

Ohio Department of Job and Family Services

ASSESSMENT OF RELATIVE OR NONRELATIVE SUBSTITUTE CAREGIVER

Name of Agency: Lucas County Children Services		Initial Home Assessment Annual Assessment Reason:		Amendment	Home Study Initiation Date:
Case Name:	Case Number:	Assessment Worker:	DFS Worker:		
Purpose of Assessment		PCSA Placement	Court Request	Kinship Permanency Incentive Application	
Other, please describe:					

CAREGIVER INFORMATION			
Name of Caregiver #1 (first & last)		Name of Caregiver #2 (first & last)	
Home Address, City, State, and Zip Code			
County of Residence		Phone Number	
Place of Employment Caregiver #1	Marital Status to Caregiver #2	Place of Employment Caregiver #2	Marital Status to Caregiver #1

CHILDREN(REN) PLACED AND TO BE PLACED							
Name of Child(ren) (first & last)	Relationship to Caregiver #1	Relationship to Caregiver #2	Social Security Number	Date of Birth (mm/dd/yyyy)	Sex	Race	Ethnicity
	Relative Non-Relative	Relative Non-Relative			Male Female		Hispanic Non-Hispanic
	Relative Non-Relative	Relative Non-Relative			Male Female		Hispanic Non-Hispanic
	Relative Non-Relative	Relative Non-Relative			Male Female		Hispanic Non-Hispanic
	Relative Non-Relative	Relative Non-Relative			Male Female		Hispanic Non-Hispanic
	Relative Non-Relative	Relative Non-Relative			Male Female		Hispanic Non-Hispanic

HOUSEHOLD MEMBERS (INCLUDING CAREGIVERS)							
Name (first & last)	Maiden/Alias	Relationship to Caregiver #1	Social Security Number	Date of Birth (mm/dd/yyyy)	Sex	Race	Ethnicity
		Self			Male Female		Hispanic Non-Hispanic
					Male Female		Hispanic Non-Hispanic
					Male Female		Hispanic Non-Hispanic
					Male Female		Hispanic Non-Hispanic
					Male Female		Hispanic Non-Hispanic
					Male Female		Hispanic Non-Hispanic
					Male Female		Hispanic Non-Hispanic

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

BACKGROUND CHECKS ON ALL ADULTS IN HOME <i>(Completed only at initial home evaluation or for any new adults in the residence)</i>		
Date SACWIS alleged perpetrator search and other state central registry searches conducted, if applicable. If adult has resided out of state in the past five years, a Central Registry Check for each state resided needs to be included in this narrative. <small>(Source: http://www.cdss.ca.gov/Portals/9/CCLD/CBCB/AW_Contact_List.pdf (Ctrl+click to open))</small>		Requested Date Received Date
Narrative		
Enter all SACWIS history (including dates, disposition, CA/N code). Provide a description and outcome to each incident.		
Date BCI criminal records requested Date BCI criminal records received	Date Date	
Narrative		
List each adult in the home and document any/all charges found in the BCI report and local police check.		
Date FBI criminal records requested Date FBI criminal records received	Date Date	
Narrative		
List each adult in the home and document any/all charges found in the FBI check for each person.		
Does the relative or nonrelative or other adult residing within the home have a felony conviction for spousal abuse, rape, sexual assault or homicide? (If yes, the home cannot be approved.)	Yes	No
Narrative		
List each adult and document the results of sex offender search. Also, indicate if any charges on their records are for the convictions listed above. List results of search. <small>Source: http://www.icrimewatch.net (Ctrl+click to open)</small>		
Has the relative or nonrelative or other adult residing within the home been convicted of or plead guilty to any offense listed in Ohio Administrative Code (OAC) 5101:2-42-18 (H)?	Yes	No
CRIMINAL OFFENSES		
PLACEMENT TO BE DENIED FOR ANY OF THE FOLLOWING OFFENSES (NON-WAIVABLE):		
2903.01 Aggravated Murder	2903.02 Murder	2903.03 Voluntary Manslaughter
2903.04 Involuntary Manslaughter	2907.02 Rape	2907.03 Sexual Battery
2919.22 Endangering Children (Felony)	2905.04 Child Stealing	2903.16 Failing to Provide for a Functionally Impaired Person
2919.25 Domestic Violence (Felony)	2903.15 Permitting Child Abuse	2907.04 Unlawful Sexual Conduct w/a Minor
2907.12 Felonious Sexual Penetration	2905.05 Criminal Child Enticement	2907.323 Illegal use of a Minor in Nudity
2907.31 Disseminating Matter Harmful to Youth	2907.321 Pandering Obscenity Involving a Minor	2907.322 Pandering Sexually Oriented Matter Involving a Minor
PLACEMENT TO BE DENIED FOR ANY OF THE FOLLOWING OFFENSES (WAIVABLE):		
2903.11 Felonious Assault	2903.12 Aggravated Assault	2903.13 Assault
2903.21 Aggravated Menacing	2903.211 Menacing by Stalking	2903.22 Menacing
2903.34 Patient Abuse, Neglect	2905.01 Kidnapping	2905.02 Abduction
2907.05 Gross Sexual Imposition	2907.06 Sexual Imposition	2907.07 Importuning
2907.08 Voyeurism	2907.09 Public Indecency	2907.21 Compelling Prostitution
2907.22 Promoting Prostitution	2907.23 Procuring	2907.25 Prostitution
2907.32 Pandering Obscenity	2909.02 Aggravated Arson	2909.03 Arson
2909.22 Soliciting Support for act of Terrorism	2909.24 Terrorism	2911.01 Aggravated Robbery
2911.02 Robbery	2911.11 Aggravated Burglary	2913.49 Identity Fraud
2917.01 Inciting Violence	2917.02 Aggravated Riot	2919.12 Unlawful Abortion
2919.23 Interference with Custody	2919.24 Contributing to Delinquency of a Child (M)	2919.22 Endangering Children (M)
2919.25 Domestic Violence (M)	2923.12 Carrying a Concealed Weapon	2923.13 Having a Weapon while Under Disability
2925.02 -- Corrupting Another with Drugs	2925.03 Trafficking in Drugs	2925.04 Illegal Manufacture of Drugs
2925.0 Funding of Drug/Marijuana Trafficking	2925.06 Illegal Admin/Distribute of Anabolic Steroids	2925.11 Possession of Drugs or Marijuana*
2927.12 Ethnic Intimidation	3716.11 Placing Harmful Objects in Food or Confection	959.13-- Cruelty to Animals
4511.19 Operating Vehicle Under the Influence	2923.161 Improperly Discharging a Firearm (habitation or school)	
<small>(M)= Misdemeanor charge only *Does not include minor drug possession offense</small>		

THE CONVICTIONS IN THE ABOVE BOX ARE WAIVABLE IF THE FOLLOWING CONDITIONS APPLY:

- ✓ Misdemeanor Charges - At least one year has lapsed from being **fully discharged**; which includes the date of the person's conviction, discharge from incarceration **AND** termination from probation/parole from the offense.
- ✓ Felony Charges - At least five years have lapsed from being **fully discharged**; which includes the date of the person's conviction, discharge from incarceration **AND** termination from probation/parole from the offense.
- ✓ Department Manager has been consulted and approved to waive conviction.

CONVICTION BEING WAIVED	DATE OF APPROVAL	DEPARTMENT MANAGER
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If yes, has the agency found or documented that the adult has met all of the conditions listed in 5101:2-42-18 (G)?	Yes No N/A
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Select yes if there are no criminal offenses on the list that would eliminate them from placement (waivable or non-waivable).
If waivable, they have met the three year criteria for misdemeanor charges and five year for felony charges. When selecting to waive a criminal charge on the list, use these considerations; age at the time of the offense, nature or seriousness, if the victim was under the age of 18, victim was intellectually impaired, developmentally disabled or has active mental health. Consider the circumstances under which the offense was committed, degree of participation in the offense, likelihood of offense to recur, person's efforts at rehabilitation, repeat offending).
Select no, they have been charged with criminal offenses that are non waivable and or will not be waived by the agency completing the study.

SAFETY CHECK

Cleanliness of Home

The home is maintained in a clean, safe and sanitary condition.	Yes No
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Narrative

Describe the home conditions. Provide a description of areas such as sanitary conditions of furniture, floors, walls, rooms, ceilings, household pets or farm animals, disposal of trash, odors, dirty dishes, clothing, clutter/clear pathways, infestations.

Absence of Hazardous Conditions Inside and Outside

All structures associated with the home are maintained in a safe condition and in a reasonable state of repair.	Yes No
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Narrative

Describe the structural repair of home conditions inside and out (i.e, if there is a pool/pond/lake, safety fence and alarm for pool, broken items that could cause injury, holes in floors/walls, exposed wiring).

Storing of Poisonous and Otherwise Dangerous or Combustible Materials

Bleach, cleaning materials, other poisonous or corrosive household chemicals, and flammable and combustible materials are stored in a safe manner.	Yes No
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Narrative

Describe where cleaning supplies are stored and safety measures so children cannot access them. This includes supplies inside and outside. (Examples: laundry soap, automotive fluids, fertilizer, lighter fluid, gasoline, matches.)

Proper Heating, Lighting and Ventilation

The home is adequately heated, lighted and ventilated.	Yes No
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Narrative

Description of how the family heats the home.

Do the children have access to the heating source? If so, what safety measures are in place?

Description of windows and if they freely open.

Does the home have screens on the windows?			
Condition of Plumbing and Toilet Facilities			
The home has working bathroom and toilet facilities.			Yes No
Narrative			
Do the sink, toilet, bath tub, & shower function properly?			
Working Smoke Alarms			
The home has a working smoke alarm on each level of occupancy.			Yes No
Narrative			
Describe the locations of smoke detectors on each floor. Is there a fire extinguisher in the home?			
Safe storing of weapons, including firearms and ammunitions, in inoperative condition and in a secured and locked area			
Firearm, air rifles, hunting slingshot or other projectile weapons kept on the grounds of or in the home are stored in an inoperative condition in a locked area inaccessible to children.			Yes No N/A
Narrative			
Describe if there are firearms in the home including guns, hunting slingshots, projectile weapons. Discuss location of weapons/ammunition.			
Adequacy of each Child's Bedding and Appropriateness to His/Her Needs			
Each child has adequate and appropriate bedding.			Yes No
Sleeping Arrangements			
Bedroom #	Occupant	Bed Type	If the child is one year of age or older, adults do not share the bedroom.
			Yes No N/A
			Yes No N/A
			Yes No N/A
			Yes No N/A
If children are over the age of five and of the opposite sex share room, was this approved by manager?			
Describe the condition of the room to meet the child's needs for privacy, storage of items, and appropriate bedding.			
Availability of a Working Telephone			
There is reasonable access to a working telephone for emergency situations.			Yes No
Narrative			
Accessibility of a phone for emergencies. Emergency phone numbers listed and posted.			
CAREGIVER/HOUSEHOLD MEMBERS ASSESSMENT			
Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren).			

Narrative Questions - Describe the following elements for each adult in the home.

1. List each child with their special needs, school and grade. Discuss medical and or physical needs.
2. Willingness to provide safety, transport to medical and treatment appointments.
3. Current/ Past DV/ Assaultive Behavior.
4. Current/ Past Substance Abuse concerns. Provide results of urine screens if applicable.
5. Current/ Past Mental Health concerns.
6. Finances, source of income, and monthly income amount.
7. Protection of child, ability to adequately supervise and protect and follow court orders if applicable.
8. Are they willing to support parent visits and transportation?
9. Do they have transportation?

Assess the impact of past PCSA or children services agency (CSA) involvement of household members in relation to the safety and well-being of the child (ren) to be placed.

Narrative

List past referrals and describe how they impact safety and well being of children being placed.

Assess the impact of household members aged 12 to 17 years old who have been convicted of or plead guilty to any offenses described in section 5103.0319 of the Revised Code, or who have been adjudicated to be a delinquent child for committing an act that if committed by an adult, would have constituted such a violation.

Juvenile Records Checks of All Children Ages 12 through 17

NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO CAREGIVER	INTERVIEW DATE	
JUVENILE INFORMATION SYSTEM (JIS) COMPUTER CHECK (AGE 12 & ABOVE)			YES	NO	N/A
NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO CAREGIVER	INTERVIEW DATE	
JUVENILE INFORMATION SYSTEM (JIS) COMPUTER CHECK (AGE 12 & ABOVE)			YES	NO	N/A
NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO CAREGIVER	INTERVIEW DATE	
JUVENILE INFORMATION SYSTEM (JIS) COMPUTER CHECK (AGE 12 & ABOVE)			YES	NO	N/A

Assess how these charges may impact safety of children being placed.		
Additional comments not addressed elsewhere in assessment.		
References		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
Summary of References		
Family Support/Significant Others/Back Ups		
Each Child's Perspective of Placement		
Summary of Recommendation and Why		

CAREGIVER ASSURANCE	
I am willing and able to provide care and supervision of the child and to provide a safe and appropriate placement for the child(ren).	
I agree to inform the PCSA of any new adults residing in the household.	
I have disclosed all prior PCSA or CSA involvement if applicable.	
I have informed and agree to inform the agency of any known violent delinquency adjudications by any youth between 12 and 17 years of age residing in the household.	
I affirm that no adult in the home has a felony conviction for spousal abuse, rape, sexual assault, or homicide. I affirm that no adult in the home has been convicted of or plead guilty to any disqualifying offense listed in 5101:2-42-18 (H)(1) through (H)(7); or if an adult residing in the home has a disqualifying conviction, the adult meets the requirements set forth in paragraph (G) of this rule.	
The information provided above is full and accurate to the best of my knowledge.	
Caregiver #1 Signature	Date
Caregiver #2 Signature	Date

AGENCY RECOMMENDATION
Worker has assessed the physical environment, the capability of the relative/nonrelative to care for the child(ren), and the best interest, safety, well-being and permanency needs of the child(ren).
Worker has provided caregiver with information on applying for OWF child-only and Medicaid.
Worker has provided caregiver with known information regarding education, medical, child care, and special needs of the child(ren) including information on how to access support services to meet the needs of the child (if child is in agency

custody).
<p>Worker has provided caregiver with the following information:</p> <ul style="list-style-type: none"> the requirements for foster caregiver certification and adoption approval and how those requirements differ from the requirements for approval as a relative or nonrelative substitute caregiver; how to apply for certification as a foster caregiver; the difference in payments between an OWF-child only payment and the foster care per diem; and the difference (if any) in the eligibility for supportive services (if child is in agency custody).
Worker will provide caregiver with a copy of the individual child care agreement per rule 5101:2-42-90 (if child is in agency custody).

HOME STUDY DECISION (DECISION PENDING FBI/BCI & REFERENCES)	
<p>Worker recommends approval of relative/nonrelative substitute caregiver.</p> <p>Worker does not recommend approval of relative/nonrelative substitute caregiver.</p> <p>Caregiver withdrew.</p>	
Agency Worker Signature	Date
<p>Relative/nonrelative substitute caregiver is approved.</p> <p>Relative/nonrelative substitute caregiver is not approved.</p> <p>Caregiver withdrew.</p>	
Agency Supervisor Signature	Date

FINAL HOME STUDY DECISION	
<p>Worker recommends approval of relative/nonrelative substitute caregiver.</p> <p>Worker does not recommend approval of relative/nonrelative substitute caregiver.</p> <p>Caregiver withdrew.</p>	
Agency Worker Signature	Date
<p>Relative/nonrelative substitute caregiver is approved.</p> <p>Relative/nonrelative substitute caregiver is not approved.</p> <p>Caregiver withdrew.</p>	
Agency Supervisor Signature	Date
Comments on agency recommendation	