

**Completing a Foster Care
Recertification or Adoption Home
Study Update**



Knowledge Base Article

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Overview

This Knowledge Base Article describes how to complete a **Foster Care Home Recertification** or the **Two-Year Update** for an **Adoption Home Study**.

Navigating to the Home Study Details Screen

1. From the SACWIS **Home** screen, click, **Provider**.
2. Click, **Workload**.
3. Click, **select**, beside the name of the appropriate **Provider ID**.

The screenshot shows the SACWIS interface. The top navigation bar has 'Home', 'Provider', 'Financial', and 'Administration'. Under 'Provider', 'Workload' is selected. Below this, there are sub-tabs: 'Provider Search', 'Provider Match', 'Recruitment', 'Inquiry', 'Training', 'Agency Certifications', and 'KCCP Pre-Screening Tool'. The 'Workload' section has a dropdown for 'Provider Worker' (set to 'All Provider Workers') and a 'Sort By' dropdown (set to 'Provider Name (Ascending)'). A table lists 249 providers. The first row has a 'select' link highlighted with a red box.

The **Provider Overview** screen appears.

4. Click, **Home Study** in the navigation pane.

The screenshot shows the 'Provider Overview' screen. On the left, a navigation pane has 'Home Study' highlighted with a red box. The main area shows fields for 'PROVIDER NAME / ID', 'CATEGORY / STATUS' (Home / Active), 'PRIMARY ADDRESS', and 'PRIMARY CONTACT' (Home: [redacted]). Below is a 'Provider Actions' section with links: 'Provider Information', 'Linked 1692 Providers', and 'Associated Providers'.

The **Home Study Filter Criteria** screen appears.

5. Click the **Copy** link in the row for the same home-study type (i.e., **Foster Care** or **Adoptive Care**) that was completed most recently.

The screenshot shows the 'Home Study Filter Criteria' screen. The title is highlighted with a green box. There are date pickers for 'From Home Study Start Date' and 'To Home Study Start Date'. Below are radio buttons for 'Exclude' and 'Include'. A 'Filter' button is present. Below that is a 'Maintain Home Study History' section with a table. The first row of the table has a 'copy' link highlighted with a red box.

	Provider Type	Home Study Type	Start Date	Status	Recommendation	Recommendation Date	Agency
view	Adoptive Care	Initial	11/13/2000	Approved	Approve	11/13/2000	[redacted]
copy							
report							

The **Home Study Details** screen appears.

1. In the **Home Study Type** field, select **Recertify/Update** from the drop-down list.

Note: The **Provider Type** will be pre-populated.

2. Enter the appropriate **Start Date** OR click the Calendar icon and select the date.
3. In the **Assessor** field, select the appropriate name from the drop-down list.
4. Make a selection from the **Level of Care** drop-down menu (this is only necessary if you've selected Foster Care as the Provider Type).
5. Make a selection from the Priority drop-down menu (optional).
6. Click, **Save**.

The screenshot shows a web application interface. At the top, there are four main tabs: Home, Provider, Financial, and Administration. Under the 'Provider' tab, there are several sub-tabs: Workload, Provider Search, Provider Match, Recruitment, Inquiry, Training, Agency Certifications, and KCCP Pre-Screening Tool. The 'Home Study Details' sub-tab is highlighted with a green box. Below the sub-tabs, there is a header area with 'PROVIDER NAME / ID:' followed by a light blue input field and 'CATEGORY: Home'. The main form area contains the following fields:

- Agency: [light blue input field]
- Home Study Type: * [dropdown menu]
- Provider Type: * [dropdown menu]
- Start Date: * [input field with calendar icon]
- Assessor: * [dropdown menu]
- Level of Care: [dropdown menu]
- Priority: [dropdown menu]

At the bottom of the form, there are two buttons: 'Save' and 'Cancel'.

The **Maintain Home Study Information** screen appears.

Completing Basic Provider Information

1. Click, **Basic Provider Information (Name, Household Members, Address and Contact Caregiver)**.

Maintain Home Study Information			
Agency:			
Home Study Type:	Recertify/Update	Assessor:	
Provider Type:	Foster Care	Level of Care:	Family Foster Home
Start Date:	11/12/2018	Priority:	
Home Study Topics			
Topic		Status	
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)			
Amend/Update		Not Provided	
Verifications		Not Completed	
Safety Audit		Disposition Status Has Not Been Entered	
References		6 of References Provided	
Adult Children References		No / Not Applicable	
Description of Home		Record Exists	
Description of Family		Record Exists	
Assessment Visits		1 of Visits Linked	
Training Completed		Training Requirements Not Completed	
Acceptance Criteria Information		Characteristics Information - Record Exists / Usage Placement Criteria - Record Exists	
Recommendation		Pending	

The **Provider Information** screen appears. You can review the information for accuracy, and if necessary, make changes to the information.

2. If there are no changes to make to the Provider Information, click, **Close**.

Note: If you wish to make changes to the Provider information, click, **Update Provider Information**, then make and save the necessary changes.

3. When you are finished, click, **Close**.

PROVIDER NAME / ID: [REDACTED] CATEGORY: *Home*

Provider Information

Assessor Name: Supervisor, Suzie
 Agency: [REDACTED]
 Agency Address: [REDACTED] Phone: [REDACTED]
 Fax: [REDACTED]

Member List

Name/Person ID	Date of Birth	Role	Effective Date	Type	Estimated Leave Date
[REDACTED]	[REDACTED]	Applicant 1	01/23/2013	Permanent	
Skills: C.P.R., First Aid Training, Teacher-Elementary School					
[REDACTED]	[REDACTED]	Child Household Member	08/08/2016	Permanent	
Skills:					

Applicant Relationship Information

Marital Status

Marital Status: [REDACTED] Effective Date: 01/24/2013

Provider Address

Address: [REDACTED]
 Directions to Home from Agency: [REDACTED]
 Name of Public School District: [REDACTED]

Provider Contact

Type	Detail	Description
Cell	[REDACTED]	
Email	[REDACTED]	
Work	[REDACTED]	
Emergency	[REDACTED]	

Expiration date of current foster home certificate or adoptive home study approval: 06/06/2019
 [HINT: An expiration date only displays when completing the JFS 01385]

[Close](#) [Update Provider Information](#)

The **Maintain Home Study Information** screen appears.

Completing Amend/Update Information

1. Click, **Amend/Update**.

Maintain Home Study Information

Agency: [REDACTED]

Home Study Type: Recertify/Update Assessor: Provider/Worker [REDACTED]
 Provider Type: Foster Care Level of Care: Family Foster Home
 Start Date: 11/14/2018 Priority:

Home Study Topics

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Not Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	7 of References Provided
Adult Children References	No / Not Applicable

The **Amendment/Update Information** screen appears.

2. For a recertification or adoption update, click the **Safety Audit Update** check box on the **Amendment/Update Information** screen. Is it necessary to always update the safety audit, or is this just an example?
3. In the **Comments** field, enter comments as needed.
Important: When the **Safety Audit Update** check box is selected, the current safety audit will be removed and a new safety audit must be entered.
4. Click, **Save**.

Amendment/Update Information

Select All that Apply: *

<input type="checkbox"/> Name Change	<input type="checkbox"/> Relocation	<input type="checkbox"/> Renovation
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Level of Care	<input type="checkbox"/> New Applicant
<input type="checkbox"/> Change in Applicant	<input type="checkbox"/> Change in Occupancy	<input type="checkbox"/> Adoption of Foster Child (12 Months or more)
<input type="checkbox"/> ICPC Update	<input type="checkbox"/> Service Limits	<input checked="" type="checkbox"/> Safety Audit Update
<input type="checkbox"/> Annual Review	<input type="checkbox"/> Other	

Comments:

Spell Check Clear 1000

Apply Save Cancel

The **Maintain Home Study Information** screen appears.

5. Complete the remaining work items (links) in any order.

Maintain Home Study Information

Agency: [Redacted]

Home Study Type: Recertify/Update Assessor: Provider/Worker [Redacted]

Provider Type: Foster Care Level of Care: Family Foster Home

Start Date: 11/14/2018 Priority:

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact Caregiver)	
Amend/Update	Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	7 of References Provided
Adult Children References	No / Not Applicable

Completing the Description of Family Work Item

Note: Please refer to the [Completing a Review Description of Family \(DOF\)](#) Knowledge Base Article for additional information.

1. On the **Maintain Home Study Information** screen, click the **Description of Family** link.

Maintain Home Study Information

Agency: [Redacted]

Home Study Type: Recertify/Update Assessor: [Redacted] Provider/Worker, [Redacted]

Provider Type: Foster Care Level of Care: Family Foster Home

Start Date: 11/14/2018 Priority:

Home Study Topics

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	7 of References Provided
Adult Children References	No / Not Applicable
Description of Home	Record Exists
Description of Family	Not Available
Assessment Visits	5 of Visits Linked
Training Completed	Training Requirements Not Completed
Acceptance Criteria Information	Characteristics Information - Record Exists / Usage Placement Criteria - Record Exists
Recommendation	Pending

The **Description of Family Information** screen appears.

2. Click the **Maintain Description of Family** button.

Description of Family Information

Type	Effective Date	End Date	Agency
view Review	08/31/2017		[Redacted]

Maintain Description of Family

Close

The **Maintain Description of Family** screen appears providing a list of all existing Description of Family records.

3. If a Family Description does not exist with a Type of **Review**, click the **Add Family Description** button.

Maintain Description of Family

Result(s) 1 to 1 of 1 / Page 1 of 1

Type	Effective Date	CreatedBy	Agency	Status
view copy Initial	07/13/2017	[Redacted]	[Redacted]	Linked to Completed Home Study

Add Family Description

Close

The **Description of Family Details** screen appears.

4. In the **Narrative Type** field, select **Review** from the drop-down list.
5. The **Effective Date** field defaults to the current date. If needed, enter the appropriate **Effective Date**.

Note: When you select, Review, the **Review Effective Date** and **Review End Date** fields become enabled.

Important: Enter a date range that covers the past two years. This allows the narratives to display all the children who were placed in the home during that time.

6. Enter a date in the **Review Effective Date** field.
7. Enter a date in the **Review End Date** field.
8. Click, **Save**.

The **Maintain Description of Family** screen appears displaying the information in a new grid row with a message that your data has been saved.

1. Click the **edit** link in the newly added row.

	Type	Effective Date	CreatedBy	Agency	Status
view copy	Initial	10/20/2013			Linked to Completed Home Study
view copy	Initial	11/01/2013			Linked to Completed Home Study
view copy	Review	09/21/2015			Linked to Completed Home Study
view copy	Review	06/09/2016			Linked to Completed Home Study
view copy	Review	08/31/2017			Linked to Completed Home Study
view copy edit	Review	11/16/2018			delete

The **Description of Family Details** screen appears.

2. Click, **Update Narratives**.

Note: As stated on the SACWIS screen: By selecting the Update narratives button, all Applicant, Member and Child-specific narrative topics will be refreshed to reflect current Provider Participants and Children currently placed with the Provider.

3. Click the following three Narratives links and provide narrative for each topic. answer the questions in each:

- **Applicant Narratives**
- **Member Narratives**
- **Family Narratives**

Note: You can navigate through the narratives by selecting, “Next,” after you finish each entry.

4. When complete, click, **Save**.

Description of Family Details

Agency: [Redacted] Created By: Supervisor, Suzie

Narrative Type: Review Effective Date: * 11/16/2018

Review Effective Date: 11/12/2018 Review End Date: 11/23/2018

Narratives

[Applicant Narratives](#) [Member Narratives](#) [Family Narratives](#)

Note: By selecting the Update Narratives button all Applicant, Member and Child specific narrative topics will be refreshed to reflect current Provider Participants and Children currently placed with the Provider.

[Update Narratives](#)

Apply Save Cancel

The **Maintain Description of Family** screen appears.

5. Navigate back to the **Maintain Home Study Information** screen.

Maintain Description of Family

Result(s) 1 to 6 of 6 / Page 1 of 1

	Type	Effective Date	CreatedBy	Agency	Status
view copy	Initial	10/20/2013	[Redacted]	[Redacted]	Linked to Completed Home Study
view copy	Initial	11/01/2013	[Redacted]	[Redacted]	Linked to Completed Home Study

Completing the Training Completed Work Item

1. On the **Maintain Home Study Information** screen, click the **Training Completed** link.

Maintain Home Study Information

Agency: [Redacted]

Home Study Type: Recertify/Update Assessor: Supervisor, Suzie
 Provider Type: Foster Care Level of Care: Family Foster Home
 Start Date: 11/15/2018 Priority:

Home Study Topics	
Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Not Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	3 of References Provided
Adult Children References	Yes / 0 References Provided
Description of Home	Record Exists
Description of Family	Record Exists
Assessment Visits	2 of Visits Linked
Training Completed	Training Requirements Not Completed

The **Completed Training List** screen appears.

2. Click the **Link Training** button.

Completed Training List

Trainee Name	Session ID / Name	Session Start Date	Number of Hours	How Delivered	Status
<input type="button" value="Link Training"/>					

All Training Requirements have been Successfully Completed Minimum agency requirement in hours for each caregiver:

The **Training Session Search Criteria** screen appears.

3. In the **From Session Date** box, enter the date two years prior to the current date.
4. In the **To Session Date** box, enter the current date.
5. Click, **Filter**.

Training Session Search Criteria

From Session Date: 11/16/2016 OR To Session Date: 11/16/2018

Provider Member/ID: [dropdown] OR Historical Provider Member/ID: [dropdown]

Training Type: [dropdown]

Level of Care: [dropdown]

Actual Hours: [input]

Apply Hours to Certification: [dropdown]

Delivery Method: [dropdown]

Location: [dropdown]

Filter Clear Form

The **Completed Training List** (for the defined 2-year period) appears.

6. Place a checkmark in each box that corresponds to the training you want to add.
7. Click, **OK**.

Member Name / Person ID	Training Type	Level of Care	Session Name / ID	Instructor Name	Session Date	Delivery Method	Location	Actual Hours	Apply Hours to Certification
<input type="checkbox"/>	Continuing	Family Foster Home	Beauty and the Beast: Providing Trauma - Sensitive Care to a Child - Stark Cty. / 40532814		03/06/2018	Classroom	Northeast Ohio Regional Training Center (NEORTC)	3	Yes
<input type="checkbox"/>	Continuing	Family Foster Home	Dare to Parent Positively / 41744814	FosterParentHomework2	11/08/2017	Online Training	Outside of Classroom/Self-Directed	1	Yes
<input type="checkbox"/>	Continuing	Family Foster Home	Anger Management / 41744813	FosterParentHomework1	10/30/2017	Online Training	Outside of Classroom/Self-Directed	1	Yes

OK

The **Completed Training List** screen appears, displaying the selected training.

8. Place a checkmark in the box beside, **All Training Requirements have been Successfully Completed**.
9. Repeat **Steps 2-5** for each person whose training needs to be linked to the home study.
10. Click, **Save**.

Completed Training List

	Trainee Name	Session ID / Name	Session Start Date	Number of Hours	How Delivered	Status
unlink		38051099 / Policy & Procedure Training	05/03/2017	1	Classroom	Completed
unlink		38051099 / Policy & Procedure Training	05/03/2017	1	Classroom	Completed

[Link Training](#)

Training Requirements have been Successfully Completed Minimum agency requirement in hours for each caregiver:

[Apply](#) [Save](#) [Cancel](#)

The **Maintain Home Study Information** screen appears.

Completing the Acceptance Criteria Information Work Item

1. Click, **Acceptance Criteria Information** link.

Maintain Home Study Information

Agency:

Home Study Type: Recertify/Update Assessor:

Provider Type: Foster Care Level of Care: Family Foster Home

Start Date: 11/15/2018 Priority:

Home Study Topics

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Not Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	8 of References Provided
Adult Children References	No / Not Applicable
Description of Home	Record Exists
Description of Family	Record Exists
Assessment Visits	2 of Visits Linked
Training Completed	Training Requirements Not Completed
Acceptance Criteria Information	Characteristics Information - Record Exists / Usage Placement Criteria - Record Exists

The **Acceptance Criteria Information** screen appears.

2. Click the **Maintain Acceptance Criteria** button.

Acceptance Criteria Information

Characteristic(s)

	Provider Type	Effective Date	End Date	Status
view	Foster Care	03/05/2018		Linked To Completed Home Study

Placement Criteria

	Provider Type	Effective Date	End Date	Status
view	Foster Care	03/05/2018		Linked To Completed Home Study

[Maintain Acceptance Criteria](#)

[Close](#)

The **Acceptance Characteristics List** screen appears.

3. Click the **Copy** link in the appropriate row.

Acceptance Characteristics List						
	Provider Type	Effective Date	End Date	Status	Created Date	
view copy	Foster Care	09/29/2015	02/04/2016	Linked To Completed Home Study	09/29/2015	report
view copy	Foster Care	03/13/2014	09/28/2015	Linked To Completed Home Study	03/13/2014	report
view copy	Foster Care	03/05/2018		Linked To Completed Home Study	03/05/2018	report
view copy	Adoptive Care	03/05/2018		Linked To Completed Home Study	04/09/2018	report

The **Characteristics** screen appears.

4. In the **Provider Type** field, select **Foster Care** or **Adoptive Care**.
5. Select a group in the **Select Group** field to update selections within that group.
6. Click, **Save**.

Characteristics		
Provider Type: *	Characteristics Status: * In Progress	
Effective Date: 11/16/2018	End Date:	
Created Date: Mar 5, 2018 1:23:27 PM		
Select Group: Please Select A Group	Show	
Group	Description	Consideration
No data available for the selected group		
Apply	Save	Cancel

The **Acceptance Characteristics List** screen appears.

1. Click the **Usage Placement Criteria** tab.

Characteristics				Usage Placement Criteria		
Acceptance Characteristics List						
	Provider Type	Effective Date	End Date	Status	Created Date	
view copy	Foster Care	09/29/2015	02/04/2016	Linked To Completed Home Study	09/29/2015	reset
view copy	Foster Care	03/13/2014	09/28/2015	Linked To Completed Home Study	03/13/2014	reset
view copy	Adoptive Care	03/13/2014	09/28/2015	Linked To Completed Home Study	03/21/2014	reset
view copy	Foster Care	02/05/2016	03/06/2016	Linked To Completed Home Study	02/05/2016	reset
view copy	Adoptive Care	09/29/2015	02/04/2016	Linked To Completed Home Study	10/01/2015	reset
view copy	Adoptive Care	03/07/2016	03/04/2018	Linked To Completed Home Study	04/08/2016	reset
view copy	Foster Care	03/07/2016	03/04/2018	Linked To Completed Home Study	03/07/2016	reset
view copy	Adoptive Care	02/05/2016	03/06/2016	Linked To Completed Home Study	02/29/2016	reset

The **Usage Placement Criteria** screen appears.

2. Click the **Copy** link in the appropriate row.

Usage Placement Criteria						
	Provider Type	Effective Date	End Date	Status	Created Date	
view copy	Adoptive Care	09/03/2013	07/23/2015	Linked To Completed Home Study	09/16/2013	
view copy	Foster Care	09/03/2013	08/25/2015	Linked To Completed Home Study	09/09/2013	
view copy	Adoptive Care	08/22/2013	09/02/2013	Linked To Completed Home Study	08/26/2013	

The **Criteria** screen appears.

3. In the **Provider Type** field, select **Foster Care** or **Adoptive Care**.
4. Click the appropriate **edit** link.

Criteria						
Provider Type: *		<input type="text"/>	Placement Criteria Status:		In Progress	
Effective Date:		11/16/2018	End Date:			
Total Number of Children:		<input type="text"/>	Created Date:		Nov 16, 2018 3:06:03 PM	
	Gender	Minimum Age	Maximum Age	Number of Children		
edit		3Years, 0Months	15Years, 11Months	3		
edit		3Years, 0Months	15Years, 11Months	3		
Add						
Apply Save Cancel						

The **Usage Placement Criteria Details** screen appears.

5. Modify the criteria as appropriate.
6. Click, **OK**.

Usage Placement Criteria Details

Gender: * Number of Children: *

Minimum Age: * Maximum Age: *

The **Criteria** screen appears.

1. Click the **Save** button at the bottom of the **Criteria** screen.
2. If there is more than one placement criteria present, you must enter a number in the **Total Number of Children** box.
3. Click, **Save**.

Criteria

Provider Type: * Placement Criteria Status: In Progress

Effective Date: End Date:

Total Number of Children: Created Date: Nov 16, 2018 3:06:03 PM

	Gender	Minimum Age	Maximum Age	Number of Children	
edit		3Years, 0Months	15Years, 11Months	3	delete
edit		3Years, 0Months	15Years, 11Months	3	delete

The **Usage Placement Criteria** screen appears.

1. Navigate back to the **Maintain Home Study Information** screen.

Usage Placement Criteria

	Provider Type	Effective Date	End Date	Status	Created Date
view copy	Adoptive Care	09/03/2013	07/23/2015	Linked To Completed Home Study	09/16/2013
view copy	Foster Care	09/03/2013	08/25/2015	Linked To Completed Home Study	09/09/2013
view copy	Foster Care	08/22/2013	09/02/2013	Linked To Completed Home Study	08/22/2013

Completing the Recommendation Work Item

2. On the **Maintain Home Study Information** screen, click the **Recommendation** link.

Maintain Home Study Information			
Agency: [Redacted]			
Home Study Type:	Recertify/Update	Assessor:	[Redacted]
Provider Type:	Foster Care	Level of Care:	Family Foster Home
Start Date:	11/15/2018	Priority:	
Home Study Topics			
Topic		Status	
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)			
Amend/Update		Not Provided	
Verifications		Not Completed	
Safety Audit		Disposition Status Has Not Been Entered	
References		8 of References Provided	
Adult Children References		No / Not Applicable	
Description of Home		Record Exists	
Description of Family		Record Exists	
Assessment Visits		2 of Visits Linked	
Training Completed		Training Requirements Not Completed	
Acceptance Criteria Information		Characteristics Information - Record Exists / Usage Placement Criteria - Record Exists	
Recommendation		Pending	

The **Recommendation Details** screen appears.

3. Answer each question by making a selection from the corresponding drop-down menu.
4. Enter narrative in each text box, as appropriate.
5. Make a selection from the **Recommendation** drop-down menu.
Note: If you make a recommendation to Close or Deny, you will need to make a selection from the **Primary Reason** drop-down menu, as well as any **Secondary Reasons**.
6. The **Certifying Entity** box should be pre-populated.
7. Enter the **Recommendation Date**.
8. Enter a number in the **Service Limits** box.
9. Click, **Save**.

Recommendation Details

Do any of the above listed verifications contain information that would disqualify either applicant for the program for which they applied?

If Yes, Explain:

Spell Check Clear 1000

Do any of the above listed verifications contain information that would cause limitations/restrictions regarding the care of a foster or adopted child?

If Yes, Explain:

Spell Check Clear 1000

Recommendation Information

Recommendation: * Recommendation Date:  Service Limits: *

Certifying Entity: [\[Link Rule Violations \]](#)

Reason(s) Recommendation Closed or Denied

Primary Reason:

Select All Secondary Reasons that Apply:

<input type="checkbox"/> Age	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Falsification of Application Information
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Living Conditions	<input type="checkbox"/> Marital Status Change
<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Rehab Standards Not Met	<input type="checkbox"/> Required Documentation Not Completed
<input type="checkbox"/> Verification Disqualification	<input type="checkbox"/> Voluntary Withdrawal	

If Primary or Secondary Reason is Other, Explain:

Spell Check Clear 1000

The **Maintain Home Study Information** screen appears.

1. Click the **Validate for Approval** button.

Maintain Home Study Information

Agency: [Redacted]

Home Study Type: Recertify/Update Assessor: Supervisor, Suzie
 Provider Type: Foster Care Level of Care: Family Foster Home
 Start Date: 11/16/2018 Priority:

Home Study Topics	
Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Not Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	7 of References Provided
Adult Children References	No / Not Applicable
Description of Home	Record Exists
Description of Family	Not Available
Assessment Visits	5 of Visits Linked
Training Completed	Training Requirements Not Completed
Acceptance Criteria Information	Characteristics Information - Record Exists / Usage Placement Criteria - Record Exists
Recommendation	Approve

Validate for Approval

The **Unresolved Tasks** screen appears with the following message: **No unresolved topic.**

Important: If information is missing, the **Unresolved Tasks** screen appears, displaying what must be resolved before you can validate the record.

2. Click, **Process for Approval.**

No unresolved topic. [Close]

PROVIDER NAME / ID: [Redacted] CATEGORY: *Home*

Unresolved Tasks

Topic	Message

Process for Approval

Close

The **Process Approval** screen appears.

Processing for Approval

1. If you have approval authority, select **Approved - Final** in the **Action** drop-down menu.
2. Skip to **Step 5**.
3. If you do **NOT** have approval authority, select the appropriate action in the **Action** drop-down list.
4. If the home study is being routed to a supervisor, select the supervisor's name from the **Reviewers/Approvers** drop-down list.
5. Click the **Save** button.

Process Approval

Work Item

ID: [Redacted] Type: PROVIDER Reference: [Redacted]
Task ID: [Redacted] Task Type: Home Study Task Reference: [Redacted]
Task Status:

Routing/Approval Action

Action: * **Please Select An Action** ▼

Comments: [Text Area]

Agency: [Dropdown]

Reviewers/ Approvers: **Please Select A Reviewer/Approver** ▼

Save Cancel

Note: Prior to approval, the Home Study status will remain as **Pending Approval**.

Home Study Filter Criteria

From Home Study Start Date: [Date Picker] To Home Study Start Date: [Date Picker]

Created in Error: Exclude Include

Filter

Maintain Home Study History

	Provider Type	Home Study Type	Start Date	Status	Recommendation	Recommendation Date	Agency
view	Foster Care	Recertify/Update	11/12/2018	Pending Approval	Approve	11/19/2018	Ohio Child Welfare Agency
edit							
copy							
report							

Note: Once the final approver has approved the home study, the **Status** will change to **Approved**.

Home Study Filter Criteria

From Home Study Start Date:  To Home Study Start Date: 

Created in Error: Exclude Include

[Filter](#)

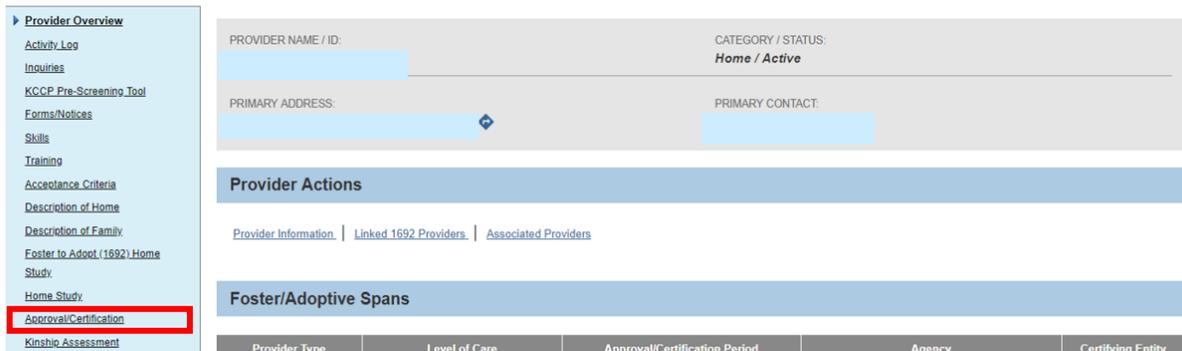
Maintain Home Study History

	Provider Type	Home Study Type	Start Date	Status	Recommendation	Recommendation Date	Agency
view copy report	Adoptive Care	Initial	07/13/2017	Approved	Approve	12/01/2017	Ohio Child Welfare Agency
view copy report	Foster Care	Recertify/Update	11/14/2018	Approved	Approve	11/15/2018	Ohio Child Welfare Agency

Processing after Receiving Home Study Approval

Once the home study has been approved by the supervisor, the system will automatically create a **Request for Recertification** or **Recommendation for Re-approval** in the Provider's **Approval/Certification** link. To locate the new request or recommendation, complete the following steps.

1. Navigate to the **Provider Overview** screen using the steps previously discussed.
2. Click the **Approval/Certification** link in the **Navigation** menu.



Provider Overview

- Activity Log
- Inquiries
- KCCP Pre-Screening Tool
- Forms/Notices
- Skills
- Training
- Acceptance Criteria
- Description of Home
- Description of Family
- Foster to Adopt (1692) Home Study
- Home Study
- Approval/Certification**
- Kinship Assessment

PROVIDER NAME / ID: CATEGORY / STATUS: *Home / Active*

PRIMARY ADDRESS: PRIMARY CONTACT:

Provider Actions

[Provider Information](#) | [Linked 1692 Providers](#) | [Associated Providers](#)

Foster/Adoptive Spans

Provider Type	Level of Care	Approval/Certification Period	Agency	Certifying Entity
---------------	---------------	-------------------------------	--------	-------------------

The **Maintain Approval/Certification Recommendations** screen appears.

3. Click the **Edit** link in the appropriate **Recommendation for Recertification** or **Recommendation for Re-approval** row.

Maintain Approval/Certification Recommendations						
	Provider Type	Transaction Type	Status	Recommending Agency	Effective Date	Expiration Date
view report	Adoptive Care	Reapproval	Approved	Ohio Child Welfare Agency	06/07/2017	06/06/2019
view report	Adoptive Care	Reapproval	Approved	Ohio Child Welfare Agency	06/07/2015	06/06/2017
view report	Adoptive Care	Initial Approval	Approved	Ohio Child Welfare Agency	06/07/2013	06/06/2015
view edit report	Foster Care	Recommendation for Recertification	In progress	Ohio Child Welfare Agency	11/20/2018	
view report	Foster Care	Recommendation for Recertification	Approved	Ohio Child Welfare Agency	06/07/2017	06/06/2019
view report	Foster Care	Recommendation for Recertification	Approved	Ohio Child Welfare Agency	06/07/2015	06/06/2017
view report	Foster Care	Initial Recommendation for Certification	Approved	Ohio Child Welfare Agency	06/07/2013	06/06/2015

[Add Recommendation](#)

The **Maintain Transactions** screen appears.

4. In the **Recommendation Date** field, enter the date as the first day of the new **Certification/Approval** period.

Important: This date will become the **Effective Date** of the new licensure/approval span.

Important:

- If this is a foster care recertification, the supervisor must route this **Recommendation for Recertification** to Rita Jackson at ODJFS.
- If this is an adoption update, the **Recommendation for Re-approval** must be sent to the **County Supervisor** only.

Transactions	Administrative Rules	Decision
Maintain Transactions		
Agency: Ohio Child Welfare Agency	Agency Contact Person: *	Supervisor: Suzie
Application Date: 01/23/2013	Recommendation Date: *	11/20/2018
Provider Type: * FOSTERCARE	Level of Care: Family Foster Home	
Transaction: * Recommendation for Recertification	Certifying Entity: ODJFS	
Change Transaction Information		
<input type="checkbox"/> Name Change	<input type="checkbox"/> Level of Care Change	<input type="checkbox"/> Marital Status Change
<input type="checkbox"/> Relocation		
Close Transaction Information		
Closed Reason:		
If Other, Explain:		
Transfer Transaction Information		
Receiving Agency:		
Receiving Agency Contact Person:		
Agency Worker Assignment:		
Level of Care:		
Certifying Entity:		
Comments:		
<input type="text"/>		
Spell Check	Clear	2000
Process Approval		

Apply Save Cancel

Note: Once the **Recommendation for Recertification** or **Recommendation for Re-approval** is approved, a new **Approval/Certification Period** will appear on the **Provider Overview** screen in the Provider record (**Foster/Adoptive Spans** grid).

<ul style="list-style-type: none"> Provider Overview Activity Log Inquiries KCCP Pre-Screening Tool Forms/Notices Skills Training Acceptance Criteria Description of Home Description of Family Foster to Adopt (1992) Home Study Home Study Approval/Certification Kinship Assessment Large Family Assessment Contracts Service Credentials Placements/Services Intake Reports 	<p>PROVIDER NAME / ID: [REDACTED]</p> <p>CATEGORY / STATUS: Home / Active</p> <hr/> <p>PRIMARY ADDRESS: [REDACTED]</p> <p>PRIMARY CONTACT: Home: [REDACTED]</p>										
	<p>Provider Actions</p> <p>Provider Information Linked 1692 Providers Associated Providers</p> <p>One or more active Adult Provider member(s) is missing a Verified Authentication Number (TCN).</p>										
	<p>Foster/Adoptive Spans</p> <table border="1"> <thead> <tr> <th>Provider Type</th> <th>Level of Care</th> <th>Approval/Certification Period</th> <th>Agency</th> <th>Certifying Entity</th> </tr> </thead> <tbody> <tr> <td>Foster Care</td> <td>Family Foster Home</td> <td>11/07/2018 - 11/06/2020</td> <td></td> <td></td> </tr> </tbody> </table>	Provider Type	Level of Care	Approval/Certification Period	Agency	Certifying Entity	Foster Care	Family Foster Home	11/07/2018 - 11/06/2020		
	Provider Type	Level of Care	Approval/Certification Period	Agency	Certifying Entity						
	Foster Care	Family Foster Home	11/07/2018 - 11/06/2020								

Mapping

This section explains **Mapping** between the information on the generated Recertification/Update Home Study (JFS 1385) document and which area (Person, Provider, etc.) and screen each **Data Element** is pulled from into the home study document. This mapping document is meant to assist the user in updating the relevant information prior to generating the Recertification/Update Home Study document.

Items are pulled into the form from the designated area (Person, Provider, etc.) and screen in SACWIS as indicated in **Red**.

Note: The following abbreviations are used in the mapping sections below:

- PP - Person Profile
- PI – Provider Information
- PO – Provider Overview
- HS – Home Study
- DOF – Description of Family

Mapping – Assessor and Applicant Information Section

Ohio Department of Job and Family Services ASSESSMENT FOR CHILD PLACEMENT UPDATE (Homestudy)						
Agency HS Agency name	Assessor Person name of HS Assessor	Phone # Primary Contact Number for HS agency	Email Address Email Address of HS Assessor (located on employee record)	Date HS Start Date		
Applicant #1 Name First Middle Last (Maiden) Person Profile (PP): Basic Page (where member role is Applicant 1). Maiden name populates from the AKA type of Maiden Name.		Currently Licensed/ Approved For HS provider type	<input type="checkbox"/> foster <input type="checkbox"/> adopt	Email Address PP: Address Page (type is Email)	Cell Phone # PP: Address Page (type is Cell)	Work Phone # PP: Address Page (type is Work)
Applicant #2 Name First Middle Last (Maiden) Person Profile (PP): Basic Page (where member role is Applicant 2). Maiden name populates from the AKA type of Maiden Name.		Currently Licensed/ Approved For HS provider type	<input type="checkbox"/> foster <input type="checkbox"/> adopt	Email Address PP: Address Page	Cell Phone # PP: Address Page	Work Phone # PP: Address Page
Street Address (Apartment) Zip Code County		City		State		
Home Telephone # PI: Address Page (type is Home)			Fax # PI: Address Page (type is fax)	Emergency Contact Name PI: Address Page (type is emergency, description field text) Phone # PI: Address Page (type is emergency)		
HOUSEHOLD MEMBERS (Add another sheet if necessary)						
	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Name	PP: Basic Page (where member role is Applicant 1)	PP: Basic Page (where member role is Applicant 2)	PP: Basic Page (where member role is Adult Household Member or Child Household Member)	PP: Basic Page (where member role is Adult Household Member or Child Household Member)	PP: Basic Page (where member role is Adult Household Member or Child Household Member)	PP: Basic Page (where member role is Adult Household Member or Child Household Member)
Relationship to Applicant #1		PI: Relationships Page (select Relationships hyperlink)	PI: Relationships Page (select Relationships hyperlink)	PI: Relationships Page (select Relationships hyperlink)	PI: Relationships Page (select Relationships hyperlink)	PI: Relationships Page (select Relationships hyperlink)
Date of Birth/ Age	PP: Basic Page	PP: Basic Page	PP: Basic Page	PP: Basic Page	PP: Basic Page	PP: Basic Page

SLEEPING ARRANGEMENTS (for all members of the household)			
HS link; Description of Home record linked to Home Study; Home Info. tab			
BEDROOM #	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): crib*, toddler bed, twin, full, bunk, etc. (If bunk, indicate upper- U, or lower-L)
1			
2			
3			
4			
5			
6			
SECTION III (complete only if information has changed)			
Give directions to the new home from the agency PP for Applicant 1: Address Page (Select address hyperlink for address marked as primary-Domestic Address Details screen; Directions box)			

HS link; Description of Home record linked to Home Study; School Info. Tab-Children placed in the home would attend the following school district:					
Children placed in the home would attend the following schools	Elementary School				
	Address				
	Middle School				
	Address				
	High School				
	Address				
<p>If foster/adoptive parent's employment or work hours have changed during this certification/approval span, give the name and address of the new employer, list the new hours of work, and explain the reason for the change. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>					
<p>Have there been any significant changes in the family income or expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>					
<p>Was there any change in the occupancy of the home other than foster/adoptive children placed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. Include any relative, kin, ICPC or other living arrangements here. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>					
<p>Was there any change in the foster caregiver's/adoptive parent's marital status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>					
SECTION IV					
Expiration date of current foster home certificate or adoption homestudy approval					
Date agency sent JFS 01331 to the family HS link; Verifications; Verification task			Date signed JFS 01331 received from the family HS link; Verifications; Verification task		
Dates and location of all interviews conducted during the completion of the recertification/update assessment					
HS link; Assessment Visits linked to HS where: Contact Type is Face to Face, Category is Foster Home Applicant or Adoptive Home Applicant or Foster/Adoptive Home Applicant, and Sub-Category is Assessment Visit for provider members					
Date	Location	Name of Those Present	Date	Location	Name of Those Present
Date JFS 01348 safety audit completed: HS link; Verifications; Verification task			Date SACWIS AP search(es) received: HS link; Verifications; Verification task		
Were criminal record checks completed? <input type="checkbox"/> Yes <input type="checkbox"/> No HS link; Verifications; Verification task			If yes, give date of completion and the results:		

THE FOSTER/ADOPTIVE FAMILY:

Discuss each family member's (excluding foster children) assessment of being a foster/adoptive family.

HS link; Description of Family record (review) linked to Home Study; Member Narrative topic (for each provider member)

Describe any changes in any family member's attitudes or expectations of foster care/adoption during the past certification or homestudy approval span.

HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

Describe any serious illnesses, injuries or family crises during the past certification or homestudy approval span that may affect the family's ability to successfully provide foster care or adopt a child.

HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

Discuss any changes in household occupancy (excluding foster children), and the agency's perception and assessment of the caregiver's/adoptive parent's suitability for continued approval for foster care/adoption.

HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

STRENGTHS, GROWTH AREAS AND TRAINING NEEDS:

Discuss each foster caregiver's/adoptive parent's strengths, growth areas and training needs and the agency's methods of assessment.

HS link; Description of Family record (review) linked to Home Study; Applicant Narrative topic (for each applicant)

Indicate the foster caregiver's/adoptive parent's assessment of the agency's support of the family and any requests for additional training, support, or involvement in agency services.

HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

<p>GENERAL RULE COMPLIANCE: Summarize the agency's review and discussion of all applicable ODJFS rules and the agency's policies for foster care and/or adoption services with the adoptive/foster care family. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>			
<p>Briefly summarize any rule noncompliance the foster parent has had during the past certification period. State the rule and how the noncompliance was resolved. Include in the summary any history of rule violations for the same offense as well as the number of occurrences. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>			
<p>Indicate if there are any OAC rules or agency policies with which the foster caregiver(s)/adoptive parent(s) is not currently in compliance or cannot comply. Is this a first time noncompliance or is it continued from the prior certification/homestudy approval span? HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>			
<p>For foster care recertification only, if the agency is recommending a waiver, state the agency's rationale for the recommendation and the caregiver's plan for coming into compliance. Waivers may only be considered for relative foster homes for non-safety issues. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>			
SECTION VII: SUMMARY			
<p>Summarize the agency's assessment of this home, the relationship between the agency and the family, and indicate the agency's recommendation regarding recertification/update approval. If child characteristics have changed significantly, indicate why these changes are being made. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic</p>			
SECTION VIII: ADOPTION APPROVAL			
Adoptive Care Home Study link; Recommendation; Recommendation Info.; Home Study Status of Approved			
<input type="checkbox"/> Adoption Update is approved		<input type="checkbox"/> Adoption Update is not approved	
		If not approved, explain why:	
Summarize child or type of child for which approval is granted (include, at a minimum, age, gender, number of children and acceptable characteristics) Adoptive Care Home Study link; Acceptance Criteria Information; Linked Placement Criteria Record			
Signature of Assessor			Date
Signature of Supervisor			Date
Other		Title	Date
Other		Title	Date

SECTION IX: FOSTER CARE APPROVAL Foster Care Home Study link; Recommendation; Recommendation Info.; Home Study Status of Approved			
<input type="checkbox"/> Foster Home is recommended for recertification	<input type="checkbox"/> Foster Home is not recommended for recertification	If not recommended for recertification, explain why:	
Use either one of the boxes below, but do not use both Foster Care Home Study link; Acceptance Criteria Information; Linked Placement Criteria Record			
Age Range From To	Place Number Before M F	If home can accept either gender, check box <input type="checkbox"/> and enter number	
Signature of Assessor			Date
Signature of Supervisor			Date
Other		Title	Date
Other		Title	Date
SECTION X: CHANGE TO APPROVED USAGE OF HOME Foster Care Home Study link where home study type is Amend (when amending a previously approved home study recertification) or Recertification; Acceptance Criteria Information; Linked Placement Criteria Record. Adoptive Care Home Study link where home study type is Amend (when amending a previously approved home study update) or Update; Acceptance Criteria Information; Linked Placement Criteria Record.			
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 gender, 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 gender, check box <input type="checkbox"/> and enter number
Assessor Signature	Supervisor Signature		Date

JFS 01385 (Rev. 12/2014)

NOTE: Use of this form is mandated by Chapters 5101:2-5 and 5101:2-48 of the Ohio Administrative Code.

If you need additional information or assistance, please contact the SACWIS Help Desk.