

# Carroll County Foster Care/Adoption Inquiry

Date of Inquiry: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Marital Status:        M        S        D

Children currently in the home?     yes     no

How Many? \_\_\_\_\_

Ages: \_\_\_\_\_

Interested in:         fostering         adopting         both

Types of children interested in (age, gender, number) \_\_\_\_\_

How did you hear about our foster care/adoptive program?

\_\_\_\_\_

\_\_\_\_\_

Have you previously fostered or adopted?     yes     no

Where? \_\_\_\_\_

Comments:

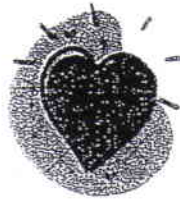
\_\_\_\_\_

\_\_\_\_\_

Date Packet sent: \_\_\_\_\_ (within 7 days of inquiry)

Outcome:

- Became Licensed
- No response to inquiry packet
- Started licensing process, did not finish
- Other: \_\_\_\_\_



Thank you for your interest in becoming a foster/adoptive parent. This is a general outline of what is required in order to become an approved home.

Basic requirements:

1. If married, must be married for at least one year; single persons may apply.
2. Caregiver(s) must be over the age of 21.
3. Able to adequately meet the financial needs of your family.
4. Resident of Ohio.

Approval process:

1. Complete an Application for Child Placement
2. Successfully complete training hours
3. Obtain medical statements from physician
4. Obtain a fire inspection of your home
5. Submit to a criminal background check
6. Provide references
7. Obtain water test, if applicable
8. Provide financial information
9. Complete home study process

\*\* The agency reserves the right to require additional requirements for certification, which may include, but is not limited to: a psychological evaluation, substance abuse assessments, credit counseling, assessment for anger management and/or domestic violence issues.

You can choose to be a foster home only or strictly an adoptive, however we strongly encourage you to be licensed as both. This helps to minimize the number of moves that foster children may make.

Please read through the enclosed documents for further information about foster and adopting. If you are interested in starting the homestudy process, please contact our office and request an Application for Child Placement. Once we have received your completed Application, we will contact you within 30 days to discuss the information that you need to provide for us and to schedule interviews. We strive to have homestudies completed within 6 months, however we realize that some times it may take longer. If required documentation is not provided to us within one year, we will not continue the homestudy process.

For more information, contact Cheri Miller at (330) 627-7313 at Carroll County Department of Job and Family Services.



**Carroll County**  
**Department of Job and Family Services**

95 E. Main Street P.O. Box 219  
Carrollton, Ohio 44615-0219 330-627-2571 Fax 330-627-3904

**Director**

Kate Offenberger

## FOSTER PARENTING CONSIDERATIONS

Foster care is full-time, though hopefully, temporary care given to children who, for various reasons, are unable to remain in their own homes.

Foster care has two primary goals. The first goal is to provide the best possible care and supervision to children who cannot remain in their own homes. The second goal is for the entire team: foster parents, biological parents, caseworkers, counselors and others to work toward the reunification of the family, or when necessary, to develop other permanent plans, such as adoption or long-term care for the older child.

There are many different reasons that make it difficult for a family to properly care for a child. A parent may be deceased, become physically or emotionally ill, may be an alcoholic or drug addict or may even be arrested. Perhaps the parent abuses or neglects the child, many times resulting from his own poor family life and inadequate ability to parent. In some cases, a parent is unable to meet the special needs of a child, due to the child's behavioral problems, or due to a physical or emotional handicap.

Whatever the situation, it is a terrible, traumatic experience for the child. When it requires that the child be removed from his family and placement is to occur in a foster home, life just grows more complicated and frightening for the child.

Foster parents are people who assume the role of Co-parents, willing to work with biological parents and other foster parents in building healthy relationships toward the reunification of families. These foster families are trained professionals, approved by the agency, and then certified by the Ohio Department of Job and Family Services.

Prior to pursuing licensure as a foster family, the following must be considered:

1. Are you willing to make a commitment to help a child and his/her family through their problems?

Foster families work together with children, their biological families and other members of the team, in order to change difficult situations into healthy, happy environments in which to raise children.

2. Do you have room in your home for a foster child?

A foster child needs a bed of his/her own, a space for play or recreation, along with a reasonable amount of privacy. Meeting these needs may require a great deal of planning and rearranging of family space.

3. How stable is your family?

No family is without problems, ranging from normal ups and downs to real turmoil. Your family must be stable, due to the strain and stress that a foster child may place upon your family situation. Ask yourself some questions which may help you to understand if your family is able to maintain its stability while caring for a foster child. For example: Do the members of your family communicate well with each other? Are problems discussed openly and acted upon? Do your children get along together reasonably well?

4. How are you doing now as a parent? Do you feel that you are doing a good job in parenting your own children?

In order to be successful as a foster parent, you must have a great deal of confidence in your parenting abilities, as these are tested quite often by foster children.

5. How do your children feel about foster care?

Once you have made the decision to become a foster family, your children should be consulted as to their feelings in having to share their parents, family, and home. Try to understand their feelings and share with them why foster care will be worthwhile for everyone involved. Explain to them the needs that foster children will have and what you believe your family will have to offer. Encourage questions and offer honest answers, which may help them to deal with the uncertainty of opening their lives to foster children.

6. Do you have the flexibility to accept a child who will be unaccustomed to your family's rules and routine?

Children coming into your home will not be familiar with the way that your household is situated. It will take much consistency and repetition on your family's part in order to help them to adjust to your way of life. Many of the children coming into foster placement have never had to live by rules, nor have they had the luxury of living with consistency and stability.

These are some of the questions which you may want to consider prior to making your decision to become a professional foster care giver. Many other aspects of the foster care are explored during the Pre-Service Orientation Training sessions.

Should you have any questions or concerns, please contact Cheri Miller at 330-627-7313 ext. 252 or 1-800-442-2545 ext. 258.

Ohio Department Of Job and Family Services  
**CHILD CHARACTERISTICS CHECKLIST FOR FOSTER CARE AND/OR ADOPTION**  
 (Required for use with the JFS 01673)

**Note:** A person seeking to provide foster care or to adopt a minor who knowingly makes a false statement that is included in the written report of a home study conducted pursuant to Section 3107.02 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.

<b>Name of Applicant # 1</b>	<b>Name of Applicant # 2</b>	<b>Date completed or updated</b>
<b>Address of Applicant(s)</b>		<b>Applicant's Phone</b>
<b>Name of Representing Agency and/or Agent</b>		<b>Phone</b>
<b>Address of Representative and/or Agent</b>		<b>Fax</b>

**Instructions:** Please print. Use the list below to let us know the type of child(ren) you would like to foster and/or adopt. Place an X in the appropriate box. If characteristics would be different for foster care than adoption, place an "A" for adoption and an "F" for foster care.

	Will consider	Will not consider
<b>Gender/Sex of Child</b>		
Female	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>
<b>Age of Child</b>		
Newborn/under 1	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>
Over age 17	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number of Children/Siblings</b>		
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5 or more	<input type="checkbox"/>	<input type="checkbox"/>
Teen Parent with Child	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Race/Ethnicity/Language of Child</b>		
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Biracial (2 of the races above must be selected)	<input type="checkbox"/>	<input type="checkbox"/>
Multiracial (3 or more of the races above must be selected)	<input type="checkbox"/>	<input type="checkbox"/>
Unable to determine (applies to deserted child or safe haven baby only)	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic or Latino Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
Non-English Speaking/specify language:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Placement History</b>		
Child's first placement: no known behavior problems	<input type="checkbox"/>	<input type="checkbox"/>
Child's first placement: agency has no information on child	<input type="checkbox"/>	<input type="checkbox"/>
Child now in residential treatment	<input type="checkbox"/>	<input type="checkbox"/>
Child has had previous foster placement(s)	<input type="checkbox"/>	<input type="checkbox"/>
Child has had previous adoptive placement(s)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Birth History</b>		
Low birth weight or premature	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Alcohol Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Alcohol Effects	<input type="checkbox"/>	<input type="checkbox"/>
Positive toxicology screen at birth (one or more of the following: Cocaine, Amphetamines, Heroin, Morphine, Phencyclidine (PCP), Alcohol, Benzodiazepines, Hydromorphone, Marijuana, Propoxyphene, Methadone, Codeine)	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Drug Exposure (one or more of the following: Cocaine, Amphetamines, Heroin, Morphine, Phencyclidine (PCP), Alcohol, Benzodiazepines, Hydromorphone, Marijuana, Propoxyphene, Methadone, Codeine)	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addiction at Birth (heroin, methadone, morphine, or other)	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Developmental</b>		
Mental Retardation: Mild	<input type="checkbox"/>	<input type="checkbox"/>
Mental Retardation: Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Mental Retardation: Severe/Profound	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Thrive (organic or environmental)	<input type="checkbox"/>	<input type="checkbox"/>
Speech Problems: Mild/may require therapy	<input type="checkbox"/>	<input type="checkbox"/>
Speech Problems: Moderate/requires therapy	<input type="checkbox"/>	<input type="checkbox"/>
Speech Problems: Severe/requires therapy	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment/Not Deaf: Mild	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment/Not Deaf: Moderate/Requires treatment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment/Not Deaf: Severe/Requires treatment	<input type="checkbox"/>	<input type="checkbox"/>
Deaf	<input type="checkbox"/>	<input type="checkbox"/>
Visually Impaired/Not Blind: Mild/requires treatment	<input type="checkbox"/>	<input type="checkbox"/>
Visually Impaired/Not Blind: Moderate/requires treatment	<input type="checkbox"/>	<input type="checkbox"/>
Visually Impaired/Not Blind: Severe/requires treatment	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Impairment: Requires special shoes	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Impairment: Requires leg brace	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Impairment: Requires other treatment	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dental</b>		
Dental Problems (may include tooth decay, missing teeth, crowded or misaligned teeth, overbite, under bite)	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontia required	<input type="checkbox"/>	<input type="checkbox"/>
<b>Allergies and Respiratory Problems</b>		
Allergies: Food	<input type="checkbox"/>	<input type="checkbox"/>
Allergies: Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Allergies: Environmental	<input type="checkbox"/>	<input type="checkbox"/>
Asthma: No treatment required	<input type="checkbox"/>	<input type="checkbox"/>
Asthma: Treatment required	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Medical Conditions</b>		
Attention Deficit Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Disorder (ADD)	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
AIDS	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: In remission	<input type="checkbox"/>	<input type="checkbox"/>
Cancer: Requires treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy: Mild	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy: Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy: Severe	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip/palate (may require surgery)	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip/palate (already corrected)	<input type="checkbox"/>	<input type="checkbox"/>
Cystic Fibrosis: Mild	<input type="checkbox"/>	<input type="checkbox"/>
Cystic Fibrosis: Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Cystic Fibrosis: Severe	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes: Insulin-dependent	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes: Non-insulin dependent	<input type="checkbox"/>	<input type="checkbox"/>
Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disorder: Minor (may need surgery)	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Other Medical Conditions (continued)</b>		
Heart Disorder: Major (may need surgery)	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>
Family history of Huntington's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocephaly	<input type="checkbox"/>	<input type="checkbox"/>
Lead Poisoning (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>
Lice (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>
Chronic liver disease (may require	<input type="checkbox"/>	<input type="checkbox"/>
Macrocephalic	<input type="checkbox"/>	<input type="checkbox"/>
Microcephalic	<input type="checkbox"/>	<input type="checkbox"/>
Missing limb(s) (may require prosthesis)	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
Neurofibromatosis	<input type="checkbox"/>	<input type="checkbox"/>
Currently pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Previous Pregnancy(ies)	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder (other than Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
History of sexually transmitted disease (syphilis, gonorrhea, herpes simplex II, chlamydia, other)	<input type="checkbox"/>	<input type="checkbox"/>
Currently has sexually transmitted disease (syphilis, gonorrhea, herpes simplex II, chlamydia, other)	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Trait	<input type="checkbox"/>	<input type="checkbox"/>
Spina Bifida	<input type="checkbox"/>	<input type="checkbox"/>
Tuberous Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Previous Medical Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>
Previous Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medication</b>		
Requires daily medication for one or more conditions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Requires Specialized Care</b>		
Non-Ambulatory	<input type="checkbox"/>	<input type="checkbox"/>
Physically Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy: Short-term	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy: Long-term	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy: Short-term	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy: Long-term	<input type="checkbox"/>	<input type="checkbox"/>
Requires Intermittent Medical Treatment & Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
<b>Requires Specialized In-Home Care</b>		
Tracheotomy	<input type="checkbox"/>	<input type="checkbox"/>
Naso-gastric tube	<input type="checkbox"/>	<input type="checkbox"/>
Gastric tube	<input type="checkbox"/>	<input type="checkbox"/>
Apnea monitor	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>
Requires Lifelong Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Requires Lifelong Supervision	<input type="checkbox"/>	<input type="checkbox"/>
<b>Limited Life Expectancy</b>		
Terminally Ill (life expectancy less than 1 yr.)	<input type="checkbox"/>	<input type="checkbox"/>
Limited life expectancy due to chronic illness or disabling condition	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Sleeping Problems</b>		
Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>
Afraid of sleeping in the dark	<input type="checkbox"/>	<input type="checkbox"/>
Afraid of the dark	<input type="checkbox"/>	<input type="checkbox"/>
Sleep walking	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting (Enuresis – over 5 years of age, at night)	<input type="checkbox"/>	<input type="checkbox"/>
Soils bed at night (Encopresis)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dietary or Eating Problems</b>		
Requires special diet	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>
Anorexia (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>
Pica	<input type="checkbox"/>	<input type="checkbox"/>
Hoarding food	<input type="checkbox"/>	<input type="checkbox"/>
Overeating	<input type="checkbox"/>	<input type="checkbox"/>
<b>MENTAL / EMOTIONAL HEALTH</b>		
Requires or is currently in counseling/therapy	<input type="checkbox"/>	<input type="checkbox"/>
Refuses counseling/therapy or medication	<input type="checkbox"/>	<input type="checkbox"/>
Previous psychiatric hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
<b>Has Mental Health Diagnosis</b>		
Adjustment disorder	<input type="checkbox"/>	<input type="checkbox"/>
Autism or Asperger's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Bi-polar disorder	<input type="checkbox"/>	<input type="checkbox"/>
Conduct disorder	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent explosive disorder	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional Defiant Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia or other psychotic disorder	<input type="checkbox"/>	<input type="checkbox"/>
Reactive Attachment Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Post-Traumatic Stress Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Requires medication for psychiatric disorder / mental health problem	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education / Preschool Child</b>		
Requires Early Intervention Services for developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
Attends Head Start	<input type="checkbox"/>	<input type="checkbox"/>
Attends Therapeutic Head Start	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education / School Age Child</b>		
High Achiever	<input type="checkbox"/>	<input type="checkbox"/>
Achieves at grade level in regular classes	<input type="checkbox"/>	<input type="checkbox"/>
Achieves at below grade level in regular classes	<input type="checkbox"/>	<input type="checkbox"/>
Child struggles with school	<input type="checkbox"/>	<input type="checkbox"/>
Child has repeated grade	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Functioning: Above Average	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Functioning: Average	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Functioning: Below Average	<input type="checkbox"/>	<input type="checkbox"/>
Has Behavior Problems in School: Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Has Behavior Problems in School: Frequently	<input type="checkbox"/>	<input type="checkbox"/>
Academic Problems: Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Academic Problems: Frequently	<input type="checkbox"/>	<input type="checkbox"/>
Needs Tutoring in One or More Subjects	<input type="checkbox"/>	<input type="checkbox"/>
Child May Require Educational Testing	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Education / School Age Child (cont'd.)</b>		
Truancy	<input type="checkbox"/>	<input type="checkbox"/>
Suspension(s)	<input type="checkbox"/>	<input type="checkbox"/>
Expulsion(s)	<input type="checkbox"/>	<input type="checkbox"/>
Academically Behind Due to Poor Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Child is involved in after school activities (sports, dance, clubs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Child is in alternative school for emotional, developmental, psychological, or behavior problems	<input type="checkbox"/>	<input type="checkbox"/>
<b>Special Education</b>		
<b>Child is in or requires special education classes for:</b>		
Cognitive disability (Developmental Handicap/DH)	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Disturbance (Severe Emotional Disability, SBH)	<input type="checkbox"/>	<input type="checkbox"/>
Specific Learning Disability (Dyslexia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment/deafness	<input type="checkbox"/>	<input type="checkbox"/>
Speech or Language Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment/blindness	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>
Deaf-blind	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Disabilities (2 or more of above disabilities)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Temperament and Personality</b>		
Shy	<input type="checkbox"/>	<input type="checkbox"/>
Energetic	<input type="checkbox"/>	<input type="checkbox"/>
Sweet	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn, tunes out	<input type="checkbox"/>	<input type="checkbox"/>
Quiet	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>
Bold	<input type="checkbox"/>	<input type="checkbox"/>
Respectful/courteous	<input type="checkbox"/>	<input type="checkbox"/>
Timid	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>
Honest	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>
Resourceful	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing and Social	<input type="checkbox"/>	<input type="checkbox"/>
Pleasant	<input type="checkbox"/>	<input type="checkbox"/>
Calm/laid back	<input type="checkbox"/>	<input type="checkbox"/>
Eager to Please	<input type="checkbox"/>	<input type="checkbox"/>
Reserved	<input type="checkbox"/>	<input type="checkbox"/>
Active	<input type="checkbox"/>	<input type="checkbox"/>
Overactive	<input type="checkbox"/>	<input type="checkbox"/>
Boisterous	<input type="checkbox"/>	<input type="checkbox"/>
Bossy	<input type="checkbox"/>	<input type="checkbox"/>
Attention Seeking	<input type="checkbox"/>	<input type="checkbox"/>
Compulsive	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Behaviors and Characteristics</b>		
Head banging	<input type="checkbox"/>	<input type="checkbox"/>
Rocking	<input type="checkbox"/>	<input type="checkbox"/>
Tendency to reject father figures	<input type="checkbox"/>	<input type="checkbox"/>
Tendency to reject mother figures	<input type="checkbox"/>	<input type="checkbox"/>
Follows adult directions	<input type="checkbox"/>	<input type="checkbox"/>
Tends to form superficial relationships	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in attaching	<input type="checkbox"/>	<input type="checkbox"/>
Not affectionate	<input type="checkbox"/>	<input type="checkbox"/>
Fearful	<input type="checkbox"/>	<input type="checkbox"/>
Overly dependent	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>
Defiant	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making friends and relating with other children	<input type="checkbox"/>	<input type="checkbox"/>
Wets during the day	<input type="checkbox"/>	<input type="checkbox"/>
Soils him/herself during the day	<input type="checkbox"/>	<input type="checkbox"/>
Temper Tantrums: Mild	<input type="checkbox"/>	<input type="checkbox"/>
Temper Tantrums: Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Temper Tantrums: Severe	<input type="checkbox"/>	<input type="checkbox"/>
Poor social skills	<input type="checkbox"/>	<input type="checkbox"/>
Child can be disruptive in social settings	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty accepting and obeying rules	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation: Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation: Frequently	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation: Past	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation: Private	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation: Public	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>
Frequently starts physical fights with other children	<input type="checkbox"/>	<input type="checkbox"/>
Physically aggressive toward other children	<input type="checkbox"/>	<input type="checkbox"/>
Physically aggressive toward adults	<input type="checkbox"/>	<input type="checkbox"/>
Gang Involvement (past)	<input type="checkbox"/>	<input type="checkbox"/>
Gang Involvement (present)	<input type="checkbox"/>	<input type="checkbox"/>
Self-abusive, self-harming	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts or attempts	<input type="checkbox"/>	<input type="checkbox"/>
Poor anger management	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Use and Abuse</b>		
Smokes cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Chews tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
Other substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Requires or has completed treatment program for substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Behaviors</b>		
Runaway: Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
Runaway: Frequently	<input type="checkbox"/>	<input type="checkbox"/>
Runaway: Past	<input type="checkbox"/>	<input type="checkbox"/>
Breaks curfew	<input type="checkbox"/>	<input type="checkbox"/>
Tendency to abuse animals	<input type="checkbox"/>	<input type="checkbox"/>
Destructive of: Clothing, toys	<input type="checkbox"/>	<input type="checkbox"/>
Destructive of: Household property	<input type="checkbox"/>	<input type="checkbox"/>
Destructive of: School or other public property	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>Other Behaviors (continued)</b>		
Uses foul language	<input type="checkbox"/>	<input type="checkbox"/>
Child involved in group or activity that physically sets itself apart from the mainstream and focuses on negative or deviant themes	<input type="checkbox"/>	<input type="checkbox"/>
Child obsessed with guns, knives, explosives, or other destructive devices or themes	<input type="checkbox"/>	<input type="checkbox"/>
Currently plays with matches/lighters	<input type="checkbox"/>	<input type="checkbox"/>
Fire setting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual Behavior</b>		
Sexually active	<input type="checkbox"/>	<input type="checkbox"/>
Seductive	<input type="checkbox"/>	<input type="checkbox"/>
History of inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>
Child involved in prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Known sexual perpetrator	<input type="checkbox"/>	<input type="checkbox"/>
Sexual offender (juvenile adjudication)	<input type="checkbox"/>	<input type="checkbox"/>
Sexual perpetrator who has successfully completed treatment	<input type="checkbox"/>	<input type="checkbox"/>
Child at risk for offending sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>
Child has initiated sexual behavior toward other children or adults	<input type="checkbox"/>	<input type="checkbox"/>
Sexually acting out behavior (may include frequent masturbation, exposing or frequent touching of genitals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Child has an alternative sexual orientation (may include homosexual, bisexual or transgender lifestyles)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Juvenile Court Involvement</b>		
Unruly adjudication	<input type="checkbox"/>	<input type="checkbox"/>
Theft: Past conviction or current charges	<input type="checkbox"/>	<input type="checkbox"/>
Breaking curfew: Past conviction or current charges	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence: Past conviction or current charges	<input type="checkbox"/>	<input type="checkbox"/>
Cruelty to animals: Past conviction or current charges	<input type="checkbox"/>	<input type="checkbox"/>
Crime using a weapon: Past conviction or current charges	<input type="checkbox"/>	<input type="checkbox"/>
Other delinquency adjudication(s)	<input type="checkbox"/>	<input type="checkbox"/>
Previously incarcerated	<input type="checkbox"/>	<input type="checkbox"/>
Currently incarcerated	<input type="checkbox"/>	<input type="checkbox"/>
Registered sex offender	<input type="checkbox"/>	<input type="checkbox"/>
Court order for restitution	<input type="checkbox"/>	<input type="checkbox"/>
Court order for child support	<input type="checkbox"/>	<input type="checkbox"/>
Child is on probation	<input type="checkbox"/>	<input type="checkbox"/>
Child is on parole	<input type="checkbox"/>	<input type="checkbox"/>
Child has participated in Court diversion program(s)	<input type="checkbox"/>	<input type="checkbox"/>
Child has had serious on-going involvement with Juvenile Court for delinquent or assaulting behaviors in the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>
<b>Current or Previous Charge or Conviction(s)</b>		
Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>
Murder	<input type="checkbox"/>	<input type="checkbox"/>
Involuntary manslaughter	<input type="checkbox"/>	<input type="checkbox"/>
Felonious assault	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated assault	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>



	Will consider	Will not consider
<b>Current or Previous Charge or Conviction(s)</b>		
Rape	<input type="checkbox"/>	<input type="checkbox"/>
Sexual battery	<input type="checkbox"/>	<input type="checkbox"/>
Gross sexual imposition	<input type="checkbox"/>	<input type="checkbox"/>
Conspiracy to commit aggravated murder or murder	<input type="checkbox"/>	<input type="checkbox"/>
Use or possession of a firearm or body armor in an offense that would be considered a felony if committed by an adult.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family History</b>		
Child has strong ties to birth family	<input type="checkbox"/>	<input type="checkbox"/>
Child needs continued contact with parents	<input type="checkbox"/>	<input type="checkbox"/>
Child needs continued contact with siblings	<input type="checkbox"/>	<input type="checkbox"/>
Child needs continued contact with other relatives	<input type="checkbox"/>	<input type="checkbox"/>
Child has strong ties to foster family and needs continued contact	<input type="checkbox"/>	<input type="checkbox"/>
Child has strong ties to a non-related significant other and needs continued contact	<input type="checkbox"/>	<input type="checkbox"/>
Sexually abused: Indirect	<input type="checkbox"/>	<input type="checkbox"/>
Sexually abused: Direct	<input type="checkbox"/>	<input type="checkbox"/>
Physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Psychologically or emotionally abused	<input type="checkbox"/>	<input type="checkbox"/>
Child victim of physical neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child victim of emotional neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child exposed to domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Child conceived as a result of rape	<input type="checkbox"/>	<input type="checkbox"/>
Child conceived as a result of prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Child conceived as a result of incest	<input type="checkbox"/>	<input type="checkbox"/>
Incest family history	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record	<input type="checkbox"/>	<input type="checkbox"/>
<b>History of one or both parents</b>		
Child exposed to mental illness by other than family member	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
Family history of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Child exposed to domestic violence by other than family member	<input type="checkbox"/>	<input type="checkbox"/>

	Will consider	Will not consider
<b>History of one or both parents</b>		
One or both parents have alcohol addiction	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have drug addiction	<input type="checkbox"/>	<input type="checkbox"/>
Mother used alcohol during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Mother used drugs during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Agency has no information about the birth father	<input type="checkbox"/>	<input type="checkbox"/>
Agency has no information about either parent (i.e. 'safe haven' baby)	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have criminal record	<input type="checkbox"/>	<input type="checkbox"/>
<b>One or both parents have diagnosed mental illness</b>		
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Bi-polar disorder	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
Borderline personality disorder	<input type="checkbox"/>	<input type="checkbox"/>
Other personality disorder	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent explosive disorder	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOSTER/ADOPTIVE PARENT INVOLVEMENT W/BIRTH FAMILY</b>		
<b>Foster/Adoptive Parent is willing to:</b>		
Meet birth parents	<input type="checkbox"/>	<input type="checkbox"/>
Have contact with birth parents through agency or intermediary	<input type="checkbox"/>	<input type="checkbox"/>
Send letters to birth parent	<input type="checkbox"/>	<input type="checkbox"/>
Receive letters from birth parents	<input type="checkbox"/>	<input type="checkbox"/>
Send videos to birth parents	<input type="checkbox"/>	<input type="checkbox"/>
Receive videos from birth parents	<input type="checkbox"/>	<input type="checkbox"/>
Have phone contact between adults	<input type="checkbox"/>	<input type="checkbox"/>
Have child continue visits with siblings	<input type="checkbox"/>	<input type="checkbox"/>
Have child continue visits with extended relatives in birth family	<input type="checkbox"/>	<input type="checkbox"/>
Receive birth parents' name, address, phone number, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Give birth parents the foster caregiver's or adoptive parent's first name	<input type="checkbox"/>	<input type="checkbox"/>
Give birth parents foster/adoptive family identifying information	<input type="checkbox"/>	<input type="checkbox"/>

### Adoptive/Foster Parent Statement of Understanding

I/we understand that I/we will not be considered for matching with any child with a characteristic outside the criteria noted on this checklist. I/we understand that the agency will place children based on characteristics known to the agency at the time of placement. I/we also understand that I/we may revise this checklist at any time by contacting my/our adoption or foster home worker.

Adoptive/Foster Parent's Signature	Date
Adoptive/Foster Parent's Signature	Date

Assessor's Signature	Date
Supervisor's Signature	Date

## **STANDARDS OF CONDUCT And COMPLAINT PROCEDURE**

Carroll County Department of Job and Family Services has established the following Standards of Conduct with regard to the performance of employees and contractors/providers related to compliance with the Multiethnic Placement Act of 1994 as amended by Section 1808 of the Small Business Job Protection Act of 1996, 42 U.S.C. 622(b)(9), 671(a)(18), 674(d) and 1996(b) (MEPA) and Title VI of the civil rights Act of 1964, 42 U.S.C. 2000d, et seq (Title VI), as they apply to the foster care and adoption process. These Standards of Conduct prohibit policies, procedures, or actions which serve to:

- Deny any person the opportunity to become a foster caregiver or an adoptive parent on the basis of race, color, or national origin of that person, or of the child involved; or
- Delay or deny any placement of a child in foster care or for adoption on the basis of the race, color, or national origin of the foster caregiver(s), of the adoptive parent(s) or of the child involved.

### Permissible Actions:

MEPA and Title VI permit the following actions as they apply to the foster care or adoption process:

1. Asking about and honoring any initial or subsequent choices made by prospective foster or adoptive parents regarding what race, color, or national origin of the child the prospective foster or adoptive parents will accept.
2. Honoring the decision of the child twelve years of age or older to not consent to an adoption when that decision has been approved by a court pursuant to section 3107.06 of the Ohio Revised Code.
3. Providing information and resources about fostering or adopting a child of another race, color, or national origin to prospective foster or adoptive parent 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 a child with a relative or non-relative identified by name.
5. Considering the race, color, or national origin of the child as a possible factor in the placement decision when compelling reason serve to justify that race, color, or national origin need to be a factor in the placement decision pursuant to 5101:2-48-13 and 5101:2-42-18.1 of the Ohio Administrative Code. These rules permit Consideration of race, color, or national origin if an Individualized Child Assessment (JFS 01688) completed pursuant to these rules indicates the child has needs related to race, color, or national origin that should be taken into account when placing the child. Even when the facts of the particular cases allow consideration related to race, color, or national origin, 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 in the care of children of different races, ethnicities, and national origin as part of the training which is required of all applicants who seek to become foster or adoptive parents.
7. Documenting verbal comments, verbatim, or describing in detail any other indication made by a prospective foster or adoptive family member living in the household or any other person living in the household reflecting a negative perspective regarding race, color, or national origin of a child for whom the prospective foster or adoptive family has expressed an interest in fostering or adopting. The documentation shall indicate whether those comments were made before or after completion of the cultural diversity training which is required for all foster and adoptive applicants. Documentation shall be included in the family's homestudy, update, or an addendum to the homestudy or update prior to consideration of placement or a matching conference. A matching conference is the process of determining the most appropriate adoptive family for the child based on the child's special needs. The matching committee may consider the information in determining if the placement is in the child's best interest.

Prohibited Actions:

MEPA and Title VI prohibit the following actions as they apply to the foster care or adoption process:

1. Using the race, color, or national origin of a prospective foster or adoptive parent to differentiated between placements.
2. Honoring the request of the birth parent(s) to place a child with prospective foster or adoptive parent(s) of a specific race, color, or national origin, unless the birth parent(s) of a specific race, color, or national origin, unless the birth parent(s) identifies a relative or non-relative by name and that person is found to meet all relevant state child protection standards, provided that the agency determines that the placement is in the best interests of the child.
3. Requiring a prospective foster or adoptive family to prepare or accept a transracial foster care or adoption plan.
4. Using "culture" or "ethnicity" as a proxy for race, color, or national origin.
5. Delaying or denying placement of a child based upon the geographical location of the neighborhood of the prospective foster or adoptive family whenever geography is being used as a proxy for:
  - a. The racial or ethnic composition of the neighborhood;
  - b. The demographics of the neighborhood; or
  - c. The presence or lack of presence of a significant number of persons of a particular race, color, or national origin in the neighborhood or any similar purpose.
6. Requiring extra scrutiny, additional training, or greater cultural awareness of individuals who are prospective foster or adoptive parents of children of a different race, color, or national origin than required of other prospective foster or adoptive parents.

7. Relying upon general or stereotypical assumptions about the needs of children of a particular race, color, or national origin.
8. Relying upon general or stereotypical assumptions about the ability of prospective foster or adoptive parents of a particular race, color, or national origin to care for or nurture the sense of identity of a child of another race, color, or national origin.
9. "Steering" prospective foster or adoptive parents away from parenting a child of another race, color, or national origin. "Steering" is any activity that attempts to discourage prospective foster or adoptive parents from parenting a child of a particular race, color or national origin.
10. Requiring an ongoing, foster care, or adoption worker or contractor to justify a proposed placement for the reason that the race, color, or national origin of the child is different from that of the family whom the worker is proposing as the child's foster caregiver or adoptive parent.

#### Prohibition on Retaliation

CCDJFS employees and contractor/providers may not intimidate, threaten, coerce, discriminate against or otherwise retaliate against any individual who makes a complaint, testifies, assists, or participates in any manner in an investigation related to alleged discrimination on the basis of race, color, or national origin in the foster care or adoption process.

#### Additional Information

Employees or contractors/providers who desire more information about MEPA and Title VI as related to the adoption and foster care process may contact:

Deb Knight, CCDJFS MEPA Monitor  
(330) 627-2571

All prospective foster/adoptive applicants or families who have been approved for placements will receive copies of the complaint procedure no later than March 3, 2005.

#### MEPA Complaint Procedure

Any person who believes that Carroll County Department of Job and Family Services, any other public or private Ohio adoption or foster care agency, or the Ohio Department of Job and Family Services has policies or procedures that violate MEPA and Title VI may file a complaint. In addition, anyone who believes that he or she was intimidate, threatened, coerced, discriminated against or otherwise retaliated against in some way because he or she made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing in connection with an allegation that the agency engaged in discriminatory acts, policies, or practices as it applies in foster care or adoption process may also file a complaint. Individuals who may file a complaint include but are not limited to the following:

- A foster adoptive parent or other member of a foster or adoptive family
- A prospective foster or adoptive parent or other family member
- An employee or former employee of CCDJFS or of any other Ohio Adoption or foster care agency

Individuals who wish to file a complaint must complete the "Discrimination Complaint Form"

(JFS 02333). The complaint must be filed within two (2) years from the date of the occurrence of the alleged discriminatory act; or two (2) years from the date upon which the complainant learned or should have known of a discriminatory act, policy, or practice. This complaint form may be filed with any of the following

- Carroll County Department of Job and Family Services  
ATTN: Deb Knight, MEPA Monitor  
95 E Main St  
Carrollton, OH 44615
  
- Ohio Department of Job and Family Services  
Bureau of Civil Rights  
30 E Broad St, 37<sup>th</sup> Floor  
Columbus, OH 43266-0423
  
- U.S. Department of Health and Human Services  
Office of the Chief Counsel, Region V  
233 North Michigan Ave, Suite 700  
Chicago, IL 60601
  
- Any other public or private Ohio foster care or adoption agency

If the complaint is filed with CCDJFS's MEPA Monitor or with any other public or private Ohio foster care or adoption agency, the MEPA Monitor or other public or private agency must forward the complaint within 3 working days of date of receipt to the Bureau of Civil Rights of ODJFS for the investigation. ODJFS must complete the investigation within 90 days of receipt of the complaint, unless unusual circumstances prevent it from completing the investigation within that timeframe. The agency will cooperate fully with ODJFS during their investigation and submit any information within 14 days of the request of ODJFS. ODJFS will provide a copy of the investigation report to the complainant and to the agency that is the subject of the complaint.

The agency, if the subject of the complaint, shall not initiate, conduct, or run concurrent investigations surrounding the complaint or take any further action regarding the complainant or the subject of the complaint until the issuance of the final investigation report by ODJFS, unless approved by ODJFS.

#### Enforcement Requirements

These standards of conduct included enforcement requirements to be used whenever an agency employee or contractor/provider engages in discriminatory acts, policies, or practices involving race, color, or national origin in the foster care or adoption process as determined by the Bureau of Civil Rights of ODJFS upon the completion of the investigation conducted pursuant to the rule 5101:2-33-03 of the Administrative Code.

For Carroll County Department of Job and Family Services employees, these enforcement requirements shall include employee discipline in accordance with the agency Personnel Policy.

For contractors/providers performing foster care or adoption services on behalf of Carroll County Department of Job and Family Services, these enforcement requirements may include breach of termination of contract.

These enforcement requirements are applied in accordance with applicable employment laws and union contracts.

#### Corrective Action Plan

Carroll County Department of Job and Family Services shall submit a corrective action plan whenever an investigation conducted by ODJFS pursuant to rule 5101:2-33-03 of the Administrative Code, results in a finding that an agency employee or contractor/provider engaged in discriminatory acts, policies, or practices. If the finding involves a discriminatory act, policy, or practice by a contractor/provider or subcontractor, Carroll County Department of Job and Family Services shall develop a corrective action plan in collaboration with contractor/provider or in collaboration with the contractor/provider and subcontractor.

The corrective action plan must:

- Address how Carroll County Department of Job and Family Services will prevent future violations by that employee or a contractor/provider or subcontractor, and
- Be submitted to Ohio Department of Job and Family Services within thirty days of notification of the findings of the investigation.

Carroll County Department of Job and Family Services shall provide a copy of these Standards of Conduct to each employee or contractor/provider who is:

- Engaged in the placement of children into foster care or for adoption, or
- Engaged in the recruitment, assessment, approval, or selection of foster or adoptive families.

New employees or contractors/providers shall receive a copy of the written Standards of Conduct within thirty days of their hire date or the effective date of their contract. Carroll County Department of Job and Family Services and contractors/providers shall ensure that these Standards of Conduct are provided to their employees and subcontractors.

All individuals inquiring about or applying to be a foster caregiver or adoptive parent(s) will receive these Standards of Conduct within 7 days of contacting the agency.

Approved:

---

Kate Offenberger, Director  
Carroll County Department of Job and Family Services

Ohio Department of Job and Family Services  
**NON-DISCRIMINATION REQUIREMENTS FOR FOSTER CARE AND  
ADOPTIVE PLACEMENTS**

The Multiethnic Placement Act of 1994, 42 U.S.C. 622(b)(9), 671(a)(18), 674(d) and 1996(b) (MEPA) and Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq as it applies to the foster care and adoption process (Title VI), are designed to decrease the time children wait for foster care and adoption placement, prevent discrimination in the placement of children, and aid in the identification and recruitment of foster and adoptive families who can meet each child's needs. They prohibit any agency using federal funds from denying any person the opportunity to become an adoptive parent or foster caregiver on the basis of race, color or national origin (RCNO) of that person, or of the child involved and from delaying or denying the placement of a child for adoption or foster care on the basis of race, color or national origin of the adoptive parent or parents, of the foster caregiver or caregivers, or the child involved.

Under MEPA and Title VI, no agency may 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 foster caregiver or adoptive parent to meet those needs. 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 foster caregiver or adoptive parent. In those exceptional circumstances when RCNO need to be taken into account in a placement decision, such consideration must be narrowly tailored to advance the child's best interest. 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.

The following actions by a PCSA, PCPA, or PNA are permitted under MEPA and Title VI:

- Asking about and honoring any choice made by prospective foster caregivers or prospective adoptive parents regarding the child's RCNO the prospective foster caregivers or prospective adoptive parents will accept.
- Honoring the decision of a child over 12 years of age to not 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.
- Providing information and resources about adopting a child of another RCNO to prospective foster caregivers or prospective adoptive parents who request such information and making known to all families that such information and resource are available.
- Considering the request of a birth parent(s) to place the child with a relative or nonrelative identified by name.

This form is used in compliance with the Ohio Administrative Code rules 5101:2-48-05 and 5101:2-42-18.1
---

- Considering the RCNO of the child as a possible factor in the placement decision when compelling reasons serves to justify that RCNO need to be a factor in the placement decision. 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.
- 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 foster caregivers or adoptive parents.
- Documenting verbal comments, verbatim, or documenting in detail any other indication made by a prospective foster caregiver or prospective foster caregiver family member or prospective adoptive parent or prospective adoptive family member living in the household reflecting a negative perspective regarding the RCNO of a child for whom they have expressed an interest in fostering or adopting and indicating whether those comments were made before or after completion of the cultural diversity training which is required for prospective foster care and adoptive applicants.

The following are examples of actions prohibited under MEPA and Title VI:

- Using the RCNO of a prospective foster caregiver or prospective adoptive parent to differentiate between adoptive placements for a child.
- Honoring the request of a birth parent(s) to place a child with a prospective foster caregiver of a prospective adoptive parent of a specific RCNO, unless the birth parent(s) identifies a relative or non-relative by name and that person is found to meet all relevant state child protection standards, provided that the agency determines that the placement is in the best interests of the child.
- Requiring a prospective foster caregiver or prospective adoptive family to prepare or accept a transracial foster care or adoption plan. Using "culture" or "ethnicity" as a proxy for RCNO.
- Delaying or denying placement of a child based upon the geographical location of the neighborhood of the prospective foster caregiver or a prospective adoptive family whenever geography is being used as a proxy for the racial composition of the neighborhood, the demographics of the neighborhood, the presence or lack of presence of a significant number of persons of a particular RCNO in the neighborhood or any similar purpose.
- Requiring extra scrutiny, additional training, or greater cultural awareness of individuals who are prospective foster caregivers or prospective adoptive parents of children of the different RCNO than required of other prospective foster caregivers or prospective adoptive parents.
- Relying upon general or stereotypical assumptions about the needs of children of a particular RCNO.



- Relying upon general or stereotypical assumptions about the ability of prospective foster caregivers or prospective adoptive parents of a particular RCNO to care for or nurture the sense of identity of a child of another RCNO.
- "Steering" prospective foster caregivers or prospective adoptive parents away from parenting a child of another RCNO. "Steering" is any activity that attempts to discourage prospective foster caregivers or prospective adoptive parents from parenting a child of a particular RCNO.

# **Carroll County Department of Job and Family Services**

## **ADOPTION POLICY**

Kate Offenberger, Director

---

55 E Main Street, Carrollton, OH 44615

(330) 627-7313

## **TABLE OF CONTENTS**

	<b>Ohio Administrative Code Rule</b>	<b>Page</b>
Introduction and Statement of Assurance		4
Geographic Area	5101:2-48-5(B)(1 & 17)	4
Inquiry Process	5101:2-48-8	5
Application, Home Study & Updates	5101:2-48-05 (B)(2)(d) 5101:2-48-09 (0)	6
Training Requirements	5101:2-48-05 (B)(2)(3a) 5101:2-48-11	8
Joint Adoption/Foster Care Home Study Availability	5101:2-48-05 (B)(2c) 5101:2-48-11	9
Falsification of Application/Home Study	5101:2-48-05 (B)(12) 5101:2-33-13	10
Criminal Records Check/Fingerprinting	5101:2-48-05 (B)(2)(e) 5101:2-48-10	12
Fees	5101:2-48-05 (B)(2)(e)	12
Review Procedures	5101:2-48-05 (B)(6&7) 5101:2-48-24	13
Matching	5101:2-48-05 (B)(8)	14
Time Between Adoptive Placements	5101:2-48-05 (B)(8)(e)	16
Special Needs Child Definition		16
Access to CCDJFS Approved and Maintaining Other Agency Home Studies	5101:2-48-05 (B)(4)	17
Notification to Other County of Adoptive Applicant or Placement	5101:2-48-05 (B)(3) 5101:2-48-15	17
Pre & Post Finalization Services	5101:2-48-15 (B) (15-16) 5101:2-48-17 & 18	18, 19

<b>Adoption Subsidy</b>	<b>5101:2-48-05 (B)(13)</b>	<b>20</b>
<b>Open Adoption</b>	<b>5101:2-48-05 (B)(11)</b>	<b>20</b>
<b>Standards of Conduct</b>	<b>5101:2-48-05 (A)(24)</b>	<b>Attachment</b>
<b>Grievance Policy &amp; Procedure</b>	<b>5101:2-48-05 (A)(23)</b>	<b>Attachment</b>
<b>ODJFS Non-discrimination Requirements For Foster Care and adoptive Placements (JFS 01611)</b>	<b>5101:2-48-05 (A)(3)</b>	<b>Attachment</b>

## **Introduction**

All children need a permanent, caring, nurturing and legal family to grow to their greatest potential. Carroll County Department of Job and Family Services serves the children of Carroll County who are without a permanent home by placing children of all ages in adoptive homes. This Adoption Policy has been developed to govern Carroll County Department of Job and Family Services' (CCDJFS) adoption program in accordance with the Ohio Administrative Code rules established by the Ohio Department of Job and Family Services (ODJFS).

## **Statement of Assurance**

All recruitment activities, materials, and CCDJFS Adoption Policies and Practices maintain compliance with 42 U.S.C 671(a), the Adoption and Safe Families Act of 1997, Pub. L. No. 105-89 (ASFA, Indian Child Welfare Act of 1978, 25 U.S.C.A. 1901, et seq (ICWA), The Multiethnic Placement Act of 1994 as amended by Section 1808 of the Small Business Job Protection Act of 1996, 42 U.S.C. 622(b)(9), 671(a)(18), 674(d), and 1996(b) (MEPA), and Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq (Title VI).

## **Geographic Area**

### **OAC 5101:2-48-05(B)(1 & 17) – Effective 5/15/03**

There are eighty-eight counties in Ohio, each with mandated adoption services to be provided by the public children's services agency in each county. Home study services for the purpose of adoption will be provided for Carroll County residents who wish to become adoptive families. Home study services may also be provided for kin of children awaiting adoption, foster families with an established relationship with CCDJFS and prior adoptive families, all of whom may live in other neighboring Ohio counties.

Those individuals wishing to adopt special needs children residing outside Carroll County will be referred to their county of residence for adoption services.

Applicants who wish to adopt children from outside of the boundaries of the United States will be referred to private agencies specializing in international adoptions.

When a review is requested because the family believes an adoptive placement was denied or will be denied solely on the basis of geographic location, the PCSA or PCPA shall provide the family with notices and copies of all materials related to requesting a state hearing.

**INQUIRY PROCESS**  
**OAC 5101:2-48-08 – Effective 12/28/09**

An adoption worker will respond either by phone or in person to any inquiry or request for information made by anyone interested in adoption within seven days. At that time, an inquiry form shall be completed for each family with interest in the program. This form shall reflect statistical information on the family, (i.e., name, address, phone number, children, etc.) as well as the type of child or children which they hope to adopt. Persons inquiring will be provided a copy of the JFS 01657 "Ohio Adoption Guide", a description of Title IV-E adoption assistance and state adoption subsidy programs including eligibility requirements and the application process, information regarding the state adoption assistance loan program, how to obtain an application for adoption and a copy of the CCDJFS Adoption Policy, Non-Discriminatory Requirements for Foster Care and Adoptive Care Placements, Standards of Conduct and Complaint Procedure, and a description of the home study assessment process.

Any individual may file a complaint alleging a discriminatory act, policy or practice involving MEPA or Title VI in the foster care or adoption process of the agency. The Discrimination Complaint Form as well as the Complaint Procedures for Discrimination is included in the inquiry packet for any complaints of discrimination in the foster care or adoption process.

Adoptive inquiry forms shall be kept on file in order that the agency may contact families with regards to their participation in adoptive parent preparation classes and/or invitation to an informational program.

**APPLICATON, HOME STUDY & UPDATES**  
**OAC 5101:2-48-05 (B)(2)(3a) – Effective 3/10/10**  
**OAC 5101:2-48-12 – Effective 7/1/09**

**APPLICATION, HOME STUDY AND HOME STUDY UPDATE PROCEDURES**

All potential applicants must submit the JFS 01691 “Application for Child Placement” which will be reviewed by CCDJFS for complete and accurate information and to determine if the applicant is interested in a “special needs” adoption. Families that are not interested in “special needs” adoption are either referred to other agencies as appropriate, or their application is evaluated for complete and accurate information and they may continue through the CCDJFS application process. These families will be placed on a waiting list in chronological order and the agency will inquire annually of their desire to remain on the list.

If the application is complete and accurate the applicant will be sent notification that they meet the criteria and the home study process will commence within 30 days of receiving the application. If based upon the information contained in the JFS 01691 home study should not be initiated an Adoption Assessor will send written notification to the applicant stating the reason for not initiating the home study along with a description of the procedure for requesting a review of this decision. This notification will be sent within fifteen (15) days from the time the application was submitted.

**HOME STUDY**

The Adoption Assessor shall complete a home study and written home study report on the JFS 01673 “ODJFS Assessment for Child Placement (Home Study)” form and provide written notification to the applicant of approval or denial within one hundred and eighty (180) days of the date of the completed application, unless documented in the applicant’s record the reason the agency was unable to meet this requirement.

The Agency will require the following during the Home Study process:

- Child Characteristics Form JFS 01673A
- Medical Statement for Foster Care/Adoptive Applicant and All Household Members JFS 01653
- Four References (3 must be unrelated)
- Fire Inspection JFS 01200
- Safety Audit JFS 01348
- Documentation of marital status
- Autobiographies
- Financial Statement JFS 01681
- Water Test, if necessary
- FBI & BCI checks
- Completion of Pre-Service Training

When an applicant is seeking to adopt a minor or foster child and this will make at least five

children residing in the prospective adoptive home after the child to be adopted is placed in the home, a Multiple Children/Large Family Assessment JFS 01530 will need to be completed by the Adoption Assessor.

### **HOME STUDY UPDATES**

If the adoption home study is approved an Adoption Assessor is required to update the home study every two (2) years. The adoption home study must also be updated if any of the following occur:

- A change in marital status
- A change in the health status or death of family member
- The legalization of an adoption of a child
- The birth of a child
- A criminal charge or conviction
- A change of occupancy
- Significant change in income
- An address change

### **NOTIFICATION**

Adoptive applicants and approved adoptive parents 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 of 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.



## **JOINT FOSTER CARE/ADOPTION HOME STUDY AVAILABILITY**

**OAC 5101:2-48-05 (B)(2c) – Effective 5/15/09**

**OAC 5101:2-48-11 – Effective 7/1/09**

Each applicant is advised verbally at the time of their initial call, in writing via the inquiry packet, and verbally during Pre-Service Orientation Training of the possibility of having a joint foster care/adoption home study completed. Applicants who are interested in adoption are advised that the home study procedures are the same for adoption and certification to provide foster care. The final decision regarding a joint home study is made by the applicant.

If foster parents do not have an approved adoption home study and they decide that they would like to adopt a child who is eligible for adoption and has been placed into their home for twelve or more months the foster parent shall complete the JFS 01692 "Application for Adoption of a Foster Child" (OAC 5101:2-48-11). Foster caregivers, who are selected as adoptive families and do not have a joint home study, need not undergo the entire adoption home study process but will only be required to complete those sections of OAC 5101:2-48-11 not previously completed.

In the event the foster parent is certified through another PCSA or PCPA, the CCDJFS assessor will notify that agency of the child's need for adoptive placement and of the adoption assessor's intention to discuss adoption with the foster parents. The foster parent will be referred to their licensing agency for completion of an adoption home study or to CCDJFS staff if their licensing agency does not conduct adoption home studies.

## **FALSIFICATION OF APPLICATION/HOME STUDY**

**5101:2-33-13 – Effective 3/1/10**

**5101:2-48-05(B)(12) – Effective 5/15/09**

After an internal investigation if there is probable cause to believe that falsification of an adoptive application or home study has been committed, CCDJFS shall refer all cases to the county prosecutor.

When an adoptive child is placed in an approved adoption parent(s) home and the adoptive parent(s) or other household member(s) knowingly made a false statement that results in the assessor's reassessment of the approved or updated home study, the prospective adoptive parent(s) or other household member(s) is guilty of the offense of falsification under section 2921.13 of the Revised Code.

The adoption assessor shall report in writing a person who knowingly makes a false statement on an application or home study document during the home study process to the Protection and Permanency Supervisor or designee within three days of the assessor's determination of possible falsification. The written statement shall include, but is not limited to:

1. The original application completed by the applicant.
2. Documentation verifying the information reported on the application or in the home study by the applicant is knowingly false.

Within fourteen days of the determination of falsification, the Adoption Assessor will send a notification letter to the applicant indicating that the information submitted to the agency had been determined to be knowingly false. The notice shall include procedures for an agency review and shall include all of the following information: the date the notification letter is prepared by the assessor, the mailing address of the applicant(s), and a statement indicating the home study process is knowingly false. A copy of the information that is alleged knowingly false, documentation verifying the information submitted on the JFS 01691 or during the home study process that is knowingly false, a statement indicating that all cases in which it is determined by the agency the applicant made knowingly false statements will be referred to the county prosecutor office in the county the applicant(s) resides, the applicant(s) right to an agency review to respond to the alleged falsification, a statement indicating that if the applicant(s) fails to respond within the fourteen day period the applicant(s) application is withdrawn, and the action of refusing to respond to allegations of knowingly making false statement(s) has resulted in the applicant(s) selecting themselves out of continuing the home study process will be included as well. The notification letter shall be mailed to the applicant by certified mail.

If the applicant responds within fourteen (14) days of the date of receipt of the written notice alleging falsification, CCDJFS will review information received from the adoptive applicant within twenty-one days of receipt of the applicant(s) response. CCDJFS shall conduct an internal investigation that shall include a face-to-face visit with the adoptive applicant, and all relevant witnesses, if available. CCDJFS will issue a final investigatory report to the adoptive applicant(s) that is the subject of the investigation. The report shall include the allegations, relevant background information, and the results of the investigation and recommendation of whether or not the agency found probable cause.

The agency shall notify the applicant(s) no later than ten days after the agency review. If unanticipated circumstances require additional time to complete the investigation or to issue the final report, CCDJFS shall notify the adoptive applicant that is the subject of the investigation of the need for additional time. The extension shall not be longer than fourteen days after the agency notifies the applicant(s) of the need for additional time to complete the investigatory report. CCDJFS shall provide written notification, within thirty days, to the adoptive applicant of any action to be taken.

If the agency determines there has been no falsification made by the applicant(s), CCDJFS shall resume the home study process if the applicant(s) chooses to proceed. The home study shall be completed within one hundred eighty days from re-commencement.

CCDJFS shall include in the adoptive family case record all documentation which supports the Agency's action in determining the results and recommendation of the internal investigation.

The CCDJFS Supervisor or designee must determine in twenty-four hours of completing the agency's internal investigation, if there is probable cause related to the adoptive child's safety and well-being to remove the child from the adoptive parent(s) home until the result of an investigation is rendered.

**CRIMINAL RECORDS CHECK/FINGERPRINTING**  
**OAC 5101:2-48-05 (B)(2)(e) – Effective 5/15/09**  
**OAC 5101:2-48-10 – Effective 4/01/10**

All adult applicants and household members 18 years older must undergo fingerprinting and a criminal BCI/FBI records check prior to home study approval, and every 4 years thereafter. Any fees associated with the fingerprinting are paid for by CCDJFS. If the initial background check expires due to applicants failure to submit documentation in a timely manner, any and all additional costs must be paid by the applicant(s). This policy is pursuant to provisions set forth in OAC 5101:2-48-10.

**FEES**

If the agency deems it is necessary to request a psychological evaluation as part of the home study process the actual cost could be deemed the responsibility of the applicant. If an approved/certified family requests that their home study be made available to a private agency, at this time there is no fee for copying or postage.

CCDJFS will charge no fee for assessment of applications for adoptive placement for special needs children. If the agency is requested to complete a home study for a private adoption, the family must adhere to all policies as outlined by the agency. The agency reserves the right to charge for private adoption home studies at a rate of \$65.00 per hour. If CCDJFS is requested to provide placement supervision of private adoption, the cost will also be \$65.00 per hour.

**CARROLL COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES**  
**GRIEVANCE POLICY AND PROCEDURE**  
**OAC 5101:2-48-24 – Effective 3/1/10**  
**OAC 5101:2-48-05 (B) (6&7) – Effective 5/15/09**

Carroll County Department of Job and Family Services Grievance Review and Resolution Procedure exist to review and resolve complaints from adoptive families, prospective adoptive families and adoptive applicants.

An adoptive applicant who is not approved for services during any stage of the application and home study process may appeal the decision through the agency's Grievance Policy and Procedure. Points of notification of denial can occur after: (a) application is received, (b) documentation is completed and reviewed, (c) home study (assessment) is completed, (d) foster caregiver makes application for specific child, or (e) update is completed.

A written request for review must be submitted to the Director of Carroll County Department of Job and Family Services. Upon receipt of request, a review will take place within thirty (30) calendar days. The review will include a face-to-face meeting with the adoptive family/applicant requesting the review, the adoptive family caseworker and the Director or his designee. Based upon the evidence presented at the review, a written decision, including the reason, will be rendered by the Director, or his designee. A copy of the decision will be provided to all parties to the agency review within fifteen (15) days of the review. All decisions of the Director are final.

All necessary documentation shall be maintained in the child and family case record.

When a review is requested involving alleged discriminatory acts, policies or practices, pertaining to the foster care and adoption process that involve MEPA and Title VI, the review shall be handled per rule 5101:2-33-03 of the Administrative Code.

**MATCHING**  
**OAC 5101:2-48-05 (B)(8) – Effective 5/15/09**

The Match Conference is the process of selecting the most appropriate adoptive family for the child.

**Adoption Match Conference**

The adoption coordinator will be responsible for scheduling, facilitating, summarizing, and communicating with the appropriate staff regarding the match process and match decisions.

The initial match conference will be scheduled within 90 days of receipt of permanent custody (PC). If the PC order is under appeal, the initial match conference may be delayed and held within 90 days of resolution of the appeal. Subsequent matching conferences shall be held at least every 90 days for each child who is not matched with an adoptive family until a JFS 01654 Adoption placement agreement is signed, the child turns 18, or the child's custody status changes from permanent custody.

If the child is a member of a federally recognized tribe or Alaskan native Village, the Indian Child Welfare Act of 1978, 25 U.S.C.A. 1901 (1/2/06) (ICWA) shall take precedence for an adoption.

If only on relative or if only the child's current foster caregiver has expressed an interest in adopting the child, and if the agency deems that placement with the relative or foster caregiver is in the child's best interest, the agency shall give preference to this family in the placement selection. The agency is not required to consider other families in the matching conference.

Any relative or foster caregiver who has expressed interest in the child shall be considered at the matching conference. Regardless of geographic location, the following is the preferential order for the placement of a child if more than one family is being considered for placement.

1. An adult relative
2. The foster caregiver with whom the child resides, if the child has substantial emotional ties to the foster caregiver and if the removal of the child from placement with the foster caregiver would be detrimental to the child's well-being.
3. A foster caregiver with whom the child has previously resided at any time.
4. An approved adoptive parent who is accepting of the child's characteristics and who has expressed an interest in adopting the child.

In the event there are more than five families interested in consideration for a particular child, the child's worker will meet with the adoption assessor and the agency's program administrator to narrow the families to be considered in the matching conference to no more than five families at one time. To select these families the workers will look at the child's identified needs and/or child or birth family characteristics, the level of experience the family has in working with the child with the specific behavior, medical or mental health challenges that the specific child presents, and the preference to keep siblings together, if applicable and if in the child's best interest. The child's preference may be considered when the child has the capacity to express his or her preference.

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.

If there are no families available to be considered at a matching conference for a specified child, the agency shall conduct child-specific recruitment for the child prior to the next matching conference. Child specific recruitment shall include at a minimum

1. The Agency distribution of written information regarding the child to two or more adoption agencies.
2. The Agency review of the case file for relatives or individuals in the child's past who may be able and willing to provide a permanent home for the child.
3. The Agency exploration with the child of the ability of individuals with whom the child is familiar who may be able and willing to adopt the child.

CCDJFS will only place children for adoption who are in permanent custody and the time frame for appeal has lapsed or appeals pending have been resolved. If placement is made with a foster family prior to PC and the intent to adopt upon receipt of PC, the family will be notified of the risks involved and that confidentiality regarding the identities of both birth and adoptive family may be impossible to maintain.

If for any reason family declines to proceed with plans for adoption, the family worker should notify the match coordinator and child's caseworker immediately so the second family could be contacted in a timely manner or recruitment efforts can resume.

**TIME BETWEEN ADOPTIVE PLACEMENTS**  
**OAC 5101:2-48-05 (B)(8)(e) – Effective 5/15/09**

Families must agree not to have other children placed in their home during the adoptive placement of a child prior to finalization. Six months between adoptive placements after finalization is recommended. This may be waived at the discretion of the agency for sibling placement, foster parent adoptions, or when a significant relationship exists between the adoptive applicant and available child. This time period is recommended in order to allow time for the adjustment of all family members.

**SPECIAL NEEDS DEFINITION**

Carroll County Department of Job and Family Services will determine, based on documentation, that the child has a specific factor or conditions which indicate that in order to complete or sustain the adoption or ensure that the child's special needs are met, it is not in the child's best interest to be placed with adoptive parents without the provision of adoption assistance (AA) or medical assistance. A specific factor or condition shall include at least one or more of the following:

1. Is in a sibling group which should be placed together;
2. Is a member of a minority racial or ethnic group;
3. Is six years of age or older;
4. Has remained in the permanent custody of a PCSA or PCPA for more than one year;
5. Has a developmental delay or disability, mental illness, mental retardation or medical condition as determined and documented by a qualified mental health professional;
6. Has a social or medical history or the background of the child's biological family has a social or medical history which may place the child at risk of acquiring a developmental delay or disability, mental retardation or medical condition as determined and documented by a qualified mental health professional;
7. Has been in the home of his/her prospective adoptive parents as a foster child for at least one year and would experience severe separation and loss if placed in another setting due to his/her significant emotional ties with these foster parents as determined and documented by a qualified mental health professional;
8. Has experienced previous adoption disruption or multiple placements.



**ACCESS TO APPROVED HOMESTUDIES AND MAINTAINING**  
**APPROVED HOMESTUDIES RECEIVED FROM OTHER**  
**AGENCIES**

**OAC 5101:2-48-05 (B)(4) – Effective 5/15/09**

Carroll County Department of Job and Family Services will provide access to home studies approved by CCDJFS, as well as related documents to another PCSA, PCPA, or PNA which requests a copy of the home study for matching purposes. CCDJFS will make the home studies accessible within 15 days of receipt of proper authorization. Proper release of authorization will be kept on file, as well as the date the information was sent to the requesting agency. CCDJFS will not release any home study when it has been determined that the home study or application contains false statements. There are no fees associated with the release.

Home studies received from other agencies will be maintained in the same manner as other adoptive home studies that were approved by CCDJFS. These home studies will be maintained until expiration.

**NOTIFICATION TO OTHER COUNTY PCSA OF**  
**ADOPTIVE APPLICANT OR PLACEMENT**

**OAC 5101:2-48-05(B)(3) – Effective 5/15/09**

**OAC 5101:2-48-16 – Effective 3/1/10**

CCDJFS will notify the PCSA in the county in which the prospective adoptive parent resides within ten (10) days after the initiation of a home study.

CCDJFS will notify the PCSA in the county in which the adoptive parent resides, of an impending adoptive placement no later than ten (10) days prior to the placement of the child in the adoptive home.

**PRE-FINALIZATION SERVICES**  
**OAC 5101:2-48-17 – Effective 6/15/09**  
**OAC 5101:2-48-05 (B)(15 & 16) – Effective 5/15/09**

There are no religious affiliation requirements for adoptive services.

Upon the placement of a child for adoption, the agency will provide the following pre-finalization services:

1. An adoption assessor will contact the family, and within seven (7) days, a home visit will be made, and another home visit will be made in the adoptive home within the first thirty (30) days of placement.
2. The assessor is required to make monthly face-to-face contacts with the child and adoptive parents in the home. All other family members need to be assessed in the adoptive home at least every other month. All family members and adoptive placement will be assessed in the adoptive home at least two (2) times prior to adoption finalization.
3. Services provided as applicable are: case management, counseling, crisis services, and diagnostic and therapeutic services. These services will be provided by the assessor or appropriate referrals made to other resources.
4. Within seven (7) working days of receiving a release of information, respond to a request to verify when an adult who consents to be adopted was in the agency's custody on the date of their 18<sup>th</sup> birthday.

**POST-FINALIZATION SERVICES**  
**OAC 5101:2-48-05 (B)(16) – Effective 5/15/09**  
**OAC 5101:2-48-18 – Effective 11/3/08**

CCDJFS shall make available post-finalization services upon the request of the birth parent, adoptive parent, or the adoptee.

CCDJFS will provide information and make referrals for requesting families. CCDJFS will provide information regarding the procedures for releasing identifying information pursuant to OAC 5101:2-48-20. CCDJFS will provide information regarding the application procedures for Post-Adoptive Special Services Subsidy (PASSS) should the family require additional funding to meet the child's identified, adoption-related needs, according to the State's availability of funds.

If requested services are beyond the scope of CCDJFS – CCDJFS will:

- Refer each person who requests post-finalization adoption services to an agency that provides such services
- Upon written request of a parent, legal custodian, or guardian, provide consultation on adoption-related issues to non-agency professionals who are working with the family.

**ADOPTION SUBSIDY**  
**OAC 5101:2-48-05 (B)(13) – Effective 5/15/09**

Carroll County Department of Job and Family Services approves adoption subsidies, as applicable, for families accepting special needs children. Subsidy programs are financial assistance programs whose purpose is to make permanent homes possible for children with special needs. A wide variety of subsidy options are available. These subsidies can help with the general costs of rearing a child or may be to pay for a specific service the child needs. The subsidy programs are:

1. State Adoption Maintenance Program
2. Title IV-E Adoption Assistance
3. Non-Recurring Adoption Expense Subsidy
4. PASSS-Post Adoption Special Services Subsidy

Children who receive subsidies must meet the special needs criteria and financial criteria which varies dependent on the subsidy program. The majority of children are eligible to receive a monthly subsidy through the IV-E program. This includes a medical card to cover a variety of health related services. Special needs children who are not eligible for IV-E may be eligible for a state maintenance subsidy which is based on the adoptive parents' income. Information about subsidy programs will be provided to all families who inquire about adoption, are approved for adoption and again at the time a placement is made. Carroll County Department of Job and Family Services will provide the ODFJS Adoption Subsidy guide to each adoptive family. Subsidies are negotiated between CCDJFS and adoptive parents.

**OPEN ADOPTION**  
**OAC 5101:2-48-05(B)(11) – Effective 5/15/09**

Openness in adoption allows the child to maintain a connection to his or her birth family. This ranges from sharing information and photos to regular visitation.

All decisions regarding openness must be made in the best interests of the child.

CCDJFS will assist the adoptive family, birth family and child in determining the level of openness desired and develop an agreement if all parties are in agreement and it is determined to be in the best interests of the child.

All parties must be aware that open adoption agreements are not enforceable by Ohio law.

## Complaint Procedures For RCNO Discrimination

OAC 5101:2-33-03 – Effective 3/1/10

OAC 5101:2-48-05(b)(18) – Effective 5/15/09

Any individual may file a complaint alleging a discriminatory act, policy, or practice involving race, color, or national origin in the foster care or adoption process. Any person, including but not limited to, an employee or former employee of a PCSA, PCPA or PNA or a member of a family which has sought to become a foster caregiver or adoptive parent, may also file a complaint alleging that he or she was intimidated, threatened, coerced, discriminated against, or otherwise retaliated against in some way by a PCSA, PCPA, PNA, or by ODJFS **due to the individual making a complaint, testifying, assisting, or participating** in any manner in an investigation, proceeding, or hearing in connection with an allegation that a PCSA, PCPA, PNA, or ODJFS engaged in discriminatory acts, policies, or practices as it applies in the foster care or adoption process.

Should an individual believe that they have a complaint of discrimination in the foster care or adoption process that involves race, color, or national origin, they may file a complaint using the JFS 02333 "Discrimination Complaint Form." The complaint must be filed within two years from the date of the alleged discriminatory action or two years from the date upon which the complainant learned or should have known of a discriminatory act, policy, or practice. The completed complaint form can be filed with the Carroll County Department of Job and Family Services (CCDJFS) – 55 E Main Street, Carrollton, OH 44615, or any other PCSA, PCPA, PNA, or Ohio Department of Job and Family Services (ODJFS), Bureau of Civil Rights – 30 East Broad Street, 37<sup>th</sup> Floor, Columbus, OH 43266-0423, or the U.S. Department of Health and Human Services – Office for Civil Rights, Region V, 233 North Michigan Avenue, Suite 240, Chicago, IL, 60601.

When a complaint is received by the CCDJFS, it shall be date stamped and given to the CCDJFS MEPA Monitor, who will forward the complaint to ODJFS within three working days of the date of the receipt of the complaint. Should any other PCSA, PCPA or PNA receive a complaint, it will be forwarded to ODJFS within three working days of the date of the receipt of the complaint. Should ODJFS receive a complaint regarding CCDJFS, the department shall notify the CCDJFS that it is the subject of a complaint within three working days of receipt of the complaint.

The ODJFS shall be responsible for the investigation of the complaint. CCDJFS, if the subject of the complaint shall not initiate, conduct, or run a concurrent investigation surrounding the complaint or take any further action regarding the complainant or the subject of the complaint until a final investigation report is issued by the ODJFS, unless approved by ODJFS.

CCDJFS will cooperate fully with ODJFS throughout the investigation and will submit any information requested by ODJFS within fourteen days of the request, unless otherwise agreed upon.

ODJFS shall conduct an investigation that shall include, but not be limited to, face-to-face interviews with the complainant, the respondent, and all relevant witnesses. The ODJFS will issue a final investigation report within 90 days of the receipt of the initial complaint to the complainant and CCDJFS if the CCDJFS was the subject of the complaint. The report shall include the allegations, background information, analysis determinations, and recommendations. Should additional time be needed to complete the final report, ODJFS will contact the complainant and the agency and request additional time.

Upon completion of the final report, ODJFS will determine if any action against CCDJFS is warranted. IF CCJFS has been found to be noncompliant, ODJFS may take any action permitted under Section 5101.24 of the Revised Code.

Any employee or contractor of CCDJFS shall not intimidate, threaten, coerce, or retaliate against any person or contractor who has filed a complaint regarding a discriminatory act, policy, or practice involving race, color, or nation origin in the foster care or adoption process nor anyone who has testified, assisted, or participated in any manner in the investigation process.

CCDJFS shall provide a copy of this policy to any individual inquiring about or applying to be a foster caregiver or adoptive parent within seven days of the inquiry. CCDJFS shall provide all certified foster caregivers or in the process of certification, and all individuals who have approved adoptive home studies or who are participating in the adoptive home study process on the effective date of this rule, a copy of this policy within 30 days of the effective date of this rule.

# Foster/Adoption Pre-application Questionnaire

	Caregiver #1	Caregiver #2
Name		
Employer		
Occupation		
Gross Monthly Income		
Cell Phone		

Home address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 School District: \_\_\_\_\_

Name	DOB	Sex	Race	*****Relationship to person #1
1.				
2.				
3.				
4.				
5.				
6.				
7.				

List additional family members on separate page

Date of Marriage: \_\_\_\_\_

Are you currently being charged with a criminal offense?

- Caregiver #1:         Yes             No  
Caregiver #2:         Yes             No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense? Include traffic violations involving drugs or alcohol?

- Caregiver #1:         Yes             No  
Caregiver #2:         Yes             No

Explain (date, type of offense, rehabilitation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever participated in counseling?

- Caregiver #1:         Yes             No  
Caregiver #2:         Yes             No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been patient in a psychiatric hospital or facility?

- Caregiver #1:         Yes             No  
Caregiver #2:         Yes             No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Have you ever been investigated for alleged child abuse or neglect?

- Caregiver #1:         Yes             No
- Caregiver #2:         Yes             No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any psychological, emotional, or physical impairments/disabilities?

- Caregiver #1:         Yes             No
- Caregiver #2:         Yes             No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Why are you interested in fostering/adopting?

---

---

---

---

---

2. Explain what it means to be a good parent.

---

---

---

---

---

---

---

---

---

---

3. Explain what a good parent-child relationship means.

---

---

---

---

---

---

---

---

---

---

4. Define "trust" (trust between spouses and trust between parent and child).

---

---

---

---

---

---

---

---

---

---

5. How would you handle a child who couldn't trust you or couldn't establish a close bond?

---

---

---

---

---

---

---

---

6. How would you feel if a child became a disruptive influence on your marriage or the other children in your home?

---

---

---

---

---

---

---

---

7. How would you resolve this problem (with the child and with your other children)?

---

---

---

---

---

---

---

---

8. How could you help a child with feelings of anger or sadness?

---

---

---

---

---

---

---

---

9. How would you answer questions about the child's background, particularly in a situation where the child might remember living with his first parents?

---

---

---

---

---

---

---

---

10. How do you discipline your children?

---

---

---

---

---

---

---

---

11. What do you feel are the strong points in your marriage?

---

---

---

---

---

---

---

---

12. What are the areas of disagreement in your marriage?

---

---

---

---

---

---

---

---