



Transmittal Letter No. 89

TO: Children Services Stakeholders

FROM: Kara B. Wente, Director

DATE: April 20, 2026

SUBJECT: Five-Year Review and Renumbering of Ohio Administrative Code Rule 5180:2-38-08 Child's Education and Health Information

Background

The Department of Children and Youth (DCY) is changing Ohio Administrative Code (OAC) rule 5180:2-38-08 as part of the required five-year review process. The revisions include reformatting, clarifying, and renumbering to 5180:3-7-08.

DCY rules in the OAC were renumbered to 5180 on January 2, 2025, as a result of House Bill 33 (HB33) of the 135th General Assembly. For organizational reasons, as DCY opens rules, the rules are being rescinded and adopted under a new number.

This rule will be effective on May 1, 2026.

Purpose

As part of the five-year rule review, the following Ohio Administrative Code (OAC) rule was rescinded and renumbered for clarity and alignment with formatting standards.

OAC 5180:2-38-08 → OAC 5180:3-7-08, "Child's Education and Health Information."

This rule explains Public Children Services Agency (PCSA) requirements for completing and maintaining the DCY 01443, Child's Education and Health Information form, including when the form must be completed and updated, what education and health information must be included, how missing information is to be documented, and who must receive copies of the form.

The rule was updated primarily to make organizational and technical changes, including reorganizing the content into a question-and-answer format and establishing clear timelines for completing, updating, and distributing the DCY 01443.



Substantive changes include:

- Adding the private child placing agency (PCPA) to the list of entities that must receive a copy of the DCY 01443.
- Adding a requirement that the DCY 01443 be updated at least once every one hundred eighty calendar days, in addition to updates triggered by specific events.
- Requiring that an updated copy of the DCY 01443 be provided to all listed parties once missing health or education information is obtained.
- Expanding requirements to ensure that foster youth aged fourteen and older, not only youth who are emancipating, receive a copy of the form.
- Updating the DCY 01443 form to include documentation of a child's optical exam date.

Rules/Forms

The chart indicates the impacted OAC rules, transmittal letters, and/or required forms.

OAC Rules	Previous Transmittal Letter	DCY Forms
5180:2-38-08 (Rescind)	FCASMTL 443	DCY 01443
5180:3-7-08 (New)	N/A	DCY 01443

5180:3-7-08**Child's education and health information.**

(A) When is a public children services agency (PCSA) to complete and distribute the DCY 01443 "Children's Education and Health Information" form?

The PCSA is to complete and distribute the DCY 01443 when a child is in the custody of the PCSA.

(B) To whom is the PCSA to provide a copy of the DCY 01443?

The DCY 01443 is to be provided to the following individuals, as applicable, no later than seven calendar days from completing or updating the DCY 01443:

(1) The child's parent, guardian, or custodian.

(2) The child's caregiver.

(3) The child's pre-finalized adoptive parent.

(4) The private child placing agency (PCPA).

(C) When is a PCSA to update the DCY 01443?

The PCSA is to update the DCY 01443 when any of the following occur:

(1) At least once every one hundred eighty calendar days from whichever occurs first:

(a) Date the original PCSA court complaint was filed.

(b) Date of placement.

(c) Date of court-ordered protective supervision.

(d) Date of parent, guardian, or custodian's signature on the "Family Case Plan" for in-home supportive services only.

(2) The PCSA is to update the DCY 01443 within seven calendar days when any of the following occur:

(a) There is a placement change for the child.

(b) There is change in information or new information regarding the child's health.

- (c) There is change in information or new information regarding the child's education or school.

(D) What information is recorded in the DCY 01443 pertaining to the child's medical history?

The DCY 01443 is to contain the most recent information available regarding a child's medical history, including, but not limited to, the following:—

- (1) Name(s) and address(es) of the child's health care provider(s).
- (2) Child's known medical concerns.
- (3) Child's medications.
- (4) A record of the child's immunizations.
- (5) Any other pertinent health information concerning the child, such as:
 - (a) Child's medication allergies and any other known allergies.
 - (b) Childhood illnesses.
 - (c) Child's last physical, optical, and dental exams.
 - (d) Child's ongoing care or specialist appointments.

(E) What information is to be contained in the DCY 01443 pertaining to the child's educational placement and services?

The DCY 01443 form is to contain the most recent information available regarding a child's educational placement and services, including, but not limited to, the following:—

- (1) Name and address of the child's educational provider at the time of removal.
- (2) Name(s) and address(es) of the child's current educational provider(s), if the child did not remain in the school the child was attending at the time of placement.
- (3) Documentation of efforts made to maintain the child in the same school the child was attending at the time of removal, or reasons why remaining in the same school was not in the child's best interest.

(4) Documentation that the current educational setting is appropriate for the child's needs or that the agency is working to arrange immediate enrollment in an appropriate educational setting.

(5) Child's grade level performance.

(6) Child's school records, including, but not limited to the following:

(a) Child's grade level.

(b) Disciplinary and behavior issues.

(c) Attendance.

(7) Any other pertinent educational information concerning the child's educational placement and services, including, but not limited to the following:

(a) Special education requirements.

(b) Any developmental delays or learning disabilities.

(F) How is a PCSA to complete the DCY 01443 if recent health and education information is unavailable?

The PCSA is to complete the following steps:---

(1) Describe on the DCY 01443 the reasons why the information is unavailable, and the steps being taken by the PCSA to obtain the information.

(2) Upon receiving the updated information, the PCSA is to update the DCY 01443 within seven calendar days.

(3) Provide a copy of the updated form to the parent, guardian, and the child's caregiver and the PCPA.

(G) When is a PCSA to provide foster children with a copy of the DCY 01443?

The PCSA is to provide a foster child age fourteen and older and youth who are emancipating with a copy of the most recent DCY 01443, free of charge, and document the date provided to the youth in the Ohio comprehensive child welfare information system (Ohio CCWIS).---

(H) Can a PCSA redact school or medical information from the DCY 01443 form?

A PCSA is to redact information identifying the child's current school or medical provider from the DCY 01443 form provided to the parent, guardian, or custodian if the agency determines that sharing this information could result in adverse or negative consequences for the child. The rationale for withholding this information is to be fully explained and documented in Ohio CCWIS.

Replaces: 5180:2-38-08
Effective: 5/1/2026
Five Year Review (FYR) 05/01/2031
Dates:

CERTIFIED ELECTRONICALLY

Certification

04/20/2026

Date

Promulgated 119.03
Under:
Statutory Authority: 2151.421, 5103.03, 5153.166
Rule Amplifies: 2151.421, 5103.03, 5153.16
Prior Effective
Dates: 07/01/1992, 05/01/1993, 10/01/1997, 04/01/2001,
03/01/2006, 04/17/2006, 12/01/2007, 10/01/2009,
12/31/2010, 12/01/2012, 05/30/2014

Ohio Department of Children & Youth
CHILD'S EDUCATION AND HEALTH INFORMATION

Child's Name	Agency Case Number	Date	Child's Grade Level:	☐	Check this box if there has been no change in child's education information since last SAR. List date below. (If box is checked, skip to page 2).
a. Name(s), address(es), and phone number(s) of school(s) child is currently attending:	b. Name and address of the school attended by the child at the time of placement.		c. Describe how the current educational setting is appropriate for the child's needs, or what actions are being taken to arrange for immediate enrollment in an appropriate educational setting.		d. If the child did not remain in the school he/she was attending at the time of placement, describe all efforts made to maintain child in the same school; or document why remaining in the same school was not in the child's best interest.
e. Describe the child's grade level performance and academic performance including aptitudes and difficulties in various subject areas:					
f. Describe or provide an update on any medical condition or other circumstance that prevents the child from attending school on a full-time basis.					
g. Describe the child's school record including: child's attendance at school (list reasons for poor or irregular attendance), child's social adjustment at school, and child's behavior problems (if any):					
h. Describe any developmental delays or learning disabilities of the child. Provide a contact person and phone number if the child is enrolled in, or eligible to enroll in, special education classes.		i. If any of the child's education records are unavailable or inaccessible, indicate why, and what steps are being taken to obtain the records:			
Agency Representative Signature		Date			
Agency Representative Signature		Date			
Agency Representative Signature		Date			
Agency Representative Signature		Date			

EDUCATION

Attach a copy of the completed Child's Education and Health Information form (DCY 01443) to the current Family Case Plan (DCY 01410).

HEALTH

Attach a copy of the completed Child's Education and Health Information form (DCY 01443) to the current Family Case Plan (DCY 01410).

Child's Name		Agency Case Number	Date																								
a. Check this box if there has been no change in child's health information since last SAR. List date below. ☐		c. List any known allergies including allergies to medications (if any):	d. List the name(s), address(es), and phone number(s) of the child's most recent medical provider(s).																								
e. Record of child's immunizations: Are child's immunizations up to date? ☐ Yes ☐ No List dates of child's immunizations: <table border="1"> <tr> <td>Rubella</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> <tr> <td>Rubeola</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> <tr> <td>Chicken Pox</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> <tr> <td>Whooping Cough</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> <tr> <td>Mumps</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> <tr> <td>Hepatitis</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> <tr> <td colspan="2">Other (provide explanation):</td> </tr> <tr> <td>DPT/DT</td> <td></td> </tr> <tr> <td>Polio</td> <td></td> </tr> <tr> <td>HIB</td> <td></td> </tr> <tr> <td>TB Test</td> <td></td> </tr> <tr> <td>Hepatitis B</td> <td></td> </tr> </table>		Rubella	☐ Yes ☐ No ☐ Unknown	Rubeola	☐ Yes ☐ No ☐ Unknown	Chicken Pox	☐ Yes ☐ No ☐ Unknown	Whooping Cough	☐ Yes ☐ No ☐ Unknown	Mumps	☐ Yes ☐ No ☐ Unknown	Hepatitis	☐ Yes ☐ No ☐ Unknown	Other (provide explanation):		DPT/DT		Polio		HIB		TB Test		Hepatitis B		g. List the child's current medications and dosages for each:	DCY 01443 provided to Substitute Caregiver on (Give Date)
Rubella	☐ Yes ☐ No ☐ Unknown																										
Rubeola	☐ Yes ☐ No ☐ Unknown																										
Chicken Pox	☐ Yes ☐ No ☐ Unknown																										
Whooping Cough	☐ Yes ☐ No ☐ Unknown																										
Mumps	☐ Yes ☐ No ☐ Unknown																										
Hepatitis	☐ Yes ☐ No ☐ Unknown																										
Other (provide explanation):																											
DPT/DT																											
Polio																											
HIB																											
TB Test																											
Hepatitis B																											
			DCY 01443 provided to Parent on (Give Date)																								
i. Describe any other pertinent medical information or events the child has had or currently has. Include any condition that is preventing the child from attending school on a full-time basis.		h. List date of the child's last physical exam.	List date of the child's last dental exam. List date of the child's last optical exam.																								
		j. If any of the above health records are unavailable or inaccessible, indicate the reasons why, as well as the steps being taken to obtain the needed information:																									
Agency Representative Signature			Date																								
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TO BE RESCINDED

5180:2-38-08

Child's education and health information.

- (A) The public children services agency (PCSA) shall complete and distribute the JFS 01443 "Child's Education and Health Information" form when a child is placed in a substitute care setting.
- (B) The PCSA shall revise or update the JFS 01443 when any of the following occur:
- (1) A semiannual administrative review is conducted pursuant to rule 5101:2-38-10 of the Administrative Code.
 - (2) There is a placement change.
 - (3) There is change in or new information regarding the child's health.
 - (4) There is change in or new information regarding the child's education or school.
- (C) The JFS 01443 shall contain the most recent information available regarding a child's medical history including, but not limited to, the following:
- (1) Name(s) and address(es) of the child's health care provider(s).
 - (2) Child's known medical problems.
 - (3) Child's medications.
 - (4) A record of the child's immunizations.
 - (5) Any other pertinent health information concerning the child such as:
 - (a) Child's medication allergies and any other known allergies.
 - (b) Childhood illnesses.
 - (c) Child's last physical, optical, and dental exams.
 - (d) Child's ongoing care or specialist appointments.
- (D) The JFS 01443 shall contain the most recent information available regarding a child's educational placement and services including, but not limited to, the following:

- (1) Name and address of the child's educational provider at the time of placement.
 - (2) Name(s) and address(es) of the child's current educational provider(s), if the child did not remain in the school the child was attending at the time of placement.
 - (3) Documentation of efforts made to maintain the child in the same school the child was attending at the time of placement, or reasons why remaining in the same school was not in the child's best interest.
 - (4) Documentation that the current educational setting is appropriate for the child's needs or that the agency is working to arrange immediate enrollment in an appropriate educational setting.
 - (5) Child's grade level performance.
 - (6) Child's school records, including, but not limited to the following:
 - (a) Child's grade level.
 - (b) Disciplinary and behavior issues.
 - (c) Attendance.
 - (7) Any other pertinent educational information concerning the child's educational placement and services, including, but not limited to the following:
 - (a) Special education requirements.
 - (b) Any developmental delays or learning disabilities.
- (E) If there are circumstances in which the most recent health and education records are unavailable, the PCSA shall provide written documentation on the JFS 01443 describing the reasons why this information is unavailable, and the steps being taken by the PCSA to obtain such information. Upon receiving the updated information, the PCSA shall complete the JFS 01443 within three business days.
- (F) The PCSA shall provide the parent, guardian, or custodian, or if applicable, pre-finalized adoptive parent, and the substitute caregiver with a copy of the completed JFS 01443 at the time the case plan document is completed pursuant to rule 5101:2-38-05 of the Administrative Code and any time the

JFS 01443 is updated pursuant to paragraphs (B) and (E) of this rule. A copy of the updated form shall be provided to the parent, guardian, or custodian, or if applicable pre-finalized adoptive parent, and substitute caregiver no later than seven days after the PCSA received the information and completed the JFS 01443.

- (G) The PCSA shall provide foster children aging out of the system with a copy of the most recent JFS 01443 free of charge and document the activity in the statewide automated child welfare information system (SACWIS).
- (H) If the PCSA determines sharing identifying information contained on the JFS 01443 may result in adverse or negative consequences to the child, the PCSA may redact any information identifying the current school of attendance or the medical provider from the copy of the JFS 01443 form provided to the parent, guardian, or custodian. A statement providing full explanation of the reasons for not sharing this information shall be documented in SACWIS.

Effective: 5/1/2026
Five Year Review (FYR) 2/12/2026
Dates:

CERTIFIED ELECTRONICALLY

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04/20/2026

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12/31/2010, 12/01/2012, 05/30/2014, 12/15/2020