

Appendix S

SACWIS Screenshots

Basic: These screen shots represent intake referral forms completed at screening.

OHIO SACWIS UAT [2] home | search | help & training | log off
 Logged In: Socialworker, Super [County Department of Job and Family Services] help

Basic	Reporter	Participants	Additional	Allegations	OHC/Third Party Involvement	Decision
Screener Name:	Socialworker, Super			Date & Time Created:	02/12/2015 01:59 PM	
Intake ID:	8685575			Intake Status:	Linked	
Agency:	County Department of Job and Family Services					

Basic Information

Received: * 02/01/2015 01:59 PM Intake Method: * Phone

Intake Category: CA/N Report Intake Workload Name:

Intake Types:

- Baby Doe/Disabled Infant
- Emotional Maltreatment
- Medical Neglect
- Neglect
- Physical Abuse Shaken Baby

Selected Types: Physical Abuse

Intake Narrative: (expand full screen)

Post-Decision Narrative (Current): (expand full screen)

Post-Decision Narrative (Amendment): (expand full screen)

Basic	Reporter	Participants	Additional	Allegations	OHC/Third Party Involvement	Decision
Screener Name:	Socialworker, Super			Date & Time Created:	02/12/2015 01:59 PM	
Intake ID:	8685575			Intake Status:	Linked	
Agency:	County Department of Job and Family Services					
Intake Category:	CA/N Report					

Additional Information

Involvement

Law Enforcement Involvement

Other Designations:

- Death of Parent
- Educational Neglect
- Environmental Neglect
- Homeless
- Homeless or Destitute Child

Selected Items: Domestic Violence

Drug Types:

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepines
- Buprenorphine (Suboxone)

Disabled Infant

Complete the following section for cases involving alleged withholding of appropriate nutrition, hydration, medication or medically indicated treatment from disabled infants with life-threatening conditions:

- Not Receiving Proper Nutrition
- Not Receiving Proper Hydration
- Not Receiving Proper Medication
- Not Receiving Medically Indicated Treatment

Health Care Facility Name: Search Provider

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Person Characteristic: This screen shot shows available person characteristics that can be selected to document that an individual has been exposed to DV or has been the perpetrator of DV.

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Logged In: Socialworker, Super [County Department of Job and Family Services]

[Profile](#) | [Education](#) | [Medical](#) | [Employment](#) | [Military](#) | [Background](#) | [Delinquency](#) | [SACWIS History](#) | [help](#)

Person > Profile > Characteristics

Name: Case, Kid Person ID: 12406771 DOB: 05/05/2005

Characteristics Details

Characteristic Group: Traits/Behaviors/Family History

Available Characteristics:

- Over Eating
- Overactive
- Overbite
- Overly Dependent
- Past Sexual Offender
- Physical Therapy
- Physically Abused
- Physically Aggressive - Toward adults
- Physically Aggressive - Toward others
- Physically Aggressive - Toward peers
- Plays with Matches
- Pleasant

Selected Characteristics:*

- Child exposed to domestic violence
- Child exposed to domestic violence by other than family member
- Family history of domestic violence

Method: Unknown Self Reported Observed

Additional Information:

4000

Created Date: Created By:

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Safety Hazard: This screen shot shows a way to document DV within a family. A safety hazard is documented within a person record to alert workers to potential threats within the household.

The screenshot displays the OHIO SACWIS user interface. At the top, the logo 'OHIO SACWIS' is on the left, and navigation links for 'home', 'search', 'help & training', and 'log off' are on the right. Below the logo, the user is logged in as 'Socialworker, Super' for the 'County Department of Job and Family Services'. A breadcrumb trail includes 'Profile', 'Education', 'Medical', 'Employment', 'Military', 'Background', 'Delinquency', and 'SACWIS History'. The main header shows 'Name: Case, Kid', 'Person ID: 12406771', and 'DOB: 05/05/2005'. The 'Add Safety Hazards' section is active, showing a list of 'Available Safety Hazards' on the left and a 'Selected Safety Hazards' list on the right. The available hazards include 'Contagious Disease', 'Convicted of a Violent Crime', 'Drug Activity', 'Explosive Behavior', 'Involved in Gang Activity', 'Mental Health/Not Taking Medication', 'Other', 'Prior Threats To Agency Worker', 'Sexual Predator', and 'Weapons in the Home'. The 'Selected Safety Hazards' list currently contains 'Domestic Violence'. Between the lists are buttons for 'Add >', 'Add All >>', '< Remove', and '<< Remove All'. Below the lists are input fields for 'Safety Hazard Begin Date: *' and 'Safety Hazard End Date: *', each with a calendar icon. A large text area for 'Safety Hazard Narrative: *' is at the bottom. At the very bottom of the form are 'Spell Check', 'Clear', and '4000' buttons.

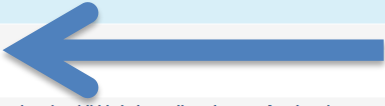
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Safety Assessment: A Safety Assessment is completed within 4 working days of receiving a report of child maltreatment or dependency. Safety Factors 4 and 5 include information pertaining to DV. 'Yes' indicates a safety concern for a child. Narrative text is required to support each rating.

Case > Workload > Safety Assessment

Safety Assessment	Safety Factors	Safety Considerations	Safety Response
Safety Factors Further Assessment			
Case ID: 20247962	Case Name: Case, Mom	Safety Assessment ID: 9791290	Status: In Progress
Section 2: Safety Factors			
Safety Factor Question/Responses			
1.	A child has received serious, inflicted, physical harm.		
edit	Response: No Narrative....		
2.	Caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.		
edit	Response: No Narrative....		
3.	Caretaker or other person having access to the child has made a credible threat which would result in serious harm to a child.		
edit	Response: No Narrative....		
4.	The behavior of any member of the family or other person having access to the child is violent and/or out of control.		
edit	Response: No Narrative...		
5.	Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.		
edit	Response: Yes Narrative....		
6.	Drug and/or alcohol use by any member of the family or other person having access to the child suggests that the child is in immediate danger of serious harm.		
edit	Response: No Narrative...		
7.	Behavior(s) of any member of the family or any person having access to the child is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm.		
edit	Response: No Narrative...		



8.	Caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.		
edit	Response: No Narrative...		
9.	Household environmental hazards suggest that the child is in immediate danger of serious harm.		
edit	Response: No Narrative...		
10.	Any member of the family or other person having access to the child describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the child.		
edit	Response: No Narrative...		
11.	The family refuses access to the child or there is reason to believe the family will flee.		
edit	Response: No Narrative...		
12.	Caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.		
edit	Response: No Narrative...		
13.	Caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.		
edit	Response: No Narrative...		
14.	Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.		
edit	Response: No Narrative...		
15.	Other Safety Factors (Specify)		
edit	Response: No Narrative...		

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

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Safety Assessment (continued): The worker describes how the child’s vulnerability contributes to or decreases the risk of future harm. The worker also describes the family’s protective capacities and describes whether the family can use these protective capacities to ensure child safety.

Case > Workload > Safety Assessment

Safety Assessment	Safety Factors	Safety Considerations	Safety Response
Case ID: 20247962		Safety Assessment ID: 9791290	
Case Name: Case, Mom		Status: In Progress	

Safety Considerations Details

Section 3: Historical Information

Name	DOB	Intake ID/Category/Type	Disposition Date	Report Disposition
Describe if the caretaker or other person having access to the child has or may have previously seriously abused or neglected a child. Also, describe if any child in the household has previously been seriously abused and/or neglected. (expand full screen)				
Historical information narrative....				

Spell Check Clear 9964

Section 4: Child Vulnerability

Child	Age
Case, Kid	9

Describe how each child’s age, physical, intellectual, and social development, emotional/behavioral functioning, role in the family and ability to protect him/herself contribute to or decrease the likelihood of serious harm. [\(expand full screen\)](#)

Child vulnerability narrative....

Spell Check Clear 10000

Section 5: Protective Capacities

Adult	Age
Case, Mom	33
Case, Dad	34

What strength and resources does the family have that can reduce, control, and/or prevent threats of serious harm? How does the family utilize these protective capacities to ensure child safety? Include the consideration of each caretaker’s cognitive, emotional, and behavioral abilities available to protect a child. [\(expand full screen\)](#)

Protective capacities narrative...

Spell Check Clear 10000

Apply Save Cancel

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Family Assessment: Information gathered via the assessment/investigation is documented in the Family Assessment (FA) within 45-60 days of the report in both the AR and TR pathways. A FA is required on all child maltreatment or dependency reports or a Family in Need of Services report that will receive ongoing services.

Case > Workload > Family Assessment

Participants	Safety Review	Strengths & Needs	Risk Assessment	Case Analysis
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Safety Review | **Child Harm**

Case ID: 20247962 AR Family Assessment ID: 13508049
 Case Name: Case, Mom AR Family Assessment Status: In Progress

Child Harm Details

Current Harm

Name	DOB	Intake ID / Category / Type	Screening Decision Date
Case, Kid	05/05/2005	8685575 / CA/N Report / Physical Abuse	02/01/2015

For each child, identify and describe the type, degree and frequency of actual harm or threatened harm that does not reach the threshold of serious harm OR does reach the threshold of serious harm and was not identified in the safety assessment. Include the information obtained regarding the allegations of child abuse, neglect and/or dependency. [\(expand full screen\)](#)

Narrative...

Spell Check Clear 10000

Historical Harm

Name	DOB	Intake ID / Category / Type	Disposition Date	Report Disposition
------	-----	-----------------------------	------------------	--------------------

For each child, identify and describe all historical reports of abuse and/or neglect. Include the date(s) of report, type(s) of maltreatment, identification of the ACV/CSR(s) and AP/AS(s), case disposition(s) and case outcome(s) (e.g., closed, transferred to ongoing services, child placed in out-of-home care, etc.). [\(expand full screen\)](#)

Narrative...

Spell Check Clear 10000

Apply Save Cancel

Case > Workload > Family Assessment

Participants	Safety Review	Strengths & Needs	Risk Assessment	Case Analysis
--------------	---------------	-------------------	-----------------	---------------

Child Functioning | Adult Functioning | Family Functioning | Historical Functioning

Case ID: 20247962 AR Family Assessment ID: 13508049
 Case Name: Case, Mom AR Family Assessment Status: In Progress

Child Functioning

Child	DOB	Age	Self Protection	Physical / Cognitive / Social Development	Emotional / Behavioral Functioning
edit Case, Kid	05/05/2005	9			

Write a rationale for each child that supports the ratings in Child Functioning. Describe the impact other household members not included in this assessment have on each child. Discuss how the individual elements impact one another. Describe any strengths each child may have in relation to the assessment elements. [\(expand full screen\)](#)

Spell Check Clear 10000

Apply Save Cancel

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Family Assessment (continued)

Case > Workload > Family Assessment

Participants | Safety Review | **Strengths & Needs** | Risk Assessment | Case Analysis

Child Functioning | **Adult Functioning** | Family Functioning | Historical Functioning

Case ID: 20247962
Case Name: Case, Mom

AR Family Assessment ID: 13508049
AR Family Assessment Status: In Progress

Adult Functioning

Name	Cognitive Abilities	Physical Health	Emotional / Mental Health Functioning	Domestic Relations (Domestic Violence)	Substance Use	Response to Stressors	Parenting Practices
edit Case, Dad							
edit Case, Mom							

Write a rationale for each adult that supports the ratings in Adult Functioning. Describe the impact other household members not included in this assessment have on each adult. Discuss how the individual elements impact one another. Describe any strengths each adult may have in relation to the assessment elements. [\(expand full screen\)](#)

[Spell Check](#) [Clear](#) 10000

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

Case > Workload > Family Assessment

Participants | Safety Review | **Strengths & Needs** | Risk Assessment | Case Analysis

Child Functioning | **Adult Functioning** | **Family Functioning** | Historical Functioning

Case ID: 20247962
Case Name: Case, Mom

AR Family Assessment ID: 13508049
AR Family Assessment Status: In Progress

Family Functioning

Family Roles, Interactions, and Relationships:

Resource Management and Household Maintenance:

Extended Family, Social, and Community Supports:

Write a rationale that supports the family ratings. Describe the impact other household members not included in this assessment have on the family. In that rationale discuss how the individual elements impact one another. Describe any strengths the family may have in relation to the assessment elements. [\(expand full screen\)](#)

[Spell Check](#) [Clear](#) 10000

Family Perception

Describe how the family views their own strengths and problems. [\(expand full screen\)](#)

[Spell Check](#) [Clear](#) 10000

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Family Assessment (continued): Actuarial risk assessment is part of a FA and is completed on child abuse and neglect cases.


Case > Workload > Family Assessment

Participants	Safety Review	Strengths & Needs	Risk Assessment	Case Analysis
Risk Scores Policy Override				
Case ID: 20247962		AR Family Assessment ID: 13508049		
Case Name: Case, Mom		AR Family Assessment Status: In Progress		
Risk Scores				
Neglect Risk Score		Abuse Risk Score		
N1. Current Report is for Neglect		A1. Current Report is for Physical or Emotional Abuse		
<input type="radio"/> None Specified		<input type="radio"/> None Specified		
<input checked="" type="radio"/> a. No		<input type="radio"/> a. No		
<input type="radio"/> b. Yes		<input checked="" type="radio"/> b. Yes		
N2. Number of Prior Reports		A2. Prior Abuse Reports		
<input type="radio"/> None Specified		<input type="radio"/> None Specified		
<input checked="" type="radio"/> a. None		<input checked="" type="radio"/> a. None		
<input type="radio"/> b. One or two		<input type="radio"/> b. Physical or sexual abuse report(s)		
<input type="radio"/> c. Three or more		<input type="radio"/> c. Emotional abuse report(s)		
N3. Number of Children in the Home		<input type="radio"/> d. Both b and c		
<input type="radio"/> None Specified		A3. Prior CPS Service History		
<input checked="" type="radio"/> a. Two or fewer		<input type="radio"/> None Specified		
<input type="radio"/> b. Three or more		<input checked="" type="radio"/> a. No		
N4. Number of Adults in Home at Time of the Report		<input type="radio"/> b. Yes		
<input type="radio"/> None Specified		<input type="radio"/> c. Yes (Historical value erroneously scored as 1)		
<input checked="" type="radio"/> a. Two or more		A4. Number of Children in the Home		
<input type="radio"/> b. One/none		<input type="radio"/> None Specified		
N5. Age of Primary Caregiver		<input checked="" type="radio"/> a. One		
<input type="radio"/> None Specified		<input type="radio"/> b. Two or more		
<input checked="" type="radio"/> a. 28 or older		A5. Either Caregiver Abused as a Child		
<input type="radio"/> b. 27 or younger		<input type="radio"/> None Specified		
N6. Characteristics of Either Caregiver		<input type="radio"/> a. No		
<input type="radio"/> None Specified		<input checked="" type="radio"/> b. Yes		
<input checked="" type="radio"/> a. Not applicable		A6. Secondary Caregiver has a Current Substance Abuse Problem		
<input type="radio"/> b. Parenting skills are major problem		<input type="radio"/> None Specified		
<input type="radio"/> c. Mental health issue		<input checked="" type="radio"/> a. No, or no secondary caregiver		
<input type="radio"/> d. Both b and c		<input type="radio"/> b. Yes, Alcohol abuse problem		
N7. Either Caregiver Involved in Harmful Relationship(s)		<input type="radio"/> c. Yes, Drug abuse problem		
		<input checked="" type="radio"/> d. Both b and c		

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Family Assessment (continued)

<p><input type="radio"/> a. No</p> <p><input type="radio"/> b. Yes, some problems but no history of domestic violence</p> <p><input checked="" type="radio"/> c. Yes, major domestic conflict and/or domestic violence</p> <p>N8. Either Caregiver has a Current Substance Abuse Problem</p> <p><input type="radio"/> None Specified</p> <p><input checked="" type="radio"/> a. No</p> <p><input type="radio"/> b. Yes, alcohol or drug, either caregiver</p> <p>N9. Household is Experiencing Severe Financial Difficulty</p> <p><input type="radio"/> None Specified</p> <p><input checked="" type="radio"/> a. No</p> <p><input type="radio"/> b. Yes</p> <p>N10. Primary Caregiver's Motivation to Improve Parenting Skills</p> <p><input type="radio"/> None Specified</p> <p><input checked="" type="radio"/> a. Motivated and realistic</p> <p><input type="radio"/> b. Unmotivated</p> <p><input type="radio"/> c. Motivated but unrealistic</p> <p>N11. Caregiver(s) Response to Investigation and Seriousness of Complaint</p> <p><input type="radio"/> None Specified</p> <p><input checked="" type="radio"/> a. Attitude consistent with seriousness of allegation and complied satisfactorily</p> <p><input type="radio"/> b. Attitude not consistent with seriousness of allegation (minimizes)</p> <p><input type="radio"/> c. Failed to comply satisfactorily</p> <p><input type="radio"/> d. Both b and c</p>	<p>A7. Either Caregiver has History of Domestic Violence </p> <p><input type="radio"/> None Specified</p> <p><input type="radio"/> a. No</p> <p><input checked="" type="radio"/> b. Yes</p> <p>A8. Either Caregiver has Major Parenting Skills Problem</p> <p><input type="radio"/> None Specified</p> <p><input checked="" type="radio"/> a. No</p> <p><input type="radio"/> b. Yes</p> <p>A9. Child in the Home has Special Needs or History of Delinquency</p> <p><input type="radio"/> None Specified</p> <p><input checked="" type="radio"/> a. No</p> <p><input type="radio"/> b. Yes, Special Needs</p> <p><input type="radio"/> c. Yes, History of Delinquency</p> <p><input type="radio"/> c. Both b and c</p>
<p>Calculate Scores</p>	
<p>Apply Save Cancel</p>	
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Case Decision/Service Planning

Participants	Safety Review	Strengths & Needs	Risk Assessment	Case Analysis
Case Decision Service Planning				
Case ID: 20247962		AR Family Assessment ID: 13508049		
Case Name: Case, Mom		AR Family Assessment Status: In Progress		
Case Decision				
Preliminary Matrix-Indicated Case Decision				
Preliminary Matrix-Indicated Case Decision:		Close		
Final Risk Level:		Moderate		

Discretionary Override Information

Should the Preliminary Matrix-Indicated Case Decision be Overridden?

If Yes, Select Discretionary Reasons:

Describe Reasons: [\(expand full screen\)](#)

Final Case Decision

To support the basis for the case decision, evaluate the following assessment variables and their relevance and importance to the case decision: active safety threats, protective capabilities, child vulnerability, child harm, risk contributors and the final level of risk, child and family strengths and needs, family history, and family perceptions.

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

10000

Final Case Decision:

- Transfer for Ongoing PCSA Services
- Close, Refer Community Services
- Close

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Participants	Safety Review	Strengths & Needs	Risk Assessment	Case Analysis								
Case Decision Service Planning												
Case ID: 20247962		AR Family Assessment ID: 13508049										
Case Name: Case, Mom		AR Family Assessment Status: In Progress										
Service Planning												
Services Related to Family Assessment												
<table border="1"> <thead> <tr> <th>Case Member Name(s)</th> <th>Service Category / Type</th> <th>Service Classification</th> <th>Effective Dates</th> </tr> </thead> <tbody> <tr> <td colspan="4"><input type="button" value="Associate Service"/></td> </tr> </tbody> </table>					Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates	<input type="button" value="Associate Service"/>			
Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates									
<input type="button" value="Associate Service"/>												
<input type="checkbox"/> Family Not in Need of PCSA Services - Likelihood of future maltreatment does not warrant continued agency involvement. <input type="checkbox"/> Family in Need of PCSA Services - Likelihood of future maltreatment warrants continued agency involvement. <input type="checkbox"/> Voluntary In-Home Supportive Services <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Out-of-Home Placement												
<p>Describe any underlying conditions (i.e., needs of family members, perceptions, beliefs, values, feelings, cultural practices, and/or previous life experiences) that influence the maltreatment dynamic within the family system and/or may cause or contribute to safety threats or risk contributors.</p> <p><input type="button" value="Spell Check"/> <input type="button" value="Clear"/> 2000</p> <p>Describe the services and/or interventions suggested to resolve immediate safety threats, strengthen protective capacities, and/or reduce risk as identified in this assessment.</p> <p><input type="button" value="Spell Check"/> <input type="button" value="Clear"/> 2000</p>												

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Disposition: A worker can select a harm description that applies to this allegation.

The screenshot shows the 'Disposition Information' screen in SACWIS. The breadcrumb trail is 'Case > Workload > Intake > Intake Dispositions > Disposition Information'. Case details include Case ID: 20247962, Case Name: Case, Mom, Case Status: Open (02/01/2015), and Case Category: Alternative Response Assessment. Intake ID is 8685575, Intake Category is CA/N Report, and Screening Decision Date is 02/01/2015. Alleged Child Victim / Child Subject of Report is Case Kid, and Alleged Perpetrator / Adult Subject of Report is Case Dad. Allegation is Physical Abuse. Incident Date is 02/01/2015, with 'Date Estimated' checked. Report Disposition is set to 'Alternative Response' and 'Unable to Locate' is unchecked. Severity of Harm is 'Treated and Released'. The Harm Descriptions section has two panes: 'Available Harm Descriptions' and 'Selected Harm Descriptions'. The 'Available' pane lists: Abandonment, Blindness, Bone Fracture, Brain Damage/Skull Fracture, Burns/Scalds, Dirty/Unsafe Environment, Dislocation/Sprain, Educational Neglect, Hair Pulling, Subdural Hematoma/Hemorrhage, Medication Improperly Disseminated, and Inadequate Clothing. The 'Selected' pane contains: Exposed to DV / IPV in the Home, Injured during DV / IPV Altercation, and Witnessed DV / IPV Altercation. 'Add >' and '< Remove' buttons are between the panes. 'Save' and 'Cancel' buttons are at the bottom left.

Contributing factors are entered at the case level at disposition.

The screenshot shows the 'Contributing Factors' screen in SACWIS. The breadcrumb trail is 'Case > Workload > Intake > Intake Dispositions'. The 'Disposition Information' section is visible at the top, showing Case ID: 20247962, Case Name: Case, Mom, Case Status: Open (02/01/2015), Case Category: Alternative Response Assessment, Intake ID: 8685575, Intake Category: CA/N Report, and Screening Decision Date: 02/01/2015. The 'Contributing Factors' section asks to 'Select all that apply:' and lists several options with checkboxes: Caretaker was an Abused Child, Medical/Physical Disability of Caretaker, Medical/Physical Disability of Child, Economic Difficulties, Other Family Violence (checked), Illness/Death of Family Member, Mental/Emotional Problem of Child, Mental/Emotional Problem of Caretaker, Mental Retardation of Caretaker, Mental Retardation of Child, No Contributing Factors Apply, Physical Living Conditions, Single Head of Household, Substance Abuse, TANF Benefit Ineligible, and TANF Sanction. At the bottom, 'Disposition Complete' is checked, and 'Disposition Date' is 02/20/2015. 'Apply', 'Save', and 'Cancel' buttons are at the bottom left.