

In the
Supreme Court of Ohio

STATE ex rel. THE CINCINNATI	:	
ENQUIRER, A Division of The Gannett	:	
Satellite Network,	:	Case No. 06-2239
	:	
Petitioner,	:	
	:	
v.	:	
	:	
HELEN JONES-KELLEY, DIRECTOR OF	:	
OHIO DEPARTMENT OF JOB AND	:	
FAMILY SERVICES,	:	
	:	
Respondent.	:	

NOTICE OF FILING OF EVIDENCE

Helen Jones-Kelley, Director of the Ohio Department of Job and Family Services is hereby filing the original and twelve copies of the following evidence:

- Exhibit A Assessment for Child Placement (ODJFS Form 01673) – introduced during deposition of Helen Jones-Kelley at page 71

- Exhibit B Application for Child Placement (ODJFS Form 01691) – introduced during deposition of Helen Jones-Kelley at page 74

- Exhibit C Child Characteristics Checklist for Foster and/or Adoption (ODJFS Form 01673-A) – introduced during deposition of Helen Jones-Kelley at page 74

- Exhibit D Safety Audit Form (ODJFS Form 01348) – introduced during deposition of Helen Jones-Kelley at page 75.

- Exhibit E Affidavit of Terry K. Nichols

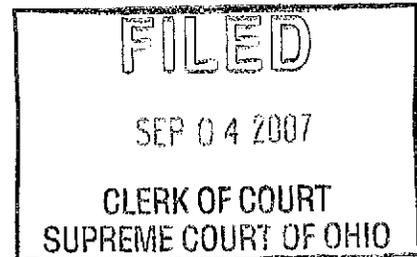
- Exhibit F Affidavit of Christy Wilson

- Exhibit G Affidavit of Roxanne Wilson

- Exhibit H Affidavit of Kathy Wielinski

- Exhibit I Affidavit of Su Drake

- Exhibit J Affidavit of Thomas M. Roelant



Respectfully submitted,

MARC DANN
Attorney General of Ohio



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Helen Jones-Kelley, Director Ohio
Department of Job and Family Services

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing Notice of Filing was served by U.S. mail this 3rd day
of September 2007 upon the following counsel:

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The Cincinnati Enquirer



Henry Appel
Senior Assistant Attorney General

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
ASSESSMENT FOR CHILD PLACEMENT
(Homestudy)**

Assessor/Social Worker:	Agency:	Phone#	Date:
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Applicant #1 Name First Middle Last (Maiden)	Applying to: <input type="checkbox"/> foster <input type="checkbox"/> adopt	Pager or cell phone #:
		Work Phone #:
		Work Fax #:

Applicant #2 Name First Middle Last (Maiden)	Applying to: <input type="checkbox"/> foster <input type="checkbox"/> adopt	Pager or cell phone #:
		Work Phone #:
		Work Fax #:

Address: Street (Apartment) City State Zip Code County

Home Telephone Number:	Home Fax Number:	Emergency Contact Name: Phone Number:
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HOUSEHOLD MEMBERS (If more than 6 people, add another sheet)

	Applicant #1	Applicant #2	Household member	Household member	Household member	Household member
Name						
Relationship to Applicant #1						
Date of Birth/Age						
Race*						
Ethnic Background*						
What Languages are spoken in the home						
School Grade Completed						
Marital Status (if Currently Married, Date of Marriage)			Directions to Home from Agency:			
Area of Specialized Education (If Applicable)						
Employer or Source of Income						
How Many Years Employed at This Job						
Occupation						
Gross Annual Income						
Days/Hours of Work (In Normal Week)						
Driver's License Number						
Social Security Number						

* for statistical purposes only



DESCRIPTION OF HOME AS IT PERTAINS TO ADOPTION OR FOSTER CARE OF CHILDREN

FLOORS APPROVED FOR SLEEPING	<input type="checkbox"/> First Floor	<input type="checkbox"/> Second Floor	<input type="checkbox"/> Third Floor (must be direct exit to outside fire escape)
	<input type="checkbox"/> Basement (must be direct exit to outside through door or window large enough for escape)		

SLEEPING ARRANGEMENTS

BEDROOM #	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): crib, single, double, bunk (If bunk, indicate upper-U, or lower-L)
1			
2			
3			
4			
5			
6			

Briefly describe family's home. Please use the following as a guide to describe the home. What type of structure is the home? Is it a single family home, two family, mobile or modular home, etc.? What type of construction is the home? Is it a frame home, brick home, block home, log home, etc? How many living levels does the home have? Does the home have a basement? Is the basement finished or unfinished? Does the home have a cellar with an outside exit only? Does the family live in an apartment? How many floors is the apartment building? Is there an elevator? If the family lives in an apartment or town home how many floors does this living unit have? Describe "livability" and general atmosphere. Describe furnishings, housekeeping, etc.

Outside Space: Check all that apply	<input type="checkbox"/> Patio	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Play Equipment
	<input type="checkbox"/> Porch	<input type="checkbox"/> Deck	<input type="checkbox"/> Shed/Barn	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Pool/Pond/Lake
	<input type="checkbox"/> Fenced and Locked Gate <input type="checkbox"/> Handicapped Accessible <input type="checkbox"/> Other: Specify:				

Comments on safety issues of areas on the outside of the home:

Does any family member smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is smoking allowed in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, List/Describe:
Do pets meet local safety requirements (vaccinations, vicious animal restrictions, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly describe the neighborhood in which the home is located. Include information regarding the type of neighborhood (rural, urban, residential, industrial, etc.), and information regarding resources such as medical facilities, churches, shopping, and recreational opportunities.

Name of school district in which home is located:		
Children placed in the home would attend the following schools:	Elementary School:	
	Address:	
	Middle School:	
	Address:	
	High School:	
	Address:	

Is any child currently residing in the applicant's home excused from school attendance due to a home education program?
 yes no

If yes, for each child, attach a copy of the public school district superintendent's form or letter excusing the child from school attendance for the current school year.

Does applicant plan to home educate any child that will be placed? yes no

If yes, for any foster child, permission for home education must be approved by child's custodial agency. If applicant plans to home educate any child or children that will be placed, the narrative must include a description of the home education program (see Page 4 of the JFS 01673I Instructions for Assessment Narrative for details).

Does applicant operate a business from the residence? Yes No

If yes: Is business Child Day Care? Yes No Is business Adult Day Care or Rooming House? Yes No

If other than child or adult day care or rooming house, describe type of business

If applicable, describe impact of home business on Foster/Adopt plan:

TRANSPORTATION

Vehicles: One Car Two Cars Truck Van Recreation Vehicle Motorcycle Other (specify)

Are vehicles in running condition? Yes No If no, explain:

Was proof of insurance provided for all operational vehicles? Yes No Name of Insurance Company:

Does family have infant car seat(s)? Yes No Will Obtain Does family have toddler car seat(s)? Yes No Will Obtain

Is the residence on a city bus line? Yes No If yes, distance to nearest bus stop:

Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line:

MILITARY HISTORY

For any household member with military history please complete the following:

Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other

Explain if other than honorable discharge:

CRIMINAL HISTORY (required for all household members)

Does any adult household member have a criminal history? Yes No If yes, please list:

Name	Type of Offense	City and State	Approximate Date of Conviction	Sentence

Has any household member been arrested or convicted of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)? Yes No If yes, complete the following:

Name	# of Arrests	# of Convictions	Approx. Date of Last Conviction	City & State of Last Conviction	On Probation?	License Suspended or Revoked?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any minor in the household been adjudicated as a juvenile delinquent? Yes No If yes, please list:

Name	Type of Offense	City and State	Approximate Date of Adjudication	Sentence

Assessor's comments re: criminal history or DUI/DWI convictions:

APPLICANT RESIDENTIAL, EMPLOYMENT AND MARITAL HISTORY

		Applicant #1	Applicant #2
Residential History			
Has the applicant been an Ohio resident for the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	How verified:		How verified:
List residences for the last 10 years:			
Date moved to current address:			
Previous address (city/state):			
Date moved to this address:			
Previous address (city/state):			
Date moved to this address:			
Previous address (city/state):			
Date moved to this address:			

Employment History			
List applicant's employer(s) for the last 10 yrs.			
Current employer:			
Job title/occupation:			
Date of employment:			
Previous employer:			
Job title:			
Dates of employment:			
Previous employer:			
Job title:			
Dates of employment:			
Previous employer:			
Job title:			
Dates of employment:			

Previous Marriage/Relationship History			
Previous marriage/significant relationship to:			
Date of marriage/relationship began:			
Date of separation:			
Date of legal termination:			
Previous marriage/significant relationship to:			
Date of marriage/relationship began:			
Date of separation:			
Date of legal termination:			

**RELATIONSHIP BETWEEN APPLICANT #1 AND APPLICANT #2
(Or, for single applicant, relationship with significant other, if applicable)**

If Applicant #1 is involved in a relationship with a spouse or domestic partner, or if the applicant is significantly involved with another adult, describe the nature of the relationship between these persons. Describe the characteristics of the relationship now and in the past, as well as the likely impact on the foster/adopt plan.

RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS

Describe applicant(s) spiritual beliefs, values, and practices and how these will impact the foster/adopt plan.

CHILDREN RESIDING IN THE HOME

Name	Relationship to Applicant #1	Relationship to Applicant #2	Date Entered Household

If any child listed above is not a permanent member of the household, please note child's name and when (date) they may be leaving:

Describe each child's characteristics, including physical description, personality, educational situation and health. Describe child's attitude toward foster/adopt plan and how such placements are likely to impact the child.

ABSENT OR PART-TIME CHILDREN

If applicant's children live outside the home or only visit, discuss why children are absent or part-time, other parties involved, how this situation is now handled and how the situation will be impacted by foster care or adoption.

NON-APPLICANT ADULTS IN THE HOME

(Complete for each non-applicant adult member of the household)

Name:	Relationship to applicant(s):
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Date when entered household:

Is this person considered a permanent member of the household? Yes No

If no, state estimated date this person may be leaving the household:

Please describe this adult's general characteristics, including why he/she is living in the household and what his/her role will be regarding the foster/adopt child(ren).

FAMILY FINANCES

(attach JFS 01681 Applicant Financial Statement)

Summarize applicant's financial situation and how this will impact the foster/adopt plan.

ATTITUDES AND BELIEFS REGARDING FOSTER CARE/ADOPTION ISSUES

Describe the applicant's ability to meet the special challenges of foster care and/or adoption, including birth parent issues, issues related to commitment and teamwork and his/her ability to work within the guidelines of the child welfare system.

Narrative

Categories 1-12 should be fully explored for each applicant. Use as much space as needed for each category, adding more sheets if needed. When there are two applicants, the writer has the option of:

A) Completing Categories 1-12 for Applicant #1, then completing Categories 1-12 for Applicant #2, OR

B) Under each of the 12 categories, give information about Applicant #1 and #2.

(If option "B" is selected, please make sure that each person remains distinct; that the reader has a clear idea of each applicant as an individual, as well as part of a parenting team.)

You may want to use questions listed in the JFS 01673 User's Guide to assure each category is fully explored

- 1) Describe each applicant's appearance and general personality.
- 2) Summarize applicant's personal history.
- 3) Describe evidence of personal and emotional maturity.
- 4) Describe applicant's coping skills and history of stress management.
- 5) Describe applicant's stability and quality of interpersonal relationships.
- 6) Describe the level of openness applicant has in relationships.
- 7) Describe applicant's ability to empathize with others.
- 8) Describe applicant's motivation to foster/adopt.
- 9) Describe evidence of applicant's understanding of entitlement issues.
- 10) Describe evidence of applicant's ability to make and honor commitments.
- 11) Describe applicant's parenting skills and abilities.
- 12) Describe applicant's ability and willingness to take a "hands on" approach to parenting.

ADDITIONAL ASSESSOR OBSERVATIONS

Briefly describe any additional observations about this family's situation not captured above.

APPLICANT(S) SUPPORT SYSTEM

(may choose to attach an ecomap here)

Describe applicant(s) current support system and supports available in the community. Describe how foster/adopt placement impacts and is impacted by these supports?

FAMILY STRENGTHS AND NEEDS

List below strengths and needs that have been identified by the agency and the family.

Strengths	Needs
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

Describe the plan developed with the applicant(s) to build on their strengths and to address their needs. Include such things as skill development and education.

Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to adopt and/or foster.

SUMMARY OF COLLATERAL CONTACTS AND INFORMATION

Summarize references and information from other agencies and organizations with which applicant has had contact (including other foster care or adoption agencies).

General Rule Compliance (For Foster Care or Joint Applications only)

Has agency provided prospective caregiver(s) with a copy of Chapters 5101:2-5 and 5010:2-7 of the Ohio Administrative Code? Yes No

Has agency provided prospective foster caregiver(s) with a copy or summary of the agency's foster care policies? Yes No

Has agency discussed these materials with prospective foster caregiver(s)? Yes No

Indicate if there are any rules of the department or agency policies with which the prospective foster caregiver(s) is not in compliance or cannot comply.

State the agency's rationale if requesting a waiver or variance of any rule(s).

If a waiver is recommended specify what the caregiver(s) will do to come into compliance and when compliance will be achieved.

ASSESSOR VISITS WITH APPLICANT(S)

	Date of Visit	Where visit occurred	Name(s) of those present	Date of visit	Where visit occurred	Name(s) of those present
Date Assessments Visits Completed						

ASSESSMENT PROCESS CHECKLIST

(Please note that this is a general checklist form. Not all applicants will need every block completed in order to meet approval/licensing standards. Applicants/assessments will vary in verifications, visits, etc., needed depending on individual situations.)

Date Applicant Attended Information/Orientation Meeting		
Date of Initial Assessor Contact		
Date Application Received by Agency		
Date Applicant Completed Preplacement Training (Must attach training log or complete the training log in the following table)		
For Adoption Only- Date of Training Waiver, if applicable		
Date Verified Marriage	How verified:	
Date Verified Divorce(s) (if applicable)	How verified:	
Date Verified Driver's License(s)	How verified:	
Date Safety Audit Approved by Supervisor (attach)		
Date Fire Inspection Approved by Fire Inspector (attach)		
Date of Applicant(s) Financial Statement JFS 01681 (attach)		
Date Well Water Test Completed (if using well water)	Alternative Water Plan Submitted/Approved Date:	
Date Received Reference #1	Name:	Address:
Date Received Reference #2	Name:	Address:
Date Received Reference #3	Name:	Address:
Date Received Ref. #4 (adopt. req'd)	Name:	Address:
Date Received Ref. #5 (optional)	Name:	Address:
Date Criminal Record Check(s) Received from BCII		
Date FBI Check(s) Completed (if needed)		
Date All Medical Forms (JFS 01653) Received (attach)		
Date Child Characteristics Checklist Completed by Applicant(s) at the end of assessment process (attach)		
Do any of the above listed verifications contain information that would disqualify applicant for program for which applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Do any of the above listed verifications (except the home study visits) contain information that would cause limitations/restrictions regarding the care of a foster or adopted child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
<input type="checkbox"/> Check this box if homestudy was not initiated within 30 days and explain why.		
<input type="checkbox"/> Check this box if homestudy was not completed within 180 days and explain why.		

TRAINING COMPLETED					
	List Date(s)	List Topic(s) Covered	Number of Hours	How Delivered	Successfully Completed?
Applicant #1					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant #2					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

DISPOSITION OF ADOPTION APPLICATION (if applicable)

- Adoption application denied. Reasons:
- Adoption application approved for applicant #1 and applicant #2 .

Summarize child or type of child for which approval is granted (include, at a minimum, age, gender, number of children and acceptable characteristics):

SIGNATURES

Assessor:	Date:
Supervisor:	Date:

OPTIONAL SIGNATURES

Other	Title	Date:
Other	Title	Date:

DISPOSITION OF FOSTER CARE APPLICATION (if applicable)

- Foster home certification denied. Reasons (list specific rules and attach documentation):
- Foster home certification recommended for applicant #1 and applicant #2 .

For what age, sex and number of children may this home be used?

Use either one of the boxes below, but do not use both			
Initial Determination Date:	Age Range From To	Place Number Before Gender M F	If home can accept either sex, check box <input type="checkbox"/> and enter number

List any restrictions on license, or waivers/variances to be requested:

SIGNATURES

Assessor:	Date
Supervisor:	Date

OPTIONAL SIGNATURES

Other	Title	Date
Other	Title	Date

CHANGES TO APPROVED USAGE OF HOME

Note: For each change, an addendum must be added to the narrative describing the change and indicating the caregiver(s) approval of the change.

Use either one of the boxes below, but do not use both			
Subsequent Determination Date:	Age Range From To	Place Number Before Gender M F	If home can accept either sex, check box <input type="checkbox"/> and enter number
Assessor Signature:	Supervisor Signature:	Date	

Use either one of the boxes below, but do not use both			
Subsequent Determination Date:	Age Range From To	Place Number Before Gender M F	If home can accept either sex, check box <input type="checkbox"/> and enter number
Assessor Signature:	Supervisor Signature:	Date	

Ohio Department Of Job and Family Services
APPLICATION FOR CHILD PLACEMENT

Agency use only. Assessor Name	Agency use only. Agency Name	Agency use only. Agency Phone #	Agency use only. Date Completed Application Received
Applicant #1 Name (Please Print) First Middle Last (Maiden)		Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Pager or Cell Phone # Work Phone # Work Fax #
Applicant #2 Name (Please Print) First Middle Last (Maiden)		Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Pager or Cell Phone # Work Phone # Work Fax #
Street Name & Address (Apt. or Lot #) City		State	Zip Code County

Home Telephone Number	Home Fax Number	Emergency Contact Name Telephone Number
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HOUSEHOLD MEMBERS (If more than 6 people, add another sheet)

	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Name						
Relationship to Applicant #1						
Date of Birth						
Race*						
Ethnic Background*						
School Grade Completed						
Marital Status (if currently married, date of marriage)						
Area of Specialized Education if applicable)						
Employer or Source of Income						
How long with this employer						
Occupation						
Gross Annual Income						
Days/Hours of Work (in normal work week)						
Driver's License Number						

* For statistical purposes only



CRIMINAL HISTORY

Does any household member, including juveniles 12 - 18 years of age, have a criminal history? Yes No If yes, explain below

Name	Offense	City and State	Approximate Conviction Date	Sentence

Has any household member been arrested/convicted for driving while intoxicated (DWI) or driving under the influence (DUI)?

Yes No If yes, explain below

Name	Number of Arrests	Number of Convictions	Date of Last Conviction	City/State of Last Conviction	On Probation or Parole?	License Suspended or Revoked?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SLEEPING ARRANGEMENTS (indicate where a foster or adopted child will sleep)

BEDROOM	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S) Crib, Single, Double, Bunk (If bunk, indicate upper - U or lower - L)
1			
2			
3			
4			
5			
6			

Directions to home from agency

Children placed in the home would attend the following schools

Elementary School Name	Address
Middle School or Junior High School Name	Address
Senior High School Name	Address

Name of Public School District Do you plan to home school children? Yes No

If yes, indicate whether your home school plan has been approved by the public school district. Yes No

Does any family member smoke? Yes No Is smoking allowed in the house? Yes No
 Are there any pets in the home? Yes No If yes, list/describe:
 Do pets meet local safety requirements (Vaccinations, vicious animal restrictions, etc.)? Yes No

Comments

Does applicant operate a business from the residence? Yes No Explain:
 If yes, is business child care? Yes No Is business adult day care or a rooming house? Yes No

Describe impact of home business on foster care/adoption plan:

TRANSPORTATION

VEHICLES One car Two or more cars Truck Van Recreational Vehicle Motorcycle Other

Are vehicles in operable condition? Yes No If no, explain

Are there infant car seats? Yes No Will Obtain

Are there toddler car seats? Yes No Will Obtain

Do you have proof of insurance for all vehicles? Yes No

Is the home on or within comfortable walking distance of public transportation system (bus, etc.)? Yes No

If yes, distance to nearest transit or bus stop

Describe alternative transportation plan if family does not own an operating vehicle or live on or within comfortable walking distance of a bus stop

APPLICANT, RESIDENTIAL, EMPLOYMENT AND MARITAL HISTORY (Add extra sheets if necessary)

Residential History <small>List residences for the last 10 years</small>	Applicant #1		Applicant #2	
Has the applicant been an Ohio resident for the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency use only. How verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency use only. How verified?
Date moved to current residence				
Previous address (city, state) Date moved to this address				
Previous address (city, state) Date moved to this address				
Previous address (city, state) Date moved to this address				

Employment History <small>(List applicant's Employer(s) for the last 10 years)</small>	Applicant #1	Applicant #2
Present employer Job title Length of time with present employer Previous employer Job title Dates of employment		
Previous employer Job title Dates of employment		
Previous employer Job title Dates of employment		
Marriage/Relationship History	Applicant #1	Applicant #2
Previous marriage/significant relationship to Date marriage or relationship began Date of separation Date of legal termination		
Previous marriage/significant relationship to Date marriage or relationship began Date of separation Date of legal termination		

TYPE OF CHILD WILL CONSIDER

Please tell us what type of child you are interested in fostering or adopting. Check all that apply. If you are applying to foster or adopt a specific child(ren), put his/her name(s) here

Is this child related to you by blood or marriage? Yes No If applicable, specify relationship

Age 0 - 2 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider 3 - 5 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider 6 - 8 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider 9 - 11 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider 12 - 15 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider 16 - 18 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Number of Children One <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Two <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Three or more <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Teen Parent w/ Child <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider	Race White <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Black/African American <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Asian <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider American Indian or Alaskan Native <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Ethnicity: Hispanic or Latino <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Not Hispanic or Latino <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider
Sex Male <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider Female <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider	Applicant(s) Comments

EXPERIENCE WITH CHILDREN

Have you ever been or are you currently certified as a foster caregiver in this state or any other state? Yes No
 Have you ever applied for or been approved to adopt a child in this state or any other state? Yes No

If you answered yes to either of these questions, explain here, and identify the agency involved

Some people have had previous contact with a child welfare agency. Sometimes this is a positive experience, sometimes not so positive. Please tell us about any contact either applicant has had with a child welfare agency (Children Services, Child mental health facility, community child serving agencies, etc.). Please give the name of the agency, approximate dates of contact and what the contact involved. Include both positive and negative experiences.

Check here if you have no experience with child welfare agencies

Describe your experience with children other than your own. This may include employment and/or volunteer work.

References

The state requires three non-relative references for foster care and four references (three from non-relatives) for adoption. Some agencies or local court systems require additional references. If the agency has filled in the blanks below, it or the court has requirements beyond the state rule. If the blanks below contain a number, you will need to supply that number of references. If the spaces are empty, please supply three non-relative references for foster care and four (three from non-relatives) for adoption.

of references for foster care # of references for adoption OR # of references for a combined foster care/adoption study

Reference Name	Relationship	Phone Number	Street Address	City	State	Zip Code

May we contact your employer for a reference? Applicant #1 Yes No Applicant #2 Yes No

If this box has an X in it your local agency or court *requires* an employer reference. Your application cannot proceed without permission to obtain this reference. Please provide the following information

	Supervisor's Name	Phone Number	Employer Address	City	State	Zip Code
Applicant #1						
Applicant #2						

STATEMENT OF UNDERSTANDING

I/we understand that this is an application only and additional documents will be required. This will include medical statements, criminal background check, homestudy, safety audit of your home, references, and other information or documentation requested by the agency. Failure of an applicant to provide required information or documentation or to attend required training within one year from the date the completed application is received by the agency will render this application incomplete and the agency's file on the application will be closed.

I/we agree to complete orientation and preplacement training as required by the agency.

This application does not represent a final commitment on either side. Any placement of a child will be by my/our mutual agreement.

I/we certify that the information contained in this application is accurate and complete to the best of my knowledge.

I/we understand that providing materially false information will prevent the agency from considering my/our home for placement of a child and is grounds for denial or revocation of a foster home certificate.

If there is any significant change affecting health, marital status, residence, family composition or household occupants, employment or criminal charges, I/we agree to notify the agency promptly.

I/we give permission to the agency to contact any references or agency or association for information regarding any work or involvement with the supervision of a child which I/we have done.

I/we certify that I/we have been given a copy of the rules and/or policies governing the certification of foster homes (Chapters 5101:2-5 and 5101:2-7 of the Administrative Code).

Applications for a foster home certificate cannot be accepted by agents of the Ohio Department of Job and Family Services for a residence that is licensed, regulated, operated under the direction of or otherwise certified as a facility to care for unrelated persons, by the Ohio Department of Education, a local board of education, the Ohio Department of Mental Health, a community alcohol, drug addiction and mental health services board, the Ohio Department of Mental Retardation/ Developmental Disabilities, a county board of mental retardation/developmental disabilities, the Ohio Department of Health or a juvenile court.

A person seeking to provide foster care or to adopt a minor who knowingly makes a false statement that is included in the written report of a home study conducted pursuant Section 3107.02 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A home study with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records.

Applicant Name (please print)	Signature	Date
Applicant #1		
Applicant #2		

Please tell us how you were referred to this agency.

Note: Completion of this form is required in order for this agency to carry out its obligations under Chapters 5101:2-5, 5101:2-7, and/or 5101:2-48 of the Ohio Administrative Code. Your application cannot be processed unless this form is completed in its entirety.

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

Note: A person seeking to provide foster care or to adopt a minor who knowingly makes a false statement that is included in the written report of a home study conducted pursuant to Section 3107.02 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A homestudy with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records.

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

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

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

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



C

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

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

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

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

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

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

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

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

Adoptive/Foster Parent Statement of Understanding

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

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

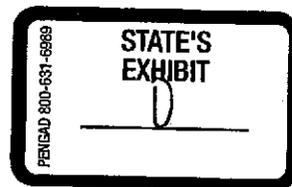
Assessor's Signature	Date
Supervisor's Signature	Date

**Ohio Department of Job and Family Services
SAFETY AUDIT OF A FOSTER HOME
Also used for adoptive homes**

Identifying information:

Name of Caregiver #1 (Last)	First	Name of Caregiver #2 (Last)	First
Street Address	City	State	Zip Code
Name of Agency		<input type="checkbox"/> Initial Certification <input type="checkbox"/> Adoptive Home	<input type="checkbox"/> Recertification <input type="checkbox"/> Relocation

1.	The home and all structures associated with the home are maintained in a clean, safe, and sanitary condition and in a reasonable state of repair. 5101:2-7-12(A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Outdoor recreation equipment on the grounds of the home is maintained in a safe state of repair. 5101:2-7-12(B)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.	Potentially hazardous outdoor areas on the grounds of or immediately adjacent to the home are reasonably safeguarded. 5101:2-7-12(C)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.	The home is adequately heated, lighted and ventilated. 5101:2-7-12(D)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Bleach, cleaning materials, other poisonous or corrosive household chemicals, flammable and combustible materials, potentially dangerous tools or utensils, and electrical equipment or machinery in or on the grounds of the home are stored in a safe manner. 5101:2-7-12(E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Firearm, air rifles, hunting slingshot or other projectile weapons kept on the grounds of or in the home are stored in an inoperative condition in a locked area inaccessible to children. 5101:2-7-12(F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.	Ammunition, arrows or projectiles for weapons are stored in a locked area separate from the weapon. 5101:2-7-12(F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.	There is reasonable access to a working telephone for emergency situations. 5101:2-7-12 (G)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Emergency telephone numbers posted: 5101:2-7-12(H) <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Squad/Rescue <input type="checkbox"/> Poison Control <input type="checkbox"/> Recommending Agency <input type="checkbox"/> Placing Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	All locking doors to any room or storage area inside the home in which a person could become confined, and from which the only other means of exit requires the use of a key, shall be able to be unlocked from either side. 5101:2-7-12(I)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Well water used for drinking and cooking shall be tested and approved by the health department prior to initial certification of the home and annually, or there is a continuous supply of safe drinking water. 5101:2-7-12(J)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	The home has working bathroom and toilet facilities located within the home and connected to an indoor plumbing system. 5101:2-7-12(K)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Garbage shall be disposed of on a regular basis. Garbage stored outside shall be in covered containers or closed bags. 5101:2-7-12(L)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	The home has a working smoke alarm approved by "Underwriter's Laboratory" on each level of occupancy. 5101:2-7-12(M)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	The home has a written evacuation plan for evacuating the home or seeking shelter in the event of fire, tornado or other disaster. 5101:2-7-12(N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	The evacuation plan contains a primary and alternate escape for each floor. 5101:2-7-12(N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	All escape routes shall be kept free of clutter and other obstructions. 5101:2-7-12(O)	<input type="checkbox"/> Yes <input type="checkbox"/> No



Also used for adoptive homes

18.	Household heating equipment is equipped with appropriate safeguards in accordance with age and functioning level of foster children in the home. 5101:2-7-12(P)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Any unvented kerosene heaters used in the home are approved by "Underwriter's Laboratory". 5101:2-7-12(Q)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20.	The home has an "Underwriter's Laboratory" approved portable fire extinguisher in working order in or near the cooking area of the home. 5101:2-7-12(R)	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Pets or domestic animals in or on the premises of the home are kept in a safe and sanitary manner in accordance with state and/or local laws. 5101:2-7-12(R)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22.	Interior and exterior stairways accessible to children are protected by child safety gates or doors according to the child's age and functioning level. 5101:2-7-12(U)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23.	Each foster child's bedroom has an outside wall window that should be screened and capable of opening and closing, unless the room has a fresh air ventilation system. 5101:2-7-05(B)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Bedrooms for foster children accommodate no more than four children. 5101:2-7-05(B)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Bedrooms for foster children provide reasonable access to an emergency exit. 5101:2-7-05(B)(6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Bedrooms for foster children are not located on a floor higher than the second floor or in a basement unless approved in writing by a fire safety inspector. 5101:2-7-05(B)(7)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27.	A bunk bed in use for a foster child is equipped with safety rails on the upper tier for a child under the age of ten years. 5101:2-7-05(F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
28.	Cribs used for children under two years of age or under 35 inches in height are full-sized, with slats no more than 2 1/4 inches apart, no decorative cutout areas on crib end panels which could entrap a child's head, locks and latches on the drop side of the crib are safe and secure from accidental release or release by the child inside the crib, the mattress is at least 1 1/2 inches thick and covered with a waterproof material not dangerous to the child and fits close enough to the frame so that there is no more than one inch between the mattress and the sides of the crib. 5101:2-7-10(A)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
29.	If a bassinet is in use, it is used only for children under 3 months of age or less than 15 pounds in weight. 5101:2-7-10(B)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30.	All vehicles used to transport foster children are covered by liability insurance in accordance with current state laws. 5101:2-7-15(A)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
31.	In accordance with the age and weight of foster children placed in the home, child restraint seats or booster seats are available for use in vehicles used to transport foster children. 5101:2-7-15 (D)(E)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Assessor and Supervisor Action: Check one or both boxes below and sign the form indicating approval or need for a fire safety inspection

- I. I certify that based on my observations of this home on this date, this home appears to be reasonably safe for placement of a foster or adoptive child(ren).
- II. Based on my observations of this home on this date, the foster caregiver will be required to secure a fire safety inspection pursuant to rules 5101:2-5-20 or 5101:2-5-24 of the Ohio Administrative Code before a decision can be made regarding recertification. Pursuant to rule 5101:2-5-30 a fire safety inspection is required within 90 days of the relocation of any foster home.

Agency Assessor Signature	Date
Supervisor Signature	Date
Date Fire Safety Inspection Was Conducted	

Note: Completion of this form is required by Chapter 5101:2-5 or Chapter 5101:2-48 of the Ohio Administrative Code.

In The
Supreme Court of Ohio

STATE ex rel. THE CINCINNATI :
ENQUIRER, A Division of the Gannett :
Satellite Network, : Case No 06-2239
 :
Petitioner, :
 :
v. :
 :
HELEN JONES-KELLEY, DIRECTOR :
OF OHIO DEPARTMENT OF JOB :
AND FAMILY SERVICES, :
 :
Respondent. :

AFFIDAVIT OF TERRY K. NICHOLS

Now comes the affiant, and having been duly sworn, states as follows:

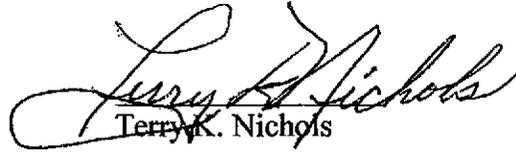
1. My name is Terry Nichols.
2. I live in Bellefontaine, Ohio and, along with my wife, I was a foster parent for twenty years.
3. In February 1995, a 17 year old girl – N.W. – moved in with my wife and me. She was placed by Logan County Children Services.
4. N.W. had been removed from her home due to sexual abuse by her stepfather, Elmer Kindle.
5. N.W.'s stepfather and mother learned somehow that N.W. was a frequent visitor at my parent's home. For many years, my family (my wife, my kids and any foster children) would eat dinner at my parent's home every Sunday.
6. Some time after N.W. moved into my home, Elmer Kindle and his wife rented the house next door to my parents' home.
7. Elmer Kindle befriended my son Matt. At the time, Matt was 17 years old.
8. During the early evening on July 15, 1995, I was sitting in a chair on the front porch of my home and was talking to N.W. Two friends were visiting us – Cheryl and Jason Hawkins – and were also sitting on the front porch.



9. Elmer Kindle approached our home. He was holding a pistol. I could see that he had bullets in the left breast pocket of his shirt.
10. Elmer Kindle ordered everyone to go into the house. He was waving the pistol towards the people on the porch when he gave this order.
11. No one made a move.
12. N.W. screamed at her step-father, "Why don't you leave me the fuck alone?"
13. I reached over and said, "It's alright baby-doll."
14. Elmer Kindle responded, "Oh, so he's the one you're sucking now."
15. Elmer Kindle reached under his shirt and pulled out a bowie knife. He told us that he was well prepared – but I do not recall his precise words.
16. Then he turned and shot through the porch swing. No one was sitting in the swing at the time.
17. My son Matt and his then-girlfriend Emily, came out of the house onto the porch and sat down.
18. Matt recognized Elmer Kindle. He greeted Elmer Kindle in a friendly matter. I believe that Matt said, "Hi, how are you?" I am not certain if these are the precise words that Matt used.
19. Elmer Kendle relaxed visibly and sat down on the stairs leading to the porch.
20. Matt and Elmer Kindle talked – making small talk. Matt never mentioned the gun or the bowie knife. Elmer Kindle smoked a cigarette. During this time, N.W. was cowering in the corner in a fetal position. She was screaming and crying.
21. When Kindle finished his cigarette, he stood up and ordered everyone off of the porch.
22. Jayson and Cheryl Hawkins ran off the porch and fled towards their car. Cheryl Hawkins stumbled and fell down the embankment in front of my home. They stayed on the sidewalk in front of my house.
23. No one else complied with Elmer Kindle's order to leave the porch.
24. Elmer Kindle looked at me and said in a firm voice, "I said, get off the porch."
25. I responded by saying "fuck you" in the meanest tone I could muster up.
26. Elmer Kindle walked up to me and put the barrel of his pistol to my forehead. He didn't say a word.

27. At this moment, two police cars pulled up in front of my house.
28. Elmer Kindle turned toward the driveway where the Hawkins' car was sitting. He put two hands on his pistol and said, "they'll never take me back there again." I am not certain if these are the precise words. But I do remember that he said "again."
29. The pistol was pointing towards the Hawkins' car.
30. One police officer was crouched behind the Hawkins' car with his pistol drawn. I later learned that this officer is named Tom Meek.
31. Elmer Kindle fired at the police officer. It was either two or three shots. These shots did not hit.
32. Officer Meek returned fire, shooting multiple times.
33. It felt like time stopped. Elmer Kindle collapsed right beside me. I have since learned that he was shot three times.
34. N.W. remained in a fetal position throughout the ordeal and appeared to be unaware of what was occurring around her. After Elmer Kindle was shot, I tried to comfort N.W. She was later taken to the hospital.
35. I believe that Elmer Kindle was stalking N.W and my family because he knew exactly where we lived on July 15, 1995. I don't know how Elmer Kindle found out that N.W. was living in my home.
36. Elmer Kindle survived his injuries. He pleaded guilty and got out of prison in 2006.
37. My wife and I had a great relationship with N.W. She was great – she called me "dad" and called my wife "mom." I felt very close to her. She felt like a real daughter to both of us. She treated our son Matt like a brother. She was our favorite foster child during our twenty years of foster parenting.
38. N.W. never slept in our home again.
39. She was immediately placed in another foster home for safety reasons.

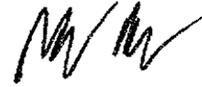
Further affiant sayeth naught.


Terry K. Nichols

Terry Nichols personally appeared before me on August 22, 2007 and swore that the foregoing was accurate.



HENRY G. APPEL
Notary Public, State of Ohio
My Commission Has No Expiration
Date, ORC Section 147.03



Notary Public



Commission Expires

In the
Supreme Court of Ohio

STATE ex rel. THE CINCINNATI	:	
ENQUIRER, A Division of The Gannett	:	
Satellite Network,	:	Case No. 06-2239
	:	
Petitioner,	:	
	:	
v.	:	
	:	
HELEN JONES-KELLEY, DIRECTOR OF	:	
OHIO DEPARTMENT OF JOB AND	:	
FAMILY SERVICES,	:	
	:	
Respondent.	:	

AFFIDAVIT OF CHRISTY WILSON

Now comes Christy Wilson and being duly sworn, states as follows:

1. My name is Christy Wilson.
2. I am 21 years old and live with my mother Roxanne Wilson, my brother M.W., and my cousins A.H. and N.H.
3. In December of 2005, I learned that the Licking County Department of Job and Family Services had removed A.H. and N.H. from the custody of my Aunt Janet. Initially, A.H. and N.H. lived with a foster family.
4. On April 14, 2006, A.H. and N.H. moved into our house.
5. On August 15, 2006, I was watching A.H. and N.H. While they were on summer vacation, I was their babysitter. I told the kids that I was taking them out to lunch.
6. I left the apartment and saw my aunt Janet. Janet grabbed the kids as I was attempting to put them in the car. Janet said, "I'm taking them for a walk, I'll be right back."
7. Janet pulled A.H. and N.H. by their wrists into a van. A.H. and N.H. were screaming and struggling to get away from Janet. They were shouting, "I don't want to go!" and "I hate you!"
8. I opened the van door and struggled with Janet to pull the kids out. I was pulling on one of A.H.'s arms while Janet pulled on the other. My aunt Janet said, "You won't stop me from taking the kids!"



9. I then fell backward with A.H. A.H. ran to the other side of the van and got N.H. out and ran back to our apartment.
10. During the struggle, my aunt Janet punched me in the face, sprayed mace into my face and then bit my arm.
11. A man that I knew to be the maintenance man at our apartment complex came up to me and informed me that he had seen what happened and that he had called the police.
12. Although my vision was impaired by mace, I could hear a second maintenance man yell for Janet to stop as she ran away on foot.
13. A.H. and N.H.'s birth father was around the corner in a car. I later learned that he was communicating with my aunt Janet via walkie-talkie.
14. Aunt Janet jumped into the passenger side of the car and drove away.
15. As a result of the injuries I sustained during the altercation, I sought medical treatment at the local emergency room. I sustained chemical burns on my face from the mace. I was given a tetanus shot and prescribed antibiotics for the bite wound.
16. Subsequently, the bite wound on my arm became infected. I have been prescribed four different rounds of antibiotics to treat the infection. It has now been over a year and the infection on my arm has still not cleared up. I am going in to see my doctor on Wednesday, August 29, 2007. He has told me that if the infection does not heal by then, I will have to have surgery.
17. A.H. was caught in the middle of the fight and sustained bruises and scrapes. She was also hit with mace in her mouth and on her clothing.
18. I am afraid that my aunt Janet will make further attempts to abduct A.H and N.H when she is released from prison on October 17, 2007.
19. I am also afraid for my own safety. I have seen a letter written by my aunt Janet from prison indicating that the "the next time will be worse," and that she will "bring a gun and not mace."

Further affiant sayeth naught.

Christy Wilson
Christy Wilson

The affiant appeared before me, and being duly sworn, signed this affidavit in my presence on this 27th day of August 2007.

Kelly R. Haddock
Notary Public

NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 08/31/2010
2010-08-31

Commission Expires

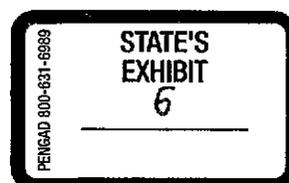
In the
Supreme Court of Ohio

STATE ex rel. THE CINCINNATI	:	
ENQUIRER, A Division of The Gannett	:	
Satellite Network,	:	Case No. 06-2239
	:	
Petitioner,	:	
	:	
v.	:	
	:	
HELEN JONES-KELLEY, DIRECTOR OF	:	
OHIO DEPARTMENT OF JOB AND	:	
FAMILY SERVICES,	:	
	:	
Respondent.	:	

AFFIDAVIT OF ROXANNE WILSON

Now comes Roxanne Wilson and being duly sworn, states as follows:

1. My name is Roxanne Wilson.
2. I have custody of my niece and nephew – A.H. and N.H. My sister, Janet Rutherford, is the birth mother of these children.
3. In December of 2005, I learned that the Licking County Department of Job and Family Services (Licking County) had removed A.H. and N.H. from their mother's home due to the alleged physical abuse of their teenaged half-brother by A.H. and N.H.'s birth father.
4. On December 9, 2005, I went to Licking County Juvenile Court and attempted to have the children placed with me. Because of fears that my sister would kidnap the children, the Court would not allow it and placed the children with a foster home.
5. On December 18, 2005, I moved to a new apartment. One of the reasons that I moved was so that my sister would not know where I lived. I believed that this would increase the chance that the Juvenile Court would let A.H. and N.H. live with me.
6. On April 14, 2006, A.H. and N.H. moved in with me. They were placed with me through the ODJFS Kinship-Care program.
7. During the summer of 2006, while the children were out of school, my daughter Christy watched A.H. and N.H.

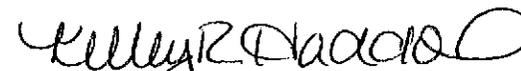


8. On August 15, 2006, I received a phone call from my son M.W. I learned that my sister Janet had attempted to kidnap A.H. and N.H.
9. Christy was able to fight off Janet, but not before being bitten and sprayed with mace.
10. Christy suffered chemical burns on her face and the bite wound became infected.
11. Christy has undergone four rounds of antibiotic treatment, but the bite wound continues to remain infected.
12. It has been over a year since she was bitten and the bite wound still has not healed.
13. On Wednesday, August 29, 2007, Christy and I are going back to the doctor. If the bite wound has not healed, the doctor said that Christy will have to undergo surgery to clean out the wound.
14. My sister pleaded no contest to abduction and is currently in prison.
15. N. H. is currently under the care of a child psychologist to deal with issues related to this abduction.
16. A.H. and N.H have continually expressed that they are afraid of their biological mother. Amanda recently told her teacher that she was afraid that "her mom was going to her."
17. I am afraid that Janet will make further attempts to abduct A.H and N.H when she is scheduled to be released from prison on October 17, 2007.

Further affiant sayeth naught.


Roxanne Wilson

The affiant appeared before me, and being duly sworn, signed this affidavit in my presence on this 27th day of August 2007.


Notary Public
KELLEY R. DADDIO, ATTORNEY AT LAW
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.
Commission Expires

In the
Supreme Court of Ohio

STATE ex rel. THE CINCINNATI :
ENQUIRER, A Division of The Gannett :
Satellite Network, : Case No. 06-2239
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Petitioner, :
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v. :
 :
HELEN JONES-KELLEY, DIRECTOR OF :
OHIO DEPARTMENT OF JOB AND :
FAMILY SERVICES, :
 :
Respondent. :

AFFIDAVIT OF KATHY WIELINSKI

Now comes Kathy Wielinski and being duly sworn, states as follows:

1. My name is Kathy Wielinski.
2. I am employed by the Lucas County Children Services (Lucas County) as the Coordinator of Policy and Improvement Initiatives.
3. In 1996, I was Case Review Facilitator for Lucas County. I arranged case reviews with case workers, biological parents and other interested parties.
4. Through this work, I met Michelle Williams.
5. Lucas County Children Services had removed a child – A.W. – from Ms. Williams' home. Ms. Williams had mental health issues and abused drugs. I believe that A.W. was 4 years old at the time.
6. On the morning of December 15, 1996, a woman came to my home. She was carrying a poinsettias and claimed to be delivering it to a person who worked for a non-profit. While I was looking in the phone book for the person's phone number, the woman went back to her car.
7. My daughter Beth, who was 25 years old at the time, said that there was something suspicious about the delivery woman.
8. I agreed with my daughter and went to close the front door.



9. However, when I got there, the delivery woman was already standing in the entryway holding a blue metal revolver with wood trim.
10. She demanded, "tell me where my baby is."
11. The woman was Michelle Williams – the mother of A.W. She had disguised herself with a brown wig, sunglasses, a cap, and a winter coat with the collar pulled up high.
12. I had not recognized Ms. Williams before, but I did recognize her voice.
13. Ms. Williams initially ordered Beth and me to the kitchen.
14. She soon had us move to a first-floor guest room because the other rooms on the first floor have large windows.
15. She ordered Beth and me to sit in captain-style armchairs. She wrapped our hands to the armrests of the chairs with duct tape.
16. I could not tell Ms. Williams where her daughter was because I did not know.
17. Ms. Williams called Lucas County on her cellphone and ordered me to ask for the address where A.W. was staying.
18. I did as she ordered and told Ms. Williams the address.
19. Ms. Williams was nervous and anxious.
20. After the call, the door bell rang. Ms. Williams released my daughter and escorted her to the front door.
21. At the door was an older gentleman who had been in the car with Ms. Williams.
22. Ms. Williams brought Beth back to the guest room, but could not find the duct tape.
23. Ms. Williams and Beth went to the kitchen and found masking tape.
24. After Ms. Williams wrapped Beth's hands to an armchair with masking tape, Beth pretended to struggle against her bounds.
25. Ms. Williams left, ordering us not to call the police for at least one hour. She claimed that someone would be watching our house.
26. Beth soon broke free of the masking tape holding her to the chair. She crawled to the phone and called a neighbor. That neighbor called the police.
27. After the police arrived, I called Lucas County once again and got the address for where A.W. was living.

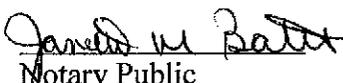
- 28. However, the information came too late. I have since learned that Ms. Williams seized A.W. at gunpoint from the foster parent's home.
- 29. Fortunately, Ms. Williams was soon arrested at a motel and A.W. was found safe and sound.
- 30. Despite her arrest, I stayed at a friends home for several days.
- 31. Ms. Williams was convicted of numerous charges and is still in prison.
- 32. I do not know how Ms. Williams obtained my address.

Further affiant sayeth naught.



Kathy Wielinski

The affiant appeared before me, and being duly sworn, signed this affidavit in my presence on this 27 day of August 2007.



Notary Public



JANETTE M. BATES
Notary Public, State of Ohio
My Commission Expires 12/20/2010

Commission Expires

In the
Supreme Court of Ohio

STATE ex rel. THE CINCINNATI :
ENQUIRER, A Division of The Gannett :
Satellite Network, : Case No. 06-2239
 :
Petitioner, :
 :
v. :
 :
HELEN JONES-KELLEY, DIRECTOR OF :
OHIO DEPARTMENT OF JOB AND :
FAMILY SERVICES, :
 :
Respondent. :

AFFIDAVIT OF SU DRAKE

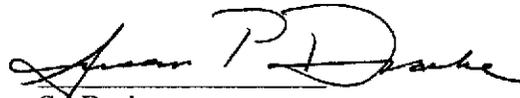
Now comes Su Drake and being duly sworn, states as follows:

1. My name is Su Drake
2. I am employed by the Lucas County Department of Job and Family Services (Lucas County) as a foster care worker.
3. In 1999, I was the case worker on the Muhammad case in 1999.
4. The mother's name was Lalita Muhammad, the father was James Muhammad. They had three children: Z.M, D.M. and K.M.
5. In October, 1999, the Toledo Police arrested James and Lalita Muhammad on unrelated charges. Because there were no adults available to care for the children, Lucas County Children Services took custody. In addition, Lucas County Children Services initiated a dependency action because they observed that the children were living in unsafe living arrangements.
6. Lalita threatened to kidnap her children from their foster home. In addition, when the children were removed, the Toledo Police found that Lalita had numerous false identifications.
7. These factors led Lucas County to put the Muhammads on "level one visitation." Under "level one visitation" the biological children are not permitted to know the location of their children and all visitation occurs in a government building in the presence of a security guard.

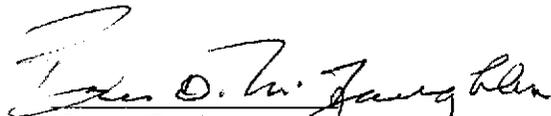


8. In November, 1999, the Muhammads impersonated agency personnel by sending a letter to the foster parents of Z.M., D.M. and K.M. This letter was on Lucas County letterhead and stated that agency personnel would pick up the three children for a psychological evaluation in Bowling Green on November 13, 1999.
9. On November 13, 1999, an unknown person arrived at the foster parents' house and presented a card which falsely identified the person as working for Lucas County.
10. The foster parents contacted me when the children were not returned that day.
11. It is not known how the Muhammads located the foster parents.
12. The children were not found until June 8, 2006. The Toledo Police responded to a report of three missing children. The police found four children including Z.M., D.M. and K.M. There were no adults or parents present.

Further affiant sayeth naught.


Su Drake

The affiant appeared before me, and being duly sworn, signed this affidavit in my presence on this 24th day of August 2007.


Notary Public
BRUCE D. McLAUGHLIN, Atty.
Notary Public — State of Ohio
My Commission has no Expiration Date.

Commission Expires

In The
Supreme Court of Ohio

STATE ex rel. THE CINCINNATI :
ENQUIRER, A Division of the Gannett :
Satellite Network, : Case No 06-2239
: :
Petitioner, :
: :
v. :
: :
HELEN JONES-KELLEY, DIRECTOR :
OF OHIO DEPARTMENT OF JOB :
AND FAMILY SERVICES, :
: :
Respondent. :

AFFIDAVIT OF THOMAS M. ROELANT

Now comes the affiant, and having been duly sworn, states as follows:

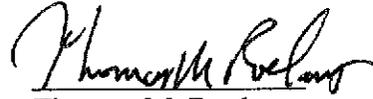
1. My name is Thomas M. Roelant and I am the Acting Deputy Director for the Office for Children and Families. This is a division of the Ohio Department of Job and Family Services (ODJFS).
2. I oversee the foster care and adoption programs for ODJFS.
3. ODJFS has identified the number of foster homes per county. This was created from the FACSIS computer system in December 15, 2006. A copy of this report is attached to this affidavit. 49 of 88 counties have fewer than 50 foster homes, and Noble County only has five.
4. Between December 15, 2006 and August 1, 2007, the number of foster homes in Ohio has dropped from 10,475 to 9,985.
5. Prior to my employment at ODJFS, I was the Director of the Wayne County Children Services Board for twenty-two years.
6. As of August 1, 2007, Ohio has 9,985 foster homes. Of those homes 6,126 are also approved for adoption. Thus, 61.35% of all foster parents are also approved to be adoptive parents. In federal fiscal year 2006, Ohio foster parents adopted 1,011 children.
7. Ohio has had a lot of difficulty in recruiting and retaining an adequate supply of foster parents for abused and neglected children entering care.



8. Despite this difficulty, Ohio has succeeded in providing a safe foster care system. Under federal norms, states may not exceed a maltreatment percentage of .57%. In the most recent analysis, Ohio had a percentage of only .31%.
9. ODJFS does not require the counties or private agencies to notify us when there has been threat of harm or violence against a foster parent by a biological parent or someone associated with the biological parent.
10. ODJFS does not perform BCI&I background checks of foster parents. This is done by the counties and by private foster care agencies. ODJFS will pull a sample number of cases from the counties and private agencies to confirm that the background checks are being done.
11. For safety reasons, neither Juvenile courts nor public child service agencies inform many biological parents where an agency has placed their children. This protects foster children, the foster parent and any other children living with that foster parent.
12. If foster parents' names and addresses become public records, it would be even more difficult to recruit and retain foster parents. By current policy and practice foster parents are usually informed that their records are not a public record. If this policy is overturned, then agencies would need to inform current and prospective foster parents that their personal information is public information. This would deter foster caregivers from entering or remaining in the system.
13. Such a result would aggravate an already difficult situation and Ohio's most vulnerable children would be further victimized by having even fewer placement options.
14. Child placing agencies attempt to minimize the number of times that agencies move foster children from home to home. Making public a list of foster parents' names and addresses would hamper this goal in two ways.
15. If a biological parent who is an ongoing threat to their child's safety discovers the location of their child, the placing agency will usually have to transfer the child to a new foster home.
16. Many foster parents already approved for adoption expect privacy because they are contemplating adopting foster children in their care. Intruding on this privacy will discourage many foster parents from agreeing to adopt the foster children in their care.
17. ODJFS and the child placing agencies encourage foster parents to adopt the children in their care. It is almost certain that a person already approved to be a foster parent will be approved to be a prospective adoptive parent (if they request). Therefore, almost every foster parent is a prospective adoptive parent – even if they have not applied to be an adoptive parent.

18. During the Marcus Fiesel investigation, ODJFS learned that approximately 80% of all foster homes have had a foster care placement in the previous year.
19. If a person is approved to be both a foster and adoptive parent, a child placed in the home will either be designated as a foster or as an adoptive child.

Further affiant sayeth naught.



Thomas M. Roelant

The affiant personally appeared before me on August 31, 2007 and swore that the foregoing was accurate.



Notary Public



HENRY G. APPEL
Notary Public, State of Ohio
My Commission Has No Expiration
Date, ORC Section 147.03

U.A.
Commission Expires

ACTIVE FOSTER HOMES (TYPE 01) ON 12/15/2006
SUMMARY

The FREQ Procedure

County				
county	Frequency	Percent	Cumulative Frequency	Cumulative Percent
INVALID DATA	1	0.01	1	0.01
ADAMS	37	0.35	38	0.36
ALLEN	112	1.07	150	1.43
ASHLAND	158	1.51	308	2.94
ASHTABULA	52	0.50	360	3.44
ATHENS	71	0.68	431	4.11
AUGLAIZE	58	0.55	489	4.67
BELMONT	27	0.26	516	4.93
BROWN	58	0.55	574	5.48
BUTLER	229	2.19	803	7.67
CARROLL	32	0.31	835	7.97
CHAMPAIGN	45	0.43	880	8.40
CLARK	148	1.41	1028	9.81
CLERMONT	173	1.65	1201	11.47
CLINTON	42	0.40	1243	11.87
COLUMBIANA	77	0.74	1320	12.60
COSHOCTON	37	0.35	1357	12.95
CRAWFORD	49	0.47	1406	13.42
CUYAHOGA	1501	14.33	2907	27.75
DARKE	25	0.24	2932	27.99
DEFIANCE	27	0.26	2959	28.25
DELAWARE	80	0.76	3039	29.01
ERIE	49	0.47	3088	29.48
FAIRFIELD	190	1.81	3278	31.29
FAYETTE	34	0.32	3312	31.62
FRANKLIN	1052	10.04	4364	41.66
FULTON	18	0.17	4382	41.83
GALLIA	33	0.32	4415	42.15
GEAUGA	25	0.24	4440	42.39
GREENE	72	0.69	4512	43.07
GUERNSEY	51	0.49	4563	43.56
HAMILTON	771	7.36	5334	50.92
HANCOCK	58	0.55	5392	51.47
HARDIN	25	0.24	5417	51.71
HARRISON	13	0.12	5430	51.84
HENRY	23	0.22	5453	52.06
HIGHLAND	55	0.53	5508	52.58
HOCKING	39	0.37	5547	52.95
HOLMES	34	0.32	5581	53.28
HURON	46	0.44	5627	53.72
JACKSON	37	0.35	5664	54.07
JEFFERSON	29	0.28	5693	54.35
KNOX	44	0.42	5737	54.77
LAKE	80	0.76	5817	55.53
LAHRENCE	73	0.70	5890	56.23
LICKING	230	2.20	6120	58.42
LOGAN	35	0.33	6155	58.76
LORAIN	225	2.15	6380	60.91
LUCAS	434	4.14	6814	65.05
MADISON	33	0.32	6847	65.37
MAHONING	153	1.46	7000	66.83
MARION	50	0.48	7050	67.30
MEDINA	64	0.61	7114	67.91
MEIGS	19	0.18	7133	68.10
MERCER	21	0.20	7154	68.30
MIAMI	72	0.69	7226	68.98
MONROE	16	0.15	7242	69.14
MONTGOMERY	772	7.37	8014	76.51
MORGAN	10	0.10	8024	76.60
MORROW	29	0.28	8053	76.88
MUSKINGUM	101	0.96	8154	77.84
NOBLE	5	0.05	8159	77.89
OTTAWA	21	0.20	8180	78.09
PAULDING	14	0.13	8194	78.22
PERRY	50	0.48	8244	78.70
PICKAWAY	69	0.66	8313	79.36
PIKE	36	0.34	8349	79.70
PORTAGE	106	1.01	8455	80.72
PREBLE	24	0.23	8479	80.95
PUTNAM	25	0.24	8504	81.18

ACTIVE FOSTER HOMES (TYPE 01) ON 12/15/2006
SUMMARY

The FREQ Procedure

County

county	Frequency	Percent	Cumulative Frequency	Cumulative Percent
RICHLAND	144	1.37	8648	82.56
ROSS	78	0.74	8726	83.30
SANDUSKY	27	0.26	8753	83.56
SCIOTO	66	0.63	8819	84.19
SENECA	22	0.21	8841	84.40
SHELBY	59	0.56	8900	84.96
STARK	474	4.53	9374	89.49
SUMMIT	441	4.21	9815	93.70
TRUMBULL	162	1.55	9977	95.25
TUSCARAWAS	40	0.38	10017	95.63
UNION	36	0.34	10053	95.97
VAN HERT	19	0.18	10072	96.15
VINTON	30	0.29	10102	96.44
WARREN	112	1.07	10214	97.51
WASHINGTON	33	0.32	10247	97.82
HAYNE	98	0.94	10345	98.76
WILLIAMS	29	0.28	10374	99.04
WOOD	80	0.76	10454	99.80
WYANDOT	21	0.20	10475	100.00

Frequency Missing = 199