

J. RESOURCE REGISTRATION (LICENSING) (Rev. 4/2003)

Any Resource whom a Public Children Services Agency (PCSA), a Private Child Placing Agency (PCPA) or a Private Non-Custodial Agency (PNA) will be registering as a Resource. The information is collected regardless of the FACSIS Resource status. These Resources must be registered into Micro-FACSIS by assigning the Resource a unique seven (7) digit identification number *and* collecting the required demographic information about each Resource. Once the Resource is registered in Micro-FACSIS, the demographic information must be reviewed/revised as it becomes available. Prior to entering Resource Events into Micro-FACSIS, the resource must first be registered. The Resource demographics must be entered in the Resource Registration Screen, the Resource Household Members' demographics are entered in the Members Registration Screen, the Placement information is entered in the Resource Placement Screen, and the services provided by the Resource are entered in the Resource Service Registration Screen.

RESOURCE REGISTRATION SCREEN: RESOURCE ID NUMBER, DISTRICT, COUNTY WHERE RESOURCE LOCATED, AGENT ID NUMBER, NAME, ADDRESS, CONTACT PERSON, PHONE NUMBER, EDUCATION LEVEL, RELIGION, MARITAL STATUS, AND MARITAL STATUS EFFECTIVE DATE:

Purpose: These fields document demographic information for the Resource Caregiver(s).

Usage: These fields must be entered for the Resource Caregiver(s). These fields document the Resource ID Number, the Resource District, the County Where Resource is Located, the Agent ID number, the Name, Address, Education Level, Religion, and Marital Status for each Resource Caregiver.

RESOURCE ID NUMBER

Purpose: This field documents the Resource ID number to indicate the type of Resource the agency is registering.

Usage: This field must be entered for all Resources. The Resource ID Number is a unique seven (7) digit number assigned to identify the Resource. The first two (2) digits are predefined identifying the type of Resource and the last five (5) digits are defined by the agency. This number will never change and will only be assigned only once.

Values for Resource Type:

- 01 Foster Home-Own Agency -ODJFS Licensed
- 02 Foster Home-Other Agency -ODJFS Licensed
- 03 Foster Home-DYS Licensed
- 04 Foster Home-MR/DD Licensed
- 05 Foster Home-MH Licensed
- 10 Relative Home-Non Paid
- 11 Non Relative Home-Non Paid
- 20 Group Home-ODJFS Licensed
- 21 Group Home-DYS Licensed
- 22 Group Home-MR/DD Licensed
- 23 Group Home-MH Licensed
- 30 CRC-Licensed Public
- 31 CRC-Licensed Private
- 32 CRC-DYS Licensed
- 33 CRC-MR/DD Licensed
- 34 CRC-MH Licensed
- 40 Adoptive Home-Own Agency
- 41 Adoptive Home-Other Agency
- 50 Detention Facility
- 51 Out of State-Own Home
- 52 Independent Living
- 53 Hospital
- 54 Maternity Home
- 55 Nursing Home
- 56 Case Closing
- 60 Sibling Group

DISTRICT

Purpose: This field documents the district to whom the county reports.

Usage: This field shall be entered to document the District to whom the county reports for Own Agency Licensed Foster Homes and Adoptive Homes (Resource types 01 and 40).

Values for District

- 01 Canton District
- 02 Cincinnati District
- 03 Cleveland District
- 04 Columbus District
- 05 Toledo District

COUNTY WHERE RESOURCE IS LOCATED

Purpose: This field documents the county in Ohio in which the Resource resides.

Usage: This field shall be entered for all Resources. This is a 2-digit code.

Values for County:

01 Adams	16 Coshocton	31 Hamilton	46 Logan	61 Noble	76 Stark
02 Allen	17 Crawford	32 Hancock	47 Lorain	62 Ottawa	77 Summit
03 Ashland	18 Cuyahoga	33 Hardin	48 Lucas	63 Paulding	78 Trumbull
04 Ashtabula	19 Darke	34 Harrison	49 Madison	64 Perry	79 Tuscarawas
05 Athens	20 Defiance	35 Henry	50 Mahoning	65 Pickaway	80 Union
06 Auglaize	21 Delaware	36 Highland	51 Marion	66 Pike	81 Van Wert
07 Belmont	22 Erie	37 Hocking	52 Medina	67 Portage	82 Vinton
08 Brown	23 Fairfield	38 Holmes	53 Meigs	68 Preble	83 Warren
09 Butler	24 Fayette	39 Huron	54 Mercer	69 Putnam	84 Washington
10 Carroll	25 Franklin	40 Jackson	55 Miami	70 Richland	85 Wayne
11 Champaign	26 Fulton	41 Jefferson	56 Monroe	71 Ross	86 Williams
12 Clark	27 Gallia	42 Knox	57 Montgomery	72 Sandusky	87 Wood
13 Clermont	28 Geauga	43 Lake	58 Morgan	73 Scioto	88 Wyandot
14 Clinton	29 Greene	44 Lawrence	59 Morrow	74 Seneca	
15 Columbiana	30 Guernsey	45 Licking	60 Muskingum	75 Shelby	

AGENT ID NUMBER

Purpose: This field documents the Agency licensing/approving the home.

Usage: This field must be entered to document the Agency that licensed/approved the home. This is a 3-digit code that is issued by the ODJFS Licensing Section. (PCSA's are 001 through 088 and PCPA's and PNA's are 089 and up).

RESOURCE NAME

Purpose: This field documents the Resource's first and last name.

Usage: The first name and last name of the Resource must be entered to register a Resource. The Resource's name must be recorded as it is to appear on the License. When entering the Resource name, enter the last name first, then the first names. (i.e.: Smith, Joe and Sally).

ADDRESS

Purpose: This field documents the Resource's physical address.

Usage: The complete physical address (include city, state and zip code) of the Resource is needed in order to license.

CONTACT

Purpose: This field documents a contact person in the Resource home.

Usage: This field shall be entered to document a contact person for the Resource Home.

PHONE

Purpose: This field documents the phone number of the contact person in the Resource Home.

Usage: This field shall be entered to document the phone number of the contact person in the Resource Home.

INITIAL LICENSE DATE

Purpose: This field documents the date the initial License was issued by the ODJFS Licensing Section.

Usage: This field is populated by entering Event 804: License Issued. This field cannot be edited in this screen, therefore, the date is display only. To change the license date, a new Event 804: Licensed Issued must be entered.

EXPIRATION DATE

Purpose: This field documents the expiration date of the Resource's License that appears on the Certificate.

Usage: This field is populated by entering Event 804: License Issued. This field cannot be edited in this screen, therefore, the date is display only. To change the expiration date, a new Event 804: Licensed Issued must be entered.

TYPE REQUESTED

Purpose: This field documents the specific type of license issued by the ODJFS Licensing Section indicating the type of certification for which the foster home is licensed.

Usage: This field is populated by entering Event 804: License Issued. This field cannot be edited in this screen, therefore, the type is display only. To change the type of license issued, a new Event 804: Licensed Issued must be entered.

EDUCATION LEVEL

Purpose: This field documents the Education level of the Resource Caregiver(s).

Usage: This field shall be entered for each Resource Caregiver to document their Education Level. Enter the male caregiver's Education Level first, then enter the female caregiver's Education Level second.

Values for Education Level:

- 01 Grade School
- 02 Middle School
- 03 Some High School
- 04 High School Grad (GED)
- 05 Technical Training
- 06 Some College
- 07 Associate Degree
- 08 College Degree

RELIGION

Purpose: This field documents the religion of the Resource Caregiver(s).

Usage: This field shall be entered for each Resource Caregiver to document their Religion. Enter the male caregiver's Religion first, then enter the female caregiver's Religion second.

Values for Religion:

- 01 Catholic
- 02 Jewish
- 03 Protestant
- 04 Other
- 05 None

MARITAL STATUS

Purpose: This field documents the marital status of the Resource Caregiver(s).

Usage: This field shall be entered for the Resource Caregiver(s).

Values for Marital Status:

- 01 Single

- 02 Married
- 03 Divorced
- 04 Widowed
- 05 Separated

MARITAL STATUS EFFECTIVE DATE

Purpose: This field documents the marital status effective date of the Resource Caregiver(s).

Usage: This field shall be entered for all Resources. If the Resource Caregiver is single, a Marital Effective Date does not need to be entered.
MM/DD/YYYY

RESOURCE HOUSEHOLD MEMBERS REGISTRATION SCREEN: NAME, SOCIAL SECURITY NUMBER, BIRTHDATE, SEX, RACE, ROLE:

Purpose: These fields document demographic information for each household member of the Resource, including the caregivers.

Usage: These fields shall be entered for each household member. These fields document the name, Social Security Number, Birthdate, Gender and Role of each current household member including the Caregiver(s), but excluding any foster children residing in the home. Enter the demographic information for each current household member; excluding any foster children residing in the home. The Members Registration Screens must be completed for all Resource types 01, 02, 10, 11, 40, and 41. For reporting purposes, the 1st Caregiver is always considered to be the Female Caregiver and the 2nd Caregiver is always considered the Male Caregiver. If the Resource Home is a same gender couple, it is the Agency's discretion on which Caregiver is listed as the 1st Caregiver and which is listed as the 2nd Caregiver.

NAME

Purpose: This field documents the name of the household member, not including foster children currently living in the home.

Usage: This field must be entered for each household member that is living in the home, excluding foster children at the time the

Resource is being registered. If the household members change, the Members Registration Screen must be updated to reflect the change.

SOCIAL SECURITY NUMBER

Purpose: This field documents the Social Security Numbers of each current household member living in the home, excluding any foster children.

Usage: This field must be entered for each household member that is living in the home, excluding any foster children at the time the Resource is being registered.

BIRTHDATE

Purpose: This field documents the date of birth of each household member, excluding any foster children that are living in the home.

Usage: This field must be entered for each household member that is living in the home, excluding foster children.
MM/DD/YYYY

SEX

Purpose: This field documents the gender of each household member.

Usage: This field must be entered for each household member living in the home, excluding foster children.

Values for Sex:

F Female

M Male

RACE

Purpose: This field documents the self-declared racial background of each household member. Even though a person can declare several

racial backgrounds, this field will only allow the documentation of one race per person.

Usage: This field must be entered for each household member living in the home, excluding foster children.

Values for Race:

09 American Indian/Alaskan Native

10 Asian

11 Black/African American

12 Hawaiian/Pacific Islander

13 White

14 Unable to Determine*

80 All Races (**This value is used only for documenting that all races are acceptable to a RESOURCE. This value is NEVER to be used to describe an individual client.**)

*The value, "Unable to Determine," may only be used when a child is very young or is severely disabled and no person is able to identify the child's race; or when an adult or the child (if age appropriate) refuses to identify his or her race; or when a parent, relative or guardian refuses to identify the child's race.

ROLE

Purpose: This field documents the role of each household member in relation to the other household members.

Usage: This field must be entered for each household member living in the home, excluding foster children.

Values for Role:

01 Natural Mother

02 Adoptive Mother

03 Step Mother

04 Natural Father

05 Adoptive Father

06 Step Father

07 Natural Child

08 Adopted Child

09 Step child

- 10 Grandchild
- 11 Grandparent
- 12 Other Related Adult
- 13 Other Related Child
- 14 Paramour of Caretaker
- 15 Non-Related Adult
- 16 Non-Related Child
- 99 Unknown

RESOURCE PLACEMENT REGISTRATION SCREEN: CAPACITY, MINIMUM AND MAXIMUM AGE, ACCEPTABLE SEX, AND ACCEPTABLE RACE(S):

Purpose: These fields document the demographics of the Resource Placement information.

Usage: These fields shall be entered for all Resources. Until the Resource Placement Registration Screen has been entered, a child cannot be placed into that Resource.

CAPACITY

Purpose: This field documents the number of children the Resource is willing and is licensed/approved to accept.

Usage: This field must be entered to document the total number of children the Resource is willing and able to accept. If the Resource is only willing and able to accept one child, enter 0001. If the Resource is willing and able to accept ten children, enter 0010.

MINIMUM AGE

Purpose: This field documents the minimum age the Resource is willing and able to accept as a placement.

Usage: This field must be entered to document the minimum age the Resource will accept. If the Resource is willing to accept a child under the age of one year old, then enter "00".

MAXIMUM AGE

Purpose: This field documents the maximum age the Resource is willing to accept as a placement.

Usage: This field must be entered to document the maximum age the Resource will accept.

ACCEPTABLE SEX

Purpose: This field documents the race(s) the Resource is willing to accept.

Usage: This field must be entered to document the acceptable sex the Resource is willing to accept.

Values for Acceptable Sex:

- F Female
- M Male
- D Different
- S Same
- E Either

ACCEPTABLE RACE(S)

Purpose: This field documents the Race(s) the Resource is willing to accept.

Usage: This field must be entered to document the acceptable race(s) the Resource is willing to accept. Enter all race types that apply.

Values for Race:

- 09 American Indian/Alaskan Native
- 10 Asian
- 11 Black/African American

- 12 Hawaiian/Pacific Islander
- 13 White
- 14 Unable to Determine*
- 80 All Races (**This value is used only for documenting that all races are acceptable to a RESOURCE. This value is NEVER to be used to describe an individual client).**

*The value, "Unable to Determine," may only be used when a child is very young or is severely disabled and no person is able to identify the child's race; or when an adult or the child (if age appropriate) refuses to identify his or her race; or when a parent, relative or guardian refuses to identify the child's race.

RESOURCE SERVICES REGISTRATION SCREEN: SERVICE TYPE, PHYSICAL/MENTAL/EMOTIONAL ASSESSMENT LEVEL, AND EXCLUDING CHARACTERISTICS:

Purpose: These fields document the specific type of service the Resource is willing and able to accept.

Usage: These fields are entered for every Resource to document the specific type of service the Resource is both willing and able to accept.

SERVICE TYPE

Purpose: This field documents the specific type of service the Resource is willing and able to provide.

Usage: This field shall be entered for all Resources.

Values for Service Type:

- 01 Substitute Care Placement
- 02 Adoptive Placement
- 03 Special Needs Care
- 04 Exceptional Needs Care
- 05 Legal Risk

- 06 Medical Apparatus
- 07 Accessibility
- 08 Signing
- 09 Emergency Placement
- 10 Transportation
- 11 Drug Exposed
- 60 Sibling Groups

PHYSICAL ASSESSMENT LEVEL

Purpose: This field documents the specific physical assessment level of the child the Resource is willing to accept for each identified service type the Resource will provide.

Usage: This field shall be entered for the specific physical assessment level of the child the Resource is willing to accept for each identified service type the Resource will provide.

Values for Physical Assessment Level:

- 01 Physical None
- 02 Physical Moderate
- 03 Physical Severe

MENTAL ASSESSMENT LEVEL

Purpose: This field documents the specific mental assessment level of the child the Resource is willing to accept for each identified service type the Resource will provide.

Usage: This field shall be entered for the specific mental assessment level of the child the Resource is willing to accept for each identified service type the Resource will provide.

Values for Mental Assessment Level:

- 01 Mental None
- 02 Mental Moderate

03 Mental Severe

EMOTIONAL ASSESSMENT LEVEL

Purpose: This field documents the specific emotional assessment level of the child the Resource is willing to accept for each identified service type the Resource will provide.

Usage: This field shall be entered for the specific emotional assessment level of the child the Resource is willing to accept for each identified service type the Resource will provide.

Values for Emotional Assessment Level:

- 01 Emotional None
- 02 Emotional Moderate
- 03 Emotional Severe

EXCLUDING CHARACTERISTICS:

Purpose: These fields document the child's characteristic(s) the Resource is *not* willing to accept for each service type indicated.

Usage: These fields must be entered if there is any child characteristic the Resource is *not* willing to accept for each service type identified. A **clinical diagnosis** by a "qualified professional" of the child's characteristic(s) must be completed for all values that are in **bold**. A "qualified professional" includes a licensed medical doctor, psychiatrist, licensed psychologist and certified chemical dependency counselor; **it does not include caseworkers**. The Resource may wish to exclude more than six characteristics, however, only six characteristics can be entered. If the Resource is willing to accept any child characteristic, enter value 97- Not Applicable.

Values for Client Characteristics:

01 AIDS	21 Hydrocephaly	41 Drug Exposed	71 Alcohol Abuse (Child)
02 Allergies	22 Juvenile Diabetes	42 Alcohol Involvement	72 Drug Abuse (Child)
03 Attention Deficit Disorder	23 Learning Disabilities	43 Drug Involvement	80 Chronic Runaway
04 Autism	24 Macrocephaly/Microcephaly	44 Alcohol Addiction	81 Firesetting
05 Blind	25 Missing Limbs	45 Drug Addiction	82 Lying
06 Cerebral Palsy	26 Muscular Dystrophy	46 Gang Involvement	83 Physically Agressive
07 Cleft Lip and Palate	27 Neurological Problems	47 Prior Unruly Adjudication	84 Self-Abusive
08 Cystic Fibrosis	28 Non-Ambulatory	48 Prior Delinquent Adjud	85 Sexually Active
09 Deaf	29 Physically Abused	49 Previously Incarcerated	86 Stealing
10 Developmentally Delayed	30 Pregnant	50 Incarcerated	97 Not Applicable
11 Diabetes	31 Seizures	51 On Parole	
12 Down's Syndrome	32 Mental Retardation	52 On Probation	
13 Emotional/Behavioral	33 Sexually Abused	53 Sexual Offender (Juvenile)	
14 Encopriasis/Enuresis	34 Sickle Cell Disease	54 Fetal Alcohol Effected	
15 Epilepsy	35 Sickle Cell Trait	55 Bi-Polar Disorder	
16 Failure to Thrive	36 Speech Problems	56 Juvenile Schizophrenia	
17 Fetal Alcohol Syndrome	37 Spina Bifida	57 Reactive Attchmt Disorder	
18 Hemophilia	38 Tuberos Sclerosis	58 Mental Health/Birth Family	
19 Herpes Simplex II	39 Visually Impaired/Not Blind	59 Limited English Proficiency	
20 Hearing Impaired/Not Deaf	40 HIV	70 Other Medically Diag Con	

The events in this section reflect the activities necessary to license and track the status of an Agency's foster homes.

EVENT 800: COMPLETED APPLICATION RECEIVED

- Purpose:** This Resource Event documents the receipt of a completed Application for Child Placement Form (JFS 01691). At this time the home study process may begin.
- Usage:** This Resource Event is entered when the Agency has received a completed Application for Child Placement Form (JFS 01691) from a potential foster parent. Once this Event is entered, the **FACIS Resource Status** will reflect *pending*. This event **must** be entered to receive a license.
- Event Date:** The event date is the date the Agency receives the application.
- Elements:** Not Applicable.
- Connectedness:** None.

EVENT 820: CRIMINAL BACKGROUND CHECK

- Purpose:** This Resource Event documents the completion and outcome of a Bureau of Criminal Identification and Investigation (BCII) Criminal Background Check.
- Usage:** This Resource Event shall be completed on each Foster Caregiver and Adoptive applicant. This event shall be entered for all household members 18 years of age and older as part of the Foster Caregiver Certification process and Adoption Homestudy.
- Event Date:** The event date shall be the date of the BCII stamp on the BCII Fingerprint card.
- Elements:** Elements for Event 820: Criminal Background Check are (1) Date Card Mailed, (2) Check Conducted On Whom, (3) Response, (4) Rehabilitated and (5) 5 Year Residency in Ohio.
1. Date Card Mailed: This is the date the Agency initially mailed the fingerprint card to BCII or the date of the electronic submission on Web Check.
MM/DD/YYYY

2. Check Conducted On Whom:

Values for Check Conducted On Whom:

- 01 Applicant # 1
- 02 Applicant # 2
- 03 Other Adult 18 and over
- 04 Child age 12 and older

3. Response:

Values for Response:

- 01 Prohibitive
- 02 Not Prohibitive
- 03 No Criminal Record

4. Rehabilitated:

Values for Rehabilitated:

- 01 Yes
- 02 No
- 97 Not Applicable

5. 5 Year Residency in Ohio: This element tracks if the individual has resided in Ohio for five consecutive years.

Values for 5 Year Residency in Ohio:

- 01 Yes
- 02 No

Connectedness: If an individual identified in this event has not resided in Ohio for five consecutive years, then assure that an FBI Background Check has been completed and Event 822 FBI Background Check has been entered.

EVENT 822: FBI BACKGROUND CHECK

Purpose: This Resource Event documents the completion and outcome of a Federal Bureau of Investigation (FBI) Background Check.

Usage: This Resource Event shall be completed on each Foster Caregiver and Adoptive applicant who has not resided in Ohio for five

consecutive years. This event can be entered multiple times to document that an FBI check has been completed on the required residents of the home or family.

This Resource Event shall additionally be completed on all household members 18 years of age and older who have not resided in Ohio for five consecutive years.

Event Date: The event date is the date that the FBI stamps the FBI card or letter.

Elements: Elements for Event 822: FBI Background Check are (1) Date Card Mailed, (2) Check Conducted On Whom, (3) Response and (4) Rehabilitated.

1. Date Card Mailed:

MM/DD/YYYY

2. Check Conducted On Whom:

Values for Check Conducted On Whom:

- 01 Applicant # 1
- 02 Applicant # 2
- 03 Other Adult 18 and over
- 04 Child age 12 and older

3. Response:

Values for Response:

- 01 Prohibitive
- 02 Not Prohibitive
- 03 No Criminal Record

4. Rehabilitated:

Values for Rehabilitated:

- 01 Yes
- 02 No
- 97 Not Applicable

Connectedness: If in Event 820: Criminal Background Check, value 02-Yes, was entered in the element for Five (5) Year Residency in Ohio, then this event must be entered.

EVENT 850: LOCAL EDUCATIONAL AGENCIES

Purpose: This Resource Event documents the Ohio County and Local Educational Agencies (LEA) in which the resource resides.

Usage: This Resource Event shall be entered at the initial registration of the resource into Micro-FACSIS and each time the resource has a change of address where the address is in a different county or a different school district.

Event Date: The event date is the date that the resource was licensed or the date that the resource moved to a new address.

Elements: Elements for Event 850: Local Educational Agencies are (1) Local Educational Agencies Federal Code and (2) Resource County Code.

1. Local Educational Agencies Federal Code: The five digit federal LEA Code within the Federal LEA Code manual should be entered.
2. Resource County Code: This is the two digit county code.

Connectedness: None.

EVENT 812: FOSTER CAREGIVER/ADOPTIVE PARENT FAMILY STRUCTURE

Purpose: This Resource Event documents the family structure of the people responsible for the physical care and supervision of the foster child placed within their home.

Usage: This event **must** be completed for each resource with resource codes: 01, 02, 03, 04, 05, 06, 10, 11, 40, and 41. (This includes placing the child with a relative when the Agency has custody). This event is **not** completed if a child is placed in a Group Home, Child Resident Center, or Institution.

- Event Date:** The event date is the date the information is entered.
- Elements:** Element for Event 812: Foster Caregiver/Adoptive Parent Family Structure is (1) Foster/Adoptive Family Structure.
1. Foster/Adoptive Family Structure: The structure of the family foster home the child is placed.
Values for Foster/Adoptive Family Structure:
 - 01 Married Couple
 - 02 Unmarried Couple
 - 03 Single Female
 - 04 Single Male
- Connectedness:** If this event has value 01- Married Couple or 02-Unmarried Couple then Event 818: Second Foster Caregiver/Adoptive Parent Demographics **must** be entered.

EVENT 814: FIRST FOSTER CAREGIVER/ADOPTIVE PARENT DEMOGRAPHICS

- Purpose:** This Resource Event documents the First Foster Caregiver/Adoptive Parent on all resources identified in Event 812: Foster Caregiver/Adoptive Parent Family Structure.
- Usage:** This event **must** be completed for each resource with resource codes: 01, 02, 03, 04, 05, 06, 10, 11, 40, and 41. (This includes placing the child with a relative when the Agency has custody). This event is **not** completed if a child is placed in a Group Home, Child Resident Center, or Institution. If Event 812: Foster Caregiver/Adoptive Parent Family Structure has a value 01-Married Couple or 02-Unmarried Couple; the First Foster Caregiver/Adoptive Parent is always considered, for reporting purposes, to be the female and the date of birth, race and ethnicity elements refer to her.
- Event Date:** The event date is the date the information is entered.
- Elements:** Elements for Event 814: First Foster Caregiver/Adoptive Parent Demographics are (1) Date of Birth, (2) Race, and (3) Ethnicity.
1. Date of Birth: The First Foster Caregiver/Adoptive Parent's date of birth.
MM/DD/YYYY

2. **Race:** The self-declared racial background of the caregiver.

Values for Race:

09 American Indian/Alaskan Native

10 Asian

11 Black/African American

12 Hawaiian/Pacific Islander

13 White

14 Unable to Determine (Not to be used for the caregiver. The resource must identify their race).

80 All Races **(This value is used only for documenting that all races are acceptable to a RESOURCE. This value is NEVER to be used to describe an individual client).**

3. **Ethnicity:** The ethnic background of the caregiver.

Values for Ethnicity:

01 Hispanic

02 Non-Hispanic

Connectedness: If Event 812: Foster Caregiver/Adoptive Parent Family Structure has a value 03 - Single Female or value 04 - Single Male, **do not** complete Event 818: Second Foster Caregiver/Adoptive Parent Demographics.

EVENT 818: SECOND FOSTER CAREGIVER/ADOPTIVE PARENT DEMOGRAPHICS

Purpose: This Resource Event documents the Second Foster Caregiver/Adoptive Parent on all resources identified in Event 812: Foster Caregiver/Adoptive Parent Family Structure.

Usage: This event **must** be completed for each resource with resource codes: 01, 02, 03, 04, 05, 06, 10, 11, 40, and 41. (This includes placing the child with a relative when the Agency has custody). This event is **not** completed if a child is placed in a Group Home, Child Resident Center, or Institution. If Event 812: Foster Caregiver/Adoptive Parent Family Structure has a value 01-Married Couple or value 02-Unmarried Couple, the Second Foster Caregiver/Adoptive Parent is always the male in the household.

Event Date: The event date is the date the information is entered.

Elements: Elements for Event 818: Second Foster Caregiver/Adoptive Parent Demographics are (1) Date of Birth, (2) Race, and (3)

Ethnicity.

1. Date of Birth: Second Foster Caregiver/Adoptive Parent's date of birth.
MM/DD/YYYY

2. Race: The self-declared racial background of the caregiver.

Values for Race:

09 American Indian/Alaskan Native

10 Asian

11 Black/African American

12 Hawaiian/Pacific Islander

13 White

14 Unable to Determine (Not to be used for the caregiver. The resource must identify their race).

80 All Races (**This value is used only for documenting that all races are acceptable to a RESOURCE. This value is NEVER to be used to describe an individual client**).

3. Ethnicity: The ethnic background of the caregiver.

Values for Ethnicity:

01 Hispanic

02 Non-Hispanic

Connectedness: If Event 812: Foster Caregiver/Adoptive Parent Family Structure has value 01- Married Couple or 02-Unmarried Couple then this event must be entered.

EVENT 808: APPLICATION DENIAL/WITHDRAWAL

Purpose: This Resource Event documents the Agency has recommended to deny a completed initial application based on specific rule noncompliance, **or** a decision by an applicant to voluntarily withdraw their application from consideration **prior** to the issuance of the initial license.

Usage: This Resource Event is entered after the home study has been completed and the Agency has rejected the foster home application due to a specific rule noncompliance. If this event is entered, the **FACIS Resource Status** is reflected as *rejected*.

Event Date: The event date is the date the Agency has made the decision for rejection or the date of the applicant'(s) withdrawal.

Elements: Elements for Event 808: Application Denial/Withdrawal are (1) Reason and (2-6) Rule Number.

1. Reason: The reason the application process has been stopped.

Values for Reason:

- 01 Denied
- 02 Withdrawn

- 2-6. Rule Number: The rule(s) that have been "waived" at the time the license was issued. This element must be entered five (5) times. If less than five rules are waived, then enter XX to ensure a total of five values has been entered.

Values for Rule Number:

- 01 Definition
- 03 Initial Application
- 05 Assessment Initial App
- 07 Recommend/Deny IINT App
- 09 FF Certificate
- 11 FF Recent Procedures
- 13 Denial of Decertification
- 15 Revocation of FF Cert
- 17 Voluntary Termination
- 19 Waivers
- 21 Cause for Denial
- 23 Required Agency Policies
- 25 Change in Household
- 27 Sharing/Transfer FF
- 29 OAC Limits and Access
- 31 Care Agreement Required
- 33 Info to Foster Caregiver
- 35 Orientation and Training
- 37 Maintain Comp w/Rules
- 39 Occupancy Limits
- 41 Requirements to Certify

- 43 Site Safety Requirements
- 45 Required Notification
- 47 Records and Confidential
- 49 Sleeping Arrangements
- 51 Meals
- 53 Health Services
- 57 Care Supr. Discipline
- 59 Care of Child (less than 2 years of age)
- 61 Transportation
- 63 Household Tasks
- 65 Socialize and Educ
- 67 Care and Treatment Team
- 69 Training
- XX Not Applicable

Connectedness: None.

EVENT 804: LICENSE ISSUED

Purpose: This Resource Event documents a certificate has been issued.

Usage: This Resource Event is entered when the Agency receives a certificate from the State for an initial certificate or a recertification of a foster home. Once this Event is entered, the **FACIS Resource Status** changes from *pending* to *active*. To activate the Resource on the County database, enter Event 861: Active Resource (county defined values). Once the Event 861: Active Resource is entered, the **County Resource Status** will reflect *active*.

Event Date: The Event date is the effective date on the license.

Elements: Elements for Event 804: License Issued are (1) Type of License, (2) Effective Date and (3) Expiration Date.

1. Type of License: The specific type of license received. Identifies the type of license/certification for which the foster home is licensed/certified.

Values for Type of License:

- 01 Temporary (Historical)
- 02 Family Foster Home (Renamed from Regular)
- 03 Treatment Foster Home
- 04 Medically Fragile Foster Home
- 05 Pre Adoptive Infant Foster Home

2. Effective Date: The actual effective date of the license or amendment to a current license. This date is determined by the Bureau of Children and Adult Protection, Placement Section. In most cases, this date will not be more than five (5) calendar days prior to the date the Recommendation for Certification/Decertification of a Family Foster Home Form (JFS 01317) is received by the Licensing Section on a new application.

MM/DD/YYYY

If the case is a transfer, the effective date is the recommended effective date of transfer taken from the Recommendation for Transfer of a Family Foster Home Form (JFS 01334).

3. Expiration Date: The actual date on which the license expires, which cannot be more than two years from the effective date.

MM/DD/YYYY

If the case is a transfer, the Expiration Date will be the original expiration date from the transferring Agency.

Connectedness: None.

EVENT 806: LICENSING RULE WAIVED

Purpose: This Resource Event documents the Agency has recommended to "waive" a specific section(s) of the rules at the time of license issuance, or any changes.

Usage: This Resource Event is entered to reflect which rules have been "waived".

Event Date: The event date is the date the Agency recommends to the State that the license that has been issued and a specific section(s) of the rules have been "waived."

Elements: Element for Event 806: Licensing Rule Waived is (1) Rule Number

1. Rule Number: The rule(s) that have been waived at the time the license was issued. This element may be used six (6) times.

Values for Rule Number:

- 01 Definition
- 03 Initial Application
- 05 Assessment Initial App
- 07 Recommend/Deny IINT App
- 09 FF Certificate
- 11 FF Recent Procedures
- 13 Denial of Decertification
- 15 Revocation of FF Cert
- 17 Voluntary Termination
- 19 Waivers
- 21 Cause for Denial
- 23 Required Agency Policies
- 25 Change in Household
- 27 Sharing/Transfer FF
- 29 OAC Limits and Access
- 31 Care Agreement Required
- 33 Info to Foster Caregiver
- 35 Orientation and Training
- 37 Maintain Comp w/Rules
- 39 Occupancy Limits
- 41 Requirements to Certify
- 43 Site Safety Requirements
- 45 Required Notification
- 47 Records and Confidential
- 49 Sleeping Arrangements
- 51 Meals
- 53 Health Services
- 57 Care Supr. Discipline
- 59 Care of Child (less than 2 years of age)

- 61 Transportation
- 63 Household Tasks
- 65 Socialize and Educ
- 67 Care and Treatment Team
- 69 Training
- XX Not Applicable

Connectedness: None.

EVENT 816: CERTIFICATE TERMINATED

Purpose: This Resource Event documents a current foster home license has been terminated.

Usage: This Resource Event is entered when a current foster home has been terminated. Once the Event 816: Certificate Terminated is entered, the **FACIS Resource Status** will reflect *closed*. To close the Resource on the County database, enter Event 867: Close Resource (county defined values). Once the Event 867: Close Resource is entered, the **County Resource Status** will reflect *closed*.

Event Date: The event date is the date of the termination.

Elements: Elements for Event 816: Certificate Terminated are (1) Reason and (2) Rule Number.

1. Reason: The reason the foster home license has been terminated.

Values for Reason:

- 01 Voluntary Withdrawal
- 02 Revoked*
- 03 Transfer to Another Agent
- 04 Miscellaneous

*Only ODJFS can revoke a license through a legal process. This event is entered once an Agency is notified that a license has been terminated through this process.

2. Rule Number: The rules that reflect the reason a certificate has been terminated. This element may be used five (5) times.

Values for Rule Number:

- 01 Definition
- 03 Initial Application
- 05 Assessment Initial App
- 07 Recommend/Deny IINT App
- 09 FF Certificate
- 11 FF Recent Procedures
- 13 Denial of Decertification
- 15 Revocation of FF Cert
- 17 Voluntary Termination
- 19 Waivers
- 21 Cause for Denial
- 23 Required Agency Policies
- 25 Change in Household
- 27 Sharing/Transfer FF
- 29 OAC Limits and Access
- 31 Care Agreement Required
- 33 Info to Foster Caregiver
- 35 Orientation and Training
- 37 Maintain Comp w/Rules
- 39 Occupancy Limits
- 41 Requirements to Certify
- 43 Site Safety Requirements
- 45 Required Notification
- 47 Records and Confidential
- 49 Sleeping Arrangements
- 51 Meals
- 53 Health Services
- 57 Care Supr. Discipline
- 59 Care of Child (less than 2 years of age)
- 61 Transportation
- 63 Household Tasks

- 65 Socialize and Educ
- 67 Care and Treatment Team
- 69 Training
- XX Not Applicable

Connectedness: None.