Assessment / Investigation Checklist

Knowledge Base Article

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Ohio | **Department of Job and Family Services**

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Assessment and Investigation Checklist

Overview

This article provides a checklist for work items, assessments, and investigations for cases within the Ohio SACWIS system.

Work Item, Assessment, and Investigation Checklist

Work Item	In the Activity Log
Face-to-Face with Parent	**Category** = Assessment/Investigation Mandate **Subcategory** = Caregiver Face-to-Face **Intake ID#** = (Select appropriate Intake) **Associate Participant** (Check appropriate participants) **and Contact Status** = Completed **Activity State** = Completed
Face-to-Face with ACV / CSR	**Category** = Assessment/Investigation Mandate **Subcategory** = ACV Face-to-Face or CSR Face-to-Face **Intake ID#** = (Select appropriate Intake) **Associate Participant** (Check appropriate participants) **and Contact Status** = Completed **Activity State** = Completed
Face-to-Face Contact(s): Alleged Perpetrator(s) / Adult Subject of Report(s)	**Category** = Assessment/Investigation Mandate **Subcategory** = AP Face-to-Face or ASR Face-to-Face **Intake ID#** = (Select appropriate Intake) **Associate Participant** (Check appropriate participants) **and Contact Status** = Completed **Activity State** = Completed
Face-to-Face Contact(s): With all Case Members	**Category** = Assessment/Investigation Mandate **Subcategory** = Other Adult in the Home Face-to-Face (non-participant)' or 'Other Adult in the Home Face-to-Face (participant)', or 'Other Children in the Home Face-to-Face (non-participant)' or 'Other Children in the Home Face-to-Face **Intake ID#** = (Select appropriate Intake) **Associate Participant** (Check appropriate participants) **and Contact Status** = Completed **Activity State** = Completed
Safety Assessment	Populates on the A/I Checklist if an intake is linked to the Safety Assessment
Family Assessment	Populates on the A/I Checklist if an intake is linked to the Family Assessment

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Work Item	In the Activity Log
Specialized Assessment	Populates on the A/I Checklist if an intake is linked to the Specialized Assessment
Ongoing Case Assessment/Investigation	Populates on the A/I Checklist if an intake is linked to the Ongoing A/I
Case Disposition	Populates when a disposition has been entered for the intake
Disposition Notification(s): Parent/Guardian/Custodian(s)	**Category** = Correspondence **Subcategory** = Assessment/Investigation Disposition Notification(s) Parent/Guardian/Custodian **Intake ID#** = (Select appropriate Intake) **Associate Participant – Contact Status** = Completed **Activity State** = Completed
Disposition Notification(s): Alleged Perpetrator(s) / ASR(s)	**Category** = Correspondence **Subcategory** = Assessment/Investigation Disposition Notification(s) AP or ASR **Intake ID#** = (Select appropriate Intake) **Associate Participant – Contact Status** = Completed **Activity State** = Completed
Disposition Notification(s): ACV(s) / CSR(s)	**Category** = Correspondence **Subcategory** = Assessment/Investigation Disposition Notification(s) ACV or CSR **Intake ID#** = (Select appropriate Intake) **Associate Participant – Contact Status** = Completed **Activity State** = Completed
Help Me Grow Referral Letter	**Category** = Community Services **Subcategory** = Help Me Grow **Intake ID#** = (Select appropriate Intake) **Associate Participant – Contact Status** = Completed **Activity State** = Completed
Mandated Reporter Assessment/Investigation Disposition Letter	**Contact Type** = Letter To **Category** = Correspondence **Subcategory** = Mandated Reporter Letter Disposition **Intake ID#** = (Select appropriate Intake) **Activity State** = Completed *(Note: The name of the Mandated Reporter is pulled from the Mandated Reporter section of the Intake)*

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Work Item	In the Activity Log
Law Enforcement Notification Letter	**Contact Type** = Letter To **Category** = Correspondence **Subcategory** = Law Enforcement Notification **Intake ID#** = (Select appropriate Intake) **Activity State** = Completed
Third Party Request for Law Enforcement Assistance Letter	**Contact Type** = Letter To **Category** = Correspondence **Subcategory** = Third Party Request for Law Enforcement Assistance **Intake ID#** = (Select appropriate Intake) **Activity State** = Completed
Cross Referral to Licensing/Supervising Authority Letter	**Contact Type** = Letter To **Category** = Correspondence **Subcategory** = Cross Referral to Licensing Authority **Intake ID#** = (Select appropriate Intake) **Activity State** = Completed (**Note:** The name of the Licensing/Supervising Authority is pulled from the OHC section of the Intake)
Post Investigation Notification Cross Referral to Licensing/Supervising Authority	**Contact Type** = Letter To **Category** = Correspondence **Subcategory** = Post Investigation Letter to Licensing Authority **Intake ID#** = (Select appropriate Intake) **Activity State** = Completed (**Note:** The name of the Licensing/Supervising Authority is pulled from the OHC section of the Intake)
Notification to Out of Home Care Administrator	**Contact Type** = Letter To **Category** = Correspondence **Subcategory** = Notification to Out of Home Care Administrator **Intake ID#** = (Select appropriate Intake) **Activity State** = Completed (**Note:** The name of the Out of Home Care Administrator is pulled from the OHC section of the Intake)
Post Investigation Notification to Out of Home Care Administrator	**Contact Type** = Letter To **Category** = Correspondence **Subcategory** = Post Investigation Notice to Out of Home Care Administrator **Intake ID#** = (Select appropriate Intake) **Activity State** = Completed (**Note:** The name of the Out of Home Care Administrator is pulled from the OHC section of the Intake)

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If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at SACWIS_HELP_DESK@childrenandyouth.ohio.gov .

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