

NORTHEAST OHIO ADOPTION SERVICES

TREATMENT FOSTER CARE POLICY

In compliance with Child Welfare Licensing Rules in Chapters 5101:2-5 and 5101:2-7 of the Ohio Administrative Code, the following policies for treatment foster caregivers have been developed and implemented by Northeast Ohio Adoption Services (NOAS).

Agency Requirements

- A. The recommending agency shall not allow a child who has special or exceptional needs as described in rule 5101:2-47-18 of the Administrative Code to be placed in a foster home unless the foster caregiver has been certified to operate a treatment foster home pursuant to the requirements contained in rule 5101:2-7-16 of the Administrative Code. The recommending agency shall document in the homestudy how a treatment foster caregiver meets the requirements in paragraph A of rule 5101:2-7-16 of the administrative code.
- B. The agency shall assign a treatment team to each child with special or exceptional needs placed in a treatment foster home.
- C. An initial service plan shall be completed by the treatment team for each child with special or exceptional needs placed in a treatment foster home no later than thirty days after placement. The service plan shall be reviewed and revised, if necessary, at least once every ninety days thereafter. Service plan development and any revisions shall be completed by the treatment team leader with approval of the treatment team leader's supervisor who shall be a member of the agency's professional treatment staff. All treatment staff members shall be notified in advance of each treatment team meeting and invited to participate. Documentation of the invitation shall be maintained in the child's record.
- D. The service plan for a child with special or exceptional needs placed in a treatment foster home shall include:
 - 1. Treatment goals, clinical and/or rehabilitative services and other necessary interventions for the child and his family.
 - 2. The method by which the goals, rehabilitative services, and other necessary interventions will be attained and progress evaluated.
 - 3. The projected length of the child's stay in treatment foster care.
 - 4. The criteria for the child to meet for the child's reunification with his parent(s)/family or guardian or the projected post-treatment setting into which the child will be placed upon attainment of the treatment goals.
 - 5. Services to be provided or arranged for the child after discharge from the treatment foster care program.
 - 6. How the child's permanency plan for family reunification, adoption, independent living or a planned permanent living arrangement, as specified in the custodial agency's case plan, will be attained.

- E. The recommending agency shall develop an individual plan for respite care for each child with special or exceptional needs placed in treatment foster care. The use of respite care shall comply with the agency's respite care policy prepared pursuant to rule 5101:2-5-13 of the Ohio Administrative Code. A copy of the individual plan for respite care for each foster child with special or exceptional needs placed in a treatment foster home shall be included in the child's case record.
- F. The agency shall ensure that a member of the agency's professional staff shall be on-call for treatment foster caregivers and children with special or exceptional needs placed in a treatment foster home on a twenty-four hour, seven-day-a-week basis.
- G. The agency shall ensure that treatment foster caregivers are provided with a manual containing all policies, procedures and other information related to the treatment foster care program no later than the date the individual becomes certified to operate a treatment foster home. NOAS shall also provide treatment foster caregivers with copies of any revisions to the manual within thirty days of the revision.
- H. The agency shall coordinate with the agency holding custody of a child in treatment foster care or the child's parent or guardian for the provision of all rehabilitative services and other necessary interventions contained in the child's service plan and any revisions thereto. The agency shall also implement those aspects of the child's service plan that are its responsibility.
- I. The agency shall ensure that a discharge summary is prepared pursuant to rule 5101:2-5-17 of the Ohio Administrative Code for each special or exceptional needs child discharged from a treatment foster home. When a child is placed from a foster home into a respite care setting, a discharge summary is not required provided the child is expected to return to the foster home when the period of respite care has ended.
- J. At the time of placement and whenever additional information becomes available, the agency shall disclose to the treatment foster caregiver all information available to the agency about the child and his family pursuant to rule 5101:2-41-90 of the Ohio Administrative Code. Documentation of the receipt of this information shall be maintained in the treatment foster caregiver's record and in the child's record.
- K. The agency shall assure that all professional treatment staff required to be licensed shall be appropriately licensed. Professional treatment staff shall demonstrate to the employing or contracting agency that the training required for professional licensure shall be in topics appropriate to treatment foster care. Documentation of the training topics shall be maintained in the child's record.
- L. All professional treatment staff shall annually complete at least fifteen hours of training specific to treatment foster care issues and mission of the agency.
- M. The agency shall assure that all professional treatment staff are provided with a manual of all policies and procedures relevant to the treatment foster care program at the beginning of their employment with the agency. If the agency contracts with an individual that is a member of the professional treatment staff, the agency shall provide a manual of all policies and procedures relevant to the treatment foster care program to the individual at the onset of the contractual agreement.

- N. The agency shall not prohibit treatment foster caregivers from participation in any formal or informal support groups organized for the purpose of supporting foster caregivers.
- O. The agency shall ensure that professional treatment staff shall have weekly consultation and face-to-face contact at least every two weeks with at least one member of each treatment foster caregiver couple or co-parents serving a child with special or exceptional needs. At least one of the face-to-face contacts each month shall take place in the treatment foster home.
- P. The agency shall ensure that professional treatment staff shall have at least weekly contact and face-to-face meetings at least every two weeks with each special or exceptional needs child placed in a treatment foster home. At least one of the face-to-face contacts each month shall take place in the treatment foster home.
- Q. The agency shall ensure that treatment foster caregivers keep a written record of the behavior and progress towards achieving treatment goals as identified in the child's service plan for each foster child placed in a treatment foster home. The written record ("Treatment Foster Care Behavior/Progress Log") shall be maintained weekly and submitted monthly with the "Day of Care Voucher".
- R. The agency shall assure that treatment foster caregivers are aware of the potential side effects of any prescribed medication for children placed in their home.

Staffing Structure

- A. Each foster child will have an assigned permanency planning specialist who will provide case management services. The assigned permanency planning specialist will serve as the treatment team leader for the treatment foster child.
- B. Each treatment team leader will have a maximum caseload of eighteen (18) foster children pending certain variables. Such variables include the intensity of service needed by the assigned children, geographical distance, the treatment team leader's experience and skill level, staff turnover, etc. The caseload may be comprised of any combination of treatment or family foster children depending on the variables stated above.
- C. Each treatment team leader shall report to a treatment team leader supervisor (director of permanency planning). The treatment team leader supervisor is responsible for supervision of the treatment team leader and of the cases that are assigned to that treatment team leader. The supervisor will supervise no more than twelve (12) treatment team leaders pending certain variables. Such variables may include the intensity of services needed by the assigned children, the geographical distance of the assigned homes, the treatment team leader's experience and skill level, the supervisor's experience and skill level, staff turnover, etc.

Treatment Foster Caregiver Requirements

- A. A treatment foster caregiver initially certified after August 21, 2008 shall meet at least one of the following requirements {This requirement shall not apply to a treatment foster caregiver certified prior to August 21, 2008):
1. A minimum of three hundred sixty five days of caring for a foster child in placement as a certified foster caregiver.
 2. A minimum of sixty hours of training in a classroom setting that complies with the following:
 - a. For an applicant the training shall be completed within twenty-four months prior to the date of application for initial certification as a specialized caregiver.
 - b. For a certified caregiver, the training shall be completed within twenty-four months of the certified caregiver's written intent to upgrade their certification if the caregiver does not meet the requirement in #1 above.
 - c. The training shall relate to children with special or exceptional needs as defined in rule 5101:2-47-18 of the Ohio Administrative Code.
 3. A minimum of five years cumulative experience caring for a child in the home of the foster caregiver or applicant on a daily basis.
 4. A minimum of one year of cumulative experience caring for a child who has special or exceptional needs as defined in rule 5101:2-47-18 of the Ohio Administrative Code in the home of the foster caregiver or applicant on a daily basis.

NOAS will determine that a foster caregiver has the equivalent experience necessary to be certified as a treatment level foster caregiver if it can be documented that the foster caregiver meets at least one of the four requirements listed above.

B. Training Requirements:

NOAS' treatment foster homes shall receive thirty-six (36) hours of preplacement training prior to NOAS recommending the home for certification. The preplacement training shall be completed within the eighteen-month span immediately prior to the date NOAS recommends the foster home for certification. The acceptance of preplacement training completed outside a classroom, where a trainer is not present, shall be considered by NOAS on an individual basis and shall not be used for more than six hours of preplacement training. The preplacement training program for treatment foster homes shall consist of, but not be limited to, the following topics:

- The legal rights and responsibilities of foster caregivers;
- NOAS' policies and procedures regarding foster caregivers;
- ODJFS' requirements for certifying foster homes;
- The effects placement, separation, and attachment issues have on children, their families, and foster caregivers;
- Foster caregivers' involvement in permanency planning for children and their families;
- The effects of physical abuse, sexual abuse, emotional abuse, neglect, and substance abuse on normal human growth and development;
- Behavior management techniques;
- Effects of caregiving on children's families;

- At least three hours of cultural issues in placement training including cultural diversity training;
- Prevention, recognition, and management of communicable diseases;
- Community health and social services available to children and their families;
- The substance of section 2152.72 of the Ohio Revised Code which deals with the information required to be shared with a foster caregiver when a child who has been adjudicated a delinquent child for the commission of certain violent crimes is placed in a foster home. A course addressing section 2152.72 of the Ohio Revised Code shall be not less than one hour long;
- Preparing adolescents for independent living (for a prospective foster caregiver who will be providing care for a youth expected to remain in foster care until the youth's eighteenth birthday);
- The reasonable and prudent parent standard as described in division (C) of section 5103.162 of the Revised Code.
- Courses specific to the types of children to be placed in the type of specialized foster home the person seeks to operate;
- Issues concerning appropriate behavioral intervention techniques such as de-escalation, self-defense and instruction that physical, mechanical, and chemical restraint of a foster child shall not be utilized by a foster caregiver in any circumstance. (Refer to items C.4., C.5., and C.6. in the "Behavior Intervention" section of this policy.);
- Education advocacy training;
- Certification in a first aid training program and a child and adult cardiopulmonary resuscitation (CPR) training program such as those offered by the American Red Cross, the American Heart Association or the equivalent.

Training that may be considered as meeting either a requirement for preplacement training for a specialized foster caregiver or a requirement for continuing training for a foster caregiver may be counted as meeting either requirement, even though the caregiver may be certified to operate only one type of foster home at a time.

NOAS treatment foster homes shall complete a minimum of sixty (60) hours of continuing training during the two-year certification span beginning from the effective date of the caregiver's initial certification or the effective date of the most recent recertification as applicable. The continuing training program shall be in accordance with the caregiver's written needs assessment and continuing training plan and may include, but not be limited to, the following topics:

- Parents and foster caregivers as part of child protection teams;
- The dynamics of child abuse and neglect and recognizing and preventing child abuse and neglect;
- The effect of child abuse and neglect on child development;
- How foster caregivers should work with children and their families regarding placement, separation, and attachment issues;
- Behavior management techniques;
- Foster caregivers working with children's families;
- Effects of caregiving on children's families;
- Caring for children who have been sexually abused;
- Cultural competency;
- Substance abuse and dependency;

- Symptoms of mental illness and learning disorders;
- Developmentally appropriate activities for children;
- Preparing adolescents for independent living (for a foster caregiver who will be providing care for a youth expected to remain in foster care until the youth's eighteenth birthday);
- Issues concerning appropriate behavioral intervention techniques, such as de-escalation, self-defense and instruction that physical, mechanical, and chemical restraint of a foster child shall not be utilized by a foster caregiver. (Refer to items C.4., C.5., and C.6. in the "Behavior Intervention" section of this policy.);
- Education advocacy training.
- Treatment foster caregivers are required to maintain continuous certification in a first aid training program and a child and adult cardiopulmonary resuscitation (CPR) certification training programs such as those training programs offered by the American Red Cross and the American Heart Association or the equivalent.

Each foster caregiver who is certified to care for a child ages fourteen years and older is required to receive training during each two-year certification span that relates to providing independent living services, as defined in section 2151.81 of the Revised Code, to a child placed as provided in division (B)(2) of section 2151.353 of the Revised Code.

If the foster caregiver has a "good cause" (e.g., documented illness, critical emergencies, lack of accessible training programs, etc.) as determined by NOAS for failing to complete the continuing training, NOAS will recommend to ODJFS that the foster caregiver's foster home certificate be renewed. However, before recommending this renewal, NOAS will develop a corrective action plan, specific to the individual caregiver's situation, for prompt completion of the continuing training. If the foster caregiver fails to comply with the corrective action plan, NOAS will recommend to ODJFS that the foster caregiver's foster home certificate be revoked.

It will be considered "good cause" for failing to complete the continuing training, if the foster caregiver has served in active duty with a branch of the armed forces of the United States for more than thirty days in the preceding two-year span or if the foster caregiver has served in active duty as a member of the Ohio organized militia as defined in section 5923.01 of the Revised Code, which includes the Ohio national guard, the Ohio naval militia and the Ohio military reserve, for more than thirty days in the preceding two-year span and that active duty relates to either an emergency in or outside of Ohio or to military duty in or outside of Ohio. In the corrective action plan for failing to complete the continuing training, the additional time granted to the foster caregiver to complete the continuing training will be one month for each month the caregiver was on active duty. Any required training that is not met at the end of a foster caregiver's certification span applying to the preceding sentence will be waived by NOAS. When a waiver of training is approved by NOAS regarding the situations mentioned in this paragraph, the required training for the next certification span will be the same as for any other caregiver operating a foster home of which the foster caregiver is certified. The agency will document any such extension of time in the foster caregiver's record.

A foster caregiver may complete up to twenty per cent of his or her continuing training requirement by teaching one or more training classes to other foster caregivers or by providing mentoring services to other foster caregivers. The definition of mentoring services, at a minimum, is assisting foster caregivers with information that will encourage communication between the new foster caregivers and human services agencies; offering foster caregivers possible solutions to problems that may occur while caring for a child in placement; assisting and guiding recently certified foster caregivers in day-

to-day activities while caring for a child in placement; offering to assist foster caregivers in utilizing resources within their community; and encouraging recently certified foster caregivers to attend training sessions in order to maintain their current certification. To qualify for teaching or mentoring services, a foster caregiver shall:

- Have at least two years experience as a certified foster caregiver.
- Have had at least two child placements in their foster home.
- Be a currently certified foster home.
- Not be under a corrective action plan by a recommending agency.
- Not be under investigation for a violation of a state statute or rule by a recommending agency or ODJFS.

Continuing training hours obtained by a foster caregiver by teaching one or more training classes to other foster caregivers or providing mentoring services to other foster caregivers may be used in combination with approved training completed outside a classroom to meet no more than one-third of the foster caregiver's continuing training requirements.

- C. Each treatment foster caregiver is a member of the treatment team and shall implement the service plan for each child as prescribed by NOAS.
- D. A certified treatment foster caregiver shall comply with the following occupancy limits:
1. With the exception of the provisions of paragraph D.1.b. below, a treatment foster caregiver may provide foster care for not more than five foster children, two of whom may have exceptional needs as described in rule 5101:2-47-18 of the Administrative Code requiring their placement in a treatment foster home.
 - a. Any exception to the number of treatment foster children placed in the home shall be only with specific justification in accordance with the agency's policy for matching treatment foster children and caregivers developed pursuant to rule 5101:2-5-13 of the Administrative Code.
 - b. The justification as required by paragraph D.1.a. above shall be documented in the child's case record and in the foster home record. The justification may include the following:
 - (1) The need to place a sibling group.
 - (2) The abilities of a particular family in relation to the exceptional needs of a particular child.
 - c. If more than two treatment foster children are placed in a medically fragile foster home, all agencies holding custody of any other children placed in the home shall be notified by the agency recommending certification of the home within seventy-two hours of the additional exceptional needs child's placement.
 2. A treatment foster caregiver may provide care for not more than five treatment foster children placed in the caregiver's home if any of the following apply:
 - a. The caregiver is an appropriately trained and licensed professional such as a social worker, professional counselor, psychologist or teacher.
 - b. The caregiver has a minimum of a bachelor's degree in a child development or social services field and five years of child care experience and training related to serving children in foster care.

3. Children placed in a foster home shall not be moved to another placement solely to meet this requirement.
- E. A treatment foster caregiver or at least one member of a treatment foster caregiver couple or co-parent shall have weekly consultation and face-to-face contact at least every two weeks with the recommending agency's professional treatment staff. At least one of the face-to-face contacts each month shall be in the treatment foster home.
- F. A treatment foster caregiver shall prepare, and keep current, a written record of the behavior and progress of the child towards achieving the treatment goals as identified in the service plan of each foster child placed in the home as required by the agency.
- G. Under the direction of the treatment team leader, a treatment foster caregiver shall assume primary responsibility for implementing the in-home treatment strategies specified in the child's service plan and any revisions thereto.
- H. A treatment foster caregiver shall work cooperatively with the family of the child according to the child's service plan and case plan.
- I. A treatment foster caregiver shall perform any additional written responsibilities and duties established by NOAS for a treatment foster caregiver.
- J. A treatment foster caregiver shall attend and participate in the treatment team meetings for each child placed in his/her home. If the treatment foster home certificate is in the name of a couple or co-parents, only one caregiver is required to attend the treatment team meeting unless otherwise specified by NOAS.

Assessment Policy

NOAS will not begin the homestudy process prior to receiving a completed JFS O1691 "Application for Child Placement" which is signed by the prospective foster caregiver(s). NOAS will not accept an application for certification as a foster home which does not contain complete and accurate information. NOAS will commence the homestudy within thirty days of receiving the fully completed application. The commencement of a homestudy means, at a minimum, scheduling an appointment to interview the applicant or assuring that the applicant has been informed of the necessary materials required for the assessor to complete the homestudy. The applicant(s) must be a permanent legal resident of the United States and a resident of the state of Ohio to be eligible. The applicant(s) may not be a Type A or Type B family day care home.

NOAS requires prospective family foster caregivers to complete, and submit to, all of the items listed in Chapter 5101:2-5 and Chapter 5101:2-7 of the Ohio Administrative Code which pertain to the assessment or homestudy process. Other than preplacement training, none of these items may be completed prior to NOAS receiving an application with complete information; otherwise, the items will need to be completed again after the completed application is received by NOAS. A few of these requirements include:

- NOAS will obtain from ODJFS a Statewide Automated Child Welfare System (SACWIS) alleged perpetrator search of abuse and neglect history for each foster care applicant and each adult who resides with the applicant. NOAS is required to have a copy of the prospective foster caregiver's, and adult household member's, Social Security card and driver's license (or Ohio ID card) on file before requesting this report. When (SACWIS) is fully implemented for private agencies, NOAS will conduct

its own alleged perpetrator search of abuse and neglect history. This SACWIS clearance check will also be completed on any new adult household member within ten days of their becoming a member of the household.

- If a foster caregiver has not resided in the State of Ohio for at least five years, NOAS will obtain a child abuse and neglect clearance report from any state(s) in which the foster caregiver resided during the past five years.
- NOAS will complete a JFS 01348 "Safety Audit of a Foster Home" within six months of recommending a foster home for certification, to ensure compliance with all safety requirements.
- Each prospective foster caregiver and adult member of the household needs to obtain criminal records checks through BCII and FBI.
- The applicants need to submit the names and contact information of at least three unrelated persons for NOAS to use as references for the applicants. NOAS will also contact all adult children of the applicant(s) for a reference.
- Each applicant needs to provide NOAS with the name of any other agency or organization with which the applicant has been previously recommended for certification as a foster caregiver or has provided care and supervision of children as well as a written and signed release of information statement in order that any such reference may be contacted.
- All household members of the prospective foster home need to obtain a JFS 01653 "Medical Statement of Foster Care/Adoptive Applicant and all Household Members" completed by a licensed physician, physician assistant, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife within twelve months prior to becoming certified as a foster home.
- The applicants need to have a fire inspection report (JFS 01200) completed, within twelve months of becoming certified as a foster home, to certify that the home is free from conditions hazardous to the safety of children.
- There shall be a continuous supply of safe drinking water. Well water used for drinking and cooking shall be tested and approved by the health department prior to the date NOAS recommends the home for certification and annually thereafter.
- Prior to the end of the assessment (homestudy) process, applicants shall complete and sign the JFS 01673-A "Child Characteristic Checklist for Foster Care and/or Adoption" indicating the acceptable characteristics of the child that the applicant is requesting to adopt. Upon completion of the assessment (homestudy) process, the JFS 01673-A will be attached to the JFS 01673 "Assessment for Child Placement (Homestudy)". An applicant has the opportunity to revise the JFS 01673-A at any time regarding the characteristics or number of children desired.
- The applicant needs to inform NOAS of the revocation of any foster home license, certificate or other similar authorization in another state within the five years prior to submitting an application with NOAS. Failure to report this is grounds for denying the family's foster care certification or revoking their certification, whichever is applicable.

In addition to the requirements for the assessment or homestudy process as stated in Chapter 5101:2-7 and 5101:2-5, NOAS requires foster caregiver applicants to submit copies of marriage license certificates, divorce decrees, death certificates, well water tests, and autobiographical information. NOAS also completes a Bureau of Motor Vehicles check and does not allow a foster caregiver with six or more points on their BMV driver record to transport foster children. NOAS also requires the applicants to submit releases of information to check local police records.

The applicants must have the following information available for a NOAS worker to view: auto insurance policy, verification of pets meeting local and state safety requirements, Social Security card and driver's license for each adult household member, and proof of sufficient income to meet the basic needs of the household (this includes completing the JFS 01681 "Applicant Financial Statement", proof of household income for the most recent tax year and a two-month period within six months prior to the date of becoming certified as a foster home, as well as one utility bill for each utility the household utilizes for any time period after the date of application).

A foster caregiver or prospective foster caregiver shall notify his/her permanency planning specialist or the director of permanency planning within 24 hours if any criminal offense charges or conviction is brought against the foster caregiver or a resident in the home. Failure to do so will result in NOAS notifying ODJFS who may then seek an order to revoke or deny the foster caregiver's certification to operate a foster home. Also, a foster caregiver or prospective foster caregiver shall notify his/her permanency planning specialist or the director of permanency planning in writing within 24 hours if a person residing in the home who is at least 12 years old, but under 18 years old, has been convicted of or pleaded guilty to any criminal offense or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would constitute one of the offenses listed in the appendix of this policy. If NOAS learns that a foster caregiver has failed to notify NOAS of this, NOAS will notify ODJFS who may then seek an order to revoke or deny the foster caregiver's certification to operate a foster home. This notification is also required for any conviction or adjudication of delinquency resulting from a violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses listed in the appendix of this policy.

Foster Care and Adoption Joint Approval

All applicants to the agency shall be given the opportunity to simultaneously apply for foster care and adoption. Those wishing to do so must be at least 21 years of age at the time of initial certification. All application forms required by state regulations must be completed by those who wish to pursue both programs at once. One set of homestudy interviews will be completed to satisfy both foster care and adoption requirements, and the approval process will occur simultaneously. NOAS is certified to both recommend foster homes for certification and to approve adoptive homes. If an adoptive applicant decides during the homestudy process to also become a certified foster caregiver, the homestudy documentation and training completed up to that point may be utilized as long as the documentation or training has not expired upon completion of the homestudy. Applicants will not be required to duplicate documentation as a result of a new application date.

Foster Home Recertification Policy

All currently certified foster homes shall be recertified every two years from the beginning date of the current certificate. If a homestudy is simultaneously approved for adoption and certified for foster care by the same agency, the spans shall be the same for both programs from the date of the foster home certification.

NOAS will notify the foster caregiver(s) of the date of expiration of the foster home certificate not less than ninety or more than one hundred fifty days prior to the expiration date. The notification will identify any information or documentation that is required for the recertification and be completed on the JFS 01331, "Notice of Expiration and Reapplication for a Foster Home Certificate or Adoption Homestudy Approval". Following this notification to the foster caregiver, if the caregiver(s) wishes to be recertified for another two-year span, the foster caregiver(s) needs to document this on the JFS 01331 and return the JFS 01331 to NOAS. If the caregiver fails to either reapply or voluntarily terminate prior to the expiration date of the

certificate, the foster home certificate shall expire and the caregiver(s) will need to apply for initial certification and begin a new homestudy process. If a foster home certificate expires because a caregiver has failed to reapply there are no rights to appeal pursuant to Chapter 119. of the Revised Code.

If a foster caregiver(s) has reapplied for a foster home certificate at least thirty days prior to the expiration of a current certificate, an assessor will complete a JFS 01385, "Assessment for Child Placement Update", to ensure that the foster caregiver(s) remains in compliance with the requirements set forth in Chapters 5101:2-5 and 5101:2-7 of the Administrative Code, and determine the continued suitability of the caregiver to serve as a foster caregiver. NOAS will compile and review the following documents, in addition to completing the JFS 01385:

- The most recent annual well water test approved by the health department, if applicable.
- If the agency has the ability to complete the search in SACWIS, the agency shall complete an alleged perpetrator search of abuse and neglect report history through the system for each foster caregiver and adult household member. If the agency does not have the ability to complete the search in SACWIS, the agency shall request a search of the system from ODJFS for each foster caregiver and each adult household member.
- The agency shall conduct a safety audit utilizing the JFS 01348 "Safety Audit" (rev. 12/2014) completed within six months prior to recommending a foster home for recertification, documenting that the residence continues to meet all safety standards.
- The most recent criminal records checks for all foster caregivers and adult household members. Once a foster caregiver is certified, a new criminal records check shall be conducted, for the foster caregiver(s) and each adult household member every four years prior to recommending a foster home for recertification. If an existing resident of the home, including youth placed in the home, turned eighteen years of age during the current certification span, the agency shall have criminal records checks completed at the time of the next recertification and every four years thereafter at the time of recertification.
- Documentation that the foster caregiver(s) has completed the required ongoing training hours and topics.
- An assessor's recertification of a foster home shall include at least one home visit and one interview with each member of the household (except foster children) over the age of four years currently residing in the home. This may be a joint interview or individual interviews.
- If all of the requirements have been met by the foster caregiver(s), they will be recertified to provide foster care for another two-year certification span. The effective date of the new foster home certificate will be the first day following the expiration of the previous certificate.

If an agency receives a completed JFS 01331 less than thirty days prior to the expiration date of a foster home certificate, the agency may complete the requirements listed in this rule if they have sufficient time and resources to complete the assessment prior to the expiration of the foster home certificate. If the agency is unable to complete the recertification prior to the expiration, the foster care certificate will expire on the date of expiration. If the family wishes to have a foster care certificate after the expiration date, they shall reapply through the initial homestudy application process.

Notification Policy

A foster caregiver shall notify the recommending agency in writing prior to allowing any person to reside for more than two weeks in the foster home.

A foster caregiver shall notify the recommending agency within one hour of the caregiver gaining the knowledge of any of the following circumstances involving a foster child:

- A serious injury or illness involving medical treatment of a foster child.
- The death of a fosterchild.
- Unauthorized absence of a foster child from the home.
- Removal of a foster child from the home by any person or agency other than the placing agency, or attempts at such removal.
- Any involvement of a foster child with law enforcement authorities.

A foster caregiver shall notify the recommending agency within twenty-four hours or the next working day of any of the other following circumstances:

- Any impending change in the marital status of the foster caregiver or in the household occupancy of the home.
- Any serious illness or death in the household.
- Any fire or other incident, requiring the services of a fire department or emergency personnel occurs at or within the home.
- The foster home becomes uninhabitable for any reason.

A foster caregiver shall inform the recommending agency at least four weeks prior to a planned move of the foster caregiver.

A foster caregiver shall notify the recommending agency within twenty-four hours of any charge of any criminal offense brought against the caregiver or any adult resident of his home. If the charges result in a conviction, the foster caregiver shall notify the recommending agency within twenty-four hours of the conviction. Failure to notify the agency in either of these circumstances shall result in the agency recommending to the Ohio department of job and family services (ODJFS) to seek an order to revoke or deny the caregiver's certification to operate a foster home.

A foster caregiver shall notify the recommending agency within twenty-four hours of any charge or complaint brought against any resident of the foster caregiver's home who is at least twelve years of age, but less than eighteen years of age for committing an act that if committed by an adult would constitute a criminal offense. Pursuant to section 5103.0319 of the Revised Code, a foster caregiver shall also notify the recommending agency in writing within twenty-four hours if a resident of the foster caregiver's home is at least twelve years of age, but less than eighteen years of age, and has been convicted of or pleaded guilty to any of the offenses listed in the appendix to this policy, or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would have constituted such a violation. The notification is also required for any conviction or adjudication of delinquency resulting from a violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses listed in the appendix to this policy. Failure to notify the agency of this shall result in the agency recommending to the Ohio department of job and family services (ODJFS) to seek an order to revoke or deny the caregiver's certification to operate a foster home.

NOAS shall notify the foster child's custodial agency immediately if any of the following incidents occur:

- A serious injury or illness involving medical treatment of the foster child.
- The death of a foster child.
- Unauthorized absence of the foster child from the home. NOAS shall provide the notification to the custodial agency immediately, but no later than twenty-four hours from the time the recommending agency became aware of the unauthorized absence.
- Removal or attempted removal of the foster child from the home by any person or agency other than the placing agency.
- Any involvement of the foster child with law enforcement authorities.

Foster Care Amendments

If the agency is notified of any of the following changes for the foster caregiver, the agency shall amend the homestudy:

1. A change in the marital status of the foster caregiver(s).
2. The death of a foster caregiver or household member.
3. A change in household members, not including foster children. If the amendment is due to a new household member, the agency shall ensure the following:
 - a. New household members residing with the foster caregiver shall have a JFS 01653 "Medical Statement for Foster Care/Adoptive Applicant and All Household Members" completed documenting they are free from any physical, emotional or mental condition which would endanger children or seriously impair the ability of the household member to care for the child placed in the home. If the new occupant is an adopted child who immediately prior to the adoption resided in the home as a foster child, a JFS 01653 is not required. The JFS 01653 shall be dated within ninety days of the date the person becomes a household member.
 - b. New adult household members residing with the foster caregiver shall have a bureau of criminal investigation (BCI) and federal bureau of investigation (FBI) records check, as outlined in rule 5101:2-5-09.1 of the Administrative Code. The criminal records checks shall be conducted within ten working days of the date the person becomes a household member.
 - c. New adult household members shall provide the name of any agency they have applied to or had a homestudy approved for foster care or adoption, or any organization they have worked with in providing care and supervision of children.
 - d. The agency shall request a check of the child abuse and neglect registry of any other state the new adult household member has resided in for the five years immediately prior to the date of the criminal records check for the new household member, as required by division (A) of section 2151.86 of the Revised Code.
 - e. If the new household member is the co-parent or spouse of the foster caregiver and shall therefore be added to the certificate, the agency shall contact all adult children of the new co-parent or spouse for a reference. If the person has not previously completed the preplacement training, the agency shall ensure the co-parent or spouse completes the preplacement training required pursuant to rule 5101:2-5-33 of the Administrative Code no later than one hundred eighty days after becoming a household member. Once the co-parent or spouse is added to the certificate, the required continuing training hours shall be prorated from the date the co-parent or spouse is added to the foster care certificate through the expiration of the current certification span.

4. A change of address for the foster family that is different than the address listed on the foster home certificate. If the amendment is due to a change of address of the foster home, the agency shall ensure the following:
 - a. The agency shall conduct a safety audit documenting the new residence satisfactorily meets all safety standards. The safety audit shall be completed on the JFS 01348 "Safety Audit". The safety audit shall be conducted within ten working days after the change of address.
 - b. The agency shall require the foster caregiver to obtain a fire safety inspection certifying the new residence is free from conditions hazardous to the safety of a foster child. The fire safety inspection shall be completed on the JFS 01200 "Fire Inspection Report For Residential Facilities Certified by ODJFS" or other form used for a local or state fire inspection. The fire safety inspection shall be requested prior to or within thirty days of the date of the change of address. The fire safety inspection shall be conducted prior to or within ninety days of the date of the change of address.

Socialization and Education

Foster caregivers shall allow privileges and assign responsibilities to a foster child similar to those which would be assigned to a family member of the foster caregiver who is of similar age and functioning level.

NOAS will make arrangements with the placing agency for each school-age foster child to attend a school that complies with the minimum standards as prescribed by the state board of education and shall ensure that the foster child attends school in accordance with the child care agreement. A foster caregiver who provides home schooling for a foster child shall do so only with the approval of the child's custodial agency. Any home schooling program used by a foster caregiver shall be approved by the public school district in which the caregiver resides and a copy of the approval shall be placed in the foster home record.

Foster caregivers will encourage a foster child to participate in community, school, recreational, and cultural heritage activities which are appropriate to the child's age and functioning level and shall, as is necessary and reasonable, arrange appropriate transportation for the foster child to and from such activities. A foster caregiver shall, as appropriate, teach a foster child tasks and skills required for life in the community.

Religious Participation

Foster caregivers will demonstrate consideration for, and sensitivity to, the religious background of a foster child and of families receiving agency services. A foster child has the right to enjoy freedom of thought, conscience and religion or to abstain from the practice of religion. Opportunity shall be provided each foster child for practicing the chosen religious beliefs and faith of the child or his or her parents/family, including dietary restrictions due to beliefs, unless it is determined and documented in the child's case plan by the custodial agency that practicing the child's or family's chosen religious beliefs and faith is not in the child's best interest. A child may be encouraged to participate in religious activities, but shall not be coerced to do so. NOAS prohibits a foster caregiver from allowing a foster child to be baptized or submitting a foster child to any religious procedures without prior consent of the child according to his/her age and functioning level and prior approval of the foster child's parent, guardian, or custodian.

NOAS will not require a foster child to receive non-emergency medical treatment that conflicts with the religious tenets or practices of the religion of the child or parent without the specific written consent of the parent, guardian or custodian. When a foster child requires emergency medical treatment and such treatment conflicts with the religious tenets or practices of the child, parent, guardian or custodian, the foster caregiver shall immediately transport or arrange for the transportation of the child to a medical facility and contact NOAS staff who will contact the custodial agency or the individual who placed the child.

Planned and Crisis Respite Care

- A. Utilization of respite care shall be only with the approval of the administrative director of the treatment foster care program (director of permanency planning) or his or her designee. NOAS shall designate treatment team leaders as qualified designees.
- B. The process for the treatment foster care program to select and approve respite care providers is that the treatment team leader and/or the treatment team leader's supervisor shall work in conjunction with the foster caregiver to select respite care providers.
- C. Only approved respite care providers shall be utilized. NOAS approves all of the certified foster caregivers within its network to provide respite care. The treatment team leader and/or treatment team leader's supervisor reserves the right to approve appropriately trained respite caregivers according to (D.) below.
- D. An approved respite care provider who is not certified as a family foster caregiver or treatment foster caregiver shall receive at least twelve hours of orientation and training relevant to the children served by the treatment foster care program and have a criminal record check conducted as for a foster caregiver pursuant to rule 5101:2-5-09.1 of the Ohio Administrative Code prior to providing respite care.
- E. A respite care provider shall not provide respite care for children for more than two consecutive weeks unless the provider is certified as a specialized foster caregiver.
- F. Prior to each occasion of respite care, the recommending agency shall provide the respite care provider with a copy of the JFS 01443, "Child's Education and Health Information" or the form the agency uses in lieu of the JFS 01443 completed for the child pursuant to rule 5101:2-39-08 of the Ohio Administrative Code as part of his case plan and at least a written summary of the child's service plan and any information required to be shared with a foster caregiver by rule 5101:2-42-90 of the Ohio Administrative Code. In addition, for a medically fragile child, any nursing treatment plan containing physician's orders shall be provided. (NOAS does not serve medically fragile clients.) The information required by this paragraph shall be provided to the respite care provider by the agency that has approved the respite care provider. Documentation that this has been done shall be maintained in the child's case record by the agency that approved the respite care provider.
- G. For each occasion of respite care, a respite care provider shall provide a written report of the child's stay in respite care to the treatment foster caregiver.
- H. A respite care provider for a medically fragile child shall be certified as a foster caregiver for medically fragile children or be a licensed medical professional. (NOAS does not serve medically fragile clients.)
- I. An individual plan for respite care shall be developed for each child with special or exceptional needs placed in treatment foster care. The use of respite care shall comply with the agency's respite care policy prepared pursuant to rule 5101:2-5-13 of the Ohio Administrative Code. A copy of the individual plan for respite care for each foster child with special or exceptional needs placed in a treatment foster home shall be included in the child's case record. (NOAS recognizes the importance of respite for all children and therefore requires an individual plan for respite care for all of its clients.)

Matching Children with Treatment Foster Caregivers

NOAS matches children with treatment foster caregivers based upon consideration of their needs, the capabilities of the treatment foster caregiver and family-centered, neighborhood-based practices. Matches are made after careful consideration of the compatibility between the child's needs (e.g., sibling groups, behavioral/emotional challenges, etc.) and the characteristics and capabilities of the treatment foster caregiver. NOAS attempts to match each child referred for services with a family capable of meeting the child's needs.

If a home is not available in our program, the referral source will be informed of such in a timely manner. The referral source is then responsible for contacting other providers to find a home for the child. The final decision for placement rests with the custodial agency.

Annual Evaluation of the Treatment Foster Care Program

NOAS conducts annual satisfaction surveys of the Treatment Foster Care Program. These surveys are completed by treatment foster caregivers, children in care (as appropriate to their age and understanding), the families of children in care (if applicable), and other agencies/professionals involved with the child. Evaluation of services enables NOAS to determine program strengths and areas in need of improvement. Action plans are then developed by NOAS to address systemic issues and training needs identified through information obtained from a review of these surveys.

Once data is individually collected and then compiled in aggregate form, there is open access to evaluation results. The confidentiality of all participants is protected. The evaluation results are made available to Northeast Ohio Adoption Services' staff members and any survey participants who request them.

Crisis Counseling

NOAS assures that all children in treatment foster care and all treatment foster caregivers and their families affiliated with the program shall have access to crisis counseling. NOAS will arrange for crisis counseling for issues or problems caused by a specific incident related to a child receiving treatment within the caregiver's home including death or hospitalization of a child. It is a goal of NOAS to provide/arrange early intervention to prevent a crisis situation. However, if a crisis cannot be prevented, NOAS is accessible twenty-four hours per day to the child in crisis, the treatment foster caregiver and/or family. After normal working hours and on weekends, crisis calls to NOAS are routed to Help Hotline Crisis Center, Inc. who will arrange for NOAS' assistance if needed.

Disciplinary Policy

- A. Disciplinary methods shall stress praise and encouragement for desired behavior rather than punishment. It is expected that each foster child will be treated with kindness, consistency and respect.
- B. Foster caregivers shall provide humane, instructive discipline appropriate to a foster child's age and functioning level. All rules and expectations made by a foster caregiver shall be explained to a foster child in a manner appropriate to the child's age and understanding during the child's pre-placement visitation or initial orientation and prior to any disciplinary action for violation of these rules.
- C. Foster caregivers shall not punish a child for actions, over which the child has no control, or for bedwetting, or in the course of toilet training activities.

- D. Foster caregivers shall not subject a foster child to verbal abuse or swearing, to derogatory remarks about foster children, their families, their races, their gender, their religion, their color, their national origin, or to threats of physical violence or removal from the foster home. A foster caregiver shall not discriminate in providing care and supervision to foster children on the basis of race, gender, sexual orientation, gender identity, gender expression, religion, color or national origin.
- E. Foster caregivers are prohibited from the use of any of the following punishments for a foster child:
1. Physical hitting or any type of physical punishment inflicted in any manner upon the body including but not limited to spitting, spanking, paddling, punching, shaking, biting, hair pulling, pinching or rough handling;
 2. Physically strenuous work or exercise, when used as a means of punishment;
 3. Requiring or forcing a foster child to take an uncomfortable position, such as squatting or bending, or requiring a foster child to repeat physical movements when used as a means of punishment;
 4. Denial of social or recreational activities for excessive or prolonged periods of time, defined by this agency as being five (5) successive days of duration;
 5. Denial of social or casework services, medical treatment, or educational services;
 6. Deprivation of meals;
 7. Denial of visitation or communication rights with the foster child's family as a means of punishment;
 8. Denial of sleep;
 9. Denial of shelter, clothing, bedding, or restroom facilities.
- F. Physical, prone, mechanical, and chemical restraint of a foster child shall not be utilized by a foster caregiver in any circumstance. Chemical restraint does not include prescription drugs as prescribed by a physician. A foster caregiver shall not use any device to prevent or restrict movement as punishment or for convenience. If the foster caregiver believes physical restraint of a foster child is warranted for self-protection, when a child cannot control himself/herself, or for the protection of another person from a foster child, the foster caregiver shall contact local law enforcement officials to request police intervention in managing the situation.

NOAS shall be notified by the caregiver immediately following a police intervention. Any act of omission or commission by a foster caregiver or other member of the household which results in any of the following toward a foster child may be grounds for the denial or revocation of a foster home certificate:

1. Death
 2. Injury
 3. Illness
 4. Abuse
 5. Neglect
 6. Exploitation
- G. NOAS supports the discipline regulations contained in the Ohio Department of Job and Family Services' rules for foster homes

H. Concerning the hygiene of a foster child, the foster caregiver shall:

1. Ensure that each foster child's clothing and footwear shall be clean, well-fitting, seasonal, and appropriate to the child's age, gender, sexual orientation, gender identity and gender expression.
2. Ensure that each foster child capable of meeting their own personal hygiene needs shall be provided with adequate personal toiletry supplies appropriate to the child's age, gender, sexual orientation, gender identity, gender expression, race, and national origin.
3. Provide each foster child instruction on good habits of personal care, hygiene, and grooming appropriate to the child's age, gender, sexual orientation, gender identity, gender expression, race, national origin, and need for training.

Behavior Intervention

When behavior supports are necessary in assisting children and adolescents in learning to self-manage behaviors, these supports should focus on positive teaching and support strategies. These support strategies should be used in the least restrictive setting possible with the least intrusive forms of intervention necessary to achieve the targeted behavioral change and completed in a manner that is least disruptive to the child.

A. Preventative Intervention Strategies

General intervention strategies are positive teaching techniques that do not require any aversive type procedures. Interventions of this nature may be preventative and used proactively to help prevent problem behaviors from occurring. The following list provides some examples of preventive and behavior support strategies:

1. Giving the child or adolescent choices; allowing the child or adolescent to choose when to do a required activity or task.
2. Providing the child or adolescent with basic needs; providing interesting activities or tasks, giving breaks between these activities and tasks.
3. Providing age and developmentally appropriate activities that will interest the child or adolescent.
4. Providing a caring attitude on the part of the foster caregiver.
5. Providing an effective communication system or style that promotes the child or adolescent's ability to express wants and needs.
6. Providing a positive and supportive environment for the child or adolescent.
7. Providing a comfortable environment, appropriate lighting, heating, monitoring of noise levels, eliminating distractions, etc.
8. Adjusting the environment to avoid provoking maladaptive behaviors (i.e., providing access to a quiet area as needed and requested by the child or adolescent).
9. Providing verbal praise to the child or adolescent for appropriate behaviors.
10. Being aware of medical conditions that might account for inappropriate behaviors.
11. Monitoring sibling and peer interactions to ensure that they are not causing the behavior.
12. Providing consistent routines so children and adolescents know what to expect throughout the day but allowing flexibility as needed.
13. Providing consistent and calm interventions.
14. Providing helpful corrections with clear, concise and reasonable limits.
15. Providing age-appropriate supervision.

B. Positive Behavioral Intervention Strategies/Behavior Management Techniques

1. **Positive Reinforcement:** a method of using positive consequences to increase the frequency of a behavior. Positive reinforcements (reinforcers) come in many forms. The following are examples of types of positive reinforcement:
 - a. **Social** - reinforcers that come from another person such as gestures of approval, a pat on the back, verbal comments, high-fives, handshakes, etc.
 - b. **Material** - objects that a child or adolescent may enjoy such as books, radio, CDs, movies, food, games, etc.
 - c. **Activity** - putting material reinforcers to use; reading a book; going swimming; going to a baseball game; etc. It may also be something that the child or adolescent likes to do; talking with peers; playing a game; or having unsupervised time as is age and developmentally appropriate.
 - d. **Token** - poker chips, check markers, stickers, etc. These items have no value themselves but can be used to purchase or trade in for something important to the individual.
 - e. **Modeling Appropriate Behavior** - foster caregivers show the child or adolescent the appropriate behavior.
 - f. **Forward/backward chaining** - procedure that involves teaching a complete sentence of behaviors that must be performed in a particular order especially useful with very young children or children and adolescents with cognitive delays, impulse control and/or attention deficits.
 - g. **Shaping/Fading** - immediate reinforcement of successive approximations of the desired behavior until the desired behavior is established/gradual removal of reinforcements until the individual is able to respond independently.
 - h. **Contracts with Positive Consequences** - a written or verbal agreement between the child or adolescent and other that specifies the negotiated and agreed upon relationship between behaviors and consequences. (A written, ongoing contract should, in most cases, be part of the person's case record.)
2. **Redirection:** the child or adolescent is verbally engaged by the foster caregiver who will motivate the child to pursue some other more appropriate task or interaction that is productive in meeting the child or adolescent's needs.
3. **Rule Reminders:** reminding the child or adolescent of presenting reinforcers that they would earn for desired behaviors or reminding the child or adolescent of the negative consequences of the behavior being displayed.
4. **Time Away:** a self-management technique where the child or adolescent interrupts an activity by moving away so that the child or adolescent can regain composure by decreasing agitation, anxiety, and frustration.
5. **Planned Ignoring:** avoiding responding (no eye contact, no verbal intervention) to an undesirable behavior by not drawing any attention to it.
6. **Natural Consequences:** unpleasant outcome to a behavior which would occur independently of any foster caregiver involvement.

7. Simple Reprimands: non-abusive verbal or gestural cues which indicate that a behavior which has just occurred is undesirable and should not occur again (i.e., no, frown, head nod, etc.)
8. Blocking Inappropriate Behavior: requesting a child or adolescent to move away from an item that they may be about to throw, or removing the item before it is thrown.
9. Proximity Control: moving closer to a child or adolescent whose behavior is disturbing or as increased energy, hyperactivity, anxiety, etc. is apparent to prevent inappropriate actions.
10. Prompted Relaxation: a verbal or gestural prompt that cues a child or adolescent to display a relaxed behavior that will replace the agitated, disruptive, or destructive behavior.
11. Self-Monitoring: a child or adolescent may be encouraged to track his/her behavior and evaluate if their behavior is getting them what they want and/or need. A child or adolescent may be encouraged to keep a personal journal in order to track behaviors throughout the day. The child or adolescent will be encouraged to explore his/her feelings during these specific behaviors.
12. Critical Problem-Solving: a child or adolescent may be encouraged to objectively evaluate the problem while exploring possible solutions as well as outcomes. The child or adolescent will be encouraged to evaluate the impact of his/her behaviors on others.
13. Conflict Resolution: the child or adolescent will be encouraged to explore appropriate methods of resolving conflict. The foster caregiver will role model and provide alternative scenarios that are more likely to assist the child in meeting his/her needs.
14. De-escalation strategies: engaging the child or adolescent in alternative behavior techniques designed toward diverting the child's attention from the immediate problem in order to help calm the child or adolescent down. The foster caregiver may use thought-stopping techniques, prompted relaxation, redirection, and Para verbal communication skills (monitoring tone, volume and cadence (pace) of speech). The child or adolescent may be encouraged to verbally express his/her feelings while exploring a resolution to the conflict.

C. Restrictive Behavior Interventions, Aversive Procedures and Prohibited Interventions

Proactive behavioral intervention strategies and positive intervention strategies should always be attempted before restrictive behavior intervention procedures are implemented to reduce inappropriate or undesirable behaviors. **Northeast Ohio Adoption Services strictly prohibits major aversive behavioral interventions (i.e., physical, prone, mechanical or chemical restraint and isolation/seclusion) and stresses the importance of adhering to ODJFS discipline standards and ODJFS children's rights.**

1. Restrictions - a child or adolescent may be restricted from extracurricular activities or positive reinforcers when positive management techniques have not had a positive impact upon the child's behavior, however, not for prolonged or excessive periods as defined by the agency to be no longer than five (5) days unless approved by the treatment team leader. Restrictions are not to interfere with child or adolescent's right to visit or communicate with the foster child's family, legal guardian or be used as a means to deny physical and/or therapeutic outlets as contained in the child or adolescent's service plan and/or contribute to stabilization of the

child or adolescent's behavior. The length of the restriction should be taken into consideration such factors as the child's age, developmental level, cognitive functioning, the frequency of the inappropriate behavior (i.e., a first offense versus a serious pattern of behaviors), and the intensity of the individual episode (i.e., a five minute outburst versus an entire day of disruption).

2. Time Out - a child or adolescent may be asked by the foster caregiver to remove him/herself from a situation to spend a designated amount of time in a designated space until the situation has returned to a calm state. When time-out is used by the foster caregiver the child or adolescent will usually be asked to leave the room, although other occupants, if applicable, could vacate the room thereby creating space for the child or adolescent. The child or adolescent may be asked to take a seat in another room or retire to his/her bedroom for a designated period of time. The amount of time that a child spends in time-out varies and depends upon the ability of the child to calm down and check his/her own behavior as well as age, developmental abilities, cognitive limitations or disabilities. A time-out generally can last up to fifteen minutes (industry standard is one minute per year of age) and under no circumstances will the child or adolescent be physically forced into time-out or physically prevented from leaving time-out. The child or adolescent will be monitored during this time-out period by the foster caregiver.
3. Blocking- defined as preventing a strike by removing the target (moving out of the way) or deflecting the weapon by placing an object between the weapon and the target.
4. Physical Restraints - defined as "hands-on" method that is used to control an identified behavior by restricting the movement or function of a child or adolescent's head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury. **Northeast Ohio Adoption Services strictly prohibits the use of physical restraints by foster caregivers.**
5. Mechanical Restraints - defined as a device that restricts a child or adolescent's movement or function applied for purposed of behavior support, including a device used in any vehicle, except a seat belt of a type found in ordinary passenger vehicles or an age appropriate child safety seat or developmentally and/or medically required device such as a wheel chair. **Northeast Ohio Adoption Services strictly prohibits the use of mechanical restraint by foster caregivers with the exception of the above.**
6. Chemical Restraints - defined as a medication for the purpose of modifying, diminishing, controlling, or altering a specific behavior. **Northeast Ohio Adoption Services strictly prohibits the use of chemical restraints by a foster caregiver.** However, chemical restraint does not include medications prescribed and supervised by a licensed physician for the treatment of a diagnosed disorder as found in the current version of the American Psychiatric Association's "Diagnostic and Statistical Manual" or medications prescribed for the treatment of a seizure disorder.
7. Isolation - defined as the involuntarily confinement of a child or adolescent alone in a room where the person is physically prevented from leaving. **Northeast Ohio Adoption Services strictly prohibits the use of isolation by foster caregivers.**

D. Contraindicators

When caring for a child or adolescent who has been identified as having disabilities, the individual behavior management plan will address both the cognitive and/or physical limitations unique to the child or adolescent and list any contraindicators to the use of specific behavioral interventions as applicable. Examples of contraindicators consistent with the needs of children with disabilities may include the following:

1. History of physical or sexual abuse - age/gender/ethnicity/race of perpetrator.
2. History of types of abuse which could be triggered by a time-out request-i.e., having been locked in a closet or room.
3. Developmental or cognitive delays which would impair the child or adolescent's ability to comply with a behavioral contract.
 4. Medical conditions which are present, but not imminently life threatening (obesity, asthma, pregnancy, cardiac conditions, medication side effects, etc.).
 5. The previous placement history of the child (AWOLS, disciplinary problems, etc.).
6. History of psychological issues, diagnosis, and associated behaviors.
 7. The nature, patterns, and number of complaints or adjudicated felonies against the child.

E. Personnel Credentials

The NOAS Behavior Intervention Policy was developed/designed by the agency's Associate Director, LISW; Director of Permanency Planning (Treatment Team Leader Supervisor), LISW; Director of Quality Assurance, LISW; and a Permanency Planning Specialist (Treatment Team Leader), LSW. The NOAS Behavior Intervention Policy was approved by the agency's Executive Director and by the Northeast Ohio Adoption Services Board of Trustees. The NOAS Behavior Intervention Policy will be implemented by the agency's certified treatment foster caregivers and will be monitored/supervised by the agency's treatment team leaders and the treatment team leader supervisor.

Grievance Procedure

Grievances arising between foster caregivers and the agency will be resolved in the following manner:

- A. The foster caregivers must first discuss the grievance with the agency permanency planning specialist assigned to work with them.
- B. If the grievance is not resolved to the satisfaction of the involved parties, the foster caregiver may submit the grievance to the next higher level within the organization (director of permanency planning). A meeting to discuss the grievance will be scheduled within five (5) working days.
- C. If the grievance is not resolved at this level, it may be submitted, in writing, to the executive director for resolution. The grievance will be heard in a meeting within five (5) working days, and a response given in writing to the foster caregivers. The decision of the executive director shall be final.

Sharing and Transfer of a Foster Home

A. Sharing of a Foster Home:

Prior to an agency sharing the use of a foster home that has been recommended for certification by another agency, the agency wishing to use the home shall obtain a written agreement signed by the recommending agency stating how the home is to be used and that all parties affected by the agreement approve of it. The recommending agency shall provide a copy of the agreement to the foster caregiver(s) and all agencies currently using the home.

B. Transfer of a Foster Home:

An agency shall not solicit homestudies or transfers from other agencies for the purpose of locating a family of a specific race, color or national origin.

Pursuant to the transfer conditions listed throughout this rule, a foster home shall only be considered for a transfer to another agency that recommends foster homes of the type that the caregiver is qualified to provide. If a transfer is approved for a foster caregiver certified to operate a specialized foster home to an agency that does not operate a specialized foster home program, the caregiver shall agree that upon execution of the transfer, the foster home designation will be identified as a family foster home.

An agency shall consider a transfer request of a foster home from another agency only if the foster caregiver has been certified with the recommending agency for a minimum of one year. A foster caregiver shall not transfer more than once during a certification period. Exceptions to these limitations may be made if a foster caregiver has relocated to a county not served by the foster caregiver's recommending agency, if the foster caregiver's recommending agency ceases to recommend foster homes for certification to the Ohio department of job and family services (ODJFS) or ceases to recommend the type of foster home that the caregiver is currently certified to provide or if both the sending and receiving agency agree to the transfer of the foster home.

Upon receipt of a written request from a foster caregiver who expresses a desire to transfer from their current recommending agency, a receiving agency shall make a determination whether to further consider the transfer request. If the receiving agency decides to continue the review of the transfer, the receiving agency shall notify the foster caregiver's current recommending agency in writing to inform them of the transfer request and to request a complete copy of the caregiver's foster home record, with the exception of references and criminal background checks. The receiving agency shall only accept documentation located in the foster home record from the recommending agency. The records shall not be accepted directly from the foster caregiver or other individual. A caregiver may provide other information to the receiving agency that the caregiver considers to be relevant.

Upon receipt of the transfer request from the receiving agency:

- If the recommending agency has previously made a decision not to place any additional children in the foster caregiver's home, it shall inform the receiving agency of this decision and the reason why this decision was made. If the receiving agency still wishes to proceed with exploring the transfer request, it shall notify the recommending agency in writing.
- The recommending agency shall ensure that a signed release of information has been obtained from the foster caregiver authorizing release of the record. The release may be initiated by either agency or the foster caregiver.
- While the transfer request is pending, the recommending agency shall continue to work with the foster caregiver as it does with all other foster caregivers associated with the agency. The recommending agency shall continue to provide the caregiver with notification of training events needed pursuant to the foster caregiver's needs assessment and continuing training plan. The recommending agency shall allow the foster caregiver to attend any such events and shall continue to meet with the caregiver regarding the care of any child placed in the home.

Within fifteen working days of receipt of the signed release of information and any applicable copying fee, the recommending agency shall forward a complete copy of the foster home record to the receiving agency, with the exception of references and criminal background checks. The record shall

be sent electronically, by certified mail, return receipt requested, or hand delivered by agency staff. If records are hand delivered, the recommending agency shall be provided with a receipt showing the date the records were delivered to the receiving agency. The receiving agency shall also document the date the record was received. The record shall include the following:

- The most recent initial homestudy and all homestudy recertifications.
- The most recent report of the alleged perpetrator search of child abuse and neglect information from the statewide automated child welfare information system (SACWIS).
- Training records.
- Fire inspection reports.
- Safety audits.
- Medical reports.
- Foster home exit interviews.
- Complaint or rule noncompliance investigations and any applicable corrective action plans. If there are any outstanding investigations or corrective action plans that have not been fully completed or implemented, the recommending agency shall notify the receiving agency of the nature of those investigations and corrective action plans.

Upon receipt of the foster caregiver's records, the receiving agency shall assign an assessor to review the information received and conduct an assessment of the transfer request. In addition to reviewing the recommending agency's records and any information provided by the caregiver, the assessor shall:

- Contact staff from the current recommending agency and the caregiver to determine the reasons why the request to transfer is being made at this time.
- Determine if there are foster children in the home, and, if so, identify the agency with custody of the child(ren).
- Make at least one visit to the foster home and conduct a face-to-face interview with each foster caregiver and all other household members over the age of four.
- Receive three new personal references for the foster caregiver(s) from persons who are unrelated to the caregiver(s) and do not live in the foster home.
- Receive new references from all adult children of the caregiver(s). If the adult children are unable or unwilling to provide a reference this shall be assessed during the transfer process and documented in the caregiver record.
- Conduct a new criminal records check for all persons subject to a criminal records check residing in the foster home. Results shall be obtained, reviewed and approved prior to accepting the transfer request.
- Complete a new safety audit of the foster home on the JFS 01348 "Safety Audit" (rev. 12/2014) to ensure the home meets all current safety requirements for foster homes.

If the record indicates that there are outstanding investigations or corrective action plans that have not been fully implemented, the assessor shall not recommend acceptance of the transfer unless the assessor is satisfied that any outstanding investigations or plans are not material to the request to transfer the home and do not jeopardize the safety of any children who are or may be placed in the home.

If there are foster children currently placed in the home, all custodial agencies must approve of the transfer of the foster home, as evidenced by the custodial agency signature(s) on the JFS 01334 "Notification of Transfer of a Foster Home". If the custodial agency does not agree to the transfer

while a child in its custody is placed in the home, the transfer shall not take place until that child is no longer placed in the home. No child shall be removed from a foster caregiver's home solely because the caregiver has requested a transfer from one agency to another.

If a transfer request of a foster home is pending within ninety days immediately prior to the expiration of the certificate, the current recommending agency and the receiving agency may determine through mutual agreement which agency will conduct the recertification of the foster home. If there is no agreement between the agencies, the current recommending agency shall be responsible for completing the recertification of the home. The assessor shall complete the transfer assessment within sixty days of the date the complete record was received from the current recommending agency. If the transfer assessment cannot be completed in that timeframe, the assessor shall document the reason(s) in the record.

Upon the completion of the assessment, the assessor shall make a final recommendation regarding the transfer and document that decision in the receiving agency's record. Written notice of the decision shall be given to the foster caregiver and the recommending agency within five working days of the date the decision was made. The decision to approve or reject the transfer request rests solely with the receiving agency, subject to the approval of ODJFS and the custodial agency of any foster child(ren) placed in the home. Nothing in this rule shall be construed to require an agency to accept the transfer of a foster home from another agency. The rejection of a transfer creates no right of appeal pursuant to Chapter 119. of the Revised Code for any party of the transfer request.

If the decision is to deny the transfer request, all information contained in the copy of the caregiver's record from the current recommending agency, as well as any information gathered during the transfer assessment, including the written recommendation to deny the request, shall be maintained by the agency for at least two years.

If the decision is to approve the transfer request, all information contained in the copy of the caregiver's record from the current recommending agency, as well as any information gathered during the transfer assessment shall be incorporated into the receiving agency's foster care provider record. The certificate shall be effective from the date of transfer until the end of the current certification period. If the foster caregiver is upgrading the type of foster care the home will provide, the caregiver shall begin a new two-year certification span starting on the date of transfer due to the increased training requirements. The transfer of a foster home to a receiving agency has the effect of conferring upon the receiving agency all the duties of a recommending agency contained in Chapter 5101:2-5 of the Administrative Code. Prior to or not later than thirty days after a transfer request has been processed by ODJFS, the receiving agency shall provide an orientation to the foster caregiver of the agency's foster care policies and procedures. Upon receipt of a signed release of information form, an agency shall release a copy of a foster care homestudy to an adoption agency when the foster caregiver is being considered as an adoptive parent.

Foster Caregiver Liability and Responsibility

- A. Liability insurance and compensation for damages done by foster children are the responsibility of the agency or parent who has legal custody of the foster child.

- B. Legal representation, legal fees, counseling or legal advocacy for foster caregivers for matters directly related to the proper performance of their roles shall be the responsibility of the foster caregiver.
- C. Allegations of abuse or neglect involving a child living in a foster home will be reported to and investigated by the public children services agency in the county in which the foster family resides. NOAS will notify the custodial agency or parent of the alleged incident of abuse or neglect.
- D. A foster caregiver shall notify NOAS within one hour of gaining knowledge of a serious injury or illness involving medical treatment of a foster child, the death of a foster child, the unauthorized absence of a foster child from the home, the removal or attempted removal of a foster child from the home by any person or agency other than the placing agency or any involvement of a foster child with law enforcement authorities. NOAS will then immediately notify the child's custodial agency by phone when gaining knowledge that any of these incidents have occurred.

Reimbursement Policy

A. Rates

- 1. Day of Care Rate: \$30.00/Day
- 2. Respite: Same as respite provider's normal day of care rate
- 3. Preplacement Training: \$10.00 per hour for the first 36 hours of preplacement training. This payment will be made after the foster caregiver has received his/her foster care certificate.
- 4. Continuing Training: \$10.00 per hour for the first 60 hours of continuing classroom training in the two-year certification span. Foster caregivers will not be paid for training received from books, videos, etc.

B. Requirements

Requirements which are covered in the treatment foster caregiver's per diem:

- 1. Attend cluster meetings: provide expertise and share with all other treatment foster caregivers.
- 2. Attend routine school conferences; liaison with the school and develop relationships. (Up to four school conferences per child per year are considered routine.)
- 3. Attend routine medical appointments; coordinate medical care. (Up to two medical appointments per child per month are considered routine.)
- 4. Attend school events; support the child's academic and social development.
- 5. Attend and participate in counseling sessions as needed. (Up to one session per child or sibling group per week is considered routine.)
- 6. Attend treatment team meetings and implement the child's service plan.
- 7. Maintain a written record of the behavior and progress towards achieving treatment goals as identified in the child's service plan.
- 8. Attend "Individualized Education Plan" meetings at school.
- 9. Attend psychological evaluations/assessments where treatment foster caregiver input is required.
- 10. Attend conferences with county agencies as required.
- 11. Attend an initial meeting with the child at the county agency or other meeting place.
- 12. Have contact with birth parents and adoptive parents as needed.

C. Treatment Foster Caregiver Pays For (Out of Per Diem)

1. Haircuts
2. School supplies (e.g., paper, pencils, scissors, erasers, etc.)
3. Routine mileage
4. Personal supplies (e.g., shampoo, deodorant, etc.)
5. Laundry, dry cleaning
6. Entertainment
7. School field trips up to \$10.00
8. Preparation of own home for placement (e.g., beds, well test, fire extinguishers, etc.) unless special items/equipment are needed for a child.

D. Mileage Reimbursement

Transportation of foster children to and from school, recreational activities, church, sporting events, shopping, counseling, medical, etc. are considered part of the daily routine of any family and are not a reimbursable expense.

Mileage expenses for reunification visitation, sibling visitation, and extraordinary medical/dental/mental health appointments that are **more than 50 miles round trip** will be reimbursed at the rate of \$ 0.35 per mile. Mileage must be logged on the Northeast Ohio Adoption Services Foster Care Monthly Mileage form and submitted *no later than 60 days* after the event. Mileage submitted later than 60 days after the event, will not be reimbursed.

E. Custodial Agency Might Pay for (Depending on Their Policy)

The following is a listing of the types of items that custodial agencies sometimes pay for (each custodial agency differs in what they pay for and in the amount they will pay):

1. School fees (e.g., lab fees, home economics fees, shop fees, etc.)
2. Senior expenses (e.g., pictures, cap & gown, class ring, prom attire, etc.)
3. Field trips over \$10 (perhaps negotiated with the child paying part)
4. Camps
5. Clothing
6. Accidental damages (county agency is liable); Purposeful damages (child earns restitution)
7. School pictures (other than Seniors) up to \$10 per year.
8. Mileage beyond routine.

F. Reimbursement for Expenses Due to Extraordinary Circumstances

Reimbursement for expenses due to extraordinary circumstances will be determined on a case- by-case basis by NOAS administration in conjunction with the county agency.

G. Birth Family Visits or Preplacement Visits for Adoption by Foster Child

Treatment foster families will receive full payment of their days of care rate for all birth family visits or preplacement visits for adoption by the foster child lasting three days or less.

H. Runaways

When a foster child runs away, the treatment foster family will continue to receive their current day of care rate for the first 3-14 days that the child has run away if the plan is for the child to return to the treatment foster family. The number of days paid is determined by the NOAS contract with the custodial agency.

I. Detention

When a foster child is held in a detention facility, the treatment foster family will continue to receive their current day of care rate for the first 3-14 days that the child is being held in the facility if the plan is for the child to return to the treatment foster family upon discharge. The number of days paid is determined by the NOAS contract with the custodial agency.

J. Hospitalization

When a foster child is hospitalized, the treatment foster family will continue to receive their current day of care rate for the first 3-14 days that the child is hospitalized if the plan is for the child to return to the treatment foster family upon discharge and if the treatment foster caregiver visits the child regularly. The number of days paid is determined by the NOAS contract with the custodial agency.

It is expected that a treatment foster caregiver will visit the child in the hospital daily if the child is in a local hospital for medical reasons and as often as possible if the child is not in a local hospital. If the child is hospitalized for other reasons (e.g. emotional-psychological), a treatment foster caregiver shall visit the child per the recommendations set forth in the service plan.

Non-Discrimination Requirements for Foster Care Placements

NOAS abides by the JFS 01611 "Non-discrimination Requirements for Foster Care and Adoptive Placements". A copy of the JFS 01611 is attached to this policy. Also, NOAS staff and contractors agree to abide by the Multiethnic Placement Act, 42 U.S.C. 1996(b) (1996) (MEPA) standards of conduct pursuant to rule 5101:2-33-11 of the Administrative Code. NOAS does not deny or delay any person the opportunity to become a foster or adoptive parent based on race, color, creed, religion, ethnicity, geographic location, national origin, handicap, gender, sexual orientation, gender identity, gender expression or age of the child or the parent(s). NOAS does not delay or deny the placement of a child for adoption or in foster care on the basis of race, color, creed, religion, ethnicity, national origin, handicap, gender, sexual orientation, gender identity, gender expression or age of the child or the parent(s). NOAS does not discriminate in approving or disapproving a homestudy or homestudy update on the basis of disability in violation of section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794 (7/2014) and of Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. 1201 (8/1981).

Procedure for Complaints of Alleged Discriminatory Acts, Policies or Practices in the Foster Care Process that Involve Race, Color or National Origin (RCNO)

NOAS will provide a written notice of the procedure for any complaints of discrimination in the foster care process that involve race, color or national origin (RCNO) to all individuals inquiring about or applying to be a foster caregiver. Such notice will be provided within seven days of the individual's first contact with the agency. Any individual may file a complaint alleging a discriminatory act, policy or practice involving RCNO in the foster care process of NOAS or the

Ohio Department of Job and Family Services (ODJFS). Any person, including but not limited to, an employee or former employee of NOAS or a member of a family which has sought to become a foster caregiver, may also file a complaint alleging that he or she was intimidated, threatened, coerced, discriminated against or otherwise retaliated against in some way by NOAS 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 NOAS or ODJFS engaged in discriminatory acts, policies, or practices as it applies in the foster care process.

The complaint procedure is as follows:

- The individual filing a complaint shall use the JFS 02333 "Discrimination Complaint Form". A copy of the JFS 02333 is attached to this policy.
- The complaint shall be filed within two years of the date of occurrence of the alleged discriminatory act or two years from the date upon which the complainant learned or should have known of a discriminatory act, policy or practice.
- The complaint may be filed with any private noncustodial agency (PNA) including NOAS, public children services agency (PCSA), private child placing agency (PCPA), ODJFS or the United States Department of Health and Human Services (HHS), Office for Civil Rights (OCR).
- When a complaint alleging discrimination involving RCNO in the foster care process is received by a PNA, PCSA or PCPA, the agency shall forward the complaint to ODJFS within three working days of the receipt of the complaint.
- ODJFS shall notify the PNA, PCSA or PCPA that is the subject of the complaint within three days of their receipt of the complaint.

If NOAS is the subject of the complaint, it will 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. If NOAS is the subject of the complaint, it will cooperate fully with ODJFS during the course of the investigation and will submit any information requested by ODJFS not later than fourteen days from the date of the request, unless otherwise agreed upon. No person who has filed a complaint alleging a discriminatory act, policy or practice involving RCNO in the foster care process of NOAS or who has testified, assisted or participated in any manner in the investigation of a complaint will be intimidated, threatened, coerced, or retaliated against by any employee or contractor of NOAS or ODJFS.

NOAS will provide a written notice of the procedures for any of the complaints of discrimination in the foster care process that involve RCNO within thirty days of the effective date to all foster caregivers certified or in the process of certification on the effective date of this rule.

Forms

NOAS uses the most current version of all ODJFS forms that are mentioned in this policy.

JH/cb/3/18/03,

Approved: Board of Trustees Meeting, 3/20/03

Revised: 6/10/04; Approved: Board of Trustees Meeting, 6/10/04

Revised: 7/1/04; Approved: Board of Trustees Meeting, 7/8/04

Revised: 2/8/05; Approved: Board of Trustees Meeting, 2/10/05

Revised: 3/1/05; Approved: Board of Trustees Meeting, 4/14/05

Revised: 5/11/06; Approved: Board of Trustees Meeting, 5/11/06

Revised: 7/13/06; Approved: Board of Trustees Meeting, 7/13/06

Revised: 1/8/07; Approved: Board of Trustees Meeting, 1/11/07

Revised: 8/21/10; Approved: Board of Trustees Meeting, 8/21/08

Revised: 7/16/09; Approved: Board of Trustees Meeting, 7/16/09

Revised: 10/24/11; Approved: Board of Trustees Meeting, 11/17/11

Revised: 7/16/15; Approved: Board of Trustees Meeting, 7/16/15

Revised: 9/29/15; Approved: Board of Trustees Meeting, 11/19/15

Revised: 11/19/15; Approved: Board of Trustees Meeting, 11/19/15

Revised: 12/17/15; Approved: Board of Trustees Meeting, 2/25/16

Revised: 11/17/16; Approved: Board of Trustees Meeting, 11/17/16

Revised: 6/15/17; Approved: Board of Trustees Meeting, 6/15/17

Revised: 2/18/19; Approved: Board of Trustees Meeting, 2/21/19

APPENDIX TO “TREATMENT FOSTER CARE POLICY”
Offenses Prohibited by Rule 5101:2-5-09
of the Ohio Administrative Code

Offenses to Animals

1. R.C. 959.13 – Cruelty to Animals

Homicide

2. R.C. 2903.01 – Aggravated murder
3. R.C. 2903.02 – Murder
4. R.C. 2903.03 – Voluntary manslaughter
5. R.C. 2903.04 – Involuntary manslaughter

Assault

6. R.C. 2903.11 – Felonious assault
7. R.C. 2903.12 – Aggravated assault
8. R.C. 2903.15 – Permitting child abuse
9. R.C. 2903.13 – Assault
10. R.C. 2903.16 – Failing to provide for a functionally impaired person

Menacing

11. R.C. 2903.21 – Aggravated menacing
12. R.C. 2903.211 – Menacing by stalking
13. R.C. 2903.22 – Menacing

Patient Abuse and Neglect

14. R.C. 2903.34 – Patient abuse; Neglect

Kidnapping and Related Offenses

15. R.C. 2905.01 – Kidnapping
16. R.C. 2905.02 – Abduction
17. R.C. 2905.04 – Child stealing (as this law existed prior to July 1, 1996)
18. R.C. 2905.05 – Criminal child enticement

Sex Offenses

19. R.C. 2907.02 – Rape
20. R.C. 2907.03 – Sexual battery
21. R.C. 2907.04 – Unlawful sexual conduct with a minor
22. R.C. 2907.05 – Gross sexual imposition
23. R.C. 2907.06 – Sexual imposition
24. R.C. 2907.07 – Importuning
25. R.C. 2907.08 – Voyeurism
26. R.C. 2907.09 – Public indecency
27. R.C. 2907.12 – Felonious sexual penetration (as this former section of law existed)
28. R.C. 2907.21 – Compelling prostitution
29. R.C. 2907.22 – Promoting prostitution
30. R.C. 2907.23 – Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another
31. R.C. 2907.25 – Prostitution; after a positive HIV test
32. R.C. 2907.31 – Disseminating matter harmful to juveniles
33. R.C. 2907.32 – Pandering obscenity
34. R.C. 2907.321 – Pandering obscenity involving a minor
35. R.C. 2907.322 – Pandering sexually oriented matter involving a minor
36. R.C. 2907.323 – Illegal use of a minor in nudity-oriented material or performance

Arson

- 37. R.C. 2909.02 – Aggravated arson
- 38. R.C. 2909.03 – Arson
- 39. R.C. 2909.22 – Soliciting or providing support for act of terrorism
- 40. R.C. 2909.23 – Making terroristic threat
- 41. R.C. 2909.24 – Terrorism

Robbery and Burglary

- 42. R.C. 2911.01 – Aggravated robbery
- 43. R.C. 2911.02 – Robbery
- 44. R.C. 2911.11 – Aggravated burglary
- 45. R.C. 2911.12 – Burglary

Theft and Fraud

- 46. R.C. 2913.49 – Identity Fraud

Offenses against the Public Peace

- 47. R.C. 2917.01 – Inciting to violence
- 48. R.C. 2917.02 – Aggravated riot

Offenses against the Family

- 49. R.C. 2919.12 - Unlawful abortion
- 50. R.C. 2919.22 – Endangering children
- 51. R.C. 2919.23 – Interference with custody (that would have been a violation of R.C. 2905.04 as it existed prior to July 1, 1996 if the violation had been committed prior to that date)
- 52. R.C. 2919.24 – Contributing to unruliness of delinquency of a child
- 53. R.C. 2919.25 – Domestic violence

Weapons Control

- 54. R.C. 2923.12 – Carrying a concealed weapon
- 55. R.C. 2923.13 – Having a weapon while under disability
- 56. R.C. 2923.161 – Improperly discharging a firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function

Drug Offenses

- 57. R.C. 2925.02 – Corrupting another with drugs
- 58. R.C. 2925.03 – Trafficking in drugs
- 59. R.C. 2925.04 – Illegal manufacture of drugs or cultivation of marijuana
- 60. R.C. 2925.05 – Funding of drug or marijuana trafficking
- 61. R.C. 2925.06 – Illegal administration or distribution of anabolic steroids
- 62. R.C. 2925.11 – Possession of drugs or marijuana that is not a minor drug possession offense

Other

- 63. R.C. 2927.12 – Ethnic Intimidation
- 64. R.C. 3716.11 – Placing harmful objects in food or confection