# Florida Department of Children & Families



# **Baker Act Submission**

**User Manual** 



### Contents

1.	Doc	cument History	. 4
2.	Glo	ssary	. 4
3.	Doc	cument Purpose	. 5
4.		er Act Roles	
	.1.	DCF ReadOnly	
	.2.	DCF Admin	
4.	.3.	Facility ReadOnly	5
4.	.4.	Facility Submitter	5
4.	.5.	Facility Admin	5
4.	.6.	BARC Submitter	5
5.	Cre	ating User Accounts	. 5
6.	Bak	er Act Sign In	. 6
7.	Hor	ne Page	. 6
7.	.1.	DCF User Home Page	
7.	.2.	Facility Admin and Facility Submitter Home Page	
7.	.3.	Facility ReadOnly Home Page	8
8.	Sub	omissions	. 8
8.	.1.	Submission Page	9
8.	.2.	Advanced Search	9
9.	Cre	ate a New Submission	10
9.	.1.	Duplicated Baker Act Data	13
10.	Sub	mission Detail	13
1(	0.1.	General Information	15
1(	0.2.	Identifying Information	15
1(	0.3.	Residential Information	15
1(	0.4.	Reason for exam	16
1(	0.5.	Where was this adult (18 or older) prior to exam or placement?	16
1(	0.6.	Where was the child (under 18) prior to the exam or placement?	
	0.7.	Did this adult (18 or older) have contact prior to exam or placement?	
	0.8.	Did this child (under 18) have contact prior to exam or placement?	
	0.9.	Admission Information	
1(		Submission Attachments	
	10.1		
1(		Attachment Grid	
	10.1	1.1. Edit an Attachment	23



10.11.2.	Delete an Attachment	23
10.12. Fina	alizing the Submission	24
10.13. Edi	ting	24
10.14. Del	eting	25
10.15. Exp	porting a PDF	25
10.16. Sub	omission History	25
11. User M	lanagement	25
11.1. DC	F User Search	26
11.2. Fac	ility User Search	26
11.3. BAI	RC Search	27
11.4. DC	F User Management	27
11.4.1.	Adding a New User	27
11.4.2.	Editing a User	29
11.4.3.	Inactivating a User	29
12. Facility	Management	30
12.1. DC	F Facility Search	
12.2. BAI	RC Facility Search	31
12.3. My	Facility View	31
12.4. DC	F Facility Management	32
12.4.1.	Adding a New Facility	32
12.4.2.	Editing a Facility	
12.4.3.	Inactivating a Facility	
13. Back C	Office	



### 1. Document History

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### 2. Glossary

Abbreviation \Term	Description
ALF	Assisted Living Facility
BARC	Baker Act Receiving Center
DCF	Department of Children and Families
DOB	Date of Birth
FMHI	Florida Mental Health Institute
HIPAA	Health Insurance Portability and Accountability Act
HQ	DCF Headquarters
ΟΚΤΑ	A third-party application that offers a secure cloud based single sign-on access management solution.
PDF	Portable Document Format
PLADS	Provider Licensing and Designation System
Facility	Receiving Facility
SAMH	Substance Abuse and Mental Health
SSN	Social Security Number
URL	Uniform Resource Locator also known as a web address



#### 3. Document Purpose

The purpose of this user manual is to help users navigate and utilize the Baker Act application. The Baker Act application will allow public and private receiving facilities to directly enter the initial details related to individuals received by their facilities and DCF near real-time data available.

#### 4. Baker Act Roles

There are three categories of Baker Act users, Department of Children and Families (DCF), (Receiving) Facility and Baker Act Receiving Center (BARC), that can access the Baker Act application. Each role will have a different level of access.

#### 4.1. DCF ReadOnly

DCF ReadOnly users will be able to view, download, or export any submission records in the application, but they will not be able to modify any records. They will also be able to see all users and facilities that are in the application but not modify any records.

#### 4.2. DCF Admin

DCF Admins will be able to view, download, or export any submission records in the application, but they will not be able to modify any records. They are also responsible for creating new, modifying, activating, or inactivating users and facilities in the application.

Note: Users will have an Okta accounted created for authentication to get to the Baker Act application as well as user created in the Baker Act application with a role so that the user can perform functions based on the role that is assigned.

#### 4.3. Facility ReadOnly

Facility ReadOnly users will be able to view, download, or export any submission records related to their receiving facility or facilities, but they will not be able to modify any records.

#### 4.4. Facility Submitter

Facility Submitters will be able to view, create, update, or delete submission records related to their receiving facility or facilities. Facility Submitters will also be able to download or export any submission records related to their receiving facility or facilities.

#### 4.5. Facility Admin

Facility Admins will be able to perform all the functions of a Facility Submitter, plus change the role of users who are related the same receiving facility or facilities as the admin.

#### 4.6. BARC Submitter

BARC Submitters will be able to view, create, update, or delete submission records for any facility. BARC Submitters will also be able to download or export any submission records related to any receiving facility. They will also be able to see all users and facilities that are in the application but not modify any records that were created by a facility submitter or a facility admin.

#### 5. Creating User Accounts



Request for Baker Act user accounts will be sent to the DCF Helpdesk at <u>dcf.helpdesk@myflfamilies.com</u>. For DCF employs, the request should include the access form. For non-DCF employees, the request should include certificates the from the Security Awareness Training and HIPAA Information and Action training courses -<u>http://www.myflfamilies.com/generalinformation/dcf-training</u>. Once all information has been received the Okta authentication and Baker Act application account will be created. An email will be sent with instructions on how to access the application.

### 6. Baker Act Sign In

Users will be provided with the URL to sign into the application into Baker Act application using an email and password combination.

App Launcher Username Email Address	
Password	
Remember me  Sign In	
Need help signing in?	

#### 7. Home Page

The home page links, and submissions statistics will appear will be differently for users, based on their Baker Act role.

7.1. DCF User Home Page



DCF users will have links in the upper left of the page for Submissions, Users, Facilities and Reports. The home page will also show one set of at-a-glance totals for all submissions in the application. This will include:

- Completed Submissions
- Completed in the last 30 Days
- Incomplete Submissions
- Incomplete and more than 5 days past arrival



### 7.2. Facility Admin and Facility Submitter Home Page

The Facility Admin and Facility Submitter will have links in the upper left of the page for Submissions, My Facility and Reports. The home page will also show two sets of at-a-glance totals: one set of submission specific to the facility and the other set of submission specific to the user. The Home page will also show submissions that are in an Incomplete or Complete status that have been created by the user.



Baker Act Home	Submissions My Facil	ity				RS RF Submi
Demo Facility ( 99999	9)					
9 Completed Submissions	$\odot$	<b>7</b> Completed in the last 30 days	a 3	lete Submissions	3 Incomplete days past an	and more than 5
My Submissions						
6 Completed Submissions	$\odot$	<b>5</b> Completed in the last 30 days		lete Submissions	1 Incomplete days past an	and more than 5
My Recent Submissio	ons					
Person 🗘	Facility ‡	Submission Status 💲	Submitted On ‡	Created By User 💲	Created on ‡	Facility Arrival Date
share testimate	Demo Facility	Incomplete		RF Submit	03/03/2023	03/15/2023
Care, Arrest	Demo Facility	Complete	03/03/2023	RF Submit	03/03/2023	03/03/2023
Marine Bratt	Demo Facility	Complete	03/10/2023	RF Submit	03/10/2023	03/09/2023

### 7.3. Facility ReadOnly Home Page

The Facility ReadOnly user will have links in the upper left of the page for Submissions and My Facility. The home page will also show one set of at-a-glance totals for their facility.



### 8. Submissions

All users can view submissions, based on their role, by selecting the Submissions link at the top of the home page.



Baker Act Home Submission	ons My Facility Repo	orts				CW Carolyn Wehner ~
Your Dashboard Wyman - Hackett ( SITE-000	009183 )		Welcome, Ca	rolyn Wehner.		+ New Submission
27 Completed Submissions	$\odot$	<b>27</b> Completed in the last 30 days	0	23 Incomplete Submissions	÷.	23 Incomplete and more than 5 days past arrival
My Submissions						
O Completed Submissions	$\odot$	<b>O</b> Completed in the last 30 days	0	0 Incomplete Submissions	÷.	O Incomplete and more than 5 days past arrival

#### 8.1. Submission Page

Users can view All submissions or can sort submisisions by Complete or Incomplete. All columns can be sorted except for SSN, which is obscured. To view, select the obscured SSN and it will be revealed.

谢 Baker Act Ho	me <u>Submissions</u>	My Facili	ity						RS RF Submit
Back								_	
Submission	s								+ New Submission
All	Complete		Incomplete				Advanced Search	Q Search by person or facility	name
Person ¢	DOB ¢	SSN	Arrival Date 🗘	Facility 🗘	Created On ≎	Created By $\$	Submitted On	Submitted By \$	Status ‡
Karen Super	01/14/1988	****	04/01/2023	Demo Facility 99999	3 Apr 2023 08:30	RF Admin	04/03/2023	RF Admin	Complete
Marcus Smith	11/16/1988	****	03/09/2023	Demo Facility 99999	10 Mar 2023 12:25	RF Submit	03/10/2023	RF Submit	Complete
Grace Patterson	09/11/1922	****	04/02/2023	Demo Facility 99999	3 Apr 2023 08:57	RF Submit	04/03/2023	RF Submit	Complete
Taylor Lemon	05/01/1938	****	04/03/2023	Demo Facility 99999	3 Apr 2023 08:48	RF Admin	04/03/2023	RF Admin	Complete
Margo Jones	08/19/1987	****	03/15/2023	Demo Facility 99999	17 Mar 2023 12:24	RF Submit	03/17/2023	RF Submit	Complete

#### \* Screenshot depicts created test data

k bmissions									+ New Submi
All	Complete		Incomplete				Advanced Search	Q Search by person or facili	ty name
erson ¢	DOB ‡	SSN	Arrival Date 💲	Facility 🗘	Created On ‡	Created By ‡	Submitted Or	n ≎ Submitted By ≎	Status 🗘
EST TEST	01/01/1970	****	03/29/2023	Demo Facility 99999	6 Mar 2023 13:56	Barc Test			Incomplet
arly Simon	09/19/2008	****	03/27/2023	Demo Facility 99999	3 Mar 2023 11:36	RF Admin			Incomplet
hawn Maldonado	02/14/1972	****	03/15/2023	Demo Facility 99999	3 Mar 2023 11:48	RF Submit			Incomplet

\* Screenshot depicts created test data

#### 8.2. Advanced Search

The Advanced Search allows users to search and filter by specific criteria, including:

a. Gender



- b. Race
- c. Region
- d. Circuit
- e. Submitted On
- f. Created On

谢 Baker Act Ho	ome <u>Submissions</u>	My Facility							RS RF Submit
Back Submission									+ New Submission
	Complete		Incomplete			P	Advanced Search	Search by person or facilit	
Person ¢	DOB ¢	SSN	Arrival Date 💲	Facility 🗘	Created On ‡	Created By ‡	Submitted On ‡	Submitted By ‡	Status 🗘
TEST TEST	01/01/1970	****	03/29/2023	Demo Facility 99999	6 Mar 2023 13:56	Barc Test			Incomplete
Karen Super	01/14/1988	****	04/01/2023	Demo Facility 99999	3 Apr 2023 08:30	RF Admin	04/03/2023	RF Admin	Complete
Marcus Smith	11/16/1988	****	03/09/2023	Demo Facility 99999	10 Mar 2023 12:25	RF Submit	03/10/2023	RF Submit	Complete
Carly Simon	09/19/2008	****	03/27/2023	Demo Facility 99999	3 Mar 2023 11:36	RF Admin			Incomplete

#### \* Screenshot depicts created test data

Adv	anced Su	ubmission S	earch											
No ac	tive filters													
	Region ×	III Circuit ×	Facility Arrival Date	×										
≡		First Name	Last Name	DOB T	SSN T	Gender T	Race T	County	T Receiving Facil T	Site Id T	Submitted On T	Created On T	Updated On T	FMHI Number
1	<ul> <li>Region: Sunce</li> </ul>	oast (63 items)												
2	4 Circuit: 6 (65	3 items)												
3	⊢ Facility An	rival Date: 02/08/2023	63 items)											
67	<ul> <li>Region: South</li> </ul>	neast (12 items)												
68	4 Circuit: 15 (1	12 items)												
69	Facility An	rival Date: 02/08/2023	11 items)											
81	<ul> <li>Facility An</li> </ul>	rival Date: 02/09/2023	1 items)											
82	View	Mary	Good	11/19/1919	2877				Schuster, Shields	SITE-00005846		02/09/2023 02:06	02/09/2023 02:06	
83	4 Region: South	nern (8 items)												
84	> Circuit: 11 (8	8 items)												
94	- Region: Centr	al (8 items)												

\* Screenshot depicts created test data

### 9. Create a New Submission

The home page is where Facility Admins and Facility Submitters can start new submissions. From the Submission list page, new submissions can also be created.



Baker Act Hom	_								
				Welcom	e, Carolyn Wehner.				
our Dashbo	ard								• New Submission
yman - Hackett (	(SITE-00009183)								
27 Completed Submission	15	$\odot$	27 Completed in the las	st 30 days	23 Incomplete Submi	ssions	inco arrive	- mplete and more than 5 days past	A
y Submissions									
0 Completed Submission		$\odot$	0 Completed in the las	st 30 days	) 0 Incomplete Submi	ssions	0 Inco	mplete and more than 5 days past	A
	12								
	22								
	ime Submissions	My Facility							RS RF Subm
Baker Act Ho		My Facility							RS RF Subn
	me <u>Submissions</u>	My Facility							RF Subm
Baker Act Ho	me <u>Submissions</u>		Incomplete				Advanced Search Q	Search by person or facility n	New Submissi
Baker Act Ho ck Ibmission	me <u>Submissions</u>		Incomplete Arrival Date \$	Facility ‡	Created On ÷	Created By \$	Advanced Search Q Submitted On ÷		New Submissi
Baker Act Ho ck Ibmission	me <u>Submissions</u>			Facility : Demo Facility 99999	Created On 6 Mar 2023 13:56			Search by person or facility n	New Submissi
Baker Act Ho ck Ibmission All Person 2	S Complete DOB :	SSN	Arrival Date ‡	-		Created By ‡		Search by person or facility n	New Submissi ame Status ‡
Baker Act Ho ck Ibmission All Person : TEST TEST	Complete DOB : 01/01/1970	SSN *****	Arrival Date 03/29/2023	Demo Facility 99999	6 Mar 2023 13:56	Created By ‡ Barc Test	Submitted On 🗧	Search by person or facility n	New Submissi ame Status ÷ Incomplete

#### \* Screenshot depicts created test data

To create a record in the database, the New Submission page requests some basic details. Every field is required. This includes:

- a. Receiving Facility A drop down that will list all the facilities that is associated with the creator of the new submission.
  - i. BARC users will be able to select the facility by name or FMHI
- b. Facility Arrival Date The date that person arrived at the facility.
- c. First Name
- d. Last Name
- e. Date of Birth
- f. SSN OR
- g. No SSN
  - i. This individual does not have a social security number that was issued by the Social Security Administration.
  - ii. The facility has attempted to retrieve the social security number and has been unsuccessful.

The user may choose the Cancel or the Next option after all necessary fields have been filled in. The record will be deleted if the Cancel button is clicked, and the user will be taken back to the previous page (home page or Submission list page). If you choose the Next option, the Submission Detail page will load. The Submission Detail page will display the data supplied from the New Submission page.



### **New Submission**

Receiving Facility *	
Demo Facility - 99999 (FMHI )	ж 🗸
Facility Arrival Date *	
03/28/2023	Ē
First Name *	
MartyTest	
Last Name *	
SmithTesst	
Date of Birth *	
09/23/1982	Ē
SSN * No SSN 😧	
555-55-5555	
Cancel	Next

### **New Submission**

Demo Facility - 99999 (F	ині)	* ~
acility Arrival Date *		
03/28/2023		E
irst Name *		
MartyTest		
.ast Name *		
SmithTesst		
Date of Birth *		
09/23/1982		E
SN	No SSN 😨	
Reason for not providin	g SSN *	



### 9.1. Duplicated Baker Act Data

If a user attempts to create a new submission that has exact data as an existing submission the system will give a duplicate submission warning. The user will have the ability to review the other submission using the View Submission link inside the warning notification. If the new submission is a duplicate of an existing submission, the user will be able to cancel the current submission that had been started. If the new submission is not a duplicate of the existing submission, the user the ability to creating the new submission.

This may be a duplicate submission						
Please the review the followin	g submission before continuing.					
View Submission 🗗						
	Cancel					

### 10. Submission Detail

The Submission Detail will capture identifying information about the person, the reason for the exam, the location of the person prior to the exam or placement, and admission information. Any forms that were provided when the person was transported to the receiving facility must be uploaded and attached by the user.



Submission Deta	ail								
								Cancel 🖹 Sav	e Draft Submit
AND LAND						ms listed below. Facilities must sul receipt of a court order for involun placement.			Incomplete
General Information									
Receiving Facility *								Medical Record Number	
Demo Facility - 99999 (FMHI )							× ~		
Identifying Information									
First Name *		Middle	e Initial		Last Name		Date of Birth *		
MartyTest					SmithTess		09/23/1982	œ	
		Reason f	or not providing SSN *						
		This inc	dividual does not have a social secu	rity numb	er that was issu	ed by the Social Security Administer			
Gender *		Race *			Hispanic Or	igin	Has served in US	Military	
Select gender	~	Sele	ct race	~					
Residence Information *									
					OR		OR		
Residence County *		Reside	nce Zip Code			itate (Non-FL)	Homeless		
Select county	~				Select stat	e ~			
Reason for exam (select at	t loact one) *								
_	t least one)								
Harm									
Harm to self									
Harm to others									
Self neglect									
Ser negree									
Where was this adult (18 c	or older) prior	to exa	n or placement?						
Prior Location Type *									
Select location					~				
Facility Name						Facility License Number			
Address Line 1						Address Line 2			
City			State			Zip Code		County	
			Select state		~			Select county	~
		_							
Did this adult (18 or older)	) have contact	prior t	o exam or placement?						
Mobile Response Team (	(MRT)								
_									
Florida Assertive Commu		(PACT)							
988 Suicide & Crisis Life	line								
Admission Information									
Individual was admitted to the	e Baker Act rece	iving fac	ility			Date Person Arrived at the Facility	(*		
						03/28/2023			
Submission Attachments	*								
									+ Add Attachment
File Name C	Docu	ment Ty	pe : Profes:	sional Ty	/pe :	LEO Agency :		Uploaded On :	Actions
					No records				
								Cancel 🖪 Sav	e Draft 🗸 Submit



#### 10.1.General Information

**General Information** 

- a. Receiving Facility Prefilled from the New Submission page
- b. Medical Record Number Optional field

Receiving Facility *	Medical Record Number
Demo Facility - 99999 (FMHI ) 🕺 🗸 🗸	

#### 10.2. Identifying Information

- a. First name Prefilled from the New Submission page
- b. Middle Initial Optional
- c. Last Name Prefilled from the New Submission page
- d. Date of Birth Prefilled from the New Submission page
- e. SSN Prefilled from the New Submission page (or)
- f. No SSN Prefilled from the New Submission page
- g. Gender Drop down. Required
- h. Race Drop down. Required
- i. Hispanic Origin
- j. Has served in US Military Optional
  - i. The question shown will be based on the Date of Birth and the Date Person Arrived at the Facility that was entered on the New Submission page.

Identifying Information	1			
First Name *		Middle Initial	Last Name *	Date of Birth *
MartyTest			SmithTesst	09/23/1982
SSN	No SSN	Reason for not providing SSN *		
	<b>~</b>	This individual does not have a social security numb	per that was issued by the Social Security Administ@	
Gender *		Race *	Hispanic Origin	Has served in US Military
Select gender	~	Select race 🗸		

#### 10.3.Residential Information

If selecting Residence County, then either the Residence Zip Code or Homeless must be selected. If the person's residence is not the Florida, select the Residence state from the drop down. Homeless can be selected without any other options.

- a. Residence County Drop down
- b. Residence Zip Code
- c. Residence State (Non-FL) Drop down
- d. Homeless



Residence Information *							
		OR	OR				
Residence County	Residence Zip Code	Residence State (Non-FL)	Homeless				
Select county ~		Select state 🗸 🗸					

#### 10.4.Reason for exam

At least one reason selection is required.

- a. Harm
  - i. Harm to self
  - ii. Harm to others
- b. Self neglect

Reason for exam (select at least one) \*

H	larm
	Harm to self
	Harm to others
s	elf neglect

#### 10.5. Where was this adult (18 or older) prior to exam or placement?

The question shown will be based on the Date of Birth and the Date Person Arrived at the Facility that was entered on the New Submission page.

- a. Prior Location Type Drop Down required.
  - i. The following selections in the drop down will have a secondary drop down to select the name and address of the location.

Where was this ad	ult (18 or older) prior to exa	m or pla	cement?	
Prior Location Type *				
Select location		~		
Facility Name			Facility License Number	
Address Line 1			Address Line 2	
City	State		Zip Code County	
	Select state	~	Select county	~



- School
  - The secondary drop down will show school based on the county of residence. "All Counties" can be selected to show all schools regardless of county.

Prior Location Type *		School *		
School		Select a school		
		All Counties 🛿		
School Name				
School Name				
School Name Address Line 1		Address Line 2		
		Address Line 2		
	State	Address Line 2	County	

#### ii. Assisted Living Facility (ALF)

Where was this adult (18 or older) prior to exam or placement?

Prior Location Type *		_	Assisted Living Facility *	
Assisted living facility (ALF)	×	· ]	Select a facility	~
Facility Name			Facility License Number	
Address Line 1			Address Line 2	
City	State		Zip Code	County
	Select state	/		Select county 🗸

#### iii. Nursing Home

Where was this adult (18 or older) prior to exam or placement?

Prior Location Type *		Nursing Home *	
Nursing home	~	Select a facility	~
Facility Name		Facility License Number	
Address Line 1		Address Line 2	
City	State	Zip Code	County
	Select state 🗸 🗸 🗸		Select county 🗸 🗸

b. If the person was in another location prior to the exam or placement, the name of the location and the address will be optional.



 $\sim$ 

### **Baker Act Submission User Manual**

#### 10.6. Where was the child (under 18) prior to the exam or placement?

The question shown will be based on the Date of Birth and the Date Person Arrived at the Facility that was entered on the New Submission page.

- a. Prior Location Type Drop Down required.
  - i. The following selections in the drop down will have a secondary drop down to select the name and address of the location.

Prior Location Type *				
Select location		~		
Facility Name			Facility License Number	
Address Line 1			Address Line 2	
City	State		Zip Code	County

- School
  - The secondary drop down will show school based on the county of residence. "All Counties" can be selected to show all schools regardless of county. Where was this adult (18 or older) prior to exam or placement?

Prior Location Type *			School *		
School		~	Select a school		~
			All Counties 🛿		
School Name					
Address Line 1			Address Line 2		
City	State		Zip Code	County	
	Select state	~		Select county	~

b. If the person was in another location prior to the exam or placement, the name of the location and the address will be optional.

#### 10.7.Did this adult (18 or older) have contact prior to exam or placement?

This question is optional. The list shown below is based on the dates entered for Date of Birth and the Date Person Arrived at the Facility on the New Submission page.



Did this adult (18 or older) have contact prior to exam or placement?

Mobile R	esponse	Team	(MRT)
----------	---------	------	-------



Florida Assertive Community Treatment (FACT)



### 10.8.Did this child (under 18) have contact prior to exam or placement?

This question is optional. The list shown below is based on the dates entered for Date of Birth and the Date Person Arrived at the Facility on the New Submission page.

Did this child (under 18) have contact prior to exam or placement?

Mobile Response Team (MRT)
Community Action Treatment (CAT) Team
988 Suicide & Crisis Lifeline

#### 10.9.Admission Information

- Individual was admitted to the Baker Act receiving facility Optional

   If selected, the Date of Discharge will become visible.
- 2. Date Person Arrived at the Facility Prefilled from the New Submission page
- 3. Date of Discharge Optional
  - a. The date should be entered if the person left the receiving facility prior to completing submission form.

#### Admission Information

Individual was admitted to the Baker Act receiving facility	Date Person Arrived at t	the		
	Facility *		Date of Discharge	
	08/15/2022		mm/dd/yyyy	



### 10.10. Submission Attachments

At least one Baker Act form is required to be attached to the Submission Detail. The Baker Act initiation form(s) (ex. CF - MH 3052b -Certificate of Professional Initiating Involuntary Examination) are provided when the person was transported to the receiving facility provided when the person was transported to the receiving facility

Submission Attachmen	ts *				
				<b>+</b> A	dd Attachment
File Name 🗘	Document Type 🗘	Professional Type 🗘	LEO Agency 🗢	Uploaded On 🗘	Actions

### 10.10.1.Add Attachment

Click the Add Attachment button and the Attachment to Upload pop up window will display. The Upload button will be disabled until a file has been selected to be attached.

		$\frown$		
			<b>)</b>	
			-	
			•	
	Drop a fi	le here or bro	wse to upload	

Note: The initiation Baker Act form(s) would need to be scanned into an area that the user can access to upload the PDF or Word document to the Baker Act application.

One or more files can be dragged and dropped inside the dotted line, or the "browse to upload" link can be selected to open the computer's file explorer to locate the file(s) to be attached to the Submission Detail. A Select document type drop down and a Remove button will appear next to each file. The Upload button at the bottom will be enabled.



File Name	Document Type	Professional Type/LEA
Testing Page.docx	Select document type 🗸 🗸	- Remov
5 5	Select document type	
	MH3001 - Ex Parte Order for	Involuntary Examination
	MH3008	
	MH3031	
		nforcement Officer Initiating Involuntary Examination
		ofessional Initiating Involuntary Examination
	MH3100 - Transportation to MH3115	Receiving Facility
	MH3155	
	Drop a file here	or browse to upload
		Cancel 0
		Cancel 🔂 U

Select the document type based on the form number on the bottom of the initiation or transportation form.

By authority of s. 394.463(2), Florida Statutes [65E-5.280, F.A.C.] Page 1 of 1 CF-MH 3052A, Jul 2020 (obsoletes previous editions) (Mandatory Form – Format required by Department and may not be altered)

 If MH3052A is selected, a second drop down will appear to select the law enforcement agency that should be listed on the initiating Baker Act form. The law enforcement agency drop down has predictive typing enable to allow the user to start typing the agency to avoid scrolling.



Attachments to Upload			
3052a Report of Law Enforcement Initiating Involuntary	MH3052A - Report of Law Enforcer	Select law enforcement agency 🗸	
Examination.doc		Select law enforcement agency Alachua County Public School Police Department	
		Alachua County Sheriff's Office	
		Alachua Police Department	
		Altamonte Springs Police Department	
		Altha Police Department	
		Apalachicola Police Department Apopka Police Department	
		Arcadia Police Department	
		Astatula Police Department	
		Atlantic Beach Police Department	
		Atlantis Police Department	
	Drop a file here or browse to uplo	Auburndale Police Department	
	brop a me nere or browse to uplo	Aventura Police Department	
		Avon Park Police Department	
		Baker County Sheriff's Office	
		Bal Harbour Village Police Department	
		Bartow Police Department Bay County Sheriff's Office	
		Bay County Sherin's Office Bay District Schools Dept. of Safety & Security	-

2. If MH3052B is selected, a second drop down will appear to select the professional type for the person who completed the initiating Baker Act form.

mh3052b Certificate of Professional Initiating Involuntary	MH3052B - Certificate of Professior	Select professional type 🗸 🛄
Exam.doc		Select professional type Advanced Practice Registered Nurse Clinical Psychologist Clinical Social Worker Marriage and Family Therapist Mental Health Counselor Physician (but not a Psychiatrist) Physician Assistant Psychiatrist Psychiatric Nurse
	Drop a file here or browse to upl	oad
		Cancel Dupload

The Delete (trashcan) icon can be selected if the file attached is determined to be incorrect. The document will immediately be removed from the Attachments to Upload pop-up window.

More than one document can be attached before uploading. If the document(s) appear correct, click the Upload button and they will be displayed in the Submission Attachments grid.



### 10.11. Attachment Grid

The submission grid will allow any user to view the download a copy of the attached file.

					+ Add Attachmen
File Name 🗘	Document Type 🗘	Professional Type 🗧	LEO Agency 🗘	Uploaded On 🗘	Actions
Testing Page.docx	MH3052A - Report of Law Enforcement Officer Initiating Involuntary Examination		Avon Park Police Department	10 Feb 2023 05:55 PM	🖹 Delete 🖋 Edit
Testing Page.docx	MH3052B - Certificate of Professional Initiating Involuntary Examination	Mental Health Counselor		10 Feb 2023 05:55 PM	🖹 Delete 🥒 Edit
Testing Page.docx	MH3100 - Transportation to Receiving Facility			10 Feb 2023 05:55 PM	🗎 Delete 🖋 Edit

1 to 3 of 3 items

#### 10.11.1.Edit an Attachment

If the file's document type is incorrect, click the Edit button. The Edit Attachment pop up will display. The Document Type and the Agency Type (3052A) Professional (for 3052B), if applicable, can be changed. Clicking the Save button will update the grid with the new type.

File Name	Document Type *	Professional Type *
Testing Page.docx	MH3052B - Certificate of Professionał	Mental Health Counselor
		Cancel

#### 10.11.2. Delete an Attachment

If the file is determined to be incorrect and should be removed, the Delete button can be selected. The Delete Attachment confirmation will pop up will appear. Select the Cancel button will close the pop up. Selecting the Delete Attachment button will remove the file from the Submission Attachments grid.





#### 10.12. Finalizing the Submission

It is necessary to complete all fields marked with an asterisk before submitting a Submission Detail. Drafts of the Submission Detail can be saved.

		Cancel	🖺 Save Draft	✓ Subm
DEPARTMENT OF SEATURE	This online form must be completed in its entirety and attached to t the required forms within <b>five (5)</b> working days of the individual's receipt of a court order for involuntary inpatient placement of	s arrival at the facility or upon the f	facility's	Incomplete
	ssion Detail can be submitted if all required status will change from Incomplete to Con		led out, ar	nd the
		🗎 Delete	🖋 Edit	🗟 Export PDF
DEPARTANCE OF SAL	This online form must be completed in its entirety and attached to the the required forms within <b>five (5)</b> working days of the individual's a receipt of a court order for involutary inpatient placement of	arrival at the facility or upon the fac		Complete

The date, who submitted the Submission Detail, and who made the most recent update to the page will all be displayed at the bottom of a completed Submission Detail. When the Submission Detail is submitted for the first time, the Submitted and Updated fields will be identical.

Submitted On	Submitted By	Updated On	Updated By
12/27/2022 03:30 PM	Betty Hills	01/18/2023 04:25 PM	Paulette Kuvalis

#### 10.13. Editing

Within the facility or facilities associated with their role, a submitter user can edit a Submission Detail that is either in an Incomplete or Complete status.

The Submission Detail will display an error message and indicate which required field must be completed before it can be updated (completed submission) or submitted (incomplete submission) if data is removed from a required field.



Baker Act Home	Submissions My	y Facility Reports	Your submission contains one or more errors.		RS Rufus Schuster
Identifying Information	ı				
First Name *		Middle Initial	Last Name *	Date of Birth *	
MartyTest			SmithTesst	09/23/1982	æ
	NI- CON	Reason for not providing SS	SN *		
SSN	No SSN F	iteason for not providing se			
SSN			e a social security number that was issued by the Social Security Administ	ŕ	
Gender *	_			₽ Has served in US Military	
	_	This individual does not have	e a social security number that was issued by the Social Security Administ		

#### 10.14. Deleting

Within the facility or facilities that are associated with their role, users with the submitter role can delete a Submission Detail that is either in an Incomplete or Complete status. A Submission Detail cannot be retrieved if it is deleted.

#### 10.15. Exporting a PDF

A PDF of a Submission Detail that is either Complete or Incomplete can be exported by any user with access to the Baker Act application.

#### 10.16. Submission History

Users with DCF Admin role can review the history of a submission detail that is in an Incomplete or a Complete status. When you click the Submission History button, a spreadsheet in Excel will be exported with the history of all submission changes and who made them.



#### 11. User Management

Based on their role, any user can view user detail information. DCF users can view all users in the application. Facility users can only see users that are associated with their facility. BARC users can only see users by facility. The DCF Admin is the only role in the application that can create, modify or inactivate a user. The Facility Admin can only change the role of a user within their facility.





#### 11.1.DCF User Search

Selecting the Users link at the top of the page will allow DCF users to search all existing users of the Baker Act application.

Baker Act Home Submissions Users Facilities Reports
---

The User grid can be filtered to display All users, only Active users, or only Inactive users. Each column inside the grid can be sorted except for Facility. Individual users can be searched by first or last name, email, or role.

Jsers					+ Add User
All Active	Inactive		Q Se	earch by name, email, or role	
Email 🗢	First Name 🗢	Last Name 🗧	Facility	Role 🗧	Status 🕏
Joe36@example.com	Joe	Feil		DCF Admin	Inactive
Angel_Collins28@example.com	Angel	Collins		DCF Readonly	Active
Freda38@example.com	Freda	Bins		DCF Admin	Active
Nicolas_Powlowski@example.com	Nicolas	Powlowski	Demo Facility Bins, Jaskolski and Ernser	Facility User	Active
Megan_Hilpert@example.com	Megan	Hilpert	Bins, Jaskolski and Ernser	Facility User	Active

\* Screenshot depicts created test data

#### 11.2. Facility User Search

Selecting the My Facility link at the top of the page will allow facility users to see basic information about the users within the same facility or facilities.



Facility users can select the Facility Users tab, on the My Facility page, to view basic information about the users within the facility.

My Facility					
A- Altenwerth - Skiles SITE-00001962	Altenwerth - Skiles	SITE-00001962			
	Facility Profile Facility Users	1			
	First Name 🗘	Last Name 🗘	Email ‡	Role 🗘	Last Login 🗘
	Allan	Kub	Allan51@example.com	RF Admin	02/09/2023 10:42 AM
	Jenna	Brown	Jenna.Brown@example.com	RF Readonly	
	Dustin	Mills	Dustin56@example.com	RF Readonly	
	Anna	Douglas	Anna_Douglas@example.com	RF Submitter	02/10/2023 08:41 AM
	Jackie	Harris	Jackie95@example.com	RF Submitter	
	1 to 5 of 5 items				



\* Screenshot depicts created test data

### 11.3. BARC Search

Selecting the Facilities link at the top of the page will allow BARC users to view basic information about the users within each facility.



The Facility grid can be filtered to display All facilities, only Active facilities or only Inactive facilities. BARC users can select the facility and the Facility Users tab to view basic information about the users within the facility.

Facilities

actifices						
All	Active I	nactive		Q Search by facility name, s	ite id, or FMHI number	
Facility Name 🕏	Site Id	FMHI Number	City	Region ¢	Circuit ‡	Status 🕏
Altenwerth - Skiles TEST	12346		Friesenmouth	Southeast	15	Active
Bins, Jaskolski and Ernser	SITE-00004784		New Shannon	Northwest	1	Active
Demo Facility	12345		Nowhere	Central	10	Active
Hoeger Group	SITE-00006222		West Denabury	Central	5	Inactive

#### Altenwerth - Skiles TEST

Facility Profile					
Facility Users	First Name 🗘	Last Name 🗘	Email 🗢	Role 🗢	Last Login 🗘
	Allan	Kub	Allan51@example.com	RF Admin	02/09/2023 10:42 AM
	Jenna	Brown	Jenna.Brown@example.com	RF Readonly	
	Dustin	Mills	Dustin56@example.com	RF Readonly	
	Anna	Douglas	Anna_Douglas@example.com	RF Submitter	02/10/2023 11:15 AM
	Jackie	Harris	Jackie95@example.com	RF Submitter	
	1 to 5 of 5 items				

\* Screenshot depicts created test data

#### 11.4.DCF User Management

DCF Admins will have the ability to add, modify, and inactivate users in the Baker Act application.

11.4.1. Adding a New User



After all documentation has been received to create a new user, the DCF Admin will select the Add User button and based on the user account, the DCF admin will create a DCF or a Facility user.

谢 Baker Act	Home	Submissions	Users	Facilities Rep	oorts				AL Ada Lovelace ~
<back< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>+ Add User</th></back<>									+ Add User
All		Active		Inactive				Q Search by name, email, or role	
Email 🗘				First Name 🕯		Last Name 🗘	Facility	Role 🗘	Status 🗘

#### 11.4.1.1. DCF User

- a. What type of user are you adding? Drop down. Required i. DCF User
- b. Email Required
- c. Phone Required
- d. First Name Required
- e. Last Name Required
- f. Role
  - i. DCF Admin
  - ii. DCF ReadOnly
  - iii. BARC Submitter

lew User		Cancel
	What type of user are you adding?	
		Is
Email *	Phone *	
Enter email address	Enter phone number	
First Name *	Last Name *	
Enter first name	Enter last name	
Role		
Select role	~	
Select role		
DCF Admin DCF Readonly		

#### 11.4.1.2. Facility User

- a. What type of user are you adding? Drop down. Required
  - i. Facility User
- b. Email Required
- c. Phone Required
- d. First Name Required
- e. Last Name Required
- f. Facilities Drop down. Required



New User		Cancel
	What type of user are you adding? Facility User	
		Is Active
Email *	Phone *	
Enter email address	Enter phone number	
First Name *	Last Name *	
Enter first name	Enter last name	
Facilites *		
Select	~	

### 11.4.2. Editing a User

The DCF Admin is the only role that can edit user details. A DCF Admin can't edit their own role or inactivate their own account. The Baker Act application should have always at least one DCF Admin.

Baker Act Home Submissions Users Facilities Reports	AL Ada Lovelace ~
< Back	
User Details	
	Is Active
for the	
Email *	Phone *
Nicolas_Powlowski@example.com	(775) 839-8221
Username *	
Nicolas_Powłowski	
First Name *	Last Name *
Nicolas	Powłowski
Facilites	
Demo Facility	
Bins, Jaskolski and Ernser	

#### 11.4.3. Inactivating a User

The DCF administrator will use the Is Active toggle to locate the user record from the User List. The user's role in the Baker Act application will be inactive when the toggle changes from blue to grey.

Note: To disable the user's access into the application will require the Facility Admin to send an email to the DCF helpdesk at <u>dcf.helpdesk@myflfamilies.com</u>.



User Details	Cancel Save
	Is Active
Email *	Phone *
Nicolas_Powlowski@example.com	(775) 839-8221
Username *	
Nicolas_Powlowski	
First Name *	Last Name *
Nicolas	Powłowski
Facilites	
Demo Facility 🕲 Bins, Jaskolski and Ernser 🔕 🗙 🗸 🗸	

\* Screenshot depicts created test data

#### **12. Facility Management**

All users can view facility details based on their role. DCF and BARC users can view details about all facilities in the application. Facility users can only see the facilities that are associated to their user account. The DCF Admin is the only role in the application that can create, modify or inactivate a facility.

#### 12.1.DCF Facility Search

Selecting the Facilities link at the top of the page will allow DCF users to search all existing facilities in the Baker Act application.



The Facility grid can be filtered to display All facilities, only Active facilities or only Inactive facilities. Each column inside the grid can be sorted except for Facility. A facility can be searched by facility name, site id or FMHI number.

acilities							+ Add Facility
All	Active Ina	active		Q Sea	rch by facility name,	site id, or FMHI number	
Facility Name 🗘	Site Id	FMHI Number	City	F	Region ¢	Circuit ‡	Status 🗘
Altenwerth - Skiles TEST	12346	919	Friesenmouth	S	outheast	15	Active
Bins, Jaskolski and Ernser	SITE-00004784	453	New Shannon	Ν	orthwest	1	Active
Demo Facility	12345	647	Nowhere		Central	10	Active
Hoeger Group	SITE-00006222	333	West Denabury		Central	5	Inactive
Jacobs LLC TEST	SITE-00006655	199	Josiebury	:	Suncoast	6	Inactive



o <b>file</b> ers	Is Active					
	Facility Name *			Address Line 1 *		
	Altenwerth - Skiles TEST			295 Douglas Park		
	Site Id *	FMHI Number		Address Line 2		
	12346	919		Apt. 784		
	Phone *			City *		
	(540) 924-7306			Friesenmouth		
	Region *			State *		
				✓ Florida		
	Southeast			♥ Plonda		
	Southeast Circuit * 15			<ul> <li>Zip Code*</li> <li>13721</li> </ul>		
	Circuit *			Zip Code *		
ofile	Circuit *	Last Name ¢	×	Zip Code *	Role ‡	Last Login
file	Great *	Last Name ¢ Kub	En	Zip Code *	Role ‡ RF Admin	
ile	Circuit * 15 Trth - Skiles TEST First Name \$		En	Zip Code * v 13721		
file	Circuit *          15         Trth - Skiles TEST         First Name ÷         Allan	Kub	En All Jer	Zip Code * 13721 mail \$ lan51@example.com	RF Admin	
file	Circuit * 15 Trth - Skiles TEST First Name = Allan Jenna	Kub Brown	En All Je	Zip Code * 13721 anail ≎ lan51@example.com nna.Brown@example.com	RF Admin RF Readonly	Last Login 02/09/2023 10:42 A

Selecting the facility name link will allow the user to see the facility's profile information and the users associated to the facility.

\* Screenshot depicts created test data

#### 12.2.BARC Facility Search

Selecting the Facilities link at the top of the page will allow BARC users to search all existing facilities in the Baker Act application. BARC users will have the same view as DCF ReadOnly users.



#### 12.3.My Facility View

Facility users can view the facility details of any facility connected to their user account by clicking the My Facility link at the top of the page.





The My Facility link will allow a facility user to see the facility's profile information and the users associated with the facility.

My Facility					
Altenwerth - Skiles TEST >	Altenwerth - Skiles	TEST 12346			
	Facility Profile Facility Us	iers			
	Site Id 12346		Address Line 1 295 Douglas Park		
	FMHI Number 919		Address Line 2 Apt. 784		
	Region Southeast		City Friesenmouth		
	Circuit 15		State Florida		
	Phone (540) 924-7306		Zip Code 13721		
y Facility					
Altenwerth - Skiles	Altenwerth - Skiles	TEST 12346			
12346	Facility Profile Facility User	rs			
	First Name 🕈	Last Name 🗢	Email 🗢	Role 🕈	Last Login 🗢
	Allan	Kub	Allan51@example.com	RF Admin	02/09/2023 10:42 AM
	Jenna	Brown	Jenna.Brown@example.com	RF Readonly	
	Dustin	Mills	Dustin56@example.com	RF Readonly	
	Anna	Douglas	Anna_Douglas@example.com	RF Submitter	02/10/2023 04:28 PM
	Jackie	Harris	Jackie95@example.com	RF Submitter	
	1 to 5 of 5 items				

\* Screenshot depicts created test data

#### 12.4.DCF Facility Management

DCF Admins will have the ability to add, modify, and inactivate facilities in the Baker Act application.

#### 12.4.1. Adding a New Facility

After all documentation has been received to create a new facility, the DCF Admin will select the Add Facility button.



Baker Act Home	Submissions Users Facil	lities Reports				A	Ada Lovela
ck							
cilities							+ Add Faci
All		Inactive FMHI Number		Q	Search by facility name, site in		
Facility Name ≎	Site Id	FMHI Number	City		Region ¢	Circuit ‡	Status ≎
a.	Facility N	lame – Required					
b.	Site Id - F	Required					
		e Id provided if fa	cility details co	me from PL	ADS		
C.	FMHI – C	•					
d.	Phone –						
e.	•	Drop down. Rec					
f.		Drop down. Req		lection			
~		cuit filtered based	-	lection			
g. h.		Line 1 – Require Line 2 – Optiona					
i.	City – Re	•	1				
j.	•	prop down. Requi	ired				
,. k.		- Required					
		•					
v Facility							
Profile Is Active							Cancel
Facility Name *			Address	Line 1 *			
Site Id *		FMHI Number	Address	Line 2			
Phone *			City*				
Region *			State *				

Zip Code \*

 $\sim$ 

### 12.4.2. Editing a Facility

Circuit \*

The DCF Admin is the only role that can edit a facility profile.



Bins, Jas	kolski and Ernser		
Facility Profile	Is Active		Edit
Facility Users			( Cur
	Facility Name *		Address Line 1*
	Bins, Jaskolski and Ernser		10488 Anne Terrace
	Site Id *	FMHI Number	Address Line 2
	SITE-00004784	453	Apt. 008
	Phone *		City *
	(995) 959-3658		New Shannon
	Region *		State *
	Northwest	V	Florida
	Circuit *		Zip Code *
	1	~	· 17931

#### 12.4.3. Inactivating a Facility

Altenwerth - Skiles TEST

The DCF admin will locate the facility record from the Facility List and use the toggle for Is Active. When the toggle changes from blue to grey, the facility will be inactive in the Baker Act application.

Note: Any user associated to the inactive facility will no longer be able to see any submissions related to the facility. If a user was associated with another active facility, they would still be able to see the submissions related to the active facility. If the user is not related to any other facility, the user will still be able to access the Baker Act application until an email was sent to the DCF helpdesk at <u>dcf.helpdesk@myflfamilies.com</u> requesting the user account to be disabled.

Facility Profile Facility Users	Is Active		Ca	ancel Save
	Facility Name *		Address Line 1 *	
	Altenwerth - Skiles TEST		295 Douglas Park	
	Site Id * 12346	FMHI Number 919	Address Line 2 Apt. 784	
	Phone *		City*	
	(540) 924-7306		Friesenmouth	
	Region *		State *	
	Southeast	~	Florida	~
	Circuit *	~	Zip Code *	

#### 13. Back Office

The Back Office page allow the DCF Admin access to configure and manage lookup tables and perform bulk uploads as needed. The Back Office link is in the user dropdown under the admin's name in the upper right of the screen.





ker Act Back Off	Configure Lookups Manage Users Bulk	Upload		
d Living Facilities			Q. Search	New Record
g Homes	AHCA Number (File Number) 🗘	Facility Type 🗢	Facility Name 🗢	Facility Phone 🗘
gencies	11968002	Assisted Living Facility	1 KIND HOME INC	(305) 285-1012
,	11968637	Assisted Living Facility	A & C GOD BLESS ASSISTED LIVING FACILITY	(321) 557-7219
	11969912	Assisted Living Facility	A & C LIVING FAITH HOME LLC	(321) 557-7219
	11968530	Assisted Living Facility	A & J ALF OF FLORIDA INC II	(321) 802-3279
	11966997	Assisted Living Facility	A & L HEALTH CARE CORP NO. 2	(954) 213-7039
	11965541	Assisted Living Facility	A & L HEALTHCARE CORP.	(954) 213-7039
	11968042	Assisted Living Facility	A COMFORT LIVING INC	(786) 534-8708
	11969280	Assisted Living Facility	A COMPASSIONATE CARE ASSISTED LIVING RESIDENCE LLC	(561) 422-8120
	11966113	Assisted Living Facility	A COUNTRY PLACE ASSISTED LIVING FACILITY	(813) 891-0549
	11968858	Assisted Living Facility	A GENTLE HAND ALF AT LANTANA	(561) 508-7994
	1 to 10 of 3058 items			< 1 2 3 4 306

er List				Q. Search		Add User
lame 🕈	Username 🕈	Email 🗢	Mobile Phone \$	Creation Date \$	Last Login 🗘	Is Active \$
braham Kemmer	Abraham81	Abraham_Kemmer65@gmail.com	(055) 558-7364	16 Dec 2022 06:54	21 Dec 2022 09:44	~
da Lovelace	dcfadmin	Ada.Lovelace@test.com	111111111	7 Nov 2022 14:05	4 Jan 2023 15:25	~
dministrator	admin			4 Oct 2022 09:25	28 Dec 2022 15:46	~
lberta Schuster	Alberta32	Alberta.Schuster12@yahoo.com	(629) 857-2707	16 Dec 2022 06:54	28 Dec 2022 13:52	~
lfonso Kilback	Alfonso.Kilback	Alfonso35@hotmail.com	(931) 446-2381	16 Dec 2022 06:54	27 Dec 2022 10:46	~
lice Yundt	Alice95	Alice18@yahoo.com	(144) 330-9974	16 Dec 2022 06:54	27 Dec 2022 09:28	~
manda Regis	Amanda.Regis@myflfamilies.com	Amanda.Regis@myflfamilies.com		16 Dec 2022 10:49	27 Dec 2022 16:06	~
mos Jones	Amos.Jones12	Amos.Jones90@hotmail.com	(619) 294-6069	16 Dec 2022 06:54	22 Dec 2022 15:03	~
na Langworth	Ana_Langworth	Ana48@yahoo.com	(119) 854-3855	16 Dec 2022 06:54	1 Jan 1900 00:00	~
ndrea McKenzie	andrea.mckenzie@example.com	andrea.mckenzie@example.com	1-555-252-1464	1 Sep 2022 15:12	1 Jan 1900 00:00	

\* Screenshot depicts created test data



Back Office users can also do bulk uploads of facilities, users, and submissions. Bulk upload screens will have a template that can be downloaded to make sure that the correct data fields are capture.

