

Completing an Amendment or Update to a Kinship Home Assessment



Knowledge Base Article

Completing an Amendment or Update to a Kinship Home Assessment

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Completing an Amendment or Update to a Kinship Home Assessment

Overview

This article will assist users in completing a Kinship Home Assessment Annual Update or Amendment in SACWIS.

Effective September 6, 2018, functionality that allows users to complete the **JFS 1447 – Assessment of Relative or Non-Relative Substitute Caregiver** in SACWIS was implemented.

Once approved and the child(ren) is placed, the Kinship Assessment should be amended or updated per Ohio Administrative Code Rule 5101:2-42-18 (PCSA and PCPA Approval of Placements with Relative and Nonrelative Substitute Caregivers), section (M), which states in part:

- Annually, based on the date of the original approval, the PCSA or PCPA shall complete a home assessment to assure that the placement continues to meet the requirements of this rule for approval of the placement. For this purpose, users should choose an **Assessment Type** of **Annual** as detailed below.
- If there are any new adults in the home, the PCSA or PCPA shall conduct background checks on the new adult(s). For this purpose, users should choose an **Assessment Type** of **Amend** and an **Amendment Reason** of **Change in Caregiver/Household Members** as detailed below.
- If the relative or nonrelative caregiver(s) have moved to a new address, the PCSA or PCPA shall ensure that the home meets requirements. For this purpose, users should choose an **Assessment Type** of **Amend** and an **Amendment Reason** of **Relocation** as detailed below.

Completing a Kinship Home Annual Assessment or Amendment

1. Navigate to the Provider record through **Provider Search** or through Employee's **Workload**.

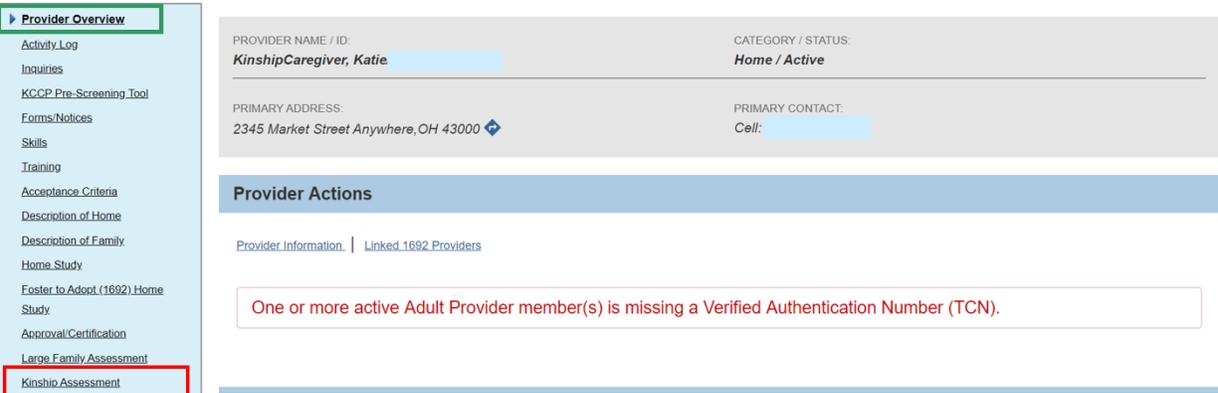
Note: For information regarding a Provider search, please see the following article:

[Using Search Functionality](#).

The **Provider Overview** screen for the selected Provider appears.

2. Select **Kinship Assessment** from the navigation pane.

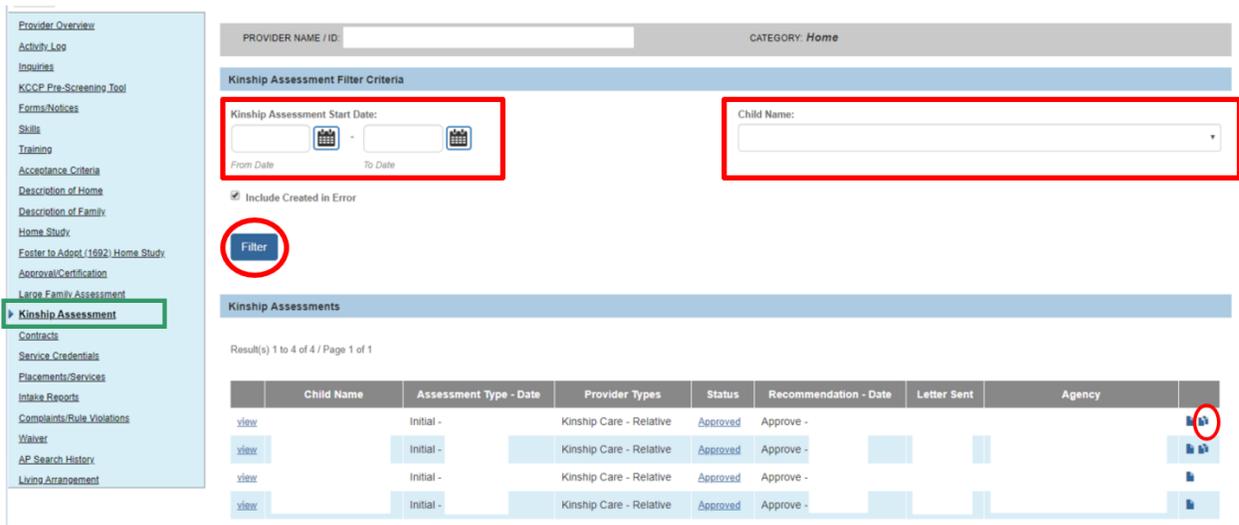
Completing an Amendment or Update to a Kinship Home Assessment



The **Kinship Assessment** screen appears.

Note: If multiple Kinship Assessments are present, filter the search by entering a **Kinship Assessment Start Date: (From Date and To Date)** in the **Kinship Assessment Filter Criteria** grid and/or select the **Child Name** from the drop-down menu and click, **Filter**.

3. Click the **copy** icon () beside an **Approved** Kinship Assessment chosen to modify.



Child Name	Assessment Type - Date	Provider Types	Status	Recommendation - Date	Letter Sent	Agency	
view	Initial -	Kinship Care - Relative	Approved	Approve -			
view	Initial -	Kinship Care - Relative	Approved	Approve -			
view	Initial -	Kinship Care - Relative	Approved	Approve -			
view	Initial -	Kinship Care - Relative	Approved	Approve -			

The **Add Kinship Assessment** screen appears.

4. Select **Assessment Type** of **Annual** or **Amend** from the drop-down menu
5. Enter a **Kinship Assessment Start Date**.
6. Select **Worker** from the drop-down menu.
7. Select the **Purpose of Assessment** from the drop-down menu. In the case of an Annual Assessment or Amendment, **Other** is the most appropriate choice. This choice populates a text box which requires data, where users can detail the reason why this assessment is being updated.
8. Select Caregiver(s) from the drop-down list (required).
9. Click, **Save**.

Completing an Amendment or Update to a Kinship Home Assessment

The screenshot shows the 'Add Kinship Assessment' form. At the top, there is a header bar with 'PROVIDER NAME / ID' and 'CATEGORY: Home'. Below this, there are fields for 'CHILD NAME', 'AGENCY', and 'PROVIDER TYPE: Kinship Care - Relative'. The main section is titled 'Kinship Assessment Details' and contains several fields: 'Assessment Type:' with a dropdown menu set to 'Annual'; 'Kinship Assessment Start Date:' with a date picker set to '11/21/2019'; 'Worker:' with a dropdown menu set to 'KinshipWorker, Kevin'; 'Purpose of Assessment:' with a dropdown menu set to 'Other'; and 'If Other, Explain:' with a text area containing 'Annual Assessment'. There are also 'Save' and 'Cancel' buttons at the bottom. A red box highlights the 'Save' button.

Important: If updating multiple assessments at one time, users must repeat the above steps for each individual assessment first, so that every placed child has an In Progress record. This will allow the functionality of **Apply to Selected Child(ren)** to be activated. Answers modified in one record can then be copied over into any other In Progress record on the Provider ID.

The **Maintain Kinship Assessment** screen appears.

Note: In the **Kinship Assessment Topics** grid, users will note the answers from the most recent assessment pre-populate, except those from Background Checks. Click each link to complete all listed **Topics/Status** to enter new information as relevant. The Topics can be completed in any order. However, in the case of an Annual or Amend Assessment Type, it is advantageous to initially complete the **Amendment Reasons** topic.

Completing the Amendment Reasons Screen

1. Click, **Amendment Reasons**.

Completing an Amendment or Update to a Kinship Home Assessment

Maintain Kinship Assessment

PROVIDER NAME / ID: CATEGORY: *Home*

CHILD NAME: AGENCY: PROVIDER TYPE: *Kinship Care - Relative*

Kinship Assessment Information

Kinship Assessment Start Date: Assessment Type / ID: Annual / Worker: KinshipWorker, Kevin

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Amendment Reasons	Not Complete

The **Amendment Reason(s)** screen appears.

2. Select all reasons that apply. In the case of an **Annual** Assessment only, the most appropriate response would be **Other**, which then requires entry in the **Comments**.
3. Select, **Relocation** if the Kinship caregiver has moved to a new address.
4. Select, **Change in Caregiver/Household Members** when a new Adult Household Member/Caregiver enters the home. This reason can also be used if an Adult Household Member/Caregiver leaves the home (they need to be removed from the **Current Active Members** list). This information can be modified in the next topic area. Click **Save**.

Amendment Reason(s)

PROVIDER NAME / ID: CATEGORY: *Home*

CHILD NAME: AGENCY: PROVIDER TYPE: *Kinship Care - Relative*

Amendment Reason(s)

Select all that apply: *

- Relocation
- Change in Caregiver/Household Members
- Other

Comments: [\(expand full screen\)](#)

Annual Assessment[

ABC

983

Apply Save Cancel

Completing an Amendment or Update to a Kinship Home Assessment

The **Maintain Kinship Assessment** screen appears.

5. Click the **Caregiver/Household Information** link.

Maintain Kinship Assessment

PROVIDER NAME / ID: [REDACTED] CATEGORY: Home

CHILD NAME: [REDACTED] AGENCY: [REDACTED] PROVIDER TYPE: Kinship Care - Relative

Kinship Assessment Information

Kinship Assessment Start Date: 11/21/2019 Assessment Type / ID: Annual / Worker: KinshipWorker, Kevin

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Amendment Reasons	Not Complete
Background Checks	0 of 6 Answer(s) Provided
Safety Checks	9 of 9 Answer(s) Provided
Caregiver / Household Member Assessment	4 of 4 Answer(s) Provided
Caregiver Assurance	Not Complete
Agency Recommendation	Pending
Validate for Approval	

The **Caregiver/Household Information** screen appears.

Updating the Caregiver/Household Information Screen

1. Review the Caregiver/Household Information screen for accuracy. If any person information needs to be updated or added (employer, date of birth, race, ethnicity, language, etc.), click the Name/Person ID hyperlink to be routed to the Person Overview screen.
2. Click, **Update Provider Information**.

Caregiver / Household Information

PROVIDER NAME / ID: [REDACTED] CATEGORY: Home

CHILD NAME: [REDACTED] AGENCY: [REDACTED] PROVIDER TYPE: Kinship Care - Relative

Caregiver / Household Information

Caregiver Home Address: [REDACTED] County of Residence: [REDACTED] Phone Number: [REDACTED]

[REDACTED] Relationship To Caregiver 1: Self Employer: [REDACTED]

Relationships ▾

Update Provider Information

The **Provider Information** screen appears, defaulted to the **Basic** tab. From this screen, users can access and update the Basic tab, as well as the following additional tabs:

- **Address**
- **Members**
- **Relationships**
- **Caregivers**
- **Capacity**

Completing an Amendment or Update to a Kinship Home Assessment

Note:

For an **Annual** Assessment Type, there may be few to no changes needed in the Provider Information.

For an **Amend** Assessment Type:

- Change the **Provider Address** for a **Relocation** Amendment.
- For a **Change in Caregiver/Household Member(s)** Amendment, updates to the **Members** list are needed.

Updating the Provider Address

1. Click the **Address** tab

Basic Address Members Relationships Caregivers Capacity

Provider Name Information

Provider Name	Effective Date	End Date
KinshipCaregiver, Katie	11/22/2019	
	10/18/2019	11/21/2019

Provider Type Information

Closed Type Status: Exclude Include

Foster to Adopt (1692): Exclude Include

The **Manage Provider Details** screen appears.

2. Click, **edit**, next to the Address type.

Manage Provider Details

PROVIDER NAME / ID: KinshipCaregiver, Katie CATEGORY: Home

Basic Address Members Relationships Caregivers Capacity

Provider Address [View Address History](#)

Type	Address	Effective Date	Primary	Hazard
edit Residence	2345 Market Street Anywhere, OH 43000	11/22/2019	Yes	No

[View](#)

Add Address

The **Provider Address Details** screen appears.

3. Enter an **End Date** to indicate when the family moved from this address.
4. Click, **OK**.

Completing an Amendment or Update to a Kinship Home Assessment

Provider Address Details

Address: 1234 Main Street Anywhere, OH 43000

Address Type: * Residence

Effective Date: * 08/02/2019

End Date: 11/20/2019

Primary Address

CIO:

Location Details:

Spell Check Clear 4000



The **Manage Provider Details** screen appears, displaying the Address tab page.

1. Click, **Add Address**.

Basic Address Members Relationships Caregivers Capacity

Provider Address

[View Address History](#)

Type	Address	Effective Date	Primary	Hazard
------	---------	----------------	---------	--------

Add Address

The **Domestic Address Search** page appears.

2. Enter the Provider's new address in the **Address Lookup** text box.
3. Click, **Search**.

Domestic Address Search | [Foreign Address Search](#)

Domestic Address Search Criteria

Address Lookup: Enter at least 8 characters to get address suggestions

PO Box or Manual Search Criteria

Note: Manual Search Criteria will override Address lookup (Google Search)



Domestic Address Search Results

Address	Valid	County	Geo Code	Hazard
---------	-------	--------	----------	--------

Address not found in SACWIS database. Please add the address using Address Broker.

Add New Address

The **Domestic Address Search Results** grid displays results.

4. Click the [select](#) hyperlink next to the relevant address.

Completing an Amendment or Update to a Kinship Home Assessment

Domestic Address Search Foreign Address Search

Domestic Address Search Criteria

Address Lookup: 4020 East 5th Avenue, Columbus, OH, USA

PO Box or Manual Search Criteria

Note: Manual Search Criteria will override Address lookup (Google Search)

Search Clear Form Cancel

Domestic Address Search Results

Address	Valid	County	Geo Code	Hazard
select persons_associated	Yes		None	No

Add New Address

The **Provider Address Details** screen appears.

5. Select, **Residence** from the **Address Type** drop-down menu.
6. Click the box for **Primary Address**.
7. Enter an **Effective Date**.
8. Click, **OK**.

Provider Address Details

Address: 2345 Market Street Anywhere, OH 43000

Address Type: Residence

Effective Date: 11/22/2019

C/O:

Location Details:

Spell Check Clear 4000

OK Cancel

Upon completion of this task, the primary address of all active Provider Members will be changed to reflect the new address in their Person Profile(s).

The **Manage Provider Details** screen appears.

9. If the **Amendment Reason** is **Change in Caregiver/Household Members**, click the **Members** tab.

Completing an Amendment or Update to a Kinship Home Assessment

Manage Provider Details

PROVIDER NAME / ID: *KinshipCaregiver, Katie* CATEGORY: *Home*

Basic Address **Members** Relationships Caregivers Capacity

Provider Address [View Address History](#)

	Type	Address	Effective Date	Primary	Hazard
edit view	Residence	2345 Market Street Anywhere, OH 43000	11/22/2019	Yes	No
edit view	Residence		11/25/2019	No	No

[Add Address](#)

The **Members** tab screen appears.

Adding a Household Member

1. Click, **Add Member**.

Basic Address **Members** Relationships Caregivers Capacity

Current Active Members [View Member History](#)

	Name / ID	Gender	DOB	Age	Role	Effective Date
edit view					Applicant 1	08/20/2018
edit view					Applicant 2	08/20/2018
edit view					Child Household Member	08/20/2018

[Add Member](#)

Household Marital Status

The **Search for Person** screen appears.

2. Find the person's record by searching for an individual who has an existing record in the data base, or by using the **Create New Person** to create a record if one does not exist.

Note: For information regarding a person search, please see, **Using Search Functionality** (previously mentioned/hyperlinked above).

Completing an Amendment or Update to a Kinship Home Assessment

Search For Person

Person ID: ~ OR ~ SSN:

Note: If Person ID or SSN are entered, all other search criteria will be ignored

OR

Last Name: First Name: Gender:

Middle Name:

- From the search results that appear in the Person Search Results grid, click **select** beside the name of the relevant **Person Name/ID** link.

Person Search Results

Result(s) 1 to 3 of 3 / Page 1 of 1

Include only active case members

	Person Name / ID	Address	Gender	(Age) DOB	Active Case
select	KinshipCaregiver_Kai	2345 Market Street Anywhere OH 43000	Male		
	Related Persons ▾				
select	KinshipCaregiver_Katie	2345 Market Street Anywhere OH 43000	Female		
	Related Persons ▾				

The **Provider Member Detail** screen appears.

- Make a selection from the **Member Role** drop-down menu.
- Make a selection from the **Member Type** drop-down menu.
- Enter the **Effective Date**.
- Click, **Edit Relationships**.

Completing an Amendment or Update to a Kinship Home Assessment

Provider Member Detail

PROVIDER NAME / ID: *KinshipCaregiver, Katie* CATEGORY: *Home*

Member Details

Member Name/ ID:
KinshipCaregiver, Kai

Member Role: Member Type:

Estimated Leave Date: Effective Date:

End Date: End Reason:

Member Relationships

Note: Displaying member relationship to Applicants below

KinshipCaregiver, Kai

- Husband to KinshipCaregiver, Katie - Applicant 1

The **Manage Relationships-Editor** screen appears.

8. Make a selection from the drop-down menu under the name of each person.
9. Click, **Save**.

Note: For information on editing relationships, please see the following article: [Managing Person-Level Relationships](#).

Manage Relationships - Editor

PROVIDER NAME / ID: CATEGORY: *Home*

Member Status:

Editor Genogram

Relationship Editor

Applicant 2 Applicant 1 Child Household Member

1st to Applicant 2 Reciprocal

1st to Child Household Member Reciprocal

The **Provider Member Detail** screen appears, displaying the relationship information in the Member Relationships grid.

10. Click, **OK**.

Completing an Amendment or Update to a Kinship Home Assessment

Note: If necessary, users can make changes to Member Roles on this screen. For instance, if the individual was a Child Household Member and turned 18, they can become an Adult Household Member. If an individual was listed as an Adult Household Member, but they share in caregiving duties, the Member Role can be changed to that of an Applicant 2, 3, etc.

Provider Member Detail

PROVIDER NAME / ID: [REDACTED] CATEGORY: Home

Member Details

Member Name/ID: [REDACTED]

Member Role: Applicant 1 Member Type: Permanent

Estimated Leave Date: [REDACTED] Effective Date: 09/20/2018

End Date: [REDACTED] End Reason: [REDACTED]

Member Relationships

Note: Displaying member relationship to Applicants below

- Wife to Applicant 2
- Biological Mother to Applicant 2 Child Household Member

Edit Relationships

OK Cancel

The **Members** tab screen appears.

Removing a Person's Name from the Household

1. To remove an individual from the household, click the **edit** hyperlink next to the person who is to be removed.

PROVIDER NAME / ID: KinshipCaregiver, Katie & KinshipCaregiver, Kai CATEGORY: Home

Basic Address **Members** Relationships Caregivers Capacity

Current Active Members

[View Member History](#)

Name / ID	Gender	DOB	Age	Role	Effective Date
edit view KinshipCaregiver, Katie /	FEMALE	01/01/1980	39	Applicant 1	
edit view KinshipCaregiver, Keith	MALE	01/01/1979	40	Adult Household Member	
edit view KinshipCaregiver, Kal /	MALE	01/01/1978	41	Applicant 2	

Add Member

Household Marital Status

Apply Save Cancel [View Marital Status History](#)

Completing an Amendment or Update to a Kinship Home Assessment

The **Provider Member Detail** screen appears.

2. Enter an **End Date**
3. Enter an **End Reason**.
4. Click, **OK**.

Provider Member Detail

PROVIDER NAME / ID: KinshipCaregiver, Katie CATEGORY: Home

Member Details

Member Name/ ID:
KinshipCaregiver, Katie

Member Role: Applicant 1 Member Type: Permanent

Estimated Leave Date: Effective Date: 10/18/2019

End Date: End Reason:

Member Relationships

Note: Displaying member relationship to Applicants below

KinshipCaregiver , Katie - Applicant 1

Edit Relationships

Ok Cancel

The **Members** tab screen appears.

5. Click, **Save**.

Basic Address **Members** Relationships Caregivers Capacity

Current Active Members

	Name / ID	Gender	DOB	Age	Role	Effective Date
edit view					Child Household Member	08/20/2018
edit view					Applicant 2	08/20/2018
edit view					Adult Household Member	11/26/2019

Add Member

Household Marital Status

Provider Marital Status	Effective Date
Married two parent household with two biological/adoptive parents	10/01/2018

Add Marital Status

Apply Save Cancel

Completing an Amendment or Update to a Kinship Home Assessment

The **Maintain Kinship Assessment** appears.

6. Click **Background Checks**.

Maintain Kinship Assessment

PROVIDER NAME / ID: KinshipCaregiver, Keith & Horak, Matthew CATEGORY: Home

CHILD NAME: AGENCY: PROVIDER TYPE: Kinship Care - Relative

Kinship Assessment Information

Kinship Assessment Start Date: 11/21/2019 Assessment Type / ID: Annual Worker: KinshipWorker, Kevin

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Amendment Reasons	Complete
Background Checks	6 of 6 Answer(s) Provided

Completing the Background Checks Screen

The **Background Checks** screen appears.

Background Checks are to be completed only at initial Evaluation or for any new adults in the residence.

1. The question now appears in this section: **Have there been any new adults in the residence since the last assessment?** Select, **Yes** or **No** from the drop-down menu.
2. If the answer is No, click **Save** to complete this section.
3. If the answer is **Yes**, click, **edit**, beside a **Background Check Item**.

Background Checks

PROVIDER NAME / ID: KinshipCaregiver, Keith CATEGORY: Home

CHILD NAME: AGENCY: PROVIDER TYPE: Kinship Care - Relative

Background Check Topics

Background Checks are to be completed only at Initial Home Evaluation or for any new adults in the residence.

Have there been any new adults in the residence since the last assessment? *

Yes

Background Check Item	Response	Comments
edit view Date SACWIS alleged perpetrator search and other state central registry searches conducted, if applicable.	Requested Date: 11/25/2019	
edit view Date BCI criminal records requested / Date BCI criminal records received.	Requested Date: 11/01/2019	
edit view Date FBI criminal records requested / Date FBI criminal records received.	Requested Date: 11/01/2019	

Completing an Amendment or Update to a Kinship Home Assessment

The **Background Checks Details** screen appears.

4. Enter the **Requested Date**.

5. Enter the **Received Date**.

6. If applicable, enter **Comments**.

Note: Users can navigate forward and backward through each Background Check Item using the **Next** or **Previous** option. SACWIS will automatically save changes.

7. Once each item in the Background Check Item list is completed, click, **Save**.

Background Checks Details

PROVIDER NAME / ID: KinshipCaregiver, [redacted] CATEGORY: Home

CHILD NAME: [redacted] AGENCY: [redacted] PROVIDER TYPE: Kinship Care - Relative

Item Detail

Date BCI criminal records requested / Date BCI criminal records received.

Date BCI criminal records requested: [input field] Date BCI criminal records received: [input field]

Comments: (expand full screen) [input field] ✓ ABC 4000

Previous Item Details

Requested Date: 10/01/2019 Received Date: 10/01/2019

Fingerprints were not done again as they were completed by th. (show more)

Previous Next Apply Save Cancel

The **Background Checks** screen appears, displaying the information provided.

Note: Placing a checkmark in the **Apply Topics to Other Child(ren)** check box will populate the entered data into the other child(ren)'s pending Kinship Assessment record(s).

When the last screen has been completed,

8. Click, **Save**.

Background Checks

PROVIDER NAME / ID: KinshipCaregiver, Keith CATEGORY: Home

CHILD NAME: [redacted] AGENCY: [redacted] PROVIDER TYPE: Kinship Care - Relative

Background Check Topics

Background Checks are to be completed only at Initial Home Evaluation or for any new adults in the residence.

Have there been any new adults in the residence since the last assessment? *

Yes

Background Check Item	Response	Comments
edit view Date SACWIS alleged perpetrator search and other state central registry searches conducted, if applicable.	Requested Date: 11/25/2019	
edit view Date BCI criminal records requested / Date BCI criminal records received.	Requested Date: 11/01/2019	
edit view Date FBI criminal records requested / Date FBI criminal records received.	Requested Date: 11/01/2019	

Completing an Amendment or Update to a Kinship Home Assessment

Apply Topics to Other Child(ren)

Available Child(ren)

Apply to Selected Child(ren)

Apply Save Cancel

The **Maintain Kinship Assessment** screen appears. Click, **Safety Checks**.

Maintain Kinship Assessment

PROVIDER NAME / ID: KinshipCaregiver, Keith CATEGORY: Home

CHILD NAME: AGENCY: PROVIDER TYPE: Kinship Care - Relative

Kinship Assessment Information

Kinship Assessment Start Date: 11/21/2019 Assessment Type / ID: Annual Worker: KinshipWorker, Kevin

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Amendment Reasons	Complete
Background Checks	0 of 6 Answer(s) Provided
Safety Checks	9 of 9 Answer(s) Provided

The **Safety Checks** screen appears.

Completing the Safety Checks Screen

1. Select, **edit**, beside each **Statement Item** where modifications are needed. The previous assessment's answers will populate; text can be entered to indicate that upon annual review, this information still applies or has changed. If an Amendment is being completed for **Relocation**, reassess these questions based on the family's new address.

Safety Checks

PROVIDER NAME / ID: CATEGORY: Home

CHILD NAME: AGENCY: PROVIDER TYPE: Kinship Care - Relative

Safety Check Items

	Safety Item	Response	Comments
edit view	Cleanliness of home The home is maintained in a clean, safe, and sanitary condition.	Yes	The kinship home is maintained in a clean, safe, and sanitary condition. An annual update on 11/21/2019 indicates that the home continues to meet these standards.
edit view	Absence of hazardous conditions inside and outside All structures associated with the home are maintained in a safe condition and in a reasonable state of repair.	Yes	All structures associated with the home are maintained in a safe condition and in a reasonable state of repair. An annual review held on 11/21/2019 discovered some peeling paint on the exterior that will be tested for lead.

Note: Depending on the Safety Item selected, the appropriate **Safety Checks Details** screen appears.

Note: Once a Safety Checks Details screen is completed, users can click, **Next**, to navigate through the list of Safety Check Items (SACWIS will save changes navigating through each item).

Completing an Amendment or Update to a Kinship Home Assessment

Safety Checks Details

PROVIDER NAME / ID: [REDACTED] CATEGORY: Home

CHILD NAME: [REDACTED] AGENCY: [REDACTED] PROVIDER TYPE: Kinship Care - Relative

Item Detail

Cleanliness of home
The home is maintained in a clean, safe, and sanitary condition.

Response:
No Value Selected

Comments: [\(expand full screen\)](#)

Previous Next Apply Save Cancel

2. Once edits are complete, click, **Save**.

Safety Checks Details

PROVIDER NAME / ID: [REDACTED] CATEGORY: Home

CHILD NAME: [REDACTED] AGENCY: [REDACTED] PROVIDER TYPE: Kinship Care - Relative

Item Detail

Availability of a working telephone
There is reasonable access to a working telephone for emergency situations.

Response:
No Value Selected

Comments: [\(expand full screen\)](#)

Previous Next Apply Save Cancel

The **Safety Checks** screen appears.

3. Click, **Close**.

Safety Checks

PROVIDER NAME / ID: [REDACTED] CATEGORY: Home

[Close](#)

The **Maintain Kinship Assessment** screen appears.

4. Select, **Caregiver/Household Member Assessment**.

Completing an Amendment or Update to a Kinship Home Assessment

Maintain Kinship Assessment

Topic	Status
Caregiver / Household Information	
Amendment Reasons	Complete
Background Checks	6 of 6 Answer(s) Provided
Safety Checks	9 of 9 Answer(s) Provided
Caregiver / Household Member Assessment	4 of 4 Answer(s) Provided

The **Caregiver/Household Member Assessment** screen appears.

Completing the Caregiver/Household Member Assessment Screen

1. Click, **edit**, beside each statement in which modifications are needed. The previous assessment's answers will populate, and text can be entered to indicate that upon annual review, this information still applies or has changed. If Caregiver/Household Member composition has changed, ensure the new individual is addressed and/or describe how family dynamics have changed if an individual has left the home.

Caregiver/Household Member Assessment

PROVIDER NAME / ID: _____	CATEGORY: <i>Home</i>
CHILD NAME: _____	AGENCY: _____
	PROVIDER TYPE: <i>Kinship Care - Relative</i>

Assessment Items		
	Assessment Topic	Comments
edit view	Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren).	The children have now been placed a year, and the caregiver is able and willing to do so on a continued basis. They have provided a safe and appropriate placement for the children.
edit view	Assess the impact of past PCSA or children services agency (CSA) involvement of household members in relation to the safety and well-being of the child(ren) to be placed.	There has been no PCSA involvement in the past, and no allegations of abuse/neglect have been received since the family accepted placement.
edit view	Assess the impact of household members aged twelve to seventeen years old who have been convicted of or plead guilty to any offenses described in section 5103.0319 of the Revised Code, or who have been adjudicated to be a delinquent child for committing an act that if committed by adult would have constituted such a violation.	There continue to be no household members between the ages of twelve and seventeen.
edit view	Additional comments not addressed elsewhere in the assessment.	The family has done well caring for the children in the past year.

The **Assessment Topic Details** screen appears.

2. Follow previous instruction for navigating and saving edits (SACWIS will save edits as topics are navigated).
3. If applicable, place a checkmark in the check box beside the relevant name(s) in the **Apply to Other Child(ren)** grid.
4. Click **Save** when all Assessment Topics are complete.

Completing an Amendment or Update to a Kinship Home Assessment

Caregiver/Household Member Assessment

PROVIDER NAME / ID: [REDACTED] CATEGORY: Home

CHILD NAME: [REDACTED] AGENCY: [REDACTED] PROVIDER TYPE: Kinship Care - Relative

Assessment Items

Assessment Topic	Comments
edit view Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren).	

Apply to Other Child(ren)

Available Child(ren)

Apply to Selected Child(ren)

Previous Next Apply **Save** Cancel

The **Caregiver/Household Member Assessment** screen appears.

5. Click, **Close**.

Caregiver/Household Member Assessment

PROVIDER NAME / ID: KinshipCaregiver, Keith [REDACTED] CATEGORY: Home

CHILD NAME: [REDACTED] AGENCY: [REDACTED] PROVIDER TYPE: Kinship Care - Relative

Assessment Items

Assessment Topic	Comments
edit view Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren).	The children have now been placed a year, and the caregiver is able and willing to do so on a continued basis. They have provided a safe and appropriate placement for the children.
edit view Assess the impact of past PCSA or children services agency (CSA) involvement of household members in relation to the safety and well-being of the child(ren) to be placed.	There has been no PCSA involvement in the past, and no allegations of abuse/neglect have been received since the family accepted placement.
edit view Assess the impact of household members aged twelve to seventeen years old who have been convicted of or plead guilty to any offenses described in section 5103.0319 of the Revised Code, or who have been adjudicated to be a delinquent child for committing an act that if committed by adult would have constituted such a violation.	There continue to be no household members between the ages of twelve and seventeen.
edit view Additional comments not addressed elsewhere in the assessment.	The family has done well caring for the children in the past year.

Close

The **Maintain Kinship Assessment** screen appears.

6. Click, **Caregiver Assurance**.

Maintain Kinship Assessment

Topic	Status
Caregiver / Household Information	
Amendment Reasons	Complete
Background Checks	6 of 6 Answer(s) Provided
Safety Checks	9 of 9 Answer(s) Provided
Caregiver / Household Member Assessment	4 of 4 Answer(s) Provided
Caregiver Assurance	Not Complete

Completing an Amendment or Update to a Kinship Home Assessment

The **Caregiver Assurance** screen appears. Previous assessment data is not copied over, and this must be completed upon each new assessment.

Place a checkmark in the check box beside the **Caregiver Acknowledgement** statement.

1. Enter a date or select the calendar for the **Date of Caregiver #1 Signature** and any additional Caregivers.
2. Click, **Save**.

Caregiver Assurance

PROVIDER NAME / ID: [REDACTED] CATEGORY: Home

Caregiver Assurance

Caregiver Assurance Statements

I am willing and able to provide care and supervision of the child and provide a safe and appropriate placement for the child(ren).

I agree to inform the PCSA of any new adults residing in the household.

I have disclosed all prior PCSA or CSA involvement if applicable.

I have informed and agree to inform the agency of any known violent delinquency adjudications by any youth between 12 and 17 years of age residing in the household.

I affirm that no adult in the home as a felony conviction of spousal abuse, rape, sexual assault, or homicide.

I affirm that no adult in the home has been convicted of or plead guilty to any disqualifying offense listed in 5101:2-42-18 (H)(1) through (H)(7); or if an adult residing in the home has a disqualifying conviction, the adult meets the requirements set forth in paragraph (G) of this rule.

Caregiver Acknowledgement: *

Caregiver reviewed and agreed the information provided above is full and accurate to the best of his/her/their knowledge

Date of Caregiver #1 Signature:

[REDACTED] [Calendar Icon]

Apply to Other Child(ren)

Available Child(ren)

[REDACTED]

[REDACTED]

Apply to Selected Child(ren)

Apply Save Cancel

Note: The **Apply Topic to Other Children** check box will populate the Caregiver Assurance Statements to the other child(ren)'s pending Kinship Assessment record(s) if the **Add Kinship Assessment** screen has been completed for each.

The **Maintain Kinship Assessment** screen appears.

1. Click, **Agency Recommendation**.

Completing an Amendment or Update to a Kinship Home Assessment

Maintain Kinship Assessment

Topic	Status
Caregiver / Household Information	
Amendment Reasons	Complete
Background Checks	6 of 6 Answer(s) Provided
Safety Checks	9 of 9 Answer(s) Provided
Caregiver / Household Member Assessment	4 of 4 Answer(s) Provided
Caregiver Assurance	Complete
Agency Recommendation	Pending

The **Agency Recommendation** screen appears. Previous assessment data is not copied over, and this must be completed upon each new assessment. This page must be done separately for each child's kinship assessment and **Apply Topics to Other Child(ren)** functionality is not available.

2. Make a selection from the **Response** drop-down menu beside each statement.
3. Make a selection from the **Agency Worker Recommendation** drop-down menu.

Note: Important: If the status, **Close**, is selected for **Agency Worker Recommendation**, a value from the **Closure Reasons** drop-down menu is required.

4. Enter a date or select calendar for, **Agency Worker Signature Date**.
5. Click, **Save**.

Agency Recommendation

Agency Recommendation Statements	Response
Worker has assessed the physical environment, the capability of the relative/nonrelative to care for the child(ren), and the best interest, safety, well-being, and permanency needs of the child (ren).	▼
Worker has provided caregiver with information on applying for OWF child-only and Medicaid.	▼
Worker has provided caregiver with known information regarding education, medical, child care, and special needs of the child(ren), including information on how to access support services to meet the needs of the child (if child is in agency custody).	▼
Worker has provided caregiver with the following information: <ul style="list-style-type: none"> • the requirements for foster caregiver certification and adoption approval and how those requirements differ from the requirements for approval as a relative or nonrelative substitute caregiver; • how to apply for certification as a foster caregiver; • the difference in payments between an OWF-child only payment and the foster care per diem; and • the difference (if any) in the eligibility for supportive services (if child is in agency custody). 	▼
Worker will provide caregiver with a copy of the individual child care agreement per rule 5101:2-42-90 (if child is in agency custody)	▼

Completing an Amendment or Update to a Kinship Home Assessment

Agency Worker Recommendation:

Agency Worker Signature Date:

Date Letter Sent:

Closure Reasons:

Agency Supervisor Recommendation: In Progress

Agency Supervisor Signature Date:

Comments on Agency Recommendation: [\(expand full screen\)](#)

✓ ABC
1000

Apply Save Cancel

The **Maintain Kinship Assessment** screen appears.

6. Click, **Validate for Approval**.

Maintain Kinship Assessment

PROVIDER NAME / ID: KinshipCaregiver, Keith & Horak, Matthew / 21658890 CATEGORY: Home

CHILD NAME: AGENCY: PROVIDER TYPE: Kinship Care - Relative

Kinship Assessment Information

Kinship Assessment Start Date: 11/21/2019 Assessment Type / ID: Annual Worker: KinshipWorker, Kevin

Kinship Assessment Topics

In accordance with rule 5101.2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Amendment Reasons	Complete
Background Checks	0 of 6 Answer(s) Provided
Safety Checks	9 of 9 Answer(s) Provided
Caregiver / Household Member Assessment	4 of 4 Answer(s) Provided
Caregiver Assurance	Complete
Agency Recommendation	Approve
Validate for Approval	

Close

The **Validate Kinship Assessment Tasks** screen appears.

Processing the Kinship Assessment for Approval

This screen will display any issues in the **Unresolved Tasks** grid. These tasks must be completed prior to processing for approval.

Completing an Amendment or Update to a Kinship Home Assessment

Validate Kinship Assessment Tasks

PROVIDER NAME / ID:		CATEGORY: Home
CHILD NAME:	AGENCY:	PROVIDER TYPE: Kinship Care - Relative

Unresolved Tasks	
Topic	Message
Background Checks	Conditions met response is missing.
Background Checks	BCI Criminal Record date(s) is missing.
Background Checks	FBI Criminal Record date(s) is missing.
Background Checks	SACWIS Search date(s) is missing.
Background Checks	Convicted or plead guilty response is missing.
Background Checks	Felony conviction response is missing.
Safety Check Topics	Safety Check Item response(s) is missing.

Once all unresolved tasks are completed, the **Process Approval** screen appears.

1. Make the appropriate selection from the **Action** drop-down list.
2. **Agency** will default to the logged-in employee's agency.
3. Make a selection from the **Reviewer/Approver** drop-down menu.
4. Click, **Save**.

Home	Intake	Case	Provider	Financial	Administration
Alerts	Action Items	Approvals	Assignments		

Process Approval

Work Item

ID: [] Type: PROVIDER Reference: []
 Task ID: [] Task Type: Kinship Assessment Task Reference: []
 Task Status: []

Routing/Approval Action

Action: *
 Comments: []

Agency: []

Reviewers/ Approvers: []

Once the individual with the appropriate access rights has given the Kinship Assessment an **Approved-Final** status:

5. Return to the **Kinship Assessments** page.
6. Click the **date** link in the **Letter Sent** column.
7. Click the Report icon to Generate a **JFS1447** report.

If you need additional information or assistance, please contact the SACWIS Help Desk at: 614-466-0978, select #3, then select #5