

**Knowledge Base Article** 

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#### **Overview**

This article describes how to record a **Safety Plan** in Ohio SACWIS. A Safety Plan is automatically created by the system when a **Safety Assessment** is approved and the safety response for one or more children is **In-Home Safety Plan** or **Out-of-Home Safety Plan**.

Safety Plans can also be created manually. This article explains how to manually create a Safety Plan and how to enter details to the plan to complete it. The final section explains which items are pre-filled on a system-generated Safety Plan.

#### **Navigating to the Safety Plans List Screen**

- 1. From the Ohio SACWIS Home screen, click the Case tab.
- 2. Click the Workload tab.
- 3. Select the appropriate **Case ID** link.

<i>OHIO</i> <b>SACWIS</b>	/ UAT1			🔒 Home 🕞 🖌 Q Search	h 👻 🕄 Help 🛛 Log off
Home	Intake	Case	Provider	Financial	Administration
Workload Court Cal	endar Placement Requests				
Case Workload					
Caseworker:	2	Sort By: (	Case Name Ascending 🔽 Filter		
🗉 Sacwis, Susie	[ <u>1234567</u> ] Open	- Ongoing			
*					
ŧ					

The **Case Overview** screen appears.

4. Click the Safety Plan link in the Navigation menu.

	AR Pathway Switch	
0	Safety Plan	Case Actions
	Family Assessment	View Case Information
	Ongoing Case A/I	Linked Cases
	Specialized A/I Tool	ProtectOhio Category



The Safety Plans Filter Criteria screen appears displaying the Safety Plans list section.

Home	Intake	Case	Provider	Financial	Administration
Workload Court Cale	ndar Placement Requests				
<>					
Case Overview	Case ID:		Case Status:	Open (04/01/2016)	
Activity Log	Case Name: Ap	plesauce, Cinnamon	Case Category:	Alternative Response Assessment	
Attorney Communication	Safety Plans Filter Criteria				
Intake List	From Effective Date:		To Effective D	ate:	
Safety Assessment	Agency:				
Forms/Notices	Plan Status:	~			
10 - utime Switch					
Safety Plan	Sort Results By:	Effective Date (Descending)			
romm, assessment					
Ongoing Case A/I					
Specialized A/I Tool	Filter Clear Form				
Law Enforcement	Safety Plans				
Justification/Waiver	Result(s) 0		y		Page 0 of 0
Case Services	Safety Plan Plan State		Reason for Safety Plan	Agency	Safety Plan
Legal Actions	ID	Date			Response
Legal Custody/Status					
Living Arrangement	Add Safety Plan				
Initial Removal					

#### **Creating a Safety Plan & Linking a Safety Assessment**

Complete the following steps to create a Safety Plan manually, and link a Safety Assessment to the plan.

1. In the Safety Plans section, click the Add Safety Plan button.

Law Enforcement	Safety Pla	ins					
Justification/Waiver	Result(s) 0	)					Page 0
Case Services	Sa	fety Plan Plan Status	Effective Date	Discontinue	Reason for Safety Plan	Agency	Safety Plan
Legal Actions				Date			Response
Legal Custody/Status							
Living Arrangement	Add St	afety Plan					
Initial Removal							

If any Safety Assessments are available to link to the Safety Plan, the **Available Safety Assessments** screen displays as shown on the next page. (If this screen does not appear, skip to **Step 3** below.)



- 2. On the Available Safety Assessments screen:
  - If you wish to link a Safety Assessment to the Safety Plan, click the **Select** link beside the appropriate **Safety Assessment ID**.
  - OR if you do not wish to link a Safety Assessment, click the **Continue** button.

Case > Workload > 9	Safety Plan > Participants			
Case ID:			Safety Plan II	29749727
Case Name:	Applesauce, Cinnamo	n	Plan Status:	In Progress
Available Safety As	sessments			
	Safety Assessment ID	Date Approved	Safety Response	Agency Created
select 9549290		04/08/2016	Safe	Ohio County Department of Job and Family Services
Continue Cancel				

**Note:** You can also click the **Cancel** button to return to the **Safety Plans** list section without saving a Safety Plan record.

- 3. The **Participants** tab appears displaying the **Linked Safety Assessment Information** grid.
  - If the grid displays a linked Safety Assessment, skip to **Step 6** below.
  - If no Safety Assessment has been linked, the Link Safety Assessment button appears as shown below.

Case > Workload > Safety	/ Plan				
	Participants			Action Steps	
Case ID:	8		Safety Plan ID:	29749727	
Case Name:	Applesauce, Cinnamon		Plan Status:	In Progress	
Maintain Safety Plan Par	ticipants				
Linked Safety Assess	ment Information				
	Safety Assessment ID	Date App	roved	Safety Response	Agency
Link Safety Assess				_	
Safety Plan Created	as a Result of:	~	Work Item ID:		
Child(ren) Participan	t Information				
	Child Name			DOB	Age
Add Child Participa	ont				

4. If you wish to link a Safety Assessment, click the Link Safety Assessment button.



The Available Safety Assessments screen appears.

Applesauce, Cinnamo	'n	Plan Status:	In Progress
sessment ID	Date Approved	Safety Response	Agency Created
	04/08/2016	Safe	Ohio County Department of Job and Family Services
	ssessment ID		

- 5. Click the Select link beside the appropriate Safety Assessment ID.
- 6. The **Participants** tab appears displaying the linked Safety Assessment.

Applesauce, Cinnamon		Safety Plan I Plan Status:	
Applesauce, Cinnamon		Plan Status	
		Pidii Status:	In Progress
	Date Approved	Safety Response	Agency
	04/08/2016	Safe	Ohio County Department of Job and Family Service
	at Information Safety Assessment ID	nt Information Safety Assessment ID Date Approved	at Information Safety Assessment ID Date Approved Safety Response

- 7. If you wish to unlink a Safety Assessment, click the **Unlink** hyperlink beside the appropriate Safety Assessment.
- 8. If you wish to view a Safety Assessment, click the **Safety Assessment ID** hyperlink (shown in blue above).



- 9. In the **Safety Plan Created as a Result of** field, select the appropriate value from the drop-down list. (Optional)
  - This field allows you to specify the CAPMIS tool in which the assessment of safety was documented, or indicate a Safety Plan Modification.

	Safety Assessment ID	Date Approved	Safe	ty Response	Age
unlink	19549290	04/08/2016	Safe		Ohio County Department of Job and Family Ser
Safety Plan	Created as a Result of:	Family Assessment		Work Item ID:	
	Created as a Result of: Participant Information	Family Assessment Case Review Semiannual Administrative Review Safety Assessment Screened in Report Safety Re-Assessment		Work Item ID	

- 10. If you selected a value other than **Safety Assessment** or **Safety Plan Modification** in the previous step, then the **Work Item ID** field displays a list of corresponding work items available on the case. Select the appropriate **Work Item ID**. (Optional)
  - For example, if you selected **Safety Re-Assessment** in the previous step, the **Work Item ID** field will display the Safety Re-Assessments in the case so you can select the one that applies.

Continue to the next section to add **Participants** to the Safety Plan.



#### Adding Participants to the Safety Plan

Complete the following steps to add the **Child Participants** and **Adult Participants** to the Safety Plan.

1. On the **Participants** tab, click the **Add Child Participant** button.

	Participants			Action Steps	
Case ID:			Safety Plan ID:	29749727	
Case Name:	Applesauce, Cinnamon		Plan Status:	In Progress	
Maintain Safety Plan F	Participants				
Linked Safety Asse	essment Information				
	Safety Assessment ID	Date App	roved	Safety Response	
Link Safety Ass	essment				
Safety Plan Create	ed as a Result of:	~	Work Item ID:		
Child(ren) Particip	ant Information				
	Child Name			DOB	Age
Add Child Partic	ipant				

The **Available Safety Plan Participants** screen appears displaying the available case members.

2. Click the check box beside the **Name** of each child to be included in the Safety Plan.

ase ID:		Safety Plan ID:	29749729	
ase Name:	Applesauce, Cinnamon	Plan Status:	In Progress	
Available Safety Plan F	Participants			
	Name	DOB	Age	Gend
pplesauce, Baby		02/02/2016	0	Female
$\mathbf{\nabla}$				

3. Click the **Save** button.



The **Participants** tab displays the selected child(ren) in the **Child(ren) Participant Information** section.

Your data has b	een saved.						⊠ close confirmation
Case > Workloa	id > Safety Plan						
	Participan	Its			Action Ste	ps	
Case ID:			5	Safety Plan ID:	29749729		
Case Name:	Applesauce, Cinnamon		F	Plan Status:	In Progress		
Maintain Safe	ty Plan Participants						
Linked Sat	fety Assessment Information						
	Safety Assessment ID	Date Approved	Safety Re	sponse	Ag	jency	
unlink	19549290	04/08/2016	Safe	Ohio C	county Department of Job and Family Se	ervices	
Safety Pla	n Created as a Result of:	Safety Re-Assessment	~	Work Item ID:	14147401, 04/08/203	16 🗸	
		·					
Child(ren)	Participant Information						
	Child Nam	e			DOB	Age	
Applesau	ce, Baby		02/02/20	16		0	delete
Add C	hild Participant						
Parent/ G	uardian/ Custodian(s) Participant Informat	ion					
	Adul	t Name		0	DOB	Age	
Applesau	ce, Cinnamon			03/03/1993		23	delete
Add A	dult Participant						

4. Click the **Add Adult Participant** button to select Parent/Guardian/Custodian(s) for the Safety Plan.

**Note:** The **Parent/ Guardian/ Custodian(s) Participant Information** section should include only Parent/Guardian/Custodian(s), not persons who will serve as Responsible Parties for any Safety Plan Action Step(s).



The **Available Safety Plan Participants** screen appears displaying available case members.

- 5. Click the check box beside the **Name** of each Adult to include in the Safety Plan.
- 6. Click the **Save** button.

Case > Workload > Saf Case ID: Case Name:	iety Plan > Participants : Applesauce, Cinnamon	Safety Plan ID: Plan Status:	29749730 In Progress	
Available Safety Plan	Participants			
	Name	DOB	Age	Gender
Applesauce, Cinn	amon	03/03/1993	23	Female
Save				

The **Participants** tab displays the selected adult(s) in the **Parent/ Guardian/ Custodian(s) Participant Information** section.

		Pa	articipants				Action Steps			
Case J	(D:	4				Safety Plan ID:	29749730			
Case I	Name:	Applesauce, Cir	nnamon			Plan Status:	In Progress			
Mai	ntain Safety P	lan Participants								
0	Linked Safety	Assessment Information								
		Safety Assessment	ίD	Date Approved		Safety Response	Agenc			
	unlink	<u>19549290</u>		04/08/2016	Safe		Ohio County Department of Job and Family Service	:s		
	Safety Plan Cr	reated as a Result of:		Safety Re-Assessment	~	Work Item ID:	14147401, 04/08/2016	1		
	Child(ren) Par	ticipant Information								
		Cł	ild Name				DOB	Aç	ge	
	Applesauce, B	aby				02/02/2016		D		delete
	Add Child F	Participant								
1	Parent/ Guard	lian/ Custodian(s) Participant I	nformation							
			Adult Na	me			DOB		Age	
	Applesauce, C					03/03/1993	565	23	nge (	dalate
	Mpplesauce, C					03/03/1993		20		<u>delete</u>
	Add Adult I	Participant								_
II L										

7. To remove a participant that was added in error, click the **Delete** link to the right of the appropriate participant.

Continue to the next section to complete the Action Steps tab.



#### **Completing the Action Steps Tab**

#### **Adding Safety Plan Activities**

1. On the Participants screen, click the Action Steps tab.

The Action Steps tab appears.

2. Enter the Safety Threats and Serious Harm narrative.

Case > Workload > Sa	fety Plan				
	Participa	its		Action Steps	
Case ID:			Safety Plan ID:	29749730	
Case Name:	Applesauce, Cinnamon		Plan Status:	In Progress	
Safety Threats and S	erious Harm				
Identify the safety the	hreat(s) and serious harm from whi	ch the child(ren) needs protection: (expand	full screen)		
This is the safety thr	eat and serious harm from which the cl	ild needs protection			
Safety Plan Activities	;				
	Activity	Description		Responsible Parties	
Add Activity Monitoring Plan Det	ails				
Explain how each a	activity will control the occurrence of	f serious harm: (expand full screen)			

3. In the Safety Plan Activities section, click the Add Activity button.



The Safety Plan Activity Details screen appears. The Identified Safety Threats and Serious Harm narrative is displayed at the top of the screen for reference (shown in green below).

4. Record the narrative describing the activity in the **Describe the specific activities** necessary to protect the child(ren) field.

Case > Workload > Safety Plan > Action Steps > Safety Plan Action	Step Details			
Safety Plan Activity Details				
Identified Safety Threats and Serious Harm				
This is the safety threat and serious harm from which t	he child needs protection			
Describe the specific activities necessary to protect	the child(ren): <u>(expand full sc</u>	reen)		
This is the first activity that will be implemented to pro	tect the child			
Spell Check Clear 2025				
Responsible Parties				
Porcon ID	Namo	Dhone	Additional Information	
Person ID	Name	Filolie	Additional Information	
Identified Safety Threats and Serious Harm         This is the safety threat and serious harm from which the child needs protection         Describe the specific activities necessary to protect the child(ren): (expand full screen)         This is the first activity that will be implemented to protect the child         Spell Check       Clear         2925				
Apply Save Cancel				

5. Click the **Add Responsible Party** button to add a responsible party for this activity.

Responsible Parties	le Parties						
Person ID	Name	Phone	Additional Information				
Add Responsible Party							
Apply Save Cancel							



The **Responsible Party Details** screen appears. The **Name** field displays the list of **Active Case Members** and **Active Associated Persons** from the Case who may be selected as Responsible Parties.

**Note:** Safety Plan Participants from the current safety plan do not display, as the Child(ren) and Parent/Guardian/Custodian(s) cannot also be Responsible Parties.

Case > Wo	orkload > Safety Plan > Action S	teps > Safety Plan Action Step Details > Safety Plan Activity Details		
Case ID:	:		Safety Plan ID:	29749730
Case Na	me:	Applesauce, Cinnamon	Plan Status:	In Progress
Respo	onsible Party Details			
Activ	vity:			
Name	e: *		OR	Person Search
Phon	ne: *			
Exter	nsion:			
Addit	tional Information:			
		Spell Check Clear 200		
Apply	y Save Cancel			

- 6. In the Name field, select the Responsible Party (if already listed).
  - Then skip to Step 10 below.
- 7. OR if the Responsible Party is not a current case member or associated person on the case, click the **Person Search** button (shown in blue above).
- 8. On the **Person Search** screen, search and select or create a Person to be the Responsible Party.

The **Responsible Party Details** screen appears with the name of the selected/created Person added to the **Name** drop-down list for selection.

**Note:** Responsible Parties who are not already Case Members or Associated Persons are automatically added to the Case Associated Persons.

9. In the Name field, ensure the appropriate Responsible Party is selected.



- 10. If the selected Person has a primary phone contact on his/her Person record, it will pull into the **Phone Number** field. If the field is blank, enter the person's 10-digit phone number. (Required)
- 11. Enter the person's **Extension**, if applicable. (Optional)
- 12. In the **Additional Information** field, enter additional information regarding the Responsible Party, if applicable. (Optional)

Case > Workload > Safety Plan > Action	n Steps > Safety Plan Action Step Details > Safety Plan Activity Details	i		
Case ID:		Safety Plan ID:	29749730	
Case Name:	Applesauce, Cinnamon	Plan Status:	In Progress	
Responsible Party Details				
Activity:				
Name: *	Applesauce, Grammy / 15316790	OR	Person Search	
Phone: *	(987) 654-3210			
Extension:				
Additional Information:				
	Spell Check Clear 200			
Apply Save Cancel				

13. Click the **Save** button to save the Responsible Party record.

The Safety Plan Activity Details screen appears displaying the Responsible Party record.

dentified Saf	fety Threats and Serious	Harm					
This is the saf	fety threat and serious harm	n from which the child need	s protection				
escribe the s	pecific activities necessa	ry to protect the child(r	en): (expand full screen)		 		
This is the fir	st activity that will be imple	mented to protect the child					
Spell Check	Clear 3000						
esponsible P	arties						
esponsible Pi					_		
esponsible Pa	Person ID		Name	Phone		Additional Information	
		Applesauce, Grammy	Name	Phone (987) 654-3210		Additional Information	
		Applesauce, Grammy	Name			Additional Information	<u>d</u>
edit	Person ID	Applesauce, Grammy	Name			Additional Information	d
edit		Applesauce, Grammy	Name			Additional Information	đ



- 14. If appropriate, repeat **Steps 5-13** above to add additional Responsible Parties for this Activity.
- 15. When all Responsible Parties have been recorded for this Activity, click the **Save** button on the **Safety Plan Activity Details** screen.

The **Action Steps** tab appears. The **Safety Plan Activities** section now displays the Activity, the first 50 characters of the activity Description, and the Responsible Parties for that Activity.

Case > Workload > Safe	ety Plan				
	Participants			Action Steps	
Case ID:	4		Safety Plan ID:	29749730	
Case Name:	Applesauce, Cinnamon		Plan Status:	In Progress	
Safety Threats and Ser	rious Harm				
Identify the safety thr	reat(s) and serious harm from which the child(ren) needs	protection: (expand full scree	<u>en)</u>		
	at and serious harm from which the child needs protection				
Safety Plan Activities					
Activity	Desc	ription		Responsible Parties	
edit 1	This is the first activity that will be implemente			Applesauce, Grammy ( 15316790 )	delete
Add Activity					

- 16. To edit or delete an activity, click the **Edit** link or the **Delete** link beside the appropriate activity as shown below.
- 17. To add additional activities to the Safety Plan, click the **Add Activity** button and repeat the steps in this sub-section.

Sa	fety Plan Activities			
	Activity	Description	Responsible Parties	
	adit 1 Add Activity	This is the first activity that will be implemente	Applesauce, Grammy ( : )	

Continue to the next section to complete the Monitoring Plan Details.



#### Entering the Monitoring Plan Details and Safety Response

- 1. In the **Monitoring Plan Details** section of the **Action Steps** tab, record the appropriate narrative in the text fields:
  - Explain how each activity will control the occurrence of serious harm
  - How will the activity(ies) be monitored?
  - How often will the activity(ies) be monitored?
  - Who will monitor the activity(ies)?

Monitoring Plan Details	
Explain how each activity will control the occurrence of serious harm: (expand full screen)	
This is how each activity will control the occurrence of serious harm	
Spell Check Clear 3000 How will the activity(ies) be monitored? (expand full screen)	
This is how the activity (ies) be monitored	
Spell Check Clear 3000	
How often will the activity(ies) be monitored? (expand full screen)	
This is how often the activities will be monitored	
Spell Check Clear 1000	
Who will monitor the activity(ies)? (expand full screen)	
This is who will monitor	
Spell Check Clear 1000	
Safety Response:	
Safety Plan ready for Authorization:	
te: When "Yes" is selected, Participants and Action Steps will be frozen and Authorizations will become available.	

2. In the **Safety Response** field, select the appropriate value from the drop-down list to indicate whether this is an In-Home or Out-of-Home Safety Plan.

Safety Response:	
Safety Plan ready for	In Home Safety Plan Out-of-Home Safety Plan
Authorization:	

Note: When "Yes" is selected, Participants and Action Steps will be frozen and Authorizations will become available.



3. When all Participants, Activities, Responsible Parties, Monitoring Plan Details, and the Safety Response have been recorded, you may indicate that the Safety Plan is ready for authorization. In the **Safety Plan ready for Authorization** field, select **Yes** from the drop-down list.

Safety Response:	In Home Safety Plan
Safety Plan ready for Authorization:	Yes
Note: When "Yes" is selected, Participants	and Action Steps will be frozen and Authorizations will become available.
Apply Save Cancel	

If any required fields have not been completed, the system will display a list of Validation Messages:

	Case > Safety Plan > Validation	
	Safety Plan Validation Message(s)	
	Location Monitoring Plan	Message Monitoring Plan is required for Activity ID (27899016)
(	ОК	-

4. Click the link in the **Location** column of a Validation Message to return to the appropriate screen to record the missing information, OR click the **OK** button to return to the **Action Steps** tab and record any missing information.

If there are no validation errors, a green message displays at the top of the screen:

Morker, Case / UAT1 Ohio County Department of Job and Family Services     A Home     Q Se       • There are no Validation errors.                    Participants             Case ID: Case Name: Applesauce, Cinnamon         Safety Plan ID: 29749730           Case Name: Applesauce, Cinnamon         Plan Status: In Progress           Safety Threats and Serious Harm         Identify the safety threat(s) and serious harm from which the child(ren) needs protection: (expand full screen)           This is the safety threat and serious harm from which the child needs protection	
Participants     Action Steps       Case ID:     Safety Plan ID:     29749730       Case Name:     Applesauce, Cinnamon     Plan Status:     In Progress         Safety Threats and Serious Harm       Identify the safety threat(s) and serious harm from which the child(ren) needs protection: (expand full screen)	
Case ID:     Safety Plan ID:     29749730       Case Name:     Applesauce, Cinnamon     Plan Status:     In Progress         Safety Threats and Serious Harm       Identify the safety threat(s) and serious harm from which the child(ren) needs protection: (expand full screen)	
Case Name:     Applesauce, Cinnamon     Plan Status:     In Progress       Safety Threats and Serious Harm     Identify the safety threat(s) and serious harm from which the child(ren) needs protection: (expand full screen)     Identify the safety threat(s) and serious harm from which the child(ren) needs protection: (expand full screen)	
Safety Threats and Serious Harm Identify the safety threat(s) and serious harm from which the child(ren) needs protection: <u>(expand full screen)</u>	
Identify the safety threat(s) and serious harm from which the child(ren) needs protection: (expand full screen)	
This is the safety threat and serious harm from which the child needs protection	
Spell Check Clear 4000	
Safety Plan Activities	
Janzy Piali Activities	
Activity Description Responsible Parties	
edit 1 This is the first activity that will be implemente Applesauce, Grammy ( : )	
edit 2 This is the second activity being implemented to p Applesauce, Gramps (1 ); Applesauce, Grammy (15316790)	delete



**Note:** When the Safety Plan is marked ready for Authorization and you click the **Apply** button or the **Save** button on the **Action Steps** tab, all information on the **Participants** and **Action Steps** tabs will be frozen and cannot be edited. The **Authorizations** tab will become available.

As long as no information has been recorded on the **Authorizations** tab, you can continue to edit the plan (by following the instructions in the next step below). Once any information has been documented on the **Authorizations** tab, however, no changes can be made to the content of the **Participants** or **Action Steps** tabs of the Safety Plan.

- 5. If you wish to continue editing the Safety Plan, remove the **Yes** response from the **Safety Plan ready for Authorization** field and click the **Apply** button. Then make the desired edits.
- 6. To change the Safety Plan status from **In Progress** to **Complete** and access the **Authorizations** tab: Select **Yes** in the **Safety Plan ready for Authorization** field and click the **Apply** button.

Safety Response:	In Home Safety Plan
Safety Plan ready for Authorization:	Yes
Note: When "Yes" is selected, Participa	nts and Action Steps will be frozen and Authorizations will become available.
Apply Save Cancel	

The **Authorizations** tab heading displays.

Your data has been sav Case > Workload > Safe				⊠ close confirmation
	Participants	Action Steps		Authorizations
Case ID:		Safety Plan ID:	29749730	
Case Name:	Applesauce, Cinnamon	Plan Status:	Complete	
Safety Threats and Ser	rious Harm			
Identify the safety thr	eat(s) and serious harm from which the child(re	i) needs protection: (expand full screen)		

7. Click the **Authorizations** tab to record the verbal authorization and/or signature details.



The Authorizations tab appears.

el D: safety Plan ID: 2974973 Plan Status: Complete antaria Safety Plan Authorizations antaria Safety Plan Authorizations antaria Safety Plan Authorizations tas en parent/guardian/custodian(s) read or been read "Important Information about Safety Plans"? tas any parent/guardian/custodian(s) or responsible party provided verbal approval of the Safety Plan (due to being unavailable to sign?) Signatures Indicate whether or not the signatures from the parent/guardian/custodian(s) and/or responsible parties have been obtained: Mary Applesauce, Cinnamon / 1 (Parent/Guardian/Custodian) Applesauce, Gramps / 1 (Responsible Party) Applesauce, Gramps / 1 (Responsible Party) Applesauce, Gramps / 1 (Responsible Party) Caseworker: Supervisor: Supervisor	Par	ticipants	Action Steps		Authorizations
aintain Safety Plan Authorizations Itas the parent/guardian/custodian(s) read or been read "Important Information about Safety Plans"? Itas any parent/guardian/custodian(s) or responsible party provided verbal approval of the Safety Plan (due to being unavailable to sign?)  Signatures Indicate whether or not the signatures from the parent/guardian/custodian(s) and/or responsible parties have been obtained:  Participant or Responsible Party Signature Received Date Provided Time Provided Applesauce, Cinnamon / 1 (Parent/Guardian/Custodian)  Applesauce, Grammy / : (Responsible Party)  Applesauce, Grammy / 1 (Responsible Party)  Applesauce, Grammy / 1 (Responsible Party)  Evanuation  E	ID:		Safety Plan ID:	29749730	
as the parent/guardian/custodian(s) read or been read "Important Information about Safety Plans"?  as any parent/guardian/custodian(s) or responsible party provided verbal approval of the Safety Plan (due to being unavailable to sign)?  Signatures Indicate whether or not the signatures from the parent/guardian/custodian(s) and/or responsible parties have been obtained:  Participant or Responsible Party Signature Received Date Provided Time Provided Applesauce, Grammy /: (Responsible Party) Applesauce, Grammy /: (Responsible Party) Applesauce, Gramps / 1 (Responsible Party) Applesauce, Gramps / 1 (Responsible Party)	Name:	Applesauce, Cinnamon	Plan Status:	Complete	
as any parent/guardian/custodian(s) or responsible party provided verbal approval of the Safety Plan (due to being unavailable to sign)?  Signatures Indicate whether or not the signatures from the parent/guardian/custodian(s) and/or responsible parties have been obtained:  Participant or Responsible Party Signature Received Date Provided Time Provided Applesauce, Cinnamon / 1 (Parent/Guardian/Custodian)  Applesauce, Grampy / 1 (Responsible Party) Applesauce, Gramps / 1 (Responsible Party)  Camumator	intain Safety Plan Authorizat	ions			
Signatures         Indicate whether or not the signatures from the parent/guardian/custodian(s) and/or responsible parties have been obtained:         Participant or Responsible Party       Signature Received       Date Provided       Time Provided         Applesauce, Cinnamon / 1       (Parent/Guardian/Custodian)       Image: Comparison of the parties parties have been obtained:         Applesauce, Cinnamon / 1       (Parent/Guardian/Custodian)       Image: Comparison of the parties parties have been obtained:         Applesauce, Grammy / :       (Responsible Party)       Image: Comparison of the parties	as the parent/guardian/cust	odian(s) read or been read "Important Information a	bout Safety Plans"?		
Indicate whether or not the signatures from the parent/guardian/custodian(s) and/or responsible parties have been obtained:         Participant or Responsible Party       Signature Received       Date Provided       Time Provided         Applesauce, Cinnamon / 1       (Parent/Guardian/Custodian)       Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"	as any parent/guardian/cust	odian(s) or responsible party provided verbal approv	al of the Safety Plan (due to being unavailable to sign)?		
Participant or Responsible Party     Signature Received     Date Provided       Applesauce, Cinnamon / 1     (Parent/Guardian/Custodian)     Image: Comparison of the party       Applesauce, Grammy / :     (Responsible Party)     Image: Comparison of the party       Applesauce, Gramps / 1     (Responsible Party)     Image: Comparison of the party	-				
Applesauce, Cinnamon / 1 (Parent/Guardian/Custodian)	Indicate whether or not the	signatures from the parent/guardian/custodian(s) a	nd/or responsible parties have been obtained:		
Applesauce, Grammy /:     (Responsible Party)       Applesauce, Gramps / 1     (Responsible Party)		Participant or Responsible Party	Signature Received	Date Provided	Time Provided
Applesauce, Gramps / 1 (Responsible Party)	Applesauce, Cinnamon / 1	(Parent/Guardian/Custodian)			
	Applesauce, Grammy / :	(Responsible Party)		iii	
Caseworker: Supervisor:	Applesauce, Gramps / 1	(Responsible Party)			
	Caseworker:		Supervisor:		
lote: Once each verbal approval or signature has been saved, it cannot be edited, but missing verbal approval or signature information may be added.					
ute: once each verbal approver or signature neb peer saved, it cannot be conced, but missing verbal approvar or signature information may be 30063.	ote: Once each Verbal approval	or signature has been saved, it cannot be edited, but missif	ig verbal approval of signature information may be added.		
Validate Approval Process Approval	/alidate Approval Process App	roval			

**Note:** When each verbal approval or signature has been saved, it cannot be edited. But any missing verbal approval or signature information may be added.

8. Select the applicable response from the drop-down list to answer the question **Has** the parent/guardian/custodian(s) read or been read "Important Information about Safety Plans"?

Case	> Workload > Safety Plan			
	Participants	Action Steps		Authorizations
Case	ID:	Safety Plan ID:	29749730	
Case	Name: Applesauce, Cinnamon	Plan Status:	Complete	
Ma	intain Safety Plan Authorizations			
н	as the parent/guardian/custodian(s) read or been read "Important In	nformation about Safety Plans"?		
н	as any parent/guardian/custodian(s) or responsible party provided v	erbal approval of the Safety Plan (due to being unavailable to sign)?	Yes No	
	Signatures			
	Indicate whether or not the signatures from the parent/guardian/cu	stodian(s) and/or responsible parties have been obtained:		



9. Select the applicable response from the drop-down list to answer the question **Has** any parent/guardian/custodian(s) or responsible party provided verbal approval of the Safety Plan (due to being unavailable to sign)?

**Note:** If all parties were initially available to sign, it is not necessary to also record verbal agreement, and you may select the value **N/A** for this question.

Case > Workload > Sat	fety Plan			
	Participants	Action Steps		Authorizations
Case ID: Case Name:	Applesauce, Cinnamon	Safety Plan ID: Plan Status:	29749730 Complete	
Maintain Safety Plan	Authorizations			
Has the parent/gua	rdian/custodian(s) read or been read "Important In	nformation about Safety Plans"?	Yes 🗸	_
Has any parent/gua	rdian/custodian(s) or responsible party provided v	erbal approval of the Safety Plan (due to being unavailable to sign)?	Yes Refused N/A	
	or not the signatures from the parant/geordian/ta	station(s) and/or responsible parties have been obtained.		

If **Yes** or **Refused** is selected for this question, the **Verbal Approval** section displays as shown on the next page.

aintain Safety Plan Authorizatior	15								
Has the parent/guardian/custodian(s) read or been read "Important Information about Safety Plans"? (Yes v) Has any parent/guardian/custodian(s) or responsible party provided verbal approval of the Safety Plan (due to being unavailable to sign)? (Yes v)									
Verbal Approval									
Indicate whether or not verbal approval from the parent/guardian/custodian(s) and/or responsible parties has been obtained:									
Participant or Responsible Party Verbal Approval Received Date Provided Time Provided									
Applesauce, Cinnamon / 1	(Parent/Guardian/Custodian)								
Applesauce, Grammy / :	(Responsible Party)								
Applesauce, Gramps /	(Responsible Party)			AM V					
Signatures									
Indicate whether or not the sig	gnatures from the parent/guardian/custodian(s) and/or respons	sible parties have been obtained:							
	Participant or Responsible Party	Signature Received	Date Provided	Time Provided					
Applesauce, Cinnamon / :	(Parent/Guardian/Custodian)								



10. Select the appropriate value for each Participant or Responsible Party's **Verbal Approval** and/or **Signatures**.

	Participant or Responsible Party	Verbal Approval Received	Date Provided	Time Provided
Applesauce, Cinnamon / :	(Parent/Guardian/Custodian)	Yes 🔽	04/04/2016	11:00 AM V
Applesauce, Grammy / 1	(Responsible Party)	Yes		
Applesauce, Gramps / 1	(Responsible Party)	Refused N/A		
-	signatures from the parent/guardian/custodian(:	s) and/or responsible parties have been obtained:		
-	signatures from the parent/guardian/custodian( Participant or Responsible Party	s) and/or responsible parties have been obtained: Signature Received	Date Provided	Time Provided
ndicate relationer or not the			Date Provided	Time Provided
ignatures dicate checker or not the Applesauce, Cinnamon / 1 Applesauce, Grammy /	Participant or Responsible Party	Signature Received	Date Provided	

11. For each **Yes** or **Refused** response, record the **Date Provided** and the **Time Provided** (shown in blue above).

**Note:** If any Participant or Responsible Party is unwilling to sign the Safety Plan, the status of the plan will be **Refused**. In this event, the PCSA shall implement alternative safety interventions, per **OAC 5101:2-37-02 PCSA Requirements for Completing the Safety Plan**.



**Note:** If the signature of a parent, guardian, or custodian is waived, per **OAC 5101:2-36-11 Extending Time Frames for Completion or Waiving Completion of Assessment/ Investigation Activities**, a Justification/Waiver with a type of **Waive Safety Plan Signature** and the applicable Participant linked, must be **Approved** in Ohio SACWIS. Per rule, the waiver must document the reason(s) why the parent, guardian, or custodian who has not signed is unable or unavailable to sign the **JFS 01409 Safety Plan**.

Case > Workload > Justifi	cation/Waiver					
Case ID:			Case Status:	Open (04/01/2016)		
Case Name:	Applesauce, Cinnamon		Case Category:	Alternative Response Assessmen	t	
Justification Request Detail	s					
Request	04)	08/2016	Rec	juestor Name:	Worker, Case E.	
Decision Date:	04/	08/2016	Арј	prover:	Worker, Case E.	
Status:	A	pproved				
Intake Information						
Intak	te ID	Date Received		Intake Category		Intake Type
	04/01/2016		CA/N Report		Physical Abuse	
Justification Type(s)						
	Justific	ation Type			Intake Participants	
Waive Safety Plan Signatur	e			Applesauce, Cinnamon		
Reason for Justification: (	expand full screen)					
This is the justification, as r	equired per OAC 5101:2-36-11					

If a Justification/Waiver meeting the above criteria has been approved in the case, then the value **Waived** will display in the **Signature Received** drop-down list for that Parent/Guardian/Custodian.

Signatures							
Indicate whether or not the signatures from the parent/guardian/custodian(s) and/or responsible parties have been obtained:							
	Participant or Responsible Party	Signature Received	Date Provided	Time Provided			
Applesauce, Cinnamon /	(Parent/Guardian/Custodian)	Yes					
Applesauce, Grammy / 1	(Responsible Party)	Refused Waived	04/04/2016	11:10 AM V			
Applesauce, Gramps / :	(Responsible Party)						
Caseworker:		Supervisor:					

- 12. Select the **Caseworker** who signed the Safety Plan. A Caseworker signature is required for the Safety Plan to be Effective.
- 13. Select the **Supervisor** (if any) who signed the Safety Plan.



When a **Verbal Approval** or **Signature** has been obtained from each Participant and Responsible Party, and a **Caseworker** has been selected, the **Plan Status** will be updated to **Effective**.

When all signature information has been recorded, the Safety Plan may be routed for approval.

14. If you wish to route the Safety Plan for approval, click the **Validate Approval** button. (Optional)

	Participant or Responsible Party	Verbal Approval Received	Date Provided	Time Provided
pplesauce, Cinnamon /	(Parent/Guardian/Custodian)	Yes	04/04/2016	11:00 AM 🗸
pplesauce, Grammy / 1	(Responsible Party)	N/A V		
pplesauce, Gramps / 1	(Responsible Party)	N/A 🔽		
	Participant or Responsible Party	Signature Received	Date Provided	Time Provided
pplesauce, Cinnamon / 1	(Parent/Guardian/Custodian)			
pplesauce, Grammy / 1	(Responsible Party)	Yes	04/04/2016	(11:10 AM 🔽
pplesauce, Gramps / 1	(Responsible Party)			

15. If any required information is missing on the **Authorizations** tab, a list of Validation Messages displays:

Case > Safety Plan > Validation				
Safety Plan Validation Message(s)				
Location			Message	
Authorizations Tab	Signature information for Applesauce, Cinnamon / 1	is required		
Authorizations Tab	Signature information for Applesauce, Gramps / 1	is required		
ОК				

16. Click the link in the **Location** column of a Validation Message to return to the appropriate screen to record the missing information, OR click the **OK** button to return to the **Authorizations** tab and record any missing information.



When a Safety Plan has been **Approved** by a Supervisor, the **Plan Status** is updated to **Effective-Finalized**.

Attorney Communication	Safety Plans Filter Criteria							
Intake List	From Effective Date:			To Eff	ective Date:	da b		
Safety Assessment	Agency:					<b>_</b>		
Forms/Notices	Plan Status:							
AP Pothway Switch								
Safety Plan	Sort Results By:	Effective Date (Descendin						
Louis Locessment		Lifective Dute (Destendin	9/					
Ongoing Case A/I								
Specialized A/I Tool	Filter Clear Form							
Law Enforcement	Safety Plans							
Justification/Waiver	Result(s) 1 to 1 of 1							Page 1 of 1
Case Services		n Status Effective Date	Discontinue	Reason for Safety Plan	Age	ncy	Safety Plan	
Legal Actions	Plan ID		Date				Response	
Legal Custody/Status	copy 29749730 Effect	tive- 04/04/2016		Safety Re-Assessment	Ohio County Department of .	Job and Family Services	In Home Safety	discontinue
Living Arrangement	<u>view</u> <u>Finali</u>	ized					Plan	discontinue
Initial Removal	reports							
Placement Request								
Placement	Add Safety Plan							
Visitation Plans								

#### **Discontinuing a Safety Plan**

Complete the following steps if you wish to discontinue a Safety Plan.

- 1. Navigate to the **Safety Plans Filter Criteria** screen displaying the **Safety Plans** section using the steps previously discussed.
- 2. Click the **Discontinue** link to the right of the appropriate plan.

Attorney Communication	Safety Plans Filter Criteria	1				
Intake List	From Effective Date:	<u> </u>		To Effective Date:	<u> </u>	
Safety Assessment	Agency:				~	
Forms/Notices	Plan Status:					
Safety Plan	Sort Results By:	Effective Date (Descendin	ng) 🔽			
Ongoing Case A/I						
Specialized A/I Tool	Filter Clear Form					
Law Enforcement	Safety Plans					
Justification/Waiver	Result(s) 1 to 1 of 1					Page 1
Case Services		Plan Status Effective Date	Discontinue Reason for	Safety Plan	Agency	Safety Plan
Legal Actions	Plan ID		Date			Response
Legal Custody/Status	copy 29749730 Ef	fective- 04/04/2016	Safety Re-As	sessment Ohio County Depa	artment of Job and Family Services	In Home Safet discontin
Living Arrangement	view Ei	nalized				Plan
Initial Removal	reports					
Placement Request						
Placement	Add Safety Plan					
Visitation Plans	rida Odrecy Fidir					



The Discontinue Work Details screen appears.

Case ID:	3		Safety Plan ID:	29749730			
Case Name:	Applesauce, Cinnamon		Plan Status:	Effective-Finalized			
Discontinue Work Details							
Effective Date:	04/04/2016						
End Date: * Reason for Discontinuation: *							
Additional Details Regarding I	Additional Details Regarding Discontinuation of Work:						
Spell Check Clear 1000	Spell Check Clear 1000						
Have Appropriate Parties been	n Notified of Plan Discontinuation?	No V	Date:				
Save Cancel							

- 3. Enter the **End Date** of the Safety Plan. (Required)
- 4. Select the **Reason for Discontinuation** from the drop-down list. (Required)
- 5. Enter any additional details in the **Additional Details Regarding Discontinuation** of Work text box. (Optional)
- 6. Select the appropriate response from the drop-down list to answer the question **Have Appropriate Parties been Notified of Plan Discontinuation?**
- 7. Enter the **Date** of the notification.

iscontinue Work Details			
Effective Date:	04/04/2016		
End Date: *	04/08/2016		
Reason for Discontinuation: *	Family Stabilized	~	
Additional Details Regarding Disco	ntinuation of Work:		
Spell Check Clear 1000			

8. Click the **Save** button.

The **Safety Plans** list displays the Safety Plan with a **Plan Status** of **Discontinued** (shown in green on the next page).



#### **Generating a Notice of Safety Plan Discontinuation**

If you wish to generate a termination letter after Discontinuing a Safety Plan, complete the following steps.

1. In the **Safety Plans** list, click the **Reports** link beside the **Discontinued** Safety Plan.

lesult(s) 1	to 2 of 2						P	age 1 of
	Safety Plan ID	Plan Status	Effective Date	Discontinue Date	Reason for Safety Plan	Agency	Safety Plan Response	
<u>edit</u> <u>reports</u>	29753720	In Progress				Ohio County Department of Job and Family Services		delet
<u>copy</u> <u>view</u> <u>reports</u>	29749730	Discontinued	04/04/2016	04/08/2016	Safety Re-Assessment	Ohio County Department of Job and Family Services	In Home Safety Plan	

The **Reports** screen appears.

- 2. In the Generate Document drop-down list, select Safety Plan Termination Letter.
- 3. Click the **Select** button.

Reports		
Work-Item Type:	CASE	Work-Item Reference:
Task Type:	SP	Task Reference:
Available Documents		
Generate Document:	JFS 01409 - Safety Plan Safety Plan Termination Letter	
Select Cancel		

When the letter is generated and saved, the system automatically creates an **Activity Log** in the Case stating that the letter was generated:

Add Acti	ivity						Page 1 of
	Activity Date	Contact Type	Category	Sub Category	Created By	Activity State	Narrative
<u>edit</u> copy	04/08/2016 11:00 AM	Face-to-Face	Assessment/Investigation Mandate	Adult Subject of Report , Assessment/Investigation Initiated , Child Subject of Report	Case E. Worker	Completed	8 amend
report	Associated Parti	icipants: Baby Applesauce , Cinnamon Apples	auce				
<u>edit</u> copy	04/08/2016	Letter To	Correspondence	Safety Plan Discontinuation Letter	Case E. Worker	Completed	8 amend
report	Associated Parti	icipants: Baby Applesauce , Cinnamon Applesa	auce				



#### Working with Safety Plans Auto-Generated from Safety Assessment

When a Safety Assessment has a **Safety Response** of **In-Home Safety Plan** or **Out-of-Home Safety Plan** for one or more children, then upon Approval of the Safety Assessment, the system will create a Safety Plan with a **Status** of **In Progress**.

Case > Workload > Safety Assessment								
Safety Assessment	Safety Factors	Safety Consideration	Safety Response					
Case ID:		Safety Assessment ID:	19551290					
Case Name:	Applesauce, Cinnamon	Status:	In Progress					
Section 6: Safety Response								
Safety Response Details								
□ All Children in the Home are Safe	All Children in the Home are Safe							
Select the appropriate safety response for each child	d:							
Name		Safety Response						
Applesauce, Baby Generate Safety Response	In Home SP Out Home SP Legally Authorized Out-of-Home Placement Not Included in SP							

In this event, the in-progress Safety Plan will have the **Safety Assessment** already **Linked**, and the Child and Adult **Participants** from the Safety Assessment will be populated in the Safety Plan.

The Caseworker can then update and add the remaining details to the Safety Plan in order to complete it.

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at <u>SACWIS HELP DESK@jfs.ohio.gov</u>.

