

CHILDREN RESIDING IN THE HOME *(Other than those who are subject of this study)*

NAME	DATE OF BIRTH	GENDER	INTERVIEW DATE
------	---------------	--------	----------------

JUVENILE INFORMATION SYSTEM (JIS) COMPUTER CHECK *(AGE 12 & ABOVE)*

ADULTS RESIDING IN THE HOME

NAME	DATE OF BIRTH	GENDER	INTERVIEW DATE
------	---------------	--------	----------------

**SACWIS CLEARED
SUMMARY OF HISTORY:**

SEXUAL OFFENDER/PREDATOR CHECK RESULTS *(Source: <http://www.icrimewatch.net> (Ctrl+click to open))*

**POLICE CHECK COMPLETED
RESULTS**

DATE FINGERPRINTS, BCII, FBI CHECKS INITIATED:

DATE FINGERPRINTS, BCII, FBI CHECKS RECEIVED:

RESULTS *(Note: Felony convictions may preclude approval)*

RANDOM URINE SCREEN REQUESTS/RESULTS

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 (WAIVEABLE):		
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)	
(M)= Misdemeanor Charge Only *Does not include minor drug possession offense		
THE CONVICTIONS IN THE ABOVE BOX ARE WAIVEABLE IF THE FOLLOWING CONDITIONS APPLY:		
<ul style="list-style-type: none"> ✓ Misdemeanor Charges: At least three years have elapsed from the date the person's conviction date, discharged from incarceration, and probation was terminated from the offense ✓ Felony Charges: At least ten years have elapsed from the date the person's conviction date, discharged from incarceration, and probation was terminated from the offense ✓ Department Manager has been consulted and approved to waive conviction 		
CONVICTION BEING WAIVED	DATE OF APPROVAL	DEPARTMENT MANAGER

SECTION II – PRELIMINARY RISK & SAFETY ASSESSMENT		
CHARACTERISTICS OF HOUSEHOLD MEMBERS		
RISK ELEMENT	STRENGTH	CONCERN
<i>PROTECTION OF CHILD</i>	Adult willing and able to protect	No understanding or complete denial of problem and refusal to accept any responsibility
RATIONALE FOR RATING – GIVE SPECIFIC FACTS		

RISK ELEMENT	STRENGTH	MODERATE FUNCTIONING	MINIMUM FUNCTIONING	CONCERN
<i>ADULT'S HISTORY OF ASSAULTIVE BEHAVIOR TOWARD OTHER ADULTS</i>	No history of assaultive behavior of spouse/partner or other adult outside home	Isolated incident of assaultive behavior not resulting in injury	Sporadic incidents of assaultive behavior which result or could result in minor injury	Repeated incidents of assaultive behavior or single incident which results or could result in major injury
RATIONALE FOR RATING – GIVE SPECIFIC FACTS				
<i>SUBSTANCE ABUSE OF ADULT(S)</i>	No past or present substance abuse	History of substance abuse but no current problem	Reduced effectiveness due to substance abuse or addiction	Substantial incapacity due to substance abuse or addiction
RATIONALE FOR RATING – GIVE SPECIFIC FACTS				
<i>INTELLECTUAL, PHYSICAL, OR PSYCHOLOGICAL IMPAIRMENT OF ADULT(S)</i>	No physical, intellectual or psychological impairment that interferes with the capacity to provide care	A physical, intellectual or psychological impairment that mildly interferes with the capacity to provide care	A physical, intellectual or psychological impairment that interferes significantly with the capacity to provide care	A physical, intellectual or psychological impairment that interferes severely with the capacity to provide care
RATIONALE FOR RATING – GIVE SPECIFIC FACTS				

RISK ELEMENT	STRENGTH	MODERATE FUNCTIONING	MINIMUM FUNCTIONING	CONCERN
<i>BEHAVIORAL PROBLEMS OF CHILDREN</i>	Child displays no behavioral problems	Child is demanding or has minor distress or impairment in role functioning	Child has behavioral problems that impair social relationships	Child has extensive emotional or behavioral impairments
RATIONALE FOR RATING – GIVE SPECIFIC FACTS				

SECTION III FINANCIAL AND HOUSING			
FAMILY INCOME AND RESOURCES			
HOUSEHOLD MEMBER	SOURCE OF INCOME		MONTHLY AMOUNT
ARE UTILITIES AND RENT PAID UP TO DATE? YES NO			
IS THE FAMILY ABLE TO MEET OWN BASIC NEEDS? YES NO			
CAREGIVER WAS PROVIDED INFORMATION REGARDING ODJFS BENEFITS? YES NO			
DOES ANY MEMBER OF THE HOUSEHOLD HAVE A VALID DRIVER'S LICENSE? YES NO N/A			
Name:			
Driver License Number:			
Proof of insurance? <input type="checkbox"/> YES NO N/A			
If the family does not own a vehicle, describe the mode of transportation readily available to the family:			

SLEEPING ARRANGEMENTS			
BEDROOM #	OCCUPANT	BED TYPE	If the child is 1 year of age or older, adults do not share the bedroom. YES NO N/A

THE CHILDREN'S SLEEPING ROOM HAS:			
Floor to ceiling walls YES NO N/A	Reasonable access to an emergency exit YES NO N/A	Reasonable access to adult supervision YES NO N/A	
Finished walls YES NO N/A	An operable window <u>and</u> screen YES NO N/A	Adequate storage space for child's clothing/belongings YES NO N/A	
A standard door YES NO N/A	Reasonable privacy YES NO N/A	Sufficient space to accommodate all children sharing the room YES NO N/A	
EXPLAIN ANY NO'S USED IN THIS SECTION AND THE PLAN PUT IN PLACE TO ALLIEVATE THE CONCERN:			

SECTION IV – SITE AND SAFETY			
SITE AND SAFETY CHECKLIST			
The home is maintained in a clean, safe, and sanitary condition and in good state of repair. YES NO N/A	The home is adequately lighted, heated and ventilated. YES NO N/A	Garbage is disposed of regularly and stored outside in covered containers or closed bags. YES NO N/A	
Cleaning supplies and other poisonous materials are properly and safety stored considering the age and functional level of the child. YES NO N/A	All locking doors in the house can be unlocked from either side. YES NO N/A	There is a working bathroom inside the house, which is connected to an indoor plumbing system. YES NO N/A	
The home has working smoke detectors on each floor (including the basement) and fire extinguisher (3A40BC). YES NO N/A	The home has a working telephone or reasonable access to a telephone. YES NO N/A	Other structures on the property are safe and in good state of repair. YES NO N/A	

The property is free of outdoor areas potentially hazardous to the child being considered for placement (such as ponds, rivers, pools, open pits, walls, and high speed roads.) YES NO N/A	The home (house and other structures or vehicles) is free of firearms and other projectile weapons. YES NO N/A Is ammunition stored in a separate, locked place? YES NO N/A Where? If the family owns firearms and other weapons, describe where they are stored in an inoperable condition:	Does the family have age appropriate child vehicle restraints? YES NO N/A *Ages 0 to 12 Months (or 20 lbs)-rear facing convertible seat *Ages 1 to 4 years (or 40 lbs)-front facing convertible seat *Ages 5 (over 40 lbs) to 8 years-Booster Seat
PET(S) IN THE HOME <small>(vicious dogs are determined by Lucas County Dog Warden's Vicious Dog List available through LCCS Security or Ohio State Law)</small>		
TYPE AND BREED OF PETS	Family pets kept in safe, sanitary manner, children appropriately protected. YES NO N/A	
EXPLAIN ANY NO'S USED IN THIS SECTION AND THE PLAN PUT IN PLACE TO ALLIEVATE THE CONCERN:		

SECTION V – NARRATIVE QUESTIONS
1. Assessment of the care currently provided by this family to other children in the home, if applicable. Please name sources of information.
2. Caseworker's assessment of capacity to provide positive guidance and nurturance to the child(ren) considered for placement to meet the extraordinary emotional or physical needs of the child.
3. Describe the circumstances that resulted in the initial loss of custody. Include referral history and date child(ren) were removed.
4. Describe previously identified case plan services and the basis for those services.
5. Is the parent currently involved in services? If so, where and what type? Recommendation from provider?
6. Discuss progress made in services (include completion dates) and any other factors which contributed to LC of the child(ren) being awarded to someone else.
7. Address the following:
a) Current level of visitation between the petitioner and child
b) The position of current custodian regarding possible change in custody
c) The relationship between the petitioner and the current custodian
d) The desires/wishes of the child
8. Describe what factors/circumstances in the life of the child or that of the current legal custodian have occurred which might indicate that a change or reconsideration of the previous order should be made.

SECTION VI – STRUCTURED DECISION MAKING AND RECOMMENDATIONS

COMPLETION OF THIS DOCUMENT IS A RESULT OF AN ORDER FROM THE JUVENILE COURT TO ASSESS(PARENT), WHO FILED A MOTION REQUESTING A CHANGE IN CUSTODY.

CASEWORKER DID DID NOT RECEIVE VERIFICATION/VALIDATION OF COMPLETION OF PREVIOUSLY IDENTIFIED CASE PLAN SERVICES.

CASEWORKER DID DID NOT RECEIVE VERIFICATION/VALIDATION OF CONTINUED PROGRESS IN SERVICES ADDRESSING PREVIOUS AREAS OF CONCERN.

CARETAKING FAMILY'S OVERALL LEVEL OF RISK NO RISK LOW RISK MODERATE HIGH	ANY ADDITIONAL RELATIVES/PERSONS FOR SUPPORT? IF SO, WHO?	YES	NO
--	--	-----	----

WHY IS PARENT FILING FOR CUSTODY AT THIS TIME?

PARENT HOME STUDY: Status:

RATIONALE FOR DECISION:

CASEWORKER SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

DATE:

Dear

Thank you for your recent interest in providing care for

The home study process at Lucas County Children Services involves a site and safety visit, interview of household members, criminal records check and child abuse/neglect history review.

Based on the review completed, Lucas County Children Services is approving your home, effective

Please feel free to contact me at (419) 213- if you have any questions.

Sincerely,

Caseworker

Supervisor