

## COMPLETING A SAR

1. Click the Case Review/SAR link in the navigation menu

The screenshot shows a web application interface. On the left is a navigation menu with the following links: Legal Actions, Legal Custody/Status, Living Arrangement, Initial Removal, Placement Request, Placement, Visitation Plans, Independent Living, AR Family Service Plan, AR Family Service Review, Case Plan, and Case Review/SAR. The 'Case Review/SAR' link is circled in red. The main content area is titled 'Assignment Information' and contains a table with three columns: Worker Name, Role, and Agency of Worker. The table has one row with the values 'Training01, User', 'Screening Decision Maker', and 'BHS Training'. Below this table is a section titled 'Eligibility Assignment Information' with a table that has two columns: Person Name and Eligibility Specialist(s). This table contains the text 'No Assignment Information Found'. A 'Close' button is located at the bottom left of the main content area.

Worker Name	Role	Agency of Worker
Training01, User	Screening Decision Maker	BHS Training

Person Name	Eligibility Specialist(s)
No Assignment Information Found	

Close

2. Click the Add Case Review/SAR button

The screenshot shows the 'Case Review(s)/SAR(s)' section of the application. It displays 'Result(s) 0' and 'Page 0 of 0'. A button labeled 'Add Case Review/SAR' is circled in red.

Case Review(s)/SAR(s)

Result(s) 0

Page 0 of 0

Add Case Review/SAR

3. Select the Case Review Type from the dropdown then select the Case Plan being Reviewed

Case > Workload > Case Review/SAR > Identifying Information

Case ID: 2646016 Case Status: Open ( 04/07/2014 )  
Case Name: Bob, Sponge Case Category: Ongoing

Identifying Information

Case Review Type: \*

If Optional Case Review, Explain:

200

Case Plan being Reviewed: \*  [ Select Available Case Plan(s) ]

Last Review Date: Last SAR Date:  
A SAR shall be conducted every six months based upon the following activity: Date:

Child(ren) Participating in the Case Review

Name	Court ID	Child's Permanency Goal	Current Legal Status	Current Placement Date	Type of Placement
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Adult Member(s) Participating in the Case Review

Name	Relationship To Child	DOB	Age
------	-----------------------	-----	-----

4. Once you have selected the Case Plan being Reviewed, click OK

Case Review Type: 3 Month Case Review Review for Case Plan Number: Status: In progress

Available Case Plans to be Reviewed

Type	Plan Number	Status	Approved Date
<input checked="" type="radio"/> INITIAL	1.00	Approved	04/12/2014

## 5. Click Save

Case ID: 2546016 Case Status: Open ( 04/07/2014 )  
Case Name: Bob, Sponge Case Category: Ongoing

**Identifying Information**

Case Review Type: \* 3 Month Case Review

If Optional Case Review, Explain:

Spell Check Clear 2000

Case Plan being Reviewed: \* 1.00 [ Select Available Case Plan(s) ]

Last Review Date: Last SAR Date: 04/12/2014  
A SAR shall be conducted every six months based upon the following activity: Case Plan Approval Date Date:

**Child(ren) Participating in the Case Review**

Name	Court ID	Child's Permanency Goal	Current Legal Status	Current Placement Date	Type of Placement
Squirrel, Sandy		Maintain in own home; prevent removal	Temporary Court Order	06/01/2014	Certified Foster Home

**Adult Member(s) Participating in the Case Review**

Name	Relationship To Child	DOB	Age
Bob, Sponge	relationship	10/26/1969	44

**Save Cancel**

## 6. Select Safety Review from the Case Review Topics page or (if the child has been in placement for 30 days or more, you will select **Reunification Assessment**) from the Case Review Topics page

**Case Review Topics**

Case Review Type: Semiannual Administrative Review Review for Case Plan Number: 1.00 Status: In progress

Topic	Status
<a href="#">Identifying Information</a>	Completed
<b><a href="#">Safety Review</a></b>	Not Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 0 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Not Completed
<a href="#">Risk Reassessment</a>	Not Completed
<a href="#">Custody/PSU/In-Home Supportive Services</a>	Not Provided
<a href="#">Permanence Information</a>	Not Provided
<a href="#">Permanence Goals</a>	Progress Provided for 0 of 1 Children
<a href="#">Candidate For Foster Care</a>	Not Provided
<a href="#">Signature/Notice Information</a>	0 Signature(s) Provided
<a href="#">Case Analysis</a>	Not Completed

**Close**

7. Complete all Safety Review Information and the Safety Response Review or if the child has been in placement for 30 days or more, you will be required to complete a **Reunification Assessment instead of a Safety Review**. Once all information is complete, select Save

Safety Review Information

Select and Complete the Appropriate Case Circumstance: \*

A safety threat is not currently active.

1. Describe new information obtained regarding protective capacities. Include information concerning any adult not interviewed for the safety assessment.

NARRATIVE

Spell Check

Clear

0000

2. Describe new information obtained regarding child vulnerability. Include information concerning any child not interviewed for the safety assessment.

NARRATIVE

Spell Check

Clear

0000

Safety Response Review

☐ None Selected

☒ Maintain

☐ Create

☐ Modify

☐ Discontinue

☐ Previously Discontinued

Date:

Apply

Save

Cancel



8. **Select Service Review from the Case Review Topics page**

Case Review Topics

Case Review Type: Semiannual Administrative Review      Review for Case Plan Number: 1.00      Status: In progress

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Not Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 0 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Not Completed
<a href="#">Risk Reassessment</a>	Not Completed
<a href="#">Custody/PSUP/In-Home Supportive Services</a>	Not Provided
<a href="#">Permanency Information</a>	Not Provided
<a href="#">Permanency Goals</a>	Progress Provided for 0 of 1 Children
<a href="#">Candidate For Foster Care</a>	Not Provided
<a href="#">Signature/Notice Information</a>	0 Signature(s) Provided
<a href="#">Case Analysis</a>	Not Completed

[Close](#)

9. **From the Current Case Plan Services tab click the edit progress link**

**Current Case Plan Services**      Prior Case Plan Unlinked Services      Services Not linked to Case Plan

Case ID: 20460010      Case Status: Open ( 04/07/2014 )  
Case Name: Bob, Sponge      Case Category: Ongoing

Case Review Type: 90 Day Review      Review for Case Plan Number: 1.00      Status: Declined for re-work

Service Review Information

Concerns

	Name(s)	Risk Contributors	Progress Addressing Concerns
<a href="#">edit progress</a>	Bob, Sponge Squirrel, Sandy	Parenting Practices	Significant Progress

[Close](#)

- 10 Complete the Service Details Information and select Save. You will need to complete this step for each concern in this case plan.

Services Details

Case Plan Participant: Bob, Sponge - 10/26/1969  
Squirrel, Sandy - 10/22/2003

Risk Contributor: Parenting Practices

What are the Concerns?

What behavior will need to change to reduce risk and address safety issues of the child(ren)?

What activities do family members need to do to make this change?

Discuss the impact toward addressing safety, risk, permanency and/or child well-being issues in detail. If applicable, include any existing barriers to services. \* (expand full screen)

NARRATIVE

Spell Check Clear

Progress Addressing Concern: \* Significant Progress

Apply Save Cancel

- 11 From the Current Case Plan Services tab click the services link

Current Case Plan Services

Prior Case Plan Unlinked Services

Services Not linked to Case Plan

Case ID: 2646016

Case Name: Bob, Sponge

Case Status: Open (04/07/2014)

Case Category: Ongoing

Case Review Types: 90 Day Review

Review for Case Plan Number: 1.00

Status: Declined for re-work

Service Review Information

Concerns

Name(s)	Risk Contributors	Progress Addressing Concerns
Bob, Sponge Squirrel, Sandy	Parenting Practices	Significant Progress

Close

## 12. Click the edit link next to the service you are reviewing

Service Review Details

Case Plan Participant: Bob, Sponge - 10/26/1969  
Squirrel, Sandy - 10/22/2003

Risk Contributor: Parenting Practices

Below, identify all Services Provided/Planned to Address this Concern.

	Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates
	Bob, Sponge; Squirrel, Sandy	Case Management / Information & Referral Services	Case Member	04/07/2014 -
	Case Member / Caregiver History			

[Close](#)

## 13. Click the Service Review Tab

Case > Workload > Case Services

Service Information		Service Review	Service Activity	
Case ID:	2646016	Case Status:	Open ( 04/07/2014 )	
Case Name:	Bob, Sponge	Case Category:	Ongoing	

Service Information

Agency: IHS Training



Risk Contributors: Impact of Past Services

Effective Date: \* 04/07/2014 Estimated Service End Date:

Service Category: \* Case Management Service Type: \* Information & Referral Services

Member Service Status History

☒ Current Status ☐ All Statuses

	Case Member	Status	Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Error
	Bob, Sponge - 10/26/1969	Needed				04/07/2014	
	Squirrel, Sandy - 10/22/2003	Needed				04/07/2014	

Case Member Name: \*  [Add Status / Provider](#)

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

14. Click the Add Service Review button

Service Review

	Case Member(s) / DOB	Review Date	Service Recommendation	Participation Status	Barrier Type	
<a href="#">edit</a> <a href="#">view</a>	Squirrel, Sandy - 10/22/2003; Bob, Sponge - 10/26/1969	04/14/2014	Continue			<a href="#">delete</a>
<a href="#">edit</a> <a href="#">view</a>	Squirrel, Sandy - 10/22/2003; Bob, Sponge - 10/26/1969	04/14/2014	Continue			<a href="#">delete</a>

[Add Service Review](#)

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

- 15 Complete the necessary information. Enter the review date, select Case Members, Service Recommendation and Participation Status if one is required for the service you are reviewing. If Barriers exist, enter the Barrier Type and Barrier Comments. You have the option to complete the Recommendation Comments and Participation Comments narrative text boxes, however, they are not required. Select Save.

Service/Activity Review Details

Review Information

Review Date: 10/14/2014

	Case Member(s) / DOB	Service Recommendation	Participation Status	Barrier Type
	Bob, Sponge - 10/26/1969			
	Squirrel, Sandy - 10/22/2003			

Recommendation Comments:

Spell Check Clear 2000

Participation Comments:

Spell Check Clear 2000

Barrier Comments:

Spell Check Clear 2000

Save Cancel

16. Click the Save button

Service Review

	Case Member(s) / DOB	Review Date	Service Recommendation	Participation Status	Barrier Type	
<a href="#">edit</a> <a href="#">view</a>	Squirrel, Sandy - 10/22/2003; Bob, Sponge - 10/26/1969	10/14/2014	Continue			<a href="#">delete</a>
<a href="#">edit</a> <a href="#">view</a>	Squirrel, Sandy - 10/22/2003; Bob, Sponge - 10/26/1969	10/14/2014	Continue			<a href="#">delete</a>
<a href="#">edit</a> <a href="#">view</a>	Squirrel, Sandy - 10/22/2003; Bob, Sponge - 10/26/1969	04/14/2014	Continue			<a href="#">delete</a>
<a href="#">edit</a> <a href="#">view</a>	Squirrel, Sandy - 10/22/2003; Bob, Sponge - 10/26/1969	04/14/2014	Continue			<a href="#">delete</a>

[Add Service Review](#)

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

17. The Service Review has been completed for this service. Continue these same steps for all services. When all services have been reviewed, click the Close button.

Service Review Details

Case Plan Participant: Bob, Sponge - 10/26/1969  
Squirrel, Sandy - 10/22/2003

Risk Contributor: Parenting Practices

Below, identify all Services Provided/Planned to Address this Concern.

	Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates
<a href="#">edit</a>	Bob, Sponge; Squirrel, Sandy	Case Management / Information & Referral Services	Case Member	04/07/2014 -
<a href="#">add</a>	Case Member / Caregiver History			

[Close](#)

18. From the Prior Case Plan Unlinked Services tab if unlinked services exist, you need to complete steps 9 through 17 for these unlinked services.

Current Case Plan Services		Prior Case Plan Unlinked Services		Services Not linked to Case Plan									
Case ID:	2646016	Case Status:	Open ( 04/07/2014 )										
Case Name:	Bob, Sponge	Case Category:	Ongoing										
Case Review Type:	90 Day Review	Review for Case Plan Number:	1.00	Status:	Declined for re-work								
-Service Review Information-													
-Concerns-													
<table border="1"><thead><tr><th></th><th>Name(s)</th><th>Risk Contributors</th><th>Progress Addressing Concerns</th></tr></thead><tbody><tr><td><a href="#">edit progress</a></td><td>Bob, Sponge Squirrel, Sandy</td><td>Parenting Practices</td><td>Significant Progress</td></tr></tbody></table>							Name(s)	Risk Contributors	Progress Addressing Concerns	<a href="#">edit progress</a>	Bob, Sponge Squirrel, Sandy	Parenting Practices	Significant Progress
	Name(s)	Risk Contributors	Progress Addressing Concerns										
<a href="#">edit progress</a>	Bob, Sponge Squirrel, Sandy	Parenting Practices	Significant Progress										
<a href="#">Close</a>													

19. From the Services Not linked to Case Plan tab if not linked services exist, click the Edit Progress button.

Current Case Plan Services		Prior Case Plan Unlinked Services		Services Not linked to Case Plan																										
Case ID:	2646016	Case Status:	Open ( 04/07/2014 )																											
Case Name:	Bob, Sponge	Case Category:	Ongoing																											
Case Review Type:	90 Day Review	Review for Case Plan Number:	1.00	Status:	Declined for re-work																									
-Service Review Information-																														
Discuss the impact toward addressing safety, risk, permanency and/or child well-being issues in detail. If applicable, include any existing barriers to services.																														
Progress Addressing Concern:																														
<a href="#">Edit Progress</a>																														
Services that are not linked to Case Plan but Active (or) end-dated during the current review period.																														
<table border="1"><thead><tr><th></th><th>Case Member Name(s)</th><th>Service Category / Type</th><th>Service Classification</th><th>Effective Dates</th></tr></thead><tbody><tr><td><a href="#">add</a></td><td>Bob, Sponge Squirrel, Sandy</td><td>Counseling / Individual counseling</td><td>Case Member</td><td>09/01/2014 -</td></tr><tr><td colspan="5"><a href="#">Case Member / Caregiver History</a></td></tr><tr><td><a href="#">add</a></td><td>Bob, Sponge Squirrel, Sandy</td><td>Case Management / Case Management Services</td><td>Case Member</td><td>04/23/2014 -</td></tr><tr><td colspan="5"><a href="#">Case Member / Caregiver History</a></td></tr></tbody></table>							Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates	<a href="#">add</a>	Bob, Sponge Squirrel, Sandy	Counseling / Individual counseling	Case Member	09/01/2014 -	<a href="#">Case Member / Caregiver History</a>					<a href="#">add</a>	Bob, Sponge Squirrel, Sandy	Case Management / Case Management Services	Case Member	04/23/2014 -	<a href="#">Case Member / Caregiver History</a>				
	Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates																										
<a href="#">add</a>	Bob, Sponge Squirrel, Sandy	Counseling / Individual counseling	Case Member	09/01/2014 -																										
<a href="#">Case Member / Caregiver History</a>																														
<a href="#">add</a>	Bob, Sponge Squirrel, Sandy	Case Management / Case Management Services	Case Member	04/23/2014 -																										
<a href="#">Case Member / Caregiver History</a>																														
<a href="#">Close</a>																														

20. Complete the Service Details information and select Save.

Services Details

Discuss the impact toward addressing safety, risk, permanency and/or child well-being issues in detail. If applicable, include any existing barriers to services. [\(expand full screen\)](#)

Spell Check Clear 1000

Progress Addressing Concern:

Apply Save Cancel

21. To review Services Not Linked to Case Plan, follow steps 12 – 17.

Current Case Plan Services		Prior Case Plan Unlinked Services		Services Not linked to Case Plan	
Case ID:	2646016	Case Status:	Open ( 04/07/2014 )		
Case Name:	Bob, Sponge	Case Category:	Ongoing		
Case Review Type:	90 Day Review	Review for Case Plan Numbers:	1.00	Status:	Declined for re-work
<b>-Service Review Information-</b>					
Discuss the impact toward addressing safety, risk, permanency and/or child well-being issues in detail. If applicable, include any existing barriers to services.					
Progress Addressing Concern:					
<a href="#">Edit Progress</a>					
Services that are not linked to Case Plan but Active (or) end-dated during the current review period.					
Case Member Name(s)		Service Category / Type		Service Classification	Effective Dates
Bob, Sponge Squirrel, Sandy		Counseling / Individual counseling		Case Member	09/01/2014 -
<a href="#">Case Member / Caregiver History</a>					
Bob, Sponge Squirrel, Sandy		Case Management / Case Management Services		Case Member	04/23/2014 -
<a href="#">Case Member / Caregiver History</a>					

Close



## 22. Select Strengths and Needs Update from the Case Review Topics Page

Case Review Topics

Case Review Type:

90 Day Review

Review for Case Plan Number:

1.00

Status:

Declined for re-work

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 1 of 1 Risk Contributors
<a href="#">Strengths and Needs Update</a>	Completed
<a href="#">Risk Reassessment</a>	Low Risk Level
<a href="#">Case Analysis</a>	Completed

Close

23. Complete the Risk Contributors by selecting a drop down value for each one. You must complete each narrative text box unless N/A is selected. Select the Strengths and Needs status and then select Save

Strengths and Needs Update Information

**Risk Contributors**

Complete the following elements currently contributing to risk for anyone in the family:

<b>Child Functioning</b>		<b>Family Functioning</b>	
Self Protection:	No ▼	Family Roles, Interactions, and Relationships:	Yes ▼
Physical/Cognitive/Social Development:	Yes ▼	Resource Management and Household Maintenance:	Yes ▼
Emotional Functioning:	Yes ▼	Extended Family, Social and Community Connectedness:	Yes ▼
<b>Adult Functioning</b>		<b>Historical</b>	
Cognitive Abilities:	Yes ▼	Caretaker's Victimization of Other Children:	Yes ▼
Physical Health:	No ▼	Caretaker's Abuse/Neglect as a Child:	No ▼
Emotional/Mental Health Functioning:	Yes ▼	Impact of Past Services:	No ▼
Domestic Relations (Domestic Violence):	Yes ▼		
Substance Abuse:	No ▼		
Response to Stressors:	No ▼		
Parenting Practices:	No ▼		

Family Perception Information

Describe how the family and other individuals involved in the case view their own strengths and problem areas.

NARRATIVE

Spell Check Clear 1000

Consider the elements above and the impact of provided services as discussed in Section 3A. For children in PC, describe what child characteristics continue to be identified as a need.

NARRATIVE

Spell Check Clear 1000

Describe what family dynamics, new life events, or underlying conditions which continue to create or increase the likelihood of maltreatment to a child.

NARRATIVE

Spell Check Clear 1000

Summarize the key case activities, including the frequency and type of agency visits with parent or caretaker and child, which have occurred since the last assessment or review.

NARRATIVE

Spell Check Clear 1000

Describe the quality of visitation between siblings placed separately which occurred since the last assessment or review.

Spell Check Clear 1000

☒ N/A - Child(ren) are not placed separately

Describe the quality of visitation between the parent(s) and child(ren) placed out of the home which occurred since the last assessment or review.

Spell Check Clear 1000

☒ N/A - Children not placed out of the home

Strength/Needs Status: \* Completed ▼

Apply Save Cancel

24. Select Risk Reassessment from the Case Review Topics Page

Case Review Topics

Case Review Types

90 Day Review

Review for Case Plan Number:

1.00

Status:

Declined for re-work

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 1 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Completed
<a href="#">Risk Reassessment</a>	Low Risk Level
<a href="#">Case Analysis</a>	Completed

Close

25. Complete the Risk Reassessment if required (required unless “yes” is selected for the question “Is this a non-child abuse and neglect case or child(ren) are in PC?”) by answering each question and Calculate Score this will display the Policy Override page

Risk Reassessment | [Policy Overrides](#)

Case ID: 2646016  
Case Name: Bob, Sponge

Case Status: Open ( 04/07/2014 )  
Case Category: Ongoing

Case Review Type: 90 Day Review      Review for Case Plan Number: 1.00      Status: Declined for re-work

Risk Reassessment Information

Is this a non-child abuse and neglect case or child(ren) are in PC ? No

Scores

R1. Number of Prior Reports

☐ None Specified

☒ a. None

☐ b. One or Two

☐ c. Three or More

R2. Number of Children in the Home (at the time of most recent report)

☐ None Specified

☒ a. Two or Fewer

☐ b. Three or More

R3. Number of Adults in the Home (at the time of most recent report)

☐ None Specified

☒ a. Two or more

☐ b. One/none

R4. Current Age of Primary Caregiver

☐ None Specified

☒ a. 28 or older

☐ b. 27 or younger

R5. Either Caregiver Currently has Major Parenting Skills Problem (Excessive Discipline, Over-Controlling, Other Major Problem)

☐ None Specified

☒ a. No

☐ b. Yes

R6. Either Caregiver is Currently Involved in Harmful Relationships

☐ None Specified

☒ a. No

☐ b. Yes (some problems, major problem and/or domestic violence)

R7. Either Caregiver has a Current Substance Abuse Problem

☐ None Specified

☒ a. No

☐ b. Yes, alcohol and/or drug

☐ c. Yes, and refuses treatment

R8. New Complaints of Abuse/Neglect Since Last Assessment

☐ None Specified

☒ a. No, or complaint was unsubstantiated and screened out

☐ b. Yes, complaint was substantiated or indicated

R9. Primary Caregiver(s) Progress Towards Case Plan Goals Since Last Assessment

☐ None Specified

☒ a. Successfully completed all programs recommended or actively participating in programs; pursuing case plan objectives; usually demonstrates desired behavior

☐ b. Moderate participation in pursuing case plan objectives; occasionally demonstrates desired behavior

☐ c. Minimal participation or refuses involvement; rarely or never demonstrates desired behavior

R10. Secondary Caregiver(s) Progress Towards Case Plan Goals Since Last Assessment

☐ None Specified

☒ a. Not applicable, only one caregiver in home

☐ b. Successfully completed all programs recommended or actively participating in programs; pursuing case plan objectives; usually demonstrates desired behavior

☐ c. Moderate participation in pursuing case plan objectives; occasionally demonstrates desired behavior

☐ d. Minimal participation or refuses involvement; rarely or never demonstrates desired behavior

Actual Risk Level Summary

Actual Risk Level: Low

Calculate Scores

Apply

Save

Cancel

26. You have the ability to apply Policy Overrides by completing the Policy Override Information. You also have the ability to select the Override Final Risk Level. Select Save.

[Risk Reassessment](#) | **Policy Overrides**

Case ID:	2646016	Case Status:	Open ( 04/07/2014 )
Case Name:	Bob, Sponge	Case Category:	Ongoing

Case Review Type: 3 Month Case Review      Review for Case Plan Number: 1.00      Status: Declined for re-work

**Policy Override Information**

**Actual Risk Level Summary**

**Actual Risk Level:** Low

**Policy Override Information**

Apply Policy Override: No ▼

Override to Intensive. Check appropriate reason

- ☐ An in-home or out-of-home safety plan is still active
- ☐ A non-accidental physical injury to any age child requiring medical treatment
- ☐ Death (previous or current) of a caregiver's child or any other child in their care as a result of abuse or neglect
- ☐ Sexual abuse cases where the alleged perpetrator is likely to have immediate access to the child victim
- ☐ Cases with non-accidental physical injury to an infant
- ☐ Positive toxicology screen of child at birth

Describe Reasons for Any Policy/Discretionary Override:

[Spell Check](#) [Clear](#) 4000

Select Override/Final Risk Level: Low ▼

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

27. Click the Custody/PSUP/In-Home Supportive Services link

Case Review Topics

Case Review Type: Semiannual Administrative Review      Review for Case Plan Number: 1.00      Status: In progress

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Not Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 0 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Not Completed
<a href="#">Risk Reassessment</a>	Not Completed
<a href="#">Custody/PSUP/In-Home Supportive Services</a>	Not Provided
<a href="#">Permanency Information</a>	Not Provided
<a href="#">Permanency Goals</a>	Progress Provided for 0 of 1 Children
<a href="#">Candidate For Foster Care</a>	Not Provided
<a href="#">Signature/Notice Information</a>	0 Signature(s) Provided
<a href="#">Case Analysis</a>	Not Completed

[Close](#)

28. Click the Edit link under Safety and Appropriateness of Current Placement Information

Custody/PSUP/In-Home Supportive Services Information

Placement/Legal Status Information

	Child Name	# of Placement Changes during Review Period	# of Legal Status Changes during Review Period
<a href="#">reports</a>	Squirrel, Sandy	0	0

[Non-Agency Custody Placement Change Information](#)

Safety and Appropriateness of Current Placement Information

	Name	Narrative
<a href="#">edit</a>	Squirrel, Sandy	

[Close](#)

29. Complete all of the information and click Save

-Safety and Appropriateness of Current Placement Details-

Name: Squirrel, Sandy

Describe how current placement, whether in own home or out-of-home placement (including relative placement, regardless of custody status), provides for the child's specific safety needs and is appropriately meeting the child's basic and special needs. \*

Spell Check Clear 2000

The out-of-home placement, protective supervision and/or in-home supportive services must continue or be terminated due to the following reasons: \*

Spell Check Clear 2000

Review of the out-of-state placement indicates that an annual visit was conducted by the agency below:

Was the review conducted? \* Yes ▾

Date Visit was Conducted:

Apply Save Cancel

30. Click the Permanency Information link

Case Review Topics

Case Review Type:

Semiannual Administrative Review

Review for Case Plan Number:

1.00

Status:

In progress

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Not Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 0 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Not Completed
<a href="#">Risk Reassessment</a>	Not Completed
<a href="#">Custody/PSUP/In-Home Supportive Services</a>	Not Provided
<a href="#">Permanency Information</a>	Not Provided
<a href="#">Permanency Goals</a>	Progress Provided for 0 of 1 Children
<a href="#">Candidate For Foster Care</a>	Not Provided
<a href="#">Signature/Notice Information</a>	0 Signature(s) Provided
<a href="#">Case Analysis</a>	Not Completed

Close

31. Click the edit link and answer each question and click Save. Once all questions are answered, click Close

Permanency Information

	Narrative Topic/Response
<a href="#">edit</a>	1. Describe the agency's recommendation regarding the child's custody arrangement for the next six months.
<a href="#">edit</a>	2. Describe the agency's ongoing efforts to identify an appropriate relative or kin placement for children placed in substitute care.
<a href="#">edit</a>	3. Explain the agency's recommendation regarding the termination of parental rights for any child who has been in the temporary custody of an agency for twelve(12) or more of the past twenty-two(22) consecutive months. If the agency is not recommending termination of parental rights, state the compelling reasons and what the permanency plan will be for the child.
<a href="#">edit</a>	4. Is a supplemental plan for the family needed at this time?
<a href="#">edit</a>	5. Describe the agency's progress toward implementing an existing supplemental plan, including whether any amendments are needed.
<a href="#">edit</a>	6. Explain the agency's progress in meeting the needs of the child who is in a planned permanent living arrangement. Include a description of the child's relationship with his/her family, if any, and any visitation this child may be having with his/her family, extended family, kin and/or friends.
<a href="#">edit</a>	7. Describe the agency's recommendation regarding: (1) maintaining the child in a planned permanent living arrangement; or (2) proceeding to file a motion with the court to terminate parental rights. If the decision is for the child to remain in a planned permanent living arrangement, document the reason for not reunifying with family or proceeding with the termination of parental rights.
<a href="#">edit</a>	8. Describe the agency's efforts to locate an adoptive placement for a child who is in the permanent custody of the agency. Include information on child-specific recruitment activities and the results of those activities.
<a href="#">edit</a>	9. Provide any additional comments or recommendations not covered in the above information.

[Close](#)

32. Click the Permanency Goals link

Case Review Topics

Case Review Type: Semiannual Administrative Review      Review for Case Plan Number: 1.00      Status: In progress

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Not Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 0 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Not Completed
<a href="#">Risk Reassessment</a>	Not Completed
<a href="#">Custody/PSUP/In-Home Supportive Services</a>	Not Provided
<a href="#">Permanency Information</a>	Not Provided
<a href="#">Permanency Goals</a>	Progress Provided for 0 of 1 Children
<a href="#">Candidate For Foster Care</a>	Not Provided
<a href="#">Signature/Notice Information</a>	0 Signature(s) Provided
<a href="#">Case Analysis</a>	Not Completed

[Close](#)



### 33. Click the Edit link

Permanency Information

Permanency Goals

Indicate the estimated date each child may be returned home, protective supervision may be terminated, permanent placement may be made, or case may be closed. If an amendment to the current permanency goal is needed, indicate the recommended permanency goal and the estimated date by which this goal should be achieved. Any permanency goal change requires an amendment to the Case Plan.

Name	Modify Permanency Goal	Permanency Goal	Estimated Date Permanency Goal Will be Achieved	Date of Child's Most Recent Education and Health Information Form (JFS01443)
<a href="#">Edit</a> Squirrel, Sandy		Maintain in own home; prevent removal		

Was JFS 01443 Child's Education and Health Information Form updated, reviewed and discussed for each child? No

☐ A copy of the JFS 01443 was provided to the parent(s) and substitute caregiver.

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

### 34. Complete the Narrative Details and (Med/Ed information if the child is in an out of home placement setting) click OK

Narrative Details

Child's Name: Squirrel, Sandy Date of Birth: 10/22/2003 Permanency Goal: Maintain in own home; prevent removal

Does the child's current permanency goal need amendment?

If No, what is the estimated date to achieve the permanency goal?

If Yes, what will be the recommended permanency goal?

What is the estimated date for the amended permanency goal achievement?

Date of Child's Most Recent Education and Health Information Form (JFS01443):

[OK](#) [Cancel](#)

### 35. Click Save

**Permanency Information**

**Permanency Goals**

Indicate the estimated date each child may be returned home, protective supervision may be terminated, permanent placement may be made, or case may be closed. If an amendment to the current permanency goal is needed, indicate the recommended permanency goal and the estimated date by which this goal should be achieved. Any permanency goal change requires an amendment to the Case Plan.

Name	Modify Permanency Goal	Permanency Goal	Estimated Date Permanency Goal Will be Achieved	Date of Child's Most Recent Education and Health Information Form (JFS01443)
<a href="#">edit</a> Squimel, Sandy		Maintain in own home; prevent removal		

Was JFS 01443 Child's Education and Health Information Form updated, reviewed and discussed for each child? No

☐ A copy of the JFS 01443 was provided to the parent(s) and substitute caregiver.

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

### 36. Click the Candidate for Foster Care link (If the child(ren) are in placement you will not see this link).

**Case Review Topics**

Case Review Types: Semiannual Administrative Review      Review for Case Plan Number: 1.00      Status: In progress

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Not Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 0 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Not Completed
<a href="#">Risk Reassessment</a>	Not Completed
<a href="#">Custody/PSUP/Or-Home Supportive Services</a>	Not Provided
<a href="#">Permanency Information</a>	Not Provided
<a href="#">Permanency Goals</a>	Progress Provided for 0 of 1 Children
<a href="#">Candidate For Foster Care</a>	Not Provided
<a href="#">Signature/Notice Information</a>	0 Signature(s) Provided
<a href="#">Case Analysis</a>	Not Completed

[Close](#)

37. Click the edit link

Candidate For Foster Care Details

Case Review Type: Semiannual Administrative Review      Review for Case Plan Number: 1.00      Status: In progress

-Child(ren) that are Candidates For Foster Care-

	Person ID	Name	DOB	Child Candidate for Foster Care Reason	Explanation
<a href="#">edit</a>	9064060	Squirrel, Sandy	10/22/2003	Case Plan	

[Close](#)

38. Complete the Candidate Explanation information and click Save

Candidate Explanation

Child Candidate for Foster Care: Squirrel, Sandy  
Child Candidate for Foster Care Reason: Case Plan

If Case Plan is selected, explain why the child is at imminent risk of removal and identify the services outlined in the case plan that are intended to mitigate the child's risk of removal: [\(expand full screen\)](#)

[Spell Check](#) [Clear](#) 0/2000

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

39. Click Close

-Candidate For Foster Care Details-

Case Review Type: Semiannual Administrative Review      Review for Case Plan Number: 1.00      Status: In progress

-Child(ren) that are Candidates For Foster Care-

	Person ID	Name	DOB	Child Candidate for Foster Care Reason	Explanation
<a href="#">edit</a>	9064068	Squirrel, Sandy	10/22/2003	Case Plan	

[Close](#)

40. Click the Signature Notice/Information link

-Case Review Topics-

Case Review Type: Semiannual Administrative Review      Review for Case Plan Number: 1.00      Status: In progress

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Not Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 0 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Not Completed
<a href="#">Risk Reassessment</a>	Not Completed
<a href="#">Custody/PSUP/In-Home Supportive Services</a>	Not Provided
<a href="#">Permanence Information</a>	Not Provided
<a href="#">Permanence Goals</a>	Progress Provided for 0 of 1 Children
<a href="#">Candidate For Foster Care</a>	Not Provided
<a href="#">Signature/Notice Information</a>	0 Signature(s) Provided
<a href="#">Case History</a>	Not Completed

[Close](#)

#### 41. Complete the Signature Details and click Save

Signature Details

Participant/DOB	Role	Signature Captured	Captured Date	Relationship to Children	Notified by US Mail
<input type="checkbox"/> Bob, Sponge -10/16/1969	Plan Participant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Squirmel, Sandy -10/22/2003	Plan Participant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Training01, User	Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add Non Case Member Signature](#)

If the participant did not participate or disagreed with the SAR, state the reason why below :

[Spell Check](#) [Clear](#) [1000](#)

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

#### 42. Click the Case Analysis link

Case Review Topics

Case Review Type: Semiannual Administrative Review Review for Case Plan Number: 1.00 Status: In progress

Topic	Status
<a href="#">Identifying Information</a>	Completed
<a href="#">Safety Review</a>	Not Provided
<a href="#">Service Review</a>	Current Case Plan Services - Progress Provided for 0 of 1 Risk Contributors
<a href="#">Strength and Needs Update</a>	Not Completed
<a href="#">Risk Reassessment</a>	Not Completed
<a href="#">Custody/PSUP/In-Home Supportive Services</a>	Not Provided
<a href="#">Permanency Information</a>	Not Provided
<a href="#">Permanency Goals</a>	Progress Provided for 0 of 1 Children
<a href="#">Candidate For Foster Care</a>	Not Provided
<a href="#">Signature/Notice Information</a>	0 Signature(s) Provided
<a href="#">Case Analysis</a>	Not Completed

[Close](#)

43. Complete the Case Analysis Information and Select Save. (You can also Process for Approval your Case Review at this time)

Case Analysis

Case Review Type: Semiannual Administrative Review      Review for Case Plan Number: 1.00      Status: In progress

Case Status Information

Agency Involvement:

Reason for Termination:

Describe the reasons for the case status selected above. Discuss how the risk reassessment, safety review, family perception, case progress review, including strengths and needs summary and services review informs change readiness of the family, permanency planning and service provision. If case is being closed, provide a summary justifying case closure. [\(expand full screen\)](#)

Spell Check Clear 100000

Case Review Completed Date:

SAR Held with Family Date:

Will the case plan be amended as a result of this review?

Do you need to complete a reunification assessment?

Validate for Approval Process for Approval

Apply Save Cancel