of the search.
- (7) Completion of the JFS 01530 "Large Family Assessment" is required at the time of the adoption homestudy when:
- (a) A family has a total of five or more children residing in the home at the time of the homestudy, including foster children and children in kinship care, or;
 - (b) A family will have a total of five or more children residing in the home based upon the number of children residing in the home at the time of the homestudy, including foster children and children in kinship care, and the number of children the family will be approved to adopt.

- (8) A physical exam and a JFS 01653 "Medical Statement for Foster Care/ Adoptive Applicant and All Household Members" are to be completed by a licensed physician, physician assistant, clinical nurse specialist, certified nurse practitioner or certified nurse-midwife within one year prior to approval of the homestudy for the applicant. All household members are to complete a JFS 01653.
- (a) Any written documentation of a physical examination shall be completed by the individual conducting the examination.
 - (b) The form shall document that the applicant and all members of the household are free from any physical, emotional or mental condition which would endanger children or seriously impair the ability of the household members to care for the child being adopted.
 - (c) The agency may require an applicant or household member to secure and provide to the agency a report of an additional examination by a licensed physician, psychologist, or other certified or licensed professional if any of the following apply:
 - (i) The applicant or any household member has suffered a serious illness or injury within the past year.
 - (ii) It is determined to be necessary by the agency to ensure the safety, health, or care of any child who may be placed in the home of the applicant.
- (9) The applicant shall have an income sufficient to meet the basic needs of the household and to make timely payment of shelter costs, utility bills, and other debts. To show this, an applicant shall provide at a minimum:
- (a) A completed JFS 01681 "Applicant Financial Statement."
 - (b) Proof of income for the household for the most recent tax year prior to the date of application.
 - (c) Proof of income for the household for a two month period. The verification of income shall not be dated more than six months prior to the agency's approval of the adoption homestudy.
 - (d) At least one utility bill for each utility necessary to maintain the household. The bill or bills should not be dated more than six months prior to the agency's approval of the adoption homestudy.

- (10) Prior to approving the homestudy for adoption, the agency shall document that each person seeking adoption approval successfully completes preservice training in accordance with rule 5101:2-48-09 of the Administrative Code. Each person seeking adoption approval shall receive training on the Administrative Code rules and the agency's policies and procedures that are in effect on the date the agency approves the adoption homestudy.
- (11) References shall be received by the agency prior to the approval of the homestudy.
 - (a) The applicant shall provide the names and contact information of at least three people who do not reside with the applicant, so that they may be contacted as references. A minimum of three personal references shall be received prior to the date the agency approves the homestudy. A minimum of one of the required references is to be from a relative and at least two references from non-relatives.
 - (b) The applicant and all adult household members shall provide the name of any other agency or organization the applicant and any household member has applied to or had a homestudy approved for foster care or adoption, or any organization they have worked with in providing care and supervision of children. The applicant and all adult household members shall complete a written and signed release of information statement so any such reference may be contacted.
 - (c) The agency shall contact all adult children of the applicant for a reference. If the adult children are unable or unwilling to provide a reference this shall be assessed during the homestudy process and documented on the homestudy.
 - (d) All contacts with references listed in this rule are required and shall be documented in the narrative section of the homestudy.
- (12) The JFS 01200 "Fire Inspection Report for Homes or Residential Facilities Certified by ODJFS" or other form used for a local or state fire inspection certifying the home is free from conditions hazardous to the safety of children. The report shall not be dated more than twelve months prior to the agency's approval of the homestudy.
- (13) The JFS 01348 "Safety Audit" completed not more than six months prior to the agency's approval of the homestudy, documenting the residence satisfactorily meets all safety standards.

- (14) There shall be a continuous supply of safe drinking water. Well water used for drinking and cooking shall be tested and approved by the health department prior to approval of the adoption homestudy.
- (15) The applicant's home is to have a working smoke alarm on each level of occupancy and at least one near all sleeping areas approved by one of the following:
 - (a) "Underwriter's Laboratory."
 - (b) A certified fire inspector.
- (16) The applicant's home is to have at least one carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas.
- (17) Prior to the end of the assessment process, applicants shall complete and sign the JFS 01673-A "Child Characteristics Checklist for Foster Care and/or Adoption" indicating the acceptable characteristics of the child the applicant is willing to adopt.
 - (a) The determination of the specific number, age, and gender of children the adoptive applicant is approved for is the joint decision of the applicant and the assessor, based on the applicant's strengths and needs.
 - (b) Upon the request from an applicant or approved adoptive parent, the JFS 1673-A may be updated as often as needed.
 - (c) International and step-parent adoptions are exempt from this form requirement.
- (R) The agency shall document in each record that the applicant has been evaluated by an assessor to determine the applicant's compliance with all homestudy requirements and the suitability of the applicant to be approved as an adoptive parent considering all household members.
 - (1) In completing the evaluation, a written narrative shall be compiled, signed by the assessor, and approved by the supervisor, indicating approval or denial of the application.
 - (2) This evaluation shall be a completed JFS 01673 or JFS 01692 "Application for Adoption of a Foster Child or Sibling Group," as applicable.

- (3) Step-parent and international homestudies are exempt from this form requirement. The JFS 01698 "Step-parent Adoption Homestudy" may be used when the court requests an agency to conduct a homestudy involving a step-parent adoption.
- (S) In addition to the requirements of Chapter 5101:2-48 of the Administrative Code, the agency may establish a written policy that applies to all applicants, requiring submission of additional materials or documents, or participation in additional assessment activities. The agency shall not approve an adoption homestudy prior to the completion of those requirements, in addition to all requirements of Chapter 5101:2-48 of the Administrative Code that are applicable to the approval of the adoption homestudy.
- (T) The assessor shall make one or more of the following recommendations at the completion of the adoption homestudy:
- (1) Approve the applicant(s) as adoptive parent(s).
 - (2) Approve the applicant(s) as adoptive parents and recommend the applicant(s) for certification as a foster caregiver(s) simultaneously.
 - (3) Deny the adoption application.
- (U) The assessor shall provide written notification to the applicant(s) of approval or denial of the adoption homestudy. The written notification shall be provided within ten days after the homestudy is approved or disapproved.
- (1) Adoption homestudy approval notification shall include, at a minimum, the following information:
 - (a) Date of approval of the adoptive homestudy with the date the approved homestudy expires.
 - (b) A description of the characteristics of the child or children for whom the applicant is being approved.
 - (2) Adoption homestudy denial shall include, at a minimum, the following information:
 - (a) A detailed explanation of the reasons for the denial.
 - (b) A description of procedures for an agency review pursuant to rule 5101:2-48-24 of the Administrative Code.

- (V) No later than ten days after the homestudy is completed, the agency shall document the results of the homestudy on the JFS 01609 "Family Permanency Planning Data Summary."
- (W) The agency shall enter the appropriate data into the ~~statewide automated child welfare information system (SACWIS)~~ Ohio SACWIS to complete the provider record and approve the adoption homestudy.
- (X) No agency shall release a homestudy to any other agency or probate court if it is determined that the application, homestudy or any document provided during the homestudy process contains a false statement knowingly made by the applicant.
- (Y) The homestudy shall be updated every two years from the date of approval of the initial homestudy in accordance with rule 5101:2-48-12.1 of the Administrative Code. The homestudy shall be amended, if applicable, in accordance with rule 5101:2-48-12.2 of the Administrative Code.
- (Z) If a child has been placed in an approved adoptive home, the agency shall assure that the home continues to be in an approved status until the adoption is finalized by updating and amending the homestudy in accordance with rules 5101:2-48-12.1 and 5101:2-48-12.2 of the Administrative Code.

Effective: 10/15/2022
Five Year Review (FYR) Dates: 7/28/2022 and 10/15/2027

CERTIFIED ELECTRONICALLY

Certification

10/03/2022

Date

Promulgated Under: 119.03
Statutory Authority: 3107.032, 3107.033, 5103.03, 5153.166
Rule Amplifies: 2151.86, 3107.011, 3107.032, 3107.033, 3107.034,
3107.10, 5103.18
Prior Effective Dates: 12/30/1966, 10/01/1986, 07/01/1990, 09/01/1994,
12/15/1995 (Emer.), 03/01/1996, 09/18/1996,
12/31/1996 (Emer.), 03/31/1997, 02/13/1998 (Emer.),
05/14/1998, 12/31/1998 (Emer.), 04/01/1999,
02/15/2002, 09/01/2003, 02/01/2005, 12/11/2006,
08/21/2008, 07/01/2009, 03/01/2010, 11/01/2015,
08/01/2017, 03/01/2021

5101:2-48-13

Non-discrimination requirements for adoptive placements.

- (A) A public children services agency (PCSA), private child placing agency (PCPA), or private noncustodial agency (PNA) shall not deny any person the opportunity to become an adoptive parent on the basis of race, color or national origin (RCNO) of that person, or of the child involved; nor shall the PCSA, PCPA or PNA delay or deny the placement of a child for adoption on the basis of RCNO of the adoptive parent, or of the child involved.
- (B) The Multiethnic Placement Act, Oct. 20, 1994, P.L. 103-382, as amended by Section 1808 of the Small Business Job Protection Act of 1996, Aug. 20, 1996, P.L. 104-188 (MEPA), and the Civil Rights Act of 1964 (Title VI), as they apply to the adoption process, do not supercede the provisions of the Indian Child Welfare Act of 1978, P.L. 95-608, 25 U.S.C. 1901-1963~~(11/1987)~~.
- (C) A PCSA, PCPA, or PNA shall not routinely consider RCNO as a factor in assessing the needs or best interests of children. In each case, the only consideration shall be the child's individual needs and the ability of the prospective adoptive parent to meet those needs.
- (D) Only the most compelling reasons may serve to justify consideration of RCNO as part of a placement decision. Such reasons emerge only in the unique and individual circumstances of each child and each prospective adoptive parent. In those exceptional circumstances when RCNO needs to be taken into account in a placement decision, such consideration shall be narrowly tailored to advance the child's best interests. Even when the facts of a particular case allow consideration related to RCNO, this consideration shall not be the sole determining factor in the placement decision.
- (E) A JFS 01689 "Documentation of the Placement Decision-Making Process," shall be completed at each matching conference where families are considered as potential matches and prior to the placement selection by the custodial agency, pursuant to rule 5101:2-48-16 of the Administrative Code.
- (F) Annually each PCSA, PCPA, and PNA is to review and update their foster care and adoption recruitment plan. The review and update is to be completed in the Ohio statewide automated child welfare information system (SACWIS) by June thirtieth each year.
- (G) The following actions by a PCSA, PCPA, or PNA are permitted as it applies to the adoptive placement:

- (1) Asking about and honoring any initial or subsequent choices made by prospective adoptive parents regarding what RCNO of child(ren) the prospective adoptive parents will accept.
 - (2) Honoring the decision of a child over twelve years of age not to consent to an adoption, unless the court finds that the adoption is in the best interest of the child and the child's consent is not required.
 - (3) Providing information and resources about adopting a child of another RCNO to prospective adoptive parents who request such information and making known to all families that such information and resources are available.
 - (4) Considering the request of a birth parent(s) to place the child with a relative or non-relative identified by name.
 - (5) Considering the RCNO of the child as a possible factor in the placement decision when compelling reasons serve to justify that the RCNO needs to be a factor in the placement decision pursuant to paragraph (J) of this rule. Even when the facts of a particular case allow consideration related to the RCNO, this consideration shall not be the sole determining factor in the placement decision.
 - (6) Promoting cultural awareness, including awareness of cultural and physical needs that may arise in the care of children of different races, ethnicities, and national origins as part of the training which is required of all applicants who seek to become adoptive parents.
- (H) The agency is required to document verbal comments, verbatim, or describing in detail any other indication made by a prospective adoptive parent or prospective adoptive family member living in the household or any other person living in the household reflecting a negative perspective regarding the RCNO of a child for whom the prospective adoptive family have expressed an interest in adopting.
- (1) The documentation shall indicate whether those comments were made before or after completion of the cultural diversity training that is required for all adoptive applicants.
 - (2) The documentation shall be included in the prospective adoptive family's homestudy, update, or in an addendum to the homestudy or update prior to consideration of placement or a matching conference. The matching conference committee shall consider the information to determine if it will impact the placement.
- (I) The following actions by a PCSA, PCPA, or PNA are prohibited as it applies to the adoption process:

- (1) Using the RCNO of a prospective adoptive parent to differentiate between adoptive placements for a child(ren), unless the procedures in paragraphs (J) to (N) of this rule are followed.
 - (2) Honoring the request of a birth parent(s) to place a child with a prospective adoptive parent(s) of a specific RCNO.
 - (3) Requiring a prospective adoptive family to prepare or accept a transracial adoption plan.
 - (4) Using culture or ethnicity as a proxy for RCNO.
 - (5) Delaying or denying placement of a child based upon any of the following:
 - (a) The geographical location of the neighborhood of the prospective adoptive family if geography is being used as a proxy for the racial or ethnic composition of the neighborhood.
 - (b) The demographics of the neighborhood.
 - (c) The presence or lack of presence of a significant number of people of a particular RCNO in the neighborhood.
 - (6) Requiring extra scrutiny, additional training, or greater cultural awareness of individuals who are prospective adoptive parents of children of a different RCNO than required of other prospective adoptive parents.
 - (7) Relying upon general or stereotypical assumptions about the needs of children of a particular RCNO.
 - (8) Relying upon general or stereotypical assumptions about the ability of prospective adoptive parents of a particular RCNO to care for or nurture the sense of identity of a child of another RCNO.
 - (9) Steering prospective adoptive parents away from parenting a child of another RCNO. "Steering" is any activity that attempts to discourage prospective adoptive parents from parenting a child of a particular RCNO.
- (J) If a medical or psychological evaluation, school record, or other material documented in the file, including statements made by the child to a caseworker, indicate that there may be compelling reasons to consider needs the child may have regarding RCNO in the placement process, the agency shall determine if the child should be referred for an assessment of whether the child has individual needs involving RCNO.

- (K) One of the following licensed professionals shall conduct the assessment regarding RCNO:
- (1) A licensed child psychiatrist.
 - (2) A licensed child psychologist.
 - (3) A licensed independent social worker.
 - (4) A licensed professional clinical counselor.
- (L) The licensed professional conducting the assessment shall not be employed by the PCSA or PCPA making the referral.
- (M) At the time of the referral, the PCSA or PCPA shall initiate and subsequently complete the JFS 01688 "Individualized Child Assessment" using the following procedures:
- (1) The caseworker shall complete section I of the JFS 01688 and submit the JFS 01688 and all relevant medical or psychological evaluations, school records, or other material documented in the file to the caseworker's supervisor and the PCSA or PCPA MEPA monitor.
 - (2) If both the supervisor and the MEPA monitor determine that the documented material contained in the case file indicates there may be compelling reasons to consider the needs the child may have regarding RCNO in the placement process, the child shall be referred within ten days of the completion date of the individual child assessment as indicated in paragraph (J) of this rule. At the time of the referral, the agency shall forward to the licensed professional the following documents:
 - (a) The original JFS 01688.
 - (b) All relevant medical or psychological evaluations, and school records.
 - (c) All other relevant material documented in the child case file.
 - (3) The PCSA or PCPA shall request in writing that the licensed professional complete and sign section II of the original JFS 01688 and return it within sixty days to the PCSA or PCPA with a copy of the requested assessment attached.
 - (4) The licensed professional shall determine whether the child has needs involving RCNO and any other needs of a psychological or behavior nature and, if so to specify what those needs are and how those needs may impact a potential adoptive placement.

- (5) A licensed professional shall not complete an assessment pursuant to paragraph (J) of this rule until the PCSA or PCPA has provided the licensed professional with copies of the following:
 - (a) The JFS 01607 "MEPA Educational Materials."
 - (b) The JFS 01611 "Non-discrimination Requirements for Foster Care and Adoptive Placements."
 - (c) Rule 5101:2-42-18.1 of the Administrative Code.
 - (d) Rule 5101:2-48-13 of the Administrative Code.
 - (e) Rule 5101:2-48-16 of the Administrative Code.
- (6) The licensed professional shall sign the JFS 01608 "Licensed Professional's Statement" acknowledging receipt of the materials required by paragraph (M) (5) of this rule. A copy of the signed JFS 01608 shall be submitted to the PCSA or PCPA.
- (7) The PCSA or PCPA shall keep the JFS 01608 and attach a copy to each JFS 01688 the licensed professional completes. The PCSA or PCPA shall submit a copy of the JFS 01608 and JFS 1688, if applicable to ODJFS within ten days after receiving it.
- (8) Each completed JFS 01688 shall remain in effect for twelve months from the date of the final decision as documented on the JFS 01688.
 - (a) If it has been determined that RCNO should be a factor considered in the child's placement, an updated JFS 01688 and assessment shall be completed prior to the twelve month expiration date.
 - (b) If it has been determined that RCNO should not be a factor considered in the child's placement, an updated JFS 01688 and assessment is not required prior to the twelve month expiration date. In such instance, the PCSA or PCPA may update the JFS 01688 and assessment as deemed necessary.
- (9) The following documents shall be presented as part of the placement decision making process at each matching conference in which the child is considered for a match with a prospective adoptive family:
 - (a) The JFS 01688, if applicable.
 - (b) The JFS 01690 "Documentation of the Pre-Adoptive Staffing and Updates."

- (c) All other relevant supporting materials.
- (10) Documentation of how RCNO impacted the placement decision shall be documented on the JFS 01689 pursuant to rule 5101:2-48-16 of the Administrative Code.
- (11) The PCSA or PCPA shall submit the JFS 01689 to ODJFS within ten days of the matching conference if the PCSA or PCPA determined that RCNO should be a factor considered in the child's placement.
- (N) The PCSA or PCPA shall maintain in the child's case file the completed original JFS 01688 and all medical or psychological evaluations, school records or other material documented in the file.
- (O) A PCSA, PCPA, or PNA shall not intimidate, threaten, coerce, or in any way discriminate or retaliate against any person who has filed any complaint orally or in writing, testified, assisted, or participated in any manner in the investigation of any alleged violation of MEPA and/or Title VI, including:
 - (1) Any potential or approved adoptive family or foster caregiver.
 - (2) Any employee of a PCSA, PCPA, or PNA.
 - (3) Any employee of any other agency with responsibilities regarding the care or placement of a child in the temporary custody or permanent custody of the PCSA or PCPA, such as a guardian ad litem (GAL) or court appointed special advocate (CASA) volunteer.
- (P) Prohibited retaliatory conduct includes, at a minimum:
 - (1) A reduction in the size of an adoption subsidy which a family should receive based on the child's individual needs.
 - (2) Unwarranted poor evaluations of an employee by his or her supervisor.

Effective: 10/15/2022
Five Year Review (FYR) Dates: 7/28/2022 and 10/15/2027

CERTIFIED ELECTRONICALLY

Certification

10/03/2022

Date

Promulgated Under: 119.03
Statutory Authority: 5103.03, 3107.031, 5153.166
Rule Amplifies: 5153.16, 3107.031, 3107.033
Prior Effective Dates: 09/01/2000, 05/01/2002, 09/01/2003, 02/01/2005,
12/11/2006, 05/15/2009, 03/01/2010, 10/01/2015,
08/01/2017, 05/01/2022

5101:2-48-16

Adoption preplacement and placement procedures.

- (A) The public children services agency (PCSA) or private child placing agency (PCPA) that holds permanent custody of the child shall begin services to prepare the child for adoptive placement no later than the date of the permanent custody. The date of permanent custody shall be either:
- (1) The date of the court's filing of its order of permanent commitment of the child to the PCSA or PCPA pursuant to section 2151.353, 2151.354, or 2151.414 of the Revised Code.
 - (2) The date of proper execution on the JFS 01666 "Permanent Surrender of Child" (~~rev. 10/2013~~) pursuant to section 5103.15 of the Revised Code.
- (B) A PCSA or PCPA shall assign an assessor to work with the child on adoption planning issues and adoptive placement no later than forty-five days after the execution of the permanent surrender or the file stamp date of the permanent custody order. If the order is under appeal, the agency shall assign an assessor to work with the child on adoption planning issues and adoption placement within forty-five days of the issuance of the final decision.
- (C) The assessor may also serve as the child's caseworker. If the assessor is assigned as the primary caseworker, the assessor shall visit with the child at least monthly. If the assessor is not assigned as the primary caseworker, the assessor shall visit with the child every other month at a minimum. The visit with the assessor may meet the requirements of rules 5101:2-42-65 and 5101:2-48-17 of the Administrative Code. During those visits, the assessor shall review and help the age appropriate child explore the following adoption issues.
- (1) Separation and attachment issues.
 - (2) Feelings concerning adoption and permanency.
 - (3) Terms and conditions of an open adoption, if applicable.
- (D) The PCSA or PCPA shall document the services provided to prepare the child for adoption in the case record.
- (E) For the purpose of this rule, "pre-adoptive staffing" is the process of identifying, planning and coordinating services for a child after the execution of the permanent surrender or the file stamp date of the permanent custody order.
- (F) The PCSA or PCPA shall conduct a pre-adoptive staffing according to the following:
- (1) No earlier than the date of the filing for termination of parental rights (TPR).

- (2) No later than forty-five days after the execution of the permanent surrender or of the file stamp date of the permanent custody order.
 - (3) For a private agency infant adoption, the pre-adoptive staffing may occur prior to the birth of the child.
- (G) If the order is under appeal, the agency may hold a pre-adoptive staffing prior to the issuance of the final decision.
- (H) The invitation to the pre-adoptive staffing shall be in written form, shall be documented in the case file, and shall be sent to the individual at least fourteen days prior to the staffing. The fourteen day timeframe does not apply to a private agency infant adoption. The individuals shall be notified if any staffing is rescheduled or canceled at least three days prior to the scheduled staffing or as soon as the information is available. The following individuals shall be invited to attend the pre-adoptive staffing.
- (1) The child's caseworker.
 - (2) The child's caseworker's supervisor.
 - (3) The assessor assigned to work with the child on adoption issues and the adoption placement, if different from the child's caseworker.
 - (4) The assessor's supervisor, if different from the caseworker's supervisor.
 - (5) Any professional who has the specific assignment of recruiting families for children who are awaiting adoption, if applicable.
 - (6) Any assessor who has or is in the process of conducting a homestudy for a kinship family or a foster family who has indicated an interest in the child, if applicable.
 - (7) The guardian ad-litem (GAL), if one has been assigned to the case.
 - (8) The court appointed special advocates (CASA) worker, if one has been assigned to the case.
 - (9) Key professionals working specifically with the child who have knowledge about the child's history and current needs that will be helpful to determine the child's placement needs.
 - (10) The child's current caregiver, if deemed appropriate by the PCSA or PCPA.

- (11) The child, if in the best interests of the child and deemed appropriate by the PCSA or PCPA.
 - (12) The birth family, if in the best interest of the child and deemed appropriate by the PCSA or PCPA.
 - (13) The prospective adoptive family, if deemed appropriate by the PCSA or PCPA.
 - (14) The PCSA or PCPA Multiethnic Placement Act (MEPA) monitor.
- (I) During the pre-adoptive staffing, the convened group will identify, coordinate and provide services that consider all of the following:
- (1) The child's social, developmental and medical history.
 - (2) Previous placements, including any residential placements, adoption disruptions or dissolutions.
 - (3) Specific recruitment efforts to find a permanent home for the child.
 - (4) Current strengths, limitations or other special considerations, including previous or current relationships with siblings, birth relatives or kin.
 - (5) Current therapeutic assessments or other needs to be considered in determining the child's adoptive placement.
 - (6) Transition of the case planning from a focus on foster care to adoption.
 - (7) Planning for good-bye visits, if applicable.
 - (8) Assessing the child's understanding and readiness for adoption.
 - (9) Status of child's lifebook.
 - (10) Any families who may be interested in adopting the child.
 - (11) Other preparation for adoption.
- (J) The PCSA or PCPA shall document the pre-adoptive staffing on the JFS 01690 "Documentation of the Pre-adoptive Staffing" ~~(rev. 4/2017)~~ and maintain the form in the child's adoptive case record. Following the pre-adoptive staffing, the agency may distribute the JFS 01690 to assessors who are responsible for completing or maintaining adoption homestudies.

- (K) For purposes of this rule, a "matching conference" is the process of determining the most appropriate family to adopt a child based on the child's individual needs and the ability of the prospective adoptive parent to meet those needs. A matching conference shall be conducted to match a child with a family for the purpose of adoption. The matching conference shall be held prior to the placement of the child for adoption as outlined in this rule.
- (L) The JFS 01530 "Large Family Assessment" ~~(rev. 12/2014)~~ as outlined in rule 5101:2-48-12 of the Administrative Code shall be discussed, if applicable.
- (M) A PCSA or PCPA shall hold the initial matching conference according to the following:
- (1) Within ninety days of the execution of the permanent surrender or the file stamp date of the permanent custody order, unless the order is under appeal.
 - (2) If the order is under appeal, the agency may hold a matching conference prior to the issuance of the final decision. If the order is under appeal, the agency shall hold the initial matching conference no later than ninety days after the issuance of the final decision.
 - (3) For a private agency infant adoption, the matching conference may occur prior to the birth of the child.
- (N) The invitation to the matching conference shall be in written form, shall be documented in the case file, and shall be sent to the individual at least fourteen days prior to the matching conference. The fourteen day timeframe does not apply to a private agency infant adoption. The individuals shall be notified if any matching conference is rescheduled or canceled at least three days prior to the scheduled matching conference or as soon as the information is available. The following individuals shall be invited to the matching conferences:
- (1) For the first matching conference only, the child's previous caseworker if the individual is different than the assessor assigned to work on adoption issues and placement.
 - (2) For the first matching conference only, the child's previous caseworker's supervisor, if applicable.
 - (3) The assessor assigned to work with the child on adoption issues and placement.
 - (4) The assessor's supervisor.
 - (5) The child's caseworker, if different from the assessor above.

- (6) Any professional who has the specific assignment of recruiting families for children who are awaiting adoption if there are no families identified for the child being presented in the matching conference, including any child-focused or child-specific recruiter working on behalf of the child.
 - (7) The child, if in the best interests of the child and deemed appropriate by the PCSA or PCPA.
 - (8) Any worker from any agency who is responsible for an approved adoptive family or adoptive applicant being presented at the matching conference. If an adult kin or current foster caregiver has submitted an application less than fourteen days prior to the matching conference and pursuant to paragraph (V)(3) of this rule, then the necessary parties shall be invited to the matching conference upon receipt of the application.
 - (9) The GAL, if one has been assigned to the case.
 - (10) The CASA, if one has been assigned to the case.
 - (11) Any other professional who may have knowledge of the child's history and current needs that will be helpful to determine the child's placement needs.
 - (12) The PCSA or PCPA MEPA monitor.
 - (13) The ODJFS MEPA coordinator at matchingconference@jfs.ohio.gov.
- (O) At a minimum, the following individuals shall participate in the matching conference and be included in the placement decision-making process:
- (1) The adoption caseworker for the child.
 - (2) The worker for any prospective adoptive families who will be presented at the matching conference. If the worker is unable to participate in the matching conference, another professional with knowledge of the family being presented shall participate in the matching conference.
 - (3) Any child-focused or child-specific recruiter working on behalf of the child.
 - (4) A member of the administrative or supervisory staff of the PCSA or PCPA adoption program.
- (P) If the child caseworker and family caseworker are the same individual, another adoption program staff member shall participate in the matching conference to assure that at least three individuals participate in the matching decision.

- (Q) If the PCSA or PCPA does not have at least three adoption program staff employees to participate in the matching conference, a professional or para-professional who is employed by the PCSA or PCPA shall participate in the matching conference. This person shall have, at a minimum, basic knowledge related to special needs adoption and permanency planning.
- (R) If more than one PCSA, PCPA or private non-custodial agency (PNA) is involved in an adoptive matching decision, a representative from each agency shall participate in the matching conference. Participation by teleconference or other electronic means is acceptable. The PCSA, PCPA, or PNA shall provide relevant information that may impact the safety and well being of the child being placed with the prospective adoptive family which shall include at a minimum:
- (1) Past or present functioning of the prospective adoptive parent.
 - (2) Rule violation(s) involving foster and/or pre-adoptive child(ren).
 - (3) Third party investigations.
 - (4) Information relating to previous adoption applications.
 - (5) Previous disruptions from the prospective adoptive family home.
- (S) The PCSA or PCPA shall document matching conference information as specified on the JFS 01689 "Documentation of the Placement Decision-Making Process." (~~rev. 4/2017~~).
- (T) The PCSA or PCPA shall document each matching conference for each child on the JFS 01610 "Child's Permanency Planning Data Summary." (~~rev. 2/2005~~).
- (U) The matching decision shall be based on the following, at a minimum:
- (1) Consideration of the placement of siblings together.
 - (2) The JFS 01690.
 - (3) The child study inventory.
 - (4) The JFS 01689.
 - (5) The JFS 01688 "Individualized Child Assessment," (~~rev. 4/2014~~), if applicable.
 - (6) The child's preference may be considered if the child has the capacity to express a preference.

(V) Regardless of the geographic location, the following preferential order shall be applied when considering families in the matching process:

(1) For a child federally recognized as a member of a tribe or Alaskan native village, the Indian Child Welfare Act of 1978, Nov. 8, 1978, P.L. 95-608, 25 U.S.C. 1901-1963 ~~(11/1987)~~ (ICWA) shall take precedence in any adoption proceedings.

(2) Whenever possible and in the best interest of the child(ren), sibling groups should not be separated.

(3) Any adult kin, or the child's current foster caregiver, when the following apply:

(a) The adult has expressed an interest in adopting the child and already has an approved adoptive homestudy, or has submitted the required document listed below at least five business days prior to the scheduled matching conference:

(i) The JFS 01691 "Application for Child Placement," ~~(rev. 12/2014)~~.

(ii) The JFS 01692 "Application for Adoption of a Foster Child or Sibling Group," ~~(rev. 12/2014)~~.

(iii) The adoption application or equivalent document that is required in the state the adult resides in.

(b) Placement with the adult would establish permanency for the child and be in the best interest of the child.

(4) A foster caregiver with whom the child has resided in the past, whose placement would be in the best interest of the child and who is approved for adoption pursuant to Chapter 5101:2-48 of the Administrative Code or the laws of the state where the previous foster caregiver now resides.

(5) Any other approved adoptive parent(s) who is accepting of the child's characteristics, who has expressed an interest in adopting the child, and whose placement would be in the best interest of the child.

(W) Subsequent matching conferences shall be held for the child, except as referenced in paragraph (Y) of this rule, at least once every ninety days.

(X) If there are no families available to be considered at a matching conference for a specific child and the JFS 01654 "Adoptive Placement Agreement" ~~(rev. 4/2017)~~ has not been signed, the agency shall conduct child-specific recruitment for the child prior to the

next matching conference. Child specific recruitment shall include at least two of the three activities listed:

- (1) Distribution of written information regarding the child to two or more adoption agencies, media outlets, or social media sites used to recruit adoptive families for the child.
- (2) Review case file information for relatives or individuals in the child's past who may be able and willing to provide a permanent home for the child.
- (3) Exploration with the child of individuals with whom the child is familiar who may be able and willing to provide a permanent home for the child.

(Y) Subsequent matching conferences are not required when:

- (1) The child has been matched with an adoptive family in a matching conference and there is a complete JFS 01654 that includes the adoptive placement date and signatures of the adoptive parent(s) and applicable agencies.
- (2) The child is age eighteen years old or older. However, the agency has the option to continue to hold matching conferences until the child reaches age twenty-one if the child is mentally or physically handicapped and still in the permanent custody of the agency.
- (3) The child's custody changes to a status other than permanent custody.

(Z) If the child's adoptive placement disrupts, the PCSA or PCPA shall begin the cycle of ninety day matching conferences again with the first one due ninety days from the date of disruption.

(AA) No later than seven business days after each matching conference, the PCSA or PCPA shall provide written information necessary for the completion of the JFS 01609 "Family Permanency Planning Data Summary" (~~rev. 2/2005~~) to any Ohio agency that had a family presented at the matching conference. The agency responsible for each prospective adoptive family presented at the matching conference shall document the outcome of the matching conference for the family on the JFS 01609.

(BB) The PCSA or PCPA shall make an adoptive placement only when it has permanent custody of the child, whether custody is obtained by permanent surrender or commitment. A child shall only be placed into an adoptive home which meets the best interests and special needs of the child.

(CC) No PCSA or PCPA shall place a child in an Ohio home for the purpose of adoption unless an adoptive homestudy has been completed and approved by an Ohio PCSA,

PCPA or PNA pursuant to Chapter 5101:2-48 of the Administrative Code. The homestudy shall be completed by an agency with authority recognized by ODJFS to complete adoptive homestudies.

- (DD) The PCSA or PCPA may place a child in an adoptive home in another state pursuant to rules and regulations governing the interstate placement of children pursuant to Chapter 5101:2-52 of the Administrative Code.
- (EE) Prior to the adoptive placement, the PCSA or PCPA shall provide the prospective adoptive parent with the completed and signed JFS 01667 "Adoption Information Disclosure" (~~rev. 7/2016~~) in accordance with rule 5101:2-48-21 of the Administrative Code.
- (FF) The JFS 01654 shall explain the responsibilities and authority of those who sign it. The following shall sign the JFS 01654 on or before the date of the adoptive placement:
- (1) PCSA or PCPA director or designee.
 - (2) Adoptive parent(s).
 - (3) Any other PCSA, PCPA, PNA or out of state agency providing adoption services, if applicable.
- (GG) A copy of the signed JFS 01654 shall be given to the adoptive parent and any other signer of the agreement.
- (HH) A PCSA shall not refuse to provide or arrange for services within its county to another PCSA or a public child serving agency in another state on behalf of a special needs child when such services, if not provided, would cause a delay in the adoptive placement of a special needs child. Services shall include, but are not limited to:
- (1) Homestudy services.
 - (2) Prefinalization and postfinalization services.
 - (3) Services needed to provide the court with information required for adoption finalization.
- (II) The PCSA or PCPA shall not make an adoptive placement if the permanent custody of a child is under appeal through a court of appropriate jurisdiction or awaiting journalization of a court order.
- (JJ) If an applicant knowingly makes a false statement in the application or homestudy process, the custodial agency shall not present that family at the matching conference

if the outcome of the agency review results in a reassessment of the homestudy pursuant to rule 5101:2-33-13 of the Administrative Code.

- (KK) All placement activities shall be in compliance with rules 5101:2-42-18.1 and 5101:2-48-13 of the Administrative Code and with the Multiethnic Placement Act, Oct. 20, 1994, P.L. 103-382, as amended by Section 1808 of the Small Business Job Protection Act of 1996, Aug. 20, 1996, P.L. 104-188 (MEPA), and the Civil Rights Act of 1964 (Title VI), as it applies to the foster care and adoption process.
- (LL) If a PCSA intends to place a child for adoption with an adoptive parent who resides in another county, it shall notify the PCSA in the county in which the parent resides of the impending placement. The notification shall be sent at least ten days prior to placement of a child. In the case of an infant placement, the notification may be prior to the birth of the child. This requirement does not apply to:
- (1) An adoption by a step-parent whose spouse is a biological or adoptive parent of the minor to be adopted.
 - (2) An adoption where the PCSA in the county in which the adoptive parent resides is in a contract with the other agency to complete the adoptive homestudy.
- (MM) If a PCPA or attorney arranging an adoption intends to place a child for adoption with an adoptive family, it shall notify the PCSA in the county in which the adoptive parent resides. The notification shall be sent at least ten days prior to placement of a child. In the case of an infant placement, the notification may be prior to the birth of the child. This requirement does not apply to:
- (1) An adoption by a step-parent whose spouse is a biological or adoptive parent of the minor to be adopted.
 - (2) An adoption where the PCSA in the county in which the adoptive parent resides has contracted with the other agency to complete the adoptive homestudy.
- (NN) If a child from outside Ohio is placed with an Ohio adoptive family, the Ohio private agency approving the adoptive family homestudy shall notify, in writing, the PCSA in the county where the adoptive parent resides of the impending placement no later than ten days prior to the placement. In the case of an infant placement, the notification may be made prior to the birth of the child.
- (OO) The written notification required in paragraphs (LL), (MM) and (NN) of this rule shall include the following information:
- (1) The prospective adoptive child's age.

- (2) A description of the prospective adoptive child's special needs.
- (3) The name(s) and address of the prospective adoptive parents.
- (4) The number of children that will reside in the prospective adoptive home once the prospective adoptive child is placed in the home.

Effective: 10/15/2022
Five Year Review (FYR) Dates: 7/28/2022 and 10/15/2027

CERTIFIED ELECTRONICALLY

Certification

10/03/2022

Date

Promulgated Under: 119.03
Statutory Authority: 5101.141, 5103.03, 5153.166
Rule Amplifies: 5103.03, 3107.10, 5153.16
Prior Effective Dates: 07/01/1990, 07/01/1994, 09/18/1996, 12/31/1996 (Emer.), 03/31/1997, 02/13/1998 (Emer.), 05/14/1998, 12/31/1998 (Emer.), 04/01/1999, 02/15/2002, 11/12/2002, 09/01/2003, 02/01/2005, 12/11/2006, 06/15/2009, 03/01/2010, 11/01/2012, 07/10/2014, 12/01/2015, 09/01/2017

5101:2-48-24

Agency adoption review procedures.

- (A) Each public children services agency (PCSA), private child placing agency (PCPA) and private noncustodial agency (PNA) shall develop and implement written procedures to review complaints from adoptive applicants, prospective adoptive families and adoptive families.
- (B) If requested, the agency review shall occur within thirty days of receipt of a request and shall include a face-to-face meeting with the following individuals:
- (1) The adoptive applicant, prospective adoptive family or adoptive family requesting an agency review.
 - (2) The adoptive ~~family~~family's caseworker.
 - (3) The adoptive child's caseworker, if applicable.
 - (4) The agency administrator or designee.
 - (5) Any other individual with information regarding the complaint, as deemed appropriate by the agency administrator or designee.
- (C) A written decision, including the reason for the decision, shall be rendered by the administrator of the PCSA, PCPA or PNA or his designee. The decision shall be based upon the evidence presented at the review. A copy of the decision shall be provided to all parties to the agency review within fifteen days of the review.
- (D) All documentation related to notification regarding rights to an agency review and written decisions of the agency review required by this rule shall be maintained in the child and family case record.
- (E) For complaints involving alleged discriminatory acts, policies, or practices pertaining to the foster care and adoption process that involve race, color or national origin, the procedures contained in rule 5101:2-33-03 of the Administrative Code supercede the requirements of this rule.
- (F) Each agency shall follow procedures as outlined in rule 5101:2-33-13 of the Administrative Code when an agency determines there may knowingly be falsification on an adoptive application or homestudy, or any document submitted during the homestudy process.

Effective: 10/15/2022
Five Year Review (FYR) Dates: 7/28/2022 and 10/15/2027

CERTIFIED ELECTRONICALLY

Certification

10/03/2022

Date

Promulgated Under: 119.03
Statutory Authority: 3107.033, 5103.03
Rule Amplifies: 3107.031, 5103.03
Prior Effective Dates: 07/01/1990, 09/01/1994, 02/13/1998 (Emer.),
05/14/1998, 12/31/1998 (Emer.), 04/01/1999,
09/01/2003, 02/01/2005, 12/11/2006, 03/01/2010,
10/01/2015, 08/01/2017

FIRE INSPECTION REPORT FOR HOMES OR RESIDENTIAL FACILITIES CERTIFIED BY ODJFS

This form may be used to inspect any other facility at the discretion of the fire inspector

FACILITY TYPE	BUILDING CODE REFERENCES	COUNTY
<input type="checkbox"/> Foster or Adoptive Home , 5 or fewer foster or adoptive children	<input type="checkbox"/> Building code applied at time of last inspection report	
<input type="checkbox"/> Group Home , up to 10 children	<input type="checkbox"/> No information available (new application)	
<input type="checkbox"/> Children's Residential Center , 11 or more children	<input type="checkbox"/> Not applicable	
<input type="checkbox"/> Crisis Care Facility		
<input type="checkbox"/> Other		
Name of Family/Facility		Recommending Agency
Street Address		Street Address
City, State, Zip Code		City, State, Zip Code
Person with whom report was discussed		

This is to certify that I inspected the building(s) comprising this facility and find

Type of Structure	<input type="checkbox"/> Single Family <input type="checkbox"/> Mobile <input type="checkbox"/> Modular	<input type="checkbox"/> Two Family	<input type="checkbox"/> Apartment	<input type="checkbox"/> Group Home	<input type="checkbox"/> Children's Residential Center	<input type="checkbox"/> Crisis Care Facility
Type of Construction	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Block	<input type="checkbox"/> Other (<i>specify</i>)		
Type of Floors	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other (<i>specify</i>)			
Type of Stairways	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Other (<i>specify</i>)		
Number of floors _____. What floors have been approved for sleeping arrangements?						
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Basement						
Explain limitations, if any, on approval for sleeping arrangements						
Check Items In Compliance						
<input type="checkbox"/> 1. Two remote means of escape from each level where child care is provided. (Foster and Adoptive Homes are Exempt) <input type="checkbox"/> 2. Means of escape free from clutter and other obstructions. <input type="checkbox"/> 3. Stairs, hallways, and passages to exit are adequately lighted. <input type="checkbox"/> 4. No room used for children is reached only by ladder or trapdoor. <input type="checkbox"/> 5. Child-proof covers are used on electrical receptacles. (If required by fire inspector) <input type="checkbox"/> 6. Extension cords are used only as temporary wiring. <input type="checkbox"/> 7. Flammable and combustible materials are properly stored. <input type="checkbox"/> 8. Floor plan is posted showing fire and emergency evacuation route from facility. (Residential Facilities Only) <input type="checkbox"/> 9. Record is kept of practice fire drills. (Residential Facilities Only)						

Foster and Adoptive Homes			
A working approved smoke alarm and carbon monoxide detector on each level of occupancy of the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A U.L. approved portable fire extinguisher in working order in or near cooking area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approved portable heater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Unvented kerosene or oil heaters shall not be used. Is there any evidence of usage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Residential Facilities (Group Home, CRC or Crisis Care Facility)			
Are smoke detectors located according to instructions of the local fire inspector or state fire marshal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Free standing wood burning stoves and unvented kerosene gas or oil heaters shall not be used. Is there any evidence of usage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the written calendar of periodic fire drills (developed by the agency) approved by fire inspector?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the evacuation plan approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If applicable, what type of fire alarm system is provided? Smoke Detector Other (*specify*)

Is the facility reasonably free from conditions hazardous to the safety of children and approved as such? Yes No

If no, list violations:

State the recommendations for correction of all violations listed above.

Check one of the following:			
<input type="checkbox"/> At the time of initial inspection, this home/facility is found to be in compliance and is approved.			
<input type="checkbox"/> Reinspection and approval are required if any violations listed are not immediately corrected at the initial visit.			
Date of Initial Inspection		Date of Reinspection	
Inspected By <i>(Signature)</i>		Reinspected and Approved By <i>(Signature)</i>	
Title	Must select one:	Title	Must select one:
	<input type="checkbox"/> State certified fire safety inspector		<input type="checkbox"/> State certified fire safety inspector
	<input type="checkbox"/> State fire marshal's office		<input type="checkbox"/> State fire marshal's office
Name of Fire Department		Telephone Number	

Distribution for Foster and Adoptive Homes: A copy to each of the following:

1. **Recommending Agency**
2. **Family**
3. **Fire Inspector**

Distribution for Residential Facilities: A copy to each of the following:

1. **ODJFS Licensing**
2. **Facility**
3. **Fire Inspector**

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 _____

All items listed can be found in rule 5101:2-7-12 of the Administrative Code.

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Swimming pool on foster home property has barriers on all sides, access through the safety barrier equipped with a safety device such as a bolt lock, a life saving device such as a ring buoy and a working pump if it cannot be emptied after each use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.	Hot tub and spas on foster home property have a safety cover which is locked when not in use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.	Outdoor recreation equipment on the grounds of the foster home is maintained in a safe state of repair.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.	Potentially hazardous outdoor areas on the grounds of or immediately adjacent to the foster home are reasonably safeguarded.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.	The home is adequately heated, lighted and ventilated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Bleach, cleaning materials, other poisonous or corrosive household chemicals, flammable and combustible materials, potentially dangerous tools/utensils, and electrical equipment, machinery or alcoholic beverages in or on the grounds of the foster home are stored in a safe manner preventing the child's access, as appropriate for his or her age and development.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.	Firearm, air rifles, hunting slingshot or other projectile weapons kept on the grounds of or in the foster home are stored in an inoperative condition in a locked area inaccessible to children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9.	Ammunition, arrows or projectiles for weapons are stored in a locked area in the foster home separate from the weapon.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10.	There is reasonable access to a working phone for emergency situations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11.	Emergency telephone numbers posted in the foster home: <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 <input type="checkbox"/> N/A
12.	All locks on at least one door to any room or walk in storage area inside the foster 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13.	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 or approval (and annually thereafter for foster care).	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	The foster home has working bathroom and toilet facilities located within the home and connected to an indoor plumbing system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15.	The foster home ensures a proper water heater temperature not to exceed 120 degrees Fahrenheit.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16.	Garbage shall be disposed of on a regular basis from the foster home. Garbage stored outside the foster home shall be in covered containers or closed bags.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17.	The home has a working smoke alarm approved by "Underwriter's Laboratory" or a certified fire inspector on each level of occupancy and at least one alarm near all sleeping areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	The home has a working carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	The foster home has first aid supplies.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

20.	The foster home has a written evacuation plan for evacuating the home or seeking shelter in the event of fire, tornado or other disaster.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21.	The evacuation plan of the foster home contains a primary and alternate escape for each floor, and the escape routes are kept free of clutter and other obstructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22.	All heaters used in the foster home are approved by "Underwriter's Laboratory" or a certified fire inspector 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23.	The foster home has an "Underwriter's Laboratory" approved or certified fire inspector approved portable fire extinguisher in working order in or near the cooking area of the home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24.	The foster home is free from rodents and insect infestation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25.	Pets or domestic animals in or on the premises of the foster home are kept in a safe and sanitary manner in accordance with state and/or local laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26.	Interior and exterior stairways in the foster home accessible to children are protected by child safety gates or doors according to the child's age and functioning level.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Will Obtain
27.	The foster home provides a smoke free environment for foster children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
28.	If the foster home has peeling or chipping paint, the recommending agency is to make a referral to the appropriate agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
29.	All prescription drugs in the foster 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30.	Each foster child's bedroom has an outside wall window that is screened and capable of opening and closing or the room has a fresh air ventilation system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
31.	Bedrooms for foster children accommodate no more than four children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
32.	Bedrooms for foster children provide reasonable access to an emergency exit.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
34.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
35.	Cribs used for foster 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 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Will Obtain Crib Manufacture Date: _____
36.	If a bassinet is used in the foster home, it is used only for infants less than 15 lbs. in weight.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
37.	All vehicles used to transport foster children are covered by liability insurance in accordance with current state laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
38.	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.	<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.

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		
		for	<input type="checkbox"/> adopt	Cell Phone #		
				Work Phone #		
Applicant #2 Name First Middle Last (Maiden)		Currently Licensed/ Approved adopt for	<input type="checkbox"/> foster	Email Address		
			<input type="checkbox"/>	Cell Phone #		
				Work Phone #		
Street Address		City	State	Zip Code	County	
Home Telephone #		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						
Race*						
Ethnic Background*						
Gender*						
* For statistical purposes only						
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	Date	Date
Other	Date	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
Subsequent Determination Date		Age Range From To	Place Number Before Gender M F
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.

Ohio Department of Job and Family Services
ASSESSMENT OF RELATIVE OR NONRELATIVE SUBSTITUTE CAREGIVER

Name of Agency	<input type="checkbox"/> Initial Home Assessment <input type="checkbox"/> Amendment <input type="checkbox"/> Annual Assessment Reason*: _____
Purpose of Assessment <input type="checkbox"/> PCSA placement <input type="checkbox"/> Court request <input type="checkbox"/> Kinship Permanency Incentive Application <input type="checkbox"/> Other, please describe: _____	

*In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background checks shall be required on any new adults in the home and the Safety Check shall be conducted when the caregiver moves to a new residence.

Caregiver Information	
Name of Caregiver #1 (<i>first and last</i>)	Name of Caregiver #2 (<i>first and last</i>)
Race*	Race*
Ethnic Background*	Ethnic Background*
Gender*	Gender*
Home Address, City, State, and Zip Code	
County of Residence	Phone Number
Place of Employment Caregiver #1	Place of Employment Caregiver #2

*For statistical purposes only

Child(ren) Placed and To Be Placed				
Name of Child(ren) (<i>first and last</i>)	Relationship to Caregiver #1	Social Security Number	Date of Birth (<i>mm/dd/yyyy</i>)	Sex
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Household Members (including caregivers)					
Name (<i>first and last</i>)	Maiden/Alias	Relationship to Caregiver #1	Social Security Number	Date of Birth (<i>mm/dd/yyyy</i>)	Sex
		self			<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female

Background Checks on all adults in home (Completed only at Initial Home Evaluation or for any new adults in the residence)	
Date SACWIS alleged perpetrator search and other state central registry searches conducted, if applicable.	Requested Date _____ Received Date _____
Narrative	
Date BCI criminal records requested Date BCI criminal records received	Date _____ Date _____
Narrative	
Date FBI criminal records requested Date FBI criminal records received	Date _____ Date _____
Narrative	
Date of review of the National Sex Offender Registry	Date _____
Narrative	
Does the relative or nonrelative or other adult residing within the home have a felony conviction for spousal abuse, rape, sexual assault or homicide? (if yes, the home cannot be approved)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Has the relative or nonrelative or other adult residing within the home been convicted of or plead guilty to any offense listed in Appendix A of rule 5101:2-42-18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
If yes, has the agency documented the consideration of the factors listed in 5101:2-42-18 (F)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Narrative	
Safety Check	
Item	Response
Cleanliness of home	
The home is maintained in a clean, safe, and sanitary condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Absence of hazardous conditions inside and outside	
All structures associated with the home are maintained in a safe condition and in a reasonable state of repair.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Storing of poisonous and otherwise dangerous or combustible materials	
Bleach, cleaning materials, other poisonous or corrosive household chemicals, and flammable and combustible materials are stored in a safe manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Proper heating, lighting and ventilation	
The home is adequately heated, lighted and ventilated.	<input type="checkbox"/> Yes

	<input type="checkbox"/> No
Narrative	
Condition of plumbing and toilet facilities	
The home has working bathroom and toilet facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Working smoke alarms	
The home has a working smoke alarm on each level of occupancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Safe storing of weapons, including firearms and ammunitions, in inoperative condition and in a secured and locked area	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Narrative	
Adequacy of each child's bedding and appropriateness to his or her needs	
Each child has adequate and appropriate bedding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	
Availability of a working telephone	
There is reasonable access to a working telephone for emergency situations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative	

Caregiver/Household members Assessment	
Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren).	
Narrative	
Assess the impact of past PCSA or children services agency (CSA) involvement of household members in relation to the safety and well-being of the child (ren) to be placed.	
Narrative	
Assess the impact of household members aged twelve to seventeen years old who have been convicted of or plead guilty to any offenses described in section 5103.0319 of the Revised Code, or who have been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation.	
Narrative	
Additional comments not addressed elsewhere in assessment.	
Narrative	

Caregiver Assurance

I am willing and able to provide care and supervision of the child and to provide a safe and appropriate placement for the child(ren).

I agree to inform the PCSA of any new adults residing in the household.

I have disclosed all prior PCSA or CSA involvement if applicable.

I have informed and agree to inform the agency of any known violent delinquency adjudications by any youth between 12 and 17 years of age residing in the household.

I affirm that no adult in the home has a felony conviction for spousal abuse, rape, sexual assault, or homicide.

I affirm that no adult in the home has been convicted of or plead guilty to any disqualifying offense listed in Appendix A of rule 5101:2-42-18; or if an adult residing in the home has a disqualifying conviction, the adult meets the requirements set forth in paragraph (G) of this rule.

The information provided above is full and accurate to the best of my knowledge.

Caregiver #1 Signature	Date
Caregiver #2 Signature	Date

Agency Recommendation

Worker has assessed the physical environment, the capability of the relative/nonrelative to care for the child(ren), and the best interest, safety, well-being and permanency needs of the child(ren).

Worker has provided caregiver with information on applying for OWF child-only and Medicaid.

Worker has provided caregiver with known information regarding education, medical, child care, and special needs of the child(ren) including information on how to access support services to meet the needs of the child (if child is in agency custody).

Worker has provided caregiver with the following information:

- Information about the kinship support program (KSP), including eligibility requirements and details about payments and payment timeframes;
- the requirements for foster caregiver certification and adoption approval and how those requirements differ from the requirements for approval as a relative or nonrelative substitute caregiver;
- how to apply for certification as a foster caregiver;
- the difference in payments between an OWF-child only payment, KSP payments, and the foster care per diem;
- the difference (if any) in the eligibility for supportive services (if child is in agency custody); and
- the caregiver's right to be heard during hearings involving the child(ren)

Worker will provide caregiver with a copy of the individual child care agreement per rule 5101:2-42-90 (if child is in agency custody).

- Worker recommends approval of relative/nonrelative substitute caregiver.
- Worker does not recommend approval of relative/nonrelative substitute caregiver.
- Caregiver withdrew.

Agency Worker Signature	Date
-------------------------	------

- Relative/nonrelative substitute caregiver is approved.
- Relative/nonrelative substitute caregiver is not approved.
- Caregiver withdrew.

Agency Supervisor Signature	Date
-----------------------------	------

Comments on agency recommendation.

Ohio Department of Job and Family Services
**MEDICAL STATEMENT FOR FOSTER CAREGIVER/ADOPTIVE APPLICANT
 AND ALL HOUSEHOLD MEMBERS**

Section I - For all applicants and household members.

Name (<i>LAST, FIRST, MIDDLE</i>)	Date of Birth
Address (<i>Street, City, State and ZIP</i>)	

1. Have you had treatment for a serious or chronic illness? Yes No
- Have you been hospitalized in the past five years? Yes No
- Have you ever received, or been advised to seek, mental health services? Yes No
- Have you ever received, or been advised to seek, treatment for alcohol or substance abuse? Yes No

If any are checked, please explain: _____

2. Have you or your parents, grandparents, or siblings had any of the following? (*Check all that apply and indicate whom*)

- | | |
|--|--|
| <input type="checkbox"/> Arthritis _____
<input type="checkbox"/> Asthma _____
<input type="checkbox"/> Cancer _____
<input type="checkbox"/> Epilepsy _____
<input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Heart Disease _____
<input type="checkbox"/> Hypertension _____
<input type="checkbox"/> Kidney Disease _____
<input type="checkbox"/> Tuberculosis _____
<input type="checkbox"/> Ulcers _____ |
|--|--|

If any are checked, please explain: _____

3. Is there a history of other hereditary disease? Yes No

If yes, please explain: _____

Attach an official copy of the individual's immunization record as applicable to the requirement of childhood immunizations (children living in the home), pertussis immunizations (everyone in home caring for infants), or annual flu immunization (everyone in home caring for infants and any age child with medical needs).

There are exemptions available to the immunization requirements pursuant to rule 5101:2-5-20. Please list all required immunizations which the person listed above has not received and whether it is medically contraindicated, medically inappropriate, or declined by the individual/parent.

I have declined immunizations for the person listed at the top of this form for reasons of conscience, including religious reasons.

N/A – Adoption Homestudy Only

I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct.

Signature of applicant, household member or parent/legal guardian

Date

Section II - For applicants only.

Date you completed the physical examination of this individual	Date you last treated this individual
Do you provide services to this individual? <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> First Time	

Please respond to each of the following to the best of your knowledge:

1. Does this individual suffer from an illness, including a communicable disease, that would be detrimental to the care of a foster/adoptive child placed in his/her home? Yes No
2. Are there any chronic or serious disorders for which this individual has received treatment? Yes No
3. Is this individual currently taking medication? Yes No
4. Is this individual experiencing any physical, behavioral or emotional problems that would be detrimental to a foster/adoptive child placed in his/her home? Yes No
5. Have you ever referred this individual to other medical services, mental health services or treatment for alcohol/substance abuse? Yes No

If the answer to any of the above questions is YES, please explain: _____

(For foster/adoptive applicant only, please complete)

Please state your professional opinion regarding this individual’s suitability as a foster/adoptive parent from the standpoint of health, considering the individual’s medical history as given on the reverse side of this form and from knowledge you have of the individual. _____

AUTHORIZATION FOR RELEASE OF INFORMATION	
I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct. I further authorize the physician completing this form to release any information he/she may have concerning my physical or mental health to: <div style="text-align: center; margin-top: 10px;">_____</div> <div style="text-align: center; margin-top: 5px;"><i>(Name of Agency)</i></div>	
Signature of Applicant	Date

Signature	Date	Name <i>(Print or Type)</i>	
Please check one of the following: <input type="checkbox"/> Licensed Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Certified Nurse Practitioner <input type="checkbox"/> Certified Nurse-Midwife		Work Address	
		Work Phone Number	State License Number

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
ADOPTION INFORMATION DISCLOSURE

To Be Completed Prior To Adoptive Placement

In accordance with sections 2152.72 and 2151.99 of the Ohio Revised Code, it is a minor misdemeanor for any person, including staff of a PCSA or PCPA responsible for a child's placement in a prospective adoptive home or staff of a PNA participating in a child's placement in a prospective adoptive home to fail to provide the prospective adoptive parent(s) the information involving a child who has been adjudicated a delinquent for specified criminal offenses. It is not a violation of confidentiality to provide such information.

If you have not received certain information listed on this form, please contact the agency for assistance.

Agency	Agency Address
Name of Adoption Worker	Name of Adoption Supervisor
Email Address	Telephone Number

ADOPTIVE CHILD INFORMATION

Child's Adoptive First Name	Date of Birth	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Permanent Custody		
Anticipated Date of Adoptive Placement		

FINANCIAL RESOURCES

Information Provided to the Prospective Adoptive Parent(s):

<input type="checkbox"/> Non-Recurring Adoption Expenses	<input type="checkbox"/> Social Security	<input type="checkbox"/> Title IV-E Adoption Assistance
<input type="checkbox"/> Post Adoption Special Services Subsidy (PASSS)	<input type="checkbox"/> SSD	<input type="checkbox"/> Other _____
<input type="checkbox"/> State Adoption Maintenance Subsidy (SAMS)	<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____

MEDICAL AND COMMUNITY RESOURCES

Information Provided to the Prospective Adoptive Parent(s)

<input type="checkbox"/> Alcohol and Drug Addiction Board	<input type="checkbox"/> Head Start Program
<input type="checkbox"/> Bureau for Children with Medical Handicaps (BCMh)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Special Education Regional Resource Center (SERRC)
<input type="checkbox"/> DODD Family Resource Program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family and Children First Council (FCFC)	<input type="checkbox"/> Other _____

SPECIAL NEEDS OF THE CHILD

Identified and Anticipated Special Needs:

[Empty text box for identifying and anticipating special needs]

Adoptive parent(s) - please initial in the appropriate space

1. I have been informed in writing about my child's social and medical history, and received a copy of the JFS 01616 "Social and Medical History" Form.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

2. I have been informed in writing of the age of my child's birth parents at the time of my child's birth, if known by the agency.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

3. I have been informed in writing about the existence of other children born to my child's birth parent(s.)

(Adoptive Parent 1) Yes No* N/A Date information provided

(Adoptive Parent 2) Yes No* N/A Date information provided

4. I have been informed in writing about any known addiction of my child's birth parent(s) or family of origin.

(Adoptive Parent 1) Yes No* N/A Date information provided

(Adoptive Parent 2) Yes No* N/A Date information provided

5. I have been informed in writing of the reason(s) my child came into care and was not able to live with his/her birth family.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

6. I have been informed in writing of the number of placements my child experienced while in the care of the agency and the reasons for subsequent placement moves, if applicable.

(Adoptive Parent 1) Yes No* N/A Date information provided

(Adoptive Parent 2) Yes No* N/A Date information provided

*If no, explain under "Additional Comments" section.

7. I have been informed in writing about my child's bond with his/her birth parent(s) or birth family.

(Adoptive Parent 1) Yes No* Date information provided
(Adoptive Parent 2) Yes No* Date information provided

8. I have been offered the opportunity to review my child's school reports and Individual Educational Plan(s) in the agency's possession.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

9. I have been informed in writing about my child's medication history as known to the agency.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

10. I have been informed of the date of my child's last physical examination.

(Adoptive Parent 1) Yes No* Date information provided
(Adoptive Parent 2) Yes No* Date information provided

11. I have been informed of the date of my child's last dental examination.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

12. I have been offered the opportunity to review my child's health history record.

(Adoptive Parent 1) Yes No* Date information provided
(Adoptive Parent 2) Yes No* Date information provided

13. I have been offered the opportunity to review documentation in the record to any hospitalizations.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

*If no, explain under "Additional Comments" section.

14. I have been informed of the date of my child's last psychological or psychiatric examination.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

15. I have received a copy of the substantial and material conclusions and recommendations of a psychiatric or psychological examination or mental and emotional disorder examination conducted on my child.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

16. I have been informed in writing about any known sexual abuse experiences in which my child was the victim or perpetrator.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

17. I have received a copy of the written report describing the acts which resulted in my child being an adjudicated delinquent.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

18. I have been informed in writing that my child was adjudicated to be a delinquent and the record of this adjudication has been sealed.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

19. I have been informed in writing of any other known violent acts committed by my child.

(Adoptive Parent 1) Yes No* N/A Date information provided
(Adoptive Parent 2) Yes No* N/A Date information provided

*If no, explain under "Additional Comments" section.

20. I have received a copy of the Child Study Inventory including types of behaviors to anticipate, suggested interventions, and the assistance available if my child exhibits those behaviors after adoption.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

21. I have been informed in writing of financial and medical resources available, including subsidies as referenced in the Financial Resources section on the front page of this document.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

22. I have completed the JFS 1451 Title IV-E Adoption Assistance Application, whether I requested or declined the subsidy.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

23. I have been informed in writing that post adoption services will be available after finalization.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

24. I have received material from the birth parent(s) as authorized by the JFS 01693 "Ohio Law and Adoption Materials."

(Adoptive Parent 1) Yes No* N/A Date information provided

(Adoptive Parent 2) Yes No* N/A Date information provided

25. I have received a copy of the conclusions and recommendations regarding my child's involvement with a residential treatment program.

(Adoptive Parent 1) Yes No* N/A Date information provided

(Adoptive Parent 2) Yes No* N/A Date information provided

*If no, explain under "Additional Comments" section.

26. I have received my child's Lifebook including any available photographs from the birth parent(s).

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

27. I have received a copy of the JFS 01654 "Adoptive Placement Agreement" that includes the adoptive placement date.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

28. I have been informed in writing of my child's social security number, if applicable.

(Adoptive Parent 1) Yes No* N/A Date information provided

(Adoptive Parent 2) Yes No* N/A Date information provided

29. I have been provided with documentation regarding why the agency determined my child has or does not have special needs.

(Adoptive Parent 1) Yes No* Date information provided

(Adoptive Parent 2) Yes No* Date information provided

30. I have been informed in writing of observations and other relevant information about my child, such as interests, talents, behavioral traits, and significant events and relationships, including information regarding my child's siblings, if applicable, as reported by substitute caregivers, caseworkers, and other individuals who know the child well.

(Adoptive Parent 1) Yes No* N/A Date information provided

(Adoptive Parent 2) Yes No* N/A Date information provided

31. I have been informed in writing of relationships to be maintained after the adoptive placement.

(Adoptive Parent 1) Yes** No** N/A Date information provided

(Adoptive Parent 2) Yes** No** N/A Date information provided

*If no, explain under "Additional Comments" section.

**An explanation must be given for why the agency states the relationship should or should not be maintained.

***ADDITIONAL COMMENTS:**

--

The Adoption Information Disclosure Form has been explained to me and my questions have been answered to my satisfaction. This form was completed and reviewed without duress from the agency. I understand that this Disclosure Form will be placed in my child's adoptive case record and will be accessible to the agency at any time. I have been provided a copy of this form.

Adoptive Parent 1 Signature	Date
Adoptive Parent 2 Signature	Date
Agency Representative Signature	Date
Custodial Agency Representative Name	Custodial Agency Phone Number
Custodial Agency	
Custodial Agency Address	

Ohio Department of Job and Family Services
ASSESSMENT FOR CHILD PLACEMENT

(Homestudy)

Refer to the JFS 01673-I to assure each narrative element is adequately assessed.

Agency	Assessor	Phone #	Email Address	Date	
Applicant #1 Name First Middle Last (Maiden)	Applying to <input type="checkbox"/> foster <input type="checkbox"/> adopt	Email Address			
		Cell Phone #			
		Work Phone #			
Applicant #2 Name First Middle Last (Maiden)	Applying to <input type="checkbox"/> foster <input type="checkbox"/> adopt	Email Address			
		Cell Phone #			
		Work Phone #			
Street Address		City	State	Zip Code	County

Home Phone #	Emergency Contact Name
	Phone #

HOUSEHOLD MEMBERS (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						
Race*						
Ethnic Background*						
Gender*						
What Languages are spoken in the home						
School Grade Completed						
Area of Specialized Education (If Applicable)			Directions to Home from Agency			
Marital Status (if Currently Married, Date of Marriage)						
Employer or Source of Income						
How Many Years With This Employer						
Occupation						
Gross Annual Income						
Days/Hours of Work (In Normal Week)						
Driver's License Number						

* For statistical purposes only

DESCRIPTION OF HOME AS IT PERTAINS TO ADOPTION OR FOSTER CARE OF CHILDREN	
FLOORS APPROVED FOR SLEEPING	<input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor (must be approved by fire inspector) <input type="checkbox"/> Basement (must be approved by fire inspector)

SLEEPING ARRANGEMENTS *If family will obtain crib at the time an infant is placed in the home, please indicate that below			
BEDROOM #	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): crib*, toddler bed, twin, full, bunk, etc. (If bunk, indicate upper-U, or lower-L)
1			
2			
3			
4			
5			
6			

Briefly describe family's home. Please use the following as a guide. What type of structure is the home? Is it a single family home, two family, mobile or apartment, etc.? What type of construction is the home? How many levels are there? How many rooms are there? Does the home have a basement? Is the basement finished? Is there an exit from the basement? Describe "livability" and general atmosphere. Describe furnishings, housekeeping, etc.

Outside Space <i>Check all that apply</i>				
<input type="checkbox"/> Patio	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Play Equipment
<input type="checkbox"/> Porch	<input type="checkbox"/> Deck	<input type="checkbox"/> Shed/Barn	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Pool/Pond/Lake
<input type="checkbox"/> Fenced and Locked Gate	<input type="checkbox"/> Handicapped Accessible	<input type="checkbox"/> Other Specify		
Comments on safety issues in areas outside of the home.				
Does any family member smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is smoking allowed in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, List/Describe		
Do pets meet local safety requirements (vaccinations, vicious animal restrictions, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

What resources are available in the community that meet the needs of the child(ren) that may be placed in the home; such as, medical facilities, counseling agencies, schools, colleges, places of worship, theaters, museums, and recreational opportunities?

Name of school district where home is located	
Children placed in the home would attend the following schools	Elementary School
	Address
	Middle School
	Address
	High School
	Address
Is any child currently residing in the home excused from school attendance due to a home education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for each child, attach a copy of the district's documentation excusing the child from school attendance for the current school year.	
Does applicant plan to home educate any child that will be placed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, permission for home education must be approved by child's custodial agency. If applicant plans to home educate any child or children that will be placed, please give a description of the home education program.	

Does applicant operate a business from the residence? Yes No

Is the business for child care, adult day care or a rooming house? Yes No

If other than child care, adult day care or rooming house, describe type of business

If applicable, describe impact of home business on Foster/Adopt plan (hours of operation, flexibility, etc.)

TRANSPORTATION

Vehicles
 One Car Two Cars Truck/SUV Van Recreation Vehicle Motorcycle Other (specify)

Are vehicles in operable condition? Yes No If no, explain

Was proof of insurance provided for all operational vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company	Dates of policy to
---	---------------------------	--------------------

Does family have infant car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain	Does family have toddler car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain
---	--

Is the residence on a city bus line? Yes No

If yes, distance to nearest bus stop

Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line

MILITARY HISTORY (For any household member with military history)

Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other

Explain if other than honorable discharge

CRIMINAL HISTORY (Documentation verifying compliance must be received for all convictions)

Does any adult household member have a criminal history? Yes No If yes, please list:

Name	Offense	City and State	Convicted? If yes, date of conviction?	Sentence	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date

Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs?
 Yes No If yes, complete the following for each incident:

Name	City and State	Convicted? If yes, date of conviction?	Sentence	License Suspended or Revoked?	On probation? Date of release from probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date

Has any minor in the household been adjudicated as a juvenile delinquent? Yes No If yes, please list:

Name	Offense	City and State	Approximate Date of Adjudication	Sentence	On probation? Date of release from probation?
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date

Assessor's discussion and evaluation of all offenses, arrests, convictions, and adjudications listed above

Residential History (For last 10 years)		Applicant #1	Applicant #2
Date moved to current address			
Previous address (street/city/state)			
Date moved to this address			
Previous address (street/city/state)			
Date moved to this address			
Previous address (street/city/state)			
Date moved to this address			
Employment History (For last 10 years)			
Current employer			
Job title/occupation			
Date employment began			
Previous employer			
Job title			
Dates of employment			
Previous employer			
Job title			
Dates of employment			
Previous Marriage/Relationship History			
Previous marriage/significant relationship to			
Date of marriage/relationship began			
Date of separation			
Date of legal termination			
Previous marriage/significant relationship to			
Date of marriage/relationship began			
Date of separation			
Date of legal termination			

TRAINING COMPLETED						
	Date(s)	Location	Name of Training / Topic(s) Covered	# of Hours	How Delivered	Name of Trainer
Applicant #1						
APPLICANT #1 TOTAL HOURS:						

Applicant #2						
APPLICANT #2 TOTAL HOURS:						

CHILDREN RESIDING IN THE HOME

Name	Relationship to Applicant #1	Relationship to Applicant #2	Date Entered Household

If any child listed above is not a permanent member of the household, please note child's name and when (date) they may be leaving.

Describe each child's characteristics, including physical description, personality, educational situation and health. Describe child's attitude toward foster/adopt plan and how such placements are likely to impact the child.

ABSENT OR PART-TIME CHILDREN

If applicant's children live outside the home or only visit, discuss why children are absent or part-time, other parties involved, how this situation is now handled and how the situation will be impacted by foster care or adoption.

ADULT CHILDREN OF THE APPLICANT(S)

(If adult children live in the home, please also complete the section below regarding their role as a household member)

For applicant's adult children, discuss each adult child's perspective on their childhood, their current relationship with the applicant(s), how they feel about the applicants choosing to foster or adopt, and how this relationship will be impacted by foster care or adoption.

NON-APPLICANT ADULTS IN THE HOME

(Complete for each non-applicant adult member of the household)

Name	Relationship to applicant(s)	Date entered household	Permanent household member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date they may leave the home
------	------------------------------	------------------------	---	-------------------------------------

Please describe this adult's general characteristics, including why he/she is living in the household and what his/her role will be regarding the foster/adopt child(ren).

NARRATIVE

Categories 1-12 should be fully explored for each applicant. Use as much space as needed for each category, adding more sheets if needed. When there are two applicants, the assessor has the option of:

- A) Completing Categories 1-12 for Applicant #1, then completing Categories 1-12 for Applicant #2, **OR**
- B) Under each of the 12 categories, give information about both applicants.

(For option B, please make sure each person remains distinct, that you assess each applicant as an individual, as well as part of a parenting team.)

1) Describe each applicant’s appearance and general personality.
2) Summarize applicant’s personal history.
3) Describe applicant’s personal and emotional maturity.
4) Describe applicant’s coping skills and history of stress management.
5) Describe applicant’s stability and quality of interpersonal relationships.
6) Describe the level of openness applicant has in relationships.
7) Describe applicant’s ability to empathize with others.
8) Describe applicant’s motivation to foster/adopt.
9) Describe applicant’s understanding of entitlement issues.
10) Describe applicant’s ability to make and honor commitments.
11) Describe applicant’s parenting skills and abilities.
12) Describe applicant’s ability and willingness to take a “hands on” approach to parenting.

**RELATIONSHIP BETWEEN APPLICANT #1 AND APPLICANT #2
(Or, for single applicant, relationship with significant other, if applicable)**

If Applicant #1 is involved in a relationship with a spouse or domestic partner, or if the applicant is significantly involved with another adult, describe the nature of the relationship between these persons. Describe the communication styles used, how decisions are made and conflicts are resolved. Summarize the stability of the relationship, as well as the impact foster care or adoption will have on the relationship.

**APPLICANT(S) SUPPORT SYSTEM
(may choose to attach an ecomap here)**

Describe applicant’s current support system and supports available in the community. Describe how foster/adopt placement impacts and is impacted by these supports? Include child care arrangements if they are known at the time of the homestudy.

RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS

Describe applicant’s spiritual beliefs, values, and practices, and how these will impact the foster/adopt plan and be impacted by the foster/adopt plan.

FAMILY FINANCES

Summarize applicant’s financial situation, their ability to meet the basic needs of the household, and how this will be impacted by foster care or adoption.

ATTITUDES AND BELIEFS REGARDING FOSTER CARE/ADOPTION ISSUES

Describe the applicant’s ability to meet the special challenges of foster care and/or adoption, including birth parent issues, issues related to commitment and teamwork and his/her ability to work within the guidelines of the child welfare system. If the applicant is being recommended for treatment or medically fragile foster care, document how they meet the requirements for the program.

SUMMARY OF COLLATERAL CONTACTS AND INFORMATION

Summarize all references, including information from other agencies and organizations with which applicant has had contact with children (including other foster care or adoption agencies).

ADDITIONAL ASSESSOR OBSERVATIONS

Briefly describe any additional observations about this family’s situation not captured in other areas.

FAMILY STRENGTHS AND NEEDS

List below strengths and needs that have been identified and discussed by the agency and the family.

Strengths	Needs
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Describe the plan developed with the applicant(s) to build on their strengths and to address their needs. Include such things as skill development and education.

Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to adopt and/or foster.

GENERAL RULE COMPLIANCE

Has agency provided applicant(s) with a copy of Chapters 5101:2-5, 5101:2-7, and/or 5101:2-48, as applicable? Yes No
 Has agency provided applicant(s) with a copy or summary of the agency's policies? Yes No
 Has agency discussed these materials with the applicant(s)? Yes No

Indicate if there are any OAC rules or agency policies the prospective foster caregiver(s) is not in compliance with or cannot comply.

State the agency's rationale if requesting a waiver of any rule(s) for the prospective foster caregiver(s). Waivers may only be considered for non-safety issues for relative foster homes.

If a waiver is requested and approved, specify what the caregiver(s) will do to come into compliance and when compliance will be achieved.

ASSESSOR VISITS WITH APPLICANT(S) AND HOUSEHOLD MEMBERS

Date of visit	Location	Name(s) of those present	Date of visit	Location	Name(s) of those present

ASSESSMENT PROCESS CHECKLIST

(Please note that this is a general checklist. Assessments will vary in requirements depending on the circumstances and agency specific policies.)

Date Applicant Attended Information/Orientation Meeting		
Date of Initial Assessor Contact		
Date Application Received by Agency		
Date Applicant Completed Training (Must attach training log or complete the training log in the table)		
For Adoption Only- Date of Training Waiver, if applicable.	Date of Training for 3 hours of Cultural Training:	
Date Verified Marriage (if applicable)	How verified	
Date Verified Divorce(s) (if applicable)	How verified	
Date Safety Audit (JFS 01348) Approved by Supervisor		
Date Fire Inspection Approved by Fire Inspector		
Date Financial Statement (JFS 01681) Received	Date All Supporting Financial Documents Received:	
Date Well Water Test Completed (if using well water)	Date Alternative Water Plan Submitted/Approved:	
Date Reference #1 Received	Name	Address
Date Reference #2 Received	Name	Address
Date Reference #3 Received	Name	Address
Date Reference #4 Received (optional)	Name	Address
Date Adult Child References Received		
Date BCI Checks Received	Date FBI Checks Received:	Date Rehabilitation Standards Verified, if required:
Date SACWIS AP Search(es) Received	Date Abuse/Neglect Checks From Other States Received, if required:	
Date All Medical Statements (JFS 01653) Received	Date Additional Medical Reports Received, if requested:	
Date JFS 1673-A Child Characteristics Checklist Received		

Do any of the above listed verifications contain information that would disqualify either applicant for the program for which they applied?
 Yes No If yes, explain

Do any of the above listed verifications contain information that would cause limitations/restrictions regarding the care of a foster or adopted child?
 Yes No If yes, explain

Check this box if homestudy was not initiated within 30 days and explain why.

Check this box if homestudy was not completed within 180 days and explain why.

DISPOSITION OF ADOPTION APPLICATION (if applicable)		
<input type="checkbox"/> Adoption application denied. Reasons		
<input type="checkbox"/> Adoption application approved for applicant #1 <input type="checkbox"/> and applicant #2 <input type="checkbox"/> .		
Summarize child or type of child for which approval is granted (include age, gender, number of children and acceptable characteristics)		
SIGNATURES		
Assessor Signature	Date	
Supervisor Signature	Date	
OPTIONAL SIGNATURES		
Other	Title	Date
Other	Title	Date

DISPOSITION OF FOSTER CARE APPLICATION (if applicable)			
<input type="checkbox"/> Foster home certification denied. Reasons (list specific rules/issues and attach documentation)			
<input type="checkbox"/> Foster home certification recommended for applicant #1 <input type="checkbox"/> and applicant #2 <input type="checkbox"/> .			
APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Initial 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
List any restrictions on license or waivers to be requested. Waivers may only be requested for relative foster homes for non-safety issues.			
SIGNATURES			
Assessor Signature			Date
Supervisor Signature			Date
OPTIONAL SIGNATURES			
Other	Title	Date	
Other	Title	Date	
Note For each change, an addendum must be added to the narrative describing the change and indicating the caregiver(s) approved of the change.			

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 Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
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 Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
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 Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
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 Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
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 Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
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 Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	

Ohio Department of Job and Family Services
APPLICATION FOR CHILD PLACEMENT

AGENCY USE ONLY		
Agency	Assessor	Date Completed Application Received

Applicant #1 Name (Please Print)				Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					Work Phone #	
Applicant #2 Name (Please Print)				Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					Work Phone #	
Street Address			City	State	Zip Code	County
Home Phone #		Emergency Contact Name			Emergency Contact Phone #	

HOUSEHOLD MEMBERS (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						
Race*						
Ethnic Background*						
Gender*						
School Grade Completed						
Area of Specialized Education			Directions to your home from the Agency			
Marital Status (if married, date of marriage)						
Employer or Source of Income						
How Long with this Employer						
Occupation						
Gross Annual Income						
Days/Hours of Work (in normal work week)						
Driver's License Number						

* For statistical purposes only

SLEEPING ARRANGEMENTS (Indicate where all household members sleep, and where foster/ adopted children will sleep)
 *If you will obtain a crib at the time an infant is placed in the home, please indicate that below

BEDROOM	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): Crib*, Twin, Full, Bunk, etc. (If bunk, indicate upper - U or lower - L)
1			
2			
3			
4			
5			
6			

Does any family member smoke? Yes No Is smoking allowed in the house? Yes No

Are there any pets in the home? Yes No If yes, list/describe:

Do pets meet local safety requirements (Vaccinations, licenses, vicious animal restrictions, etc.)? Yes No

Comments

Does applicant operate a business from the residence? Yes No Explain:

If yes, is business child care, adult day care or a rooming house? Yes No

Describe impact of home business on foster care/adoption plan:

VEHICLES One car Two or more cars Truck/SUV Van Recreational Vehicle Motorcycle Other

Are vehicles in operable condition? Yes No If no, explain

Are there infant car seats? Yes No Will Obtain Are there toddler car seats? Yes No Will Obtain

Do you have proof of insurance for all vehicles? Yes No Name of Insurance Company?

Is the home on or within comfortable walking distance of public transportation system (bus, etc.)? Yes No

If yes, distance to nearest transit or bus stop

Describe transportation plan if family does not own an operating vehicle or live on or within walking distance of a bus stop

MILITARY HISTORY (For any household member with military history)

Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other

Explain if other than honorable discharge

CRIMINAL HISTORY (Documentation verifying compliance must be received for all convictions)					
Does any household member, including juveniles 12 - 18 years of age, have a criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below					
Name	Offense	City and State	Convicted? Approx. Date of Conviction/ Adjudication	Sentence	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?

APPLICANT RESIDENTIAL, EMPLOYMENT, AND MARITAL HISTORY (Add extra sheets if necessary)		
Residential History	Applicant #1 List residences for the last 10 years	Applicant #2 List residences for the last 10 years
Date moved to current residence		
Previous address (street/city/state)		
Date moved to this address		
Previous address (street/city/state)		
Date moved to this address		
Previous address (street/city/state)		
Date moved to this address		
Employment History	Applicant #1 List employers for the last 10 years:	Applicant #2 List employers for the last 10 years:
Current employer		
Job title/occupation		
Date employment began		
Previous employer		
Job title		
Dates of employment		
Previous employer		
Job title		
Dates of employment		
Marriage/Relationship History	Applicant #1	Applicant #2
Previous marriage/significant relationship to		
Date marriage or relationship began		
Date of separation		
Date of legal termination		
Previous marriage/significant relationship to		
Date marriage or relationship began		
Date of separation		
Date of legal termination		

TYPE OF CHILD YOU WOULD CONSIDER (Check all that apply)

Age

- 0 - 2 Will Consider Will Not Consider
- 3 - 5 Will Consider Will Not Consider
- 6 - 8 Will Consider Will Not Consider
- 9 - 11 Will Consider Will Not Consider
- 12 - 15 Will Consider Will Not Consider
- 16 - 18 Will Consider Will Not Consider

Gender

- Male Will Consider Will Not Consider
- Female Will Consider Will Not Consider

Number of Children

- One Will Consider Will Not Consider
- Two Will Consider Will Not Consider
- Three or more Will Consider Will Not Consider
- Teen Parent w/Child Will Consider Will Not Consider

Child Specific

If you are applying to foster or adopt a specific child(ren), put his/her name(s) here

Is this child related to you by blood or marriage? Yes No

If applicable, specify relationship

EXPERIENCE WITH CHILDREN

Have you ever applied for or been certified as a foster caregiver in this state or any other state? Yes No

Have you ever applied for or been approved to adopt a child in this state or any other state? Yes No

If you answered yes to either of these questions, identify the agency involved, as well as their address or other contact information. Please include when you applied, when you were certified or approved, and discuss your experiences. If you applied or were certified or approved with more than one agency, please list all agencies and contact information here.

Has any household member ever applied for or been certified/approved for foster care or adoption in this state or any other state?
 Yes No If yes, please identify who in your home applied or was certified/approved, and what agency they were associated with.

Some people have had previous contact with a child welfare agency. Sometimes this is a positive experience, sometimes there are challenges. Please tell us about any contact any applicant or household member has had with a child welfare agency (Children Services, Child mental health facility, community child serving agencies, etc.). Please give the name of the agency, approximate dates of contact and what the contact involved. Include both positive and negative experiences.

Check here if you have no experience with child welfare agencies

Describe your experience with children other than your own. This may include employment and/or volunteer work. Please include contact information as well, so that they may be reached for information.

REFERENCES

The state requires two non-relative references from people who do not live with you. One additional reference must be from a relative. Some agencies require additional references. If the agency has filled in the blanks below, it has requirements that go beyond the state rule, and you will need to supply that number of references. If the spaces are empty, please supply the information for two non-relative references and one relative who do not live with you.

of references required by the agency completing the homestudy

Name	Relationship	Address	Phone #	Email Address

ADULT CHILD REFERENCES

The state requires references from all adult children of the applicant(s) regardless of where they live or the amount of contact they have with the applicant. Please complete the following information for all adult children of all applicants.

Name	Relationship	Address	Phone #	Email Address

STATEMENT OF UNDERSTANDING

- I understand that this is an application only and that additional documents will be required. This will include medical statements, background checks, safety audit of the home, fire inspection, references, and other information requested by the agency. Failure of an applicant to provide required information or documentation in a timely manner will render this application incomplete and the agency's file on the application will be closed.
- I agree to complete orientation and preplacement training as required by the agency. Failure to attend required training will render this application incomplete and the agency's file on the application will be closed.
- I understand this application does not represent a final commitment by either party. Any placement of a child will be by mutual agreement.
- I certify that the information contained in this application is accurate and complete to the best of my knowledge.
- If there is any significant change affecting health, marital status, residence, family composition, employment, or criminal charges, I will notify the agency promptly, within 24 hours or the next working day.
- I give permission to the agency to contact my adult children for information applicable to the foster care and/or adoption assessment.
- I give permission to the agency to contact any personal references I provide to them for information applicable to the foster care and/or adoption assessment.
- I give permission to the agency to contact any other agency or association for information regarding any work with children or any care or supervision of children provided by myself or another household member.
- I give permission to the agency to contact any other agency for information and/or documentation regarding a previous application, certification, or approval for foster care or adoption.
- I give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).
- I certify that I have been given access to or a copy of the rules and/or policies applicable to the program to which I am applying (Chapter 5101:2-5, Chapter 51012-7 and/or Chapter 5101:2-48 of the Administrative Code).
- Applications for a foster home certificate cannot be accepted for a residence that is licensed, regulated, operated under the direction of, or otherwise certified as a facility to care for unrelated persons, by the Ohio Department of Education, a local board of education, the Ohio Department of Mental Health and Addiction Services, a community alcohol, drug addiction and mental health services board, the Ohio Department of Developmental Disabilities, a county board of developmental disabilities, the Ohio Department of Health or a juvenile court.
- A person seeking to provide foster care or to adopt who knowingly makes a false statement that is included in the written report of a home study conducted pursuant to Section 3107.031 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A homestudy with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records. I understand that providing false information during the homestudy process will prevent the agency from considering my home for placement of a child and may be grounds for revocation of a foster home certificate and/or denial of adoption approval.

STATEMENT OF ASSURANCES

- Applicants shall not use corporal or degrading punishment.
- Applicants shall not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.
- Applicants and their guests shall not smoke in the foster home, in any vehicle used to transport the child, or in the presence of the child in foster care.
- Applicants shall adhere to the agency’s reasonable and prudent parent standard.
- Applicants shall agree to comply with their roles and responsibilities as discussed with the agency once a child is placed in their care.

Applicant Name <i>(please print)</i>	Signature	Date
Applicant #1		
Applicant #2		

Please tell us how you were referred to this agency.

Note: Completion of this form is required in order for the agency to carry out its obligations under Chapters 5101:2-5, 5101:2-7, and/or 5101:2-48 of the Administrative Code. Your application cannot be processed unless this form is completed in its entirety.

Ohio Department of Job and Family Services
APPLICATION FOR ADOPTION OF A FOSTER CHILD OR SIBLING GROUP

Agency Name	Assessor Name	Date
-------------	---------------	------

CHILD(REN) TO BE ADOPTED

Child's Name	Child's Name	
Child's Name	Child's Name	
<input type="checkbox"/> Check box to confirm that child(ren) has resided in the foster home for at least 6 months	Date of Placement(s)	Date of Most Recent Homestudy or Recertification

APPLICANT INFORMATION

Applicant #1 Name: First Middle Last	Maiden	Email Address		
		Cell Phone #		
		Work Phone #		
Applicant #2 Name: First Middle Last	Maiden	Email Address		
		Cell Phone #		
		Work Phone #		
Street Address	City	State	Zip Code	County
Home Phone #	Emergency Contact Name	Emergency Contact Phone #		

HOUSEHOLD MEMBER INFORMATION (do not include foster children in this section)

Name	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Name						
Relationship to Applicant #1						
Date of Birth/ Age						
Race*						
Ethnic Background*						
Gender*						

* For statistical purposes only

SLEEPING ARRANGEMENTS

BEDROOM #	FLOOR/ LEVEL	OCCUPANT(S)	TYPE OF BED
1			
2			

3			
4			
5			
6			

APPLICANT HISTORY SINCE THE MOST RECENT HOMESTUDY OR RECERTIFICATION

Criminal History	Applicant #1	Applicant #2
Have you been charged and/or convicted of any crimes? If yes, please list.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment History		
Current employer Job title Date employment began		
Previous employer Job title Dates of employment		

HOUSEHOLD MEMBERS

If additional household members have moved into the home since the most recent homestudy or recertification, please describe their general characteristics, including why he/she is living in the household, whether they plan on being a permanent member of the home, and what his/her role will be regarding the adopted child(ren).

HEALTH CHANGES

List any significant health changes since the most recent homestudy or recertification- provide supporting documentation from a licensed physician or health care professional.

INFORMATION ON THE CHILD(REN) TO BE ADOPTED

Is the child(ren) part of a sibling group? Yes No

If yes, how many children are part of this sibling group _____

Are you interested in exploring the adoption of the sibling group? Yes No

Please describe the relationship between the child(ren) and members of your family.

Please describe how the child(ren) feels about becoming a permanent member of your family.

How do you plan to address any special needs the child has? What is your plan to handle any long-term difficulties or challenges the child(ren) may have?

In the event that you or your spouse are unable to care for the child(ren), what arrangements have you made for their care? Is this the same plan you have for other children in your home?

Please describe how you will meet your adopted child's needs in the absence of Foster Care Maintenance.

Please identify any training needs that you may have.

STATEMENT OF UNDERSTANDING

- I understand that this is an application only and that the agency will only consider me for adoptive placement provided that the homestudy is approved and placement is in the best interest of the child. Any placement of a child will be by mutual agreement with the agency. Additional documents may be required by the agency or by the probate court.
- I agree to complete the required Adoption Preservice Training as outlined in OAC rule 5101:2-48-09, if I have not already completed it or received a waiver.
- I understand that the agency is required to complete a large family assessment if my family will have 5 or more children after the adoption of this child(ren).
- I certify that the information contained in this application is accurate and complete to the best of my knowledge. I understand if the application is not complete, the agency will not be able to consider me for potential adoptive placement.
- If there is any significant change affecting health, marital status, residence, family composition, employment, or criminal charges, I will notify the agency promptly, within 24 hours or the next working day.
- I give permission to the agency to contact any other agency for information and/or documentation regarding a previous application, certification, or approval for foster care or adoption. I also give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).
- I certify that I have been given information on the Title IV-E Adoption Assistance, State Adoption Maintenance Subsidy, Post Adoption Special Services Subsidy and Non-Recurring Adoption Expenses, including the eligibility and application requirements.
- I understand that pursuant to Ohio Revised Code Section 3107.012, a court may not finalize an adoption without a current criminal records check.
- A person seeking to provide foster care or to adopt who knowingly makes a false statement that is included in the written report of a home study conducted pursuant Section 3107.031 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A home study with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records. I understand that providing false information during the homestudy process will prevent the agency from considering my home for placement of a child and may be grounds for revocation of a foster home certificate and/or denial of adoption approval.

Applicant Name (please print)	Signature	Date
Applicant #1		
Applicant #2		

Note: Completion of this form is required in order for this agency to carry out its obligations under Chapter 5101:2-48 of the Ohio Administrative Code.

Date JFS 01692 was received from the foster caregiver

Assessor and Supervisor signature below indicates that the information provided on this application is correct and has been verified, that the family has been assessed and meets the requirements of Chapter 5101:2-48, and is recommended to be approved to adopt the child(ren) in question.

Assessor Signature	Date
Supervisor Signature	Date